Accreditation Submission

Australasian College for Emergency Medicine

May 2021

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Glossary of Terms

ACEM	Australasian College for Emergency Medicine
ACMHN	Australian Council of Mental Health Nurses
ACRRM	Australian College of Rural and Remote Medicine
AHRC	Australian Human Rights Commission
AIDA	Australian Indigenous Doctors' Association
AGMs	Annual General Meetings
AMC	Australian Medical Council
AMH	ANGAU Memorial Hospital
ANZCA	Australian and New Zealand College of Anaesthetists
ANZICS	Australian and New Zealand Intensive Care Society
AoN	Area of Need
ARST	Advanced Rural Skills Training
ARV	Adult Retrieval Victoria
ASA	Australian Society of Anaesthetists
ASM	Annual Scientific Meeting
AV	Ambulance Victoria
BECSI	Bangladesh Emergency Care System Improvement Project
CAPP	Council of Advocacy, Practice and Partnerships
CCDipPHRM	Conjoint Committee of the Diploma of Pre-Hospital and Retrieval Medicine
CENA	College of Emergency Nursing Australasia
CEO	Chief Executive Officer
CICM	College of Intensive Care Medicine of Australia and New Zealand
CMOs	Career Medical Officers
CLRs	Country Liaison Representatives
COE	Council of Education
CoHELP	COVID-19 Healthcare E-Learning Platform
COI	Conflict of Interest
CPD	Continuing Professional Development
CPDC	Continuing Professional Development Committee
CSP	Clinical Support Program
CV	Curriculum Vitae
DBSH	Discrimination, Bullying and Sexual Harassment
DEM	Director of Emergency Medicine
DEMT	Director of Emergency Medicine Training
DHB	District Health Board
DipPHRM	Diploma of Pre-Hospital and Retrieval Medicine

DISG	Diversity and Inclusion Steering Group
DoH	Department of Health
DRHM	Division of Rural Hospital Medicine
EAG	Expert Advisory Group
EAP	Employee Assistance Program
EC	Emergency Care
ED	Emergency Department
EDSSU	Emergency Department Short Stay Unit
EDU	Education Development Unit
EDUC	Emergency Department Ultrasound Committee
EM	Emergency Medicine
EMAD	Emergency Medicine Advanced Diploma
EMC	Emergency Medicine Certificate
EMCoP	Emergency Care Community of Practice
EMD	Emergency Medicine Diploma
EMET	Emergency Medicine Education and Training
EM-WBA	Emergency Medicine Workplace-based Assessment
ERRP	Education Resources Review Panel
FACEM	Fellow of the Australasian College for Emergency Medicine
FARGP	Fellowship in Advanced Rural General Practice
GEC	Global Emergency Care
ICU	Intensive Care Unit
IDF	International Development Fund
IFEM	International Federation for Emergency Medicine
IHC	Indigenous Health Committee
IMGs	International Medical Graduates
ITA	In-Training Assessment
JTC-PEM	Joint Training Committee in Paediatric Emergency Medicine
KPI	Key Performance Indicator
LDP	Learning Development Plan
LMICs	Low- and Middle-Income Countries
LMS	Learning Management System
LNA	Learning Needs Analysis
MBA	Medical Board of Australia
MCNZ	Medical Council of New Zealand
MoH	Ministry of Health
MSF	Multi-Source Feedback
NEAT	National Emergency Access Target

NMWS	National Medical Workforce Strategy
NPSC	National Program Steering Committee
NZ	New Zealand
OSPE	Objective Structured Practical Examination
OSCE	Objective Structured Clinical Examination
PACER	Police, Ambulance and Clinician Early Response
PED	Paediatric Emergency Department
PEM	Paediatric Emergency Medicine
PFRC	Pathway to Fellowship Review Committee
PHRM	Pre-Hospital and Retrieval Medicine
PNG	Papua New Guinea
QA	Quality Assurance
QI	Quality Improvement
QIR	Quality Improvement Recommendation
RACGP	Royal Australian College of General Practitioners
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RAP	Reconciliation Action Plan
RGTP	Rural Generalist Training Pathway
RLRs	Regional Liaison Representatives
RNZCGP	Royal New Zealand College of General Practitioners
RPE	Recognition of Prior Experience
RPL	Recognition of Prior Learning
RRA	Reconsideration, Review and Appeals
RRR	Rural, Regional and Remote
SAQ	Short Answer Question
SCQ	Select Choice Question
SJT	Situational Judgement Test
SSED	Shorter Stays in Emergency Departments
SSP	Special Skills Post
SIFT	Selection into FACEM Training
SIMG	Specialist International Medical Graduate
SIGISSP	Solomon Islands Graduate Internship Supervision Support Project
SPC	Pacific Community
SRs	Selection References
SSP	Special Skills Placement
SSU	Short Stay Unit

STAC	Specialist Training and Assessment Committee
TAPNA	Toxicology and Poisons Network Australasia
THS	Tasmanian Health Service
TPRPs	Trainee Progression Review Panels
TPRS	Trainee Progression Review Subcommittee
TRPE	Trainee Research Panel Executive
UCC	Urgent Care Centre
VEMRP	Visiting Emergency Medicine Registrar Program
VSA	Volunteer Service Abroad Te Tūao Tāwāhi
WBA	Workplace-based Assessment
WHO	World Health Organisation
WPC	Workforce Planning Committee

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College Details

College Name:	Australasian College for Emergency Medicine
Address:	34 Jeffcott Street, WEST MELBOURNE VIC 3003
Date of last AMC accreditation decision:	July 2018
Periodic reports since last AMC assessment:	October 2018, September 2019
Reaccreditation due:	31 March 2022

College officer to contact concerning the report:	Georgina Anderson
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Verify Report Reviewed

The information presented to the AMC is complete and represents an accurate response to the relevant requirements.

Verified by:	Dr Peter White
Position:	Chief Executive Officer
Signature:	
Date:	3 May 2021

Summary of 2019 Findings

Conditions

Standard	2019 Findings	No. Conditions
Overall	**Substantially Met**	**13**
1. The context of education and training	Met	1
2. The outcomes of specialist training and education	Met	0
3. The specialist medical training and education framework	Substantially Met	4
4. Teaching and learning methods	Met	0
5. Assessment of learning	Substantially Met	3
6. Monitoring and evaluation	Substantially Met	2
7. Issues relating to trainees	Substantially Met	2
8. Implementing the training program – delivery of educational resources	Substantially Met	1
9. Continuing professional development, further training and remediation	Met	0
10. Assessment of specialist international medical graduates	Met	0

Quality Improvement Recommendations (QIRs)

Standard	No. QIRs remaining	No. QIRs addressed in this submission
Overall	**14**	**14**
1. The context of education and training	1	1
2. The outcomes of specialist training and education	2	2
3. The specialist medical training and education framework	1	1
4. Teaching and learning methods	2	2
5. Assessment of learning	0	0
6. Monitoring and evaluation	0	0
7. Issues relating to trainees	1	1
8. Implementing the training program – delivery of educational resources	3	3
9. Continuing professional development, further training and remediation	4	4
10. Assessment of specialist international medical graduates	0	0

Background

I am pleased to present this Accreditation Submission, which is the third such submission to the Australian Medical Council (AMC) by the Australasian College for Emergency Medicine (ACEM; the College) since its reaccreditation in 2018. The submission's primary focus is on the work undertaken by the College on the accreditation conditions remaining after consideration by the AMC of the College's Progress Report submitted in 2019. The submission also provides a *Summary of Significant Developments* for each of the ten accreditation standards, as well as work conducted on Quality Improvement Recommendations that had not been fully addressed in the 2018 or 2019 progress reports.

As has been the practice with the 2018 and 2019 progress reports, the College has based the submission format on the template provided by the AMC, with the referencing (e.g. numbering) of the conditions and recommendations addressed in this report corresponding with that contained in the 2018 Accreditation Report. The College intends that the report presents an accessible and clear account to assist the AMC in discharging its role and, as always, the College is ready to provide any clarifications or further information that may be required.

The College is confident that, read in conjunction with the College's 2017 Reaccreditation Submission, the 2018 and 2019 Progress Reports, and associated AMC reports and responses, this submission provides a sufficiently comprehensive outline of our work as it applies to the accreditation standards. The period covered by the submission also includes the emergence of the COVID-19 pandemic and its associated effects, and the submission describes the steps taken by the College to progress its activities during that period as well as instances where the effects of COVID-19 has impacted on planned work. The submission also reflects on the initiatives in which the College was involved in the wider healthcare sector during a time of unprecedented challenge, response and collaboration.

I am proud to have served as President of ACEM during this time, and to have worked alongside Fellows, trainees and staff to continue the work of the College. We welcome the opportunity to share the work of the College with members of the AMC Accreditation Team and wider stakeholder groups. I look forward to discussion regarding the College's progress, with a view to enabling further development of the College's important work.

Dr John Bonning
President

Standard 1. The context of training and education

Areas covered by this standard: governance of the college; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; and continuous renewal.

Summary of college performance against Standard 1: The current status is Met.

Summary of significant developments

The College continues to be guided by its *ACEM Strategic Plan 2019–2021; The Next Phase*, which is underpinned by the associated *2019–2021 Business Plan*. A Mid-Term Report, describing achievement against the Strategic Plan, was communicated to members on the College website in October 2020 and is provided as **Appendix 1.1**. A similar report on progress against the Business Plan was developed for the information of the ACEM Board and is provided as **Appendix 1.2**. Of particular note is the work undertaken during 2020 in response to COVID-19, to which a separate, additional section of this document has been devoted. Development of the College's next strategic and business plans will commence in the second half of 2021.

In order to ensure the capacity of the College to deliver on its internal and external commitments, the College continues to develop and maintain a highly skilled and appropriately resourced staff base, as demonstrated by the current *College Organisational Structure* in **Appendix 1.3**. The College management structure has evolved since the 2019 Progress Report, to deliver the College's activities as effectively and efficiently as possible. Further adjustments will be made as considered necessary in order to ensure that this remains the case.

The overarching ACEM Governance Structure has not changed since the 2019 Progress Report and is outlined in **Figures 1.1** to **1.4**. Any significant revisions to individual entities will be noted by exception in this submission (e.g. the evolution of the *Diversity and Inclusion Steering Group* to a standing committee of the ACEM Board, and the Indigenous Health Subcommittee to a Committee of the Board). All entities continue to have clearly defined Terms of Reference that are reviewed cyclically, and potential, perceived or actual Conflicts of Interest continue to be rigorously and proactively managed. The College's *Conflict of Interest Policy* is provided as **Appendix 1.4**, with the *Examinations Conflict of Interest Policy* provided as **Appendix 1.5**.

The College's most recent Annual General Meeting (AGM) was conducted successfully in a 'virtual' format using online technology and included the declarations of elections and appointments to the ACEM Board, as well as to the Council of Education (COE). Terms of members of the Council of Advocacy, Practice and Partnerships (CAPP) expire at the 2021 AGM, and elections for the period 2021 – 2023 will be conducted in the lead-up to that meeting. The current membership of CAPP and COE is accessible on the College website at https://acem.org.au/Content-Sources/About/Our-people/Council-of-Advocacy,-Practice-and-Partnerships and https://acem.org.au/Content-Sources/About/Our-people/Council-of-Education, respectively.

Current members of the ACEM Board are listed below:

• Dr John Bonning	President and Chair, ACEM Board
• Dr Clare Skinner	President-Elect
• Associate Professor Didier Palmer	Chair, Council of Advocacy, Practice and Partnerships
• Dr Barry Gunn	Censor-in-Chief / Chair, Council of Education
• Dr Rebecca Day	General FACEM member
• Associate Professor Melinda Truesdale	General FACEM member
• Dr Shannon Townsend	FACEM Trainee member
• Ms Jacqui Gibson-Roos	Community Representative
• Ms Libby Pallot	Non-ACEM member with skills in legal/governance matters
• Mr Craig Hodges	Non-ACEM member with skills in financial matters

The College is proud that the membership of the ACEM Board following the 2020 AGM represents the culmination of recent work to increase the diversity of Board membership. This includes replacing the Deputy Chairs of CAPP and COE as *ex officio* positions on the Board with two 'general' FACEM members, and the appointment of a Community Representative member. Notably, these initiatives, alongside other cultural work the College has undertaken, moved the gender composition of the ACEM Board from 100% male (2018/2019) to 73% male/27% female (2019/2020) to 40% male/60% female in the current term.

Also of note is that following the election in 2018 of Dr John Bonning to become the College's first President from Aotearoa New Zealand, election in 2020 of Dr Clare Skinner as President-Elect means that ACEM will welcome its second female President at the 2021 College AGM.

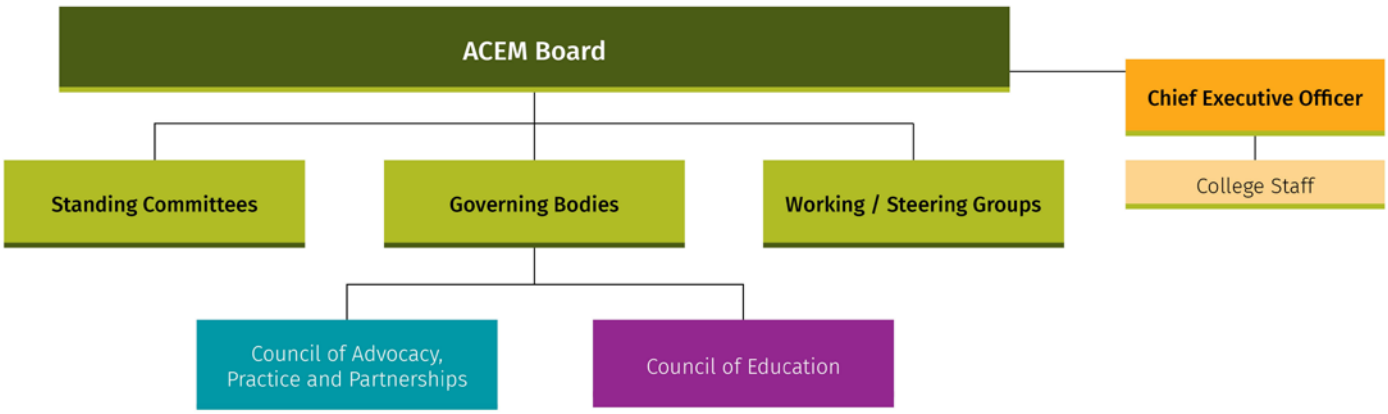

FIGURE 1.1 ACEM Governance Structure, 2021

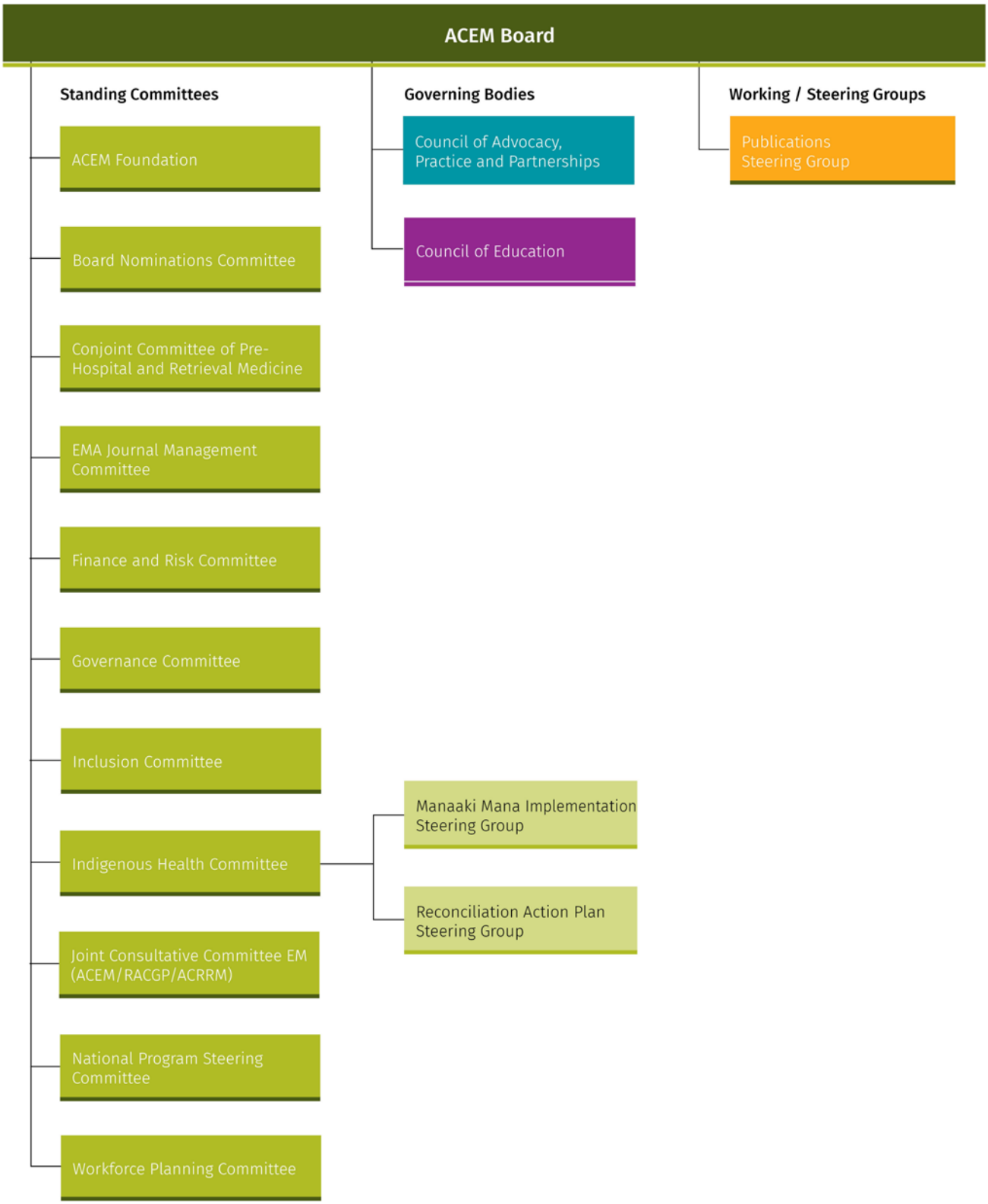

FIGURE 1.2 **ACEM Board Entities Structure, 2021**

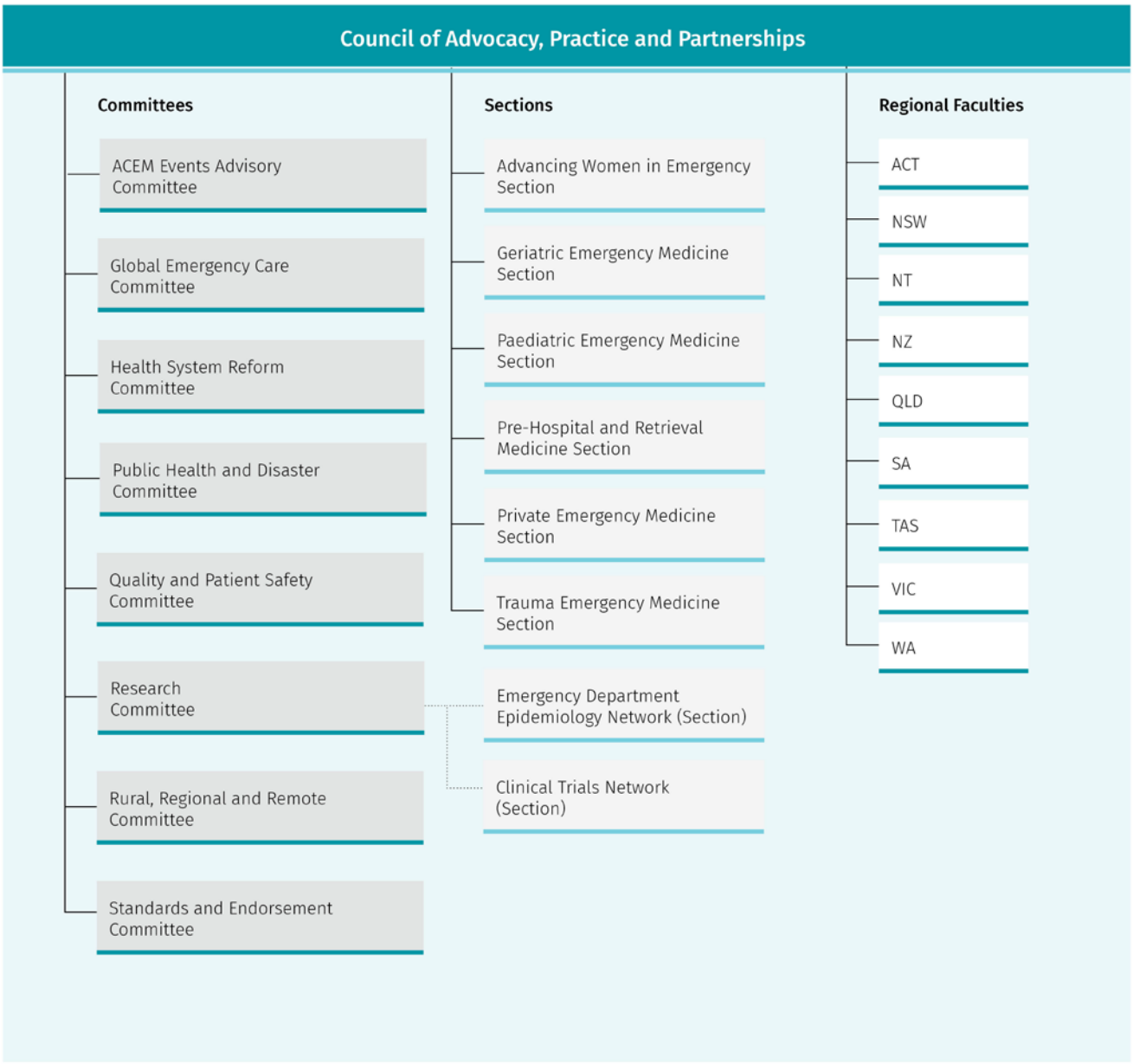

FIGURE 1.3 **ACEM Council of Advocacy, Practice and Partnerships governance structure, 2021**

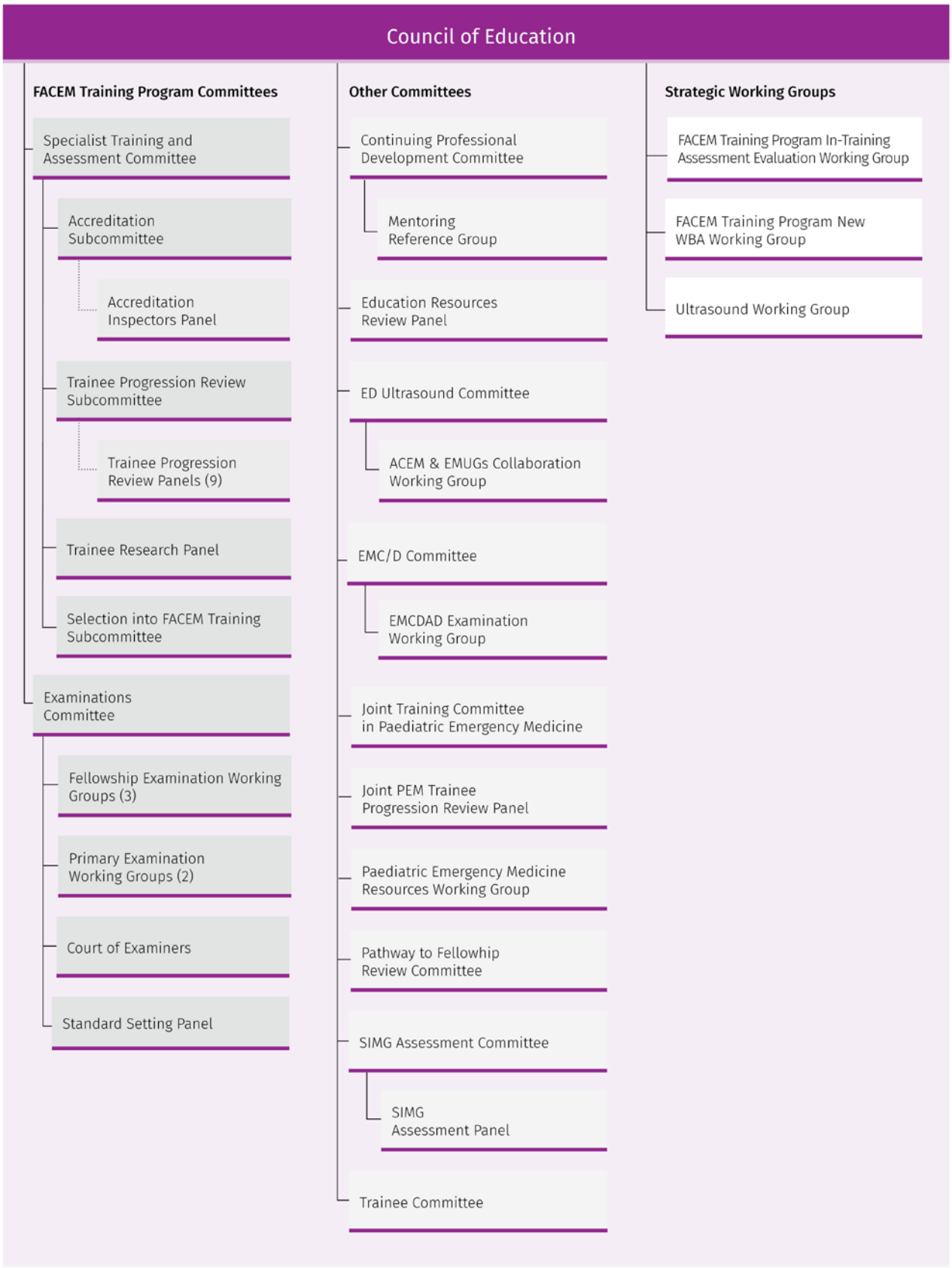

FIGURE 1.4 **ACEM Council of Education governance structure, 2021**

ACEM and External Stakeholders

The College continues to interact with a range of external bodies on a wide variety of activities, as well as providing submissions to numerous consultations from external bodies (refer to **Appendix 1.6** for a list of submissions for the period September 2019 – March 2021). The effectiveness of the College's collaboration with external bodies was particularly highlighted by the work conducted in the early part of the COVID-19 pandemic, as demonstrated by the College's collaboration with Safer Care Victoria on clinical guidelines for the management of diagnosed or suspected COVID-19 patients within emergency departments (EDs). The guidelines were developed by Fellows of ACEM with relevant expertise, supported by College staff. At the height of the pandemic, the guidelines were updated weekly as additional evidence emerged and as members sought current advice to support them in the provision of up-to-date clinical care. A COVID-19 'toolkit' for rural EDs was also developed and distributed through ACEM's Emergency Medicine Education and Training (EMET) network, with additional resources available online through a dedicated ACEM COVID-19 webpage. ACEM was also an early member, contributor and supporter of the National Evidence Taskforce that now develops clinical guidelines for the treatment of COVID-19 across the health system.

During the pandemic, the College also collaborated with the College of Intensive Care Medicine of Australia and New Zealand (CICM), the Australian and New Zealand College of Anaesthetists (ANZCA), the Australian and New Zealand Intensive Care Society (ANZICS) and the Australian Society of Anaesthetists (ASA) in a collaboration known as the '5-Cs', to undertake collaborative COVID-related advocacy work in all Australian jurisdictions and Aotearoa New Zealand.

Throughout Victoria's second wave, ACEM convened an Emergency Care Community of Practice (EMCoP), which represented those working in all of the state's EDs, and also included the College of Emergency Nursing Australasia (CENA), Ambulance Victoria (AV), Adult Retrieval Victoria (ARV) and other clinician groups. Each fortnight, EMCoP received briefings and updates from key decision-makers and advisers and provided insights to those providers directly from front line health workers. The EMCoP received very positive feedback from all participants.

During the reporting period, other notable stakeholder interactions include:

- Continued interactions with both national (Australia and Aotearoa New Zealand) and all regional (Australian State and Territory) governments, as well as individual hospital executives, with respect to the emergency medicine workforce, ED capacity, hospital patient flow concerns and associated safety issues, and models of care. These interactions are undertaken to facilitate planned advocacy campaigns, proactive networking, single issue collaboration, and sudden requests for regional support from concerned members.
- Hosting mental health roundtables in South Australia, Tasmania, Western Australia and Queensland, bringing together partners from the Royal Australian and New Zealand College of Psychiatrists (RANZCP), CENA, RACGP, Australian Council of Mental Health Nurses (ACMHN), consumer groups and government to identify the next steps with respect to the ACEM *Nowhere Else to Go Report*. The campaign strategy is multi-pronged, with engagement through roundtables, letters to parliamentarians, media articles and webinars. The report was published in September 2020 at an ACEM-hosted *Mental Health in the Emergency Department National Webinar*, which attracted 320 attendees.

- Requesting and/or participating in numerous meetings focused on improving the care of patients presenting with mental health conditions. These included the following (selected) interactions:
    - Royal Commission into Victoria's Mental Health System – Roundtable discussion with doctors from a range of medical colleges, with a specific meeting with ACEM to discuss crisis responses and workforce issues.
    - NSW Health – Improvements to hospital security focussing on violence in the ED and the use of sedation, exclusion and restraint in the care of patients experiencing mental health crisis.
    - Australian Department of Health
        - *Healthy Mind, Healthy Body* project aimed at identifying opportunities to prevent the cascading physical health and social impacts of poor mental health.
        - The potential for Adult Mental Health Centres to integrate and develop pathways with EDs.
        - Commonwealth-funded Head to Help mental health services.
    - New Zealand Ministry of Health (MoH) – Acute mental health care in New Zealand's emergency departments, and the COVID-19 Psychosocial and Mental Wellbeing Recovery Plan.
    - Royal Melbourne Institute of Technology – Closing the Mental Health Care Gap: co-designing resources for Emergency Department Staff.
    - ACT Ministry of Health – Mental health, the PACER (Police, Ambulance and Clinician Early Response) model, and Safe Haven cafés.
    - Sydney University Brain and Mind Centre – *National Mental Health Strategic Planning Forum* on strategic priorities for Mental Health in the Federal Budget.
    - Police Association of Victoria – Mental health crisis in Victoria and opportunities for collaboration.
- Time-Based Targets – Inviting CENA to sign up to a joint position statement on time-based targets. The College continues to work jointly with CENA with respect to advocacy around adoption of revised hospital access measures. Alongside this project, ACEM is progressing work with the Victorian Department of Health (DoH) to undertake a pilot study to develop a real-time data dashboard, and with the New South Wales MoH to evaluate the new access measures retrospectively against historical 2018–2019 and 2019–2020 data.
- AV in relation to shared real-time data across EDs in Victoria through data dashboards.
- New South Wales MoH in relation to the College's new position on time-based targets.
- Other medical colleges – Strengthening collaborative partnerships with other medical colleges and associations, including with the Royal Australasian College of Surgeons (RACS) via the Cross College Implementation Group and RANZCP in relation to mental health advocacy.
- Other jurisdictional Health Department interactions regarding EM workforce and training matters (refer discussion in relation to **Condition 3**, pp. 33–36).

The period covered by this submission has seen the completion of arrangements for the development and delivery of a *Diploma of Pre-Hospital and Retrieval Medicine* (DipPHRM) under a conjoint arrangement hosted by ACEM, with ANZCA, the Australian College of Rural and Remote Medicine (ACRRM), RACGP, and CICM (refer also discussion in relation to **Standard 2**, as well as the completion of revised training programs leading to the Emergency Medicine Certificate (EMC), the Emergency Medicine Diploma (EMD) and a newly-introduced Emergency Medicine Advanced Diploma (EMAD)). Associated with the completion of the revision/development of these programs, which involved collaboration with ACRRM, the RACGP and the Division of Rural Hospital Medicine (DRHM) of the Royal New Zealand College of General Practitioners (RNZCGP), discussion continues on the role of ACEM and these programs in the training and education of rural generalists seeking advanced skills in the provision of emergency medical care. Revision/development of the three programs is further discussed in relation to **Condition 3** (refer pp. 29–30).

Indigenous Health

Through its internal entities and interactions with external stakeholders, ACEM continues to invest significant resources and efforts into all aspects of Indigenous health in both Australia and Aotearoa New Zealand. In addition to work associated with the implementation and monitoring of its second Reconciliation Action Plan (RAP) and development of its third RAP in Australia, and its *Te Rautaki Manaaki Mana: Excellence in Emergency Care (EC) for Māori*, the College has committed explicitly to improving access to and standards of healthcare for Indigenous populations through an addition to its Constitution (refer discussion **Recommendation DD**, pp. 43–44), and put in place other initiatives and interactions that signal clearly the importance of this area of activity to the College. These include**:**

- The revision and repositioning of the Indigenous Health Committee (IHC) as a direct report to the ACEM Board, with strong Aboriginal, Torres Strait Islander and Māori representation from across Australia and Aotearoa New Zealand to support the College's Indigenous health objectives. The IHC builds on the foundations established by ACEM's Indigenous Health Subcommittee (2013-2020).
- The ongoing delivery of ACEM's first two RAPs. The RAP Steering Group is developing ACEM's third Innovate RAP in 2021.
- The ongoing delivery of ACEM's Māori Health Equity Strategy – Te Rautaki Manaaki Mana. A network of Manaaki Mana Champions from New Zealand EDs is being developed, as is a toolkit of resources to support champions to enhance cultural safety in their EDs.
- The New Zealand ED Conference, held in March 2021 and bringing together clinicians working across Aotearoa New Zealand emergency departments and leaders in Māori health equity, found that many District Health Boards (DHBs) were using the framework of ACEM's Te Rautaki Manaaki Mana strategy to shape their efforts to improve cultural safety within EDs.
- In partnership with Karabena Consulting and the Lowitja Institute, the publication of *Traumatology Talks: Black Wounds, White Stitches*, a report based on interviews with the Aboriginal community and ED staff to enhance culturally safe care in Australian EDs. Professor Kerry Arabena presented her findings at ACEM's Annual Scientific Meeting (ASM) in November 2020 and at the College's Patient Safety Workshop in March 2021. A workshop has been held with Fellows and trainees to develop a plan for incorporating the recommendations of the report into ACEM's next RAP. More recently, James Cook University has sought permission to include the report in its curriculum for medical students.

- The acceptance of ACEM as a member of the Close the Gap Campaign Steering Group. ACEM's IHC and College staff will contribute to the Campaign through *pro bono* communications and policy support.
- Work with the Australian Indigenous Doctors' Association (AIDA) in relation to engagement, recruitment and retention of Aboriginal and Torres Strait Islander doctors in the FACEM Training Program, cultural safety in Australian EDs, and the College's ongoing sponsorship of and participation in AIDA's annual conference.
- Work with the Māori Medical Practitioners Association (Te ORA) to progress shared goals related to the Māori emergency physician workforce and cultural safety in Aotearoa New Zealand EDs; and ongoing sponsorship and participation in Te ORA's annual conference.

Global Health and Global Emergency Care

Global Emergency Care (GEC) integrates emergency care (EC) with the field of Global Health, incorporating clinical service provision, capacity building and health systems strengthening for time-sensitive healthcare. It includes development activities, aspects of disaster health, humanitarian assistance and surge response. GEC is defined by ACEM as 'a commitment to improving the capacity of Low- and Middle-Income Countries (LMICs) to deliver safe and effective emergency care'. The College's vision is to ensure EC is recognised as an essential part of universal health care and is available and accessible to all.

As illustrated in **Figure 1.5** below, the ACEM Global Emergency Care Committee and its College staff resource – the GEC Desk – have an expansive and growing network of partners that support the delivery of the College's GEC projects and activities in the Indo-Pacific region. The College GEC Network of over 700 members includes 37 Country Liaison Representatives (CLRs) in 32 locations and two Regional Liaison Representatives (RLRs), and in 2020 has expanded membership to a broader base of EC providers to include emergency nursing and pre-hospital emergency care providers.

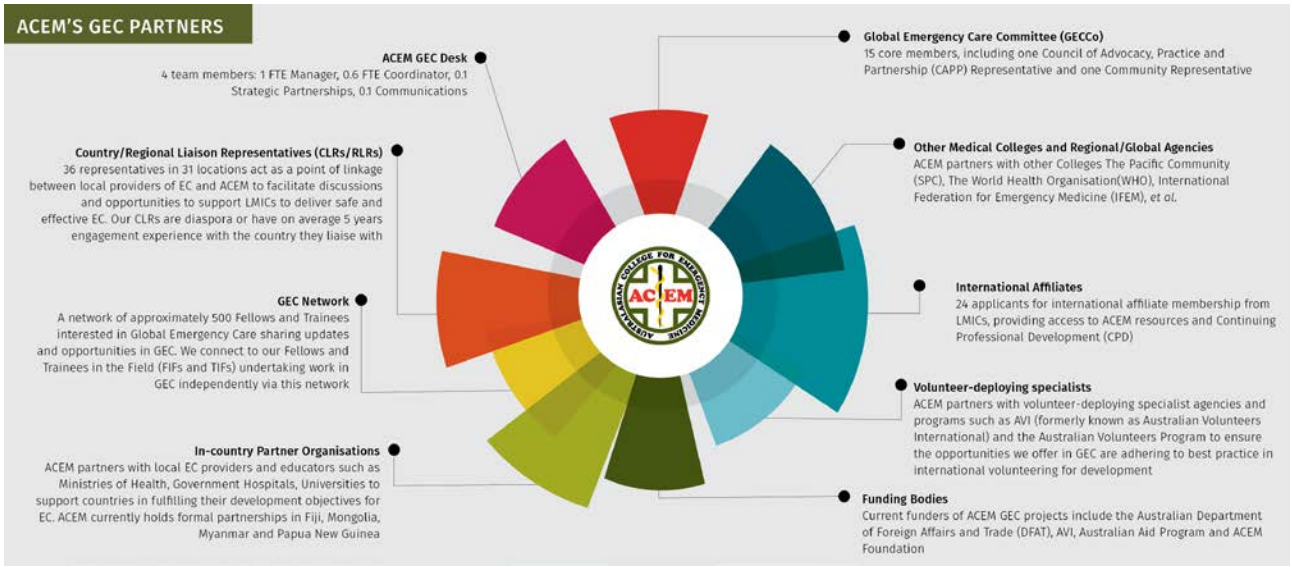

FIGURE 1.5 Stakeholders in the work of ACEM in Global Emergency Care

ACEM is proud to be a leader and collaborator in EC development in the Indo-Pacific and is excited by the growing number of GEC partners in Australia, Aotearoa New Zealand and across the region. Initiatives conducted during the period covered by this report include:

- Collaboration with EC leaders in Papua New Guinea (PNG), Solomon Islands, Timor-Leste and Vanuatu to produce the first practical EC resource for managing COVID-19 in a resource-limited setting in the Indo-Pacific region. This has been adopted across the pacific and translated into French.
- Hosting of 15 Online COVID-19 Support Forums in partnership with the Pacific Community[1] (SPC; www.spc.int). As of 31 March 2021, these have reached more than 500 participants across more than 20 countries, resulting in the development of regional resources such as the *Health Care Worker Safety Guide* (Kiribati, Tuvalu, Bislama) for COVID-19 and the *Oxygen Therapy with Limited Resources* reference.
- Initiation of a World Health Organisation (WHO)-funded research project, *Emergency care during a global pandemic: experiences and lessons learnt from frontline care providers in low- and middle-income countries in the Indo-Pacific region*, in partnership with the University of Sydney and SPC. The research explores the experience of EC clinicians and other relevant key stakeholders in LMICs during this pandemic to assist in narrating "lessons learnt" in the response. Recommendations will also be developed to strengthen and empower LMIC health and EC systems to enable effective future surge responses, and support strengthened multidimensional health system policy and planning responses.
- Supporting the development of the COVID-19 Healthcare E-Learning Platform (CoHELP) in PNG as part of the PNG-Australia Partnership for Development in partnership with RACS, Johnstaff International Development, the PNG National Department of Health and WHO PNG Country Office. CoHELP provided rapid training of the PNG EC workforce in COVID-19 management and response, and this course will continue to run throughout 2021.
- Pivoting from in-county delivery for EC capacity development to remote FACEM and EC advisor mentorship to support post-graduate training in EM as part of the Solomon Islands Graduate Internship Supervision Support Project (SIGISSP).
- Establishment of the Visiting EM Registrar Program (VEMRP) in partnership with the Australian Volunteers Program, which funds responsible and ethical volunteering for development opportunities for ACEM advanced trainees in PNG, Solomon Islands and Vanuatu.
- Establishment of a five-year partnership agreement with Volunteer Service Abroad Te Tūao Tāwāhi (VSA), which will support EC development across the Pacific. The partnership will initially focus on EC capacity development in Tonga and Vanuatu (in partnership with each country's respective Ministry of Health), with the possibility to extend to other Pacific nations in the future.
- Commencement of the ANGAU Memorial Hospital (AMH), *ED Commissioning Preparedness Remote Training Project* in PNG. This Project is delivered under the PNG Clinical Support Program

[1] The Pacific Community (SPC) is the principal scientific and technical organisation in the Pacific region. It is an international development organisation owned and governed by 26 country and territory members.

(CSP) funded by the Australian Government and managed by Johnstaff International Development. In partnership with AMH ED staff and leadership, ACEM has developed an evidence-based remote model of care training package that includes systems, human resource, governance and data management arrangements necessary to deliver safe and effective care in the new ED and urgent care centre (UCC) at AMH. ACEM has been invited to submit an expansion of this work under CSP in support of the implementation of a similar model of care at Port Moresby General Hospital ED.

- A number of other international collaborations, including: ACEM Foundation International Development Fund (IDF) - Triage Implementation Project-Vanuatu, Bangladesh Emergency Care System Improvement Project (BECSI); The Monash Children's Hospital Paediatric Emergency Medication Book: Improving management of paediatric emergencies in Latin America; Vietnam EM Course Phase 2; Botswana Difficult Airway Management Course; and co-funding for the WHO *Emergency care during a global pandemic: Experiences and lessons learnt from frontline clinicians in low- and middle-income countries in the Indo-Pacific region.*
- Establishment of the Global Emergency Care Research Award. In 2020 this was awarded to *the Pacific Emergency Medicine Mentoring Program: A model for medical mentoring in the Pacific region*.
- Establishing the ACEM membership class of International Affiliate and the uptake of this by 20 EM specialists across 20 LMICs. This supports a key pathway for Continuing Professional Development (CPD) across the region.
- Distribution of 41 sponsored tickets to GEC partners from LMICs to attend ACEM's 37th ASM in 2020.

The Emergency Medicine Program (National Program)

The College continues to administer the Australian Government-funded *Emergency Medicine Program (EMP*), referred to within the College as the *National Program.* Oversight for the program continues to be provided by the *National Program Steering Committee* (NPSC), an entity that reports to the ACEM Board, and which includes nominated representatives from both ACRRM and the Rural Faculty of the RACGP.

A significant component of the EMP is the *Emergency Medicine Education and Training (EMET) Program*, which provides education and training to doctors and other health professionals who work in EDs and EC services, but who are not specifically trained in the provision of emergency medical care. The program is of particular value and importance to services in rural, regional and remote locations in Australia.

In the 2019-2020 period, over 41,000 non-FACEM ED staff from over 500 Australian hospitals and rural health services received training provided by specialist emergency physicians, aiming to improve access to, and quality of, emergency care for the Australian community.

By improving the quality of the wider EM workforce of the future, linking small rural hospitals and rural doctors through EC networks and with specialist emergency physicians in regional and tertiary hospitals, EMET continues to improve the services available and make inroads into addressing the significant issue of maldistribution of specialists that is so difficult to overcome.

Key outcomes of EMET to date include:

- More clinical staff working in EDs who have completed training in EC;
- More medical staff have obtained non-specialist qualifications in emergency care, with the added value of connecting them to ongoing support from ACEM and access to a wider network of College Fellows, events and professional development opportunities;
- Fewer avoidable adverse health outcomes in those receiving emergency care (Severity Assessment Code (SAC) 1 and 2 incidents);
- Earlier recognition and better management of uncommon critical illnesses and severe trauma;
- More permanent medical workforce at rural sites;
- Increase in service delivery or breadth of services provided; and
- Greater consistency of protocols and processes across hubs and peripheral sites, including the inter-facility transfer of patients.

These outcomes have been complemented and supported by ACEM's EMC and Diploma. The majority of the over 100 doctors who have completed the Diploma are leading EC in small rural EDs. For many of these doctors, their training and supervision was funded through EMET funding in regional and rural hospitals.

Progress against QIRs

Recommendation AA

>> Develop a systematic approach to ensuring diversity in governance structures.

This recommendation was considered 'Satisfied and Closed' by the AMC in its assessment of the College's 2019 Progress Report. Since that time, diversity on the ACEM Board has improved as described above following Constitutional changes, recent elections and appointments, and significant cultural attention. The College has also developed an *Annual Diversity Report*, the first iteration of which is available publicly on the College website, and provided as **Appendix 1.7**.

Noting that ACEM comprises a diverse range of members, the College remains committed to diversity in its governance structures through the application of approaches described previously. Though governance diversity has improved significantly over the last two years, particularly in regard to gender equity across key governance entities, increasing diversity among College entities remains a priority for ACEM. Work undertaken as part of implementing the *Discrimination, Bullying and Sexual Harassment (DBSH) Action Plan*, the *Expert Advisory Group (EAG) Action Plan*, and further consultations with the ACEM membership have identified four key focus areas:

- Increasing diversity across College governance structures;
- Improving members' educational capabilities;
- Enhancing support structures for Fellows and trainee; and
- Empowering ACEM trainees and members to lead culture change in EDs and hospitals.

As part of these continued efforts, ACEM is developing a *Governance and Leadership Inclusion Action Plan.* This Action Plan outlines a series of activities focused on: (i) increasing diversity in leadership and governance roles across College activities; and (ii) increasing diversity across leadership roles within ED workplaces.

Now in the final stages of development, this Action Plan contains three overarching objectives:

1. **Monitor, report and evaluate diversity and inclusion initiatives across governance and leadership activities within both ACEM and the broader emergency medicine workforce.** In order to promote inclusion, the College needs to understand the diversity of its membership. ACEM will therefore be transparent and will hold itself accountable for: (i) ensuring diversity and inclusivity across the College's leadership and governance roles; and (ii) advocating for improved diversity within ED workplace leadership roles, through reporting, monitoring and evaluation.
2. **Improve awareness of issues relating to diversity, including the value of a diverse and inclusive working environment, and the various barriers to participation that individuals from diverse groups experience.** To meet this objective, the College will develop and promulgate increased resources and provide more training opportunities to members and trainees on matters relating to diversity and inclusion.
3. **Improve diversity across College leadership and governance roles, and advocate for greater diversity within emergency department workplace leadership roles.** The College will achieve this by undertaking a range of activities to ensure leadership and governance roles across the College's activities are accessible to all, by removing barriers and providing opportunities and pathways for members and trainees to gain exposure to relevant activities. The College will also commit to undertake greater advocacy for the advancement of diverse leadership within ED workplaces.

A copy of the current draft of this Action Plan is provided as **Appendix 1.8**. Following the April meeting of the ACEM Board, this draft Action Plan will now be refined and then released for consultation with ACEM members and trainees, after which it will be finalised for full implementation.

Recommendation BB

>> **Implement, monitor and evaluate the implementation of all recommendations detailed in the Expert Advisory Group on Discrimination Action Plan.**

While the response to this Recommendation following submission of the College's 2019 Progress was that the Recommendation was considered to be 'Satisfied and Closed', the AMC made the following note:

> Detailed final progress report of EAG action plan demonstrates all recommendations have been addressed. Some are still in progress (e.g. revised process for examiner appointments described under standard 5). The AMC looks forward to future reporting on monitoring and evaluation of the outcomes of these actions.

Specific matters, as relevant to ACEM's remaining conditions, will be highlighted throughout this report.

Activity against conditions

To be met by 2020:

Condition 3

>> Develop and implement a program of work with jurisdictions on workforce oversupply/maldistribution, including the implementation of the pilot models of care project. (Standard 1.6.1)

For some time, ACEM has had a significant role in setting and advocating for workforce staffing standards for EDs in Australia and Aotearoa New Zealand. The College acknowledges, however, that the time has now come for ACEM to take a more direct and substantial role in the collaborative process of determining what a future EM workforce will look like.

Since the submission of the College's 2019 Progress Report and receipt of the response to that report, the COVID-19 pandemic has impacted significantly on the capacity of a range of stakeholders to focus in a manner that has enabled progression of this condition to the extent desired by the College. Examples include national and jurisdictional health department resources that have been redirected to essential and considerable pandemic response activities. Regardless, across the health sector a range of work aimed at addressing workforce issues has continued, albeit at a reduced capacity. This includes the development of the *National Medical Workforce Strategy* (NMWS) in Australia and the issuing of the *Health and Disability System Review* in Aotearoa New Zealand.

Over the last 18 months, the College has made significant efforts to address workforce challenges within the specialty, through the following major initiatives:

- Review of the ACEM EMC and EMD, and introduction of a new EM Advanced Diploma (EMAD).
- Policy reform work, undertaken through the College's *Workforce Planning Committee* (WPC).
- Ongoing collaboration with jurisdictions regarding proposals for specific initiatives that can be piloted to address long-term local workforce issues.

Review of the EMC and EMD

In November 2018, the ACEM Board established a working group to undertake a review of the ACEM EMC and EMD. This Working Group comprised representatives from ACEM, ACRRM, the Rural Faculty of the RACGP, and the DRHM of the RNZCGP.

The review focussed on maintaining and enhancing the integrity and rigour of training and assessment and supporting the learning and development of medical practitioners working in EDs across all jurisdictions in Australia and Aotearoa New Zealand.

The review resulted in a new *three-tiered nested structure* of programs for medical practitioners providing emergency medical care, comprising:

- A revised EMC, suitable for doctors working in EDs with access to offsite advice, or as part of a team in an ED with senior assistance available on the floor when needed;
- A revised EMD, suitable for doctors working in EDs with access to offsite support (but no onsite critical care support), or as part of a team in an ED where they are the senior decision maker; and

- A new Emergency Medicine Advanced Diploma (EMAD), suitable for doctors providing clinical support to EMC and EMD qualified doctors and/or as a Director of a non-ACEM accredited ED, or working in an ED as a senior decision maker with the ability to be a part of the education and management team.

As part of this review, the Working Group recognised the important and valuable components of the current EMC and EMD curricula and training programs.

The EMCDAD curricula is provided as **Appendix 1.9**.

In recognition of the evolution of rural generalism and the role of the EMD, with specific focus on the education and training of rural generalists in advanced skills in EM, the College has been engaged in discussions with the RACGP regarding an ACEM qualification forming part of the EM element of the RACGP's Rural Generalist Training Pathway (RGTP). Engagement with ACRRM in a similar manner remains a work in progress.

While it is recognised that the Rural Generalism field of specialty practice is still undergoing assessment by the MBA and AMC, the RACGP's RGTP will involve training towards the vocational Fellowship of the RACGP (FRACGP), combined with the Fellowship in Advanced Rural General Practice (FARGP). The current FARGP and future FRACGP-Rural Generalist Fellowship will include two EM components:

- A mandatory EM core component, developed by the RACGP, which will be assessed on outcomes and will effectively take six (6) months full-time to complete; and
- An optional Emergency Medicine Advanced Rural Skills Training (ARST) that will take 12 months full-time to complete.

To date, informal agreement has been reached between ACEM and the RACGP that the RACGP's Core Emergency Medicine module combined with the Emergency Medicine ARST would equate to ACEM's new EMAD.

The next steps of this partnership will be to examine ACEM's EMD and EMAD curricula to determine what revisions may be required in order to establish a joint *Emergency Medicine Advanced Diploma in Rural Emergency Medicine*.

ACEM's Workforce Planning Committee

The past two decades have seen significant growth in the EM specialist workforce and particularly in the number of FACEMs, such that the specialty now faces the serious issue of workforce oversupply in some areas, particularly in metropolitan regions. This is accompanied by significant concerns that the system cannot absorb the number of FACEMs coming through the specialist training pipeline.

The drivers for this growth include an increasing supply of junior doctors seeking to undertake specialty training, effectively uncapped specialty training capacity across Australia and Aotearoa New Zealand, and health system reliance on EM trainees to provide the bulk of the mid-level ED medical workforce.

ACEM data indicates that this has led to a 107% increase in the number of FACEMs between 2011 to 2019. This is acknowledged clearly in the Commonwealth DoH's draft *National Medical Workforce Strategy* (NMWS), which was distributed for as a consultation draft in late December 2020.

Despite this, there are many reports from members and trainees of EDs falling short of ACEM's staffing recommendations, and ongoing major shortfalls in staffing at their local hospitals.

In late 2018, to meet this growing challenge, the ACEM Board approved the establishment of the *Workforce Planning Committee* (WPC)[2]. The Committee reports directly to the ACEM Board and is chaired by Immediate Past President Dr Simon Judkins.

The WPC has been tasked to oversee the College's existing workforce-related policies and develop and deliver long-term solutions to address identified significant issues. To this end, the WPC developed an extensive *Issues Paper* outlining the major workforce issues and considered a series of long-term solutions across the full scope of College activities. These solutions would contribute to a workforce with the right number and combination of FACEMs, FACEM trainees, non-FACEM specialists, functioning as senior decision makers to meet service needs and support a high-quality level of care.

Extensive consultation was undertaken with the College membership and trainees on these matters, recognising the need to align with the directions articulated in the Consultation Paper of the NMWS.

Results of the consultation showed that the majority of respondents (FACEMs and FACEM trainees) agreed that geographic maldistribution and sustainability of a FACEM career were major issues facing the specialty.

In addition, this consultation has demonstrated overall support for a number of proposed solutions and reforms, aimed at strengthening the training pipeline and addressing issues of geographic maldistribution.

The WPC will be undertaking further consultation (proposed to commence in late May 2021) through a *Workforce Planning Position Paper* on more developed solutions, including the following:

- **Accredited training networks**

  The College will explore the feasibility of a new system of FACEM training accreditation where individual training positions (posts) are accredited for training, rather than accrediting training sites, as is currently the case. Accreditation standards would be applied to identify posts of sufficient quality, with due attention to supervision, variety of experience, breadth of practice, education support, etc. Training posts would be accredited as part of an individual hospital/ED site. This would mean that each individual hospital/ED site would be accredited for only a certain number of training positions, aligned to revised accreditation standards.

- **Middle-grade workforce guidelines**

  Detailed guidelines will be developed for health services regarding medical workforce models utilising non-FACEM senior decision makers, and their expected qualifications.

[2] In 2017, the *Trainee Selection and Workforce Planning Reference Group* was established to advise the ACEM Board on policy matters relating to FACEM trainee selection and workforce planning. This group has now been revised to focus primarily on workforce planning matters.

- **Incorporation of Rural Training Pathways into accredited training networks**

  In partnership with jurisdictions, the College will develop and trial a FACEM Rural Training Pathway. In doing so, the College recognises that it must consider a range of factors in developing and implementing a specific FACEM Rural Training pathway, including:

  - selection of trainees, including whether rural training pathway applicants should be prioritised for entry into the FACEM Training Program;
  - the stage(s) of training that would be most suitable for training at individual sites;
  - what prerequisite experience/s and competencies would be required; and
  - how the most appropriate supervisors and methods of supervision would be identified, developed and implemented.

- **Remote Supervision Options**

  As part of developing a FACEM Rural Training Pathway, within the context of networked training, the College will also explore the feasibility of incorporating remote supervision options without compromising the quality of training placements or trainee and patient safety, to improve the range of regional, rural and remote settings capable of establishing training posts. These may include periodic rotation of FACEMs to provide onsite support to rural and remote EDs.

As part of the work, the College will work through these issues with each jurisdiction as part of piloting these pathways and determine the appropriateness for full incorporation into the FACEM Training Program.

In addition to ensuring robust supervision requirements, another key aspect of a rural training pathway is to ensure rural pathway trainees are provided with appropriate support to access opportunities for required training rotations and placements in metropolitan centres, as well as access to mentoring and networking opportunities. The establishment of accredited training networks and/or rural training pathways would likely facilitate this kind of infrastructure, as would existing Rural Clinical Schools and other pre-vocational teaching infrastructure.

Consultation with all members, trainees and broader external stakeholders is due to commence in June 2021, and the College looks forward to providing the AMC with further updates as this work progresses.

The *Future of the EM Workforce: Issues paper* is provided as **Appendix 1.10**, with the preliminary results of the consultation provided as **Appendix 1.11**.

Collaboration with Jurisdictions

Over the last 18 months, the College has been engaging with jurisdictions to determine workforce priorities within each state/territory and to explore how these can be advanced through innovative and flexible approaches, while ensuring high-quality education standards. As outlined earlier, however, this work with individual jurisdictions has been impacted by the demands and requirements on both the College and jurisdictions to respond to the COVID-19 pandemic. **Table 1.1** summarises discussions held to date with individual jurisdictions. Particular progress regarding initiatives that align with priorities of both the College and the NMWS has been made with the Victorian DoH and the SA Health Rural Support Service.

TABLE 1.1 Summary of workforce discussions by jurisdiction

Stakeholder	Topics of discussion
Australian DoH	• Development of the *National Medical Workforce Strategy,* workforce modelling. • *How Accreditation Practices Impact Building a non-GP Rural Specialist Medical Workforce project.*
Victorian DoH – *Medical Workforce Planning Advisory Group*	Partnership regarding the following projects: • ACEM's workforce planning activities and reform agenda; • Victorian Emergency Medicine Training Network mapping project; and • Opportunities to pilot networked rural training pathways.
SA Health – Rural Support Service	Ongoing discussions regarding initiatives to support: • Rural Generalist trainees in their emergency medicine training; and • Initiatives to improve FACEM and FACEM trainee presence in rural areas.
New South Wales Ministry of Health	• Ongoing discussions regarding workforce planning and training pathways.
Tasmanian DoH	• Participation in workforce planning fora and strategic planning activities. • Consultation on the feasibility and appropriateness of a Rural Generalist model at one of the state's four public emergency departments
Aotearoa New Zealand MoH	• Ongoing discussions regarding workforce planning, as part of the Ministry's *Health and Disability System Review.* • Engagement in the development of a national health workforce plan, that ensures better representation of our communities, and that identifies specialist and general healthcare workforce needs for emergency/unplanned care in both urban and rural areas. • Discussions regarding models of care, and the standardisation of credentialing processes.

>> Australian Department of Health

Discussions are ongoing regarding long-term data requirements from colleges, to inform the Department's workforce planning. This included extensive consultation with the Department over the last three years, as part of development of the Australian Government's NMWS.

This includes collaboration on data sharing exercises, in order to inform a future National Medical Workforce Planning Tool.

>> Victorian Department of Health

Discussions with the Victorian DoH have focused on the ongoing workforce shortages in rural and regional Victoria and the challenges in attracting both FACEMs and FACEM trainees. The College and the Department have been exploring networked training models aimed at facilitating FACEM and trainee presence in rural and regional areas.

To this end, ACEM has agreed to:

- Develop a regional networked solution with opportunity for a dedicated rural training pathway that would allow for the majority of training to be conducted in rural and regional locations. While trainees can do this currently, this proposal proposes a more formal and dedicated pathway that will be trialled with a small number of rural and regional sites, which will be invited to pilot the approach with support from both the College and the DHHS.
- Develop two pilot rural training pathways, with services in two regions of Victoria (South-west Victoria and Loddon-Mallee). It is intended that these pilot pathways will allow trainees to meet the majority of their training requirements across rural and regional training sites.
- Undertake a mapping exercise to identify how a networked model of EM training would operate within Victoria. The Victorian DoH has recently introduced the *Victorian Paediatric Training Program,* to support a state-wide basic paediatric training program that aligns tertiary teaching hospitals with outer metropolitan and regional paediatric service providers. The College is working with its Victoria Faculty members to identify how current ACEM-accredited EM training sites, as well as potentially accreditable EM training sites, could be combined into networks of training, with each network being able to provide all the necessary requirements in order to complete the entire FACEM Training Program.

>> New South Wales Ministry of Health

ACEM is engaging with the NSW MoH regarding a number of issues relating to workforce planning. This includes incorporation of ACEM's revised EMC and EMD and new EMAD into the state's Rural Generalist training pathways.

Discussions with the MoH have focused on developing the state's non-FACEM specialist and non-FACEM trainee Senior Decision Maker / middle-grade workforce and reducing the State's heavy reliance on FACEM trainees to staff hospital EDs. This includes developing Career Medical Officer training pathways, as well as utilising the ACEM EMD and/or EMAD. These discussions are continuing.

The COVID-19 pandemic has also highlighted the state's dependence on International Medical Graduates (IMGs) and Specialist International Medical Graduates (SIMGs) to staff regional and rural EDs. The ACEM New South Wales Faculty has been engaging with the NSW MoH regarding initiatives to alleviate these issues in the short-term. This includes the introduction of new FACEM roles, split between a metropolitan and rural site (fifty percent at each), as a means of increasing senior clinical presence in rural areas. Despite some success, there has been limited uptake of these roles, and the College New South Wales Faculty is continuing to work with the NSW MoH to monitor and address these issues.

As with Victoria, the College will also be working with the NSW MoH to undertake a network mapping exercise in relation to EM training. While training networks have been in existence in New South Wales for over a decade, these networks have not been successful in becoming fully operationalised and functional. ACEM will therefore work with the NSW MoH and its New South Wales Faculty members to identify how existing training networks (through the Health Education and Training Institute) can be utilised and/or modified to potentially form a series of ACEM-accredited training networks.

Again, as with Victoria, the College is exploring the development of a rural training pathway that could be piloted in New South Wales with a small cohort of trainees. Over the coming months, in conjunction with the NSW MoH, the College hopes to identify a small group of services that are interested in collaborating in the development of a pilot rural training pathway.

>> SA Health Rural Support Service

The College has engaged with the Rural Support Service in SA Health to explore a number of initiatives that would enhance EC in rural and regional areas.

The College acknowledges the unique nature of rural and remote health service delivery across South Australia and understands alternative and innovative approaches to methods of supervision may need to be considered, including facilitation of telehealth supervision options. This work will be considered within the context of ensuring education and training standards are maintained, while also acknowledging that changes to practice as a result of the COVID-19 pandemic provide ACEM with an opportunity to consider new technologies and their integration into medical education and care delivery.

One option has been to consider how SA Health trainees in the rural generalist pathway can be supported in rural and remote locations to undertake and complete requirements of the EMC Training Program, within the unique constraints and environment of rural South Australia. The College is working with the SA Rural Support Service to facilitate EMC and EMD training pathways for rural generalist trainees.

The ACEM SA Faculty is also exploring the development and pilot of a rural training network in South Australia, which would link smaller rural sites with hub hospitals. This is currently being discussed with the SA Rural Support Service, and the feasibility of these networks is being explored. A proposal is being developed by the SA Faculty for consideration by the SA Rural Support Service, the ACEM Council of Education and the ACEM Board.

>> Tasmanian Department of Health

The College has been engaging with the Tasmanian Department of Health (DoH) over the last twelve months on various workforce planning activities. This includes participating in *Medical Workforce Workshops* in 2020.

Most recently, the Tasmanian DoH has commenced consultations on its *Health Workforce 2040 Strategy.* This strategy will focus on improving recruitment and retention of the workforce in regional areas, and how medical specialist colleges can provide innovative pathways to facilitate this.

To this end, the College has commenced discussions with the DoH regarding how EM training networks could be established, and how they might operate across the State. These discussions are in their early stages.

Statistics and annual updates

Membership and training

As at 31 March 2021, the College recognised a total of 3,485 members, spread across the membership categories as indicated in **Table 1.2**.

TABLE 1.2 ACEM membership by category, 31 March 2021

Membership Category	Number of Members
Fellow	3,094
Retired Fellow	79
Honorary Fellow	4
Advanced Diplomate	-
Diplomate	68
Certificant	166
Educational Affiliate	53
International Affiliate	21
Total	**3,485**

Since the 2019 Progress Report, the membership categories of Advanced Diplomate and International Affiliate have been added. The category of Advanced Diplomate reflects outcomes of the review of the College's Emergency Medicine Certificate (EMC) and Emergency Medicine Diploma (EMD) programs (refer further discussion, **Condition 3**, pp. 29–30), while International Affiliates have been included as part of the College's work in relation to Global Emergency Care (GEC; refer further discussion, pp. 22-23).

Additionally, as at 31 March 2021, the College recognised 2,862 trainees as enrolled in the FACEM Training Program, comprising 1,773 in Advanced Training and 1,089 in Provisional Training. Currently, there are 193 individuals completing Stage 2 of the Joint Paediatric Emergency Medicine (PEM) Training Program with ACEM, comprising 162 pre-Fellowship ACEM trainees and 31 Fellows, and there are four Fellows of the Royal Australasian College of Physicians (RACP) completing Stage 3 of the Joint PEM Training Program with ACEM, resulting in dual Fellowship.

While 365 and 140 candidates respectively were enrolled in the iterations of the EMC and EMD programs operating prior to 1 February 2021, 174 and 31 candidates respectively had enrolled in the revised EMC and EMD programs after this date. A further nine (9) candidates had enrolled in the Emergency Medicine Advanced Diploma (EMAD) program. The Diploma of Pre-Hospital and Retrieval Medicine (DipPHRM; refer **Standard 1**, p. 23; Standard 2, pp. 42–43), which commenced operation at the beginning of 2021, had 61 trainees enrolled at 31 March 2021.

In all, a total of 3,677 medical practitioners are currently engaged in some manner of formal training with ACEM, with additional trainees anticipated through commencement of the Advanced Diploma in Rural Emergency Medicine. The arrangements for this offering are currently being finalised between ACEM and the Royal Australian College of General Practitioners (RACGP) to support trainees undertaking Rural Generalist training with RACGP to obtain advanced skills in Emergency Medicine (EM) as part of their substantive training program.

Reconsideration, Review and Appeals

The most current version of the College's *Reconsideration, Review and Appeals Policy* is provided as **Appendix 1.12**. Following from data supplied in the College's 2019 Progress Report, the numbers of reconsiderations, reviews and appeals submitted for consideration, along with associated subjects and outcomes, for the periods January – December 2019, and January – December 2020 are outlined in **Table 1.3** and **Table 1.4**, respectively.

As previously outlined, the College maintains records in relation to all requests lodged for reconsideration, review and appeal in the Office of the CEO. All applications are monitored for root cause(s), and system issues are identified and referred to entities for consideration as considered necessary.

College entities, such as the Trainee Progression Review Subcommittee (TPRS), the SIMG Committee, and COE also monitor applications and outcomes to identify and enable improvements in their specific areas of responsibility.

TABLE 1.3 Reconsiderations, Reviews and Appeals, 1 January 2019 – 31 December 2019[3]

	Total Received	Not Accepted	Considered	Decision Affirmed	Decision Varied	Decision Set Aside – New/Alternative Decision Made	Decision Set Aside – Matter Referred	Related Area of Activity
Reconsideration	**31**	5	26[4]	8	4	14	-	Workplace-based Assessment (WBA)
	3	3	-	-		-	-	Examination Result
	2	-	2	1[5]	1	-	-	SIMG Assessment
	6	1	5	2	-	3	-	Selection into FACEM Training
	1		1		1	-		Training Site Accreditation
	6	2	4	1	-	3	-	Other[6]
Total	**49**	**11**	**38**	**12**	**6**	**20**	**-**	
Review	**2**	1	1	-	-	1	-	WBA Assessment
	2	-	2	-	-	2	-	Selection into FACEM Training
Total	**4**	1	3	-	-	3	-	

[3] No appeals were received or considered during the period 1 January to 31 December 2019.

[4] One application for a review of a College decision was accepted as a reconsideration and, as such, was considered under the reconsideration process.

[5] Outcome consisted of two components; decision was made to affirm one component and vary a second component.

[6] Refer Footnote 4 above and Footnote 2, p. 25, 2019 Progress Report.

TABLE 1.4 **Reconsiderations, Reviews and Appeals, 1 January 2020 – 31 December 2020**[7]

	Total Received	Not Accepted	Considered	Decision Affirmed	Decision Varied	Decision Set Aside – New/Alternative Decision Made	Decision Set Aside – Matter Referred	Related Area of Activity
Reconsideration	**33**	11	22	7	1	14	-	WBA Assessment
	2	2	-	-		-	-	Examination Result
	5	2	3	3	-	-	-	SIMG Assessment
	5	1	4	2	-	2	-	Selection into FACEM Training
	1	-	1		-	1		Training Site Accreditation
	9	3	6	1	3	2	-	Other[8]
Total	**55**	**19**	**36**	**13**	**4**	**19**	**-**	
Review	**1**	1	-	-	-	-	-	WBA Assessment
	1	1	-	-	-	-	-	Examination Result
	1	-	1	1	-	-	-	Provisional Training Credit Transfer Allowance
Total	**3**	**2**	**1**	**1**	**-**	**-**	**-**	

[7] No appeals were received or considered during the period 1 January to 31 December 2020.

[8] 'Other' related areas of activity include: Provisional Training Credit Transfer allowance; referral to the Pathway to Fellowship Review Committee variation to FACEM Training Program regulations regarding rural/urban district training; extension to completion of Provisional Training deadline; extension to completion of Advanced Training deadline; RPL, Recognition of Prior Learning allowance for transfer from FACEM Training Program to EMD.

As described in the 2019 Progress Report (pp. 71 – 72), in February 2019 the College appointed Dr Elizabeth Gass as an Independent External Reviewer to assess adherence to and suggest improvements in processes associated with the College's Reconsideration, Review and Appeals system. The position also has an ongoing role as an independent source of contact for parties who may be of the view that they will be disadvantaged raising concerns through College processes. Dr Gass commenced in her role in February 2018 and has now presented two reports that have been considered by the ACEM Board and Office of the CEO. The reports have confirmed that College processes are operating consistent with the associated policy, with suggestions by Dr Gass resulting in minor administrative adjustments made to documentation and reporting processes. The reports submitted by Dr Gass and accompanying information as presented to the ACEM are provided as **Appendices 1.13** and **1.14**.

The College is not aware that any approaches have been made to Dr Gass that would demonstrate any concerns of ramifications or retaliation should individuals pursue normal procedural pathways.

As outlined in previous documents, as part of its commitment to transparency of decision making and procedural fairness, the College has an additional layer of oversight for decisions that may have profound and irreversible impact on trainees. This relates to dismissal of trainees from the FACEM Training Program, and to SIMG applicants who are working toward Fellowship by completing requirements prescribed as a result of assessment by the College for either the Medical Board of Australia (MBA) or the Medical Council of New Zealand (MCNZ).

Where an ACEM entity that is empowered to do so determines that circumstances do not exist to warrant variation of College requirements that may trigger a trainee/SIMG for removal from their pathway to Fellowship, the trainee/SIMG is referred to the Pathway to Fellowship Review Committee (PFRC). Consideration by this entity provides a final opportunity for the individual's circumstances to be considered, including enabling the individual to make oral and/or further written submissions in relation to their circumstances.

Following from data supplied in the College's 2019 Progress Report, data relating to matters considered by the PFRC and the outcomes of those considerations for the periods January 2019 to December 2019 and January 2020 to December 2020, is supplied in **Tables 1.5** and **Table 1.6**, respectively. For clarity, the period in question for each table is considered by date of PFRC meeting.

TABLE 1.5 PFRC Reviews and Outcomes, 1 January 2019 – 31 December 2019

Reason	Considered	Remain in FACEM Training Program	Removed from FACEM Training Program	Notes
Failure to complete requirements within timeframe prescribed	8[9]	1	6	Provisional Training (n=4) Advanced Training (n=4)

[9] Refer Footnote 4, p. 27, 2019 Progress Report.

TABLE 1.6 PFRC Reviews and Outcomes 1 January 2020 – 31 December 2020

Reason(s)	Considered	Remain in FACEM Training Program	Removed from FACEM Training Program	Notes
Failure to complete requirements within timeframe prescribed	5	1	4	Provisional Training (n=3) Advanced Training (n=2)
Failure to satisfactorily complete second period of additional training time within same area of training	2	2	-	Advanced Training (n=2)
Failure to successfully pass an examination within maximum number of attempts	3	1[10]	2	Primary Viva (n =1) Fellowship Written (n=2)
Placed on second period of interruption to training for non-compliance	1	1	-	Advanced Training (n=1)
Failure to comply with any Regulation(s) or Policy(ies) related to the FACEM Training Program	1	1	-	Advanced Training (n=1)
Failure to complete requirements within timeframe prescribed and Failure to successfully pass an examination within maximum number of attempts	4	1	3	Advanced Training (n=4) Fellowship Written (n=2) Fellowship Clinical (n=2)
Failure to complete requirements within timeframe prescribed and Failure to comply with any Regulation(s) or Policy(ies) related to the FACEM Training Program	1	-	1	Advanced Training (n=1)

[10] Individual permitted to remain in the FACEM Training Program while outcome pending through COE.

2 The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and program and graduate outcomes.

Summary of college performance against Standard 2:

The current status of this standards is that it is Met.

Summary of significant developments

The College's Educational Purpose and its commitment to achieving this remains unchanged.

The most significant developments in relation to program and graduate outcomes have been:

- reviews of the *FACEM Training Program* and the associated *ACEM Curriculum Framework*,
- a review of the structure and content of the EMC and EMD programs, including the commencement of development of the EMAD, and
- the completion of work in relation to the Diploma of Pre-Hospital and Retrieval Medicine (DipPHRM), developed under the auspices of the Conjoint Committee for Pre-Hospital and Retrieval Medicine (CCPHRM).

Activity regarding the reviews of the FACEM Training Program and the associated ACEM Curriculum Framework is described in relation to **Standard 3** (refer pp. 46 – 49), while the review of the EMC and EMD programs has already been discussed in relation to **Standard 1** (refer **Condition 3**, pp. 29 – 30).

The revised FACEM Training Program will be implemented for trainees entering FACEM training from 2022 and will be further discussed in relation to **Standard 3** (refer pp. 46 – 49).

The revised EMC, EMD and new EMAD programs were approved by the ACEM Board in August 2020 for implementation from 2021. ACEM began taking enrolments in early January 2021, for trainees to commence their programs from 1 February 2021.

As outlined in relation to **Standard 1**, the three programs are nested and have multiple entry points which, depending on previous qualifications and experience, determine the length of training and associated training and assessment requirements. The associated curricula, regulations, Workplace-based Assessment (WBA) forms, training handbooks, educational resources and online assessment portal have been published (refer ACEM website and the ACEM Educational Resources website), with additional resources to be developed in 2021, particularly for supervisors and assessors.

Development of questions for the written examinations of the revised EMC, EMD and EMAD programs is well underway. Question writers and reviewers have been trained via online video workshops and continue to meet online to progress question reviewing with relevant Education and Training staff. The EMC and EMD examinations will continue to be delivered online.

Requirements and materials associated with the DipPHRM project were progressed and approved by the ACEM Board in 2020 for implementation from 2021. All relevant information, including guiding documents such as the *DipPHRM Curriculum* and *Training Handbook*, are available on the ACEM website.

Enrolments for the DipPHRM opened on 14 December 2020 for the first cohort of trainees to commence in February 2021. At the time of writing, 20 PHRM sites have applied for accreditation to provide DipPHRM training. Of these, 18 have been approved, one (1) was not approved and one (1) is still undergoing accreditation. Applications from 64 prospective trainees had been received, with 61 of these completed and three (3) unable to be completed until the potential training sites in question complete the accreditation process. In light of lockdown and travel restrictions due to the COVID-19 pandemic, accreditation assessments were conducted by members of the CCPHRM via videoconference and supplemented by recorded virtual tours of facilities submitted by sites.

Development of DipPHRM Written Examination questions has commenced, and training of writers and examiners for the Objective Structured Practical Examination (OSPE) is scheduled to commence following approval of a revised Recognition of Prior Experience (RPE) process by the ACEM Board at its April 2021 meeting. This would then enable any potential 'sit-out' period for those involved in the DipPHRM examination process looking to then apply for RPE. Writers of DipPHRM Written Examination questions have participated in virtual Multi-Choice Question Writing Workshops conducted by staff from the ACEM Education Development Unit (EDU), and continue to write and peer review questions with the other subject matter experts and the support of EDU staff.

The potential development of a Diploma in Toxicology with the *Toxicology and Poisons Network Australasia* (TAPNA) has not progressed to any significant extent since the submission of the 2019 Progress Report. This has been due mainly to the circumstances arising from the COVID-19 pandemic, as well as the commitment of the College to work relating to the FACEM, EMC, EMD, EMAD and DipPHRM programs.

Progress against QIRs

Recommendation DD

>> **Explicitly state the College's commitment to improving the health of Aboriginal and Torres Strait Islander and Māori communities in both the Constitution and next Strategic Plan. (Standard 2.1.2)**

As outlined in relation to **Standard 1** (refer pp. 23 – 24), the College continues its significant commitment to improving the health of Aboriginal and Torres Strait Islander and Māori communities

During the second half of 2019, the ACEM Board directed the *Diversity and Inclusion Steering Group* (DISG) to review the Objects of the College as then set out in the ACEM Constitution, with the intent of achieving this recommendation. Given work already underway by the College, it was also considered important that this work be conducted in collaboration with the Manaaki Mana Steering Group and the RAP Steering Group, to ensure that any resultant proposed revision(s) to the Objects of the ACEM Constitution were as appropriate and complete as possible.

In addition to considering the recommendation provided by the AMC, the College also considered the actions of the College's *Manaaki Mana Strategy,* including:

> *Explore updating the ACEM Constitution to reflect a commitment to the principles of Te Tiriti o Waitangi and the United Nations Declaration on the Rights of Indigenous Peoples.*

Reference to the College's support for the *United Nations Declaration on the Rights of Indigenous Peoples* was therefore also included in the proposed new Constitution Object. Also, while not explicitly stated as an action or deliverable in relation to any of the domains contained in the College's 2019 – 2021 RAP, this work had clear synergies with a number of aspects of the RAP; and the decision was made to include reference to the importance of the reconciliation process.

Following collaboration with the RAP and Manaaki Mana Steering Groups, the following was recommended to and accepted by the ACEM Board as an additional new Object to be added to the College Constitution.

> *The objects for which the College is established are to …*
>
> *Strive for excellence and equity in emergency care for Aboriginal, Torres Strait islander and Māori communities in Australia and Aotearoa New Zealand, through a commitment to the principles of Te Tiriti o Waitangi in Aotearoa New Zealand, the process of Reconciliation in Australia and the intent of the United Nations Declaration on the Rights of Indigenous Peoples.*

This was put as a special resolution to the ACEM membership eligible to consider such matters, with a vote occurring between mid-June and mid-July 2020. The resolution was passed, with 93.7% of those voting indicating support for the resolution, and the Object is now part of the those contained in the ACEM Constitution.

The College's next Strategic Plan, to be developed in the second half of 2021, is expected to continue the explicit and significant commitment of ACEM to improving the health of Aboriginal and Torres Strait Islander and Māori communities.

Recommendation EE

>> **Finalise the development of clear graduate outcomes that integrate the key aspects of professional behaviour (currently expressed in separate domains), in order to realise the College's vision of competency-based training. (Standard 2.3.1)**

As part of the ACEM Curriculum Framework review (refer to **Standard 3**), the College has finalised the development of clear graduate outcomes, based on the revised learning outcomes. As such, the expected knowledge, skills and personal and professional behaviours are clearly integrated and articulated for each stage of training, including the final stage graduate outcomes.

The graduate outcomes encompass all domains and are integrated into three overarching entrustable areas of practice that trainees are expected to demonstrate at the completion of the FACEM Training Program. Specifically, the entrustable areas of practice of the revised FACEM Curriculum include the provision of high-quality patient care, professional workplace performance, and commitment to career longevity. The programmatic nature of the assessments across the entire training program, along with the time-based nature of some training requirements, allows flexibility for trainees as well as the ability for the College to monitor trainee competency and progress. This will continue to evolve over time.

Activity against conditions

There are no conditions associated with this set of standards.

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3 The specialist medical training and education framework

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure.

Summary of college performance against Standard 3:

The current status of this standard is that it is Substantially Met.

Summary of significant developments

FACEM Training Program Review

Developments regarding revisions to the College's EMC and EMD programs and the DipPHRM were outlined in relation to **Standards 1 and 2**. Discussion in relation to this Standard will address more fully developments in relation to the review of the FACEM Training Program, including the *ACEM Curriculum Framework*.

The review of the FACEM Training Program involved three distinct, yet inter-related components: review of the structure and requirements of the training program; the review of the ACEM Curriculum Framework; and the review of the system of training site accreditation. All three were progressed by working groups, with their activities overseen by COE. Working groups sought internal stakeholder feedback throughout the process (see, for example, ACEM Bulletin 2 August 2019), which shaped the final recommendations from each group.

Initial recommendations were presented to COE at their 29 July 2019 meeting, and discussion at that meeting in relation to the proposed revisions to the system of training site accreditation was such that further consultation was required. This resulted in a final package of recommendations being considered by COE at a meeting in June 2020 (see further discussion in relation to **Standard 8**, pp. 105 – 108). Following consideration, further revisions to proposals were made, before final endorsement by COE in July 2020 and the ACEM Board in August 2020.

The revised ACEM Curriculum Framework (now referred to as the *FACEM Curriculum*; provided as **Appendix 3.1**), FACEM Training Program and system of training site accreditation will be implemented at the commencement of the 2022 Training Year. Prior to this, the College will undertake the necessary communication to all internal and external stakeholders, build a new trainee portal, make the necessary changes to the Learning Management System (LMS), update relevant governance documents such as policies and regulations, and ensure appropriate and sensible transition arrangements are in place. This work is currently in progress.

The FACEM Curriculum was approved by COE at its meeting in July 2020. The curriculum specifically maps teaching and learning strategies, and assessment, to curriculum content and to program and graduate outcomes. The FACEM Curriculum builds on the work that developed the ACEM Curriculum Framework, and it is envisaged this revised document will provide trainees, FACEMs and any others involved with FACEM training with guidance and support that will further optimise the FACEM training experience.

As indicated in the 2019 Progress Report, as part of the FACEM Training Program review the Working Group recognised that important and valuable components of the current training program are the flexibility with which training and assessment requirements may be met, and the opportunities to undertake training in medical disciplines outside the ED that complement ED work and aid in the development of the 'well-rounded' EM physician. To that end, every effort was made to ensure that proposed revisions continue to accommodate this flexibility and pursuit of non-ED training, while ensuring that the integrity and rigour of training and assessment support the learning and development of future FACEMs capable of dealing with the dynamic and demanding nature of contemporary EM practice. Reflecting this, the revisions to the training program as set out below and on the following page (**Figure 3.1**) were approved by COE and the ACEM Board for implementation from the 2022 Training Year.

References to Provisional and Advanced stages of training have been removed. Training Stages 1 to 4 are used to clearly delineate the program, with each having a required amount of core ED time. Progress through these stages is tied clearly to outcomes as described in the revised FACEM Curriculum, with specific assessment and other requirements as outlined. The Primary Examinations remain a requirement to proceed from Training Stage 1 to Training Stage 2, with completion of the Fellowship Written Examination a requirement for progression from Training Stage 3 to Training Stage 4, and the Fellowship Clinical Examination to be completed during Training Stage 4.

Figure 3.1 Proposed FACEM Training Program for trainees commencing from 2022

<table>
<tr><th></th><th>Training Stage 1</th><th>Training Stage 2</th><th>Training Stage 3</th><th>Training Stage 4</th></tr>
<tr><td rowspan="3">Placement requirements</td><td>12 months in Adult/Mixed ED</td><td>12 months in ED</td><td>12 months in ED</td><td>Minimum 6 months in ED</td></tr>
<tr><td></td><td colspan="3">6 months in Critical Care (ICU and/or Anaesthetics)</td></tr>
<tr><td colspan="3">6 months in Non-ED</td><td><u>Elective</u>:
6 months of elective (ED or Non-ED Placements)</td></tr>
<tr><td rowspan="2">Assessment requirements</td><td>ITAs (every 3 months)</td><td>ITAs (every 3 months)</td><td>ITAs (every 3 months)</td><td>ITAs (every 3 months)</td></tr>
<tr><td>EM-WBAs</td><td>EM-WBAs</td><td>EM-WBAs[11]</td><td>EM-WBAs[12]</td></tr>
<tr><td rowspan="4">Specific training requirements</td><td colspan="4">Procedural Skills (Core DOPS)</td></tr>
<tr><td colspan="2"></td><td colspan="2">M&M Presentation and Guideline Protocol Review or Audit</td></tr>
<tr><td colspan="3">Research Requirement</td><td></td></tr>
<tr><td colspan="3">Paediatric Emergency Requirement</td><td></td></tr>
<tr><td rowspan="2">Examinations</td><td>Primary Written</td><td></td><td>Fellowship Written</td><td></td></tr>
<tr><td>Primary Clinical (VIVA)</td><td></td><td></td><td>Fellowship Clinical (OSCE)</td></tr>
<tr><td>Online learning modules</td><td>ACEM Core Values
Assessing Cultural Competence
Critical Care Airway Management
Indigenous Health & Cultural Competence</td><td>Clinical Supervision
Giving Feedback
Ultrasound</td><td>Clinical Leadership</td><td></td></tr>
</table>

[11] Training Stage 3 WBAs include Shift Reports.

[12] Training Stage 4 WBAs include Shift Reports where the trainee is 'in charge' of the shift.

An outline of the training Stages, with progression requirements, is below:

- Training Stage 1:
  - 12 months of training in an Adult/Mixed ED to replace six (6) months in ED and six (6) months of discretionary training;
  - EM-WBAs to replace Structured References;
  - Required completion of *Indigenous Health and Cultural Competence*; *Assessing Cultural Competence*; *Critical Care Airway Management*; and *Core Values* eLearning modules;
  - Research requirement may be commenced;
  - Paediatric emergency requirement may be commenced.
- Training Stage 2:
  - 12 months of training in the ED (which may include in a Paediatric-only ED);
  - Required completion of *Clinical Supervision, Giving Feedback* and *Ultrasound* eLearning modules.
- Training Stage 3:
  - 12 months of training in the ED (which may include in a Paediatric-only ED);
  - Required completion of *Clinical Leadership* eLearning modules.
- Training Stages 1 to 3:
  - Six (6) months of training in approved non-ED disciplines, to be completed at any time during Training Stages 1 to 3;
  - Research requirement must be completed;
  - Paediatric requirement must be completed.
- Training Stages 1 to 4:
  - Completion of 12 mandatory procedures (DOPS).
- Training Stages 2 to 4:
  - Six (6) months of training in Critical Care (Intensive Care Unit (ICU) and/or Anaesthetics), to be completed at any time during Training Stages 2 to 4.
- Training Stages 3 to 4:
  - Completion of the following training requirements:
    - Mortality and Morbidity Presentation
    - Guideline/Protocol Review or Audit.
- Training Stage 4:
  - Minimum of six (6) months of training in the ED required, with a further six (6) months in either ED or non-ED Placements, which are able to provide Training Stage 4 outcomes;
  - WBAs focusing on assessing management and leadership skills required in the ED.

Progress against recommendations

Recommendation GG

>> **Incorporate specific outcomes relating to the prevention of discrimination, bullying and harassment in the relevant curriculum domains. (Standard 3.2.4)**

This recommendation has been incorporated and addressed through the review of the ACEM Curriculum Framework. Specifically, the *Professionalism* domain of the revised FACEM Curriculum includes learning outcomes pertaining to professional conduct, identifying and referring incidents of misconduct, identifying signs and symptoms of troubled staff, and providing support and assistance to peers. It refers trainees and Fellows to the *ACEM Code of Conduct* and the *Discrimination, Bullying and Sexual Harassment Policy*.

Activity against conditions

To be met by 2020:

Condition 5

>> **Finalise and implement the review of the structure of and curriculum for the specialist training program. (Standard 3.1 and 3.4)**

As described above, the review has been completed. Implementation will occur for trainees commencing the program in the 2022 Training Year, with necessary work relating to implementation currently in progress.

To be met by 2021:

Condition 6

>> **Develop a clearly defined paediatric emergency medicine curriculum that integrates the relevant aspects of both FACEM and FRACP curricula. (Standard 3.2)**

The current Joint Paediatric EM curriculum, which was developed and published in 2010 and revised in 2013, is available to Joint PEM trainees on the websites of both ACEM and the RACP. The curriculum was developed by members of both the RACP and ACEM and has been co-badged to indicate it is the curriculum for PEM trainees, regardless of the auspices of the College (ACEM or RACP) under which they are completing their PEM training.

The RACP is currently leading a curriculum renewal process for each of its advanced training programs, including Paediatric EM. Their curriculum renewal process is currently in Phase 2 of a three-phase process, during which common content across all RACP advanced curricula is being identified.

The understanding of ACEM is that the RACP is currently holding consultation on the common areas (Learning, Training & Assessment) applicable to all their Advanced Training programs and that they are not expecting to immediately update the specific content of the PEM curriculum. Any revisions or further editions to the PEM curriculum content will be done in collaboration and jointly with the *Committee for Joint College Training Committee in Paediatric Emergency Medicine* (JCTC-PEM).

Beyond this, as a partner of the CJCT-PEM, ACEM does not possess the imprimatur to independently progress the work necessary and is unclear about the purpose or intent of this condition for ACEM to meet.

Condition 7

>> **Expand the FACEM curriculum to better describe the knowledge, skills and practices necessary to deliver high-quality care in observational medicine. (Standard 3.2.3)**

The newly developed FACEM Curriculum includes learning outcomes addressing the area of Observational Medicine within the *Principles of Practice in Emergency Medicine* subdomain. In addition, two bespoke modules have been developed and made available on the eLearning platform. These have been designed to give FACEM trainees and EM clinicians an introduction to the concept of observation medicine and its implementation in emergency department short stay units (EDSSUs) and to the overall management of the observation units/EDSSUs.

Condition 8

>> **Define curriculum content that is specific to rural emergency medicine in order to improve rural learning and recruitment. (Standard 3.2.6)**

The new *Rural and Regional Emergency Medicine Practice* section of the FACEM Curriculum, developed in consultation with the College's Rural, Regional and Remote Committee, includes learning outcomes across multiple domains of practice. It is targeted to those trainees and Fellows working in departments that present the unique clinical situations that can be involved in the practice of EM in rural and remote locations, including:

- Clinical situations that occur predominantly in rural and remote EDs;
- Clinical situations that occur in most types of EDs, but where the approach to clinical management is often different in a rural and remote location; and
- Clinical situations that occur in many types of departments, but where a rural location provides greater opportunity for independent experience.

While this work identifies learning outcomes associated with the practice of EM in rural and remote locations, including the knowledge and skills required, it is recognised that this will not be sufficient to improve recruitment to rural locations in isolation. This work should be considered in combination with other work being conducted by the College, including the ACEM Workforce initiatives and the revised EMC and EMD programs, as well as the College's wider interactions with the sector (refer **Standard 1**, pp. 29-36).

Statistics and annual updates

Table 3.1 outlines the information relating to requests and associated outcomes for Recognition of Prior Learning and Credit Transfer for trainees in the FACEM Training Program over the periods indicated. Changes to the RPL process introduced in 2019 to clarify the type of training that would be accepted under the policy are reflected in the data for 2019 and 2020, relative to 2017 and 2018.

TABLE 3.1 **Recognition of Prior Learning/Credit Transfer applications by year**

Requests for Recognition of Prior Learning				
Year	**Number**	**% granted**	**Period granted**	**Comments (if required)**
2017	76	79%	Range of three to twelve months, with an average period of six months FTE	Relatively high number of applications corresponds with higher than usual intake of trainees in the program prior to implementation of the SIFT process.
2018	17	65%	Range of three to twelve months, with an average period of six months FTE	Fewer trainees commencing in 2018, therefore smaller number submitting credit transfer.
2019	22	45%	Six months FTE was the most common outcome, with an average of eight months FTE.	
2020	31	29%	12 months FTE was the most common outcome, with an average of 17.45 months FTE.	

Tables 3.2 to **3.5** outline information relating to requests for part-time and interrupted training for trainees in the FACEM Training Program over the periods indicated. ACEM continues to have one of the most flexible, trainee-friendly Fellowship training programs in the sector, with clearly understood regulations pertaining to both aspects. This is reflected in the data in **Tables 3.2** to **3.5**.

TABLE 3.2 **Requests for part-time and interrupted training and associated outcomes – 2017**

Part-time training	Number requested	Number granted	% granted
Total	812[13]	812	100
Male	397	397	100
Female	415	415	100
NSW/ACT	313	313	100
NT	11	11	100
QLD	156	156	100
SA	62	62	100
TAS	8	8	100
VIC	150	150	100
WA	62	62	100
NZ	49	49	100
Interrupted training	**Number requested**	**Number granted**	**% granted**
Total	656[14]	656	100
Male	315	315	100
Female	341	341	100
NSW/ACT	217	217	100
NT	17	17	100
QLD	119	119	100
SA	21	21	100
TAS	15	15	100
VIC	145	145	100
WA	51	51	100
NZ	66	66	100

[13] There was also one (1) trainee training overseas part-time not reflected here.

[14] Total includes five (5) overseas placements.

TABLE 3.3 **Requests for part-time and interrupted training and associated outcomes – 2018**

Part-time training	Number requested	Number granted	% granted
Total	815[15]	815	100
Male	391	391	100
Female	422	422	100
NSW/ACT	276	276	100
NT	12	12	100
QLD	182	182	100
SA	58	58	100
TAS	18	18	100
VIC	138	138	100
WA	67	67	100
NZ	63	63	100
Interrupted training	**Number requested**	**Number granted**	**% granted**
Total	666[16][17]	666	100
Male	314	314	100
Female	351	351	100
NSW/ACT	203	203	100
NT	14	14	100
QLD	114	114	100
SA	29	29	100
TAS	19	19	100
VIC	138	138	100
WA	59	59	100
NZ	77	77	100

[15] There was also one (1) trainee training overseas part-time not reflected here.

[16] Total includes 12 overseas trainees.

[17] Total includes one (1) trainee of an unspecified gender.

TABLE 3.4 **Requests for part-time and interrupted training and associated outcomes – 2019**

Part-time training	Number requested	Number granted	% granted
Total	993	993	100
Male	464	464	100
Female	529	529	100
NSW/ACT	363	363	100
NT	13	13	100
QLD	199	199	100
SA	61	61	100
TAS	21	21	100
VIC	185	185	100
WA	84	84	100
NZ	67	67	100
Interrupted training	**Number requested**	**Number granted**	**% granted**
Total	602[18]	602	100
Male	271	271	100
Female	331	331	100
NSW/ACT	153	153	100
NT	19	19	100
QLD	115	115	100
SA	21	21	100
TAS	15	15	100
VIC	143	143	100
WA	54	54	100
NZ	65	65	100

[18] Total includes 17 overseas trainees.

TABLE 3.5 **Requests for part-time and interrupted training and associated outcomes – 2020**

Part-time training	Number requested	Number granted	% granted
Total	1281[19]	1281	100
Male	629	629	100
Female	651	651	100
NSW/ACT	464	464	100
NT	20	20	100
QLD	270	270	100
SA	66	66	100
TAS	36	36	100
VIC	288	288	100
WA	88	88	100
NZ	49	49	100
Interrupted training	**Number requested**	**Number granted**	**% granted**
Total	613[20]	613	100
Male	261	261	100
Female	352	352	100
NSW/ACT	161	161	100
NT	14	14	100
QLD	144	144	100
SA	24	24	100
TAS	9	9	100
VIC	118	118	100
WA	68	68	100
NZ	60	60	100

[19] One trainee does not identify with a particular gender.

[20] Total includes 15 overseas trainees.

4 Teaching and learning

Areas covered by this standard: teaching and learning approach; teaching and learning methods.

Summary of college performance against Standard 4:

The current status of standard is that it is Met.

Summary of significant developments

The FACEM Training Program continues to employ a range of teaching and learning approaches that are mapped to the curriculum content and graduate outcomes, with no significant change to the approaches since the submission of the College's 2019 Progress Report.

Training continues to be practice-based and includes direct supervision, WBAs, online resources and modules for self-directed learning, working with interprofessional and interdisciplinary teams, and a range of assessments that are aligned to various stages of the curriculum to ensure an increasing level of independent practice.

These approaches have been retained for the revised FACEM Training Program and associated Curriculum to operate for trainees from the commencement of the 2022 Training Year, with the principles applying to other ACEM training programs (e.g., EMC, EMD, EMAD, DipPHRM).

A summary of eLearning resources that have been developed and/or revised since November 2019 and released on the ACEM Educational Resources website, as well as eLearning resources that have demonstrated significant increase in access by members and trainees across this period is contained in **Appendix 4.1**.

The College continues to run the SUPER course (Skills and Updates for Parents in Emergency Medicine), which was initiated in 2018 by a group of New South Wales trainees and FACEMs and supported by ACEM through course materials and promotion. The course is provided as a free one-day workshop for ACEM trainees and Fellows planning to return to work after a period of leave. SUPER course attendees participate in hands-on skills and simulation-based sessions to refresh the knowledge and skills they will use in EDs.

Since the first SUPER course in New South Wales in 2018, collaborative work between trainees, Fellows and College staff has led to the delivery of four courses in 2019 (New South Wales 2, Victoria 2), four courses in 2020 (New South Wales 1, Victoria 1 and Western Australia 2) and three courses to date in 2021 (New South Wales 1, Western Australia 1 and Aotearoa New Zealand 1). Course participants usually number between eight and 15, with feedback collected from all courses indicating that participants find the SUPER course extremely valuable. A sample flyer describing the course is provided as **Appendix 4.2**.

Progress against recommendations

Recommendation HH

>> **Introduce a systematic approach to the delivery of curriculum-specific ultrasound training. (Standard 4.2.2)**

Within the new FACEM Curriculum, ED Ultrasound has been articulated as an expected level of knowledge and skill at all stages of training, with trainees expected to achieve an "independent" level of mastery in the five (5) core applications of ED Ultrasound by the end of FACEM training, specifically:

- E-FAST – Extended Focused Assessment with Sonography for Trauma;
- AAA – Abdominal Aortic Aneurysm;
- Procedural guidance – e.g. vascular access, nerve blocks, paracentesis, thoracocentesis;
- FELS – Focused echocardiography in life support / rapid cardiac assessment; and
- Lung.

Ultrasound has been embedded into the curriculum via assessment through WBAs and examinations. Further to this and developments described in the 2019 Progress Report, the Emergency Department Ultrasound Committee (EDUC) has proposed a training pathway to enable trainees and FACEMS to achieve and demonstrate competency in the five core applications listed above.

Approved by COE at its meeting in September 2020, there are three components to the pathway, to be implemented via a staged approach:

1. Resourcing/development of online education modules for each of the five core skills, as well as a physics and a governance module;
2. An *experiential* phase comprising supervised 'hands-on' practice and training, performing and recording of scans in a logbook with proctored review, and formative assessment for each of the five core skills; and
3. An *assessment* phase including summative assessment of the five core skills and a knowledge-based quiz.

It is envisaged that the content and resourcing/development of the online education modules that form Stage One of this pathway will be completed by the end of 2021. These online modules will be mandatory for all trainees commencing in the new FACEM Training Program from 2022 and will be available to all Fellows, FACEM trainees and EMC/EMD/EMAD trainees.

Recommendation II

>> **Develop and implement a policy that clarifies the role and use of simulation during FACEM training. (Standard 4.2.2)**

The 2019 Progress Report indicated that an ACEM policy on the use of simulation in the FACEM Training Program was under development.

The draft policy, provided as **Appendix 4.3**, is scheduled for consideration by COE at its meeting in June 2021.

Activity against conditions

There are no conditions associated with this group of standards.

5 Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; and assessment quality.

Summary of college performance against Standard 5:

The current status of this standard is that it is Substantially Met.

Summary of significant developments

Defined to a significant degree by the effects of COVID-19, the period covered by this report has continued to see significant work undertaken by the College in relation to the assessments utilised in the FACEM Training Program, both in relation to improvement initiatives, as well as initiatives to enable assessments to continue in order to enable trainee progression during all phases of the COVID-19 pandemic. This applies to all assessments, including WBAs and examinations, and is summarised in the content that follows.

In-Training Assessments

Following feedback from Directors of Emergency medicine Training (DEMTs), in August 2020 a mechanism was added to *In-Training Assessments* (ITAs), whereby DEMTs can flag that they have concerns regarding a trainee in difficulty and would like to discuss this with the Regional Censor. If activated, an alert is sent to the ACEM Trainee Support team and the relevant information is forwarded to the Regional Censor. Following discussion with the DEMT, an action plan for the individual trainee is put in place and the Regional Censor completes a file note documenting the discussion and the action plan, which is kept on the trainee's file for future reference. At the time of writing there had been a total of 21 requests across all Australian jurisdictions and Aotearoa New Zealand for this additional support.

Further to information supplied previously, an *ITA Evaluation Working Group* has been established to evaluate the three-monthly ITA forms, with a view to recommending revisions to COE in mid-2021. The first round of consultation conducted in mid-2020 focused on data gathering and provided valuable feedback from stakeholders to inform the evaluation process. The Working Group is currently revising the rating scale and will undertake a further round of consultation before providing recommendations to COE.

Workplace-Based Assessments

Further to information supplied previously, revised EM-WBA forms were implemented in August 2020, which represented a slight COVID-related delay from the originally intended date of April 2020. Several online training sessions were conducted with Local WBA Coordinators to clarify the major changes and to ensure this information could then be promulgated at their sites. Information on running calibration sessions was covered in the online training sessions, WBA online modules and simulation videos were updated to incorporate the changes to the forms, and more tools and videos were added to the Local WBA Coordinator forum to assist in running on-site calibration exercises with assessors.

The Learning Needs Analysis (LNA) has been redesigned to enable more targeted discussion between DEMT and trainee. The revised LNA was rebadged as the *Learning Development Plan* (LDP) and launched in May 2020.

Trainee Reviews

Data in relation to the number of trainees considered by Training Program Review Panels (TPRPs) over the period covered by this report is contained in **Table 7.17**, p. 104. The data outlines the number of reviews of trainees who have reached a Progression Point in the FACEM Training Program and the number of those reviews for which a decision to progress or not progress the trainee was made.[21] Currently, in total, the nine TPRPs consist of 125 members (59% male, 41% Female), comprising 117 FACEMs and eight (8) trainees.[22] Each of the Panels continues to meet eight (8) times per year, with over 2,300 reviews during 2020.

The annual TPRP workshops were conducted again in October 2019 and 2020 (face-to-face and online, respectively). In addition to the usual calibration exercises of panel progression decisions and information relating to reconsiderations, the panels also calibrated the ITA feedback rating scale, which will become a standing item for future panel workshops.

In June 2020, COE approved a change to the name of a *remediation* period to one of *additional training time* to reframe the purpose of this period, and with the intention of removing possible stigma. Consultation on the change involved the Trainee Committee, with members of the committee indicating that the change of name was welcomed.

Examinations

There has been no change to the program of examinations contained in the FACEM Training Program. As outlined through Communiqués distributed throughout 2020, both developmental changes and alterations to the modes of delivery to facilitate examination delivery in the COVID-19 context were made. The Communiqués are available on the College website, and the December 2020 Communiqué, which summarises the training and examination adjustments made during 2020 as a result of COVID-19, is provided as **Appendix 5.1**.

Developmental changes for the various examinations held are summarised as outlined below.

>> Primary and Fellowship Written Examinations

- The conduct of the Fellowship and Primary written examinations has moved to online for all candidates, with special consideration/arrangement provisions applying for candidates unable to sit online.
- Arrangements for remote proctoring (examination supervision) were made as a contingency arrangement for ACEM written examinations during 2020. This was utilised for Western Australian candidates in February 2021, when lockdown arrangements were called at very short notice.
- Candidates in remote locations were offered the opportunity to sit in local locations with onsite invigilation, where travel to regional locations was difficult or not available at the time of the examination.

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21 A decision of 'Not Progress' results in a period of remediation/additional training time for a trainee.

22 At the time of writing there was a trainee vacancy on one TPRP.

- Since 2019, the College has assisted Fellows from a range of hospitals in different jurisdictions to deliver online practice Short Answer Question (SAQ) examinations for their FACEM trainees using the ACEM examination website. The new online practice SAQ is then shared and made available to all trainees via their DEMTs, following delivery at the sites utilising the practice examination. Model answers are also provided. As well as providing access to sample questions, this allows trainees to practise using the online platform used for College examinations, under practice conditions that replicate those of the examination.

>> Primary and Fellowship Clinical Examinations

- Development of online data entry applications to facilitate examiner marking, standard setting and candidate feedback.
- Implementation of recording of stations in the Primary Viva in addition to the Fellowship Clinical Examination to facilitate remote marking and station review.
- Modification of documentation and requirements for selected stations to reduce personnel in rooms, remove the need for physical examinations and manual handling of materials and equipment, and facilitate social distancing.
- Facilitation of the 2020.2 Primary Clinical Examination (Viva) via Zoom for a group of candidates in Tasmania who were subject to travel restrictions.
- Offering the 2020.2 Viva and OSCE at six (6) regional locations, instead of the usual one Melbourne location at the AMC National Test Centre (NTC), in order to reduce the need for candidate and examiner travel. These examinations will continue to be held regionally for the 2021.1 examinations, with a decision about the location of the 2021.2 examinations expected to be made in June 2021.
- Retaining two examiners marking each station by having one on site examiner and an examiner marking remotely, either in real time or later from a recording of the station.

A sample of the Additional Resources published to assist trainees in examination preparation during the period covered by this submission are as outlined below and available on the College's Educational Resources sites: Fellowship Examination Resources and Primary Examination Resources.

- Video Resources: *Preparing for Examinations - The psychological aspects*
- Video resource: *Examiner Top Tips - for Candidates preparing to sit the OSCE*
- Video resource: *A Resilient Approach to Managing Exam Uncertainty*. A taping of one of two online webinars were held for trainees in September 2020.
- Video Resources: OSCE 2019.1 and 2020.1 Station Recordings (four (4) in total) and Viewing Guides. Note: the station recordings were also supported by the release of full station materials, as part of the annual release of two (2) stations.
- *Policy and Procedure(s) for the Recording of Stations at the Primary Clinical Examination (VIVA)*
- Updated *Policy and Procedure(s) for Recording of Stations at the Fellowship Clinical Examination (OSCE)*
- *Guidelines for OSCE preparation programs - ACEM Local and Regional Providers*
- ACEM Clinical Examinations - COVID-19 modifications to stations - notice to candidates
- ACEM Written Examinations Contingency Plans
- Video resource: Resilient Leadership
- OSCE Facts and FAQs August 2019

>> Examiners

In June 2018 the Terms of Reference of the Court of Examiners was updated with the addition of the following provision to Section 3.4 – Method of Appointment:

> *The College is committed to the principles of equal opportunity and diversity and may make selections to ensure diversity in the membership of the Court of Examiners reflects that of the ACEM trainee and FACEM community.*

Since January 2019, 33 new members have been appointed to the Court of Examiners. Of these, 12 are female, and seven (7) have a primary medical degree from countries other than Australia or Aotearoa New Zealand. Additionally, new members also meet other criteria, such as being employed in regional/rural hospitals and/or locations where College data indicates few, if any, current examiners reside.

In 2020, twelve (12) new members were appointed to the Court of Examiners and commenced their training at the Fellowship Clinical Examination 2020.1, with two days of orientation and a third day of examining. A further nine (9) FACEMs have been subsequently appointed to the Court of Examiners and commenced their training in late April 2021.

Since 2017, until the arrival of the COVID-19 pandemic, new examiner training had been conducted at the AMC NTC in Melbourne, utilising live feeds from individual examination rooms. Since the temporary closure of the centre, the College has adapted the training sessions to an online format using Zoom and recordings from previous examinations.

Refresher face-to-face examiner training workshops for all existing examiners were facilitated throughout 2019 following successful implementation in October 2018. The workshop program included a session on standard setting each of the different types of examinations, OSCE calibration exercises using video recordings, SAQ marking and calibration, unconscious bias, cultural competency, candidate feedback, marking patterns, and examiner feedback. Over two thirds of the examiner cohort had attended a training workshop between October 2018 and the most recent workshop in March 2020. These will resume when workshops are again considered feasible, in the context of the COVID-19 pandemic.

>> Review of OSCE video recordings

In accordance with the *Policy and Procedure(s) for the Recording of Stations at the Fellowship Clinical Examination (OSCE)*, candidates who had been unsuccessful on three (3) or more occasions have the opportunity to review the recordings of their stations, prior to attempting the examination for their fourth and final time. Trainees reviewing their videos may bring a FACEM support person, and the review is facilitated by a senior examiner and/or members of the Examinations Committee.

Since its introduction in 2018, 19 trainees have availed themselves of this opportunity to review their examination performance.

>> OSCE Preparation Programs

The College has established two OSCE preparation-related workshops, the *OSCE Preparation Program* and the *Resilient Leadership Workshop.* The OSCE Preparation Program was piloted in 2018 as a face-to-face workshop and proved very popular with trainees preparing to sit their Fellowship Clinical Examination. The program was offered twice in 2019, however, was unfortunately suspended in 2020, due to COVID-related developments.

An online webinar addressing 'resilience' in the context of examination uncertainty was held in September 2020 to replace the full-day face-to-face Resilient Leadership Workshop, which was also cancelled due to COVID-19. Several resources that cover content addressed in the program have been published as resources on the College Fellowship Examination Resources site, and the program will be resumed as soon as this is considered feasible.

Progress against QIRs

There are no recommendations associated with this standard.

Activity against conditions

To be met by 2020:

Condition 13

>> **Finalise and implement a clear, stepwise process detailing the support available for trainees in difficulty and communicate to trainees, Directors of Emergency Medicine Training (DEMTs) and fellows. (Standard 5.3)**

Information outlining a *Trainee Support Pathway* and *Identifying, Assessing a Trainee in Difficulty* has been inserted into the DEMT and Local WBA Coordinator handbooks. The handbooks are provided as **Appendices 5.2** and **5.3**, respectively.

A *Trainee Support Guide*, launched at the start of 2021, provides guidance to trainees on where and how they are able to access support for various issues they may face throughout their training, such as examination performance, clinical performance, or personal issues. The guide also provides tools and strategies that may assist trainees throughout their training, such as preparing for difficult conversations and managing stress. While developed for trainees, the guide has also been made available to DEMTs and Local WBA coordinators. Plans are also underway to incorporate some of the information from the guide into the DEMT and Local WBA Coordinator handbooks, adjusted accordingly for the shift in perspective.

As described earlier (refer *In-Training Assessments*, p. 60), a mechanism was added to ITAs in August 2020, whereby DEMTs can flag that they have concerns regarding a trainee in difficulty and would like to discuss this with the Regional Censor.

To be met by 2021:

Condition 14

>> **Clearly articulate, prior to the examination, the standard required for a pass in every station. This should extend to all domains, with priority given to standardising an agreed standard expected in the domains of communication, leadership and management, and scholarship and teaching. (Standard 5.4)**

A number of components are in place to address the requirements of this condition as they are understood by the College.

The process is in place for determining the criteria and standard a candidate must achieve to be considered *Minimally* Competent or *Just at Standard* in each domain assessed in each station of the OSCE. The process is outlined in the Procedure for determining 'minimum level of competence' criteria for the Fellowship Clinical Examination (provided as **Appendix 5.4**) and demonstrated in the station writing template for station writers, as well as in the examination materials provided to examiners for each station; i.e., the applicable Marking Criteria.

In the document referenced above, it is specifically stated (p. 2) that station writers and examiners are required to:

- Identify the domain criteria a candidate demonstrating a 'Minimum level of competence' is required to achieve.

They are also required to:

- Identify the associated actions a candidate demonstrating a 'Minimum level of competence' is required to 'adequately cover' for candidate feedback purposes.

A worked 'process example' in the procedure shows how for one domain (Prioritisation and Decision Making) in one station (a Standardised Case Based Discussion), the three key elements are developed:

1. Domain Criteria;
2. Minimum level of competence descriptors; and
3. Generated feedback statements.

The procedure, *Standard Setting for the Fellowship Examinations* (provided as **Appendix 5.5**) was developed, approved and published in August 2018, and describes the process for standard setting based on the *Just at Standard* criteria.

The document, *OSCE Domain Criteria*, (provided as **Appendix 5.6**) first published in 2018 and revised in 2020, specifically states (p. 1), that:

> As part of the development process, the criteria that a 'Just at Standard' candidate would be expected to meet will be clearly identified for each domain assessed within a station.

In November 2019, an *OSCE Station Writing Template* was published on the ACEM Educational Resources site as a resource for trainees and FACEMs conducting regional programs for trainees preparing to sit the OSCE. The document clearly specifies that the criteria a candidate needs to demonstrate in order to be assessed as Minimally Competent in each domain will be identified during the writing process

The examination reports published after each Fellowship Clinical Examination clearly outline the specific domains and criteria that were tested in each station. In addition to the documents cited above and for which hyperlinks are provided, since 2018 the College has published full documentation for two stations from the first OSCE held each year. These include, within the defined Marking Criteria for each domain within a station, the 'criteria that a Just at Standard candidate would be expected to meet.

Condition 17

>> Develop, document and implement resources and processes to enable calibration of 'just at standard' for assessed domains. (Standard 5.4)

As outlined in the response for **Condition 14**, processes have been developed and resources published to illustrate the approach to identifying the standard for a *Minimally Competent/Just at Standard* achievement in domains assessed in the OSCE.

In addition to the processes that apply in preparation for an examination, all examiners are involved in workshopping the stations they are marking, prior to the running of the examination to enable a shared understanding of the standard required. This includes the examination of 'mock' candidates. All examiners are also involved in a calibration session with their co-markers and other examiners marking the same station, immediately after the first block of candidates has been assessed on the day of the examination. Examiners meet to discuss ratings and consistency and, where indicated, to revisit the criteria. This ensures a common understanding across all examiners of the same station. Once agreement is reached by examiners on any changes required in the station, candidate marks for the

first block are adjusted where necessary and the examination proceeds. During the COVID-19 pandemic when regional OSCEs were held for the 2020.2 and 2021.1 examinations, calibration was facilitated with examiner groups at the venues and via Zoom or teleconference for offsite (remote) examiners.

A document, *OSCE Examiner Checklist including Calibration* (provided as **Appendix 5.7**), is provided to all OSCE examiners to guide the calibration process.

Statistics and annual updates

The data in **Table 5.1** and **Table 5.2** show each summative assessment activity (i.e. the Primary and Fellowship examinations) and the number and percentage of candidates sitting and passing each time they were held.

The average pass rate for the Primary Written Examination for the period covered by **Table 5.1** was 85.5%, compared with the average pass rate of 82.8% reported in the 2019 Progress Report and the pass rate of 77.2% reported in the College's 2017 Reaccreditation Submission for the 2017.1 Primary Written Examination. That was the first sitting of this examination in an 'integrated' format, rather than the previous arrangement whereby the four subjects of Anatomy, Pathology, Pharmacology and Physiology were examined as separate components.

The average pass rate for the Primary Viva Examination for the period covered by **Table 5.1** was 86.0%, compared with the average pass rate of 84.8% reported in the 2019 Progress Report and 74.8% reported in the College's 2017 Reaccreditation Submission, which covered examinations held in the period covering the second half of 2013 (the 2013.2 Primary Viva Examination) to the first half of 2017 (the 2017.1 Primary Viva Examination).

TABLE 5.1 Primary Examinations – number and percentage of candidates sitting and passing

Examination Activity	No. sitting	No. passed	% passed
2017.2 Written Examination	259	200	77.2
2017.2 Viva Examination	250	185	74.0
2018.1 Written Examination	168	149	88.7
2018.1 Viva Examination	198	180	90.9
2018.2 Written Examination	247	215	87.0
2018.2 Viva Examination	236	201	85.2
2019.1 Written Examination	182	134	73.6
2019.1 Viva Examination	166	148	89.2
2019.2 Written Examination	202	177	87.6
2019.2 Viva Examination	196	171	87.2
2020.1 Written Examination	169	138	81.7
2020.1 Viva Examination[23]	Examination not held due to COVID-19 pandemic		
2020.2 Written Examination	231	222	96.1
2020.2 Viva Examination	154	145	94.2
2021.0 Viva Examination	211	171	81.0
2021.1 Written Examination	208	192	92.3

The average pass rate for the Fellowship Written Examination for the period covered by **Table 5.2** was 61.0%, compared with the average pass rate of 59.9% reported in the 2019 Progress Report and the pass rate of 61.8% reported in the College's Reaccreditation Submission for examinations held in the period covering the first half of 2015 (the 2015.1 Fellowship Written Examination) to the first half of 2017 (the 2017.1 Fellowship Written Examination).

The average pass rate for the Fellowship Clinical Examination for the period covered by **Table 5.2** was 60.9%, compared with the average pass rate of 58.2% reported in the 2019 Progress Report and the pass rate of 56.3% reported in the College's Reaccreditation Submission for examinations held in the period covering the first half of 2015 (the 2015.1 Fellowship Clinical Examination) to the first half of 2017 (the 2017.1 Fellowship Clinical Examination).

[23] An additional Primary Viva examination was scheduled for 2 February 2021 (2021.0) to accommodate candidates who were unable to sit in May 2020 because of the cancellation, or in November 2020 because of a limitation on numbers necessary because of the examination being held regionally for the first time.

TABLE 5.2 Fellowship Examinations – number and percentage of candidates sitting and passing

Examination Activity	No. sitting	No. passed	% passed
2017.2 Written Examination	258	155	60.1
2017.2 Clinical Examination – Cohort 1	89	48	53.9
2017.2 Clinical Examination – Cohort 2	90	60	66.7
2018.1 Written Examination	153	87	56.9
2018.1 Clinical Examination – Cohort 1	84	52	61.9
2018.1 Clinical Examination – Cohort 2	81	44	54.3
2018.2 Written Examination	193	137	71.0
2018.2 Clinical Examination – Cohort 1	84	43	51.2
2018.2 Clinical Examination – Cohort 2	82	48	58.5
2019.1 Written Examination	229	118	51.5
2019.1 Clinical Examination – Cohort 1	69	37	53.6
2019.1 Clinical Examination – Cohort 2	49	32	65.3
2019.2 Written Examination	221	144	65.2
2019.2 Clinical Examination – Cohort 1	87	48	55.2
2019.2 Clinical Examination – Cohort 2	69	45	65.2
2020.1 Written Examination[24]	Examination not held due to COVID-19 pandemic		
2020.1 Clinical Examination – Cohort 1	85	53	62.4
2020.1 Clinical Examination – Cohort 2	88	72	81.8
2020.2 Written Examination	348	214	61.5
2020.2 Clinical Examination – Cohort 1	73	48	65.8
2020.2 Clinical Examination – Cohort 2	84	48	57.1

Primary Written Examination

Tables 5.3 to **5.5** (inclusive) provide data in relation to the number and percentage of trainees who passed each of the sittings of the Primary Written Examination from 2018 to 2021 (to date) by region, gender and number of attempts at the examination, respectively.

[24] Candidates unable to sit the examination in May 2020 were able to sit in November 2020.

TABLE 5.3 **Primary Written Examination 2018 – 2021 – outcomes by region**

	2018.1			2018.2			2019.1		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
ACT	1	1	**100**	4	3	**75.0**	3	1	**33.3**
NSW	47	39	**82.9**	83	69	**83.1**	57	39	**68.4**
NT	0	0	**N/A**	2	2	**100**	3	3	**100**
QLD	59	53	**89.8**	76	67	**88.12**	40	33	**82.5**
SA	5	5	**100**	3	2	**66.7**	8	5	**62.5**
TAS	1	1	**100**	3	3	**100**	3	1	**33.3**
VIC	27	24	**88.9**	37	32	**86.5**	37	27	**73.0**
WA	12	12	**100**	16	16	**100**	17	13	**76.5**
AUS	152	135	**88.8**	224	194	**86.7**	168	122	**72.6**
NZ	16	14	**87.5**	23	21	**91.3**	14	12	**85.7**
Total	**168**	**149**	**88.7**	**247**	**215**	**87.0**	**182**	**134**	**73.6**

	2019.2			2020.1			2020.2		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
ACT	4	4	**100**	8	8	**100**	4	4	**100**
NSW	68	64	**94.1**	44	35	**79.6**	54	53	**98.2**
NT	9	8	**88.9**	5	4	**80.0**	7	7	**100**
QLD	40	32	**80.0**	47	36	**76.6**	59	56	**94.9**
SA	10	10	**100**	5	2	**40.0**	17	17	**100**
TAS	2	2	**100**	5	4	**80.0**	7	6	**85.7**
VIC	36	29	**80.6**	30	26	**86.7**	38	36	**94.7**
WA	20	18	**90.0**	10	9	**90.0**	27	25	**92.6**
AUS	189	167	**88.4**	154	124	**80.5**	213	204	**95.8**
NZ	13	10	**76.9**	15	14	**93.3**	18	18	**100**
Total	**202**	**177**	**87.6**	**169**	**138**	**81.7**	**231**	**222**	**96.1**

	2021.1		
	No. sitting	No. passed	% passed
ACT	0	0	**N/A**
NSW	46	40	**87.0**
NT	4	4	**100**
QLD	77	73	**94.8**
SA	5	5	**100**
TAS	4	4	**100**
VIC	38	34	**89.5**
WA	16	15	**93.8**
AUS	190	175	**92.1**
NZ	18	17	**94.5**
Total	**208**	**192**	**92.3**

TABLE 5.4 **Primary Written Examination 2018 – 2021 – outcomes by gender**

	2018.1			2018.2			2019.1		
	No. sitting	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**
Male	85	76	**89.4**	128	111	**86.7**	90	69	**76.7**
Female	81	71	**87.7**	117	102	**87.2**	91	65	**71.4**
Not specified	2	2	**100**	2	2	**100**	1	-	**0**
Total	**168**	**149**	**94.6**	**247**	**215**	**87.0**	**182**	**134**	**73.6**

	2019.2			2020.1			2020.2		
	No. sitting	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**
Male	102	87	**85.3**	84	72	**85.7**	114	110	**96.5**
Female	97	88	**90.7**	85	66	**77.6**	117	112	**95.7**
Not specified	3	2	**66.7**	-	N/A	**N/A**	-	N/A	**N/A**
Total	**202**	**177**	**87.6**	**169**	**138**	**81.7**	**231**	**222**	**96.1**

	2021.1		
	No. sitting	**No. passed**	**% passed**
Male	99	90	**90.9**
Female	108	102	**94.4**
Not specified	1	-	**-**
Total	208	192	**92.3**

TABLE 5.5 **Primary Written Examination 2018 – 2021 – outcomes by number of attempts**

	1st attempt			2nd attempt			3rd attempt			≥ 4th attempt		
	N sitting	**n pass**	**% pass**	**N sitting**	**n pass**	**% pass**	**N sitting**	**n pass**	**% pass**	**N sitting**	**n pass**	**% pass**
2018.1	129	123	**95.3**	20	16	**80.0**	7	5	**71.4**	12	5	**41.7**
2018.2	216	197	**91.2**	18	11	**61.1**	5	3	**60.0**	8	4	**50.0**
2019.1	166	129	**77.7**	9	3	**33.3**	3	2	**66.7**	4	0	**0**
2019.2	166	150	**90.4**	29	22	**75.9**	4	4	**100**	3	1	**33.3**
2020.1	142	126	**88.7**	18	9	**50.0**	6	3	**50.0**	3	0	**0**
2020.2	203	195	**96.1**	19	18	**94.7**	6	6	**100**	3	3	**100**
2021.1	187	174	**93.0**	16	13	**81.3**	3	3	**100**	2	2	**100**

Primary Clinical Examination (Viva)

Tables 5.6 to **5.8** (inclusive) provide data in relation to the number and percentage of trainees who passed each of the sittings of the Primary Clinical Examination (Viva) from 2018 to 2020 by region, gender and number of attempts at the examination, respectively.

TABLE 5.6 Primary Clinical Examination (Viva) 2018 – 2021 – outcomes by region[25]

	2018.1			2018.2			2019.1		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
ACT	2	2	**100**	3	3	**100**	1	1	**100**
NSW	49	47	**95.9**	72	59	**81.9**	53	47	**88.7**
NT	1	1	**100**	3	3	**100**	4	4	**100**
QLD	66	62	**93.9**	67	58	**86.6**	43	34	**79.1**
SA	6	5	**83.3**	5	4	**80.0**	6	5	**83.3**
TAS	0	0	**N/A**	4	3	**75.0**	1	1	**100**
VIC	37	32	**86.5**	39	33	**84.6**	30	30	**100**
WA	17	14	**82.4**	19	17	**89.5**	14	13	**92.9**
AUS	178	163	**91.6**	212	180	**84.9**	152	135	**88.8**
NZ	20	17	**85.0**	24	21	**87.5**	14	13	**92.9**
Total	**198**	**180**	**90.9**	**236**	**201**	**85.2**	**166**	**148**	**89.2**

	2019.2			2020.2			2021.0[26]		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
ACT	3	2	**66.7**	8	7	**87.5**	3	2	**66.7**
NSW	67	60	**89.6**	44	42	**95.5**	48	39	**81.3**
NT	7	6	**85.7**	7	6	**85.7**	6	5	**83.3**
QLD	40	35	**87.5**	37	36	**97.3**	52	40	**76.9**
SA	11	9	**81.8**	4	4	**100**	16	11	**68.8**
TAS	3	3	**100**	5	4	**80.0**	8	6	**75.0**
VIC	31	27	**87.1**	24	23	**95.8**	39	31	**79.5**
WA	22	20	**90.9**	9	8	**88.9**	21	20	**95.2**
AUS	184	162	**88.0**	138	130	**94.2**	193	154	**79.8**
NZ	12	9	**75.0**	16	15	**93.8**	18	17	**94.4**
Total	**196**	**171**	**87.2**	**154**	**145**	**94.2**	**211**	**171**	**81.0**

[25] 2020.1 Viva cancelled due to COVID-19, with an additional sitting scheduled in early 2021.

[26] Additional examination scheduled to address cancellation of 2020.1 sitting due to COVID-19.

TABLE 5.7 Primary Clinical Examination (Viva) 2018 – 2021 – outcomes by gender[27]

	2018.1			2018.2			2019.1		
	No. sitting	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**
Male	101	96	**95.0**	118	102	**86.4**	85	73	**85.9**
Female	94	81	**86.2**	115	96	**83.5**	81	75	**92.6**
Not specified	3	3	**100**	3	3	**100**	-	-	**N/A**
Total	**198**	**180**	**90.9**	**236**	**201**	**85.2**	**166**	**148**	**89.2**

	2019.2			2020.2			2021.0[28]		
	No. sitting	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**
Male	103	92	**89.3**	78	72	**92.3**	104	84	**80.8**
Female	93	79	**84.9**	76	73	**96.1**	107	87	**81.3**
Not specified	-	-	**N/A**	-	-	**N/A**	-	-	**N/A**
Total	**196**	**171**	**87.2**	**154**	**145**	**94.2**	**211**	**171**	**81.0**

TABLE 5.8 Primary Clinical Examination (Viva) 2018 – 2021 – outcomes by number of attempts[29]

	1st attempt			2nd attempt			3rd attempt			≥ 4th attempt		
	N sitting	**n pass**	**% pass**	**N sitting**	**n pass**	**% pass**	**N sitting**	**n pass**	**% pass**	**N sitting**	**n pass**	**% pass**
2018.1	144	134	**93.1**	41	33	**80.5**	7	7	**100**	6	6	**100**
2018.2	216	188	**87.0**	10	7	**70.0**	7	4	**57.1**	3	2	**66.7**
2019.1	135	125	**92.6**	27	22	**81.5**	1	0	**0**	1	0	**0**
2019.2	177	156	**88.1**	11	10	**90.9**	5	4	**80.0**	3	1	**33.3**
2020.2	135	128	**94.8**	18	16	**88.9**	1	1	**100**	-	-	**N/A**
2021.0[30]	210	171	**81.4**	1	0	**0**	1	0	**0**	1	0	**0**

[27] 2020.1 Viva cancelled due to COVID-19, with an additional sitting scheduled in February 2021.

[28] Additional examination scheduled to address cancellation of 2020.1 sitting due to COVID-19.

[29] 2020.1 Viva cancelled due to COVID-19, with an additional sitting scheduled in February 2021.

[30] Additional examination scheduled to address cancellation of 2020.1 sitting due to COVID-19.

Fellowship Written Examination

Tables 5.9 to **5.11** (inclusive) provide data in relation to the number and percentage of trainees who passed each of the sittings of the Fellowship Written Examination from 2018 to 2020 by region, gender and number of attempts at the examination, respectively.

TABLE 5.9 Fellowship Written Examination 2018 – 2020 – outcomes by region

	2018.1			2018.2			2019.1		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
ACT	1	1	**100**	3	3	**100**	2	2	**100**
NSW	34	19	**55.9**	43	24	**55.8**	52	23	**44.2**
NT	3	2	**66.7**	5	5	**100**	7	5	**71.4**
QLD	38	23	**60.5**	51	40	**78.4**	67	41	**61.2**
SA	13	3	**23.1**	14	9	**64.3**	15	1	**6.67**
TAS	4	4	**100**	5	5	**100**	1	0	**0**
VIC	29	17	**58.6**	35	25	**71.4**	45	24	**53.3**
WA	13	5	**38.5**	22	17	**77.3**	22	13	**59.1**
AUS	135	74	**54.8**	178	128	**71.9**	211	109	**51.7**
NZ	18	13	**72.2**	15	9	**60.0**	18	9	**50.0**
Total	**153**	**87**	**56.9**	**193**	**137**	**71.0**	**229**	**118**	**51.5**

	2019.2			2020.1		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
ACT	2	2	**100**	-	-	**N/A**
NSW	51	37	**72.6**	87	55	**63.2**
NT	5	5	**100**	4	3	**75.0**
QLD	62	38	**61.3**	89	52	**58.4**
SA	10	8	**80.0**	20	13	**65.0**
TAS	4	2	**50.0**	7	3	**42.9**
VIC	42	22	**52.4**	73	43	**58.9**
WA	24	16	**66.7**	31	17	**54.8**
AUS	200	130	**65.0**	311	186	**59.8**
NZ	21	14	**66.7**	37	28	**75.7**
Total	**221**	**144**	**65.2**	**348**	**214**	**61.5**

TABLE 5.10 Fellowship Written Examination 2018 – 2020 – outcomes by gender[31]

	2018.1			2018.2			2019.1		
	No. sitting	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**
Male	84	46	**54.8**	101	62	**61.4**	138	69	**50.0**
Female	69	41	**59.4**	92	75	**81.5**	91	49	**53.8**
Not specified	-	-	**N/A**	-	-	**N/A**	-	-	**N/A**
Total	**153**	**87**	**56.9**	**193**	**137**	**71.0**	**229**	**118**	**51.5**

	2019.2			2020.2		
	No. sitting	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**
Male	116	68	**58.6**	189	115	**60.8**
Female	105	76	**72.4**	158	99	**62.7**
Not specified	-	-	**N/A**	1	-	**0**
Total	**221**	**144**	**65.2**	**348**	**214**	**61.5**

TABLE 5.11 Fellowship Written Examination 2018 – 2020 – outcomes by number of attempts[32]

	1st attempt			2nd attempt			3rd attempt			≥ 4th attempt		
	N sitting	**n pass**	**% pass**	**N sitting**	**n pass**	**% pass**	**N sitting**	**n pass**	**% pass**	**N sitting**	**n pass**	**% pass**
2018.1	89	63	**70.1**	31	14	**45.1**	16	7	**43.8**	17	3	**17.6**
2018.2	125	94	**75.2**	25	20	**80.0**	19	12	**63.2**	24	11	**45.8**
2019.1	153	95	**62.1**	36	11	**30.6**	15	6	**40.0**	25	6	**24.0**
2019.2	95	73	**76.8**	66	42	**63.6**	28	15	**53.6**	32	14	**43.8**
2020.2	258	173	**67.1**	61	36	**59.0**	18	5	**27.8**	11	0	**0**

[31] 2020.1 Fellowship Written Examination cancelled due to COVID-19

[32] 2020.1 Fellowship Written Examination cancelled due to COVID-19

Fellowship Clinical Examination (OSCE)

Tables 5.12 to **5.14** (inclusive) provide data in relation to the number and percentage of trainees who passed each of the sittings of the Fellowship Clinical Examination from 2018 to 2020 by region, gender and number of attempts at the examination, respectively.

TABLE 5.12 Fellowship Clinical Examination (OSCE) 2018 – 2020 – outcomes by region

	2018.1			2018.2[33]			2019.1		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
ACT	2	2	**100**	2	1	**50.0**	1	1	**100**
NSW	47	27	**57.5**	28	14	**50.0**	24	15	**62.5**
NT	4	1	**25.0**	6	5	**83.3**	3	2	**66.7**
QLD	40	29	**72.5**	39	29	**74.4**	27	19	**70.4**
SA	6	3	**50.0**	8	4	**50.0**	8	6	**75.0**
TAS	4	3	**75.0**	3	3	**100**	1	0	**0**
VIC	31	13	**41.9**	39	17	**43.6**	30	11	**36.7**
WA	13	5	**38.5**	23	13	**56.5**	14	10	**71.4**
AUS	147	83	**56.4**	148	86	**58.1**	108	64	**59.3**
NZ	18	13	**72.2**	17	5	**29.4**	10	5	**50.0**
Total	**165**	**96**	**58.2**	**165**	**91**	**55.2**	**118**	**69**	**58.5**

	2019.2			2020.1			2020.2		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
ACT	3	3	**100**	1	1	**100**	-	-	**N/A**
NSW	29	17	**58.6**	40	29	**72.5**	38	23	**60.5**
NT	2	2	**100**	1	0	**0.0**	4	3	**75.0**
QLD	43	29	**67.4**	48	36	**75.0**	34	25	**73.5**
SA	4	2	**50.0**	9	5	**55.6**	11	9	**81.8**
TAS	3	2	**66.7**	-	-	**N/A**	2	0	**0.0**
VIC	38	20	**52.6**	37	26	**70.3**	39	22	**56.4**
WA	15	7	**46.7**	17	13	**76.5**	21	12	**57.1**
AUS	137	82	**59.9**	153	110	**71.9**	149	94	**63.1**
NZ	19	11	**57.9**	20	15	**75.0**	8	5	**62.5**
Total	**156**	**93**	**59.6**	**173**	**125**	**72.3**	**157**	**99**	**63.1**

[33] One (1) trainee based outside of Australia/New Zealand; not included in table data. Trainee did not pass the examination.

TABLE 5.13 **Fellowship Clinical Examination (OSCE) 2018 – 2020 – outcomes by gender**

	2018.1			2018.2			2019.1		
	No. sitting	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**
Male	109	59	**54.1**	91	42	**46.2**	73	37	**50.7**
Female	56	37	**66.1**	75	49	**65.3**	45	32	**71.1**
Not specified	-	-	**N/A**	-	-	**N/A**	-	-	**N/A**
Total	**165**	**96**	**58.2**	**166**	**91**	**54.8**	**118**	**69**	**58.5**
	2019.2			**2020.1**			**2020.2**		
	No. sitting	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**
Male	97	53	**54.6**	91	60	**65.9**	99	56	**56.6**
Female	59	40	**67.8**	82	65	**79.3**	57	42	**73.7**
Not specified	-	-	**N/A**	-	-	**N/A**	-	-	**N/A**
Total	**156**	**93**	**59.6**	**173**	**125**	**72.3**	**156**	**98**	**62.8**

TABLE 5.14 **Fellowship Clinical Examination (OSCE) 2018 – 2020 – outcomes by number of attempts**[34]

	1st attempt			2nd attempt			3rd attempt			≥ 4th attempt		
	N sitting	**n pass**	**% pass**	**N sitting**	**n pass**	**% pass**	**N sitting**	**n pass**	**% pass**	**N sitting**	**n pass**	**% pass**
2018.1	115	83	**72.2**	25	12	**48.0**	6	1	**16.7**	17	0	**0**
2018.2	103	71	**68.9**	28	15	**53.6**	9	3	**33.3**	25	1	**4.0**
2019.1	43	33	**76.7**	35	21	**60.0**	15	9	**60.0**	25	6	**24.0**
2019.2	107	73	**68.2**	14	8	**57.1**	12	3	**25.0**	18	5	**27.8**
2020.1	120	91	**75.8**	34	21	**61.8**	9	7	**77.8**	10	6	**60.0**
2020.2	96	56	**58.3**	33	23	**69.7**	11	6	**54.5**	17	4	**23.5**

[34] Attempts include those in the previous examination structure (prior to 2015), whereby the written and clinical components were considered one examination. An attempt could, therefore, have been for the written or clinical component, or both.

Table 5.15 provides data on the number of trainees who withdrew from the FACEM Training Program before completion and a summary of the reasons for withdrawal in each year since the last accreditation.

TABLE 5.15 Trainees withdrawing from the FACEM Training Program 2017 – 2020

Trainees withdrawing from program			
Year	**Number**	**%**	**Reason for withdrawal**
2017	162	6.3%	The primary reasons given for withdrawal were consistent over the four-year period, with just under half of withdrawing trainees (49%, range: 44% - 54%) nominating changing to another specialist pathway. General practice was the main other specialist pathway respondents reported changing to, followed by anaesthesia and intensive care medicine. Family commitments and personal reasons were other common reasons for withdrawal over the four-year period.[35]
2018	118	4.9%	
2019	159	6.9%	
2020	106	4.4%	

[35] Refer also discussion in relation to Standard 6, pp. 85-86.

6 Monitoring and evaluation

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action.

Summary of college performance against Standard 6:

The current status of this standard is that it is Substantially Met.

Summary of significant developments

The College maintains its commitment to continuous improvement in relation to all its activities through both informal and formal mechanisms, with the formal monitoring of its training and education programs guided by the *ACEM Education and Training Evaluation Framework*, the current iteration of which is provided as **Appendix 6.1**.

Summaries of recent evaluations, including general findings of note, issues arising and responses from the College are outlined below, by the relevant instrument. The College continues to promulgate the outcomes of evaluation activities widely, as outlined in the 2019 Progress Report, specifically in relation to **Condition 21** (refer ACEM 2019 Progress Report, pp. 61-62).

Since the submission of the College's 2019 Progress Report, in addition to the College's own internal monitoring and evaluation activities, the MBA has conducted the first two of its annual Medical Training Surveys, resulting in reports relating to the sector overall and ACEM specifically (refer further discussion, p. 86).

The College has also introduced a new *Site Trainee Representative* position. The Site Trainee Representative acts as a liaison between FACEM Training Program trainees at an ACEM-accredited training site, the members of the Trainee Committee, and the College, where applicable, in matters relating to training and overall educational experiences.

>> FACEM Trainee Placement Survey

The *FACEM Trainee Placement Survey* is an annual compulsory surveying activity of FACEM trainees, with a primary focus on capturing data on ACEM-accredited EDs to monitor that they are providing a training environment that is appropriate, safe and supportive. The 2019 survey had a 99.78% response rate, and the 2020 survey, which closed on 28 February 2021, had a 99.9% response rate.

Findings of note in the responses to the 2019 survey include:

- 94% agreed that their training needs were being met at their ED placement.
- 90% agreed that their placement provides a safe and supportive workplace overall, with smaller proportions agreeing that their placement sustained their wellbeing (75%) and provided support processes other than mentoring (78%).
- Over three-quarters of advanced trainees were satisfied with the level of support received from their Local WBA Coordinator (76%) and FACEMs (79%) to undertake WBAs.
- 77% agreed that their ED placement had processes in place to identify/assist trainees in difficulty.
- 72% agreed that they were able to participate in quality improvement activities.

- While 90% agreed that the clinical supervision received from FACEMs met their needs, only 72% agreed that they received regular informal feedback on their performance.
- 79% reported rosters were provided in a timely manner.
- 58% agreed that they could participate in decision making regarding governance (e.g. workplace committees), which represented an increase on previous years.
- 10% reported experiencing DBSH or harassment from ED or other hospital staff, slightly higher than in previous years.

Findings of note from the trainees who completed the 2020 survey include:

- 93% agreed that their training needs were being met at their ED placement.
- 92% agreed that their placement provides a safe and supportive workplace overall, with 77% agreeing that their placement sustained their wellbeing, 78% agreeing that a comprehensive orientation program was provided at commencement, and 80% agreeing that support processes other than mentoring were in place, all slightly higher than the 2019 findings.
- Similar proportions of advanced trainees as in previous years reported being satisfied with the level of support received from their Local WBA Coordinator (76%) and FACEMs (78%) to undertake WBAs.
- A slightly higher percentage of trainees than in previous years agreed that their ED placement had processes in place to identify/assist trainees encountering difficulty in the FACEM Training Program (80%).
- 90% agreed that the clinical supervision received from FACEMs met their needs, with an increase over previous years in the proportion of trainees agreeing that they received regular informal feedback on their performance (78%).
- A slightly smaller proportion of trainees than in the 2019 cohort agreed that rosters were provided in a timely manner (76%).
- 57% agreed that they could participate in decision making regarding governance (e.g. workplace committees).
- 11% reported experiencing at least one aspect of DBSH from ED or other hospital staff, which was slightly higher than in previous years. Trainees were more likely to report experiencing bullying (9%) than discrimination (3%), sexual harassment (1%) and/or harassment (3%).
- When asked about which person(s) displayed the DBSH behaviour towards them, FACEM was among the most frequently reported staff category, followed by ED nursing staff and in-patient medical staff.

The 2020 survey also included additional questions on whether trainees had been rostered to another site and/or to another speciality within their hospital, while they were contracted to the ED, and what their experiences were with respect to accessing critical care placements.

- A total of 6% reported they had been rostered to another site and/or specialty outside of ED during their regular rostered hours in their ED placement(s) in 2020, with over a quarter (28%) of these trainees reporting that the roster change was due to the impact of COVID-19.
- 14% of those (171/1207) who had previously undertaken a critical care (ICU/anaesthetics) rotation reported having difficulty accessing the rotation, with more than half (58%) reporting having to wait for over 12 months to obtain a rotation.

Examples of actions taken to address the findings of the 2019 and 2020 surveys include:

- Additional discussion questions have been added to the Site Accreditation Inspections, including when and how WBAs are undertaken, how rosters are formed and implemented, what committee and other involvement opportunities trainees are given and what, if any, role has the new Site Trainee Representative been given. All of these reinforce the College's expectations of what is expected of a good training site.
- An increased focus on providing feedback and identifying trainees in difficulty has been included in and will continue for future DEMT workshops.
- New resources have been developed to assist DEMTs with having difficult conversations and how to support trainees who might be in difficulty.
- New WBA workshops have been developed for Local WBA Coordinators. These include a variety of sessions including the provision of good feedback, calibration activities to undertake with their FACEM colleagues at their hospital to help ensure consistency of assessment, a copy of each site's WBA data history, and a comparison with the national figures to help garner further support from the consultant group to engage in the WBA assessment process.
- Offers have been made to be personally contacted by the Trainee Support Liaison staff member at the College, if a trainee has ticked a box on the survey that they have witnessed or experienced DBSH issues and would like to have a confidential conversation about it. Other initiatives related to this are also outlined below.

The issue remains of the number of trainees reporting experiencing DBSH by ED or hospital staff in their current placement, with an increase in the number and percentage responding 'Yes' or 'Unsure' to this question since the question was introduced to the survey.

Since 2018, when a specific question was added to the survey trainees who responded 'Yes' or 'Unsure' to this question, respondents have been given the opportunity to nominate who displayed this behaviour, with "inpatient staff" and "FACEMs", including a small number of DEMTs, as the most frequently reported staff. A number of EDs were also identified as having a potentially poor culture among their senior staff, with multiple trainees at these EDs reporting experiencing discrimination or bullying.

To help address this, an additional process to distribute the responses from the Trainee Placement survey for ED placements was introduced for the 2019 responses. Responses are now collated into site-specific reports and provided to the respective accredited ED site, regardless of the number of trainee responses. These reports provide each site with the quantitative data for their individual site compared to the national average, as well as a summary of the qualitative data provided by their trainees. Measures are taken to ensure trainees are not able to be identified. This report is sent to the Director of Emergency Medicine (DEM), with the DEMTs and Local WBA coordinators also receiving a copy (refer also to **Condition 28**). Feedback from the sites about this process has been positive, with several communicating to the College their intended actions to address the less positive responses received, and their intended activities to build upon those that trainees have valued.

The individual survey site results are also utilised in the Training Site Accreditation process, helping to triangulate the data provided for the site inspection and re-accreditation determinations.

The opportunity for trainees to participate in decision making and governance committees has increased as a result of several recent initiatives. The College has added this as a requirement in the Hospital Accreditation Standards, and sites must now formally comment on this in their application process.

>> DEMT Survey

The *DEMT Survey* is an annual voluntary survey of DEMTs, conducted at the end of the training year. The survey aims to capture data on ACEM accredited EDs, to monitor that they are providing training and a training environment that is appropriate, safe and supportive. It also seeks the perspectives of DEMTs on their role and how supported they feel in the role. The 2019 survey had a 62.0% response rate, slightly lower than the 2018 survey (68.0%). The 2020 survey, which closed on 28 March 2021, and which has not yet been fully analysed, had a 69.5% response rate, which is an improvement in participation.

Findings of note from the 2019 survey include:

- 91% of DEMTs agreed that they were able to complete all of the requirements of their role, although only 75% agreed that the ED rostering ensured they had sufficient time to complete the clinical support requirements of the role.
- 67% and 64% of DEMTs reported that they were well supported in managing trainees in difficulty through ACEM regional censors and ACEM processes respectively.
- 70% of DEMTs agreed that their ED had processes in place that facilitated clinical teaching by supervisors to maximise learning.
- There was the frequent perception that Hospital Executive, HR and administration had little or no understanding of the role of the DEMT, which has been a consistent theme since the DEMT survey was implemented in 2016.
- Recommendations made for additional resources from the College included resources for assisting trainees with the FACEM Training Program, resources to support trainees in difficulty, and further information on and orientation to the DEMT role.

To address the above, a number of recent initiatives have been developed and implemented, including:

- A DEMT Handbook was launched in early 2020 and has been provided as **Appendix 5.2**.
- A revised selection process for DEMTs.
- Running DEMT workshops in each state in different locations to increase accessibility.
- New Fellowship Examination resources for DEMTs to use with their trainees.
- Creation of a process to allow DEMTs who think they have a trainee in difficulty to notify the ACEM Trainee Support Team and Regional Censors, to discuss the situation and potential action plan.
- A revamped DEMT forum to house relevant resources and enable communication between DEMTs. DEMTs new to the role have found this particularly useful.

In order to continue to enhance the confidence and skill of FACEMs to deliver formal and informal feedback to trainees, DEMT workshops have been run face-to-face from 2017 - 2019 in every Australian jurisdiction and Aotearoa New Zealand. Plans were put in place to conduct these in 2020, with different workshops targeted to new and existing DEMTs, however, were cancelled after March 2020, due to COVID-19. Given the interactive nature of these workshops and the impact of COVID-19 on EDs, it was decided not to deliver these online in 2020. As the effects of COVID-19 are likely to continue for some time, the workshop programs have been reworked and converted to online training sessions for existing and new DEMTs for 2021.

>> Annual Site Census

The *Annual Site Census* is an annual surveying activity of the College's accredited FACEM training sites to capture staffing, rostering, ED presentation, and resource data, as well as other data relevant to accreditation. The response rates for the most recent three surveys have been 100% for the 2018 Census, 97.3% for the 2019 Census and 99.3% for the 2020 Census. Findings of note from the 2020 Census include:

- As in the 2018 and 2019 surveys, regionally located EDs in Australia and Aotearoa New Zealand were more likely to report having FACEM and trainee vacancies.
- Only 31.7% and 27.8% of EDs in Australia and Aotearoa New Zealand, respectively, were meeting the ACEM G23 minimum FACEM staffing model, with no regional EDs meeting the minimum FACEM FTE.
- Almost half (42.3%) of Australian EDs employed Visiting Medical Officers.
- In 2019 an additional set of questions was included in the Census, regarding the number of patients in the previous financial year who spent time in the ED greater than eight (8), 12 and 24 hours. Findings were consistent across both 2019 and 2020, with patients attending EDs in Tasmania, South Australia and the Northern Territory more likely to experience these prolonged ED lengths of stay.

Questions were added to the 2020 Census regarding what EM networks (rural, training and other clinical networks) ACEM-accredited EDs have with other EDs, hospitals or smaller facilities providing EC.

- Overall, 90.6% of ACEM accredited EDs reported being part of a network:
    - 43% were part of a rural network.
    - 62% were part of a training network.
    - 43% reported being part of another network.

In addition to the entities outlined in the 2019 Progress Report, the report of the Annual Site Census is now also provided to the College *Workforce Planning Committee*, to inform members regarding ED staffing, activity and resourcing, and areas for advocacy. The College has also increased promotion of the survey's results to hospital DEMs and DEMTs to assist with informing ED design, expansion and staffing levels.

In response to the survey findings, ACEM, via its Workforce Planning Committee, has developed a Workforce Issues Paper and is undertaking extensive consultation with our membership and trainees on the future EM workforce, including potential solutions to some of the issues (refer **Standard 1**, **Condition 3**, pp. 30-36). As discussed, potential solutions include defining the non-FACEM senior decision maker, offering rural training pathways, and the increased expansion of Training Networks encompassing rural-regional sites.

Regarding long ED stays, ACEM is undertaking significant advocacy work aimed at revising the *Shorter Stays in EDs* (SSED) target in Aotearoa New Zealand, and the *National Emergency Access Target* (NEAT) in Australia, which were introduced in 2009 and 2011 respectively. The collective aim of the SSED and NEAT was to drive whole-of-hospital and health system reforms to improve safety and quality of care for patients requiring acute care in hospitals through their EDs, while increasing system capacity, promoting engagement and leadership, and minimising risks within EDs. In Aotearoa New Zealand, the SSED aimed to have 95% of all patients depart the ED within six (6) hours of arrival, whereas in Australia the NEAT aimed to have 90% of all patients depart the ED within four (4) hours of arrival.

While there were initial improvements following implementation of the SSED and NEAT, these peaked in both countries in 2015 – 2016. Furthermore, the ever-increasing demand for ED services, coupled with issues that affect the overall function of the entire health system, means that our EDs are now busier than ever and ED staff are routinely spending around one-third of their time attending to patients whose care in ED has finished but are access blocked (defined as waiting more than eight hours in the ED for a hospital bed) and awaiting transfer to an inpatient ward.

As a result, ACEM has recommended a new set of time-based targets in Australia and a revision of current targets in Aotearoa New Zealand. The proposed targets are evidence-based and designed to improve both patient experience and clinical outcomes. Recent research from our Fellows shows that new patients presenting to an ED have a 10% greater chance of dying when more than 10% of patients waiting for admission are access blocked. It is therefore essential that changes are made to ensure that the number of patients experiencing access block is minimised, and that all parts of the health system work together and be accountable for avoiding these dangerously long waits.

ACEM now has a revised position on time-based targets and it is currently meeting with jurisdictions to advocate for the implementation of these new measures across EDs in both Australia and Aotearoa New Zealand. The advocacy plan also includes consultation with other stakeholders, such as medical colleges and professional associations.

>> New FACEMs Early Career Survey

The *New FACEMs Early Career Survey* is run twice-yearly and reported on annually. This voluntary survey captures information on newly qualified FACEMs with respect to their current work profile, future career plans, mentoring experiences, CPD plans, challenges experienced, and preparedness for EM practice. The 2019 surveys garnered a response rate of 58%, while the 2020 surveys had a response rate of 50%. Findings of note from the most recent survey include:

- Only 48% of respondents had an EM specialist position secured at the time of attaining Fellowship, which increased to 71% at the time of the survey (6-12 months later).
- With respect to the challenge of securing a FACEM position after Fellowship, the Workforce Issues Paper and associated consultation has a strong focus on potential options to address geographic maldistribution and balancing FACEM trainee numbers and service requirements. It is acknowledged that implementation of such solutions and their subsequent impact on future new Fellows will take some time.
- Training in non-clinical skills, such as managing the department, adjusting to being the final decision maker, and supervising staff was the most frequently nominated area that respondents reported as being inadequately covered in the FACEM Training Program.
- Only half (49%) of the respondents were aware of ACEM's New Fellows Network, while only a quarter (23%) of those who were aware of the Network, reported being satisfied with it.

As mentioned in the College's 2019 Progress Report, department management, leadership and supervision have all been included as significant learning focuses in the revised ACEM Curriculum Framework for trainees to better prepare them for their transition to life as a new FACEM.

The findings of recent iterations of this survey have informed the College's Workforce Issues Paper and associated consultation questions, as well as resources available through the ACEM Education Resources website and the material covered in the New Fellows Workshop.

>> Exit from FACEM Training Survey (Trainee Withdrawal Survey)

The *Exit from FACEM Training Survey (Trainee Withdrawal Survey)* is voluntary and available for trainees exiting the FACEM Training Program to complete. A total of 159 and 106 trainees withdrew from the FACEM Training Program in 2019 and 2020 respectively, with 151 and 101 respectively, completing the survey. Summary data from the 2019 and 2020 survey cohorts is provided below and is consistent with that observed for previous years:

- The primary reason given by trainees for withdrawing from the FACEM Training Program was to undertake another specialist training program, with 54% of the 2020 cohort and 44% of the 2019 cohort nominating this reason.
    - A career change to a non-specialist medical role, personal reasons and family commitments were other primary reasons given for withdrawal, which were nominated by an average of 10-11% of respondents across the 2019 and 2020 survey cohorts.
    - Only 4% nominated their dissatisfaction with the FACEM Training Program as their primary reason for withdrawal.

- General practice was the most commonly selected other specialist training program respondents were planning to undertake (43%), followed by anaesthesia (20%) and intensive care medicine (17%).
- With respect to their satisfaction with various aspects of the FACEM Training Program:
    - 65% of respondents reported being satisfied overall with the FACEM Training Program.
    - 82% were satisfied with the technical skills learned.
    - 73% and 71% respectively were satisfied with the clinical supervision and DEMT supervision.
    - Smaller percentages of respondents were satisfied with ACEM administration and support (67%); ACEM resources (59%); and ACEM processes, including examinations, WBAs and ITAs (50%).

>> MBA and Ahpra Medical Training Survey

Since 2019, the MBA has conducted the Medical Training Survey, an annual survey of specialist medical trainees, resulting in reports relating to the sector overall and ACEM specifically. The College was pleased to note that ACEM trainees responded more favourably than the sector generally in many areas and, in the small number of areas where this was not the case, particularly if also noted in the College's annual Trainee Surveys, areas for improvement have been identified and actioned. As an example, and noting this as an ongoing area of concern for trainees, the College has made significant revisions to its examination feedback, such that it now considers its practice in this area to be at least on a par with any other specialist College. The College has also more widely communicated the available array of online eLearning modules and the *Best of Web EM* site, as the Medical Training Survey responses indicated trainees were unaware of what was already available on the eLearning platform. The College has continued to develop and publish examination preparation resources and has employed an external consultant to improve the search functionality of the eLearning website, enhancing accessibility and useability. There is also ongoing work described above in relation to the *ACEM Trainee Placement Survey*, which is addressing the workplace environment, culture, and workload concerns that were identified in the MBA and Ahpra Medical Training Survey.

The MBA reports will be added to the annual tasks required to be undertaken as part of the *ACEM Education and Training Evaluation Framework* when it is revised as part of its revision cycle in July of this year. As such, results from the reports will be triangulated and compared with the results collected in the ACEM mandatory annual Trainee Placement Surveys. Although the MBA results reflect a much smaller sample, they present a further opportunity for trainees to inform the College about the issues they are both happy with and concerned about, particularly if they have not already been identified in the College's annual Trainee Placement Survey or have not been raised by the Trainee Committee.

Progress against QIRs

There are no recommendations associated with this standard.

Activity against conditions

To be met by 2019:

Condition 18

>> **Further explore options for ensuring completion of the Trainee Placement Survey in conjunction with the Trainee Committee, as exclusion from the training program is considered a disproportionate penalty for failure to respond. (Standard 6.1.3)**

Feedback in response to the College's 2019 Progress Report indicated this Condition was rated as 'Satisfied and closed'; however, the College was requested:

> … to comment in the next progress report on the consequences of having the survey linked to paying annual training fees. What happens if trainees don't complete the survey at time of paying fees?

A new annual Trainee Placement Survey completion process is now in place that requires a trainee to complete the survey before they are able to access the College portal to pay their annual training fees. This was implemented for the 2019 survey and has continued for the 2020 survey, and the College has received no formal adverse feedback in relation to the process, either directly or through the Trainee Committee.

The survey is released at the same time as notifications to pay the annual training fee. During the survey period (November - February) a trainee is unable to access their portal until they complete the survey, and this includes accessing their invoice to pay their fee. The survey is still considered a mandatory requirement and is communicated as such.

Thus, in summary, in order to pay the annual training fee, each trainee who wishes to participate in FACEM training must complete the annual Trainee Placement Survey. Failure to complete the survey will result in a trainee being non-financial and subject to the consequences of this as outlined in College regulations. In the two years that the process has been operating the College has had no instance of a trainee being subject to processes associated with this and all involved in the process of ensuring Quality Assurance (QA) and Quality Improvement (QI) of the FACEM Training Program, including trainees, welcome the crucial information obtained via the survey.

To be met by 2020:

Condition 20

>> **Monitor and evaluate how graduates of the FACEM Training Program are meeting the needs of both consumers and employers. (Standard 6.2.1)**

In one sense, a significant consumer of the output of the College's training program are the Directors of Emergency Medicine (DEMs) who employ these new FACEMs. A survey of DEMs has been developed, with input from relevant ACEM staff and members of COE. The survey included questions relating to the eight (8) learning domains of the FACEM Training Program Curriculum. The online survey was distributed to all DEMs from EDs employing new FACEMs who had graduated from the FACEM Training Program within the previous six (6) months to three years. The survey was open from mid-June to mid-July 2020. A total of 71 DEMs from 68 EDs responded to the survey and included DEMs from all jurisdictions in Australia and Aotearoa New Zealand.

The main findings included:

Medical Expertise

- 96% of DEMs agreed with the statement *'In general, new FACEMs efficiently determine the need for time critical interventions during initial assessment of a patient'.*
- 74% of DEMs agreed with the statement *'In general, new FACEMs consider departmental and hospital activity when accepting a patient transfer'*.
- 52% of the 25 DEMs who provided comments relating to the medical expertise of their new FACEMs commented that there were aspects of medical expertise that required improvement, including their ability to manage complex patients.

Prioritisation and Decision Making

- 96% of DEMs agreed with the statement *'In general, new FACEMs can effectively prioritise the essential components of care of any patient in the ED'.*
- 77% of DEMs agreed with the statement '*In general, new FACEMs can use effective strategies to overcome barriers to making safe and timely decisions'.*

Communication

- 94% of DEMs agreed with the statement *'In general, new FACEMs demonstrate a broad range of communication strategies to effectively communicate with patients, families and carers'.*

Teamwork and collaboration

- 96% of DEMs agreed with the statement *'In general, new FACEMs effectively collaborate with patients, family and carers to produce patient-centred/ family-centred care and shared decision making'.*
- 71% of DEMs agreed with the statement *'In general, new FACEMs effectively deliver constructive feedback to staff, when required'.*

Leadership and management

- Overall, DEMs scored new FACEMs lower across both leadership and management capabilities with:
    - 78% of DEMs agreeing with the statement *'In general, new FACEMs are able to effectively lead ED staff'; and*
    - 62% of DEMs agreeing with the statement '*In general, new FACEMs are able to effectively manage resourcing and staff, including during patient surge'.*

Health and advocacy

- 90% of DEMs agreed with the statement *'In general, new FACEMs respectfully and effectively care for patients of different cultural background'*

ACEM is currently reviewing a number of recommendations that have been identified from DEMs and the findings from the survey.

In order to evaluate whether and how graduates of the FACEM Training Program are meeting the needs of consumers, ACEM has developed a protocol in consultation with FACEMs from the Alfred Hospital in Melbourne, with the Alfred Hospital to pilot the study in early 2021. The demands of responding to the COVID-19 pandemic has meant that this project could not be implemented sooner, as all non-essential activities within the ED were and remain suspended.

According to the protocol, a consent-based survey of consumers who have attended the pilot site will be conducted over a number of different shifts and days, including weekends. All eligible patients or carers will be asked to participate in the survey, which will be distributed by the ED clerk or patient liaison officer rostered on shift. The survey has been modelled on ED patient experience surveys, with the survey tool provided as **Appendix 6.2**. As patients are generally treated and managed by multiple medical and nursing professionals following an initial triage process, specifically isolating the care and management provided by a new FACEM in the ED is likely to be challenging, particularly in the context of additional factors such as waiting time before being seen, mental health issues, influence of alcohol and other drugs, access block, etc.

Recent discussions with the pilot site have raised additional logistic issues that may necessitate a reconsideration of the proposed protocol and approach to this Condition. The College would therefore welcome discussion with the Accreditation Team as to the appropriateness of the College's approach to the Condition, including guidance based on how other colleges, whose members have similar practice profiles and to which this or similar conditions have been applied, have approached the requirement(s) in question.

To be met by 2021:

Condition 19

>> **Finalise the evaluation of the ACEM Curriculum Framework and FACEM Training Program, including details of internal and external stakeholder consultation, any resulting plans for change and their implementation. (Standard 6.2)**

As outlined elsewhere in this report (see, for example, **Standard 3**, pp. 46–49), the evaluation of the ACEM Curriculum Framework and the FACEM Training Program is complete, with work associated with the planned implementation for the 2022 Training Year in progress. The College's 2019 Progress report outlined consultation processes with internal and external stakeholders to that time.

Following submission of that report, proposed revisions to the structure and requirements of the FACEM Training Program, the associated Curriculum and a revised system of accreditation of training sites were considered by COE at its meeting held in September 2019. While a majority of the proposals associated with the structure and requirements of the training program and the curriculum were accepted by COE, there was significant concern reported by some members of COE in relation to the proposed revised system of training site accreditation. Following consideration of the concerns raised at that meeting, recommendations relating to the proposed revised system of training site accreditation was revisited and ultimately revised by the *Accreditation Site Delineation and Classification Working Group*.

The Accreditation Site Delineation and Classification Working Group conducted its reconsideration over the period December 2019 to February 2020, following which a proposed package of recommendations relating to the FACEM Training Program were again circulated to internal and external stakeholders for consultation (refer **Appendix 6.3** for details of stakeholders consulted). This represented the fourth period of consultation in relation to the proposed revisions to the FACEM Training Program and supporting documents and processes. The package consisted of revisions to the curriculum and the structure and requirements of the program proposed by COE following consideration of feedback in relation to these aspects following the September 2019 meeting, as well as refined proposals in relation to a revised system of training site accreditation.

Feedback from the consultation was collated and a final proposed package of recommendations presented for consideration by COE at its meeting held in July 2020. The recommendations were accepted by COE at that meeting and subsequently endorsed for implementation by the ACEM Board at its August 2020 meeting. The new FACEM Curriculum, structure and requirements of the FACEM Training Program have been previously discussed (refer **Standard 3**, pp. 46-49), while details of the revised training site accreditation system are discussed in relation to **Standard 8** (refer pp. 107-108).

Statistics and annual updates

Requested information is provided above in relation to the Summary of significant developments.

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7 Trainees

Areas covered by this standard: admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes.

Summary of college performance against Standard 7:

The current status of this set of standards is that they are Substantially Met.

Summary of significant developments

FACEM Training Program Trainee Selection

As outlined in previous reports, ACEM introduced the Selection into FACEM Training (SIFT) process in 2018 for entry into the FACEM Training Program in the 2019 Training Year. The guiding intention underpinning this process is to select those applicants who are likely to succeed in EM, both as trainees and ultimately as FACEMs, once having successfully completed the program.

Adjustments intended to improve the process that were made and implemented for the 2019 selection process,[36] were outlined in the College's 2019 Progress Report. Of note in regard to the College's work on the EM workforce (including the NMWS) was the application of additional points to an applicant's score for rurality and indigeneity.

Following the 2019 selection rounds, a number of further changes were made for the 2020 rounds. To obtain more information about an applicant, the minimum number of nominated references required for each applicant increased from two to three, and the number of contributors to the Institutional Reference was set at a minimum of five, which must include the DEMT/Term Supervisor.

The *Selection Subcommittee* agreed that some of the information received from the Curriculum Vitae component of a selection application was not contributing significantly to applicant suitability decisions, whereas the information in the references provided a more reliable discriminator. As such it has been agreed that, from the 2021 process (for entry to the revised FACEM Training Program in 2022), information on previous professional development and activities will no longer be required as part of the selection application.

The Selection Subcommittee has also recommended changes to the Eligibility Criteria for an applicant to join the FACEM Training Program, and these were accepted by COE at its meeting held in July 2020. The minimum ED term requirement has increased from eight (8) FTE *weeks* to six (6) FTE *months at a single site*, applicants must now apply in PGY3 or later (formerly applicants could apply while in PGY2) and the non-ED requirement has increased from two (2) different non-ED terms to three (3), one (1) of which must be completed in PGY2 or later.

[36] The 2019 SIFT process selects applicants for entry to the FACEM Training Program for the 2020 Training Year.

The aim of these changes is to ensure referees can provide more accurate information about an applicant's suitability for FACEM training in their references, as they will have worked with them for a longer period of time and should be more knowledgeable about their preparedness to commence FACEM training. These changes are applicable for all prospective trainees applying in 2021 to commence the FACEM Training Program in 2022.

An evaluation of the reference domains and rating scales was also undertaken, with the result that revisions have also been made to these, in order to elicit more specific and discriminatory information about an applicant's suitability for FACEM training.

The CASPer test, which is a Situational Judgement Test (SJT), was introduced as a pilot for the 2020 round of applications. The test was conducted by an external company at no additional cost to applicants and will be piloted again with the 2021 applicants. The College will then decide about whether it will be used as part of the selection process moving forward.

Table 7.1 summarises the outcome of applications submitted in 2019, by country of application, while **Table 7.2** presents corresponding information for 2020. The College regards the ongoing large number of applications for FACEM training as unsustainable and this is a focus of work being conducted in relation to ED workforce (refer **Standard 1**, **Condition 3,** pp. 29-36). The College recognises the complexity of this work (e.g. the number of jurisdictional and other stakeholders involved mean that the College cannot work in isolation in regard to this issue), and has committed to ED workforce as being an activity that will be a priority for the life of the College's next strategic plan. It is likely that this work will lead to further changes to how trainees are selected for FACEM training.

Table 7.1 Summary of outcome of applications submitted in Selection 2019, by country of application

Country of Application	Ineligible		Withdrawn		Unsuccessful		Successful	
	F	M	F	M	F	M	F	M
Australia	3	2	2	4	4	7	219	205
Aotearoa New Zealand	1	0	0	0	0	0	23	25
Total	**6**		**6**		**11**		**472**	

Table 7.2 Summary of outcome of applications submitted in Selection 2020, by country of application

Country of Application	Ineligible		Withdrawn		Unsuccessful		Successful	
	F	M	F	M	F	M	F	M
Australia	4	7	21	4	5	11	250	235
Aotearoa New Zealand	0	2	0	0	2	1	28	24
Total	**13**		**5**		**19**		**537**	

Trainee, Member and Staff Wellbeing

ACEM recognises and values the importance of health and wellbeing for members, trainees and employees, and delivers a range of initiatives to promote wellbeing and proactively manage mental health.

The *Human Resources Unit* within the *People and Culture Division* of the College manages employee wellbeing through a diverse range of wellbeing, culture and support initiatives and activities. ACEM utilises the *Wellness Wheel* model, which encompasses emotional, intellectual, physical, social, environmental, financial spiritual and occupational domains, and all of these dimensions are interconnected for a robust, well-rounded, and balanced program.

All ACEM staff, trainees and members have access to *ACEM Assist*, the Employee Assistance Program (EAP) program provided by Converge International.

In January 2019, the College established a *Membership and Culture Unit*, resourced by three employees, within the *People and Culture Division*. The Unit manages member and trainee wellbeing, culture, and support initiatives, such as the *New Fellows Program*, the *ACEM Wellbeing Award,* the *ACEM Diversity Award*, *ACEM Mentor Connect* (the College's mentoring program), *ACEM Wellbeing Network* and the EAP, while also providing individual support through a range of peer-reviewed resources.

The College strives to represent and support new Fellows in their professional life in a manner that enables longevity of EM professionals and sustainability of the wider emergency community. This is done through developing and supporting activities that contribute to the successful transition from ACEM training to Fellowship, and determining and implementing methods to engage new Fellows in College activities.

A *New Fellows Workshop* has been run at the College's ASM every year since 2016, excluding 2020, and all have been well attended and highly valued by participants. New FACEMs contribute to the development of each workshop program, with consideration given to previous workshop feedback and the *New FACEMs Early Career Survey Report*. Balance and prioritisation, wellbeing, and leadership/supervision remain popular topics. Recordings from previous New Fellow Workshops regarding job seeking, career development, mentoring and leadership have been edited into short video resources and made available to new FACEMs.

The *New Fellows Network*, implemented in November 2017, is an online resource providing new FACEMs with access to information, including College events and opportunities for involvement, networking opportunities and other resources. A series of New Fellow webinars to complement the New Fellows Workshop is being developed for 2021.

The College has also introduced a *Regional New Fellows Champion* role in 2021. Reporting into regional faculties, the purpose of the role is to optimise communication between ACEM and new Fellows, to contribute to and further promote ACEM initiatives, and to review and aggregate external resources that support the needs of new EM consultants.

A *Retired Fellows Alumni* is a program to support doctors planning to retire, or change or reduce their scope of practice, and will be developed throughout 2021. This will be informed by feedback obtained through a consultation process in 2020.

>> ACEM Mentoring Program

The *ACEM Mentoring Program* (known as *Mentor Connect*) was launched in 2021, as part of the implementation of the College's DBSH Action Plan. Mentor Connect aims to connect members and trainees with a suitable emergency medicine colleague outside their immediate jurisdiction. By embracing mentoring, the EM profession will institute and support healthy workplace cultures, leadership and professionalism in EM.

To support the program, a series of online modules for both mentors and mentees are in the process of redevelopment and will be launched later in 2021.

>> ACEM Diversity Award

The *ACEM Diversity Award* was established in 2020, as part of the implementation of College's DBSH Action Plan. By embracing diversity, the EM profession will attract and retain a skilled and talented workforce dedicated to excellence, whilst also fostering inclusive communities – both inside and outside EDs. Two individuals and two groups were bestowed this inaugural award.

>> ACEM Wellbeing Award

The *ACEM Wellbeing Award* is aimed at empowering ACEM members and trainees to lead culture change in EDs, hospitals, and the wider profession. It was established in 2018, as part of the implementation of ACEM's DBSH Action Plan. This annual award celebrates the initiatives of an individual member, group of members or a whole ED, which have resulted in the enhancement of wellbeing for their EM colleagues.

>> ACEM Wellbeing Initiatives

ACEM Assist, the Converge International EAP for members and trainees, is an ongoing support to the College community. It highlights the broad range of coaching and professional services available over and above traditional counselling usually offered by such programs.

The College has introduced *Regional Wellbeing Champion* roles in 2021, to contribute to and further promote ACEM initiatives, report into regional faculty boards, and review external resources that support the wellbeing of EM physicians.

A *FACEM Wellbeing Champion* role is being introduced in 2021, aimed at developing and supporting activities that contribute to the wellbeing of doctors and other health professionals delivering emergency medical care.

>> Wellbeing collaborations

Almost all medical practitioners will face health and wellbeing challenges at different points in their career. Doctors' wellbeing is a priority for doctors, the patients they serve and the teams they work with. It is a shared responsibility between individuals and system partners, including workplaces, medical colleges, medical schools, regulators, and quality improvement bodies. ACEM has been providing input into a Wellbeing Charter for Doctors, which is currently being developed by RACS. The aim of the Charter is to document the responsibility for wellbeing held by medical colleges, hospitals and jurisdictions, departments, colleagues and doctors themselves.

In the same vein, in January 2020, ACEM in conjunction with American College of Emergency Physicians, Canadian Association of Emergency Physicians and Royal College of Emergency Medicine released The Health of Emergency Physicians and its Impact on Patient Care: A call to action. The joint statement calls for action by ED leaders, hospital systems and networks and international healthcare organisations to implement systems and solutions to combat burnout within the EM profession.

To further demonstrate its commitment to improving the mental health of its members and trainees, ACEM has commenced the implementation of some aspects of the Every Doctor, Every Setting framework, is developing an action plan based on the framework, and will report yearly on its progress against the guiding principles and pillars.

The College continues to monitor the MBA's progress towards the implementation of the MBA Professional Performance Framework, in particular the pillars that support active assurance of safe practice and collaborations to foster a positive culture of medicine. The College has made a commitment through its business plan to introduce initiatives to align with the requirements and to support its members and trainees accordingly (refer also, **Standard 9**).

In 2019 ACEM established an inter-college wellbeing network with counterparts from the other specialist medical colleges in Australia and Aotearoa New Zealand. The network meets online quarterly to share high-level information regarding wellbeing resources, initiatives, programs and projects underway or being explored by each of the Colleges.

Further information regarding ACEM wellbeing initiatives can be found in relation to **Condition 24** (pp. 96-97).

>> Assisting Trainees with Compliance

A new FACEM Trainee Resources page was added to the education section of the College's eLearning platform in early 2020, providing FACEM trainees with easy access to relevant forms, policies and other resources, such as 'how to' guides' (including a guide to calculating a training milestone date), handbooks, modules and contact information. Additional relevant resources will continue to be added over time, with a video on 'How to calculate a Milestone date' planned for later in 2021.

Trainee communications and the trainee portal are continually reviewed, and improvements and enhancements continue to be made to WBA Dashboards, progression review outcome letters and other trainee notifications to clarify compliance with regulations and assessment requirements. In 2020, for example, 642 trainees were sent 'approaching milestone emails'', with approximately 175 trainees contacting College staff to clarify requirements. This was a new initiative that was appreciated by trainees.

Progress against QIRs

Recommendation LL

>> Implement processes to enhance the two-way communication between the Trainee Committee and the trainee body. (Standard 7.2.1)

Site Trainee Representatives have now been established in multiple EDs across Australia and Aotearoa New Zealand. This is a voluntary position for each site, with some representatives covering more than one site in a network, and some larger sites having more than one representative.

DEMTs are involved in the appointment process for Site Trainee Representatives. As at April 2021, 77 Site Trainee Representatives have taken up the position across 66 accredited sites, and the College's Trainee Support Unit continues to liaise with those sites that do not, as yet, have a representative established.

Trainee Committee members have access to an email list of Site Trainee Representatives in their region, and an online forum is currently being established to allow site trainee representatives from their respective regions to communicate with each other and the Trainee Committee representative. The online forum is expected to be launched in May 2021.

Activity against conditions

To be met in 2020:

Condition 24

>> **Develop and implement the DBSH Action Plan which will result in actions to support cultural change and trainee wellbeing. (Standard 7.4)**

The College has developed and made significant progress against its *DBSH Action Plan*.

This work has been overseen the College's *Diversity and Inclusion Steering Group* (DISG). This group was recently elevated to a standing committee reporting to the ACEM Board, with a name change understood to reflect contemporary thinking in regard to this area of activity. It is now titled the *ACEM Inclusion Committee*, and includes a range of activities that aim to both: (i) support cultural change across the College's activities and within the broader ED workplace; and (ii) improve supports for trainee wellbeing.

In addition to this:

- A number of actions have been completed in regard to improving ACEM's complaints management process. This includes:
    - Ongoing review of the College's complaints management system to ensure it meets requirements for best practice; and
    - The development and implementation of a complaint's pathway, including the appointment of Dr Elizabeth Gass as *Independent External Reviewer,* which was established to provided independent oversight of the complaints and whistleblower handling processes;
- The introduction of a new *FACEM Trainee Orientation Booklet* in 2020, to assist FACEM trainees to familiarise themselves with College requirements, support services and also the ACEM frameworks within which DBSH and member conduct is managed. This resource will continue to be sent to new trainees each year, and will be regularly updated as required.
- Development of ACEM's Core Values and associated Core Values online module;
- Development and oversight of two new ACEM Awards – the ACEM Wellbeing Award and the ACEM Diversity Award;
- Development and implementation of the biannual membership survey, the Sustainable Workforce Survey.

A number of other relevant actions are also in progress. Of particular importance in regard to supporting FACEM trainees and improving their opportunities to advocate for cultural change is the development of the *ACEM Governance and Leadership Inclusion Action Plan*, which is currently in draft form and is discussed in relation to Recommendation AA (refer pp. 27-28).

In addition to DBSH Action Plan activities, the College has further improved a range of processes relating to the appointment of the key trainee support role of DEMTs. This includes the following:

- **Introduction of a DEMT appointment and re-appointment process in 2020.**

  To ensure ACEM DEMTs remain suitable for their role in overseeing and supporting FACEM trainees throughout their training pathway, the DEMT appointment process now requires DEMTs to address a range of essential selection criteria, which, in conjunction with an interview, is used by each Regional Censor to determine the applicant's suitability for the DEMT role.

  DEMTs are appointed for a three-year term. Shortly before this three-year period expires, DEMT performance is assessed across a number of key indicators, such as quality of ITA feedback, workshop attendance and trainee survey results. This information is then provided to each Regional Censor, as part of their decision to re-appoint each DEMT. An example of the DEMT Performance Report is provided as **Appendix 7.1**.

- **Introduction of performance monitoring processes for DEMTs and Local WBA Coordinators**

  A performance monitoring process for DEMTs was considered by COE in October 2020. The new appointment, re-appointment and monitoring processes have been designed to ensure DEMTs are conducting regular informal and formal conversations with their trainees and effectively and proactively monitoring their progress and well-being. The documents considered by COE are provided as **Appendix 7.2**, with the Selection and Re-appointment process approved as outlined.

  Some amendments to the Performance Monitoring proposal were requested as a result of concerns raised about the increased workload for Regional Censors and Regional Deputy Censors, as they would be required to speak to DEMTs whenever concerns had been flagged. While it was acknowledged that this was likely only to involve a small number of DEMTs each year and these would be spread across the different regions, in the interest of a staged approach, it was agreed that if concerns were identified after the first year, the DEMTs should receive a letter outlining the issues, and if there was no improvement the following year, the Regional Censor would be asked to contact the DEMT directly.

It was also agreed that the term of office for DEMTs should be increased from two to three years, in order to allow DEMTs time to settle into the role and to improve if and when concerns about performance are identified. There were also concerns about DEMT workloads and the impact the process may have on their ability to complete requirements to a high standard. It was therefore suggested and agreed that the ratio of trainees to DEMTs in the FACEM Training Site Accreditation Requirements be reviewed prior to implementation of the revised FACEM Training Program in 2022.

Similar processes for Local WBA Coordinators were also considered by COE in October 2020, where some revisions to the original proposal were requested. A revised version was approved by COE at its meeting in April 2021 and is currently being implemented. These processes have been designed to assist Local WBA Coordinators in their role. Resources, videos and calibration materials have been developed and enable Local WBA Coordinators to run calibration sessions at their site. Resources include expectations and tips about the informal and formal feedback expected through the WBA process.

A full update of achievements against the DBSH Action Plan is provided as **Appendix 7.3**.

To be met in 2021:

Condition 22

>> **Evaluate the new selection process and the tools/methods used for each stage to ensure effectiveness, validity, reliability and feasibility in selecting appropriate candidates to become emergency medicine physicians. (Standard 7.1.2)**

Three selection cycles have now been completed (2018, 2019 and 2020). As the third cycle of applicants only began their training in 2021, the College has to date analysed the data of those selected in the first two cycles, including areas such as their progression time and success through Provisional Training, timing and success at the Primary Examinations and withdrawal rates. These evaluations were conducted after the first progression point following the first 12 months of training for each cohort of trainees and will continue to be part of an ongoing process in order to help inform future selection cycles.

The progression report of the first SIFT cycle is provided as **Appendix 7.4**, while the progression report of the second SIFT cycle is provided as **Appendix 7.5**.

Although too early to draw any major conclusions from only two SIFT cycles, the following preliminary results are of note:

- Trainees selected through the SIFT process have on average, progressed in less time to the next stage of training than those who joined the training program prior to its implementation.
- A significantly smaller percentage of trainees selected through the SIFT process have taken an interruption to training in their first year when compared to pre-SIFT trainees.
- A significantly lower percentage of trainees have been assessed as not meeting the standard at the end of their first year of training when compared to the pre-SIFT trainees.
- The withdrawal rate of trainees from the program has been significantly lower for those selected through the two cycles of the SIFT process, when compared to previous years.

As outlined earlier, for the 2021 SIFT cycle, the College has made some revisions to the eligibility criteria, the domain criteria in both the nominated Institutional References and to the global rating scales. These changes have been made to further assist referees to provide more specific and discriminatory information about an applicant's suitability for FACEM training and to ensure the College is collecting the most relevant information in order to select appropriate candidates to become emergency physicians. It is also trialling a Situational Judgment Test for the second time, as these have been found to add incremental validity to other tools traditionally used in trainee selection.

These revisions and additions, along with feedback gathered from trainees, referees, members of the Selection Subcommittee and COE, and the ongoing review of the progression of each cohort will continue to be monitored, evaluated and revised where necessary to help inform the College to select the most appropriate candidates.

Statistics and annual updates

Tables 7.3 to **7.7 inclusive** contain data showing the number of trainees, including Aboriginal and Torres Strait Islander and Māori trainees, entering the FACEM Training Program in 2017, 2018, 2019, 2020 and 2021, respectively. Of note is that ACEM has a slowly increasing number of Aboriginal, Torres Strait Islander and Māori trainees entering and completing the training program.

Table 7.3 Number of trainees entering the FACEM Training Program 2017

Demographic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Total	**14**	**173**	**4**	**185**	**20**	**12**	**131**	**60**	**59**	**659**[37]
Provisional	14	172	4	183	19	12	126	60	58	**649**
Advanced	-	1	-	2	1	-	5	-	1	**10**
Male	9	89	2	101	12	4	72	36	31	**356**
Female	5	82	2	83	8	8	59	24	28	**299**
Aboriginal and Torres Strait Islander and Māori trainees	-	1	-	1	-	-	-	1	2	**5**

[37] One Provisional trainee in 2017 was overseas, and four trainees who entered the training program in 2017 chose not to specify their gender.

Table 7.4 Number of trainees entering the FACEM Training Program 2018

Demographic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Total	**1**	**45**	**3**	**37**	**2**	**-**	**25**	**8**	**26**	**147**
Provisional	1	44	2	35	2	-	25	8	26	**143**
Advanced	-	1	1	2	-	-	-	-	-	**4**
Male	1	26	-	25	-	-	10	5	15	**82**
Female	-	19	3	12	2	-	15	3	11	**65**
Aboriginal and Torres Strait Islander and Māori trainees	-		-	-	-	-	-	-	3	**3**

Table 7.5 Number of trainees entering the FACEM Training Program 2019

Demographic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Total	**5**	**82**	**9**	**76**	**14**	**2**	**50**	**23**	**26**	**287**
Provisional	5	82	9	75	14	2	50	23	26	**286**
Advanced	-	-	-	1	-	-	-	-	-	**1**
Male	2	42	4	38	6	1	30	12	15	**150**
Female	3	40	5	38	8	1	20	11	11	**137**
Aboriginal and Torres Strait Islander and Māori trainees	1	1	-	1	-	-	-	-	3	**6**

Table 7.6 Number of trainees entering the FACEM Training Program 2020

Demographic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Total	**5**	**126**	**10**	**101**	**19**	**13**	**73**	**44**	**46**	**437**
Provisional	4	125	10	99	19	12	73	44	46	432
Advanced	1	1	-	2	-	1	-	-	-	**5**
Male	0	62	5	49	8	8	35	19	25	**211**
Female	5	64	5	52	11	5	38	25	21	**226**
Aboriginal and Torres Strait Islander and Māori trainees	-	2	-	-	-	-	-	-	3	**5**

TABLE 7.7 Number of trainees entering the FACEM Training Program 2021

Demographic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total[38]
Total	**11**	**135**	**6**	**147**	**22**	**14**	**99**	**41**	**53**	**529**
Provisional	11	135	6	147	22	14	98	41	53	**528**
Advanced	-	-	-	-	-	-	1	-	-	**1**
Male	5	59	2	74	10	6	52	19	25	**252**
Female	6	76	4	73	12	8	47	22	28	**277**
Aboriginal and Torres Strait Islander and Māori trainees	-	3	-	5	1	-	-	-	2	**11**

Tables 7.8 to **Table 7.12** inclusive outline the number of trainees in the FACEM Training Program by gender, according to stage of training (Provisional or Advanced) and overall in 2017 to 2021, respectively.

Table 7.8 Number and gender of trainees undertaking the FACEM Training Program 2017

		Male	Female	Unspecified	Total
Provisional Training	n	470	426	7	**903**
	%	52.1	47.1	0.8	**100**
Advanced Training	n	874	774	1	**1,649**
	%	53.0	46.9	0.1	**100**
Total	**n**	**1,344**	**1,200**	**8**	**2,552**
	%	**52.7**	**47.0**	**0.3**	**100**

Table 7.9 Number and gender of trainees undertaking the FACEM Training Program 2018

		Male	Female	Unspecified	Total
Provisional Training	n	336	260	-	**596**
	%	56.4	43.6	0.0	**100**
Advanced Training	n	911	887	3	**1,798**
	%	50.6	49.2	0.2	**100**
Total	**n**	**1,247**	**1,147**	**3**	**2,394**
	%	**52.0**	**47.9**	**0.1**	**100**

38 One trainee is located outside of Australia/Aotearoa New Zealand.

Table 7.10 Number and gender of trainees undertaking the FACEM Training Program, 2019

		Male	Female	Unspecified	Total
Provisional Training	n	312	269	-	**581**
	%	53.7	46.3	0.0	**100**
Advanced Training	n	910	885	4	**1,799**
	%	50.6	49.2	0.2	**100**
Total	**n**	**1,222**	**1,154**	**4**	**2,376**
	%	**51.4**	**48.5**	**0.1**	**100**

Table 7.11 Number and gender of trainees undertaking the FACEM Training Program, 2020

		Male	Female	Unspecified	Total
Provisional Training	n	304	310	-	**614**
	%	49.5	50.5	0.0	**100**
Advanced Training	n	907	867	1	**1,775**
	%	51.1	48.8	0.1	**100**
Total	**n**	**1,211**	**1,177**	**1**	**2,389**
	%	**50.7**	**49.3**	**0.04**	**100**

Table 7.12 Number and gender of trainees undertaking the FACEM Training Program, 2021

		Male	Female	Unspecified	Total
Provisional Training	n	541	570	-	**1,111**
	%	48.7	51.3	0.0	**100**
Advanced Training	n	897	863	1	**1,761**
	%	50.9	49.0	0.1	**100**
Total	**n**	**1,438**	**1,433**	**1**	**2,872**
	%	**50.1**	**49.9**	**0.03**	**100**

Table 7.13 to **Table 7.16** inclusive show the number of trainees completing the FACEM Training Program in 2017 to 2020, respectively.

TABLE 7.13 Number of trainees completing FACEM Training Program, 2017

Demographic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Total	**3**	**71**	**2**	**68**	**12**	**2**	**58**	**18**	**22**	**260**[39]
Male	2	40	1	34	7	2	38	6	11	142
Female	1	31	1	34	5	0	20	12	11	118
Aboriginal and Torres Strait Islander and Māori trainees	-	-	-	-	-	-	-	-	2	2

TABLE 7.14 Number of trainees completing FACEM Training Program, 2018

Demographic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Total	**3**	**60**	**3**	**60**	**11**	**4**	**41**	**17**	**24**	**229**[40]
Male	2	36	2	35	11	2	26	11	12	**142**
Female	1	24	1	25	0	2	15	6	12	**87**
Aboriginal and Torres Strait Islander and Māori trainees	-	-	-	-	-	-	-	-	-	**0**

TABLE 7.15 Number of trainees completing FACEM Training Program, 2019

Demographic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Total	**3**	**47**	**5**	**47**	**4**	**4**	**38**	**23**	**23**	**195**[41]
Male	0	25	2	25	2	2	21	16	11	**102**
Female	3	22	3	22	2	2	17	7	12	**93**
Aboriginal and Torres Strait Islander and Māori trainees	-	1	-	-	-	-	1	-	-	**2**

[39] Four new FACEMs were located outside of Australia/Aotearoa New Zealand.

[40] Six new FACEMs were located outside of Australia/Aotearoa New Zealand.

[41] One new FACEM was located outside of Australia/Aotearoa New Zealand.

TABLE 7.16 Number of trainees completing FACEM Training Program, 2020

Demographic	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total[42]
Total	**2**	**43**	**3**	**47**	**7**	**1**	**34**	**18**	**23**	**179**
Male	0	25	1	23	3	0	16	6	12	**86**
Female	2	18	2	24	4	1	18	12	11	**93**
Aboriginal and Torres Strait Islander and Māori trainees	-	-	-	-	-	-	-	-	-	**0**

Trainee Progression Review Panel Update

Table 7.17 outlines the trainee reviews conducted by TPRPs during 2017 to 2020.

TABLE 7.17 Trainee Progression Review Panel Update, 2019 – 2020

Year	Total Reviews	Progress Decision	Not Progress Decision		
			Non-compliance	Not yet at standard	Both
2020	2,314	2063 (89.1%)	176 (129)	70	5
2019	2,318	2145 (92.5%)	96	57	20
2018	2,458	2,207 (89.8%)	158	71	27
2017	2,277	2,033 (89.3%)	163	68	13

Comparison of the data for 2020 in **Table 7.17** with previous years is not straightforward due to the intervention of COVID-19, and the application of a "no disadvantage" principle, which resulted in trainees not being placed into a period of Additional training Time (formerly remediation) for non-compliance. Trainees were given a three-month grace period to 'catch up' on missing WBAs, at which time they would be reviewed. These trainees are included in the 'non-compliance' group, as this would have been the decision under normal circumstances. The adjustment described above ended on 31 December 2020.

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[42] One new FACEM was located outside of Australia/Aotearoa New Zealand.

8 Implementing the program – delivery of education and accreditation of training sites

Areas covered by this standard: supervisory and educational roles and training sites and posts.

Summary of college performance against Standard 8:

The current status of this standard is that it is Substantially Met.

Summary of significant developments

Trainee Supervision

As with all aspects of its activities, the College continues to improve aspects of its trainee supervision, particularly in regard to the assessment and evaluation of DEMTs, and the resources available to assist DEMTs and others involved in the supervision and assessment of FACEM trainees. As with some assessment activities, conditions resulting from the COVID-19 pandemic has had some implications in relation to planned initiatives in this area of activity. The list below, however, outlines developments in this regard since the submission of the College's 2019 Progress Report. Developments in relation to processes used for the selection and evaluation of DEMTs are further described elsewhere (refer, for example to discussion of **Condition 24**, p. 76).

- A *DEMT Handbook* has been developed and was introduced in early 2020 (refer **Appendix 5.2**).
- A *Local WBA Coordinator Handbook* has been developed and was introduced in August 2020 (refer **Appendix 5.3**).
- DEMT workshops were run in 2019 and while plans were put in place to conduct these in 2020 with workshops targeted to both new and existing DEMTs, due to the circumstances resulting from COVID-19, these were suspended. It is anticipated that some shortened online training sessions for existing and new DEMTs will be conducted in the first half of 2021, with plans to conduct face-to-face workshops in the second half of 2021, COVID-19 restrictions permitting.
- Workshops targeted to Local WBA Coordinators were planned for the first half of 2020 across all regions, with only one being conducted in Melbourne before COVID-related restrictions prevented their continuation. These workshops cover topics related to the new EM-WBA forms, assessment exercises, running local calibration sessions and delivering effective feedback. Online training sessions were made available for Local WBA coordinators just prior to and after the new WBA forms were introduced in August 2020 (refer also **Standard 5**, p. 50). It is anticipated that the Local WBA Coordinator workshops will be conducted in 2021 as face-to-face workshops, COVID-related restrictions permitting.

- An individual site report template has recently been developed and will be sent to each Local WBA coordinator outlining how their site performed throughout 2020. This information will include how many WBAs the site completed, the number of WBAs each assessor at their site completed, as well as the number of WBAs each trainee at their site completed during their placement. While presently only ACEM Staff can run this report, work is in progress to enable Local WBA Coordinators to run this report for their site.
- A *Trainee WBA Report* is available for Local WBA Coordinators, which provides them with a summary of the trainees currently at their site, the number of WBAs completed, the phase of training they are in and the WBAs required to be completed for each trainee. This report can be run by Local WBA Coordinators at any time.

FACEM Training Site Accreditation

>> COVID-19 Accreditation Impact for 2020 and 2021 Inspections

A relatively small number of FACEM training site inspections were undertaken in the period following the submission of the 2019 Progress Report until the end of the 2019 year, after which, restrictions arising from the COVID-19 pandemic were imposed. Following the emergence of the COVID-19 pandemic and the realisation of its implications, the College made the decision to defer the vast majority of the scheduled 2020 accreditation inspections.

In September 2020, as the COVID-19 situation improved and travel restrictions eased, some Special Skills Posts (SSP) inspections were able to occur. In total, throughout 2020, 22 SSPs were inspected in by 'local' inspectors.

At the same time, the College also made the decision to trial an alternative 'hybrid' approach for ED inspections as a possible option to address the scenario of prolonged pandemic-related restrictions on travel. This hybrid approach utilised two local inspectors who are able to be physically present on site and the remaining members participating via video – an interstate inspector, a trainee representative and an ACEM accreditation staff member. Other than the use of technology to enable the hybrid approach to proceed, standard College processes in relation to determining site accreditation status, were followed.

Nine EDs of varying sizes and accreditation time limits participated in the trial of the hybrid model in November and December of 2020. The *Accreditation Subcommittee* conducted a review of participant feedback at the end of the trial, with the review indicating that although the hybrid inspection may perhaps be considered less robust than a physical face-to-face inspection on a face validity basis, it is still a viable and acceptable alternative if physical face-to-face inspections are not possible.

Due to the ongoing fluidity of the COVID-19 related restrictions, the hybrid inspections for EDs are continuing in 2021. Should the pandemic situation stabilise sufficiently, including the risk of inspection teams being impacted by adverse outcomes due to short notice travel restriction changes, inspections will revert back to the normal face-to-face physical inspections. At this time, the College hopes to be able to resume normal face-to-face physical site inspections from July 2021, however, recent events have indicated that there is no certainty able to be associated with this timeframe.

>> Changes to the System of Training Site Accreditation for the Revised FACEM Training Program

As described in relation to **Standard 6** (refer **Condition 19**, pp. 89-90), as one of the three components of the review of the FACEM Training Program, the *Accreditation Site Delineation and Classification Working Group* reviewed the system used to accredit hospitals for FACEM training. It particularly focused on whether the current system of accrediting sites according to the maximum amounts of Advanced Training time (24, 18, 12, six months) that can be spent by a trainee training at any one site remains the most appropriate system.

The initial recommendations of the Working Group were considered by COE following a period of consultation at its meeting conducted in November 2019. Members of COE provided feedback at that meeting that the recommendations had been received by some as resulting in a 'downgrading' or negatively impacting the accreditation of some sites, notably in regional, rural and remote locations, whereas the College was, in fact, attempting to increase the attractiveness of these sites. As a result, and given that the revisions to the FACEM Training Program collectively constituted three components (Curriculum, Training Program Structure and Accreditation System), the decision was taken at the November 2019 COE meeting to reconvene the *Accreditation Site Delineation and Classification Working Group* to reconsider the recommendations and to undertake an additional period of consultation of all three components during the period March – May 2020.

Amended revisions to the system of training site accreditation, along with refined proposed revisions to the Curriculum and the Training Program Structure following the November 2019 meeting of COE were distributed for consultation in March 2020. Following collation of feedback, the revised proposals were presented for the consideration of COE at a meeting convened in July 2020. Consistent with the broader feedback received, members of COE reported significantly greater satisfaction with the revised accreditation proposals. As a result, final versions of all three components of the revisions to the FACEM Training program were accepted by COE at the July 2020 meeting and subsequently endorsed by the ACEM Board at its meeting in August 2020.

The revisions to the system of FACEM training site accreditation are summarised in **Figure 8.1**, which presents a comparison of the current and revised systems. The revised system is based on the current levels of accreditation that already consider appropriate supervision and the extent to which a site's casemix affords the appropriately breadth and complexity of cases to meet training needs at each site and ensure appropriate learning. Under this proposal, all public mixed/adult sites will either retain or increase their current minimum accreditation time.

The need for a further period of consultation following the November 2019 meeting delayed implementation of the revised FACEM Training Program from the beginning of the 2021 Training Year until the 2022 Training Year. FACEM training sites will, therefore, be transitioned to the revised system at the beginning of the 2022 Training Year.

Current System	Revised System
Levels	
Five (5) levels - 6-linked/6/12/18/24 months	**Three (3) Tiers -** 12/24/36 months *All Tiers will be assessed separately for Training Stage 4 accreditation*
Training time included in the system	
• Advanced training - 30 FTE months core ED • Discretionary time	• All **core** ED training time - 42 FTE months in revised Training Program
Training time excluded from the system	
• Provisional training (first 12 FTE months of FACEM training) • Maintenance and additional training time (formerly *remediation*) • Non-ED/Critical Care	• Elective ED time (6 FTE months in Training Stage 4 of new Training Program) • Maintenance and **additional training time (formerly *remediation*)** • Non-ED/Critical Care
Safe, Effective, Direct Fellow[1] Clinical Supervision[2] (minimum hours per day / days per week)	
24-month sites – Multiple FACEM cover 14 hours / 7 days 18-month sites - 14 hours / 7 days 12-month sites - 14 hours / 5 days 6-month sites - 10 hours / 5 days 6-linked sites – 30% of clinical time	**Tier 1** – 14 hours/7 days that includes a minimum of 2 Fellows at any one time **Tier 2** - 14 hours/7 days that includes a minimum of 1 Fellow at any one time **Tier 1, 2 and 3** - 50% of trainee clinical time under direct Fellow clinical supervision
Casemix	
• 24-month sites – A comprehensive casemix and a broad range of acute and complex patients • 18-month sites - A comprehensive casemix and a broad range of acute and complex patients; however, it is recognised there may be some limitations with respect to the numbers of some patient cohorts • 12-month sites - A broad casemix; however, some patient cohorts may be limited • 6-month sites - Casemix may be limited and not all patient cohorts will routinely be encountered.	• **Tier 1** – A generally comprehensive casemix and a broad range of acute and complex patients • **Tier 2** - A broad range of acute and complex patients; there may be some limitations with respect to the numbers of some patient cohorts. • **Tier 3** - A broad casemix; there may be some limitations with respect to the numbers of some patient cohorts; and not all patient cohorts will routinely be encountered *For all Tiers, sites will, in general, have a similar profile to peer sites across casemix variables and associated resources.*
DEMT Clinical Support Time (CST)	
• 24/18/12/6-month sites - 1 hour per trainee per week, with minimum 10 hours per week • 6-month linked sites - 1 hour per trainee per week, with minimum 5 hours per week	• **Tier 1** – DEMT CST – 10 hours per week +/- 1 hour per trainee per week (whichever is the greater) • **Tier 2** - DEMT CST – 10 hours per week +/- 1 hour per trainee per week (whichever is the greater) • **Tier 3** - DEMT CST – 5 hours per week +/- 1 hour per trainee per week (whichever is the greater)
Director of Research	
• 24-month sites - Director of Research required • 18/12/6/6-month linked sites – No requirement	• **Tier 1** – Director of Research required for sites designated as Major Referral only • **Tier 2 and 3** – No requirement

FIGURE 8.1 Summary of Current and Proposed Accreditation Systems for Public Mixed/Adult EDs

Progress against QIRs

Recommendation NN

>> **Develop greater definition of the capabilities required of Directors of Emergency Medicine Training (DEMTs) and WBA Coordinators, and how these capabilities are assessed during the appointment process. (Standard 8.1.3)**

Refer to discussion in relation to **Condition 24** (pp. 88-89).

Recommendation OO

>> **Develop more effective supervisor and trainee feedback from non-ED attachments. (Standard 8.1.4)**

Responses to the *Non-ED Trainee Survey* continue to be monitored to develop recommendations for improvement. An adjustment has been made to the survey for 2020 that will enable easier compilation of reports, similar to those arising from the ED survey, for distribution to Regional Censors and DEMTs at sites where trainees completed their non-ED placements.

As with the feedback rating process for ITAs submitted by DEMTs, Trainee Progression Review Panel members also rate the quality of feedback supplied to trainees for the non-ED placements, as well as the congruence of feedback to ratings. A similar review and DEMT feedback process are both undertaken at sites where non-ED placements are completed if the quality of the feedback is not considered sufficient. DEMTs will be asked to discuss the ITAs with the relevant non-ED supervisors and reinforce the importance of providing quality feedback. Should the feedback be of high quality, letters will be provided directly to the non-ED supervisors to encourage their continued engagement. The first review of non-ED supervisor feedback will commence in early 2021.

Recommendation PP

>> **Further develop regional and rural training opportunities, for example, through increased linked attachments and training networks. (Standard 8.2.2)**

As outlined in the 2019 Progress Report, this recommendation continues to be linked with wider workforce planning activities, including those discussed in relation to **Condition 3**, as well as work relating to the review of the structure and requirements of the FACEM Training Program.

The Accreditation Subcommittee is encouraging and assisting rural and remote sites to transition from a Special Skills Placement accreditation arrangement to a Linked-ED accreditation arrangement, which will provide a more attractive option to trainees, as Linked-EDs can also offer accredited core ED FACEM training time.

A new *FACEM Training Program Site Information Guide* was launched in early 2021, providing information on accredited sites across Australasia. The information in this guide is provided by sites, outlining the opportunities that training with them will provide, including the number and type of SSPs that are offered. Details on who to contact are also provided.

Activity against conditions

To be met by 2019:

Condition 28

>> **Develop a formal process for providing feedback to individual Directors of Emergency Medicine Training (DEMTs) and Local WBA Coordinators on their performance and effectiveness in the role including feedback from trainees. (Standard 8.1.4 and 8.1.6)**

COE has approved formal performance monitoring processes for DEMTs and Local WBA Coordinators that will address performance expectations as outlined in their position descriptions. The implementation began in the second half of 2020 for DEMTs and commenced in early 2021 for Local WBA coordinators. For DEMTs this covers areas, such as Quality of Feedback, meeting ITA submission deadlines, completion of Selection References and attendance at required workshops. For Local WBA Coordinators the process covers areas such as completion rates of WBAs at their site, a sufficient spread of assessors, attendance at required workshops, and information on the quality of feedback provided by assessors at their site.

ITA forms include a feedback rating scale that will be used as part of the regular quality assurance of DEMTs. Trainee Progression Review panels will rate the feedback as part of their regular reviews. Every six months, ratings will be reviewed to identify those DEMTs providing high/low quality and congruent/incongruent feedback. Feedback will be provided to DEMTs who provide poor quality feedback, directing them to resources available to assist in improving their feedback as well as those providing high quality feedback. Should the poor-quality feedback continue, escalation pathways are included as part of the process.

Rating scales have also been added to WBA forms to identify *High Quality* or *Inadequate* feedback from WBA assessors. The process will operate in a similar way to the DEMT feedback process, with Trainee Progression Review Panel members rating the feedback provided by WBA assessors. Twice yearly these ratings will be reviewed, and feedback provided directly to those assessors who regularly provide high quality feedback and also to those who require improvement. The Local WBA Coordinator will be copied in, as part of that role is the monitoring of feedback on assessors and education to improve performance. Development is underway to enable Local WBA Coordinators to run individual site reports to check on assessor spread, trainee completion of WBAs and other related data. These reports have recently been run by ACEM staff and distributed to all Local WBA Coordinators

The 2019 Trainee Placement survey results were distributed to all sites from June 2020. The survey asks trainees questions on the performance of DEMTs and Local WBA coordinators. Quantitative data and a summary of the qualitative data were provided, ensuring trainees were not identifiable. These reports were sent to DEMs for each accredited site, with DEMTs and Local WBA Coordinators also provided a copy.

Statistics and annual updates

Table 8.1 and **Table 8.2** provide a summary of accreditation activities for EDs and Paediatric EDs (PEDs), respectively, including sites/posts visited, accredited, at risk of losing accreditation, and not accredited for the period 1 August 2019 to 31 Dec 2020.

At the time of writing, the College had received notification from one site that they are voluntarily relinquishing their College accreditation.

TABLE 8.1 ED Site Accreditation Activities – 1 August 2019 to 30 December 2020

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Total number accredited EDs	2	40	3	28	7	3	31	11	18	**143**
No. of Sites / Posts visited	2	9	-	9	-	-	8	-	6	**34**
No. accredited – new sites	-	-	-	1	-	-	-	-	-	**1**
No. accredited – reaccredited sites	2	9	-	9	-	-	8	-	6	**34**
No. not accredited – new sites	-	-	-	-	-	-	-	-	-	**-**
No. not accredited – reaccredited sites	-	-	-	-	-	-	1	-	-	**1**
No. issued with provisional accreditation (pending site inspection)	-	-	-	1	-	-	-	-	-	**1**

TABLE 8.2 PED Site Accreditation Activities – 1 August 2019 to 30 December 2020

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
Total number accredited PEDs	-	4	-	5	2	-	5	1	2	**19**
No. of Sites / Posts visited	-	-	-	1	-	-	-	-	-	**1**
No. accredited – new sites	-	-	-	-	-	-	-	-	-	**-**
No. accredited -reaccredited sites	-	-	-	-	-	-	-	-	-	**-**
No. not accredited – new sites	-	-	-	-	-	-	-	-	-	**-**
No. not accredited – reaccredited sites	-	-	-	-	-	-	-	-	-	**-**
No. issued with provisional accreditation (pending site inspection)	-	-	-	-	-	-	-	-	-	**-**

Table 8.3 provides data on DEMT numbers by jurisdiction for 2017 to 2020.

Table 8.3 Numbers of FACEM Training Program DEMTs by jurisdiction, 2017 – 2020

	Number of DEMTs								
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ
2017	6	94	6	81	18	8	74	33	44
2018	4	106	6	85	18	6	71	38	47
2019	4	104	5	87	21	10	78	41	38
2020	4	107	8	96	23	12	92	34	44

9 Continuing professional development, further training and remediation

Areas covered by this standard: continuing professional development; further training of individual specialists; remediation.

Summary of college performance against Standard 9:

The current status of this standard is that it is Met.

Summary of significant developments

As with earlier documents, the College's 2019 Progress Report made reference to ACEM operating two CPD programs - the *ACEM Specialist CPD Program*, and the *ACEM Non-Specialist CPD Program*. The *ACEM Specialist CPD Program* operated on a three-yearly cycle, with annual requirements, while the *ACEM Non-Specialist CPD Program* operated on an annual basis. The 2019 Progress Report referenced data in relation to both programs, with both programs having extremely high compliance rates, and also outlined the work in relation to ACEM's response to changes that were being developed in relation to CPD/Recertification requirements by both the MBA and the MCNZ. Developments since the submission of the College's 2019 Progress Report, including relevant data, are outlined below.

Program Review

>> 2021 ACEM CPD Program

A review of the 2018 - 2020 ACEM CPD Specialist CPD Program was undertaken in late 2019/early 2020, in order to ascertain whether College Fellows and other ACEM CPD participants would be able to meet the new Standards for continuing registration and recertification released by the MBA and MCNZ in Australia and Aotearoa New Zealand, respectively.

The resultant new (2021) ACEM CPD program is a single program for all ACEM CPD participants and replaces the previous two programs. The program was launched in July 2020 following the end of the previous CPD cycle in June 2020. The compulsory program for all FACEMs includes requirements to be completed on both an annual and a triennial cycle basis. As has been the case for some time, FACEMs who do not meet their CPD requirements are subject to processes that may result in them losing their membership of the College and their eligibility to use the FACEM post nominal. In addition to ACEM Fellows, the single program is also available to Dual Fellows (i.e., medical practitioners who are Fellows of ACEM as well as other Australasian specialist colleges, and other ACEM membership categories; namely:

- EMC and EMD graduates (required to complete ACEM CPD to retain post nominals);
- Education affiliates;
- Specialist trainees (if required to do so by the MBA);
- Participants with other CPD homes who wish to undertake EM-related professional development;

- Participants without another CPD home, who are working in EM; e.g., Career Medical Officers (CMOs), prevocational/other junior doctors;
- SIMGs; and
- International Affiliates.

Participants with CPD homes that are colleges other than ACEM who wish to undertake EM-related professional development, including ACEM Certificants and Diplomates, are able to utilise their own college CPD program, however, must meet the annual and three-year cycle core procedural skills requirements for EM practice.

As the MBA requires the new CPD Program to operate on a calendar year basis, a transition arrangement has been put in place whereby the new ACEM CPD Program, which commenced in July 2020, has the first CPD *year* running from July 2020 to December 2021; that is, an 18-month period.

Although 18 months in duration, for this initial CPD year, participants are only required to undertake the equivalent of 12 months of CPD, giving participants some flexibility to adjust to the new program, particularly in relation to the timing of the goal for the Professional Development Plan (PDP). The PDP should be completed in the first six (6) months of the 18-month year for incumbent CPD program members. Reflection on the end-of-year progress with goals, however, is to be completed by the end of the CPD year (December 2021). This transition arrangement will allow the program to be aligned to the MBA / MCNZ calendar year from January 2022.

As the MBA and the MCNZ now require programs to consist of three mandatory categories of activities (Educational activities, Reviewing Performance activities, Measuring Outcome activities), the Continuing Professional Development Committee (CPDC) completed a mapping exercise that rearranged all of the activities listed in the four categories of CPD contained within the former program, into the new required three categories, to make the transition to the new program as seamless as possible for members.

The components of the revised ACEM CPD Program are as outlined below.

Annual minimum requirements (1 January – 31 December)

- **At least 50 hrs CPD activities across the following areas:**
    - At least 12.5hrs Educational activities
    - At least 12.5hrs Reviewing Performance activities
    - At least 12.5hrs Measuring Outcome activities.
- **Professional Development Plan**
    - At least one plan and one reflection plan.
- **One each of core procedural skills** (Airway, Breathing, Circulation) by performance, supervision or teaching.
- **Annual Conversation** (MCNZ requirement only).

Cycle (3 yearly) minimum requirements

- All annual requirements, plus
- 12 different scope of practice procedural skills by performance, supervision or teaching;
- One (1) each of core procedural skills (Airway, Breathing, Circulation) by performance; and
- Approved Cultural Competency activity (min 2hrs) (Approved by ACEM)

>> Auditing Arrangements

There have been some changes to the scheduling of audits. Previously audits were conducted in July/August, as the CPD year operated on a financial year basis. With the revised program, audits will commence in early February, as late December and much of January are traditionally leave periods for many CPD participants.

The new CPD Program retains the same sampling approach as the previous program. The CPD Program generates an audit selection sample by including all participants who did not complete their CPD cycle requirements plus randomly selected participants to bring the total number of auditees to five percent of all participants.

>> Adjustments made to the 2020 ACEM CPD program requirements as a result of COVID-19

As with most other aspects of college activity, the COVID-19 pandemic had significant implications for CPD. This was recognised by both the MBA and the MCNZ who both provided advice regarding modified requirements for medical practitioners' CPD requirements as a result of the pandemic. The College encouraged all CPD Program participants to continue to undertake and log any CPD activities, where and when they could. In acknowledgement of the MBA and MCNZ advice, however, the College made the following decisions:

- The requirement for CPD participants to achieve the 2020 annual and 2018 - 2020 cycle requirements for their respective CPD Programs were waived.
- Random audits of members for the 2020 CPD year and the 2018-2020 CPD cycle, including those members who were pre-selected for audit following failure to meet CPD requirements in the previous CPD year, were not conducted in 2020.
- The requirement for Specialist CPD participants to complete a cultural competency activity by 30 June 2020 was extended to 31 December 2021.
- To reflect the MCNZ's exemption of all New Zealand-registered doctors from CPD participation until the end of February 2021, New Zealand CPD participants were given a *pro-rata* adjustment from 50 hours to 42 CPD hours for the 2021 CPD year, if needed.

>> CPD Year ending June 2020

The most recently completed three-year cycle of the ACEM Specialist CPD Program ran from 1 July 2017 to 30 June 2020 (the 2020 CPD cycle). At the completion of the cycle, ACEM recognised 3,116 participants (2,917 Fellows, 199 non-Fellows) in the programs. The CPD completion rate is recorded in the **Tables 9.1** and **9.2** below[43]. The significantly lower than usual completion rates reflect the adjustments made to the 2020 ACEM CPD program requirements as a result of COVID-19. In particular, the requirement for CPD participants to achieve the 2020 annual and 2018-2020 cycle requirements for their respective CPD Programs was waived.

Table 9.1 Participation in the ACEM Specialist CPD program, 1 July 2019 – 30 June 2020 by jurisdiction

	Numbers Participating in Specialist CPD Program					
Total Number of Participants	**Australia**		**New Zealand**		**Other Countries**	
	n(participating)	**n / % met requirements**	**n(participating)**	**n / % meeting requirements**	**n(participating)**	**n / % met requirements**
n(Fellows) = 2,917	2,483	1,493 60.1%	328	167 50.9%	106	52 49.1%
n(Non-Fellows) = 34	22	10 45.5%	11	5 45.5	1	1 100%

Table 9.2 Non-Fellows participating in the ACEM Non-Specialist CPD program, 1 July 2019 – 30 June 2020 by jurisdiction

	Numbers participating in Non-Specialist CPD Program					
Total Number of Participants	**Australia**		**New Zealand**		**Other Countries**	
	n(participating)	**n / % met requirements**	**n(participating)**	**n / % met requirements**	**n(participating)**	**n / % met requirements**
199	179	37 20.7%	7	3 42.9%	13	4 30.8%

>> The 2021 ACEM CPD Year

The ACEM CPD program was revised in 2020 so that College Fellows and other ACEM CPD participants would be able to meet the new Standards for continuing registration and recertification released by the MBA and MCNZ in Australia and Aotearoa New Zealand, respectively. The new ACEM CPD program is based on a calendar year, 1 January – 31 December. It was launched in July 2020, providing 18 months to satisfy the 2021 Annual CPD requirements. The additional six (6) months provides extra time for participants to transition to the new requirements.

[43] Participants were encouraged to continue participating in CPD during the 2020 CPD year, but were not required to record their CPD in the My ACEM online portal.

Table 9.3 outlines the number of practitioners recognised as participating in the program as at 31 March 2021, by jurisdiction and whether the participant is a FACEM or otherwise.

Table 9.3 Participation in the ACEM CPD program, 1 July 2020 – 31 March 2021 by jurisdiction

	Numbers Participating in ACEM CPD Program		
Total Number of Participants	**Australia**	**New Zealand**	**Other Countries**
N(Fellows) = 3,098	2,640	349	109
N(Non-Fellows) = 316	254	34	28

>> ACEM recognition of CPD conducted by its overseas members in non-Australasian jurisdictions

The MBA and MCNZ revisions to the CPD Standards apply only to members practising in Australia and/or Aotearoa New Zealand and have no direct impact on ACEM members' entitlement to practice medicine outside these two countries.

However, ACEM members who work in non-Australasian jurisdictions, and who wish to maintain their ACEM post nominals, are currently required to either comply with the ACEM CPD Program or seek an exemption (or partial exemption). Two "reciprocal recognition pathways" are available:

(a) the ACEM "block recognition" for those jurisdictions that have CPD programs recognised to be equivalent (or partially equivalent) to the ACEM CPD program; and

(b) a case-by-case exemption utilising the College exemption process.

This reciprocal recognition approach is based on the previous ACEM CPD Program structure and is currently being reassessed against the revised CPD program. As an interim solution, ACEM CPD requirements have been waived for the 2021 CPD year for members in non-Australasian jurisdictions, who meet the CPD program requirements of the relevant Authority, to allow time to consider the relevant cohorts' ACEM CPD requirements compared to the revised ACEM 2021 CPD program.

Progress against QIRs

Recommendation QQ

>> Promote vertical integration of the training and CPD programs, by developing guidance for fellows on continuing development of non-technical skills in areas such as leadership and people management, workplace wellbeing and cultural competence. (Standard 9.1.3)

The College continues to expand the number, type and quality of educational resources available to Fellows for CPD purposes via the ACEM Educational Resources website.

Resources available on the website are developed and collated to align with the curricula of the College's training programs, including the revised FACEM, Certificate and Diploma EM programs, as well as meeting the CPD needs of Fellows.

By way of context, the ACEM Educational Resources website currently has 230 active pages that contain educational resources, committee spaces and group networks for ongoing discussions. There are more than 15,000 users registered on the website, of which approximately half are ACEM Fellows or trainees. College data indicates that significant numbers of Fellows and trainees are currently accessing the available resources, and that the Assessing Cultural Competence, Indigenous Health and Cultural Competency and Critical Care Airway Management resources have had the highest number of unique users of all courses across the period since 2017. It should be noted that some resources are also available to external users, while others are restricted to ACEM members and trainees.

Of note, is the popularity of the General EM Resources area. Set up in March 2018, the site consists of a range of educational resources available to members and trainees, including ACEM video resources, eLearning modules and a large number of peer-reviewed external resources. Members and trainees can access wellbeing resources in the General EM area and are also encouraged to engage in events that promote and support workforce wellbeing.

In recent years, ACEM has worked to provide more resources related to Cultural Competency and Mentoring for members and trainees. In addition to the extensive cultural competency activities that have been developed internally by the College for members, 29 external cultural competency activities/programs have also been approved over the last 18 months as suitable to meet the mandatory cultural competency CPD requirement. Representatives from the Indigenous Health Committee review the activities submitted for the Australian context, while members of the Manaaki Mana Rōpu review for approval, Cultural Competency CPD activities that are specific to Māori.

The vertical integration of educational resources for ACEM Fellows, other members and trainees, and the provision of access to the resources, is an ongoing process that evaluates all new content in the context of complexity and applicability along the Training – CPD Continuum. ACEM processes in place to develop and review such resources include:

- **Work of the Education Resources Review Panel (ERRP)**

  This panel consists of 26 ACEM Fellows and FACEM trainees and continues to support the quality and relevance of resources through their advice and reviews of materials suggested by members and trainees.

- **The General Emergency Medicine Resources online space in the Educational Resources website.**

  The content of this online space includes resources that are both ACEM-produced, and developed by external sources, and is overseen by the *Education Resources Review Panel* with the aim of providing best practice EM material aligned to the FACEM Training Program and the ACEM Curriculum, and for CPD purposes. The resources on this page are accessed by large numbers of Fellows and FACEM trainees.

- **Redevelopment of the ACEM Mentoring modules.**

  The Mentoring modules, updated in 2018, are currently being redeveloped to align more closely with the needs of the revised CPD Program and the revised FACEM Training Program as advised by the ACEM Mentoring Reference group. The redeveloped modules are scheduled to be completed and launched in May 2021.

- **Review of Educational Resources**

  With a view to further improvement of the resources offered to members and trainees, an Educational Resources review was initiated in October 2020. The review, completed in December 2020 involved two external providers who considered the quality of and navigation to the educational resources of the ACEM Educational Resources website. The review will be considered in the context of the development of the College's next Strategic Plan and accompanying Business Plan, to be compiled during the second half of 2021.

  The College also continues its involvement in a partnership with Swinburne University to develop and deliver a Leadership Program aimed at developing leadership skills for DEMs. The program, which commenced in 2019, is based on an *action learning* approach and is aimed at FACEMs and senior trainees who are, or aspire to be, DEMs in the hospital system. A summary of the program in the context of the offerings for 2021 is presented as **Appendix 9.1**. In addition to the delivery of leadership training and education, the action learning approach of the partnership has also resulted in the publishing of some articles in the literature outlining the nature of DEM leadership and its perceived complexities from the perspectives of practitioners on the basis of empirical data. This material has enabled the program to evolve to meet the needs of participants, as well as informing the relevant literature.

Recommendation SS

>> **Consider the development and provision of CPD educational resources/modules which:**

(i) Incorporate skills relating to observational medicine. (Standard 9.1.3)

(ii) Promote skills in quantitative and qualitative research. (Standard 9.1.3)

- **Incorporation of skills relating to Observational Medicine**

  Knowledge and skills required in observational medicine, have been articulated in the revised ACEM Curriculum as outlined earlier in this report (refer **Standard 3**, **Condition 7**, p. 41). During 2020, ACEM developed two eLearning resources aimed at incorporating skills relating to Observational Medicine.

  The content of the modules is outlined briefly below and they can be accessed via the ACEM eLearning site.

- Module 1: Introduction to Observational Medicine and EDSSUs

  This module, designed for new Fellows and trainees, introduces the principles of Observational Medicine Units and discusses their purpose and characteristics. EDSSU Patient care pathways and case scenarios are presented, and then consideration is given to methods of improving patient care in EDSSUs.

- Module 2: Observational Medicine: Managing and Improving EDSSUs

  This module *Managing and Improving EDSSUs* is provided as an information resource for Fellows new to the management and evaluation of EDSSUs. The resource references ACEM policies and literature to discuss EDSSU staffing principles and associated Key Performance Indicators (KPIs). There is discussion about evaluating the effectiveness of SSUs and consideration of examples about the need for and method of implementing change in EDSSUs. This module provides a basis from which Fellows will be able to conduct an evaluation of their own EDSSU.

- **Promotion of skills in quantitative and qualitative research**

  Although the majority of trainees opt to meet their research requirement of their FACEM training by completing approved university subjects, the College is in the early stages of developing eLearning resources to help promote skills in quantitative and qualitative research for both trainees and members (including Fellows) for CPD purposes. The ACEM Online Research Resources will consist of five main content sections (see list below). Each section will contain a brief introductory eLearning resource and will incorporate relevant ACEM-made and external resources.

- **ACEM Online Research Resources: Content sections**

  Section 1: Starting your research: Literature reviews and defining the question

  Section 2: Ethics

  Section 3: Collecting Data and analysing statistics

  Section 4: Methodology and protocol writing

  Section 5: Presenting your information

  FACEM trainees may also opt to meet the research requirement of their FACEM training by completing approved university subjects, incorporating any two or more of the following four subjects:

  1. Clinical Epidemiology
  2. Biostatistics
  3. Research Methods
  4. Evidence-Based Medicine

  To facilitate trainees meeting the requirement, there is a list of approved University modules available to trainees. Modules on the approved list have been reviewed by members of the trainee research panel to ensure that their content satisfies the Trainee Research Requirement. The modules are reviewed every five years. Trainees may submit applications for new units to be added to the list. These undergo review by members of the Trainee Research Panel Executive (TRPE) and, if considered appropriate, they are added to the list.

Recommendation TT

>> Introduce clearer criteria around the differing levels of CPD educational offerings on the website given that these offerings vary in their level of complexity and challenge. (Standard 9.1.5)

As described earlier in relation to this Standard (refer, for example, pp. 93-94), the College's revised CPD Program has been developed to meet the requirements of the MBA and MCNZ. Consistent with this, the College has developed its new CPD program and activities based on the three mandatory categories of knowledge improvement, assessing doctors' performance, and assessing patient outcomes.

CPD educational offerings have been mapped to each of the three new categories. Participants are provided guidance on appropriate activities to meet their requirements in each category. Activities are "weighted" by the anticipated time taken for completion, with activities of greater complexity, attracting more hours. Activities in the latter two categories in particular are likely to be more complex and challenging for some participants. A workshop is planned for the next College ASM (November 2021) to share ideas, strategies and activities that will assist all participants to meet the minimum requirements in these categories.

Recommendation UU

>> **Improve the audit system to make it clearer how to document experiences such as individualised, reflective practice where the evidentiary requirements are not so clear cut (Standard 9.1.7)**

As previously described, ACEM first introduced a CPD Provision of Evidence Guideline in 2016. The document is reviewed annually by the CPD Committee, with the version for the 2020 CPD Year available through the College website. The 2019 Progress Report indicated that to assist members to meet the requirements of the MBA and MCNZ, additional guidance via proformas were being developed to facilitate:

- reflective practice and its links to CPD goal setting;
- peer review conversations and activities where the completion of the activity, rather than a detailed documenting of the discussion is the focus; and
- self-directed education activities where there is no automatic record of activity available.

The following forms have been developed to support members to document their experiences and are available via the ACEM website:

- Provision of Evidence Guidelines 2021 CPD Year (CPD639)
- Audit of Medial Practice (CPD413)
- Peer Review Record – Direct Observation (CPD427)
- Peer Review Record – Team Activity (CPD428)
- Annual Conversation (Structured Conversation – New Zealand) (CPD797).

Activity against conditions

There are no conditions associated with this group of standards.

Statistics and annual updates

Specialist and Non-Specialist CPD programs

>> **ACEM Fellows and Non-Fellows participation and completion in the College CPD Programs**

The number and proportion of College Fellows and non-Fellows participating in and meeting the requirements of the College's CPD programs in the most recent CPD year are outlined in **Table 9.1** and **Table 9.2** (refer p. 116), along with relevant discussion.

10 Assessment of specialist international medical graduates

Areas covered by this standard: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants.

Summary of college performance against Standard 10:

The current status of this set of standards is that they are Met.

Summary of significant developments

The Specialist International Medical Graduate (SIMG) Unit continues to review applicant feedback from interviews and to implement improvements to the processes for SIMG assessment. One initiative recently implemented from the feedback is to invite applicants to commence the interview by briefly introducing themselves and explaining their reasons for applying to practise in Australasia, at the commencement of the interview. To date all applicants have accepted the invitation.

The online system (portal) to record and report SIMGs' progress through the required assessments of their pathway, was successfully implemented in May 2019, and has operated well to facilitate the online review and approvals of individual WBAs.

The portal has also enabled a new process for the regular systematic review of the progress of all SIMGs on the pathway, that was implemented as a trial in November 2020. Previously all WBAs were reviewed individually, by the Chair of the SIMG Assessment Committee and the two Deputy Chairs. Under the trial process, all assessments for a SIMG's previous three-month period are reviewed at the time the SIMG's three-monthly ITA Report is submitted.

A Multi-Source Feedback (MSF) requirement was implemented on 1 March 2019 for all SIMGs approaching election to Fellowship. Since that time the process has enabled meaningful feedback from a range of personnel to be gathered for Committee review prior to a SIMG's election to Fellowship. An evaluation report following 24 months of the program will be prepared in 2021. Copies of the documentation for the process are provided as **Appendix 10.1**.

All SIMGs are now required to complete the ACEM *Assessing Cultural Competency Modules* prior to applying for election to Fellowship on completion of their pathway.

In February 2020 a face-to-face SIMG assessor workshop was held in Melbourne. These workshops are held at least biennially, usually following a spill of COE positions, so that newer members of the Committee or Assessor Panel have an opportunity to meet together, to discuss updates to the assessment requirements and processes and to workshop assessment scenarios. A second workshop planned for Aotearoa New Zealand in 2020 had to be cancelled because of COVID-19 travel and gathering restrictions and modifications are being made for online delivery at workshops proposed for the first half of 2021. All assessors are required to undertake online refresher training annually, using the Online Training Module launched in 2019.

In recent years both the MBA and the MCNZ have encouraged Colleges to investigate the use of videoconferencing facilities for SIMG interviews. With the advent of the COVID-19 pandemic, remote access became an imperative and the College introduced the use of Zoom technology for two assessors to attend the March 2020 Australian interviews remotely.

Provisions to proceed with interview assessments by videoconference were approved by the SIMG Assessment Committee and COE in May 2020. The provisions include an Acknowledgment form that is required for the Applicant to sign prior to the interview assessment. The May 2020 interviews were conducted on the Zoom platform with all participants (Applicants, Panel Assessors and Staff) attending by videoconference. Since that time assessment processes for Australian and Aotearoa New Zealand applicants have continued within the usual timeframes. Interviews have been conducted monthly, often on two days, to accommodate an increased number of applicants. The remote access technology has allowed applicants applying in either Australia or Aotearoa New Zealand to be interviewed every month, instead of in alternate months, as per the usual bi-monthly schedule. Assessor availability is also enhanced as assessors from both countries can participate in the monthly interviews, as available and required.

During 2020, members of the SIMG Assessment Committee and the assessor panel have supported a project to build a question bank of suitable questions to ensure there is a wider range to use in the exploration of each domain at interview. Enhanced questions to assist assessor panels to determine whether or not an applicant meets the Research component of the Scholarship and Teaching domain have been incorporated and very positively received by assessors.

ACEM has implemented the new MBA Standards: Specialist medical college assessment of specialist international medical graduates (the Standards), from 1 January 2021. Amendments to Regulation C for SIMG Assessment were approved by the ACEM Board to reflect changes affecting some elements of the program and changed terminology such as ‘supervised practice’ to describe the pathways for both Substantially and Partially Comparable SIMGs. The SIMG Assessment Committee has subsequently approved changes to associated forms and guidelines, with the most recent of these approved at the COE meeting of 24 February 2021. Other documentation is currently being reviewed and updated as further enhancements to processes in support of the Standards are identified.

Reporting against Requirements

Progress against recommendations

There are no recommendations associated with this group of standards.

Activity against conditions

There are no conditions associated with this group of standards.

Statistics and annual updates

The College currently has a total of 79 SIMGs who have completed the SIMG assessment process in Australia through the MBA Specialist Pathway or via the MCNZ process in Aotearoa New Zealand and who are completing requirements that render them eligible for FACEM. Additionally, 21SIMGs in Australia and 17 SIMGs in Aotearoa New Zealand have completed the assessment process but have not commenced any form of supervised practice. In total, there are 49 SIMGs in Australia and 30 SIMGs in Aotearoa New Zealand recognised by the College as having completed assessment requirements, including applicable interview processes. There are also currently three (3) SIMGs in Australia and 11 SIMGs in Aotearoa New Zealand who have applied for assessment and are awaiting interview.

Summary data for assessment outcomes for SIMGs assessed by the College in both Australia and New Zealand in the period January 2016 to 30 December 2020 is provided in **Table 10.1**.

TABLE 10.1 Applications and outcomes for SIMG Assessment, 2016 to 2020[44]

	2016		2017		2018		2019		2020	
New Applications	***Aus***	***NZ***	***Aus***	***NZ***	***Aus***	***NZ***	**Aus**	**NZ**	**Aus**	**NZ**
• Specialist pathway (Aus/NZ)	23#	11	22#	11	20#	12	19	15	29#	19
• Area of Need (Aus)	4#		4#		6(5#)		0		1#	
• Preliminary Advice (NZ)		4		5		12		5		8
• Vocational assessment (NZ)		11		9		11		3		19
Initial assessment - eligible for interview	22	11	20	13	18	11	15	9	26	19
Initial assessment - not eligible for interview	1	-	2	-	0	-	0	-	0	-
Assessment outcome (Aus) (interview)										
• Substantially comparable	14		8		7		10		5	
• Partially comparable	9		7		13		8		21	
• Not comparable	2		2		0		1		0	
Assessment outcome (NZ) (interview)										
• Equivalent to		3		1		5		4		9
• As satisfactory as		5		9		7		4		10
• Neither		2		0		1		1		0
Pathway Completion										
• Elected to Fellowship	8	8	15	15	13	10	13	9	9	9

# Denotes AoN assessment combined with specialist pathway

[44] As applications are received and interviews conducted continuously, numbers of outcomes reported for a particular year may not equal numbers of applications received in that year, as some outcomes may be relevant to applicants who applied in the previous calendar year.