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Program Name Change

In line with the Tertiary Education Quality and Standards Agency (TEQSA) legislation, please be aware that as of 1 March 2024, the Diploma of Pre-Hospital and Retrieval Medicine will be known as the Pre-Hospital and Retrieval Medicine Training Program. ACEM is currently in the process of transitioning all documents to reflect this change. Meanwhile, any reference to "Diploma" within this document should be replaced with the new title. Further information regarding this name change can be found [here](#).

Diploma of Pre-Hospital and Retrieval Medicine

Training Handbook v2

February 2024



Document Review

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| 2 | July-2023 | Program Overview, Examinations, and General Updates |
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Contents

| | |
|---|-----------|
| Document Review | ii |
| Revision History | ii |
| Terminology | v |
| Acronyms | v |
| 1. Introduction | 1 |
| 1.1 Purpose of the Handbook..... | 1 |
| 1.2 The Conjoint Committee of Pre-Hospital and Retrieval Medicine (CCPHRM)..... | 1 |
| 2. DipPHRM Subcommittees, Expert Reference Groups and Working Groups | 2 |
| 2.1 PHRM Curriculum Expert Reference Group..... | 2 |
| 2.2 DipPHRM Accreditation Subcommittee | 2 |
| 2.3 DipPHRM RPL/RPE/CPD Subcommittee | 2 |
| 2.4 DipPHRM Court of Examiners | 2 |
| 2.5 DipPHRM Examination Working Groups | 2 |
| 3. DipPHRM Training Program | 3 |
| 3.1 DipPHRM Training Program Overview..... | 3 |
| 3.2 DipPHRM Curriculum..... | 4 |
| 4. Eligibility to enrol in the DipPHRM Training Program | 5 |
| 5. Applying to Enrol in the DipPHRM Training Program | 6 |
| 6. Recognition of Prior Learning | 6 |
| 7. Recognition of Prior Experience | 6 |
| 8. Planning and managing your training | 7 |
| 8.1 Timeframe for Completion..... | 7 |
| 8.2 Part-time Training..... | 7 |
| 8.3 Placements | 7 |
| 8.4 DipPHRM Training Supervisors..... | 7 |
| 8.5 Leave from Training..... | 7 |
| 9. Training and assessment requirements | 8 |
| 9.1 Training Time | 8 |
| 9.2 Training Supervisor Report..... | 8 |
| 9.3 Workplace-based Assessments | 8 |
| 9.4 Task Logbook | 11 |

| | |
|--|-----------|
| 10. Examinations | 12 |
| 10.1 DipPHRM Written Examination..... | 12 |
| 10.2 DipPHRM Practical Examination..... | 12 |
| 11. Removal from the DipPHRM Training Program | 13 |
| 12. Fees | 13 |
| 13. Sites accredited for DipPHRM Training | 13 |
| 14. Trainee wellbeing and support | 14 |
| 14.1 Getting the Most out of Your Training..... | 14 |
| 14.2 Trainees in Difficulty..... | 14 |
| 14.3 What Can You Do? | 15 |
| 14.4 ACEM Assist..... | 16 |
| 15. DipPHRM trainee benefits | 17 |
| 15.1 Benefits to all trainees | 17 |
| 16. ACEM policies | 17 |
| 16.1 Code of Conduct..... | 17 |
| 16.2 Exceptional Circumstances and Special Consideration..... | 17 |
| 16.3 Reconsideration, Review and Appeal of Decisions..... | 17 |
| 16.4 Conflict of Interest Policy | 18 |
| 16.5 Discrimination, Bullying and Sexual Harassment | 18 |
| 16.6 Complaints Policy..... | 18 |
| 16.7 Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy | 19 |
| 17. Training enquiries | 19 |

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 offer DipPHRM Training.

Accredited

Used in relation to training sites in Australia and New Zealand that have successfully completed and maintained 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.

DipPHRM Curriculum

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

DipPHRM Training Supervisor

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

Domains

The areas of professional competence established and set out in the DipPHRM 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 |
| DipPHRM | Diploma of Pre-hospital and Retrieval Medicine |
| 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 |

1. Introduction

The Diploma of Pre-hospital and Retrieval Medicine (DipPHRM) 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 DipPHRM Trainee Handbook is intended to provide necessary information relating to both the background and administrative aspects of the DipPHRM.

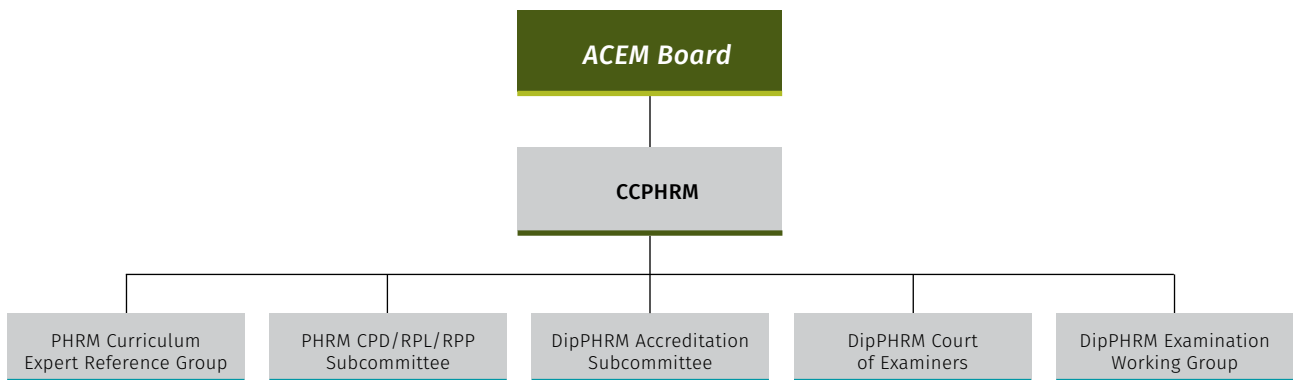
DipPHRM Trainees should always refer to DipPHRM Training Program Regulation F for the most up to date information in relation to the Training Program.

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 Intense 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 Diploma of Pre-hospital and Retrieval Medicine (DipPHRM). This implementation follows years of work by the ACEM PHRM Working Group.

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

Figure 1: DipPHRM Governance Structure



2. DipPHRM 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 DipPHRM 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 DipPHRM Accreditation Subcommittee

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

2.3 DipPHRM 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 DipPHRM 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 DipPHRM Court of Examiners

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

2.5 DipPHRM Examination Working Groups

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

3. DipPHRM Training Program

3.1 DipPHRM Training Program Overview

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

DipPHRM Training Program requires satisfactory completion of a 6-month 1.0FTE placement (or part-time equivalent) in a CCPHRM-accredited PHRM site. In addition to the placement, the DipPHRM 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. DipPHRM Training Program Overview

| | |
|--------------------------------|---|
| Placement Duration | 6-months FTE |
| | Training Supervisor Reports every three calendar months |
| | 4 Multi-source Feedback |
| Assessment Requirements | 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 DipPHRM Training Program is underpinned by the DipPHRM Curriculum, which details the knowledge, skills and attributes required to obtain the DipPHRM.

Training must be undertaken in sites that have been accredited and approved by the CCPHRM to provide the full DipPHRM or components of training. PHRM sites must be prospectively accredited by the CCPHRM to offer the DipPHRM Training Program. 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 DipPHRM Training Program are completed.

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

Successful completion of the Training Program awards the DipPHRM post-nominal. The DipPHRM is re-certifiable. DipPHRM 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 – DipPHRM Training Program. Regulations are updated from time to time and DipPHRM trainees should ensure they consult the most up-to-date version, available on the ACEM website.

The DipPHRM Training Program does not result in a specialist qualification and is not recognised by the MBA or the MCNZ for the purposes of attaining specialist registration.

3.2 DipPHRM Curriculum

The DipPHRM Training Program is underpinned by the DipPHRM Curriculum, which outlines the knowledge, skills and attributes required by the end of DipPHRM 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 DipPHRM curriculum emphasizes 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 DipPHRM trainees, and the environments in which they work, are crucial to this process in guiding day-to-day learning. The DipPHRM Curriculum is available on the ACEM website.

4. Eligibility to enrol in the DipPHRM Training Program

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

It is recognised that, due to the nature of pre-hospital and retrieval medicine, 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 DipPHRM 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.

5. Applying to Enrol in the DipPHRM Training Program

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

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

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

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

6. Recognition of Prior Learning

Recognition of Prior Learning (RPL) applies to prospective DipPHRM trainees who have previously undertaken PHRM training in a structure education program and wish to have this training recognised and credited towards the DipPHRM. 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 DipPHRM Training Program. 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 DipPHRM Training Program, 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 5 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 DipPHRM Training Program. 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 DipPHRM Examination component of the DipPHRM Training Program.

The Recognition of Prior Experience policy is available on the [ACEM website](#).

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 DipPHRM Training Program is three (3) years, irrespective of FTE.

8.2 Part-time Training

Trainees may undertake the DipPHRM Training Program on either a full-time or part-time basis. Trainees working part-time must advise their FTE fraction at the time of enrolment.

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

Trainees may undertake DipPHRM 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 and 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 DipPHRM at a site accredited for DipPHRM training by the CCPHRM. All DipPHRM 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 DipPHRM Training Supervisors

Once enrolled in the DipPHRM Training Program, 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 DipPHRM Training Supervisor.

Trainees and their Training Supervisor must meet at the commencement of DipPHRM training to discuss training expectations. Both the trainee and Training Supervisor must have a thorough understanding of the DipPHRM Curriculum, Training Program requirements and policies and regulations pertaining to the DipPHRM. They should together establish a plan at the commencement of training for the trainee to satisfy requirements during their time at that site. Training Supervisors have online access to their trainees' DipPHRM record of training for the purpose of assisting with their progress in the DipPHRM Training Program.

8.5 Leave from Training

Trainees training full-time 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 DipPHRM portal 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 Certificate and Diploma 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-practising registration with the MBA or the MCNZ as applicable for the duration of that absence.

9. Training and assessment requirements

9.1 Training Time

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

9.2 Training Supervisor Report

DipPHRM Training Supervisors are 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 DipPHRM portal 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 DipPHRM. WBAs involve periods of observation of performance and/or discussion with a trainee in clinical practice, followed by structured feedback and a rating of the trainee's performance during the specified period. WBAs are conducted by the DipPHRM 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' for all criteria on the form. If a trainee does not meet the minimum number 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 invalid 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). If this occurs, then the WBA will be considered invalid and the trainee will be required to complete an additional WBA.

All WBAs must be completed during a prospectively approved DipPHRM placement and submitted using the applicable WBA form via the DipPHRM portal.

Trainees can monitor their DipPHRM training progress via the DipPHRM portal at any time. The training dashboard will provide a clear overview of any outstanding requirements that a DipPHRM trainee must complete prior to award of the DipPHRM.

An outline of all the WBAs utilised in the DipPHRM Training Program is below.

9.3.1 Multi-source Feedback

Members of the PHRM team who have worked closely with the DipPHRM 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 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.

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 specific 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

Select a minimum 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
- Fiberoptic 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 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) DOPS based on the technical skills from the list below.

Mandatory

- Transport Monitor/Defibrillator
- Transport Ventilator

Select a minimum 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 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 DipPHRM trainees are required to maintain a Task Logbook. Housed on the ACEM PHRM Training Portal, 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 |

10. Examinations

Trainees are required to pass two examinations as part of the DipPHRM Training Program: a written examination, and a practical examination.

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

10.1 DipPHRM Written Examination

The DipPHRM Written Examination consists of one two-hour paper, comprising 60 single best answer multiple-choice questions (MCQs) and five (5) short-answer questions (SAQs). This examination is designed to assess the trainee's knowledge, application of knowledge and understanding of the learning outcomes detailed in the DipPHRM Curriculum. To pass the Written Examination, candidates are required to obtain the passing score in both the MCQ and the SAQ components of the Written Examination.

The DipPHRM Written Examination is delivered online via an examination platform and 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 DipPHRM Written Examination must:

- (a) have commenced a PHRM placement at a site that has full DipPHRM training accreditation; or
- (b) if seeking to complete the DipPHRM through a combination of placements at sites accredited for the pre-hospital component of DipPHRM training and/or the retrieval component of DipPHRM training a full and/or full DipPHRM 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

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

10.2 DipPHRM Practical Examination

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

10.2.1 Eligibility

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

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

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

DipPHRM trainees have a maximum of three attempts at the DipPHRM OSPE. Trainees who are unsuccessful on their third attempt at the DipPHRM OSPE will be considered for removal from the DipPHRM Training Program.

11. Removal from the DipPHRM Training Program

Trainees who fail to meet the requirements of the DipPHRM Training Program within the specified timeframe (3 years) or who otherwise fail to comply with DipPHRM 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 regulation(s) or policy/ies relating to the DipPHRM 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 DipPHRM Training

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

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 building 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 DipPHRM 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 DipPHRM 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 that may influence your examination performance
- The 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.

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 DipPHRM 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, 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; meditation, exercise, 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 DipPHRM 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)

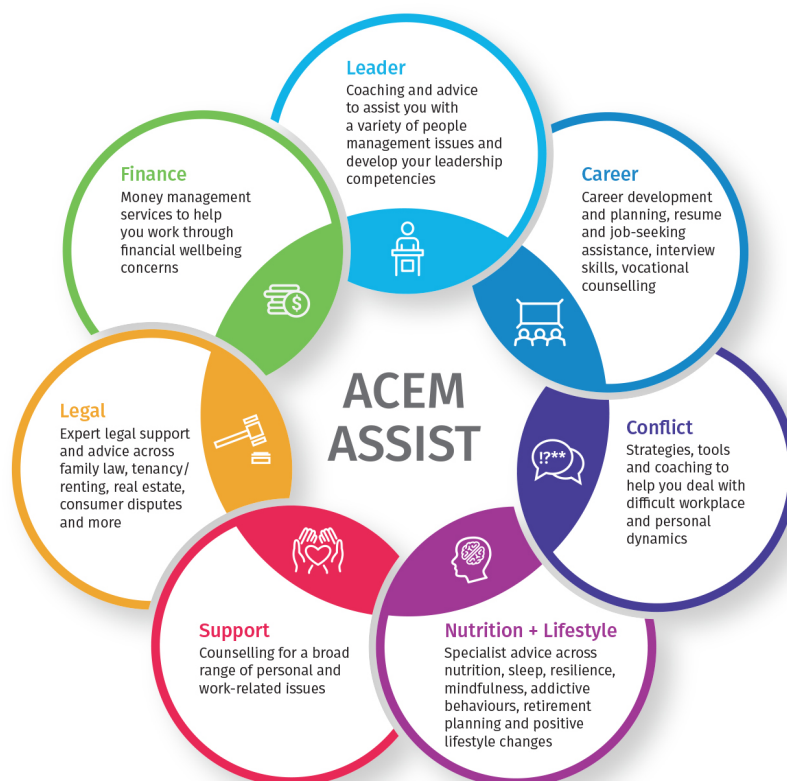
0800 666 367 (Aotearoa New Zealand)

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



ACEM Assist does not replace Crisis/Trauma Counselling

15. DipPHRM trainee benefits

DipPHRM 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 financial 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, and 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) applies to a range of individuals and 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 who 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, with 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, such that, in total, an Appeals Committee is formed 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

16.4 Conflict of Interest Policy

ACEM is committed to high standards of ethical conduct and to providing 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.

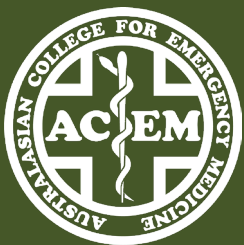
16.7 Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy

ACEM has responsibilities to its trainees and also a responsibility to act in the public interest where concerns during training 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 Certificate and Diploma Programs Team, via email at PHRM@acem.org.au, or phone on 03 8679 8853.



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