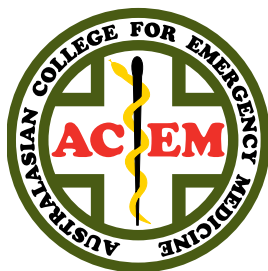


Reaccreditation Submission to the Australian Medical Council and the Medical Council of New Zealand

Supplementary Submission

November 2017



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Glossary of terms

ACEM	Australasian College for Emergency Medicine
AGM	Annual General Meeting
AMC	Australian Medical Council
CAPP	Council of Advocacy, Practice and Partnerships
CICM	College of Intensive Care Medicine
COE	Council of Education
CPD	Continuing Professional Development
CT	Credit Transfer
DEMT	Director of Emergency Medicine Training
EAG	Expert Advisory Group
ED	Emergency Department
EM	Emergency Medicine
FACEM	Fellow of the Australasian College for Emergency Medicine
FIFO	Fly-in Fly-out
FTE	Full Time Equivalent
HETI	Health Education & Training Institute
ICU	Intensive Care Unit
IRTP	Integrated Rural Training Pipeline
ITA	In-training Assessment
LNA	Learning Needs Analysis
MCNZ	Medical Council of New Zealand
OSCE	Objective Structured Clinical Examination
PEM	Paediatric Emergency Medicine
RACP	Royal Australasian College of Physicians
RPL	Recognition of Prior Learning
STP	Specialist Training Program
WBA	Workplace-based Assessment(s)

College details

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Introduction

The Fellowship Training Program and the Continuing Professional Development (CPD) Program of the Australasian College for Emergency Medicine (ACEM; the College) are accredited by the *Australian Medical Council* (AMC) and the *Medical Council of New Zealand* (MCNZ) until 31 March 2018.

The College presented its submission to facilitate a further period of accreditation in June 2017. Meetings were conducted in late September 2017 of the Assessment Team appointed by the AMC to conduct the assessment of the College against the accreditation standards, and members of the team with representatives of the College. These meetings resulted in correspondence from the AMC to the College, requesting additional information in relation to some aspects of the Reaccreditation Submission, along with an outline of specific issues relating to each accreditation standard to be explored in further detail during the assessment visit to be conducted alongside the College's Annual Scientific Meeting to be held in Sydney, November 19 – 23.

This Supplementary Submission provides responses to the additional information requested by the Assessment Team.

1. The context of training and education

Additional Information Requested and College Response(s)

- 1.1 The Expert Advisory Group on Discrimination in relation to the College's examinations is due to submit its final report to the ACEM Board in October 2017. The ACEM Board will consider the report at its 9 October meeting. Please provide a copy of the report and the Board's response to the report.

As indicated, the final report was considered by the Board at its meeting of 9 October 2017. The Board accepted the report and has undertaken to develop an Action Plan to address the recommendations contained in the Report by February 2018.

The report, along with two supporting documents from Professor Lambert Schuwirth and Professor Elizabeth Farmer that informed the work of the *Expert Advisory Group* (EAG) were released via the College [website](#) on 11 October 2017. These documents, along with the communication from the College President to trainees and the College membership in regard to the work of the EAG and the Final Report were provided to the AMC on 13 October 2017.

- 1.2 All individuals involved in College activities were asked to return an updated Declaration of Conflict of Interest to ensure ongoing participation in College activities by 23 June 2017 (College submission p. 26). Please provide details regarding progress in this area.

This work is complete, with all necessary documents having been returned, save for one individual who failed to complete and return the necessary documents and who was removed from their role with the College. The process will be conducted as necessary with individuals who are newly appointed to entities that fall under the auspices of the *Council of Education* (COE) as a result of the COE entities 'spill' that is currently in process, as well as individuals who are newly appointed to the *Council of Advocacy, Practice and Partnerships* (CAPP) from the College *Annual General Meeting* (AGM) to be held on 19 November 2017.

- 1.3 In relation to the College's Reconsideration, Review and Appeal Policy, please clarify whether the appellant has the right to challenge the membership of the Appeals Committee.

In accordance with the principles of procedural fairness/natural justice, appellants have the right to challenge membership of a College Appeals Committee. It is anticipated that some refinements to the *Reconsideration, Review and Appeals Policy* will be made in early 2018 as part of ongoing monitoring of this document and actions arising from the EAG process, and clarification of this in the policy would be a straightforward inclusion.

2. The outcomes of specialist training and education

Additional Information Requested and College Response(s)

No additional information requested.

3. The specialist medical training and education framework

Additional Information Requested and College Response(s)

3.1 Please provide further information on how the curriculum addresses accreditation standard 3.2.3, 3.2.4 and 3.2.6.

The ACEM Curriculum Framework and its structure is described in the College's Reaccreditation Submission, most significantly in relation to Standards 2 and 3. Of note in regard to this item is the structure of the Framework according to eight *Domains* of practice, along with *Outcomes* corresponding to the identified phases and stages of the FACEM Training Program.

As previously advised, work is currently underway in regard to a review of the ACEM Curriculum Framework, as well as the FACEM Training Program to ensure that the requisite outcomes associated with the Framework remain relevant to contemporary practice and societal requirements, as well as ensuring that the training program is able to meet the expectations articulated in the curriculum framework, in as practicable and effective a manner as possible.

In particular, there is a desire to ensure that trainees are able to be assessed as possessing the outcomes associated with each phase/stage of training according to the curriculum framework and its domains before being able to move to the next phase/stage of training. This is a major focus in respect of the review of the training program, and progress has already been made in this regard through completion of the work of the ITA Review Working Party and the resultant redesign of *In-Training Assessment (ITA)* forms to more appropriately focus on the achievement of outcomes by trainees for their stage of training than was previously the case.

Thus, these assessments will now be more firmly 'anchored' to outcomes associated with all domains of the FACEM Training Program at all phases/stages of the program. The requirements articulated in accreditation standards 3.2.3, 3.2.4 and 3.2.6 are all covered through the ACEM Curriculum Framework, specifically through the domains of *Medical Expertise, Prioritisation and Decision Making, Teamwork and Collaboration, Communication* and *Health Advocacy*.

All of these domains possess outcomes that proceed from low to high complexity as the trainee progresses through the training program, with associated assessments also increasing in complexity at defined stages according to the assessment program and blueprinting described in the Reaccreditation Submission.

Expectations of trainees in relation to specific procedural skills, investigations and awareness of 'modifiers' are outlined separately in the ACEM Curriculum Framework (pp. 68 – 85 of the current Framework document).

Patient centred care is clearly explained in the *Health Advocacy* domain of the framework (examples include the vulnerable patient (including paediatric patients) and end-of-life care). The well-being of communities and populations is also addressed through the domains of *Health Advocacy* (re public health), *Medical Expertise* (re regular clinical work), and *Professionalism* (re knowledge of the standard of ethical practice, behaviour and adherence to the professions' regulatory requirements).

Effectiveness and efficiency of the health care system is defined through the *Leadership and Management* domain, with all topics of that domain specifically addressing all relevant areas.

3.2 Does the joint training program in Paediatric Emergency Medicine provided in conjunction with the RACP use the ACEM Curriculum Framework?

Trainees who have their 'parent' college as ACEM are required to follow the ACEM Curriculum Framework and demonstrate the associated outcomes to complete Stage 1 of *Paediatric Emergency Medicine (PEM)* training. Stage 2 of PEM training requires an extra 12 months of general paediatrics training in units accredited by the *Royal Australasian College of Physicians (RACP)*. This was designed at the time to ensure trainees have acquired a minimum level of experience so that they can perform paediatric emergency medicine in short stay wards, which are located within paediatric emergency departments. This training is not required for general emergency medicine and, as such, is not stated in the ACEM Curriculum Framework.

For clarity, ACEM trainees who complete Stage 2 of the Joint Training Program in PEM will have met all the requirements of the FACEM Training Program and the associated outcomes as per the ACEM Curriculum Framework; the 12 months of general paediatrics training undertaken during Stage 2 is in addition to the requirements of the FACEM Training Program.

Stage 3 training is then conducted under the jurisdiction and requirements of RACP. Similarly, trainees with RACP as their parent college use the RACP Curriculum; however, should the trainee wish to progress to Stage 3 of PEM training, they must demonstrate the outcomes of the ACEM Curriculum Framework.

3.3 For the recognition of prior learning applications in 2016 (College submission p. 81, table 3.1.1), please provide a summary of the reasons why an application was not granted and why some were awarded in part and not in full.

Trainees typically submit a single application for *Recognition of Prior Learning* (RPL) and *Credit Transfer* (CT) upon entering the FACEM Training Program. Frequently, these applications seek RPL and/or CT for a number of different components. As such, an application granted ‘in part’ might relate, for example, to an application for credit for six (6) *Full Time Equivalent* (FTE) months ‘core’ emergency medicine Provisional Training, the critical care requirement and six (6) FTE months non-*Emergency Department* (ED) training, with only the six FTE months ‘core’ emergency medicine and non-ED training being recognised. It may also arise where a trainee seeks credit for a period greater than that permitted under the Policy on Recognition of Prior Learning and Credit Transfer or some combination thereof.

The decisions for 2016 RPL/CT applications would have been made under v2-1 of the Policy on Recognition of Prior Learning and Credit Transfer, with the policy updated to v3 in December 2016. The policy in operation during 2016 is provided as **Appendix S3.3.1**.

The reasons for granting *partial* credit for 2016 applications are summarised as follows:

- The applicant was registered to start FACEM training part way through the placement for which they were seeking credit.
- The applicant’s placement was greater than the maximum six months credit that could be granted for Provisional Training under the policy.
- The applicant’s overseas training was considered in line with the overseas placement limits outlined in the relevant regulation (Regulation B2.1.6.4) and the amount requested was greater than the maximum amount that could be granted.
- The applicant’s request to be credited for a specific training component (e.g. critical care) was deemed to not meet the requirements of that component and credit for a different training component (e.g. Non-ED or Discretionary training) was awarded.

Table S3.3.1 (below) outlines the reasons 2016 applications were *not* granted.

Table S3.3.1 Reasons for non-granting of RPL/CT, 2016

Applicant	RPL/CT requested	Reason denied
A	2 months <i>Intensive Care Unit</i> (ICU)	Dates fell within 24 months basic training, not at the equivalent level of training.
B	2 months General Surgery	Dates fell within 24 months basic training, not at the equivalent level of training.
C	3 months ICU	Site not accredited for <i>College of Intensive Care Medicine</i> (CICM) training.
D	12 months ED	Credit Transfer Policy v2-1 in section 3.1(b) advises that “ <i>the training must have been undertaken in an approved non-ED discipline and meet the same eligibility requirements as for non-ED training undertaken after registration as a trainee</i> ”.
E	27 months ED	Credit Transfer Policy v2-1 in section 3.1(b) advises that “ <i>the training must have been undertaken in an approved non-ED discipline and meet the same eligibility requirements as for non-ED training undertaken after registration as a trainee</i> ”.

3.4 Please provide commentary on how the College addresses the New Zealand Curriculum Framework for Prevocational Medical Training in relation to accreditation standard 3.3.1.

The College is aware of this document, which was first published in 2016. A preliminary inspection indicates that the document correlates with outcomes at the level just prior to, and within, the Provisional Training stage of the FACEM Training Program outcomes. It is acknowledged that there is further mapping of this document to the ACEM Curriculum Framework required, which will be undertaken as part of the review of the ACEM Curriculum Framework that is currently in progress.

4. Teaching and learning

Additional Information Requested and College Response(s)

No additional information requested.

5. Assessment of learning

Additional Information Requested and College Response(s)

5.1 Do DEMTs have access to trainee examination feedback or do they rely on the individual trainee to provide it to them (College submission p. 111)?

The information in question is provided to individual trainees who are encouraged to discuss this with their *Director of Emergency Medicine Training* (DEMT). It is provided also to Regional Censors and Deputy Censors in relation to trainees in their region. An example of the most recent iteration of feedback provided to trainees for the Fellowship Written and Clinical Examinations is provided as **Appendix S5.1.1** and **S5.1.2**, respectively. These documents demonstrate the progress that has been made in recent times in relation to the feedback provided to FACEM trainees.

5.2 Please clarify if the learning needs analysis (LNA) is mandatory only for trainees undergoing remediation.

The *Learning Needs Analysis* (LNA) is mandatory only for trainees undergoing remediation, however, is highly encouraged for other trainees. The LNA and its use will be reviewed along with the ITAs, WBAs and other training documentation as part of the FACEM Training Program Review.

6. Monitoring and evaluation

Additional Information Requested and College Response(s)

6.1 What process is followed by the College if a trainee fails to complete a placement survey? Is there a significant consequence for the trainee and his/her training?

Recognising the importance for all involved to be able to meet their responsibilities in ensuring appropriate monitoring and evaluation of trainee placements is able to be undertaken, this matter was discussed specifically at the meeting of COE held on 25 October 2017. In order to inform these deliberations, the matter had also been considered by the Trainee Committee at their meeting held on 18 October 2017.

In summary, all involved appreciated the need to effectively monitor the operation of the FACEM Training Program, particularly in regard to individual sites, and to be able to do so in a manner that ensures adequate information is available to accomplish this. It was universally accepted that, notwithstanding the moral responsibility of the College to ensure this occurs as a routine part of its activities, the process is intended to facilitate all training sites providing effective training and education in a supportive and safe environment. That is, the primary beneficiaries of the information obtained are the trainees who are being asked to contribute to that process.

In the context of available mechanisms to ensure that adequate information is received, the feasibility of some approaches, and having regard to feedback from the Trainee Committee received both prior to and at the meeting, COE determined that non-completion of the placement survey is to be addressed through the provisions of Regulation B2.7.1.1(d). That is, following written notification from the College on three (3) separate occasions of the requirement and the date by which the survey must be completed, a trainee will be considered for removal from the FACEM Training Program. The necessary regulation, addressing the compulsory nature of the survey, was subsequently considered out of session by the ACEM Board and endorsed.

7. Trainees

Additional Information Requested and College Response(s)

7.1 Please provide some de-identified examples of how the College has dealt with and resolved individual training problems and disputes.

The range of mechanisms and associated policies by which 'individual training problems and disputes' are 'dealt with and resolved' is described in the College's Reaccreditation Submission. Notwithstanding the processes available, the main mechanism through which such matters are progressed and resolved is through the *Reconsideration, Review and Appeals Policy*. Examples of applications for reconsideration and their associated outcomes under the College *Reconsideration, Review and Appeals Policy* are provided as **Appendix S7.1**, with de-identified Review Panel decision documents provided as **Appendix S7.2**. The range of examples provided is intended to demonstrate the range of training and assessment matters considered, including those relating to individuals on the FACEM Training Program, SIMG assessment and FACEM training site accreditation.

In addition to matters progressed under the *Reconsideration, Review and Appeals Policy*, the College seeks to resolve other matters as they arise. One such example being the decision of the ACEM Board to establish the EAG on Discrimination following receipt of an anonymous submission in February 2017 alleging racial discrimination in the 2016.2 Fellowship Clinical Examination (OSCE) that was held in November 2016. The College's *Exceptional Circumstances and Special Consideration Policy* is also of note in regard to matters that trainees are aware of prior to the conduct and/or outcome of assessments, and the Trainee Advocate and other College staff and members do endeavour to resolve matters at a local level as they arise, as well as more formally through other avenues, such as the Complaints Policy, where necessary.

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

8.1 Supervisory and educational roles

Additional Information Requested and College Response(s)

No additional information requested.

8.2 Training sites and posts

Additional Information Requested and College Response(s)

8.2.1 Please provide information on how many training sites are involved in training networks.

The number of training sites formally recognised as being in network arrangements is described in Table S8.2.1 below.

Table S8.2.1 Number of FACEM training sites recognised as being network arrangements by jurisdiction

Jurisdiction	n (networks)	n (sites)
New South Wales	3	6
Queensland	1	2
Victoria	5	12
Total	9	20

The College is aware that this number may rise in 2018 due to arrangements under the *Specialist Training Program* (STP) and the *Integrated Rural Training Pipeline* (IRTP). Also, discussions between the College and jurisdictions may result in changes to the number of sites recognised as being involved in formal network arrangements. For example, the College is working closely with New South Wales Health in regard to training arrangements in that jurisdiction, with one focus being a strengthening of the hospital network arrangements in that jurisdiction with respect to training in emergency medicine.

This collaborative work will focus also on developing a process whereby the College and the jurisdiction can collaborate to ensure that selection into emergency medicine training and employment in the jurisdictions can be managed efficiently and effectively, as well as the role of the College's Certificate and Diploma training programs in the programs for hospital generalists conducted by the *Health Education and Training Institute* (HETI) in New South Wales.

9. Continuing professional development, further training and remediation

Additional Information Requested and College Response(s)

9.1 Table 9.1.4 in the College submission (p. 203) reports that fellows in New Zealand are both 98.8% compliant and non-compliant with CPD which is assumed to be a typo. Please provide the correct non-compliant data.

The non-compliant data for New Zealand Fellows contained in Table 9.1.4 in the Reaccreditation Submission is confirmed as a typographical error. The correct data is confirmed as n=3; %=1.2.

Similarly, inspection of the hard-copy version of the Reaccreditation Submission has revealed that the data entered in Table 9.1.4 for 'Non-Compliant' Fellows of the Australasian College for Emergency Medicine (FACEMs) in 'Other' jurisdictions should be n=2; %=3.2. This leads to a 'Total' non-compliance of n=11; %=0.5.

For clarity, a revised version of Table 9.1.4 that reflects these revisions is provided as **Appendix S9.1.1**. The online version of the Reaccreditation Submission has been updated accordingly.

9.2 Provide a de-identified example (if available) of how the College has responded to a request for retraining that does not involve re-entry after a period of absence.

The College has not received any requests by members for retraining that does not involve re-entry to practice after a period of absence.

The College has received only one request for assistance from a FACEM when attempting to return to practice after an absence of >1 year but <3 years. The individual concerned was supported with:

- Advice from the CPD Manager regarding his CPD obligations and requirements
- CPD Chair assessment of core *Emergency Medicine* (EM) procedural skills in a hospital simulation centre
- Connections with local faculties (FACEM is *fly-in fly-out* (FIFO) between Queensland and Victoria) and Censors
- Face-to-face training on how to record and submit CPD activities and evidence online.

9.3 Provide a copy of the policy and procedure for how the College responds to requests for remediation.

A copy of the *Policy for Managing Remediation and the Poorly Performing Practitioner* is provided as **Appendix S9.3.1**.

9.4 Please provide de-identified examples (if available) of how the College has dealt with individual case for remediation in Australia and New Zealand.

Further to information contained in the College's reaccreditation Submission (p. 208), the College advises it has no records of any applications to manage remediation from members in either Australia or New Zealand.

10. Assessment of specialist international medical graduates

Additional Information Requested and College Response(s)

No additional information requested.



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