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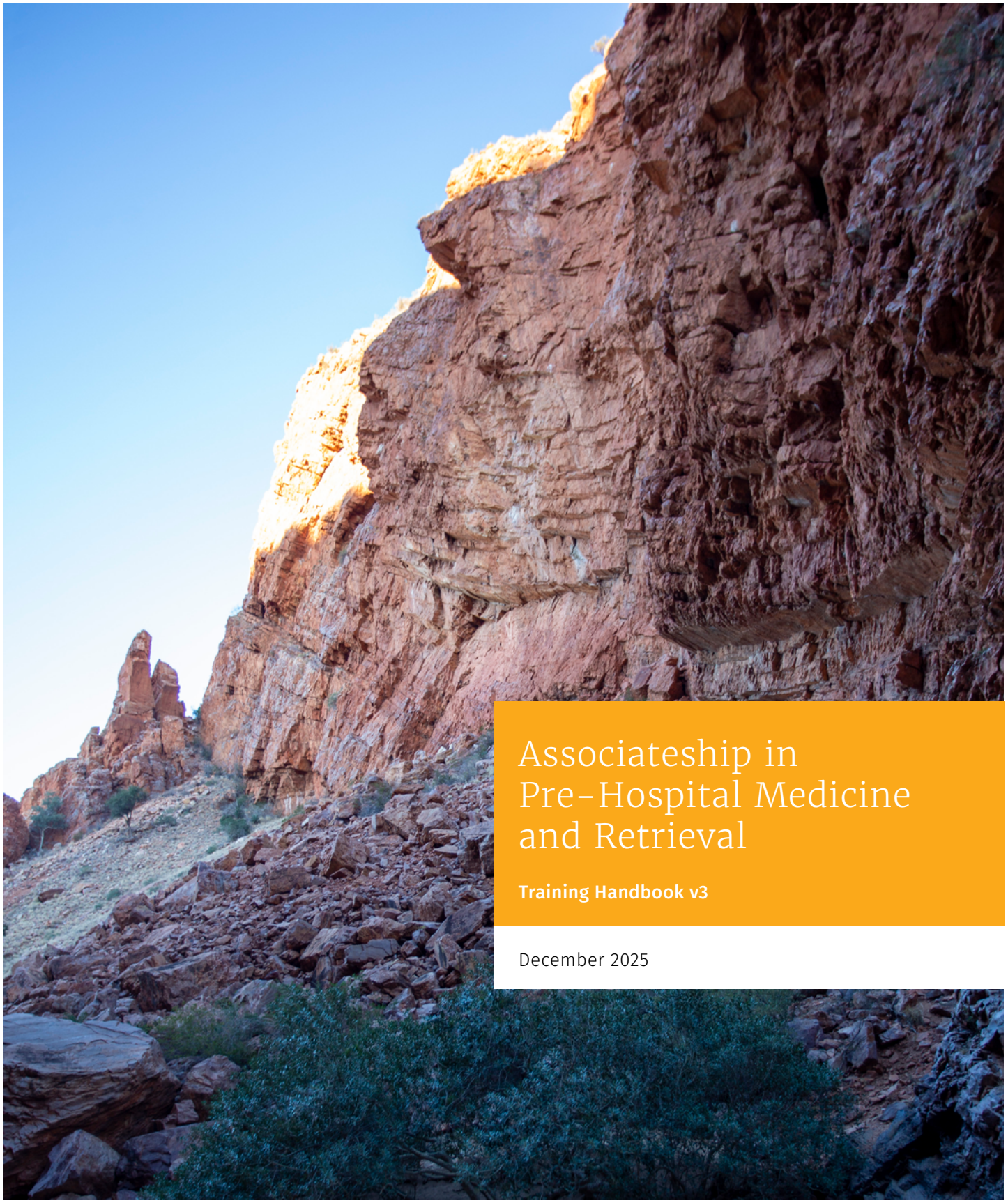

Associateship in Pre-Hospital Medicine and Retrieval

Training Handbook v3

December 2025

Document Review

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v2	July-2023	Program Overview, Examinations, and General Updates
v2.1	June-2025	Amendments throughout to reflect changes to training program titles and membership categories - Diploma to Associateship, DipPHRM to PHRMTP
v3	Dec-2025	Amendments to reflect changes to examination format. Minor changes throughout.

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Terminology

The following terms and their corresponding meaning are applicable throughout this handbook.

Accreditation

The process by which sites in Australia and New Zealand are accredited by the CCPHRM to deliver Pre-hospital and Retrieval Medicine Training Program (PHRMTP).

Accredited

Used in relation to training sites in Australia and New Zealand that have successfully completed and maintained Conjoint Committee of PHRM (CCPHRM) Accreditation.

ACEM Board

The governing body of the CCPHRM; the members of which are the company directors. The Board has delegated some of its decision-making authority to the CCPHRM.

PHRMTP Curriculum

The PHRMTP Curriculum describes the level of performance expected of PHRMTP trainees at each of the training areas mapped across the Eight Domains of the framework.

PHRMTP Training Supervisor

The PHRMTP Training Supervisor plays an important educational role within the CCPHRM. This Supervisor provides support to trainees within their site in relation to the requirements and the delivery of the PHRMTP, as well as supervising and assessing all PHRMTP trainees

Domains

The areas of professional competence established and set out in the PHRMTP Curriculum Framework. Specifically: Medical Expertise; Prioritisation and Decision Making; Communication; Teamwork and Collaboration; Leadership and Management; Health Advocacy; Scholarship and Teaching; and Professionalism.

Full-Time Equivalent

Full-time Equivalent (1.0 FTE) is determined by reference to the hours and conditions applicable in the relevant jurisdiction; '0.5 FTE' refers to half those full-time hours.

Acronyms

PHRM	Pre-Hospital and Retrieval Medicine
ACEM	Australasian College for Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
ANZCA	Australian and New Zealand College of Anaesthetists
CICM	College of Intensive Care Medicine
RACGP	Royal Australian College of General Practitioners
CCPHRM	Conjoint Committee of Pre-hospital and Retrieval Medicine
PHRMTP	Associateship in PHRM Training Program
FTE	Full Time Equivalent
CPD	Continuing Professional Development
AHPRA	Australian Health Practitioner Regulation Agency
MCNZ	Medical Council of New Zealand
MBA	Medical Board of Australia

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1. Introduction

The Associateship in PHRM Training Program (PHRMTP) is a training program for medical practitioners wishing to complete a structured training program in the field of PHRM.

1.1 Purpose of the Handbook

The PHRMTP Trainee Handbook is intended to provide necessary information relating to both the background and administrative aspects of the PHRMTP.

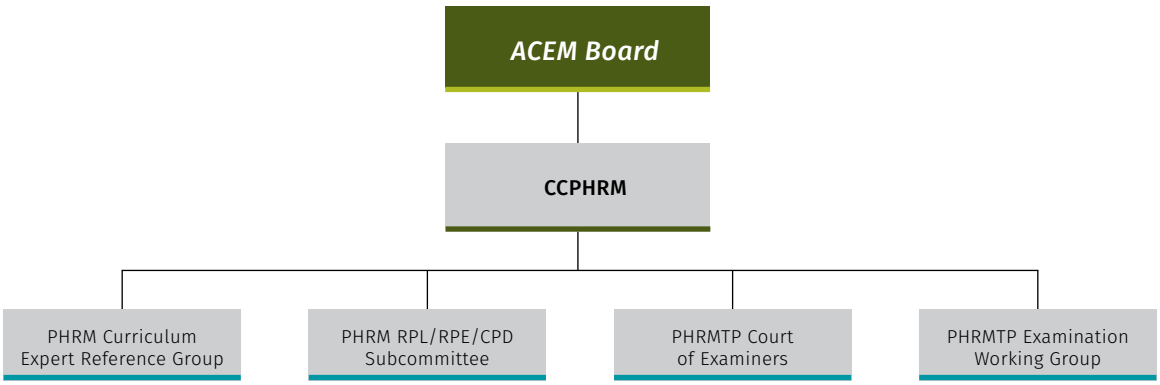
PHRMTP Trainees should always refer to PHRM Training Program Regulation F for the most up to date information in relation to the Training Program.

1.2 The Conjoint Committee of Pre-Hospital and Retrieval Medicine (CCPHRM)

Established in 2019, with representation from the Australasian College for Emergency Medicine (ACEM), the Australian College of Rural and Remote Medicine (ACRRM), the Australian and New Zealand College of Anaesthetists (ANZCA), the College of Intensive Care Medicine (CICM) and the Royal Australian College of General Practitioners (RACGP), the CCPHRM is the entity responsible for the implementation and ongoing administration of the PHRMTP. This implementation follows years of work by the ACEM PHRM Working Group.

The CCPHRM is the governing body of the PHRMTP and has been delegated responsibility for all facets of the PHRMTP by the ACEM Board. This includes the requirements of the Training Program, accreditation of PHRMTP training sites, and relevant continuing professional development requirements. In addition to the CCPHRM, there are groups responsible for administering the PHRMTP examination, the PHRMTP training site accreditation process, and specific Expert Reference Groups (ERGs). These groups consist of representatives from all CCPHRM colleges.

Figure 1: PHRMTP Governance Structure



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2. PHRMTP Subcommittees, Expert Reference Groups and Working Groups

2.1 PHRM Curriculum Expert Reference Group

The PHRM Curriculum Expert Reference Group is responsible for the maintenance and any subsequent review and evaluation of the PHRM Curriculum and training program, including, but not limited to:

- educational objectives;
- syllabus, including knowledge and areas of competency;
- mode of delivery; and
- methods of assessing competency.

2.2 PHRMTP Accreditation Subcommittee

The PHRMTP Accreditation Subcommittee's primary responsibility is to review and consider applications from PHRM services for accreditation as a PHRMTP training site for the purposes of the PHRM training program, ongoing accreditation status of these sites, and applications for reaccreditation.

2.3 PHRMTP RPL/RPE/CPD Subcommittee

The Recognition of Prior Learning (RPL)/Recognition of Prior Experience (RPE)/Continuing Professional Development (CPD) Subcommittee is responsible for the development and ongoing administration of Continuing Professional Development (CPD) and recertification requirements to maintain the currency of the PHRMTP qualification, pursuant to relevant requirements of the participating Colleges and relevant regulatory bodies.

This Expert Reference Group is also responsible for the development of policies and processes relating to Recognition of Prior Learning (RPL) and Recognition of Prior Experience (RPE).

2.4 PHRMTP Court of Examiners

The PHRMTP Court of Examiners consists of Fellows of CCPHRM-Colleges who mark, and standard-set the PHRMTP Written Examination.

2.5 PHRMTP Examination Question Working Groups

The primary role of the PHRMTP Examination Question Working Groups is to generate and review short answer questions and multiple-choice questions for the PHRMTP Written Examination.

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3. PHRM training program

3.1 PHRM training program Overview

The PHRMTP is a structured, postgraduate program which leads to the Associateship in PHRM. The PHRMTP is aimed at those appropriately experienced doctors, who wish to work within PHRM services and actively participate in missions.

The PHRMTP requires satisfactory completion of a 6-month 1.0FTE placement (or part-time equivalent) at a CCPHRM-accredited PHRM site. In addition to the placement, the PHRMTP also includes formal structured assessments and examinations throughout the course of training and other requirements prescribed by the CCPHRM as detailed in figure 2.

Figure 2. The PHRMTP training program Overview

Placement Duration	6-months FTE
Assessment Requirements	Training Supervisor Reports every three calendar months 4 Multi-source Feedback
	2 Mission Assessments 4 Direct Observation of Technical Skills 3 Direct Observation of Procedural Skills 3 Case-based Discussions Task Logbook
Examination	Written Examination Practical Examination

The PHRMTP is underpinned by the PHRMTP Curriculum, which details the knowledge, skills and attributes required to obtain the Associateship in Pre-Hospital and Retrieval Medicine.

Training must be undertaken in sites that have been accredited and approved by the CCPHRM to provide the full PHRMTP or components of training. PHRM sites must be prospectively accredited by the CCPHRM to offer the PHRMTP. Some sites may only be able to provide components of the training program, such as pre-hospital or retrieval, or a site may be exclusively road-based. In these cases, trainees are required to complete an additional placement at another CCPHRM-accredited site to ensure all components of the PHRMTP are completed.

A list of accredited training sites is available on the PHRMTP section of the ACEM website.

Successful completion of the training program awards the Associateship in Pre-Hospital and Retrieval Medicine post-nominals. The Associateship in Pre-Hospital and Retrieval Medicine is re-certifiable. PHRM Associateship holders do not have mandated PHRM-specific CPD requirements. However, they are encouraged to actively participate in CPD activities relevant to PHRM to remain current in their knowledge and practice.

The requirements of the training program are set out in ACEM Regulation F – Associateship in Pre-Hospital and Retrieval Medicine Training Program . Regulations are updated from time to time and PHRMTP trainees should ensure they consult the most up-to-date version, available on the ACEM website.

Completion of the PHRMTP does not result in a specialist qualification and is not recognised by the MBA or the MCNZ for the purposes of attaining specialist registration.

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3.2 PHRMTP Curriculum

The PHRMTP is underpinned by the PHRMTP Curriculum, which outlines the knowledge, skills and attributes required by the end of PHRMTP training in the following eight domains:

- Medical Expertise
- Communication
- Health Advocacy
- Leadership and Management
- Prioritisation and Decision Making
- Professionalism
- Scholarship and Teaching; and
- Teamwork and Collaboration

The PHRMTP curriculum emphasises that competency is achieved through an incremental process of learning and development in the domains. Training Supervisors, consultants, paramedics, nurses and other health professionals involved in the training of PHRMTP trainees, and the environments in which they work, are crucial to this process in guiding day-to-day learning. The PHRMTP Curriculum is available on the ACEM website.

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4. Eligibility to enrol in the PHRM training program

To be eligible to enrol as a trainee in the PHRMTP, medical practitioners must, at the time of application, hold appropriate medical registration with no suspension, condition, restriction or undertaking imposed, which limits their ability to complete the requirements of the PHRMTP.

It is recognised that, due to the nature of PHRM, the trainee will need to have a level of functional independence, and so will need to be suitably experienced and advanced in their specialist training or be a suitably experienced Fellow.

Medical practitioners must also

(a) provide evidence of a confirmed training position at a site accredited by the Conjoint Committee of Pre-Hospital and Retrieval Medicine (CCPHRM) for PHRMTP training; and

(b) meet at least one of the following:

  (i) be a Fellow of ACEM (FACEM) or enrolled in the ACEM specialist training program and have not more than 18 months of required training to complete in order to be eligible to attain FACEM;

  (ii) be a Fellow of ACRRM (FACRRM) or enrolled in the ACRRM specialist training program and have not more than 18 months of required training to complete in order to be eligible to attain FACRRM;

  (iii) be a Fellow of ANZCA (FANZCA) or enrolled in the ANZCA specialist training program and have not more than 18 months of required training to complete in order to be eligible to attain FANZCA; or

  (iv) be a Fellow of CICM (FCICM) or enrolled in the CICM specialist training program and have not more than 18 months of required training to complete in order to be eligible to attain FCICM; or

  (v) be a Fellow of RACGP (FRACGP) or enrolled in the Australian General Practice training program and have not more than 18 months of required training to complete in order to be eligible to attain FRACGP.

Overseas candidates will be considered on a case-by-case basis by the CCPHRM.

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5. Applying to enrol in the PHRM training program

Training towards the PHRMTP must be prospectively approved. To enrol in the PHRMTP, prospective trainees must complete and submit the online enrolment form and indicate that they will abide by the PHRMTP Trainee Agreement.

As part of the enrolment process, a prospective trainee must submit a letter from their training site which confirms the trainee's placement duration, their FTE and their nominated PHRMTP Training Supervisor.

Once ACEM staff have confirmed the eligibility of a prospective PHRMTP trainee, an invoice will be forwarded to the trainee for payment. A trainee will not be enrolled in the PHRMTP until payment of the PHRMTP enrolment fee is received.

Enrolment forms must be received by ACEM at least four weeks prior to the planned commencement of a PHRMTP training placement.

6. Recognition of Prior Learning

Recognition of Prior Learning (RPL) applies to prospective PHRMTP trainees who have previously undertaken PHRM training in a structured education program and wish to have this training recognised and credited towards the PHRMTP. Applications for RPL are considered by the CCPHRM. The Policy on Recognition of Prior Learning (PHRM748) sets out the principles and processes by which applications for RPL will be assessed.

Applications for RPL must be received prior to enrolment in the PHRMTP. Applicants should note that the training that forms the basis of the application must have been completed within the five-year period immediately prior to the date of application for RPL.

Under the RPL Policy, individuals may gain credit for components of the PHRMTP, such as training time or specific WbAs.

The Recognition of Prior Learning policy is available on the ACEM website.

7. Recognition of Prior Experience

Recognition of Prior Experience (RPE) applies to those medical practitioners who have been active in PHRM practice but who have not undertaken formal PHRM training in a structured education program in the five years preceding the application for RPE. Applications for RPE are considered the CCPHRM. The *Policy on Recognition of Prior Experience* (PHRM747) sets out the principles and processes by which applications for recognition of prior experience (RPE) will be assessed.

Applications for RPE must be received prior to enrolment in the PHRMTP. Applicants should note that the experience that forms the basis of the application must have been completed within the five-year period immediately prior to the date of application for RPE.

Individuals who are successful in their RPE applications will proceed directly to the PHRMTP Examination component of the PHRMTP.

The Recognition of Prior Experience policy is available on the ACEM website.

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8. Planning and managing your training

8.1 Timeframe for Completion

The maximum timeframe for the completion of all training and assessment requirements of the PHRMTP is three (3) years, irrespective of FTE.

8.2 Part-time Training

Trainees may undertake the PHRMTP on either a full-time or part-time basis. All trainees must advise their FTE at the time of enrolment.

For the purposes of the ACEM Fellowship training program, ACEM Trainees undertaking the PHRMTP as part of their non-ED training requirement may not undertake the PHRMTP at less than 0.5FTE. All other PHRMTP trainees may undertake the PHRMTP at 0.25FTE but must check with their College, prior to enrolling, that the FTE is suitable for inclusion in their Fellowship training.

Trainees may undertake the PHRMTP training across two (2) sites simultaneously. In these cases, trainees must have a CCPHRM Training Supervisor at each site with whom they are able to meet regularly (i.e., at least once per month) to discuss the trainee's progress and performance. The Training Supervisors must work together in supporting the trainee through their training.

8.3 Placements

Details of placements must be confirmed at the time of enrolment. Trainees are required to secure employment that will enable them to meet the training and assessment requirements of the PHRMTP at a site accredited for PHRMTP training by the CCPHRM. All PHRMTP placements must be approved prior to the commencement of training. Training may be undertaken in blocks of not less than three (3) FTE months.

8.4 PHRMTP Training Supervisors

Once enrolled in the PHRMTP, trainees are under the supervision of a Training Supervisor(s). Training Supervisors may be Fellows of ACEM, ACRRM, ANZCA, CICM, and/or RACGP who have been formally appointed to the role of Training Supervisor by the CCPHRM. Some sites may have more than one PHRMTP Training Supervisor.

A trainees and their Training Supervisor must meet at the commencement of PHRMTP training to discuss training expectations. Both the trainee and Training Supervisor must have a thorough understanding of the PHRMTP Curriculum, training program requirements, policies and regulations pertaining to the PHRMTP. Together, they should establish a plan at the commencement of training for the trainee to satisfy requirements during their time at that site. A Training Supervisor has online access to their trainees' PHRMTP record of training for the purpose of assisting with their progress in the PHRMTP.

8.5 Leave from Training

Full-time trainees are permitted up to three (3) weeks leave per six (6) FTE month training period. This leave is inclusive of all annual, personal, compassionate, study, conference, strike and carer's leave. All leave taken within a training placement must be recorded in the ACEM PHRM Associateship Training platform, for the applicable placement entry, prior to its start date. Periods of leave greater than this require the prospective approval of the CCPHRM. Any such leave request must be emailed to the Associateship training programs Team no less than two (2) weeks prior to the date of commencement of the proposed period of leave.

Trainees who undertake a temporary absence from medical practice (e.g. maternity or parental leave) may hold non-practicing registration with the MBA or the MCNZ as applicable for the duration of that absence.

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9. Training and assessment requirements

9.1 Training Time

PHRMTP training comprises satisfactory completion of six (6) months 1.0 FTE (or part-time equivalent) of prospectively approved PHRM training undertaken at a site(s) in Australia or Aotearoa New Zealand accredited for PHRMTP training by the CCPHRM.

9.2 Training Supervisor Report

A PHRMTP Training Supervisor is required to complete a Training Supervisor Report (TSR) on the trainee's performance every three (3) calendar months, irrespective of the trainee's FTE. TSRs are automatically generated in the ACEM PHRM Associateship Training platform with a notification to complete the TSR sent to both the Training Supervisor and the trainee.

9.3 Workplace-based Assessments

A number of Workplace-based Assessments (WbAs) must be completed as part of the PHRMTP. WbAs involve periods of observation of performance and/or discussion with a trainee in clinical practice. This is followed by structured feedback and a rating of the trainee's performance during the specified period. WbAs are conducted by the PHRMTP Training Supervisor or another suitable Assessor approved by the Training Supervisor. For a trainee to successfully complete a WbA, they must be marked 'at standard' (or above) for all criteria on the form. If a trainee does not meet the minimum level of 'at standard' criteria for a specific WbA, then the WbA will be considered unsuccessful, and a trainee will be required to complete an additional WbA.

An unsuccessful WbA occurs when the Assessor is unable to respond to at least 50% of the criteria on a WbA form and instead marks a criterion as 'Not Applicable' (NA).

All WbAs must be completed during a prospectively approved PHRMTP placement and submitted using the applicable WbA form via the ACEM PHRM Associateship Training platform.

Trainees can monitor their PHRMTP training progress via the ACEM PHRM Associateship Training platform at any time. The training dashboard will provide a clear overview of any outstanding requirements that a PHRMTP trainee must complete in order to be awarded the Associateship in PHRM.

An outline of all the WbAs in the PHRMTP is below.

9.3.1 Multi-source Feedback

Members of the PHRM team who have worked closely with the PHRMTP trainee are asked to provide feedback on the trainee's performance via a Multi-source Feedback (MsF) form. A trainee is required to have four (4) MsF forms completed throughout the duration of their placement. Trainees are encouraged to seek this feedback from their paramedic, nursing, aircrew and consultant colleagues. Whilst the MsFs are a standalone requirement, Training Supervisors will review this feedback and may use it to inform the completion of the TSR.

9.3.2 Case-based Discussion

A Case-based Discussion (CbD) involves a trainee using a PHRM Case-based Discussion template to undertake a guided case reflection and discuss this case with the Assessor. A CbD must be based on a case that the trainee has managed themselves, and, ideally, it has posed a novel learning opportunity or challenge. The discussion of the case should take approximately 20 minutes, with the provision of feedback to take about 10 minutes. Trainees are required to complete three (3) CbDs throughout their placement.

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9.3.3 Direct Observation of Procedural Skills

A Direct Observation of Procedural Skill (DOPS) assessment involves a trainee being directly observed by an Assessor whilst performing a procedure during a specific patient encounter or simulated scenario. The observation of the trainee performing the skill should take approximately 20 minutes, with the provision of feedback to take about 10 minutes.

A trainee must complete three (3) DOPS throughout the duration of their placement. The PHRM Emergency Anaesthetic procedure is **mandatory** for all trainees. Given the variation in cases trainees may encounter during their placement, trainees must complete, at a minimum, a further two (2) DOPS based on the procedures in list below.

Mandatory:

- Pre-hospital or Retrieval Emergency Anaesthesia

At a minimum, select a further two (2) different procedures from:

- Difficult ventilation strategy
- Intra-osseous access
- Management of patient on a transport balloon pump
- Central venous access
- Neonatal/Newborn resuscitation
- Front of neck access airway
- PHRM eFAST
- Resuscitative thoracotomy
- Pelvic trauma management
- Limb/extremity splinting
- Resuscitative Hysterotomy/Caesarean section
- Arterial access and monitoring
- Thoracostomy and/or chest drain insertion
- Lateral canthotomy
- Escharotomy
- Temporary cardiac pacing
- Retrieval amputation
- Major haemorrhage management
- Arterial Tourniquet use
- PPH management including use of uterine balloon tamponade
- Massive GI bleed including use of oesophageal balloon tamponade
- Junctional haemorrhage control
- Maxillofacial haemorrhage control
- Advanced airway techniques
- Alternative laryngoscopes,
- Upper airway topicalization
- Fibreoptic intubation

Trainees are strongly encouraged to complete their DOPS on a real patient. However, the CCPHRM recognises that this is not always possible and will accept DOPS performed in simulated scenarios.

9.3.4 Direct Observation of Technical Skills

A Direct Observation of Technical Skill (DOTS) assessment involves a trainee being directly observed by an assessor whilst performing a focused technical task during a specific patient encounter or simulated scenario. A DOTS must include observation of at least one technical component of the patient encounter or simulated scenario, but it may involve several components in the single encounter or scenario.

A trainee must complete four (4) DOTS throughout the duration of their placement. Both the *Transport Monitor/Defibrillator* and *Transport Ventilator* are **mandatory** for all trainees. Given the variation in cases trainees may encounter during their placement, trainees must complete, at a minimum, a further two (2) DOTS based on the technical skills from the list below.

Mandatory

- Transport Monitor/Defibrillator
- Transport Ventilator

At a minimum, select a further two (2) different technical skills from:

- Automatic chest compression device
- Infant T-piece resuscitator (i.e. NeoPuff)
- External Ventricular Drain for transport
- Transport Infusion pump /syringe driver
- Point of care blood testing device
- Portable suction
- Scoop stretcher
- Portable blood/fluid warming device
- Portable Ultrasound device
- Handheld/vehicle Radio
- Neonatal transfer cot
- Vacuum mattress

9.3.5 Mission Assessment

A Mission Assessment (MA) involves a trainee being directly observed by an assessor whilst undertaking a clinical mission. The observation is likely to take a minimum of 30 minutes but may be considerably longer, with the provision of feedback to take a minimum of 10 minutes. Trainees must complete two (2) MAs during their placement.

Trainees are strongly encouraged to complete their MAs on a real patient. However, the CCPHRM recognises that this is not always possible, and it will accept MAs performed in simulated scenarios.

9.3.6 Workplace-based Assessments Table

	Training Supervisor	Fellow Assessor	Paramedic	Nurse	Aircrew	Simulation accepted	Form Live for Assessor	Following Assessor feedback, Form Live for Trainee
Training Supervisor Report	•					NA	14 days	48 hours
MsF	•	•	•	•	•	NA	10 days	NA
MA	•	•				•	10 days	48 hours
DOTS	•	•	•	•		•	10 days	48 hours
DOPS	•	•				•	**10 days**	**48 hours**
CbD	•	•					10 days	48 hours

9.4 Task Logbook

All PHRMTP trainees are required to maintain a Task Logbook. Housed on the ACEM PHRM Associateship Training platform, the TASK Logbook enables trainees to maintain a record of the experience gained during their PHRM placement. It is used to ensure that trainees are gaining the requisite minimum clinical exposure to a range of cases, including:

Fully Accredited Sites	Pre-hospital Accredited Sites	Retrieval Accredited Sites
≥ 30 direct patient contact	≥ 30 direct patient contact	≥ 30 direct patient contact
≥ 20 aeromedical platform	≥ 20 aeromedical platform	≥ 20 aeromedical platform
≥ 10 Pre-hospital	≥ 10 Pre-hospital	NA
≥ 20 Retrieval	NA	≥ 20 Retrieval
≥ 20 Critical, High Acuity, Patients	≥ 20 Critical, High Acuity, Patients	≥ 20 Critical, High Acuity, Patients
≤ 10 stood down/rescue/clinical coordination	≤ 10 stood down/rescue/clinical coordination	≤ 10 stood down/rescue/clinical coordination
≤ 10 simulated scenarios	≤ 10 simulated scenarios	≤ 10 simulated scenarios

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10. Examinations

Trainees are required to pass two examinations as part of the PHRMTP: a written examination and a practical examination.

It is important for trainees to be aware that whilst the PHRMTP comprises a 6-month placement at a site accredited by the CCPHRM for PHRMTP training, trainees may not be able to complete the examinations within this timeframe. Examinations may need to be completed following the 6-month placement at the next available sitting.

10.1 PHRMTP Written Examination

The PHRMTP Written Examination consists of a 90-minute paper, comprising 80 single best answer multiple-choice questions (MCQs). This examination is designed to assess the trainee's knowledge, application of knowledge and understanding of the learning outcomes detailed in the PHRMTP Curriculum. To pass the Written Examination, candidates are required to obtain the passing score in the MCQ component of the Written Examination.

The PHRMTP Written Examination is delivered online via an examination platform. It is taken at the trainee's CCPHRM-accredited training site under the supervision of the Training Supervisor or other CCPHRM-approved examination invigilator.

10.1.1 Eligibility

Candidates for the PHRMTP Written Examination must:

(a) have commenced a PHRM placement at a site that has full PHRMTP training accreditation; or,

(b) if seeking to complete the PHRMTP through a combination of placements at sites accredited for the pre-hospital component of PHRMTP training and/or the retrieval component of PHRMTP training a full and/or full PHRMTP training accreditation, have completed one three (3) FTE month placement and commenced their remaining placement.

10.1.2 Applications

Applications to sit the examination must be received by the date and time specified by the CCPHRM for the examination in question.

10.1.3 Number of Attempts

PHRMTP trainees have a maximum of three attempts at the PHRMTP Written Examination. Trainees who are unsuccessful on their third attempt at the PHRMTP Written Examination will be considered for removal from the PHRMTP.

10.2 PHRMTP Practical Examination

The PHRMTP Objective Structured Practical Examination (OSPE) comprises sets of practical examination stations, with candidates moving through each of the stations in turn. Examination stations may include standardised patients, observation stations, clinical scenarios, communication scenarios and simulations of management of critically ill patients.

The PHRMTP OSPE is run once per year and will rotate between large PHRM Services within Australia and Aotearoa New Zealand.

10.2.1 Eligibility

Candidates for the PHRMTP Practical Examination must have successfully completed the PHRMTP Written Examination.

Candidates who are awaiting the results of their PHRMTP Written Examination may apply to sit the PHRMTP Practical Examination. The eligibility will be verified once the results of the PHRMTP Written Examination are published.

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10.2.2 Applications

Applications to sit the examination must be received by the date and time specified by the CCPHRM for the examination in question.

10.2.3 Number of Attempts

PHRMTP trainees have a maximum of three attempts at the PHRMTP OSPE. Trainees who are unsuccessful on their third attempt at the PHRMTP OSPE will be considered for removal from the PHRM training program.

11. Removal from the PHRM training program

Trainees who fail to meet the requirements of the PHRMTP within the specified timeframe (3 years), or who otherwise fail to comply with PHRMTP regulations, policies and procedures, may be removed from the training program.

Trainees will be considered for removal in the following circumstances.

- Failure to complete the program within the specified timeframe;
- Failure to maintain medical registration;
- Failure to comply with any regulations or policies relating to the PHRMTP training program in circumstances prescribed by the CCPHRM in the relevant regulations;
- The Written and/or Practical Examination are not passed within the maximum three attempts;
- Failure to notify ACEM of training placement details;
- Failure to pay the training fee or late fees;
- Conduct contrary or derogatory to, or inconsistent with, the principles, ethics, dignity, standards or purposes of the CCPHRM.

12. Fees

Please refer to the ACEM website for the most up-to-date fee schedule.

13. Sites accredited for PHRMTP Training

For the most up-to-date list of sites accredited by the CCPHRM to offer PHRMTP training, please refer to the PHRMTP section of the ACEM website.

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14. Trainee wellbeing and support

14.1 Getting the Most out of Your Training

To get the most out of your training, it is important that you:

- Ask for help and advice from peers and staff when needed
- Keep your communication open, honest, prompt and clear
- Be willing to learn from others and situations as they arise
- Be open to constructive feedback, it is not always pleasant, but is an opportunity to learn and develop
- Develop a learning and training plan early on to ensure your needs are met through your study and training experience
- Work on developing your conflict resolution skills
- Be professional at all times
- Look after yourself; find a work/life balance that works for you
- Have your own GP
- Work to build strong and positive relationships with your Training Supervisor, colleagues and other trainees
- Take responsibility for your training; know your training status - what you have completed, what you need to complete and by when.

14.2 Trainees in Difficulty

Throughout the course of the PHRMTP training, you may encounter a range of difficulties which could impede your progress in the program.

Broadly, these difficulties may be divided into the following areas:

- Meeting training requirements: there may be certain factors affecting your ability to complete the PHRMTP training and assessment requirements.
- Clinical performance: during your placement(s) you may have difficulty meeting the clinical performance standards expected.
- Examination performance: personal and/or work-related factors may influence your examination performance

Factors that may be contributing to these issues could include:

- Personal issues and your wellbeing: managing your personal and professional life may affect your ability to progress through training.
- Training Supervisor or training setting: workplace issues such as poor culture, lack of support, lack of appropriate clinical management or resources, cultural differences or challenges, poor trainee/supervisor relationships.

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14.3 What Can You Do?

Self-support

- Ask for help; talk to your Training Supervisor, mentor or a trusted colleague.
- Reflect on your progress, review the feedback in your past Training Supervisor Reports and WbAs. Consider the areas in which improvement is needed, e.g., Teamwork, Communication Skills, Medical Expertise, Leadership Skills. Do your own research to address these.
- Review the PHRMTP Curriculum.
- Review your training record and be familiar with training requirements, including your training completion due date and examination dates.
- Map out short-term and long-term training plans, e.g., when will you sit your examinations, and what specific preparation do you need to do before this?
- Consider whether you need a break from training.
- Reflect on your work-life balance. Can you make adjustments? The smallest change may make a big difference.
- Consider simple lifestyle/wellbeing options such as meditation, exercise, and taking leave.
- Talk to your family, friends and personal support network.

Local Support

- Meet with your Training Supervisor.
- Consider local educational/teaching sessions, including simulation sessions.
- Ask the advice of colleagues who you feel successfully demonstrate the areas or skills you need to develop. What do they do that helps them be successful? How do they do it?
- Collaborate with your Training Supervisor and set up a progression or training plan.
- Contact your employer's Employee Assistance Program.

ACEM / CCPHRM

- Contact ACEM staff for advice such as special consideration options, parental leave, educational resources, developing a progression plan, and other available support resources.
- Contact ACEM Assist, a free and confidential service for all members and trainees provided by Converge International.

External Support

- Consider engaging a mentor within or even outside your local network.
- Consider external educational courses, e.g. leadership skills, more medical training, communication skills.
- Talk to your GP.
- Seek professional counselling.
- Contact external mental health organisations such as Beyond Blue, Doctors Health Advisory Service (see details below).

14.4 ACEM Assist

ACEM Assist is a free and confidential service for all members and trainees, including PHRMTP trainees. You can access up to four sessions per issue in any 12-month period. ACEM's partner, Converge International, is Australia's oldest and most experienced employee assistance program provider. Its counselling services offer support to trainees for professional, educational or personal matters, including:

- Managing heavy workloads
- Conflict and conflict resolution
- Resilience
- Relationships (personal and professional)
- Workplace changes
- Finance
- Motivation and self-esteem
- Nutrition
- Sleep and fatigue

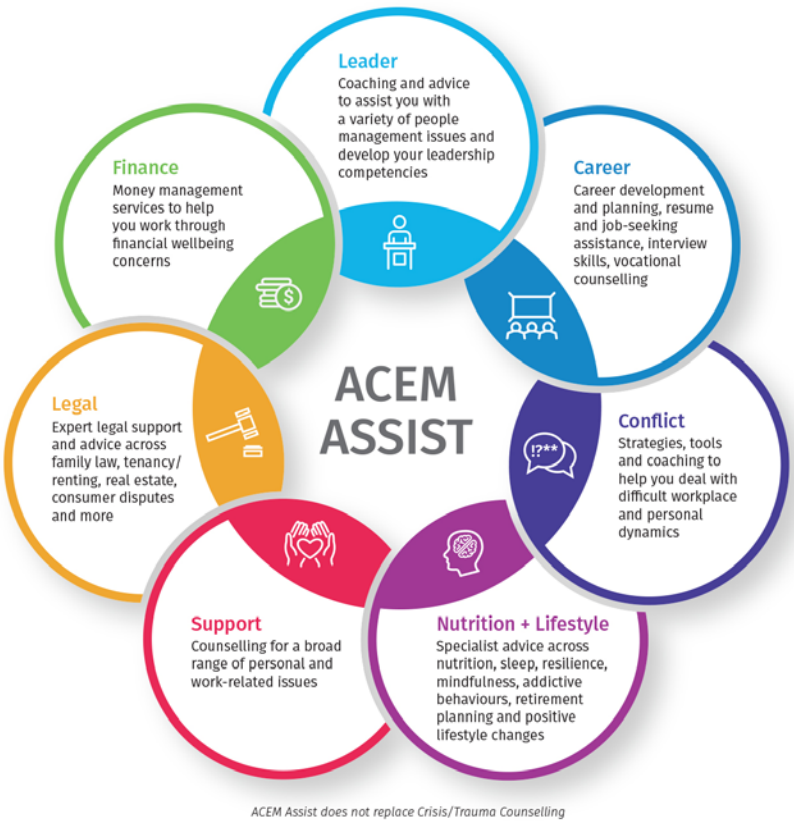
The ACEM Assist program is a confidential service provided by Converge International. Your details will not be disclosed to ACEM. You can contact Converge International on:

1300 687 327 (Australia)
0800 666 367 (Aotearoa New Zealand)

eap@convergeintl.com.au
www.convergeinternational.com.au

For further information, please contact the ACEM Membership and Culture team via wellbeing@acem.org.au.

Figure 3 ACEM Assist



15. PHRMTP trainee benefits

PHRMTP trainees have access to a range of entitlements and benefits, including verification of your credentials for employment purposes, professional development opportunities relating to career advancement, longevity and transition, and even access to a range of discounts.

15.1 Benefits to all trainees

- Online discussion forums and networks.
- Educational resources and events.
- Wellbeing initiatives.
- Advancing EM through advocacy, policy, research, scholarships, awards or grants.
- Access to ACEM policies and submissions.
- ACEM newsletters.
- EMA Journal and Your ED magazine.
- Online job postings.
- Financial savings through Member Advantage and Travel Club.*

* not available outside Australia and Aotearoa New Zealand.

16. ACEM policies

16.1 Code of Conduct

The ACEM Code of Conduct establishes a common understanding of the standards of behaviour expected of all members and trainees of ACEM. It represents a broad framework against which the actions, professional conduct and behaviour of trainees and members can be assessed.

The Code of Conduct is available on the ACEM website.

16.2 Exceptional Circumstances and Special Consideration

The Exceptional Circumstances and Special Consideration Policy (TA79) outlines the criteria and processes by which those subject to ACEM regulations and/or policies may apply for special consideration on the grounds of exceptional circumstances. And the grounds on which such applications may be made.

Importantly, the policy applies to trainees undergoing assessments or examinations where exceptional circumstances arise prior to or during an assessment.

The policy does not apply once a result/outcome for an assessment has been determined and/or communicated.

Applications for special consideration, supported by relevant documentation, must be made on the appropriate form and submitted within the specified timeframe. An application fee applies.

The Exceptional Circumstances and Special Consideration Policy is available on the ACEM website.

16.3 Reconsideration, Review and Appeal of Decisions

The Reconsideration, Review and Appeals Policy (COR355) enables three layers of redress for individuals who are dissatisfied with an ACEM decision and can demonstrate one or more of the specified grounds of appeal. At the first level the policy offers reconsideration by the original decision maker. The second level involves consideration by a panel of three individuals, who are approved by the governing body of the

original decision-maker and who had no involvement in the original decision or otherwise have a conflict of interest. The third level of the policy offers the avenue of formal appeal to an Appeals Committee chaired by a non-College member, with equal numbers of College members and non-College members forming the remainder of the committee, i.e., with a majority of non-College members.

There are strict timeframes within which applications for reconsideration, review and appeal must be lodged with ACEM. These are set out in the policy. Applications for reconsideration or review should be made using the appropriate ACEM form and include all information on which a trainee intends to rely. Where applicable, payment of the appropriate fee should be provided at the time of application. An application for appeal should be lodged in writing directly with the ACEM Chief Executive Officer.

The Reconsideration, Review and Appeals Policy is publicly available on the ACEM website.

16.4 Conflict of Interest Policy

ACEM is committed to high standards of ethical conduct and to a governance structure that is transparent and robust. In this context, the Conflict of Interest Policy (COR139) provides guidance in identifying and managing conflicts of interest involving ACEM and its activities. Acknowledging that conflicts of interest may be actual, potential or perceived, members and staff of ACEM are obligated to avoid and disclose ethical, legal, financial or other conflicts of interests involving ACEM and remove themselves from a position of decision-making authority with respect to any conflict situation involving ACEM. All ACEM entities are expected to maintain a current register of the interests declared by its members, and for conflicts of interest to be appropriately recorded in meetings and the making of decisions.

Failure to disclose a conflict of interest is taken seriously by ACEM and may constitute a breach of duties, including duties under the Corporations Act (CTH 2001).

The Conflict of Interest Policy is available on the ACEM website.

16.5 Discrimination, Bullying and Sexual Harassment

The Discrimination, Bullying and Sexual Harassment Policy (COR133) affirms ACEM's commitment to equality of opportunity and ensuring that the working and training environment is free from discrimination, bullying and sexual harassment. It sets out the behaviour expected of all persons involved in ACEM activities within the various workplaces and training environments in which they are located.

Issue resolution for discrimination, bullying and sexual harassment should occur in the local workplace as an employment issue. A trainee's employer's human resources department can provide advice on the complaints and resolution process in addition to counselling and support, and this should be a trainee's first port of call.

ACEM does have a formal complaints mechanism that can be activated. However, this has limited investigative power for issues in the primary place of employment due to jurisdictional considerations. Complaints arising out of conduct at official ACEM activities (e.g. Meetings of the College Board, Council(s) and other entities) may be lodged with ACEM.

The Discrimination, Bullying and Sexual Harassment Policy and is publicly available on the ACEM website.

16.6 Complaints Policy

Separate to matters involving DBSH, ACEM's Complaints Policy provides a process to address and resolve complaints against members of ACEM where the complaint relates to professional or ethical standards of conduct, or conduct affecting the reputation or work of ACEM. The Complaints Policy should be read alongside ACEM's Procedures for Submission and Resolution of Complaints (COR656); both available publicly on the ACEM website.

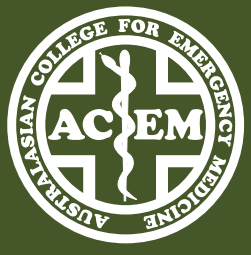
16.7 Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy

ACEM has responsibilities to its trainees and also a responsibility to act in the public interest where, during training, concerns arise that may compromise the provision of safe, high-quality patient care. The Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy (TA492) describes a process to address matters of significant concern arising from assessments of trainees and which may be sufficient to warrant those concerns being communicated to a regulatory authority (e.g. MBA, MCNZ) or other statutory authority, whether the concerns relate to an aspect of professional performance or relate more to the effective Domains of professional practice, such as communication, relationships and ethics.

The Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy is available on the ACEM website.

17. Training enquiries

All training enquiries should be directed to the Associateship training programs Team, via email at PHRM@acem.org.au, or phone on 03 8679 8853.



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