



Accreditation Submission

Australasian College for Emergency Medicine

Supplementary Submission

July 2021



**Australasian College for Emergency Medicine**

34 Jeffcott Street  
West Melbourne VIC 3003

**t** 03 9320 0444

**f** 03 9320 0400

**e** [admin@acem.org.au](mailto:admin@acem.org.au)

**w** [acem.org.au](http://acem.org.au)

© Australasian College for Emergency Medicine 2021

# Table of contents

<b>Glossary of Terms</b> .....	<b>ii</b>
<b>List of Tables</b> .....	<b>iii</b>
<b>Index of Appendices</b> .....	<b>iii</b>
<b>College Details</b> .....	<b>iv</b>
<b>Background</b> .....	<b>v</b>
<b>Standard 1. The context of training and education</b> .....	<b>6</b>
Additional Information Requested and College Response(s).....	6
1.1 Workforce planning stakeholder feedback received from the May 2021 consultation paper and actions arising.....	6
<b>Standard 2. The outcomes of specialist training and education</b> .....	<b>6</b>
No additional information requested.....	6
<b>Standard 3. The specialist medical training and education framework</b> .....	<b>7</b>
No additional information requested.....	7
<b>Standard 4. Teaching and learning</b> .....	<b>7</b>
No additional information requested.....	7
<b>Standard 5. Assessment of learning</b> .....	<b>7</b>
5.1 Examples of action plans for supporting trainees in difficulty. ....	7
<b>Standard 6. Monitoring and evaluation</b> .....	<b>8</b>
No additional information requested.....	8
<b>Standard 7. Trainees</b> .....	<b>8</b>
Additional Information Requested and College Response(s).....	8
7.1 Criteria for application via SIFT and criteria and weightings/points systems that guides selection ....	8
7.2 De-identified examples of summary of feedback given to unsuccessful candidates .....	9
<b>Standard 8. Implementing the program</b> .....	<b>9</b>
Additional Information Requested and College Response(s).....	9
8.1 Supervisory and educational roles.....	9
8.1.1 Data on the average ratio of DEMENTs to trainees at training sites. ....	9
8.1.2 De-identified examples of feedback to individual DEMENT and WBA coordinators.....	9
8.1.3 Criteria for selection of Local WBA coordinators.....	9
8.2 Training sites and posts.....	10
8.2.1 Revisions training guidelines and process guides for Adult and Paediatric ED. ....	10
<b>Standard 9. Continuing professional development, further training and remediation</b> .....	<b>10</b>
No additional information requested.....	10
<b>Standard 10. Assessment of specialist international medical graduates</b> .....	<b>10</b>
Additional Information Requested and College Response(s).....	10
10.1 The SIMG MSF process clarify and feedback on the results of the MSF. ....	10
10.2 Regulation C amendment for SIMG assessment .....	10

## Glossary of Terms

<b>ACEM</b>	Australasian College for Emergency Medicine
<b>AMC</b>	Australian Medical Council
<b>CST</b>	Clinical Support Time
<b>CV</b>	Curriculum Vitae
<b>DEMT</b>	Director of Emergency Medicine Training
<b>ED</b>	Emergency Department
<b>EMC</b>	Emergency Medicine Certificate
<b>EMD</b>	Emergency Medicine Diploma
<b>FACEM</b>	Fellow of the Australasian College for Emergency Medicine
<b>ITA</b>	In-Training Assessment
<b>MSF</b>	Multi-Source Feedback
<b>NZ</b>	New Zealand
<b>SIFT</b>	Selection into FACEM Training
<b>SIMG</b>	Specialist International Medical Graduate
<b>WBA</b>	Workplace-based Assessment
<b>WPC</b>	Workforce Planning Committee

## List of Tables

### Standard 1

<b>Table 1.1</b>	EMC and EMD graduates by residential location	<b>p. 33</b>
------------------	---	--------------

## Index of Appendices

### Standard 1

<b>Appendix 1.1</b>	Consultation Feedback Report from the Workforce Issues Paper
---------------------	--

### Standard 5

<b>Appendix 5.1</b>	De-identified examples of action plans from trainee in difficulty process
---------------------	---

### Standard 7

<b>Appendix 7.1</b>	De-identified summaries of feedback to unsuccessful candidates from the 2020 SIFT process
---------------------	---

### Standard 8

<b>Appendix 8.1</b>	De-identified examples of feedback to individual DEMTs
---------------------	--

<b>Appendix 8.2</b>	Position Description for Local WBA Coordinators
---------------------	---

<b>Appendix 8.3</b>	Summary of minor changes to FACEM training site accreditation requirements from 2022
---------------------	--

### Standard 10

<b>Appendix 10.1</b>	Amended Regulation C
----------------------	----------------------



## College Details

---

**College Name:** Australasian College for Emergency Medicine  
**Address:** 34 Jeffcott Street, WEST MELBOURNE VIC 3003  
**Date of last AMC accreditation decision:** July 2018  
**Periodic reports since last AMC assessment:** October 2018, September 2019  
**Reaccreditation due:** 31 March 2022

---

**College officer to contact concerning the report:** Georgina Anderson  
**Telephone number:** +61 3 9320 0411  
**Email:** [Georgina.Anderson@acem.org.au](mailto:Georgina.Anderson@acem.org.au)

---

## Verify Report Reviewed

The information presented to the AMC is complete and represents an accurate response to the relevant requirements.

**Verified by:** Dr Peter White  
**Position:** Chief Executive Officer

**Signature:**

**Date:** 14 July 2021



## Background

As part of its cycle of accreditation by the Australian Medical Council (AMC), the Australasian College for Emergency Medicine (ACEM; the College) presented its submission to facilitate a further period of accreditation in May 2021. Following a meeting held in June 2021 between College representatives and the Assessment Team appointed by the AMC to conduct the 'follow-up' assessment of the College, correspondence from the AMC to the College requested additional information in relation to some aspects of the Reaccreditation Submission, along with an outline of specific issues relating to each accreditation standard to be explored in further detail during the assessment visit to be conducted over the period 9 – 11 August 2021.

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

Dr John Bonning  
**President**

---

## Standard 1. The context of training and education

### Additional Information Requested and College Response(s)

1.1 Workforce planning stakeholder feedback received from the May 2021 consultation paper (when received and collated) and any actions arising?

The *Consultation Feedback Report* from the *Workforce Issues Paper* is provided as **Appendix 1.1**. The report was considered by the *Workforce Planning Committee* at its meeting held 6 July 2021 as part of the input guiding the development of the *Workforce Planning Recommendations Paper*, which at the time of submission of this document is in the advanced stages of preparation.

1.2 Are data available on the number and locations of non-FACEM doctors that have been awarded the certificate and diploma qualifications?

Data held by the College outlining the region in which Emergency Medicine Certificate (EMC) and Emergency Medicine Diploma (EMD) graduates reside is provided as **Table 1.1** below.

**TABLE 1.1 EMC and EMD graduates by residential location**

Region (by residence)	EMC	EMD	Total
ACT	35	4	39
NSW	315	31	346
NT	68	3	71
QLD	273	24	297
SA	129	17	146
TAS	44	1	45
VIC	278	32	310
WA	166	18	184
NZ	88	4	92
Overseas	38	2	40
<b>Total</b>	<b>1434</b>	<b>136</b>	<b>1570</b>

## Standard 2. The outcomes of specialist training and education

No additional information requested.



### Standard 3. The specialist medical training and education framework

No additional information requested.

### Standard 4. Teaching and learning

No additional information requested.

### Standard 5. Assessment of learning

#### 5.1 Can the team see examples of action plans for supporting trainees in difficulty? These can be deidentified.

A new support mechanism within the In-Training Assessment (ITA) was implemented in August 2020. If a Director of Emergency Medicine Training (DEMT) is seeking additional advice and support to assist a trainee, they have the option to involve the relevant Regional Censor or Regional Deputy Censor by ticking a box indicated clearly on the ITA when the ITA is submitted.

The DEMT is encouraged to talk about why they have selected 'yes' with the trainee, so that the trainee is aware that the DEMT is seeking additional advice and support in relation to their progress.

If the DEMT selects 'yes' to the statement on the ITA, a notification is sent to the ACEM Trainee Support team, who then collate relevant trainee information and forward this information to the Regional Censor/Regional Deputy Censor, as appropriate.

The Regional Censor/Regional Deputy Censor then directly contact the DEMT to discuss the situation and determine an action plan.

- The action plan may include, but is not limited to:
  - The DEMT to monitor the trainee over the next ITA period and report in on their progress after the next ITA.
  - The Regional Censor may request a meeting with the trainee (via teleconference if not in person) that could include the DEMT to discuss the issues. The trainee or DEMT can have a support person present.
  - The Trainee Support team contact the trainee, particularly when welfare issues are raised.

Following the meeting, the Regional Censor/Regional Deputy Censor will document the discussion and return this to the Trainee Support team. The meeting record will be filed for future reference in case the difficulties continue, and any action plans previously implemented need to be referred to. This document will remain confidential.

Two de-identified examples of action plans from this process are provided as **Appendix 5.1**.

## Standard 6. Monitoring and evaluation

No additional information requested.

## Standard 7. Trainees

### Additional Information Requested and College Response(s)

7.1 The team notes the criteria for application via SIFT and the updated selection into training policy on the College website. Will the College be able to provide the criteria with clear weightings/points systems that guides selection?

The Selection into FACEM Training (SIFT) process is a standards-based selection process. The guiding intention underpinning this process is to select those applicants who are likely to succeed in emergency medicine, both as trainees and ultimately as FACEMs, once having successfully completed the FACEM Training Program.

As outlined in the College report submitted in May, it was found that information received from the Curriculum Vitae (CV) component of a selection application was not contributing significantly to applicant suitability decisions. As such, it was agreed that for the 2021 selection process for the 2022 training year, the information collected in the CV, including relevant professional development, achievements and leadership activities, would no longer have weightings/points attributed to them as part of the process.

Instead, should an applicant be deemed not successful based on a review of the Institutional and Personal Reference responses and ratings, the *Selection into Training Subcommittee* would then review the content of the Structured CV component (including rurality), to identify if anything listed in the CV might be able to negate issues raised in references.

Revisions were made to the Institutional References and the Nominated References, in particular to the domains and rating scales, to elicit more specific and discriminatory information about an applicant's readiness and suitability to begin FACEM training.

The domains being assessed in the References, along with a description of each, are outlined in the *Selection Criteria References* document, which is available to all applicants on the [ACEM website](#).

Each of the domains contains a number of statements and referees are asked to rate each of the domain statements in accordance with the level of guidance and/or supervision required by the applicant for that statement. Referees are also asked to provide a global assessment on whether they feel the applicant has demonstrated that they are suitable and ready to commence FACEM training at the start of the next medical training year or whether they would benefit from additional time. The degree of entrustability rated for each statement and any additional comments provided by the referees will be used to assist the Selection into Training Subcommittee to make a final decision on the application outcome and to provide meaningful feedback should an application be unsuccessful. It is believed that the revised domain statements and rating scales introduced for selection into the Training Program for 2022 will enhance this process.

As applicants are rated according to their observable skills, abilities, attitudes, behaviours and performance across a range of domains, a points/weighting or ranking system is not used in the selection process. Rather, successful applicants are those who have demonstrated via the domain statements that they are ready to commence FACEM training and have the ability to independently assess and manage low-complexity patients with only occasional prompting, guidance and/or indirect supervision.

#### 7.2 Could the team see (de-identified) examples of the summary of feedback given to unsuccessful candidates which highlight areas of deficiency?

Two (2) de-identified summaries of feedback to unsuccessful candidates from the 2020 SIFT process are provided as **Appendix 7.1**, noting that these are based on the criteria that were in place and applicable for the 2020 SIFT process.

## Standard 8. Implementing the program

### Additional Information Requested and College Response(s)

#### 8.1 Supervisory and educational roles

##### 8.1.1 Given what is documented in the new appointment process, could the College provide data on the average ratio of DEMENTs to trainees at training sites?

The average ratio of DEMENTs to trainees at training sites is 1:10. DEMENTs at smaller sites will have fewer trainees, whilst there will be several Co-DEMENTs at larger sites that have larger numbers of trainees. DEMENTs are given clinical support time (CST) to fulfil their role, and this is built into their roster. The *ACEM Training Site Accreditation Guidelines* specify 10 hours per week; or one (1) hour per trainee per week, whichever is greater.

##### 8.1.2 Could the College provide (de-identified) examples of feedback to individual DEMENT and WBA coordinators?

Three (3) de-identified examples of feedback provided to individual DEMENTs are provided as **Appendix 8.1**. One is an example of feedback to a DEMENT who was considered to have provided good quality comments to trainees, while the other two are to a DEMENT who was considered not to have done so, with an initial and a follow-up letter as a result of a second audit, with little improvement shown.

As the process for Local Workplace-based Assessment (WBA) Coordinators has only recently been introduced and operational, an example of WBA Coordinator feedback is not yet available.

##### 8.1.3 The team would like to see a copy of the criteria for selection of Local WBA coordinators if available.

The *WBA Coordinator Position Description*, which contains the criteria for selection of Local WBA Coordinators is provided as **Appendix 8.2**.

## 8.2 Training sites and posts

- 8.2.1 The team notes the revisions to the new system of training site accreditation. Will the College be able to provide the new training guidelines and process guides for Adult and Paediatric ED. if available?

Whilst the majority of the training site accreditation standards and requirements for the new training program commencing 2022 have/are not changing, new guidelines for Training Stage 4 (TS4) and supervision requirements for paediatric emergency departments (EDs) are currently being finalised following a period of stakeholder feedback, so are not yet available.

Minor changes to some requirements have been approved and a summary document of changes to FACEM Training Site Accreditation Requirements from 2022 are provided as **Appendix 8.3**. Please note that existing accredited sites will have until the commencement of 2024 to meet these requirements.

## Standard 9. Continuing professional development, further training and remediation

No additional information requested.

## Standard 10. Assessment of specialist international medical graduates

### Additional Information Requested and College Response(s)

- 10.1 The team is interested to understand the SIMG MSF process - and in particular to clarify whether the individual SIMG receives feedback on the results of the MSF.

The Multi-Source Feedback (MSF) process was implemented in March 2019, primarily to supplement the information provided in the formal Specialist International Medical Graduate (SIMG) assessments at that time and to include feedback from a wider range of participants, hence gaining a broader perspective of the SIMG's performance in the ED. The SIMG MSF forms were provided for information as part of the College's accreditation submission (refer **Appendix 10.1** of the submission), with the process designed to be used at the end of the assessment pathway, just prior to a SIMG applying for election to Fellowship, as a final confirmation step.

As such, it was not seen as a formative assessment and the 'results' have never been routinely provided to the SIMGs. However, should issues be identified through the MSF process, the SIMG will be counselled, and further actions may follow.

The *SIMG Assessment Committee* can request an MSF be undertaken when a pathway review for a SIMG becomes necessary during their supervised practice period, to clarify a SIMG's progress in that ED from a broader perspective.

- 10.2 Regulation C amendment for SIMG assessment.

The amended Regulation C approved in December 2020 is provided as **Appendix 10.1**.



**Australasian College for Emergency Medicine**  
34 Jeffcott Street  
West Melbourne VIC 3003  
Australia  
+61 3 9320 0444  
admin@acem.org.au

**acem.org.au**