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<td>Australasian College for Emergency Medicine</td>
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<tr>
<td>AMC</td>
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<tr>
<td>ANZCA</td>
<td>Australian and New Zealand College of Anaesthetists</td>
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<td>ASGC-RA</td>
<td>Australian Statistical Geography Standard Remoteness Areas</td>
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<td>CAPP</td>
<td>Council of Advocacy, Practice and Partnerships</td>
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<td>College of Intensive Care Medicine</td>
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<td>Enterprise Bargaining Agreement</td>
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<td>Emergency Medicine Education and Training</td>
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<td>Full Time Equivalent</td>
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<td>International Federation for Emergency Medicine</td>
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<td>MO</td>
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1. Introduction

1.1 The College

The Australasian College for Emergency Medicine (ACEM; ‘the College’) is accredited by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) to train and accredit doctors throughout Australia and New Zealand as specialist emergency medicine physicians. The College sets the standards for clinical practice in emergency medicine in Australia and New Zealand. It is responsible for delivering and managing the training, education and professional development programs that serve to ensure the provision of emergency medicine care at the standard and quality expected by the Australian and New Zealand public.

The College’s specialist-level training program occurs primarily within hospitals. These hospitals provide the teaching and learning opportunities and clinical experience necessary for trainees to obtain Fellowship of the College. As such, training is a partnership between training sites, specialist trainees, Fellows and the College. This partnership supports the provision of patient-centred care that is respectful of and responsive to the preferences, needs and values of patients.

1.2 ACEM Vision

Be the trusted authority for ensuring clinical, professional and training standards in the provision of quality, patient-focused emergency care.

1.3 ACEM Mission

Promote excellence in the delivery of quality emergency care to the community through our committed and expert members.

1.4 ACEM Training Programs

ACEM offers three training programs. A specialist training program that leads to the award of Fellowship of the Australasian College for Emergency Medicine (FACEM), which confers eligibility for registration as a medical practitioner in the specialty of emergency medicine and use of the specialist title ‘Specialist Emergency Physician’ by the MBA, as well as registration within the vocational scope of emergency medicine by the MCNZ.

The College also offers training programs that lead to the award of a Certificate in Emergency Medicine (Cert EM (ACEM)) and Diploma in Emergency Medicine (Dip EM (ACEM)). These do not, however, result in a specialist qualification and are not recognised by the MBA or the MCNZ for the purposes of attaining specialist registration. Information in relation to the Emergency Medicine Certificate (EMC) and Emergency Medicine Diploma (EMD) Training Programs is available on the College website.

1.5 A brief history of ACEM

The first full-time director of a so-called Casualty Department in Australia was appointed in Geelong, Victoria, in 1967. Similar moves by other hospitals across Australia and New Zealand culminated in 1981 in the establishment of the Australasian Society for Emergency Medicine. In the years following, in consultation with established specialist training colleges, the society determined that the optimum pathway to improving standards and training in emergency medicine would be via a new, separate college. ACEM was that college, incorporated in 1984 as the Australasian College for Emergency Medicine by 67 Foundation Fellows.

A curriculum and training program were developed with a structure, duration and examination system similar to the other specialist medical colleges. The first Primary Examination (testing Anatomy, Pathology, Physiology and Pharmacology) was conducted in 1984. The first Fellowship Examination (a six-part clinical exit examination) was held in 1986, with seven of 14 candidates successful.
Recognition as a specialty

In July 1991, ACEM submitted an application to the National Specialist Qualification Advisory Committee for recognition of emergency medicine as a principal specialty. After broad consultation with the profession and health regulatory agencies, the Commonwealth Minister for Health approved the recognition of emergency medicine as a principal specialty, effective 8 August 1993.

Emergency Medicine was recognised as a medical specialty in New Zealand in November 1995.

The growth of Emergency Medicine

Emergency Medicine has grown rapidly since its specialty recognition and is incorporated throughout the hospital systems in Australia and New Zealand. Emergency departments in the Australasian region now see more than seven million attendances a year. There are also now more than 100 emergency departments accredited for specialist training.

While the majority of emergency attendances occur in public sector hospitals, fee-for-service emergency medicine is practised in a growing number of private hospitals, the first having been established at the Gold Coast in 1987. There are now private hospital emergency departments in all capital cities in Australia, giving Australians genuine choice in how they access emergency care. These private services do not exist in New Zealand.

Academic emergency medicine has been developing since the first appointment at Senior Lecturer grade was established at the Christchurch School of Medicine in 1992, and the first full Professor of Emergency Medicine appointed to the University of Western Australia in 1996. Many emergency physicians today also hold clinical academic roles and emergency departments play a significant part in undergraduate and postgraduate training.

ACEM’s role in Emergency Medicine


ACEM established the Emergency Medicine Research Foundation in 1993 to receive donations and benefactions directed to basic and applied research in the discipline.

ACEM is a full foundation member of the International Federation for Emergency Medicine (IFEM), together with the American College of Emergency Physicians, the British Association for Emergency Medicine and the Canadian Association of Emergency Physicians. Three scientific assemblies of the IFEM have been held in Australia; in 1988 (Brisbane), 1996 (Sydney), and in 2004 (Cairns). Since its formation, there has been an ongoing increase in members of the IFEM, which now includes more than 20 member organisations.

1.6 ACEM Governance

ACEM is governed by a Board, the members of which are the Company Directors. In addition to standing and ad hoc committees that report directly to it, the Board delegates some powers to its two Councils, the Council of Advocacy, Practice and Partnerships (CAPP) and the Council of Education (COE), and their subordinate entities. The general nature of the arrangements is outlined in Figure 1 below.
The Council of Education (COE) is the educational governing body of the College and has been delegated responsibility for all facets of the College’s educational activities by the ACEM Board. This includes the requirements of the training programs, conduct of examinations, election to Fellowship, accreditation of training sites and placements, and ongoing professional development requirements. The membership of all COE entities (Figure 2) is set out in formal Terms of Reference.

Figure 2: Council of Education governance structure
1.7 **Trainee Committee**

While trainees are voting members of several of the committees, subcommittees and working groups, the Trainee Committee provides formal representation for all ACEM trainees, representing trainees' interests in education and training policies. The Committee is also involved in forums to share and gather information, provide support networks and promote the needs of trainees.

1.8 **Specialist Training and Assessment Committee**

The Specialist Training and Assessment Committee (STAC) has oversight of the FACEM Training Program, including assessments, selection to training and accreditation of training sites. A member of the Trainee Committee, usually its Deputy Chair, is a member of STAC to provide a trainee perspective on the operational matters relating to the FACEM Training Program.

More information about the Committee, including contact details for regional representatives, is available on the College website.
2. An overview of the program

The FACEM Training Program is for medical practitioners who wish to pursue a career in emergency medicine. Successful completion qualifies practitioners for independent practice as a consultant in emergency medicine in Australia and New Zealand and the award of Fellowship of the Australasian College for Emergency Medicine.

The FACEM Training Program is a structured five-year training program, which requires satisfactory completion of:

- 12 months (1 year) of Provisional Training; and
- 48 months (4 years) of Advanced Training.

The FACEM Training Program includes formal structured assessments throughout the course of the training, examinations and other requirements prescribed by the College.

Trainees work in emergency departments for the majority of their training and must also undertake training in anaesthesia 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.

Training placements must be in departments that have been accredited and approved by the College to provide the required training or special skills. Some non-ED placements will require prior approval to be recognised in the Training Program. In addition, some training site limits apply. Hospitals may be accredited by ACEM for six, 12, 18 or 24 months of ED training, paediatric EM training, critical care and/or anaesthetics, and/or as part of a training network.

A list of accredited training sites is available on the ACEM website (acem.org.au/training).

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 B—Specialist Training Program. Regulations are updated from time to time and trainees should ensure they consult the most up-to-date version, available on the College website. In addition to the regulations, there are a series of College policies and guidelines that relate to specific aspects of the FACEM Training Program, as well as more broadly to College activities. These are also available on the College website.

2.1 Structure and stages

**Provisional Training**

Provisional Training comprises satisfactory completion of:

- six FTE months core emergency medicine training;
- six FTE months training in an accredited/approved placement(s) (either in emergency medicine or non-Emergency Department (ED));
- In Training Assessments (ITAs);
- Structured References;
- Primary Examination (Written); and
- Primary Examination (Viva).

Where applicable, ‘maintenance’ and/or ‘Time Complete’ requirements will apply.

The minimum placement duration for Provisional Training is two (2) consecutive FTE months in non-ED at a single training site and two (2) consecutive calendar months in ED at a single training site.
Advanced Training

Following satisfactory completion of all requirements of Provisional Training, a trainee progresses to Advanced Training, which comprises satisfactory completion of:

- 30 FTE months of core emergency medicine training;
- six FTE months critical care training (intensive care and/or anaesthesia);
- six FTE months non-ED training;
- six FTE months ‘Discretionary’ training;
- prescribed Emergency Medicine Workplace-based Assessments (EM-WBAs);
- In Training Assessments (ITAs);
- paediatric requirement;
- research requirement;
- Fellowship Examination (Written); and
- Fellowship Examination (OSCE).

Where applicable, ‘maintenance’ and/or ‘Time Complete’ requirements will apply.

The minimum placement duration for Advanced Training is three (3) consecutive FTE months in non-ED at a single training site and three (3) consecutive calendar months in ED at a single training site.

The Core Emergency Medicine Advanced Training comprises two phases. Early phase requires the completion of 12 FTE months of emergency medicine Advanced Training. Late phase requires the completion of the remaining 18 FTE months of emergency medicine Advanced Training.

2.2 Stages of Training

As set out in the ACEM Curriculum Framework, the FACEM Training Program comprises the following stages of training:

**Provisional Training**: commences upon enrolment as a Trainee and continues until completion of all requirements of Provisional Training.

**Advanced Training Stage 1**: commences upon progression into Advanced Training and continues until completion of all of the ‘early phase’ emergency medicine requirements.

**Advanced Training Stage 2**: commences upon progression into ‘late phase’ emergency medicine training and continues until commencement of Stage 3. It is not necessary to complete all ‘late phase’ EM requirements during this period.

**Advanced Training Stage 3**: commences when the trainee completes 36 FTE months Advanced Training and continues until the trainee is elected to Fellowship. This stage is of particular significance for Fellowship Exam (Clinical) eligibility. Any ‘late phase’ EM requirements not completed in Stage 2 must be completed during this stage.

Non-ED placements may be undertaken during any stage of training, however there are specific non-ED requirements that must be undertaken during the Advanced Training phase.
2.3 Timeframe for completion

The maximum timeframe for the completion of the requirements of the FACEM Training Program is 12 years. Of the 12 years, the maximum allowable time for the completion of the requirements of Provisional Training is 5 years, while the maximum allowable time for the completion of the requirements of Advanced Training is 10 years.
3. The Curriculum Framework

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 for each of the eight domains.

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

The ACEM Curriculum Framework, together with a user guide, is available on the ACEM website as a single downloadable PDF and as a searchable online resource.

3.1 Stages of Training

The ACEM Curriculum Framework is divided into stages of training and should be used by a trainee to guide their learning. Whilst trainees should ensure they refer to the complete curriculum document for learning outcomes associated with each stage of training, the top level descriptors set out the expected level of mastery for each Domain and each stage of training. These are available on the website.
4. Planning and managing your training

4.1 My ACEM Portal

All details of placements and assessments in the FACEM Training Program are required to be recorded in the My ACEM portal. It is important for trainees to check the portal regularly.

4.2 Supervision of Training (DEMTs)

A Director of Emergency Medicine Training (DEMT) is appointed to supervise each trainee in the FACEM Training Program. The DEMT is a FACEM who has been formally appointed to the role of supervisor at an ACEM-accredited hospital. Some sites will have more than one DEMT, while a dedicated Paediatric ED may have a Fellow of the Royal Australasian college of Physicians as the DEMT. For trainees completing non-ED training in a site without an accredited ED, the DEMT will typically be the applicable Deputy Censor for the region in which the training site is located.

Trainees are responsible for ensuring that the DEMT at the hospital at which they are working knows of their presence in the hospital, whether in an ED or a non-ED post, and is aware that they are a FACEM trainee. Should any difficulties arise during a non-ED term, the DEMT at that hospital will be able to assist.

The DEMT will often be acquainted with a trainee and their training status and activity. However, there are some circumstances where this will not be the case. For example, where a trainee:

- is sent on an ED rotation from one hospital with an accredited ED to another;
- has been sent on a non-ED rotation from an accredited hospital to one which is not accredited for EM; or
- has independently organised the placement (whether this post be an ED or non-ED placement).

The above also applies where the ‘notional’ DEMT is the Deputy Censor. All DEMTs have online access to their trainees previous Workplace-Based Assessments (ITAs and EM-WBAs) for the purpose of assisting trainees to progress in the FACEM Training Program.

4.3 Finding and Registering a Placement

Trainees are required to secure employment that will enable them to meet the training requirements applicable to their stage and phase of training and to enter their placement details into the My ACEM portal. Placements must be entered on or before commencing in the position. Some placements require prior approval from the College and must be submitted six weeks prior to commencement of training.

Placements for Provisional and Advanced training must:

- be approved for training;
- meet minimum-term duration requirements; and
- ensure any planned leave does not exceed the maximum permitted (either for a single period or for the Training Year).

Placement types for emergency medicine (EM) training, paediatric EM, linked emergency department training, non-ED training in other specialties or special skills, in general practice, medical administration, overseas etc. all have eligibility criteria, accreditation requirements and time limits. These can be found on the College website.

4.4 Circumstances leading to non-certification of a placement

Trainees who fail to appropriately record placement details within the specified timeline, and who have been advised in writing by the College on three (3) separate occasions of the need to enter a valid placement, will result in non-certification and a three month Interruption to Training will be applied for non-compliance. Should trainees remain non-compliant a further 3 months of interruption to training will be applied.
In the instance where trainees fail to enter a valid placement within the specified timeline following their second period of applied interruption, consideration for possible removal from the FACEM Training Program will be instituted.

4.5 Placement duration

The FACEM Training Program has different requirements for placement duration, depending on whether you are in ED or non-ED. In every case, a trainee must work at least 0.5 FTE in order to have the placement certified for training.

**ED Placement Length**

In Provisional training, your placement needs to be a minimum of 2 calendar months in order to be accredited for training.

In Advanced training, your placement needs to be a minimum of 3 calendar months in order to be accredited for training.

**Non-ED Placement Length**

In Provisional training, your placement needs to be a minimum of 2 full time equivalent (FTE) months in order to be accredited for training.

In Advanced training, your placement needs to be a minimum of 3 full time equivalent (FTE) months in order to be accredited for training.

4.6 Rostering and meeting training requirements

The FACEM Training Program has different requirements for placement duration, depending on whether trainees are in ED or non-ED. In every case, a trainee must work a minimum of 0.5 FTE at a single site in order to have the placement certified for training.

Even if two ED sites are networked, the College considers each site as a separate entity for the purpose of training placements and certification of training time.

DEMTs have an obligation to ensure that FACEM training requirements are factored into the planning of rotations in order to ensure that trainees can meet all their training requirements, equally trainees should also be aware of these requirements when accepting rotations. Special consideration applications from trainees requesting variations to training requirements that have been the result of putting training site and workforce needs above trainee requirements are not deemed exceptional.

A randomised placement audit of the FACEM trainee cohort is conducted every year, where the College looks for discrepancies between what the trainee has logged in their online portal and what the trainee has been rostered to do. If there is a large margin of error, this could result in a training period not being certified for training.

4.7 Rostering across sites, disciplines and networked ED sites

A trainee will be placed into an interruption to training if they are working at multiple sites of less than 0.5 FTE, at one or both sites, as neither meets minimum placement requirements.

**Examples of split arrangements**

- A trainee is rostered at 0.75 FTE in ED at Hospital Alpha and 0.25 FTE at Hospital Beta. The time at Hospital Beta does not meet minimum FTE, but the training time at Hospital Alpha can be certified. It would be erroneous for the trainee to claim they are working at 1.0 FTE at Hospital Alpha if they are rostered elsewhere.

- The trainee could work the shifts to be at 0.5 FTE at each at both Hospital Alpha and Hospital Beta, which would result in all their training being certified for that period. This would need to be logged as two separate placements on the online portal and two separate In-Training Assessments completed for each site.
Other examples of split arrangements:

- A trainee is rostered across Hospital Alpha and Hospital Beta, 0.25 FTE at each site. Neither in isolation meets the 0.5 FTE minimum requirement, therefore the entire period would be considered an interruption to training.

4.8 Part-time training

Trainees working part-time must advise of the FTE fraction when registering their placement. Part-time work may be considered pro-rata, provided:

- training is undertaken at not less than 0.5 FTE;
- the placement overall meets minimum duration requirements; and
- the placement does not exceed site accreditation limits (e.g. the maximum amount of training time for which the site is accredited by the College).

For example, the minimum placement duration of Provisional Training in a non-ED is two (2) consecutive FTE months, so a trainee working 0.5 FTE must have a placement duration of at least four (4) consecutive calendar months. Similarly, the minimum duration of an Advanced Training placement in non-ED is three (3) consecutive FTE months, so a trainee working 0.5 FTE must have a placement duration of at least six (6) consecutive calendar months.

4.9 Leave during a placement

While working in accredited training positions, trainees may take up to 10 weeks leave per Training Year. This leave is inclusive of combined annual, personal, compassionate, parental, study, examination, conference and carer’s leave.

Limits also apply to the maximum amount of leave that can be taken in any single ITA period.

The maximum allowable leave before the FTE for the placement is affected is as follows:

- up to five weeks in every 13 week In-Training Assessment period (40% ITA period)
- up to 10 weeks in a 12 month period (19% annually).

Any leave taken must be recorded in the My ACEM portal for the applicable placement entry.

4.10 Interruption of training

Trainees may also interrupt training for up to 156 weeks (3 years) in the course of the FACEM training program. However, only 52 weeks of absence can be approved at any one time. Applications for interruption to training must be submitted online via the My ACEM portal.

A trainee can apply for a period of interruption to training for any period of time that is:

- Spent at a training post(s) not accredited for training purposes
- Spent in an approved training post but which does not meet minimum requirements with regards to duration, time fraction, excess leave etc.
- Extended annual/carers/sick leave beyond leave allowances
- Parental leave**

Concessions to the annual training fee do apply for the above interruptions to training. Information for this can be found in ACEM’s Annual Training Fee Policy (TA361).

** ACEM’s Parental Leave Policy (TA683) was approved in November 2018 and can have an impact on due dates for training. For any information to do with interruption to training or parental leave, please contact the Training Team at training@acem.org.au.

*Excluding interruption to training time.
Interruptions to training must be submitted via the My ACEM portal with supporting documentation.

The following factors will be taken into consideration when determining whether to approve or deny an interruption to training application. The period of interruption to training approved may also be adjusted from that requested, taking into account:

- the length of the proposed interruption of training;
- previous interruption of training applications granted;
- the reason(s) for the proposed interruption of training;
- the likely overall effect on a trainee’s progression to fellowship;
- the ability of the trainee to complete their training program within the required time limits;
- previous engagement in the training program and training requirements completed to date;
- any exceptional circumstances provided relevant to the interruption of training application; and/or
- any other circumstances relevant to the application.

Trainees who interrupt their training during a medical training year for a period that cumulatively exceeds three months over that year are eligible for a concession on their annual training year. Please view the Annual Training Fee Policy (TA361) for more information.

** Interruption to Training Supporting Documents **

Concessions to the annual training fee are available to trainees based on the length of an Interruption to training. This is not available to Administrative Interruptions. In order to ensure these concessions are distributed appropriately, we require all Interruptions to be supported by a document verifying the trainees’ time out of training. The College does not have a specific desired document we ask all trainees to submit. Rather, we try to provide trainees with as many options as possible of what to submit to support their Interruptions. The document supplied is required to provide confirmation of the following:

- Dates out of the Training Program, which match those of the Interruption application
- Confirmation that you are working in an accredited training placement at above 0.5 FTE
- Confirmation that you are working in a training capacity (including training placements for other specialist medical Colleges)
- Examples of documents which may be used to confirm the above are:
  - Locum contracts confirming employment throughout the period of Interruption (private information such as salary can be redacted)
  - DEMT letter/e-mail confirming trainee will not be engaged in a training post
  - Medical certificates confirming trainee is unwell/unfit for work
  - Confinement notice/birth certificate/GP letter confirming a period of parental leave
  - Flights confirming time out of country
  - Statutory Declarations

If you are unsure about what documents to supply, don’t forget to contact training@acem.org.au.

** Regulation B2.5.6 ** requires trainees to ensure a training placement or Interruption to Training is logged in the Portal at all times throughout training. Failure to supply sufficient documentation to support an
4.11 Parental Leave

Trainees who are taking parental leave should read the Parental Leave Policy (TA683) to understand their options and the impact on their training.

Notifications for Parental Leave are submitted via the Interruption to Training Form on the My ACEM portal.

Trainees who require additional Interruption to Training beyond the 24 months allowance for any reason where parental leave was previously taken or will be taken, will have their training time due dates extended by the interruption period requested above the allowance. However the extension to due dates cannot exceed the number of months of parental leave taken or to be taken.

4.12 Surplus Training

The below will come into effect in the 2020 Training year (December 2019 for New Zealand and February 2020 for Australia)

Surplus training is time spent in an accredited training post that does not contribute to outstanding FACEM Training requirements. Examples of this are when you:

- decide to complete additional Non-ED training when Non-ED requirements in the FACEM Training program have been fulfilled;
- reach an accreditation limit in the ED but remain at that site;
- have completed the maximum time you can complete in a GP post, ICU, any non-ED discipline and are doing extra time in that post; or
- have not reached a site accreditation limit but need to move to another site to complete your Major Referral or Urban District/ Rural Regional training.

Surplus training is not training time that occurs once you are time complete. This is ‘maintenance time training’ and is reviewed by the Trainee Progression Review Panels.

To ensure trainees are engaged with and progressing through the FACEM Training Program within time limits, Council of Education have introduced a regulation that any Surplus Training across the training program is now limited to a maximum of eighteen (18) FTE months.

Surplus Training will be considered an interruption to training, which removes any requirement to complete assessments during this time. This period of interruption to training will not attract a concession on the annual training fee. Surplus Training contributes to the three-year interruption to training allowance and does not extend overall training due dates.

The only requirements of the FACEM Training Program you can meet during a period of Surplus Training is the Trainee Research requirement and all FACEM examinations.

If a Joint PEM trainee enters a placement that would meet a Joint PEM Training requirement but not a FACEM training requirement, this will not be considered Surplus Training. Trainees will keep the placement and keep completing Joint PEM related assessments.

4.13 Administrative Interruption to Training

Administrative interruptions are periods of time where:

- training time has been converted to interruption because an ITA was not completed by due dates, following reminders and follow-up with Supervisors and trainees;
- a trainee has not advised ACEM of where they are training (entered a placement), following reminders and phone calls;
• a trainee has not provided documentary evidence of their periods of interruption, following requests and phone calls; or
• a trainee has become non-financial with the College, due to non-payment by due dates.

Every administrative interruption follows at least three email reminders and a phone call before being entered by the ACEM Training team. No concession on annual training fees is available for an administrative interruption and once applied administrative interruptions are not removed.

Where a trainee has cumulatively been placed on three periods of administrative interruption, and are placed in an administrative interruption for a fourth time, they will be considered for removal from the FACEM training program.

4.14 'Time Complete' Trainees

'Time Complete' trainees are those who have completed the minimum time requirements for training but have yet to satisfactorily complete all relevant assessment requirements.

Provisional Trainees who are time complete must, in each 12 calendar month period*:
• complete at least three FTE months continuous training in an accredited emergency medicine placement in Australia or New Zealand;
• continue working in accredited/approved training placements throughout the remaining months of the 12 calendar month period; and
• submit a new set of Structured References.

Advanced Trainees who are time complete must in each 12 calendar month period*:
• complete at least three FTE months continuous training in an accredited emergency medicine placement;
• continue working in accredited/approved training placements throughout the remaining months of each such period; and
• satisfactorily complete all assessments and review requirements associated with these placements.

*Excluding interruption to training time.

4.15 Trainee Placement Feedback Survey

The College conducts an Emergency Department Trainee Placement Feedback Survey at the end of each training year. The survey is a chance for Trainees to give feedback on their placement experience. The feedback ensures ACEM’s accredited training sites provide safe, supportive and appropriate training and training environments. The data collected from these surveys is confidential and helps to inform the decision-making of Council of Education entities.

Completion of the survey is a mandatory requirement of training (Regulation B1.5). This regulation ensures a full complement of data is received to best support the continuing review and improvement of the Training Program.

This also aligns with AMC standards that the College ensures trainees are surveyed about the quality of supervision, training and clinical experience.

Trainees will receive up to three reminders to complete the annual survey.
5. Provisional Training

5.1 Training Time
Provisional Training comprises satisfactory completion of six FTE months core emergency medicine training and six FTE months training in accredited/approved placement(s). Core training must be undertaken in a single accredited ED in Australia or New Zealand. The remaining six FTE months can be undertaken in an ED or other approved placement, this is referred to as Discretionary Training. In the first 12 FTE months of provisional training, trainees are required to complete at least six FTE months training in an accredited emergency medicine placement in Australia or New Zealand.

5.2 In-Training Assessments
An In-Training Assessment (ITA) is an ACEM Workplace-Based Assessment (WBA) that involves the trainee being assessed by their DEMT/Supervisor at a point in time during their placement.

In-Training Assessments:
- occur every three calendar months regardless of the trainee's FTE status;
- are completed online by the DEMT (ED training) or Supervisor (non-ED training);
- are automatically generated two weeks prior to the ITA due date relevant to the trainee’s training placement date, which occurs every three calendar months; and

ITAs provide the opportunity for trainees to self-reflect on their performance in the past three months and to provide comment on their discussion with their DEMT / Supervisor. They usually take 30 minutes to complete, during which overall performance is rated and structured feedback is provided. ITAs can be completed within two weeks of the deadline and no later than two weeks after the deadline. Where an ITA has not been submitted within the prescribed timeframe, the ITA period will not be certified.

Trainees should:
- log into the My ACEM portal regularly to ensure their placement and leave details are correct in advance of the ITA deadline;
- ask their DEMT or Supervisor for feedback to help with submission of the ITA by the ITA deadline; and
- familiarise themselves with the assessment forms that their DEMT or Supervisor will use to grade performance. These can be found on the ACEM website.

ITA dates are published on the College website.

5.3 Structured References
Structured References form part of the assessment suite for Provisional Training and serves as an indicator of a trainee’s suitability to progress into Early Phase Advanced Training.

A trainee is eligible to request and submit a set of structured references after working at a single ED site for six FTE months within a 12 month period. To comply with training requirements, trainees must have requested and submitted a set of structured references by the end of their first 12 months of Provisional Training.

A set of Structured References must be requested by the trainee and completed by their DEMT and two FACEMs who have directly supervised them during the period which the reference relates. Once trainees are eligible to request References they must be submitted within four weeks (i.e. three weeks prior to the conclusion of a six-month FTE ED term and one week after the Time check date).

Structured References that are assessed as satisfactory are valid for 12 months from the end of the training period on which they are based.
Where a satisfactory set of Structured References have expired, a second and subsequent sets must be requested on the next three month FTE ED placement at a single site.

If a set of Structured References are assessed as not satisfactory, then the second or subsequent set must be based upon the trainee’s next six-month month FTE period of ED training.

As far as possible, these assessments are private and confidential. However, when structured references are considered to have contributed significantly to a decision that results in a delay in progression of a trainee, a de-identified summary of areas of concern contained in the structured references will be provided by the College to inform the trainee of the reason(s) behind the decision.

Please contact the training team (training@acem.org.au) if you have any questions.

**How to submit a request for Structured References to be completed**

Three weeks prior to the conclusion of the trainee’s ED training period in Provisional Training, the trainee must:

- log onto the My ACEM portal on the ACEM website;
- from the ‘Training Portal’ tab located to the top of the page, select ‘Structured Reference’ from the drop-down menu. A summary of any Structured Reference request(s) will be listed towards the end of the page;
- from the drop-down menu to the right of the identified training period, select your DEMT and two FACEM referees;
- select the green ‘submit’ button when you have completed the selection; and
- confirm your request by selecting ‘OK’ in the final Verification to Submit pop-up box. A notification will be sent to the nominated DEMT and FACEM referees to complete the Structured Reference

5.4 Primary Written Examination

The Primary Written Examination consists of two three-hour papers, each comprising 180 select-choice questions (SCQs), which are made up of multiple-choice and extended-matching questions. It assesses a trainee’s knowledge and understanding of the four basic sciences (anatomy, pathology, physiology and pharmacology) in order to ensure an adequate base for further learning and development towards a career as an emergency medicine physician. To pass the examination, candidates are required to reach a pre-defined level of performance, rather than a fixed percentage of candidates being successful.

The Primary Written Examination is conducted online at regional centres twice per year. Information about the content, structure and format of the examination (including withdrawal) is available on the College website.

**Eligibility**

The Primary Written Examination may be attempted at any time during Provisional Training. It is not necessary to have completed Provisional Training before attempting the examination.

**Applications**

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

Applications to sit the examination may be accepted from trainees conditionally enrolled in the FACEM Training Program. However, these candidates must have completed PGY2 and met the eligibility requirements of the examination by the date on which the examination is held.

**Number of Attempts**

Trainees have a maximum of three attempts at the Primary Written Examination. Any attempts prior to the
start of the 2018 Training Year will not be counted. Trainees who are unsuccessful on their third attempt will be considered for removal from the FACEM Training Program.

5.5 Primary Examination (Integrated Viva)

The PEx Clinical (Viva) is held each year in May and October at the AMC Testing Centre in Melbourne. The dates of the examination are set by the College and published on the ACEM website.

For the examination candidates attempt four 10-minute stations over a one-hour period, including examiner marking time.

Each station is scored in five areas: Anatomy, Pathology, Physiology, Pharmacology and the Clinical Building Blocks.

A new model for the scoring of the examination was introduced to the viva of 2018.

The revised scoring system requires examiners to mark each of the five components of a viva separately, out of a possible score of six, with the candidates receiving an aggregated score (rather than a global score as was the case previously).

- To pass a viva station, candidates require a score greater than or equal to 50% of the total possible viva score of 30.
- To pass the entire viva examination, candidates require a pass in at least two out of the four vivas, as well as achieving a score of at least 50% overall (i.e. >=60/120).

Eligibility

The Integrated Viva may be attempted at any time during Provisional Training following successful completion of the Primary Written Examination.

Applications

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

Applications to sit the examination may be accepted from trainees conditionally enrolled in the FACEM Training Program. However, these candidates must have completed PGY2 and met the eligibility requirements of the examination by the date on which the examination is held.

Number of attempts

With effect from 2018, trainees have a maximum of three attempts at the Primary Viva. Attempts prior to the commencement of the 2018 Training Year will not be counted. Trainees who are unsuccessful on their third attempt will be considered for removal from the FACEM Training Program.

Further information relating to the content, structure and format of the examination, including withdrawal from the examination, is available on the College website.

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6. Advanced Training

6.1 Training time

Advanced Training comprises satisfactory completion of 48 FTE months approved training.

- 30 FTE months core emergency medicine training
- Six FTE months critical care training
- Six FTE months non-ED training
- Six FTE months ‘Discretionary’ training

6.2 Core emergency medicine training

Of the 30 FTE months of core emergency medicine training, at least 12 FTE months must be undertaken in an adult emergency department, at least six FTE months must be undertaken in an emergency department(s) in a major referral hospital and at least six FTE months must be undertaken in an emergency department(s) in an urban district hospital or a regional/rural base hospital.

Each ED training site is accredited a maximum amount of Advanced Training time (six, 12, 18 or 24 months). Trainees must be aware of these site limits to ensure their training time does not exceed the applicable limits at their training site.

6.3 Critical care training

The required six FTE months of critical care training is designed to further develop the trainee’s knowledge and skills in treating critically ill and injured patients and can be undertaken in the disciplines of anaesthetics or intensive care medicine.

Placements must be accredited by the relevant specialist medical college – the Australian and New Zealand College of Anaesthetists (ANZCA) for an anaesthetics placement or the College of Intensive Care Medicine (CICM) for an intensive care placement. A critical care training placement may be undertaken at an site accredited by ACEM for critical care.

Trainees should note that the ITA applicable to a critical care placement(s) is different to that used to assess EM and Non-ED training placements.

Placements undertaken in a unit(s) approved by CICM solely for foundation training in intensive care medicine will not be credited towards the required six months FTE of critical care training for Advanced Training from 2018. Sites accredited at this level by CICM will only be certified for non-ED Provisional Training, the non-ED and Discretionary requirement in Advanced Training.

The placement must be undertaken in an ICU that has been accredited by the College of Intensive Care Medicine for Core training, or in an anaesthetics unit that has been accredited by the Australian and New Zealand College of Anaesthetics, in Australia or New Zealand.

6.4 Non-ED training

Strict limits apply to the amount of non-ED training that may be undertaken in particular disciplines. More information on the disciplines in which non-ED training may be undertaken and the limits that apply is available on the College website (Appendix A, Regulation B).
Where the non-ED training is a special skills placement, trainees are required to complete the learning portfolio within the Learning Needs Analysis.

**GP placements and prior approval**

Any trainee who is completing a General Practitioner (GP) training placement is required to submit a prior approval application to have this training approved towards FACEM Training requirements.

The prior approval application consists of the following documents:

1. Application for prior approval form
2. A statement from the appointed principal GP supervisor with the following details:
   - a) provided on a letterhead of the accredited placement
   - b) signature, full name, qualifications and contact details of the approved GP Training Supervisor, including acknowledgement of responsibility and AHPRA or MCNZ number
   - c) period of proposed employment
   - d) full position description for the placement
   - e) a certified copy of the certificate/letter from the relevant College (on that body's letterhead) certifying that the practice is appropriately accredited for GP registrar training and showing the dates between which, the practice is accredited.

The prior approval application must be submitted before the placement commencement to Training records at training@acem.org.au or it may not be certified towards your training requirements.

If a GP practice is not certified or the placement does not meet with FACEM Training Program regulations the application will be denied. A reminder that ‘time complete’ trainees must complete a 3 month placement within every 12 months to be compliant with FACEM Training Regulations.

**What is the Special Skills Learning Portfolio?**

If you are undertaking a Special Skills placement (either Category A or T), you must record your Learning Needs Analysis (LNA) using the LNA tool in the My ACEM Portal.

Trainees must log into the My ACEM Portal and record the following.

- Learning objectives at the placement
- Any formal education, activities or duties that will be carried out to achieve the learning objectives
- Relevant assessment tools
- Any meetings scheduled with your DEMT or Supervisor to assess your progress.

Trainees must include any supporting documents, such as research papers and PowerPoint presentations, in an email to training@acem.org.au

A trainee’s DEMT or Supervisor can review their Learning Portfolio intermittently during the placement

**6.5 Special Skills Logbook**

Trainees are required to document clinical cases in a logbook for Critical Care, Toxicology, Pre-Hospital and Retrieval, Trauma, Hyperbaric and Anaesthetics placements.

Documentation may be completed online using the logbook on the My ACEM portal or using the Special Skills Logbook / Learning Portfolio Template (Word Docx).

Trainees should ensure their DEMT or supervisor has approved their logbook entry. Once completed, the Word Docx template should be forwarded to the College (training@acem.org.au). The College only accepts electronic copies.
6.6  **Discretionary training**

The six FTE months of Discretionary Training may be undertaken in either approved ED placements or non-ED placements. ED placements are subject to the site-specific accreditation limits that apply to core emergency medicine training. Non-ED placements are subject to the certification limits that apply to the applicable non-ED discipline.

6.7  **In-Training Assessments**

An In-Training Assessment (ITA) is an ACEM Workplace-Based Assessment (WBA) that involves the trainee being assessed by their DEMT/Supervisor at a point in time during their placement.

In-Training Assessments:

- occur every three calendar months, regardless of trainee’s FTE status;
- are completed online by the DEMT for ED training or by the Supervisor for non-ED training;
- are automatically generated two weeks prior to the ITA due date relevant to the trainee’s training placement date; and
- can be manually created, but can only submitted two weeks prior to the due date.

ITAs provide the opportunity for trainees to self-reflect on their performance over the past three months and to provide comment on their discussion with their DEMT / Supervisor.

ITAs usually take 30 minutes to complete, during which overall performance is rated and structured feedback is provided. ITAs can be completed within two weeks of the deadline and no later than a week after the deadline.

Trainees should:

- log into the My ACEM portal regularly to ensure their placement and leave details are correct in advance of the ITA deadline;
- ask their DEMT or Supervisor for feedback to help with submission of the ITA by the ITA deadline; and
- familiarise themselves with the assessment forms that their DEMT or Supervisor will use to grade performance.

Example ITAs and ITA dates are available on the College website.

6.8  **Emergency Medicine Workplace-based Assessments (EM-WBAs)**

EM-WBAs involve periods of observation of performance and/or discussion with a trainee in clinical practice, followed by structured feedback to the trainee and a rating of the trainee’s performance. EM-WBAs can be assessed by any FACEM.

*Case-based Discussion (CbD)*

The assessor engages the trainee in discussion of a selected case that the trainee managed to assess and provide feedback on the trainee’s clinical reasoning and decision making.

*Direct Observation of Procedural Skills (DOPS)*

The trainee is directly observed whilst performing a specific clinical procedure to assess and provide feedback on trainee performance of the procedure.

- **Teaching DOPS**

  A trainee teaching a skill they have previously performed is a valuable skill and aligns to the Scholarship and Teaching domain of the Curriculum Framework. This learning opportunity is aimed at all trainees, but may be particularly useful to trainees in Late Phase Training or at peri-fellowship, and can build on the skills used as a FACEM assessor.
• Teachable moments

As Advanced Trainees completing a teaching DOPS, it is good practice to seize the ‘teachable moment’ when you are completing this procedure to share knowledge, build on skills and foster a culture of open teaching.

“Teachable moments are valuable learning opportunities for clinicians who have well developed knowledge based on experience with multiple prior cases, yet may need opportunities to refine, challenge, or disconfirm their current beliefs before integrating ‘new evidence’ into their practice.”

The value of a teachable moment should not be underestimated, as it can “help experienced clinicians advance beyond competent practice to proficient or expert practice”.

Teaching DOPS is available on the DOPS WBA form. To complete a teaching DOPS you must have already completed the procedure you are teaching as a DOPS assessment as these are the only teaching DOPS which are available to you. Completing a teaching DOPS does not count towards your core procedures.

Mini Clinical Evaluation Exercise (Mini-CEX)
The trainee is assessed performing a focused clinical task during a specific patient encounter.

Shift Report
A trainee is assessed for the duration of a clinical shift and given feedback on their performance during a discrete period of clinical work. The learning outcomes assessed in the later stages of Late Phase Advanced Training are such that the shifts must be ones where the trainee is ‘in charge’ of the floor.

A shift is considered to be ‘in charge’ if a trainee is managing the floor at the equivalent of a consultant in the context of the site, having regard to local arrangements and the nature of the department.

6.9 EM-WBA Complexity Requirements

The CbD and Mini-CEX instruments both require a patient case complexity evaluation to be made prior to the assessment being submitted. The EM-WBA form’s feature a ‘Case Complexity Calculator’ to assist the trainee and assessor in making this determination, which is based on the following criteria.

LOW complexity cases include those that are best described as:

- a patient with a single-system presentation, with minimal complications (medical and/or social) and responsive to first line treatment; or
- a patient with a self-evident diagnosis where management is straightforward; or
- a stable patient, with a common presentation or a clear diagnosis.

Modifiers: No modifiers such a language, mental health status, social, representation or inconsistent clinical findings impacting on assessment or management (see Curriculum Framework).

Examples of low complexity cases

- Isolated limb fracture
- Renal colic
- DVT
- Cellulitis
- Pneumonia
MEDIUM complexity cases include those that are best described as:

- a patient with multi-system presentations, and minimal complications (medical and/or social);
- a patient with a single-system presentation and multiple or significant complications; or
- a patient with a single system presentation and multiple or significant co-morbidities; or
- a patient with a single-system presentation with at least one modifier; or
- a stable patient, without a clear diagnosis.

Modifiers: At least one modifier such as language, mental health status, social representation or inconsistent clinical findings impacting on assessment or management (see Curriculum Framework).

Examples of medium complexity cases:

- Fracture with nerve/neurovascular compromise; or
- Syncope/abdominal pain/chest pain with at least one modifier; or
- STEMI etc.

HIGH complexity cases include those that are best described as:

- a patient with multi-system problems and multiple/significant complications (medical and/or social); or
- a patient with multi-system presentation with multiple or significant co-morbidities; or
- a patient with multi-trauma; or
- an unstable/deteriorating patient, with an uncommon presentation or without a clear diagnosis; or
- a patient presenting with a life/limb/sight-threatening condition.

Modifiers: At least two modifiers such as language mental health status, social, representation or inconsistent, clinical findings impacting on assessment or management (see Curriculum Framework).

Examples of high complexity cases:

- Elderly patient with fracture of secondary to syncope on oral anticoagulants; or
- A patient with undifferentiated shock; or
- Immunocompromised patient with shortness of breath with renal failure; or
- Gl bleed patient with chest pain on warfarin with mechanical valve. or

6.10 EM-WBA Completion Requirements

EM-WBAs are completed in relation to periods of training that are core emergency medicine or discretionary ED training, when a trainee is in an ED placement on the Maintenance Pathway and during periods of remediation for a period of ED. The rate and complexity of the WBA required varies according to the stage of training. In early phase Advanced Training CbD, DOPS and Mini-CEX are required; in Late phase Advanced Training all four types of EM-WBA (CbD, DOPS, Mini-CEX and Shift Report) are required. All Advanced Trainees are encouraged to complete at least one EM-WBA per month while they work in an ED placement and to complete more than the minimum prescribed number. It is important that a trainee completes the required number and combination of EM-WBAs for their phase of training as failure to do so will result in a trainee being assessed as non-compliant and placed in a period of remediation.

Only one EM-WBA should be completed for each unique patient encounter i.e. if a trainee completes a DOPS on a patient, that same patient encounter should not also be used for a CbD.

Trainees may track their completion of EM-WBAs using the EM-WBA Dashboard on the My ACEM portal.
6.11 How are the EM-WBAs completed?

The minimum number of EM-WBAs completed in either Early or Late Phase Advanced Training must be completed by at least two different assessors.

Each of your assessors have five days to submit the assessments, after which you then have 48 hours to submit your comments. In total, you both have seven days to complete an EM-WBA.

The My ACEM Portal has instructions on how to complete EM-WBAs, plus key dates and much more.

Trainees must:

- complete the requisite number and complexity of EM-WBAs for your stage of training or it will result in remediation
- perform at the required standard for your stage of training or it will result in a period of remediation
- follow the requirements outlined in Table 1, according to their phase of Advanced Training.

Table 1: WBA requirements for Early Phase Advanced Training

(i.e. the first 12 FTE months of core emergency medicine training)

<table>
<thead>
<tr>
<th>Type of EM-WBA</th>
<th>Minimum requirement</th>
<th>Minimum complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CbD</td>
<td>4</td>
<td>2 medium complexity*</td>
</tr>
<tr>
<td>DOPS</td>
<td>4</td>
<td>+</td>
</tr>
<tr>
<td>Mini-CEX</td>
<td>4</td>
<td>2 medium complexity*</td>
</tr>
</tbody>
</table>

Table 2: WBA requirements for Late Phase Advanced Training

(i.e. completion of 18 FTE months of Late Phase core emergency medicine training)

<table>
<thead>
<tr>
<th>Type of EM-WBA</th>
<th>Minimum requirement</th>
<th>Minimum complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CbD</td>
<td>6</td>
<td>3 high complexity*</td>
</tr>
<tr>
<td>DOPS</td>
<td>6</td>
<td>+</td>
</tr>
<tr>
<td>Mini-CEX</td>
<td>3</td>
<td>2 high complexity*</td>
</tr>
</tbody>
</table>
| Shift Report   | 3                   | 1 in-charge in 7-12 months of LP~  
|                |                     | 1 in-charge in 13-18 months of LP~  |

Table 3: WBA requirements for Maintenance Pathway

(i.e. per three FTE months of Late Phase maintenance training undertaken in an ED placement)

<table>
<thead>
<tr>
<th>Type of EM-WBA</th>
<th>Minimum requirement</th>
<th>Minimum complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CbD</td>
<td>1</td>
<td>1 high complexity*</td>
</tr>
<tr>
<td>DOPS</td>
<td>0</td>
<td>+</td>
</tr>
<tr>
<td>Mini-CEX</td>
<td>1</td>
<td>1 high complexity*</td>
</tr>
<tr>
<td>Shift Report</td>
<td>1</td>
<td>Must be an in-charge shift report</td>
</tr>
</tbody>
</table>

Trainees progressed to the Maintenance Pathway in Late Phase Advanced Training are required to complete the Maintenance Pathway EM-WBAs outlined in Table 3 until elected to Fellowship.
Table 4: WBA Requirements for Discretionary time in an Emergency placement

(i.e. per three FTE months of discretionary training undertaken in an ED placement)

<table>
<thead>
<tr>
<th>Type of EM-WBA</th>
<th>Minimum requirement</th>
<th>Minimum Complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CbD</td>
<td>1</td>
<td>1 high complexity*</td>
</tr>
<tr>
<td>DOPS</td>
<td>-</td>
<td>-</td>
</tr>
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<tr>
<td>Shift Report</td>
<td>1</td>
<td>Must be in-charge report</td>
</tr>
</tbody>
</table>

* Refer to Appendix B (extracted from the ACEM Curriculum Framework) for information on levels of complexity
+ Trainees are expected to complete five unique core DOPS by the time they have completed Advanced Training. Refer to Core DOPS Procedure List as set out below.
~ Refer to the in-charge guidelines published on the ACEM website

6.12 EM-WBA submission and expiry

DOPS, Mini-CEX and Shift Reports must be entered online within seven days of the date on which the assessment took place. CbDs may be entered within the four-week period immediately following the date on which the assessment case occurred. Only the Assessor can enter the ratings and comments in a EM-WBA form and the assessment needs to be completed in full.

Assessors have five days from when the assessment form was started to verify and submit the assessment form online. Trainees have two days from when the Assessor submits the form to provide their evaluation.

There is one opportunity per EM-WBA submission to extend the applicable submission date in order to enter an evaluation rating. Requests for an extension must be made in writing to the College within 72 hours of the form expiry date and can be made by either the trainee or the assessor. Extension requests should be emailed to the College (wba@acem.org.au).

Extension requests received more than 72 hours after the form expiry date will not be considered.

6.13 Core DOPS requirement

In addition to the frequency requirement, trainees must also complete a minimum of five procedures from the Core DOPS Procedure List.

- Advanced airway
- Use of non-invasive ventilation device
- Tube thoracostomy
- DC Cardioversion
- Emergent fracture/ dislocation reduction
- Lumbar puncture
- Administration of procedural sedation
- Central venous access
- Arterial line insertion
- Performance of Focused Assessment Sonography in Trauma (‘FAST’ or ‘e-FAST’).

The five core DOPS can be completed over the course of Early and Late Phase Advanced training, and trainees are encouraged to complete the core DOPS requirement as they progress throughout their training (i.e. not front-load or back-load all core DOPS requirements in Early Phase or Late Phase Advanced Training).

Trainees may track their progress of their core DOPS using the WBA Dashboard in the My ACEM portal.
6.14 Learning Needs Analysis

A Learning Needs Analysis (LNA) is a trainee's individualised plan for pathway to Fellowship. It guides trainees’ discussion with their DEMT or Supervisor about their development goals for each placement.

The LNA is separate to the assessment process of the FACEM Training Program and focuses on the learning needs and goals of the individual trainee. An LNA is mandatory for trainees undergoing a period of remediation. However, all trainees are encouraged to create, regularly review and update their LNA as it provides a framework for discussions between a trainee and their DEMT/Supervisor to better inform a trainee’s areas for development and growth as they progress through training.

**How to complete an LNA**

There is flexibility in the timing of LNA meetings with your DEMT or Supervisor. The College suggests the following:

- The DEMT or Supervisor and Trainee meet at the beginning of the placement to discuss the trainee’s goals and how they will be achieved.
- The DEMT or Supervisor and Trainee meet in the middle of the trainee’s placement to review the trainee’s progress towards their goals.
- The DEMT or Supervisor and Trainee meet at the end of the trainee’s placement to review how the trainee has met their goals, any outstanding requirements and to set the focus for the trainee’s next placement.

Trainees should log their plans and discussions in the My ACEM portal.

6.15 Trainee Research Requirement

The Trainee Research Requirement is aligned to the learning outcomes of the Scholarship and Teaching Domain of the ACEM Curriculum Framework and seeks to ensure trainees have developed the necessary skills to be able to critically appraise and apply the best evidence and academic knowledge to their practice of emergency medicine.

The Trainee Research Requirement can be satisfied by either coursework or completion of a trainee research project. Specific information in relation to the requirement is set out in the Trainee Research Requirement Policy (RPS16), with more information available on the College website.

6.16 Paediatric Requirement

The Paediatric Requirement serves to ensure all trainees have completed adequate training in paediatric emergency medicine. The requirement can be met by satisfactorily completing one of the three following options:

- Six months FTE of training in an ACEM accredited and listed Paediatric ED. Paediatric Logbook (PLB) is not required for this option
- Attend 400 Paediatric cases and record them in the paediatric logbook (PLB). A minimum 200 cases must take place in an ED accredited by ACEM. For the purposes of the PLB, at least 100 of these 200 cases must be triage categories 1, 2 or 3. The remainder may be cases seen in either:
  - an ED accredited for the PLB;
  - a paediatric Intensive Care Unit (ICU) accredited for training by the College of Intensive Care Medicine (CICM); or
  - a paediatric ward accredited by the Royal Australasian College of Physicians (RACP)
- A combination of the first two options.

The Council of Education may approve trainees to complete PLB cases overseas. See options 2 or 3 below for more information.
Where trainees complete a combination of paediatric placement and logbook entries, trainees are required to complete at least three FTE months ED training in an ACEM-accredited paediatric ED and record at least 200 cases in the online paediatric logbook.

Trainees should note that Paediatric Logbook cases can only be logged and submitted for DEMT/Supervisor approval while in a current ED term, an ICU paediatric term or a medicine paediatric placement. Paediatric Logbook cases cannot be entered into the My ACEM portal more than seven days after the applicable placement has concluded.

6.17 How to fulfil Paediatric Requirements

Option 1 (Six months FTE in an accredited Paediatric ED)

- Check to ensure the Paediatric ED you are interested in is accredited by ACEM for this requirement.
- Record and confirm training in the My ACEM Portal. Trainees do not need to complete a logbook for this option.

Option 2 (400 logbook cases)

Trainees should:

- check the ED and Paediatric ED they are interested in are accredited for this requirement;
- check with CICM and RACP that the paediatric ICU and paediatric ward are respectively accredited for the Paediatric Requirement;
- submit a request to their DEMT or Supervisor of their PLB cases during their placements. Approval can only be logged during placement.
- carry out training; and
- log and submit their encounters on the My ACEM portal (within seven days of completion of the last placement)

Option 3 (Three months FTE in an accredited Paediatric ED and 200 logbook cases)

Trainees should:

- check the ED and Paediatric ED they are interested in are accredited for this requirement;
- complete three months of training in that ED.
- check with CICM and RACP that the paediatric ICU and paediatric ward are respectively accredited for the Paediatric Requirement;
- complete the remaining 200 paediatric cases in the following placement types:
  - EDs;
  - Paediatric EDs;
  - Paediatric ICUs (as approved by CICM for Paediatric ICU training);
  - Paediatric Medical Ward (as approved by RACP for General Paediatric Training); and
- log and submit their encounters on the My ACEM Portal (within seven days of completion of the last placement)

6.18 Fellowship Written Examination

The Fellowship Written Examination consists of two three-hour papers, one comprising 120 select-choice questions (SCQs) that is made up of multiple-choice and extended-matching questions, and the other comprising up to 30 short-answer questions (SAQs). This examination is designed to assess the trainee’s
knowledge, application of knowledge and understanding at the level of a junior consultant. To pass the examination, candidates are required to obtain the passing score, which is determined using a criterion-referenced method of standard setting.

The Fellowship Written Examination is conducted online at regional centres twice per year on dates set by the College. Further information relating to the content, structure and format of the examination, including withdrawal from the examination, is available on the College website. Example examination questions are also available.

**Eligibility**
To be eligible to sit the Fellowship Written Examination, trainees must have satisfactorily completed and been credited with at least 12 FTE months core emergency medicine Advanced Training. This is net of any remediation time completed or in progress.

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

**Number of Attempts**
From 2018, trainees have a maximum of three attempts at the Fellowship Written Examination. Attempts prior to the commencement of the 2018 training year will not be counted against those three attempts. Trainees who are unsuccessful on their third attempt at the Fellowship Written Examination will be considered for removal from the FACEM Training Program.

### 6.19 Fellowship Clinical Examination (OSCE)

The Fellowship Objective Structured Clinical Examination (OSCE) comprises sets of clinical 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. There will be two examiners per station.

Candidates have a total of eleven minutes for each station, comprising four minutes’ reading time and seven minutes’ assessment. The OSCE is currently held over two days at the AMC National Test Centre in Melbourne. Further information relating to the content, structure and format of the examination, including withdrawal from the examination, is available on the College website.

**Eligibility**
To be eligible to sit the Fellowship OSCE, trainees must have:

- successfully completed the Fellowship Written Examination;
- satisfactorily completed and been credited with at least 36 FTE months of Advanced Training time (net of any remediation time completed or in progress); and
- satisfactorily completed the Research Requirement.

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

**Number of Attempts**
With effect from 2018, trainees have a maximum of four attempts at the Fellowship OSCE. Attempts prior to the commencement of the 2018 training year will not be counted against those four attempts. Trainees who are unsuccessful on their fourth attempt will be considered for removal from the FACEM Training Program.

Further information relating to the Fellowship Examinations can be found on the College website.
7. Progression in the program

Trainee progress through the FACEM Training Program is reviewed regularly at defined progression points. The progression points are prescribed in the regulations and comprise the following:

- 12 FTE months Provisional Training time (+/- Structured References);
- 12 FTE months Early Phase ED time in Advanced Training;
- 18 FTE months Late Phase ED time in Advanced Training;
- Six FTE months Critical Care time in Advanced Training;
- Six FTE months Non-ED time in Advanced Training;
- Six FTE months Discretionary time in Advanced Training;
- end of any remediation period (as relevant);
- end of each six months FTE period in Maintenance Pathway, for each stage of training (as relevant); and
- upon completion of all outstanding requirements of Maintenance prior to election to Fellowship.

7.1 Regional Trainee Progression Review Panel

Progression reviews are conducted by the Regional Trainee Progression Review Panels. Once a trainee reaches a progression point, and has had their training time verified, they are reviewed at the next meeting of the relevant Regional Panel (refer to Figure 5). The Regional Trainee Progression Review Panel considers, in de-identified form, the following.

- In-Training Assessments (ITAs) completed on the trainee for the stage of training
- EM-WBAs completed by the trainee (ED reviews and Advanced Training only)
- Learning Needs Analysis (LNAs) completed by the trainee
- Structured References (Provisional trainees only)

7.2 Progression points

Progression points are the date on which trainees accrue the minimum training time for the applicable phase. All EM-WBAs associated with the phase are due on that date. Due to the flexibility of the FACEM Training Program, these dates are different for individual trainees and do not necessarily align to medical term dates. It is important that trainees keep track of when they will reach a progression point or milestone date to ensure they are compliant with EM-WBAs and to plan their training.

The best way for trainees to track progress is by using the WBA Dashboard (log-in required) on the 'Monitoring My Progress' page on the My ACEM portal. The WBA Dashboard allows trainees to:

- check the date they started their current phase of training;
- track WBA requirements;
- calculate how many FTE months they have accrued; and
- calculate how many FTE months they should accrue according to their placement and FTE status.

If a trainee is ever in doubt about the date of an upcoming progression point or their WBA requirements, they should contact the WBA Team.

Key progression points for the phases of training and the minimum required assessments and EM-WBAs associated with each phase of training are shown over page.
### Figure 5: Training phase progression points

- **Provisional Training**
  - 12 months

- **Early Phase Advanced Training**
  - 12 months ED

- **Late Phase Advanced Training**
  - 18 months ED

- **Maintenance Pathway**
  - Every six months

### Figure 6: Progression points and minimum required assessments

<table>
<thead>
<tr>
<th>Key Milestone</th>
<th>FTE Training Time Requirements</th>
<th>Minimum Assessment Requirements</th>
<th>Other Requirements</th>
</tr>
</thead>
</table>
| **Provisional Training** | 12 FTE Months | 12 months accredited/approved placements:  
- 6 months ED training  
- 6 months other training (ED or Non-ED) | - 4 In-Training Assessments (1 per 3 calendar months)  
- 3 satisfactory Structured References based on a 6 FTE months ED term | Primary Written  
Primary VIVA |
| **Advanced Training** | Non-core ED can be completed any time in Advanced Training | 6 months Critical Care in either ICU or Anaesthetics  
- 6 months Critical Care training | 2 In-Training Assessments (1 per 3 calendar months)  
- 2 In-Training Assessments (1 per 3 calendar months)  
- Logbook if required | The following may be completed at any point in Advanced Training:  
- Paediatric requirement  
- Trainee Research or Coursework |
| | 6 FTE months Non-ED Training | 6 months in an accredited Non-ED placement | 2 In-Training Assessments (1 per 3 calendar months)  
Logbook if required | 6 months discretionary time (ED or Non-ED) Note: discretionary time spent in ED is subject to site accreditation limits |
| | 6 FTE months Discretionary Training | 6 months discretionary time (ED or Non-ED) | 2 In-Training Assessments (1 per 3 calendar months)  
Logbook if required  
Advanced Late Phase WBAs if completing an ED term | Completion of Non-core ED |
| **Early Phase Advanced Training** | 12 FTE months ED | 12 months accredited ED training  
- Minimum of 12 Emergency Medicine Workplace-Based Assessments (EM-WBAs) | 4 In-Training Assessments (1 per 3 calendar months)  
Minimum of 12 Emergency Medicine Workplace-Based Assessments (EM-WBAs) | Within 30 months of ED time:  
- both urban/rural regional and major referral requirements apply  
- 12 months FTE undertaken in adult ED  
Fellowship Written (eligible to sit after successful completion of early phase WBAs) |
| **Late Phase Advanced Training** | 18 FTE months ED | 18 months accredited ED training  
- Minimum of 18 Emergency Medicine Workplace-Based Assessments (EM-WBAs) | 6 In-Training Assessments (1 per 3 calendar months)  
Minimum of 18 Emergency Medicine Workplace-Based Assessments (EM-WBAs) | Fellowship Clinical (eligible to sit after successful completion of the Fellowship Written, trainee research and 36 months of Advanced Training) |
| **Maintenance Pathway** | (if required) | | | Trainers who are Time Complete must during each subsequent 12 calendar month period, commencing from the date on which the trainee became Time Complete, complete at least three (3) FTE months of continuous training in an accredited ED placement and the related assessment requirements. |
7.3 **Outcome of a progression review**

The relevant Regional Trainee Progression Review Panel provides a report to each trainee following their review. The report provides individualised feedback to trainees on their progress as it aligns to each domain of the ACEM Curriculum Framework. This report provides individualised feedback referencing the learning outcomes of the applicable stage of training for each Domain of the ACEM Curriculum Framework in order to assist the trainee.

The outcome of a progression review is either:

- **Progress:** The trainee can progress to the next stage of training, or is placed in the Maintenance Pathway (if applicable); or
- **Not Progress:** A period of remediation is required.

7.4 **Remediation in training**

Trainees may be required to undertake a period of remediation for either or both of the following:

- failure to meet or maintain the standard required of a trainee at the relevant stage or phase of training as outlined in the **ACEM Curriculum Framework**;
- failure to complete specified requirement(s) of the FACEM Training Program within the relevant timeframe (e.g. the required number, type and/or complexity of EM-WBAs).

Trainees are permitted a maximum of two periods of remediation per stage/phase in any one or more of the following areas.

- Provisional Training (including Provisional Training Maintenance pathway periods)
- Advanced Training: early phase
- Advanced Training: late phase (including Late Phase Maintenance pathway periods)
- Critical Care
- Non-ED training
- Discretionary training

The specific requirements, including what a trainee needs to complete in any remediation period will be determined by the relevant Regional Trainee Progression Review Panel. That Panel will also determine the duration of the period of remediation. The periods of remediation are usually as follows.

- Remediation for non-compliance: minimum of three FTE months.
- Remediation for competence issues: minimum of six FTE months.
- Remediation for non-compliance and competence issues: minimum of six FTE months.

Completion of a Learning Needs Analysis is also a mandatory requirement for a trainee undertaking a period of remediation.

A period of remediation must be undertaken in uninterrupted ‘blocks’ of training time of no less than 3 FTE months at a single site. If a trainee is placed into a period of remediation of 6 months, it may be undertaken at two separate sites, as long as the time spent at each site is a minimum of 3 FTE months uninterrupted.

Depending on the circumstances of the trainee, this requirement may be varied by making an application to Chair of the relevant Trainee Progression Review Panel. Please see the Progression and Remediation Policy (TA544) for further details.

Reflecting the principle of a period of remediation being additional training time to focus and improve on specific areas of practice in order to reach the required standard of a particular phase, no other
outstanding training requirements can be satisfied until the period or remediation is completed. Such requirements include:

- EM-WBAs completed above the required minimum for the remediation period
- Paediatric cases logged or paediatric ED rotation to meet the paediatric requirement
- Core DOPS completed
- ED time completed at a type of training site (e.g. Major Referral, Urban District, Adult/Mixed)
- Time completed for a separate phase of training (e.g. Discretionary time).
8. Removal from the program

Trainees who fail to meet the requirements of the FACEM Training Program or who otherwise fail to comply with College regulations, policies and procedures may be removed from the training program and their pathway to Fellowship.

8.1 Grounds for removal from the Training Program

Trainees will be considered for removal in the following circumstances.

- Failure to achieve progression into Advanced Training or election to Fellowship within the specified timeframe
- Failure to maintain medical registration
- Failure to comply with any regulation(s) or policy/ies relating to the FACEM Training Program in circumstances prescribed by the College in the relevant regulations
- Failure to successfully complete a second period of remediation in the same area of training and in the same stage of training as the first period of remediation
- The Primary Written Examination, Primary Viva or Fellowship Written Examination are not passed within the maximum three attempts or the Fellowship Clinical Examination is not passed within the maximum four attempts
- Failure to notify the College of training placement details following a second interruption to training for non-compliance
- Failure to pay the annual training fee or late fees
- Conduct contrary or derogatory to, or inconsistent with the principles, ethics, dignity, standards or purposes of the College
- Are placed on a fourth interruption to training for non-compliance with regulation (administrative interruption)

8.2 Consideration for removal by STAC

The Specialist Training and Assessment Committee considers Trainees for removal under the first five grounds described (above). Where the grounds for removal relate to professional conduct, a trainee’s status in the Training Program will be considered by the ACEM Board.

Trainees who are to be considered for removal will be advised in writing of the ground(s) and the date on which they are to be considered for possible removal from the Training Program.

Trainees are entitled to provide a written submission to STAC to remain in the program should there be grounds under the College’s Exceptional Circumstances and Special Consideration Policy (TA79). Any information a Trainee wishes STAC to consider must be provided in writing to the College at least 14 days prior to the date at which they are to be considered by STAC for possible dismissal.

Where STAC accepts that there are exceptional circumstances that warrant a granting of special consideration for a trainee, STAC will determine the revised EM-WBA requirement(s), due dates and other requirements that are applicable to that trainee.

Where STAC does not accept there are exceptional circumstances to warrant special consideration for a trainee, they will be referred to the Pathway to Fellowship Review Committee (PFRC) for consideration for possible removal from the FACEM Training Program.

8.3 Consideration for removal by PFRC

The Pathway to Fellowship Review Committee (PFRC) comprises individuals not previously involved in the
consideration of the matter. Trainees have the opportunity to provide a written and/or oral submission to PFRC. On the basis of those materials the PFRC will make a recommendation to COE that:

• the trainee be permitted to remain in the training program; or
• the trainee be removed from the program.

Trainees who are referred by STAC for consideration for dismissal from the FACEM Training Program will be advised of the outcome within seven days of the date of the decision by COE.
9. Election to Fellowship

9.1 Eligibility for election to Fellowship

To be eligible for election to Fellowship of the College, trainees must have met all requirements of the FACEM Training Program as set out in College regulations. To apply for election to Fellowship a trainee must:

- hold current medical registration with the AHPRA or MCNZ;
- have no outstanding fees payable to the College; and
- have been reviewed by the relevant Regional Trainee Progression Review (TPR) Panel and assessed as having satisfactorily completed all requirements of Advanced Training.

Trainees who have applied for election to Fellowship and who are continuing in placements must continue to complete EM-WBAs at the prescribed rate and complexity for their phase of training.

9.2 Election to Fellowship

Once a trainee has been assessed by the relevant Regional TPR Panel as having achieved the standard of a new Fellow and satisfactorily completed all requirements of Advanced Training, they are then eligible to formally apply to the College for election to Fellowship. Trainees are required to submit the following documents to the College:

- Application for Election to Fellowship (TA168); and
- Election to Fellowship Declaration (COR529).

The application is reviewed by the College to establish that the trainee has satisfied all training and assessment requirements of the FACEM Training Program. An application for election to Fellowship will proceed to the Council of Education for endorsement following a successful TPR Panel review. This process can take from six to eight weeks.

Trainees are formally advised in writing as soon as the Council of Education has endorsed the election.

9.3 Specialist/vocational recognition

Australia

Once endorsement to Fellowship has been finalised, the College notifies Medicare Australia. Trainees may then apply for registration as a specialist with the Australian Health Practitioner Regulation Agency (APHRA). Once recognition has been granted, Medicare Australia and APHRA will notify the new Fellow by mail of his or her recognition and the date that recognition became effective.

New Zealand

Trainees in New Zealand need to formally apply to the Medical Council of New Zealand for vocational registration in the scope of emergency medicine. To assist in the vocational registration process, the College notifies the MCNZ of the names and addresses of newly elected Fellows resident in New Zealand and verifies the award of the specialist qualification.

9.4 Continuing Professional Development

The Australasian regulatory authorities of Australian Health Practitioner Regulation Agency and the Medical Council of New Zealand require all medical practitioners to continue their medical education throughout their professional life. Following election to Fellowship, new FACEMs are enrolled in the ACEM Specialist Continuing Professional Development (CPD) Program and will receive correspondence from the ACEM CPD Unit regarding the program requirements.
10. Support

10.1 Wellbeing and support resources

Emergency Medicine is a rewarding yet challenging career. It is important to know when and where to go and what to do if issues arise. For training or supervision issues, trainees should contact their DEMT and/or their DEM in the first instance. If an issue remains unresolved or if the trainee feels uncomfortable in approaching their DEM or DEMT, they can contact the ACEM Trainee Support Unit, who are available to provide advice and/or escalate matters as appropriate.

The Member Wellbeing page on the ACEM website also offers several resources, advice, links and contacts to help address issues such as stress, burn-out, conflict, mental and physical ill-health, dependency issues, coping with mistakes and/or unexpected events. It is important to recognise, acknowledge and seek advice as early as possible to obtain any support needed.

FACEM trainees can contact the ACEM Membership and Wellbeing Unit (wellbeing@acem.org.au) to be connected with an appropriate support service.

10.2 Trainee in difficulty

The Supporting Trainees in Difficulty Policy (TA545) provides guidance on the identification and support of trainees who encounter difficulties during their training. The policy sets out what ‘in difficulty’ means in the context of the FACEM Training Program, defines the principles applicable to the trainee, the DEMT and the College when a difficulty is identified, and sets out the role and responsibilities of each party.

The policy is available on the College website.

10.3 Mentoring

It is an Accreditation Standard that all ACEM training sites provide a mentoring program to trainees that aligns with the ACEM mentoring model and includes, but it not limited to the following features:

- It is coordinated, monitored and supported by a mentoring program coordinator(s)
- It is a voluntary program for trainees
- It incorporates a mentor and mentee matching process
- Training in mentoring skills is provided to mentors
- It ensures confidentiality and mentoring is separated from supervision and performance management of the trainee
- It is culturally safe and accessible to all trainees
- It uses ACEM resources to assist in providing an effective program (refer to Mentoring at ACEM).

A Mentoring Network Forum is available for the discussion of issues relevant to trainees, Fellows and other members of the College who are interested in participating.

This site also provides a quick link to the Mentoring Framework and Educational Resources modules, and online resources, such as implementing a workplace mentoring program and guides, tools, templates and articles.
11. College policies and guidelines

In addition to the support resources outlined in the previous section, and policies and guidelines specific to individual components and/or requirements of the FACEM Training Program, ACEM has a number of policies and guidelines that are or may be applicable to trainees in the course of their training and assessment.

11.1 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 College website.

11.2 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 College form, and submitted within the specified timeframe. An application fee applies.

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

11.3 Reconsideration, Review and Appeal of Decisions

The Reconsideration, Review and Appeals Policy (COR355) enables three layers of redress for individuals who are dissatisfied with a College decision and who are able to 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 the College. These are set out in the policy. Applications for reconsideration or review should be made using the appropriate College 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 College Chief Executive Officer.

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

11.4 Conflict of Interest Policy

The College 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 the College and its activities.

Acknowledging that conflicts of interest may be actual, potential or perceived, members and staff of the College are obligated to avoid and disclose ethical, legal, financial or other conflicts of interests involving
the College and remove themselves from a position of decision-making authority with respect to any conflict situation involving the College. All College 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 the College and may constitute a breach of duties, including duties under the Corporations Act (CTH 2001).

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

11.5 Discrimination, Bullying and Sexual Harassment

The Discrimination, Bullying and Sexual Harassment Policy (COR133) affirms the College’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 College 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.

The College 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 College activities (e.g. Meetings of the College Board, Council(s) and other entities) may be lodged with the College.

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

11.6 Complaints Policy

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

11.7 Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy

The College 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 College website.
12. Program administration

12.1 Training program fees

An annual registration fee is payable each year from registration as a trainee through to election to Fellowship. Failure by a trainee to pay his or her training fee (and any applicable late fee) in full by 1 April of the applicable training year will result in that trainee being removed from the FACEM Training Program.

Further information is set out the Annual Training Fee Policy available on the College website.

12.2 Financial hardship

Trainees experiencing financial hardship may apply to the College for permission to pay the annual training fee through an agreed schedule of instalments. All such applications must be made in writing to the College (training@acem.org.au) and submitted prior to 1 January of the applicable training year. Trainees should refer to the Annual Training Fee Policy for further details, including specific requirements.

12.3 Concessions

Concessions on fees are actioned following receipt of Interruption to Training application submitted via the My ACEM portal.

Trainees should refer to the Annual Training Fee Policy for further details, including specific requirements. This policy is available on the College website.

12.4 Recognition of Prior Learning and Credit Transfer

Prospective and newly enrolled trainees are able to apply to the College for the purpose of obtaining recognition or credit for requirements in the FACEM Training Program. The Policy on Recognition of Prior Learning and Credit Transfer (TA113) sets out the principles and processes by which applications for recognition of prior learning (RPL) and credit transfer will be assessed.

Applications for recognition of prior learning must be received prior to or within six months of commencement in the FACEM 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 recognition of prior learning.

The Policy on Recognition of Prior Learning and Credit Transfer is available on the College website.

12.5 Withdrawal

Trainees can formally withdraw from the FACEM Training Program at any time by completing the online notification of withdrawal. Once processed, a member of the ACEM Trainee Records team will notify the trainee.

Trainees considering withdrawal from the FACEM Training Program are encouraged to first contact the Trainee Support or Training Records team to discuss their intentions. It is also recommended that trainees review the College’s Policy on Former Trainees Applying for Selection Policy (TA142) prior to making any decision.
Contacts

Accreditation Unit
+61 3 9320 0444
dl@acem.org.au

Assessment Unit (Examinations)
+61 3 9320 0444
primary.exam@acem.org.au
fellowship.exam@acem.org.au

CPD Unit
+61 3 9320 0444
cpd@acem.org.au

Membership and Wellbeing Unit
+61 3 9320 0444
wellbeing@acem.org.au

Trainee Support Unit
+61 3 9320 0444
trainee.support@acem.org.au

Trainee Records Unit
+61 3 9320 0444
training@acem.org.au

WBA Team
+61 3 9320 0444
wba@acem.org.au

New Zealand Faculty Office
+64 4 473 0008

Regional Faculties
+61 3 9320 0444
faculties@acem.org.au
Terminology

**Accreditation**
The process by which sites in Australia and New Zealand are accredited by ACEM to offer specialist training. Refer Accreditation Requirements for Emergency Medicine Specialist Training Providers.

**Accredited**
Used in relation to training sites in Australia and New Zealand that have successfully completed and maintained:

- ACEM Accreditation—in relation to emergency medicine placements and Category ‘A’ special skills placements; or
- Accreditation by one of the specialist medical colleges specified as appropriate to the discipline—non-ED specialist placements.

**Approved Site**
Used in relation to specific training placements that require the prior approval of the Council of Education or its approved delegate on an individual basis.

**Advanced Training**
The second component of the FACEM Training Program, undertaken following successful completion of Provisional Training.

**ACEM Board**
The governing body of the College; the members of which are the company directors. The Board has delegated some of its decision-making authority to the Council of Advocacy, Practice and Partnerships and the Council of Education.

**Certified**
Used in relation to training (at an accredited site or in an approved placement), which results in time being accrued towards completion of training time requirements.

**Council of Education**
The educational governing body of the College, which is responsible for educational governance, direction, delivery and promotion of improvements in education and has oversight of all facets of the College's educational activities, including examination and election to Fellowship, accreditation and Continuing Professional Development programs.

**ACEM Curriculum Framework**
The ACEM Curriculum Framework describes the level of performance expected of FACEM trainees at each of the four stages of training within the FACEM Training Program, mapped across the eight Domains of the framework.

**Director of Emergency Medicine Training**
The Director of Emergency Medicine plays an important educational role within the College and provides support to trainees within their site in relation to the requirements and in the delivery of the FACEM Training Program, as well as supervising and assessing all Provisional and Advanced trainees at their site.

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

**Emergency Medicine Training Network**
An approved group of hospital emergency departments that have formally agreed to provide a coordinated education and training program for emergency medicine trainees within the network.

**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.

**Host emergency department**
An emergency department with standard accreditation, irrespective of the level, that provides education and training resources not otherwise available at the site to which it is formally linked, and which may form part of an emergency medicine network.

**Interruptions**
An ‘interruption of training’ is any period of time which:

- is spent in any post not accredited for training purposes (e.g. work in an unaccredited ED);
- is spent in an approved training post but does not meet minimum requirements with regard to duration; and
- is taken out of the workforce as extended leave (whether parental leave, non-annual leave or otherwise).

**In-Training Assessment**
In-Training Assessment (ITAs) are completed by supervisors of training, and provide a holistic assessment of the trainee’s development towards Fellowship. ITAs are completed every three (3) calendar months.

**Leave within training**
Any leave taken during a training period within a placement; the maximum amount of leave that may be taken in a placement is prescribed in the College regulations.

**Linked emergency department**
A department that does not meet the minimum requirements for six months standard accreditation, but which is formally linked to a ‘host emergency department’.

**Local Workplace-Based Assessment (WBA) Coordinator**
The Local WBA Coordinator provides oversight and coordination of the WBA system at the local level. At least one Local WBA Coordinator must be appointed within the ED of each ACEM-accredited hospital. However, the role may also be shared between two FACEMs.

**Maintenance pathway**
Applies to trainees who have successfully completed:

- 12 FTE months of Provisional Training; and
- 30 FTE months ‘core’ emergency medicine training of Advanced Training; but
- have not yet completed all training and assessment requirements of the phase.

Trainees remain in the maintenance pathway until all training and assessment requirements of the phase are complete and are reviewed every six FTE months.

**Mentor**
A Mentor provides direct access to expert knowledge and skills in an environment that promotes rapid learning. A Mentor’s role does not include performance management, which is the role of the DEMT (ED) or Supervisor (Non-ED). The mentoring relationship is confidential and any information disclosed during mentoring meetings is not used as part of a performance appraisal process.

**Paediatric Patient**
Means a patient who has not yet reached their 16th birthday (e.g. aged up to 15 years and 364 days), but, for the purposes of the minimum Paediatric Requirement, does not include neonatal patients unless:

- they were attended during a placement in an accredited dedicated paediatric intensive care medicine unit; or
- they were attended during a general paediatric medicine placement which routinely included the care of special care paediatric patients as part of its overall workload.
Paediatric Patient Encounter
For the purposes of the minimum paediatric requirement, ‘encounter’ includes attending a patient for all of the following purposes: taking a history; physical examination; and participation in management and disposition decisions.

Placement
A placement is a period of training undertaken at a designated site.

Placement, Category ‘A’
A placement that has been accredited by COE/approved delegate following an inspection by an ACEM accreditation team (e.g. Retrieval medicine, hyperbaric medicine etc.). For this purpose, ‘accredited’ includes ‘provisionally accredited’, where an initial review of documentation supports the interim accreditation of the placement pending a formal accreditation inspection.

Placement, Category ‘T’
A placement which has been approved by the COE/approved delegate as a ‘one-off’ training placement for an individual trainee who has applied for and obtained prior approval to undertake the placement and to have it considered for certification in due course (e.g. Research).

Provisional Training
The first component of the FACEM Training Program (comprising 12 FTE months of clinical, educational and assessment requirements in approved ACEM training), following which trainees progress to Advanced Training.

Trainee Progression Review Panel
The role of each Regional Trainee Progression Review Panel is to work with ACEM staff:

• to review the results of WBAs completed by trainees to determine whether or not trainees undertaking the FACEM Training Program have satisfied the requirements of WBAs applicable to a stage of training;

• to communicate the outcomes of WBA reviews to individual trainees and their DEMT;

• to advise STAC of trainees who have not satisfied the WBA requirements of the FACEM Training Program, following appropriate periods of remediation, in order for STAC to initiate the process of consideration for dismissal from the FACEM Training Program;

• to participate in, and contribute to, quality assurance and/or quality improvement activities to ensure the consistency and quality of WBA reviews across all regions, including advising the Trainee Progression Review Committee, where applicable, on the performance of training sites and/or specific WBA assessors deemed not meeting expected levels of conduct in WBAs; and

• to advise STAC or other relevant entities in relation to other WBA matters as they arise.

Relevant site
A relevant site is the site at which a trainee is training and not another site or host emergency department within an ED network or linked ED.

Remediation
A period of training resulting from a trainee being reviewed and judged as not yet achieving the standard expected for their stage or phase of training of the FACEM Training Program. This may be as a result of failure to complete specified requirement/s of the program in the relevant timeframe or failure to meet or maintain the standard required. Through remediation, the trainee is afforded further attempts to achieve the required standards.

Selection into Training
A formal process of selection applying to all prospective applicants intending to undertake FACEM Training Program. Selection into Training is open once a year for prospective trainees to apply to enter the training program in the following training year.
Site
The location at which a trainee may complete credited ED and non-ED training for the purposes of meeting the requirements of the FACEM Training Program.

Site Limits
The maximum amount of time for which a site is accredited for the purposes of Advanced Training time pursuant to the College's Accreditation Requirements for Emergency Medicine Specialist Training Providers and thus the maximum amount of credited training that an Advanced Trainee is able to complete at a site.

Special Skills Term
A placement in a non-ED sub-specialty that is not a recognised sub-specialty for the purposes of registration with the MBA, or type of vocational scope for the purposes of registration with the MCNZ.

Specialist Training and Assessment Committee (STAC)
The committee that oversees all aspects of the FACEM Training Program and to which entities such as the Accreditation and Examination subcommittees report. STAC exercises delegated authority of the Council of Education in relation to routine and administrative matters. Strategic matters are referred to the Council of Education for decision.

Structured Reference
A document in which a FACEM attests to the character and competency of a trainee at the completion of six FTE months emergency medicine training in a single placement in Provisional Training.

Term
A period of time during which a trainee undertakes training in an accredited or approved site.
See ‘Section 4.6 Part-time training’ for information about minimum term length.

Time Check
Time checks occur every six (6) to seven (7) weeks at specified dates published on the College website. ACEM’s online training system is updated at each time check, based on the training time completed by the trainee, according to the trainee’s recorded placement details.

Time Complete
Trainees who are Time Complete have completed the minimum time requirements for training and are yet to satisfactorily complete all relevant assessment requirements.

Training Agreement
A document signed by the prospective trainee and two supervisors that contains undertakings, commitments and responsibilities when commencing the FACEM Training Program.

Training Year
The 12 consecutive months, usually commencing in early December for FACEM trainees in New Zealand and early February for FACEM trainees in Australia, the specific details of which are published on the College website each year.