

Australasian College for Emergency Medicine

Position Statement

Doctors with a disability and the ACEM training programs

This document outlines the Australasian College for Emergency Medicine's (ACEM) position on doctors who are considering an application to undertake a training program with the College who have a disability, or are already training with the College who have or acquire a disability.

This statement on such doctors provides recommendations for both ACEM and doctors to follow to foster an inclusive approach to assessment for and completion of the training program.

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Document review

Every five years, or earlier if required.
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Revision history

Version	Date	Revisions
V1	Apr-22	N/A
V1.1	Jun-25	Amendments throughout to reflect changes to training program titles and membership categories - EMC to FEMTP, EMD to IEMTP, EMAD to AEMTP and DipPHRM to PHRMTP

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1. Purpose and scope

The statement outlines the Australasian College for Emergency Medicine's (ACEM) position on and guidance for:

- doctors with a disability who are considering applying to ACEM for specialist training in emergency medicine,
- doctors with a disability who are considering applying to ACEM for training in the FEM, IEM, AEM or PHRM Training Programs, and
- existing ACEM trainees with or that acquire a disability while in training.

2. Background

2.1 Defining disability

In Australia the Disability Discrimination Act 1992 defines disability as:

- total or partial loss of the person's bodily or mental functions
- total or partial loss of a part of the body
- the presence in the body of organisms causing disease or illness
- the malfunction, malformation or disfigurement of a part of the person's body
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction
- a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment, or that results in disturbed behaviour;

and includes disability that:

- presently exists
- previously existed but no longer exists
- may exist in the future
- is imputed to a person (meaning it is thought or implied that the person has disability but does not)¹.

In Aotearoa New Zealand the Human Rights Act 1993 defines disability as:

- 1. Physical disability or impairment.
- 2. Physical illness.
- 3. Psychiatric illness.
- 4. Intellectual or psychological disability or impairment.
- 5. Any other loss or abnormality of psychological, physiological, or anatomical structure or function.
- 6. Reliance on a guide dog, wheelchair, or other remedial means.
- 7. The presence in the body of organisms capable of causing illness (such as HIV or hepatitis)².

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2.2 Disability and practising medicine

In Australia approximately 18 per cent of the population has a disability³, with this figure rising to 24 per cent of the population in Aotearoa New Zealand⁴. It is unknown how many doctors are practising with any form of disability in Australia and Aotearoa New Zealand. In the United States it has been estimated that less than two per cent of practising doctors have a disabilityⁱ, with the vast majority acquiring them after they have completed training⁵.

2.3 ACEM and inclusion

As the peak professional organisation for emergency medicine in Australia and Aotearoa New Zealand, ACEM has a duty to the emergency medicine profession and the wider community. Part of this entails training a sustainable emergency medicine workforce that provides high quality patient care and upholds the highest possible professional standards in emergency medicine. ACEM is also committed to training a workforce that is representative of the population that its members treat.

2.4 ACEM training programs

ACEM offers five different training programs. Primarily the College offers a specialist training program, which leads to the award of Fellowship of the Australasian College for Emergency Medicine (FACEM). This confers eligibility for registration as a medical practitioner in the speciality of emergency medicine and use of the specialist title 'Specialist Emergency Physician' by the Medical Board of Australia (MBA), as well as registration within the vocational scope of emergency medicine by the Medical Council of New Zealand (MCNZ).

The FACEM Training Programs include formal structured assessments, examinations, and other requirements prescribed by the College throughout the course of training. Trainees work in emergency departments (EDs) for most of their training and must also undertake training in anesthesia and/or intensive care, as well as additional placements in non-emergency posts and/or areas of special skill such as toxicology, retrieval medicine, medical education or research.

The FACEM Training Program is underpinned by the ACEM Curriculum Framework, which outlines the knowledge, skills and attributes required at each stage of training and, ultimately, for independent practice as an emergency physician. The requirements of the Training Program are set out in ACEM Regulation G – FACEM Training Program. FACEMs have the opportunity to build their knowledge and expertise such as Paediatric Emergency Medicine (PEM) and Geriatric Emergency Medicine (GEM).

The College also offers the Associateship in Foundational Emergency Medicine Training Program (FEMTP), Associateship in Intermediate Emergency Medicine Training Program (IEMTP), and Associateship in Advanced Emergency Medicine Training Program (AEMTP). Upon successful completion of these programs, trainees may apply for membership as an Associate. These do not, however, result in a specialist qualification and are not recognized by the MBA or the MCNZ for the purposes of attaining specialist registration.

The College also offers a Associateship in PHRM Training Program (PHRMTP) in conjunction with the Australian and New Zealand College of Anaesthetists (ANZCA), College of Intensive Care Medicine (CICM), the Australian College of Rural and Remote Medicine (ACCRM), and the Royal Australian College of General Practitioners (RACGP). Administered by the Conjoint Committee of Pre-Hospital and Retrieval Medicine (CCPHRM), the PHRM Training Program is a structured, on-the-job, experiential training program, which leads to the Associateship in PHRM. The PHRMTP is aimed at appropriately experienced doctors who wish to work within PHRM services and actively participate in missions.



¹ In the United States a person with a disability is defined by the Americans with Disabilities Act as someone who (1) has a physical or mental impairment that substantially limits one or more "major life activities," (2) has a record of such an impairment, or (3) is regarded as having such an impairment. "Major life activities" are defined as including, but not limited to, major bodily functions, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

3. Recommendations

3.1 Fostering open and inclusive environments

First and foremost, ACEM advocates for a culture both within the College and within EDs that is open and inclusive. Individuals from across the full spectrum of diversity are encouraged to explore emergency medicine as a future career option and have the right to feel that both the College and the ED workplace are welcoming environments for them. ACEM is committed to promoting emergency medicine as an inclusive career path, and to reflecting this stance in its own core values. In addition to this, ACEM has a responsibility to create an environment of trust and transparency in order to ensure trainees feel safe and have confidence in the selection process.

3.2 Fostering two-way conversations ahead of applications

Emergency medicine is a procedural-based discipline, and the curriculums for the ACEM Specialist Training Program and the FEM, IEM, AEM, and PHRM Training Programs reflect this. Procedures such as intubation and resuscitation are vital practices, which emergency specialist physicians must be able to perform independently. ACEM recognises that there may be certain procedures in the curriculum that some doctors with disabilities will not be able to perform. Although ACEM strives to be inclusive, there will remain occasions where an application cannot be approved on the basis that an applicant will not be able to perform the full range of procedures, which are outlined in the curriculum.

It is therefore important that doctors who have a disability who are considering applying for training with ACEM contact the College prior to submitting an application. The purpose of this is to discuss whether they have any limitations, which may restrict their ability to independently perform aspects of any of the training programs in emergency medicine, if ACEM can make reasonable adjustments to enable them to do so and whether they have any questions about the training program(s).

A discussion prior to application also allows ACEM to provide further information to the potential applicant on the curriculum requirements of the program(s) and to manage expectations ahead of an application. As part of this discussion it may become apparent that the level of training that the doctor is considering, for example a Fellowship, is not necessarily appropriate for them, and that a different training program may be more suitable when taking into account any limitations or restrictions they may have. Ultimately the applicant will be more informed before deciding on whether to apply for training with ACEM.

3.3 Facilitating conversations with training hospitals

During preliminary conversations with potential applicants, ACEM will discuss that their ability to train may be limited to EDs that are able to accommodate their reasonable adjustments, without compromising patient care. ACEM is only able to enroll successful applicants to a training program once they have secured an offer of employment from a hospital. Where an applicant has secured an offer of employment, before approving the application to train, ACEM must facilitate a discussion with the hospital and the applicant about what reasonable adjustments the hospital – as an employer – will need to make in order to train the applicant.

In the situation where ACEM believes that an applicant with a disability will be able to complete the requisite training program, but the applicant has been unable to secure an offer of employment the College should then explore with the applicant why this is, and what the best alternative route will be. This may include considering alternative employers, where there will be EDs that will be able to make reasonable adjustments without compromising patient care. In some cases, this may require a more in-depth consideration of whether there is a more appropriate training pathway for the applicant, which may or may not be with the College.

3.4 Existing trainees with or that acquire a disability or have an unseen disability

It is imperative that any trainees who are already undertaking an ACEM training program with or that acquire a disability, inform the College as soon as is reasonably possible. In this situation the College and the trainee will discuss and assess how the disability may be impacting or has impacted the trainee's ability to undertake the training program, what reasonable adjustments ACEM and / or their training hospital can make to facilitate their continued training, and whether it will be possible for the trainee to independently practice emergency medicine to the level required, in the future.

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ACEM acknowledges that many disabilities may be unseen and not immediately apparent. There may be existing trainees that have such a disability but have not shared this information with ACEM. The College encourages any such trainee to inform the College of their disability so that any reasonable adjustments can be made to support them in their training and assessments.

3.5 Waiving of the special consideration fee

The <u>ACEM exceptional circumstances and special consideration policy</u> sets out examples of where a trainee may apply for special consideration of exceptional circumstances which may have adversely affected their performance in an assessment. The policy states that trainees can ask for consideration to make alternative assessment arrangements on the grounds of 'permanent or chronic impairment or disability'. In order to make a request for special consideration trainees must ordinarily pay a fee.

ACEM wishes to foster an inclusive environment for all trainees. Charging trainees with a disability a fee for a condition that they live and train with is not in line with this principle. Where an existing or future trainee with a disability makes an application for special consideration due to a matter relating to their disability, they will not be charged a fee for doing soⁱⁱ. This is distinct from other acute issues that may be covered by the exceptional circumstances and special consideration policy, but are not directly related to disability, for which an additional application would be required.

Where an applicant with a disability undertakes conversations with ACEM as per 3.2 about their disability prior to application, the College will make arrangements so that applying for special considerations should not be necessary on an ongoing basis.

4. Related documents

- <u>ACEM guidance on selection into Training Policy</u>
- FACEM Training Program requirements
- FACEM Curriculum Framework
- <u>ACEM trainee Enrolment Policy</u>

5. References

¹Australian Government. Disability Discrimination Act 1992. Canberra, ACT: Federal Register of Legislation; 2016 [accessed 17 June 2021]. Available from: <u>https://www.legislation.gov.au/Details/C2016C00763</u>

² Parliamentary Counsel Office. Human Rights Act 1993. Wellington, New Zealand: New Zealand Legislation; 2020 [accessed 17 June 2020. Available from: <u>https://www.legislation.govt.nz/act/public/1993/0082/latest/</u> <u>DLM304212.html</u>

³ Australian Institute for Health and Welfare. People with disability in Australia 2019: in brief. Canberra, ACT: AIHW; 2020 [accessed 15 June 2021]. Available from: <u>https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia-in-brief/contents/how-many-people-have-disability</u>

⁴ Office for Disability Issues. About Disability. Wellington, New Zealand: OfDI; 2021 [accessed 15 June 2021] Available from: <u>https://www.odi.govt.nz/home/about-disability/</u>

⁵DeLisa JA, Thomas P. Physicians with disabilities and the physician workforce: a need to reassess our policies. Am J Phys Med Rehabil. 2005 Jan;84(1):5-11.

ⁱⁱ If this draft is approved as ACEM policy, the ACEM exceptional circumstances and special consideration policy will be updated to reflect this





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