

Australasian College for Emergency Medicine

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FACEM Training Program

Revisions from 2022

Update June 2021

Introduction

The FACEM Training Program is a structured five-year training program that can be undertaken on a full-time or part-time basis. The Training Program includes structured training and education, workplace-based assessments, research requirements and examinations.

As a specialist medical college, ACEM is accredited by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ). The purpose of this accreditation is to ensure that ACEM is delivering a training program that produces medical specialists who can practice unsupervised as emergency medicine physicians, providing comprehensive, safe and high-quality medical care. As part of this process, ACEM, as the education provider, is required to undertake regular reviews of all aspects of the training and education programs and revise them accordingly.

In addition, as a professional organisation, ACEM follows a Quality Improvement Framework to continuously evaluate its programs and implement improvements accordingly. Specialist medical education is a constantly evolving field and ACEM endeavours to implement initiatives that will ensure it is producing the most prepared emergency physicians possible.

In August 2020, following extensive stakeholder consultation, the ACEM Board approved revisions to the structure and requirements of the FACEM Training Program for implementation for new trainees from the 2022 Training Year.

This document provides a high-level overview of the major changes. The relevant regulations will be updated in due course to align with these changes.

As always, if you have any questions or concerns, please contact the **Training Team** on +61 3 9320 0404, or at training@acem.org.au.



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Chair
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Acronyms

CBD	Case-Based Discussion
CMO	Career Medical Officer
DOPS	Direct Observation of Procedural Skill
FEx	Fellowship Examination (W - Written, Clinical – 'OSCE')
FTE	Full-time Equivalent
ITA	In-Training Assessment
Mini-CEX	Mini Clinical Examination Exercise
MR	Major Referral
M&M	Morbidity and Mortality Review Meeting
Non-MR	Non-Major Referral
OSCE	Objective Structured Clinical Examination
PEM	Paediatric Emergency Medicine
PEP	Paediatric Emergency Portfolio
PER	Paediatric Emergency Requirement
PEx	Primary Examination (W – Written, VIVA – Viva Voce)
PLB	Paediatric Logbook
TS	Training Stage
WBA	Workplace-Based Assessment

Training program structure

A four-stage training program

The new FACEM Training Program will be a four-stage program, where Training Stages 1 to 4 will replace the current Provisional and Advanced Training phases. This aligns the Training Program to the FACEM Training Curriculum, which describes the learning outcomes expected of trainees across four stages of training.

Training Stage 4

Training Stage 4 (TS4) focuses on the development and consolidation of management and leadership skills. During TS4, trainees must complete:

- six months in an Emergency Department accredited by ACEM and approved for TS4 training; and
- six months in an elective placement in one or a combination of the following where sites have been approved for TS4 training:
 - an ACEM-accredited ED; or
 - an ACEM approved non-ED placement.

At the completion of TS4, trainees should be confident in the operational management of the ED floor. This includes managing patient flow, clinical supervision of junior clinicians and departmental management including clinical governance and quality assurance.

Overview of the FACEM training program from 2022

	Training Stage 1	Training Stage 2	Training Stage 3	Training Stage 4
Placements	12 months in ED	12 months in ED	12 months in ED	Minimum 6 months in ED
		6 months FTE in non-ED	6 months FTE in Critical Care	6 months of elective
Maximum time	3 years	8 years		Limited to time remaining of 12 year over time limit
		12 years		
Assessments	ITAs	every 3 months	every 3 months	every 3 months
	EM-WBAS	<ul style="list-style-type: none"> • 8 x Mini-CEX • 2 x Communication Skills 	<ul style="list-style-type: none"> • 4 x CbD • 4 x Mini-CEX • 2 x Communication Skills 	<ul style="list-style-type: none"> • 4 x CbD • 3 x Mini-CEX • 3 x Shift Reports
Additional Training Requirements	Research requirement			
	Paediatric Emergency Requirement			
	Guideline/Protocol Review or Audit M&M presentation Formal Teaching Presentation			
	Procedural Requirement (Core DOPS)			
Examinations	PEx(W)		FEx(W)	
	PEx(VIVA)			FEx(Clin)
Online learning modules	<ul style="list-style-type: none"> • Indigenous Health and Cultural Competence • Assessing Cultural Competence • Critical Care Airway Management • ACEM Core Values 	<ul style="list-style-type: none"> • Clinical Supervision • Giving Feedback • Ultrasound 	<ul style="list-style-type: none"> • Clinical Leadership 	

Training placements

Of the 60 months of total training time in the FACEM Training Program, trainees must undertake at least 42 months of their training in ACEM-accredited emergency departments.

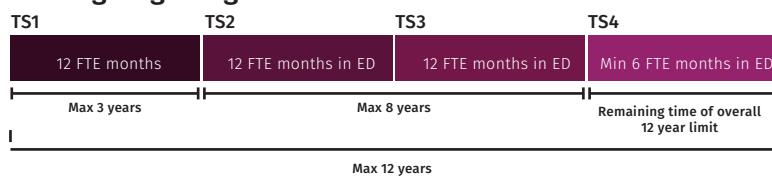
Other training time requirements include:

- 6 months non-ED, completed at any time during Training Stages 1-3;
- 6 months Elective (ED or non-ED), completed in Training Stage 4;
- 6 months Critical Care, completed at any time during Training Stages 2-4.

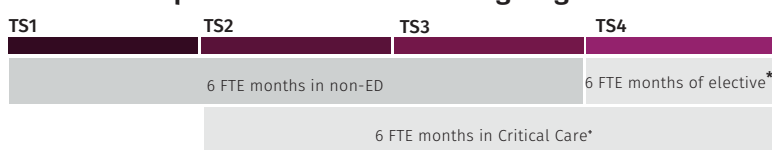
While trainees should aim to undertake their Critical Care rotation during TS2 or 3, it may also be done during TS4. A placement undertaken during TS4 for the purposes of fulfilling the Critical Care requirement does not need to be separately approved for TS4 training.

All training placements must be undertaken in terms of a minimum 3-month FTE duration and at a minimum of 0.5 FTE.

Training stage lengths



Additional requirements for each training stage



*Elective placements must meet the leadership and management learning outcomes for TS4.

*Critical Care can be undertaken in adult/mixed ICU and/or Anaesthetics placements.

Minimum number and type of EDs

Trainees **must** train at a minimum of two EDs. This **must** include six (6) FTE months **in a single** adult/mixed public Major Referral (MR) ED and 12 FTE months in adult/mixed public non-Major Referral (non-MR) EDs. The 6 months in the MR **must** be conducted at a single site. Training completed at Private EDs and Paediatric EDs will not contribute towards MR/non-MR requirements. To broaden their training experience, trainees should work across more than two sites throughout the course of their training.

Trainees **may** train in an ED with a co-located but separately accredited Paediatric ED, provided that the trainee is rostered to the adult/mixed ED for at least 75% of shifts during the placement.

To satisfy the Paediatric Emergency Requirement, trainees **must** train at an ED that receives a minimum of 5,000 paediatric presentations per year. This requirement may or may not be met by one of the MR/non-MR sites required above.

Non-ED training

At any time during Training Stages 1-3, trainees must complete six (6) FTE months of training time in a non-ED placement accredited by the relevant specialist medical college or by ACEM.

Non-ED training must be undertaken as either:

- two 3-month (FTE) terms in up to two non-ED disciplines, or
- one six-month term in a single non-ED discipline.

While non-ED training can be completed in TS1, trainees should aim to undertake this during TS2 or 3.

Paediatric Emergency Departments

ACEM-accredited paediatric EDs are designated as *Specialist Children's* or *Non-Specialist Children's*. The latter includes EDs at sites that have both an adult ED and a co-located paediatric ED that is separately accredited for Specialist Paediatric Emergency Medicine (PEM) training.

For each term of training, trainees may undertake a dedicated paediatric ED term in either a Specialist Children's ED or non-Specialist Children's ED, or an adult/mixed term with appropriate rostering between both areas of the department.

The **maximum core ED training time** that may be undertaken **in a single paediatric ED** (whether at an accredited specialist or non-specialist paediatric ED) is **12 FTE months**.

The **maximum total core ED training time** that trainees can undertake in multiple paediatric EDs is **18 FTE months**.

Elective ED time during TS4 is not included in the above limits. Trainees may therefore spend up to 18 FTE months of FACEM training time in a single paediatric ED. Trainees also undertaking the PEM Training Program may complete additional ED time in a single accredited paediatric ED, however this will not be credited towards their FACEM training time requirements.

Private Emergency Departments

Due to the limited exposure to a variety of aspects including diverse casemix, acuity, supervision of junior medical staff and leadership roles, **the maximum core ED training time allowed at a single private ED is 12 FTE months**. This does not include Additional Training Time, Maintenance Time or TS4 Elective time undertaken in an ED.

Tier 3 and Private Hospital EDs

Tier 3 hospitals are accredited for 12 months of Core ED training. These sites will have a broad casemix but there may be some limitations with respect to acuity and complexity of patient presentations in comparison to higher accreditation tiers.

As a result, trainees may undertake training time at both Tier 3 and private EDs, however the **maximum core ED training time** that may be completed at a combination of both site types is **18 months**. This does not include Additional Training Time, Maintenance Time or TS4 Elective time undertaken in an ED.

Training outside of Australia and Aotearoa New Zealand

A maximum of six (6) FTE months ED training can be completed in an ED outside of Australia and Aotearoa New Zealand. Overseas training in ED may contribute towards core ED training during TS1-3.

A maximum of twelve FTE months non-ED training can be completed outside of Australia and Aotearoa New Zealand, including six FTE months non-ED training during TS1-3. All overseas training must be pre-approved by ACEM.

Trainees can apply for an Interruption to Training if they wish to spend additional time in an ED outside of Australia and Aotearoa New Zealand.

Regional and Rural training

There is no change to training in regional/rural areas and this is not a mandatory requirement of the FACEM Training Program. Work is currently underway to further support regional and rural training.

Maintenance time

Maintenance time must be undertaken in an **ACEM-accredited ED** at the minimum rate of 0.5 FTE. Maintenance time is not counted towards site training limits. Non-ED placements completed during Maintenance Time are no longer certified towards training time and will be considered surplus training. Maintenance time for Training Stage 4 must be completed in a site approved for Training Stage 4.

Assessments

ITAs and EM-WBAs

ITAs and EM-WBAs for a given stage of training are reviewed by the relevant Trainee Progression Review Panel (TPRP). The TPRP determines whether the trainee has demonstrated the standard expected for that stage of training, and may therefore progress to the next stage of training (see also Progression Points).

Assessment requirements for the FACEM Training Program

	Training Stage 1	Training Stage 2	Training Stage 3	Training Stage 4
ITAs	Every 3 months	Every 3 months	Every 3 months	Every 3 months
EM-WBAs	<ul style="list-style-type: none">• 8 x Mini-CEX¹• 2 x Communication Skills²	<ul style="list-style-type: none">• 4 x Cbd³• 4 x Mini-CEX³• 2 x Communication Skills²	<ul style="list-style-type: none">• 4 x Cbd⁴• 3 x Mini-CEX⁵• 3 x Shift Reports	In ED: <ul style="list-style-type: none">• 3 x Shift In-charge Reports• 2 x Team Lead⁶

¹ Must include one of each Neurological, Respiratory, Cardiovascular and Abdominal.

² One each of Handover and Referral.

³ Must include 2 medium complexity.

⁴ Must include 3 high complexity.

⁵ Including 2 high complexity.

⁶ Resus or Intubation.

There are different assessment requirements for trainees completing Maintenance Time in each Training Stage. The EM-WBAs shown in the table below must be completed for every 6-month period a trainee is completing Maintenance Time.

Maintenance requirements

	Training Stage 1	Training Stage 2	Training Stage 3	Training Stage 4
ITAs	Every 3 month period	Every 3 month period	Every 3 month period	Every 3 month period
EM-WBAs (adjusted for 6-month period)	<ul style="list-style-type: none"> • 6 x Mini-CEX 	<ul style="list-style-type: none"> • 2 x CbD • 2 x Mini-CEX • 2 x Communication Skills 	<ul style="list-style-type: none"> • 2 x CbD • 2 x Mini-CEX • 2 x Shift Report 	<ul style="list-style-type: none"> • 6 x Shift In-Charge Reports

Progression points

Trainees are reviewed by a Trainee Progression Review Panel (TPRP) upon completion of specific requirements of the Training Program, known as 'progression points'. These progression points occur at the completion of:

- 12 FTE months TS1 adult/mixed core ED training time;
- 12 FTE months TS2 core ED training time;
- 12 FTE months TS3 core ED training time;
- 6 FTE months Critical Care time;
- 6 FTE months Non-ED time;
- 12 FTE months TS4 Training time;
- all components of the Paediatric Emergency Requirement
- any period of additional training time;
- each 6 FTE months in Maintenance Time;
- all outstanding requirements of Maintenance Time, prior to election to Fellowship.

Additional Training Time

If a TPRP identifies issues with a trainee's progress or performance, Additional Training Time may be required before moving on to the next training stage. This extra time gives the trainee additional opportunities to develop their skills and knowledge before moving on. Additional Training Time is not counted towards site training limits.

Examinations

For both the Primary and Fellowship examinations, the Written examination must be completed before a trainee is eligible to sit the Clinical (Viva or OSCE) examination.

Trainees must pass both the Primary Written and Primary Viva examinations before progression into Training Stage 2. The Fellowship Written exam must be completed in Training Stage 3 and before progression into Training Stage 4, and the Fellowship OSCE must be completed during Training Stage 4 before a trainee is eligible for election to Fellowship.

Examination timetable

TS1	TS2	TS3	TS4
Primary Written		Fellowship Written	
Primary Viva			Fellowship Clinical (OSCE)

Additional training requirements

There are some additional requirements of the FACEM Training Program that are not time-based. These include:

- Procedural Requirement (Core DOPS), completed at any time during Training Stages 1-4;
- Research Requirement, completed at any time during Training Stages 1-3; and
- Paediatric Emergency Requirement, completed at any time during Training Stages 1-3.

Trainees must also complete an M&M presentation, Formal Teaching Presentation and a Guideline/ Protocol Review or Audit at any time during Training Stages 3-4. These must be completed in Australian/ Aotearoa New Zealand accredited placements.

Additional training requirements

TS1	TS2	TS3	TS4
Procedural Requirement (Core DOPS)			
Research requirement			
Paediatric Emergency Requirement			
M&M presentation Formal Teaching Presentation Guideline/Protocol Review or Audit			

Procedural Requirement

Trainees must complete twelve Core DOPS throughout the course of their training. These must be signed off by the Assessor(s) as having been satisfactorily performed by the trainee independently and without supervisor intervention. Trainees may repeat each DOPS until this standard is achieved. DEMENTs monitor a trainee's performance and progress towards completing the Procedural Requirement.

The following DOPS must be completed during placements in Australia or Aotearoa New Zealand, on adult or paediatric patients as specified. While most of the DOPS must be completed in ED, some may also be completed in non-ED placements. A trainee's completion of DOPS is regularly monitored to help ensure they have adequate access to the required procedures.

The twelve Core DOPS procedures

Procedure	Performed on	Assessed in
Advanced airway	Adult	ED
Procedural sedation	Adult	ED
Regional anaesthesia ¹	Adult or paediatric	ED
Emergent fracture reduction ²	Adult or paediatric	ED
Reduction of dislocated major joint ³	Adult or paediatric	ED
DC cardioversion	Adult or paediatric	ED
Ultrasound ⁴	Adult or paediatric	ED
Corneal foreign body removal or nasal passage packing	Adult or paediatric	ED
Tube thoracostomy	Adult or paediatric	ED or Critical Care or Trauma SSP
Lumbar puncture	Adult or paediatric	ED or Critical Care
Central venous access	Adult or paediatric	ED or Critical Care or Trauma SSP
Arterial line insertion	Adult or paediatric	ED or Critical Care or Trauma SSP

¹ Excluding haematoma block and digital nerve block

² Wrist, ankle

³ Shoulder, elbow, hip

⁴ eFAST, AAA, Lung, FELS

Paediatric Emergency Requirement

The Paediatric Emergency Requirement (PER) is designed to facilitate learning and assessment, and to increase exposure to an appropriate breadth and acuity of paediatric emergency presentations. Trainees need to plan their training to ensure adequate access to paediatric emergency cases.

The PER comprises eight PER-WBAs and a Paediatric Emergency Portfolio (PEP). The PER may be started in Training Stage 1 and must be completed by the end of Training Stage 3. The PER-WBA and PEP requirements are detailed below. All components of the PER must be undertaken in paediatric EDs accredited for Specialist Paediatric Emergency Medicine training and/or mixed EDs accredited by ACEM for the PER.

Paediatric Emergency WBAs

Trainees must complete all eight PER-WBAs by the end of TS3 to satisfy the Paediatric Emergency Requirement. These WBAs must be completed in addition to those listed on page 7 and must meet specific requirements as shown below. A maximum of one PER Mini-CEX and two PER DOPS may be completed in Training Stage 1.

WBA	Requirement
3 x Mini-CEX	<ul style="list-style-type: none">• A discharge communication for a common diagnosis, with a minimum of low complexity• A focussed assessment of a verbal patient aged two to twelve years, with unclear diagnosis, with a minimum of medium complexity• Focussed assessment of a non-verbal patient aged less than two years, with unclear diagnosis, with a minimum of medium complexity
3 x CbD	<ul style="list-style-type: none">• At least one patient between two and twelve years of age• At least one patient less than two years of age• At least one medium complexity• At least one high complexity
2 x DOPS	<ul style="list-style-type: none">• A specimen collection for lab analysis, for a patient of five years or less of age for any of the following: peripheral intravenous cannula insertion, suprapubic catheter aspiration, in-dwelling urinary catheter aspiration, lumbar puncture• Procedural sedation, for paediatric patient of five years or less of age

Paediatric Emergency Portfolio (PEP)

The PEP provides a mechanism for recording training experiences, encouraging trainees to monitor, reflect on, and direct their own learning and training appropriately. DEMTs monitor and comment on the trainee's experience and performance at same time as the ITA is completed, and ensure they are meeting the requirements for the applicable Training Stage.

The portfolio is designed with variable training situations in mind (e.g., mixed vs Paediatric EDs) and can be transferred between sites. The PEP is also used to facilitate discussion, as part of the ITA feedback process, while keeping ACEM up -to-date on each trainee's experience and exposure to the paediatric cases provided by training sites.

By the end of Training Stage 3, trainees must have recorded a minimum of 400 paediatric cases that meet the following minimums:

- 200 cases related to the management of children less than five years of age,
- 200 cases of ages five to fifteen years,
- 50 cases classified as triage category 1 or 2, of which at least 25 must be less than five years of age; and
- 150 cases classified as triage category 1, 2 or 3.

For paediatric cases to be included in the portfolio, trainees must have provided substantive care to the patient from the outset, including taking a history, performing a physical examination and participation in management and disposition decisions. This must be documented in the patient's clinical record by the trainee.

Research requirement

The Research Requirement aims to ensure that trainees have developed the necessary skills to be able to critically appraise and apply the best evidence and academic knowledge to their practice of emergency medicine.

The Research Requirement may be completed at any time during Training Stages 1 to 3.

Online modules

Training Stages 1-3 have online module requirements that must be completed before progression to the next stage of training. At present, there are no online modules for completion in Training Stage 4.

Training Stage 1	Training Stage 2	Training Stage 3	Training Stage 4
<ul style="list-style-type: none">• Indigenous Health & Cultural Competence• Assessing Cultural Competence• Critical Care Airway Management• ACEM Core Values	<ul style="list-style-type: none">• Clinical Supervision• Giving Feedback• Ultrasound¹	<ul style="list-style-type: none">• Clinical Leadership	<ul style="list-style-type: none">• No requirement

¹Physics, E-FAST, AAA, Procedural guidance, Lung, FELS and Governance.



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