



Australasian College
for Emergency Medicine

Emergency Medicine Certificate, Diploma and Advanced Diploma Review

Consultation on Revisions to the Emergency Medicine Certificate, Emergency Medicine Diploma and proposal for a new Emergency Medicine Advanced Diploma JANUARY 2020

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2. Background

In November 2018, the ACEM Board established a working group to undertake a review of the ACEM Emergency Medicine Certificate (EMC) and Emergency Medicine Diploma (EMD). This review has been informed by ongoing monitoring and evaluation of the EMC and EMD training programs since their inception in their current format in 2011 (EMC) and 2012 (EMD).

The EMC/EMD Review Working Group comprises representatives from ACEM, the Rural Faculty of the Royal Australian College of General Practitioners (RFRACGP), the Australian College of Rural and Remote Medicine (ACRRM) and the Division of Rural Hospital Medicine (DRHM) of the Royal New Zealand College of General Practitioners (RNZCGP). As part of this review, the working group has recognised the important and valuable components of the current EMC and EMD curricula and training programs.

Furthermore, there has been appreciation from all participating colleges, and ongoing discussion, regarding the evolution of rural generalism and the role of the EMD, specifically in the education and training of rural generalists in advanced skills in emergency medicine. Overall, the revisions proposed in this consultation paper endeavour to ensure the integrity and rigour of training and assessment and support the learning and development of medical practitioners working in emergency departments across all jurisdictions in Australia and Aotearoa New Zealand.

The proposed changes are based on a range of recommendations from relevant stakeholders regarding the alignment of the EMC and EMD with the current and near-future needs of the emergency medicine workforce, with a particular emphasis on the urban, regional and rural sectors of Australia and New Zealand.

This paper outlines a revised **three-tiered nested structure** of non-specialist qualifications for medical practitioners providing emergency medical care, including:

- Modifications to the structure and content of the EMC and EMD curricula;
- Modifications to the structure and requirements of the EMC and EMD Training Programs; and
- The development of a new Emergency Medicine Advanced Diploma (EMAD) curriculum and the structure and requirements of its associated training program.

The three-tiered structure of the Emergency Medicine qualifications is reflective of the progressive increase in knowledge and skills required for decision-makers of increasing seniority, reflected in the scopes of practice for Certificants, Diplomates and Advanced Diplomates detailed in this document.

Feedback from this consultation process will inform final revision to the qualifications in order to enable them to be considered for final approval by of the ACEM Board by mid-2020. **It is envisaged that the proposals described in this document will only apply to trainees commencing the EMC, EMD and/or EMAD training programs from January 2021.**

3. Scopes of practice

The proposed scopes of practice for the Emergency Medicine Certificate (EMC), Emergency Medicine Diploma (EMD) and the Emergency Medicine Advanced Diploma (EMAD) are outlined in Sections 3.1 to 3.3 below.

3.1 Emergency Medicine Certificate (EMC)

This qualification is suited to and intended for doctors working:

- in an emergency department with access to off-site advice and rapid access to on-site critical care support; or
- as part of the team in an emergency department with senior assistance available on the floor when needed

At the completion of training, EMC doctors will have the knowledge and skills to manage and treat patients with common emergency presentations.

EMC doctors will also have basic knowledge and skills relating to:

- Prioritisation;
- Risk management;
- Detecting red flags of serious illness;
- Carrying out an initial focused assessment of an undifferentiated patient; and
- Delivering safe patient care in a modern emergency care system.

3.2 Emergency Medicine Diploma (EMD)

This qualification is suited to intended for to doctors working:

- in an emergency department with access to offsite support, but without rapid access onsite critical care support; or
- as part of the team in an emergency department where they are a senior decision maker (SDM).

At the completion of training EMD doctors will have the knowledge and skills to independently manage and treat a range of higher complexity emergency presentations. They will also have the fundamental knowledge and skills necessary to:

- stabilise critically ill and injured patients
- provide safe sedation for emergency procedures

EMD doctors will also have the knowledge, skills, and attributes to communicate and collaborate effectively with patients and families from different cultures, members of their local healthcare team, and clinicians from other services.

3.3 Emergency Medicine Advanced Diploma

This qualification is suit to and intended for doctors:

- providing clinical support to EMC & EMD qualified doctors and as a Director of an ACEM-unaccredited Emergency Department; or
- working in an emergency department as a senior decision maker with the ability to be a part of the education and management team.

At the completion of training, EMAD doctors will have the knowledge and skills to independently manage and treat a wider variety of and higher complexity emergency presentations, with telephone support from emergency specialists within the ED network, when required.

EMAD doctors will also have the knowledge and skills to:

- use ultrasound as appropriate;
- use a wider variety of resuscitative and other emergency techniques;
- improve their practice, the practice of junior team members, and the practice of emergency medicine in their environment.

4. Structure of the training programs

4.1 The current structure

The current Emergency Medicine Certificate (EMC) may be completed in a minimum of six (6) FTE months, whilst the current Emergency Medicine Diploma (EMD) may be completed in an additional eighteen (18) FTE months. Trainees have up to two (2) years from the date of enrolment to complete the EMC training and assessment requirements, and up to five (5) years to complete the EMD training and assessment requirements.

4.2 The new three-tiered nested structure

The proposed revised structure follows a three-tiered format, with the EMC, EMD and new Emergency Medicine Advanced Diploma (EMAD) as *nested* curricula. That is, the knowledge and skills progressively build upon each other from one training program to the next.

The proposed three-tiered nested structure is intended to increase the flexibility and accessibility of the courses. Those undertaking the EMD will be able to access and complete EMC and EMD training and assessment requirements concurrently or sequentially. Those undertaking the EMAD will be able to undertake EMC, EMD and EMAD training and assessment requirements concurrently and/or sequentially. Similarly, the proposed twelve (12) month EMD is intended to better align the qualification with employment and training factors.

The proposed EMAD will allow for the upskilling of doctors to be senior decision makers in an ED, and their participation in education and management responsibilities in an ACEM-unaccredited ED; this may include taking up opportunities to be a Director in an ACEM-unaccredited Emergency Department. In doing so, the EMAD will in part, allow non-specialists to help address the need for doctors with ED management and leadership experience to undertake such roles in Emergency Departments in rural and remote areas of Australia and Aotearoa New Zealand.

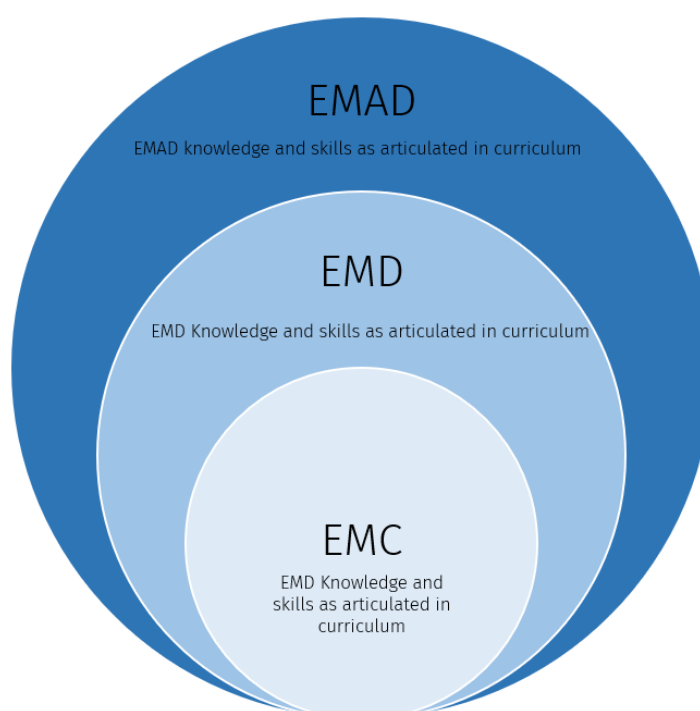


Figure 1. The three-tiered nested structure of the EMC, EMD and EMAD training programs

4.3 Length of training programs and maximum times for completion

Each of the proposed competency-based training programs is designed to be completed in a minimum of six (6) months FTE, with a total minimum of 18 FTE months to complete all three, as indicated in Table 1 below.

Table 1. Proposed length and maximum time for completion for the EMC, EMD and EMAD Training Programs

	EMC	EMD	EMAD
Minimum Length of training program (FTE, 38hrs/week)	6 months	12 months (including 6 months EMC)	18 months (including 6 months EMC & 6 months EMD)
Maximum timeframe for completion*	2 years	4 years (including EMC)	6 years (including EMC & EMD)

*The proposed maximum timeframe for completion includes time taken for leave from training. Full time Trainees may take up to three (3) weeks leave per six (6) FTE months. Part time Trainees have pro rata applied to leave.

5. Proposed regulation updates

5.1 Eligibility for the programs

Current eligibility requirements for the EMC and EMD are outlined in Table 2, and the proposed eligibility requirements for the revised EMC and EMD and the new EMAD are outlined in Table 3.

Table 2. Current eligibility requirements for the EMC and EMD.

EMC	EMD
<ul style="list-style-type: none"> PGY2+ Min 10FTE weeks in an ED (PGY1+) Not enrolled in FACEM Training, EMD or SIMG Program 	<ul style="list-style-type: none"> PGY3+ EMC completed OR RACGP Advanced Rural Skills Training (ARST) OR ACRRM Advanced Specialised Training (AST) OR FRACGP* OR FACRRM* OR In last five (5) years worked at least 2 FTE years in an ED, at least three (3) months in Australia or New Zealand* Not enrolled in FACEM Training, EMC or SIMG Program <p>*80% of EMC Procedural Checklist including all mandatory procedures in last three years signed off by FACEM</p> <p>*evidence of ALS</p> <p>*proof of currency of clinical practice</p>

Table 3. Proposed eligibility requirements for the EMC, EMD and EMAD.

EMC	EMD	EMAD
<ul style="list-style-type: none"> ▪ In PGY2+ ▪ Not enrolled in FACEM Training, EMD or SIMG Program 	<p>In PGY2+ (need to complete EMC and EMD – 12 months total)</p> <p>OR</p> <p>(Diploma only – 6 months total)</p> <ul style="list-style-type: none"> • EMC completed OR ▪ RACGP Advanced Rural Skills Training (ARST) in EM OR ▪ ACRRM Advanced Specialised Training (AST) in Emergency Medicine OR ▪ FRACGP* OR ▪ FACRRM* OR ▪ FDRHMNZ* OR ▪ In last five (5) years worked at least 2 FTE years in an ED, at least three (3) months in Australia or New Zealand* <p>AND</p> <ul style="list-style-type: none"> ▪ Not enrolled in FACEM Training, EMC, EMAD or SIMG Program <p>*80% of EMC Procedural Checklist including all mandatory procedures in last three years signed off by FACEM, or FRACGP, FACRRM or FDRHMNZ with suitable expertise in Emergency</p> <p>*evidence of BLS and ALS2</p> <p>*proof of currency of clinical practice</p>	<p>In PGY3+ (need to complete EMC, EMD and EMAD – 18 months total)</p> <p>OR</p> <p>(Advanced Diploma only – 6 months total)</p> <ul style="list-style-type: none"> ▪ EMD completed <p>OR</p> <ul style="list-style-type: none"> ▪ In last five (5) years worked at least 2 FTE years in an ED, at least three (3) months in Australia or New Zealand <p>AND</p> <ul style="list-style-type: none"> • RACGP Advanced Rural Skills Training (ARST) in EM** OR ▪ ACRRM Advanced Specialised Training (AST) in EM** OR ▪ FRACGP** OR ▪ FACRRM** <p>AND</p> <ul style="list-style-type: none"> • Not enrolled in FACEM Training, EMC, EMD or SIMG Program <p>**80% of EMC and EMD Procedural Checklist including all mandatory procedures in last three years signed off by FACEM, or FRACGP or FACRRM with suitable expertise in Emergency</p> <p>**evidence of BLS, ALS2, APLS and EMST or ETM</p> <p>**proof of currency of clinical practice</p>

5.2 Training time requirements

A summary of the current training time requirements is shown in Table 4.

Table 4. A summary of the current training requirements for the EMC and EMD

EMC	EMD
<ul style="list-style-type: none">▪ Current EMC Training time requirements include:▪ Six (6) FTE Months of approved supervised training▪ One (1) FTE load of thirty-eight (38) hours per week▪ Either full time or part time▪ In blocks of not less than six (6) FTE weeks	<ul style="list-style-type: none">▪ 12 FTM months in an ED▪ Six (6) FTE Months in Anaesthetics OR▪ Three (3) FTE Months in ICU and three (3) FTE Months in Anaesthetics OR▪ Six (6) FTE Months in ED and the Alternate Critical Care Pathway addendum logbook▪ One (1) FTE load of thirty-eight (38) hours per week▪ Either full time or part time▪ In blocks of not less than 6 FTE weeks

A summary of the proposed training time requirements is shown in Table 5 (over page).

No changes are proposed for the training time requirements for the Emergency Medicine Certificate (EMC).

To optimise the accessibility of the EMD training program, whilst maintaining the rigour of quality training, it is proposed that the mandatory six (6) months training time in critical care be removed, with all training time in the EMC, EMD and EMAD to be undertaken in an emergency department (ED). It will be expected however, that EMD and EMAD trainees will seek to undertake shifts in theatre, ICU or anaesthetics (if required) in order to facilitate timely completion of the critical care procedures on the procedural checklist if not otherwise achieved during their ED time.

It is also proposed that:

- trainees undertaking shifts outside of the ED, will on average, undertake no more than one day per week in theatre, ICU or anaesthetics; and
- 80% of training time be spent in an ED.
- EMAD trainees be required to complete at least 320 hours working at a multi-FACEM (at least 2.5 FTE FACEM) site where at least one (1) FACEM is an approved EMAD supervisor. The 320 hours must be completed during the EMAD 6 FTE month training period.

Table 5. Proposed training time requirements for the EMC, EMD and EMAD.

EMC	EMD	EMAD
<ul style="list-style-type: none"> ▪ Six (6) FTE Months of approved supervised ED training, of which 30% must be under direct supervision of a FACEM or approved EMC supervisor ▪ Trainees who are not undertaking training in a site with: <ul style="list-style-type: none"> - One (1) FTE FACEM who is an approved EMC supervisor OR One (1) FTE Diplomate and one at least 0.5FTE FACEM, both of whom are approved EMC supervisors must demonstrate to the satisfaction of the College appropriate arrangements to enable them to undertake at least 80 hours working or observing at an approved site during the training period. ▪ One (1) FTE load of thirty-eight (38) hours per week ▪ Either full time or part time ▪ In blocks of not less than six (6) FTE weeks 	<ul style="list-style-type: none"> ▪ Twelve (12) FTE Months of approved supervised training (including 6 months of proposed EMC) of which 30% must be under direct supervision of a FACEM or approved EMD supervisor. <ul style="list-style-type: none"> - At least 80% of training time must be in the ED - No more than 20% of training time can be spent in theatre, ICU or anaesthetics. (This equates approx.to an average of one day per week FTE in theatre, ICU or anaesthetics that may be counted in training time,) ▪ Trainees who are undertaking training at a site with less than one (1) FTE FACEM will need to demonstrate to the satisfaction of the College appropriate arrangements to undertake at least 320 hours working at a multi-FACEM (2.5 FTE FACEM) site where at least one (1) FACEM is an approved EMD supervisor. The 320 hours must be completed during the training period. ▪ One (1) FTE load of thirty-eight (38) hours per week ▪ Either full time or part time ▪ In blocks of not less than six (6) FTE weeks 	<ul style="list-style-type: none"> ▪ 18 months (18) FTE Months of approved supervised training (including 6 months of proposed EMC, 6 months of proposed EMD) of which 30% must be under direct supervision of a FACEM or approved EMAD supervisor. <ul style="list-style-type: none"> - At least 80% of training time must be in the ED - No more than 20% of training time can be spent in theatre, ICU or anaesthetics. This equates approx.to an average of one day per week FTE in theatre, ICU or anaesthetics that may be counted in training time,) ▪ One (1) FTE load of thirty-eight (38) hours per week ▪ Either full time or part time ▪ In blocks of not less than six (6) FTE weeks ▪ Trainees are required to complete at least 320 hours working at a multi-FACEM (at least 2.5 FTE FACEM) site where at least one (1) FACEM is an approved EMAD supervisor. The 320 hours must be completed during the EMAD 6 FTE month training period.

5.3 Part time training

The current and proposed part-time training fractions for the EMC, EMD and EMAD are shown in Table 6.

Proposed changes to the minimum FTE for part-time trainees for the EMC and EMD are intended to increase the accessibility of these programs.

Table 6. *Current and proposed changes to the part-time fractions for the EMC, EMD and EMAD.*

	EMC	EMD	EMAD
Current	<ul style="list-style-type: none"> Minimum 0.5FTE 	<ul style="list-style-type: none"> Minimum 0.5FTE 	N/A
Proposed	<ul style="list-style-type: none"> Minimum 0.25FTE 	<ul style="list-style-type: none"> Minimum 0.25FTE 	<ul style="list-style-type: none"> Minimum 0.5FTE

5.4 Training sites

There are no proposed changes to the training sites for the Emergency Medicine Certificate (EMC) or the Emergency Medicine Diploma (EMD).

The proposed training sites for the EMC, EMD and EMAD are shown in Table 7.

Table 7. *Proposed Training sites for the EMC, EMD and EMAD*

EMC	EMD	EMAD
<p>An ED with the following minimum staffing;</p> <ul style="list-style-type: none"> One (1) FTE FACEM who is an approved EMC supervisor OR One (1) FTE Diplomate and one at least 0.5FTE FACEM, both of whom are approved EMC supervisors OR Subject to approval a site that does not meet the above requirements.* <p>*Trainees wishing to undertake training at a site that does not meet either of the above requirements must demonstrate that they will be able to meet the training time requirements and be approved by ACEM prior to enrolment.</p>	<p>An ED with the following minimum staffing;</p> <ul style="list-style-type: none"> One (1) FTE FACEM who is an approved EMD supervisor OR Subject to approval a site with less than one (1) FTE FACEM.* <p>*Trainees must be able to demonstrate that they will be able to meet the training time requirements and be approved by ACEM prior to enrolment.</p>	<p>An ED with the following minimum staffing;</p> <ul style="list-style-type: none"> One (1) FTE FACEM who is an approved EMAD supervisor OR Subject to approval a site with less than one 1 FTE FACEM.* <p>*Trainees must be able to demonstrate that they will be able to meet the training time requirements and be approved by ACEM prior to enrolment.</p>

5.5 Supervision requirements

The current supervision requirements for the Emergency Medicine Certificate (EMC) or the Emergency Medicine Diploma (EMD) are shown in Table 8. The proposed changes in relation to supervision are shown in Table 9 (over page).

There are no proposed changes to the supervision requirements that currently apply:

- Thirty percent (30%) of a trainee's ED workplace practice must occur under direct clinical supervision of a FACEM or approved EMC, EMD (or proposed EMAD) Supervisor.
- Each trainee must have a 'Primary Supervisor' responsible for the oversight of the trainee's progression. Only an approved supervisor is eligible to be a Primary Supervisor.
- Approved EMC, EMD (or proposed EMAD) Supervisors must have completed ACEM Clinical Teaching Course (one day workshop and associated modules) prior to undertaking supervision responsibilities.

Table 8. *Current supervision requirements for the EMC and EMD.*

Supervisor	EMC	EMD
FACEM	✓	✓
ACEM Diplomat	✓	✓

Table 9. *Proposed supervision requirements for EMC, EMD and EMAD*

Supervisor	EMC	EMD	EMAD
FACEM	✓	✓	✓
ACEM Advanced Diplomat	✓	✓	✓
ACEM Diplomat	✓	✓ With a minimum two (2) years post-qualification experience including demonstrated leadership and management in the ED	

6. Curriculum

The revised curricula for the EMC, EMD and new EMAD have been designed to be robust and fit-for-purpose. The curricula are supported by supervised training, eLearning modules and designated workshops. The curricula are each designed around three Units, articulated to reflect the scopes of practice for the relevant programs.

6.1 Proposed Units for the Emergency Medicine Certificate, Emergency Medicine Diploma and Emergency Medicine Advanced Diploma

A summary of the proposed units for the EMC, EMD and EMAD is outlined in Table 10 (over page).

Table 10. A summary of the units in the EMC, EMD and EMAD

EMC	EMD	EMAD
Unit 1: Fundamental principles of emergency medicine	Unit 1: Critical care in emergency medicine	Unit 1: Advanced techniques in emergency medicine
The practice of emergency medicine is under-pinned by the principles of prioritisation, risk management and the ability to detect red flags of serious illness. On completion of Unit 1, the trainee will have acquired the basic knowledge and skills in carrying out an initial focused assessment of an undifferentiated patient.	Critically unwell patients can present to any emergency department at any time. On the completion of Unit 1, the trainee will have acquired the fundamental knowledge and skills to stabilise critically ill and injured patients, as well as provide safe sedation for emergency procedures.	Emergency medicine is constantly changing as new modalities become available. On completion of Unit 1, the trainee will have the knowledge and skills to use diagnostic ultrasound and a wider variety of resuscitative and other emergency techniques.
Unit 2: Managing emergency presentations 1	Unit 2: Managing emergency presentations 2	Unit 2: Managing emergency presentations 3
Emergency clinicians manage a wide range of patient presentation types in a time-pressured environment. On completion of Unit 2, the trainee will have acquired the knowledge and skills to manage and treat patients with common emergency presentations.	As clinicians increase in seniority, they must manage presentations that are less common and more complex. On completion of Unit 2, the trainee will have acquired the knowledge and skills to independently manage and treat a range of higher complexity emergency presentations.	As clinicians increase in seniority, they must manage presentations that are rarer and increasingly complex. On completion of Unit 2, the trainee will have acquired the knowledge and skills to independently manage and treat a wider variety of higher complexity emergency presentations.
Unit 3: Understanding the emergency care environment	Unit 3: Professional practice in the emergency care environment	Unit 3: Professional leadership in the emergency care environment
The practice of emergency medicine involves collaborating with people and organisations within the hospital and wider community. On completion of Unit 3, the trainee will have acquired the basic knowledge and skills to deliver safe patient care in a modern emergency care system.	An emergency medicine professional develops approaches that improve the care their patient receives from the emergency care system. On completion of Unit 3, the trainee will have acquired the knowledge, skills, and attributes to communicate and collaborate effectively with patients and families from different cultures, members of their local healthcare team, and clinicians from other services	A reflective practitioner must maintain clinical abilities and incorporate innovations over a lifetime. On completion of Unit 3, the trainee will have acquired the knowledge, skills and attributes to improve their practice, the practice of junior team members, and the practice of emergency medicine in their environment.

6.2 Curricula documents

Please refer to the curricula documents (separate paper) for details regarding specific learning outcomes for each of the three programs.

7. Training and assessments requirements

7.1 Summary of training and assessments requirements

A summary of the current training and assessment requirements for satisfactory completion in the EMC, EMD and EMAD is provided in Table 11 (below). Current work-place based assessments (WBAs) include mini-clinical evaluation exercises (mini-CEX), Direct Observation of Procedural Skills (DOPS) and case-based discussions (CbD).

The proposed revised suite of training assessments and requirements for satisfactory completion of the training programs are shown in Table 12 (over page).

Table 11. A summary of the current training and assessment requirements for the EMC, EMD

EMC	EMD
<ul style="list-style-type: none"> ▪ Six (6) FTE Months of approved supervised training of which 30% must be under direct supervision of a FACEM or approved EMC supervisor ▪ Three (3) Online Learning Modules <ul style="list-style-type: none"> - Undertake Initial Assessment & Management - Manage Common Emergency Presentations - Participate in Clinical Support Activities and Administration ▪ Workplace-based assessments (WBAs) <ul style="list-style-type: none"> - 5 x Mini CEX - 6 x DOPs - 2 x CbD ▪ Procedural Checklist ▪ 10 X Emergency Department Written Case Reflections ▪ Workshops <ul style="list-style-type: none"> - Basic Life Support (BLS) - Advanced Life Support (ALS) ▪ EMC Online Examination 	<ul style="list-style-type: none"> ▪ 12 months FTE in ED of which 30% must be under direct supervision of a FACEM or approved EMD supervisor ▪ 6 FTE months of approved training in either; <ul style="list-style-type: none"> - Six (6) FTE months anaesthetics - Three (3) FTE months in ICU and 3 FTE months in anaesthetics - Six (6) FTE months in an ED and Alternate Critical Care Pathway addendum logbook ▪ Three (3) Online Learning Modules <ul style="list-style-type: none"> - Manage Complex Emergency Presentations - Participate in Advanced Clinical Support Activities - Demonstrate Advanced Professional, Legal and Ethical Practice ▪ Workplace based assessments (WBAs) <ul style="list-style-type: none"> - 8 x Mini CEX - 9 x DOPs - 4 x CbD - Audit ▪ Procedural Checklist ▪ 12 X Emergency Department Written Case Reflections ▪ Workshops <ul style="list-style-type: none"> - Advanced Paediatric Life Support (APLS) OR Advanced Paediatric Emergency Medicine (APEM) - Early Management of Severe Trauma (EMST) OR Emergency Trauma Management (ETM) - Advanced and Complex Medical Emergencies (ACME) - Effective Management of Anaesthetic Crisis (EMAC) ▪ EMD Online Examination

Table 12. A summary of the proposed training and assessment requirements for the EMC, EMD and EMAD

EMC	EMD	EMAD
<ul style="list-style-type: none"> ▪ Six (6) FTE Months of approved supervised training in an ED (of which 30% must be under direct supervision of a FACEM or approved EMC supervisor) ▪ Workplace-based assessments (WBAs) <ul style="list-style-type: none"> ○ 5 Mini CEX <ul style="list-style-type: none"> - Paediatrics - Trauma - Chest pain - Abdominal pain - Mental health ▪ 6 DOPs <ul style="list-style-type: none"> - Suture wound - Bag valve mask - Safe Defibrillation - C-spine manoeuvre including 3-person log roll - Plaster upper and lower limb ▪ 2 CbD (based on three sets of clinical notes) ▪ Procedural Skills Checklist ▪ 1 Initial meeting ▪ 2 Reflection meetings ▪ Workshops <ul style="list-style-type: none"> - Basic Life Support (BLS) - Advanced Life Support 2 (ALS2) ▪ EMC Examination 	<ul style="list-style-type: none"> ▪ 12 FTE Months of approved supervised training in an ED (including 6 FTE months of the proposed EMC) (of which 30% must be under direct supervision of a FACEM or approved EMD supervisor) ▪ Workplace-based assessments (WBAs) <ul style="list-style-type: none"> ○ 5 Mini-CEX <ul style="list-style-type: none"> - Paediatrics - Trauma (with primary survey) - Chest pain - Abdominal pain - Mental health (examination) ▪ 5 DOPs <ul style="list-style-type: none"> - Non-invasive ventilation - Procedural sedation - Joint reduction – major - Lumbar puncture - RSI (initial ventilator settings) ▪ 2 CbD (based on three sets of clinical notes) ▪ Procedural Skills Checklist ▪ 1 Initial meeting ▪ 2 Reflection meetings ▪ Workshops <ul style="list-style-type: none"> - Advanced Paediatric Life Support (APLS) - Early Management of Severe Trauma (EMST) or Emergency Trauma Management (ETM) ▪ EMD Examination 	<ul style="list-style-type: none"> ▪ 18 FTE months of approved supervised training in an ED (including 6 FTE months of proposed EMC & 6 FTE months proposed EMD) (of which 30% must be under direct supervision of a FACEM or approved EMAD supervisor) ▪ Workplace-based assessments (WBAs) <ul style="list-style-type: none"> ○ 3 Mini CEX <ul style="list-style-type: none"> - Highly complex and different presentations relating to any theme of Unit 2 of the EMD curriculum, or any theme of Unit 1 or 2 of the EMAD curriculum (To be undertaken after 12 months of training) ▪ 3 DOPs <ul style="list-style-type: none"> - Ventilation – trouble shooting - US guided peripheral vascular access - Central access (To be undertaken after 12 months of training) ▪ One (1) Observed Clinical referral ▪ Two (2) Clinical Lead Shift Report ▪ One (1) Audit OR other Quality Assurance/Improvement activity. ▪ Procedural Skills Checklist ▪ 1 Initial meeting ▪ 2 Reflection meetings ▪ Workshops <ul style="list-style-type: none"> - Fundamentals of bedside ultrasound course - ACEM clinical supervisor course ▪ EMAD examination

7.2 Additional assessment requirements introduced for the EMAD

The following assessments are proposed new workplace-based assessments (WBA) for the EMAD only:

- **Clinical lead shift report**
This task will assess the trainee's management of a clinical load whilst supervising care given by other clinicians in the emergency department and simultaneously ensuring the department functions optimally throughout the shift.
- **Observed Clinical Referral**
This task will assess essential communication skills pertaining to the clinical handover and/or referral of a patient.
- **Quality Assurance and Improvement Activity**
Quality and safety is now an important clinical support portfolio for those with leadership and management responsibilities in an emergency department. Trainees will select a Quality Assurance and Improvement Activity from a suite of options and will be assessed on their ability to undertake and reflect on quality improvement and safety strategies.
*Audit (previously in EMD) is one of the of options for the Quality Assurance and Improvement Activities.

7.3 Initial meeting and reflection meetings

Currently, EMC trainees complete ten (10) written case reflections and EMD trainees complete twelve (12) written case reflections.

It is proposed that the written case reflections are replaced and that for the Emergency Medicine Certificate (EMC), Emergency Medicine Diploma (EMD) and Emergency Medicine Advanced Diploma (EMAD), trainees undertake:

- One (1) Initial Meeting:
This is to be conducted within the first two weeks of training to ascertain learning needs, goals, potential challenges and strategies.
- Two (2) Reflection Meetings for each six (6) months of training
These will provide Trainees the opportunity to critically reflect upon their training at approximately three (3) and six (6) month intervals during each 6 FTE month minimum training requirement.

The Initial Meeting and the Reflection Meetings will be conducted with either a FACEM, or an approved supervisor.

7.4 Procedural checklist

A summary of the procedures to be signed off for the EMC, EMD and EMAD by a FACEM, approved supervisor or relevant specialist for the procedure are shown in the curriculum document. It is proposed that the checklist of procedures will be maintained by trainees in a logbook format throughout their training.

It will be expected that EMD and EMAD trainees will seek to undertake shifts in theatre, ICU or anaesthetics, if required, in order to facilitate timely completion of the critical care procedures on the procedural checklist, if not otherwise achieved in the ED.

7.5 E-learning modules

It is proposed that eLearning modules, which are online resources to support the curriculum, will be “recommended” for completion; however, completion of the modules will not be a training “requirement”. The eLearning modules include multiple-choice quizzes which will serve as a useful tool for self-appraisal, self-assessment and study purposes.

7.6 Examinations

Proposed changes to the examinations for the Emergency Medicine Certificate (EMC) and Emergency Medicine Diploma (EMD) and details of the Emergency Medicine Advanced Diploma examination are summarised in Table 12.

In addition to the proposed changes outlined below, examinations will also include questions that are different to those presented in the eLearning resources and examination attempts will be limited to three.

Table 13. *Current and proposed examination details*

	EMC	EMD	EMAD
Current	Forty (40) Multiple choice questions (60 minutes)	Fifty (50) multiple choice questions (60 minutes)	N/A
Proposed	Eighty (80) multiple choice questions (90 minutes)	Eighty (80) multiple choice questions (90 minutes)	Fifty (50) multiple choice questions (60 minutes)

7.7 Statement of attainment

In the current EMC and EMD programs, the trainee is required to obtain a *statement of attainment* before they are deemed as eligible to undertake the examination.

It is proposed that in the revised EMC and EMD and in the new EMAD the statement of attainment will no longer be required. The statement of attainment was previously completed by the supervisor to confirm the trainee’s overall results and readiness to sit the examination.

Eligibility to undertake the examination for a training program will be determined following the completion of required ED training time, and satisfactory completion and entry of assessments onto the College system

8. Recognition of Prior Learning

Details regarding recognition of prior learning, as well as any ‘transition’ arrangements necessary for current holders of the ACEM EMC or EMD will be determined as part of the ACEM Board approval of the training programs.

9. Consultation process

Stakeholders are invited to review the proposed changes via an online survey (<https://emcdreview2020.questionpro.com>).

The online survey is estimated to take approximately 45 minutes to complete. You are not required to complete the survey in a single sitting. You will be able to save your response and return to the survey at a later time by clicking ‘*save and continue later*’ in the survey and entering your email address when prompted. You will then receive an email with a link to access your survey for completion and submission.

For any queries regarding this consultation please contact the ACEM Education Development Unit on +61 (03) 9320 0444 or educationdevelopment@acem.org.au. The consultation period will be open until 5:00pm (AEDT) Sunday 15th March 2020.