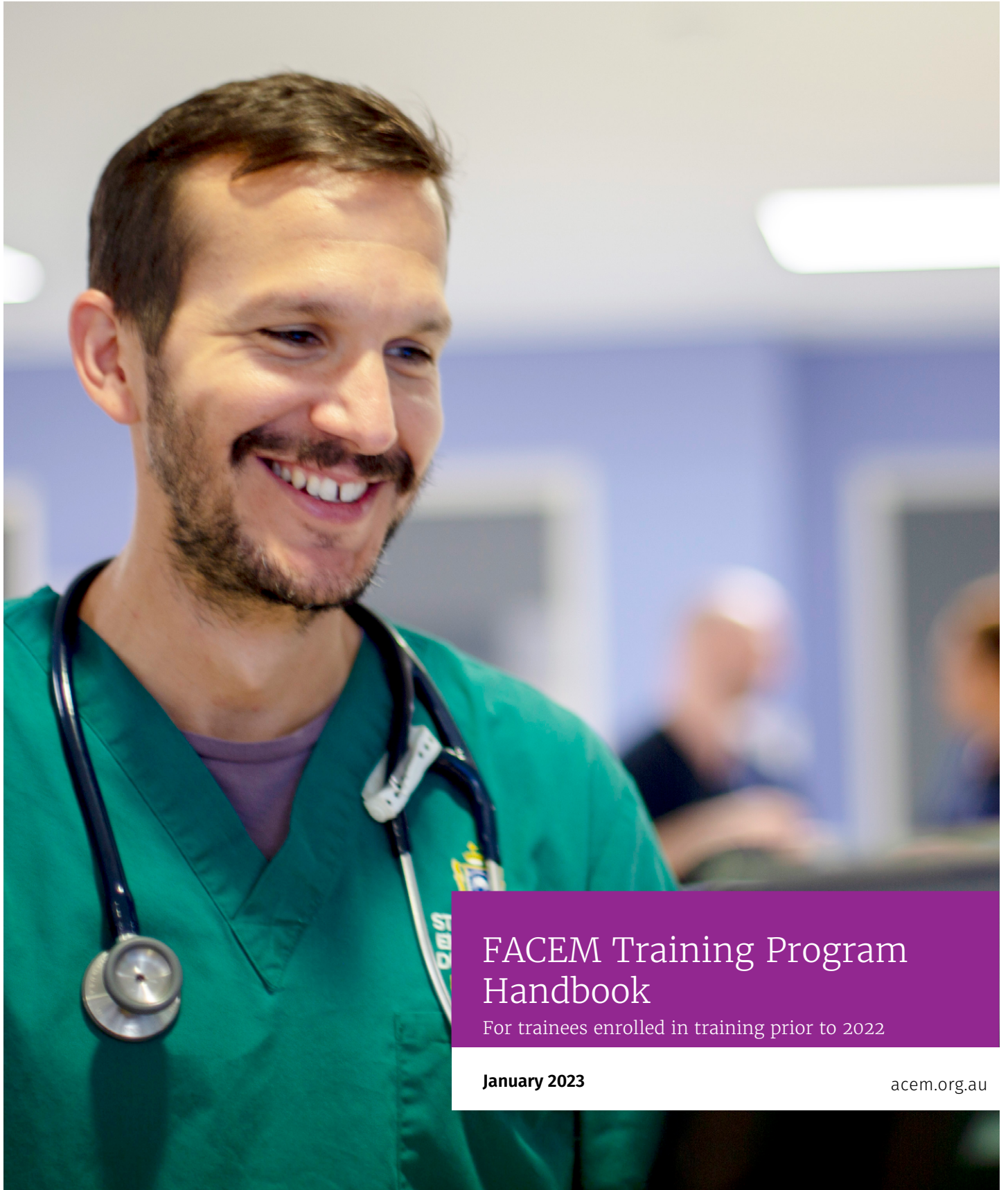


Australasian College for Emergency Medicine



FACEM Training Program Handbook

For trainees enrolled in training prior to 2022

January 2023

acem.org.au

Document Review

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Acronyms

ACEM	Australasian College for Emergency Medicine
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
ASGS-RA	Australian Statistical Geography Standard Remoteness Areas
CAPP	Council of Advocacy, Practice and Partnerships
CICM	College of Intensive Care Medicine
COE	Council of Education
CPD	Continuing Professional Development
EBA	Enterprise Bargaining Agreement
ED	Emergency Department
EM	Emergency Medicine
EMAD	Emergency Medicine Advanced Diploma
EMC	Emergency Medicine Certificate
EMCD	Emergency Medicine Certificate and Diploma
EMD	Emergency Medicine Diploma
EMET	Emergency Medicine Education and Training
EM-WBA	Emergency Medicine Workplace-Based Assessment
FACEM	Fellow of the Australasian College for Emergency Medicine
FTE	Full Time Equivalent
GP	General Practitioner
IFEM	International Federation for Emergency Medicine
MBA	Medical Board of Australia
MCNZ	Medical Council of New Zealand
MO	Medical Officer
NPSC	National Program Steering Committee
PFRC	Pathway to Fellowship Review Committee
PSO	Program Support Officer
STAC	Specialist Training and Assessment Committee
TPRC	Training Progression and Review Committee

Your training handbook

This handbook is for use by trainees enrolled in the FACEM Training Program prior to 2022.

It is designed to help you navigate your way through the ACEM Specialist Training Program in Emergency Medicine, from the day you enrol right through to the day you complete all the training and assessment requirements and receive the FACEM qualification. It outlines your training and assessment requirements, how to complete them, where to find more information and who to contact. The handbook also provides important information about College policies as well as how to access Trainee Support and Wellbeing resources.

This handbook is a 'living' document and will be updated from time to time as regulations, policies and processes change, so it is important that you regularly check you have the latest version, particularly if you have a printed copy. We suggest you bookmark the handbook online.

The handbook is divided into various sections providing general information about the College and Program administration before dividing into the individual training and assessment requirements of the program.

The Training Handbook should not be your only resource to help you through the program:

- Regulation B outlines the rules of the program. It is essential that trainees are familiar with these regulations.
- The ACEM Curriculum Framework outlines the learning outcomes for each Training Stage and details everything that a trainee needs to understand, and importantly, will be examined on.
- Individual assessment forms, which are accessed via the [My ACEM portal](#) provide detailed information on how to complete each assessment and the assessment criteria.
- Online learning modules are available via the [ACEM Educational Resources website](#). These resources are mapped directly to the learning outcomes in the ACEM Curriculum Framework.
- The Training Team are available to assist you should you have any questions or need to discuss your training. [Contacts](#) are included in this handbook.

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 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 qualifications of Emergency Medicine Certificate (EMC), Emergency Medicine Diploma (EMD), and Emergency Medicine Advanced Diploma (EMAD). Upon successful completion of these qualifications, trainees may apply for membership as a Certificant (Cert EM (ACEM)), Diplomate (Dip EM (ACEM)), or Advanced Diplomate (Adv 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 EMC, EMD and EMAD Training Programs is available on the College website.

1.3 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

The Australasian College for Emergency Medicine and the Australasian Society for Emergency Medicine co-publish a scientific journal, *Emergency Medicine Australasia*. The first issue was published in 1989.

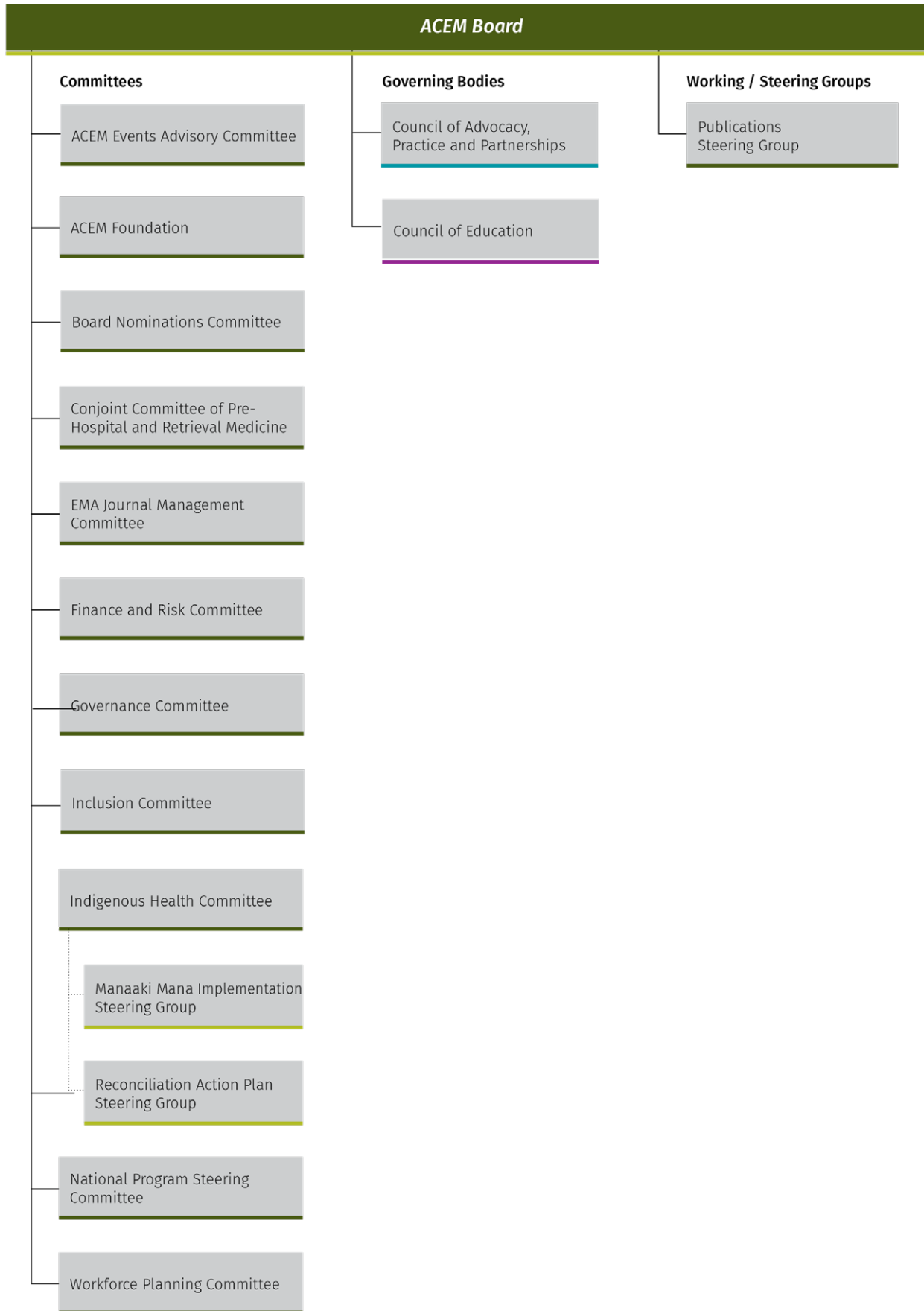
ACEM established the Emergency Medicine Research Foundation in 1993 to receive donations and benefactions directed to basic and applied research in the discipline.

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.

1.4 ACEM Governance

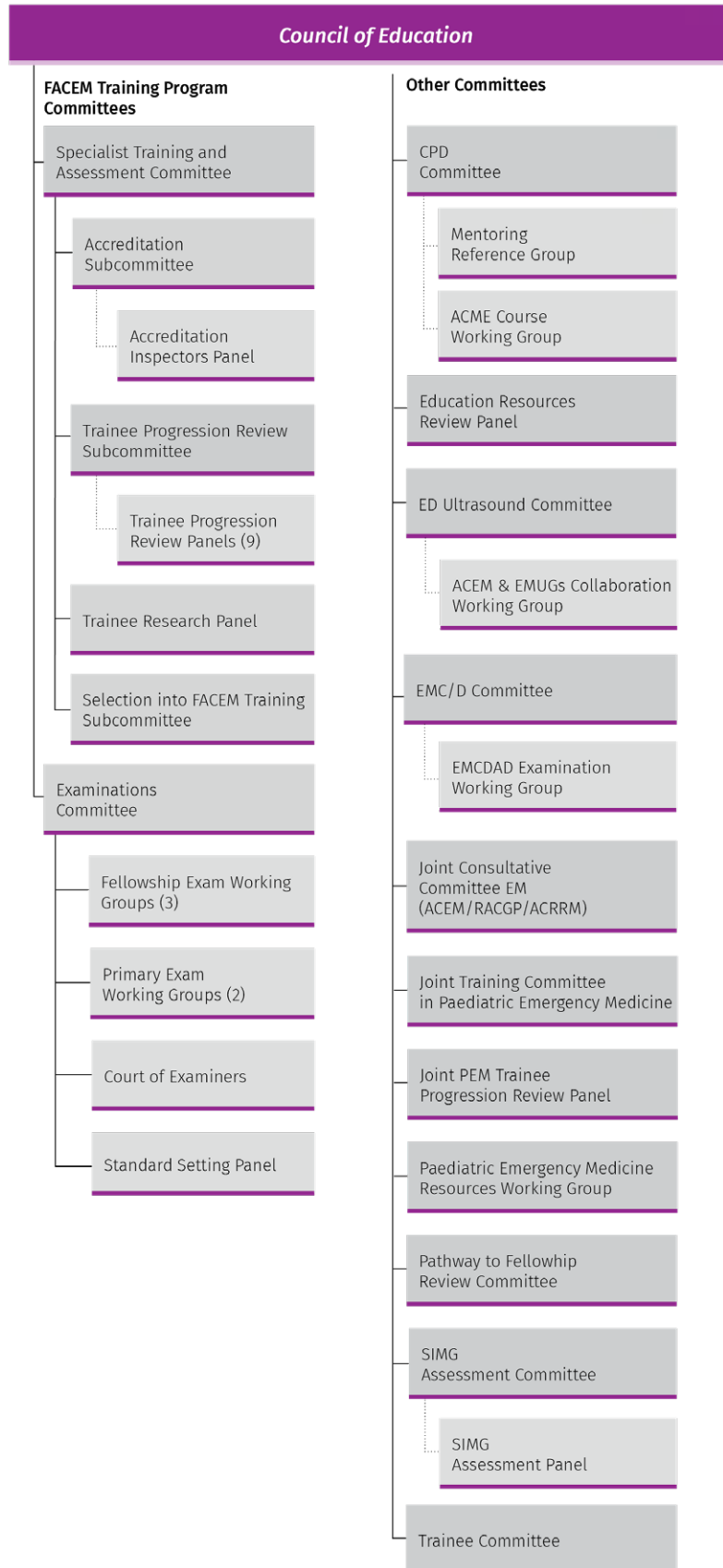
ACEM is governed by a Board, the members of which are the Company Directors. In addition to standing and ad hoc committees that report directly to it, the Board delegates some powers to its two Councils, the Council of Advocacy, Practice and Partnerships (CAPP) and the Council of Education (COE), and their subordinate entities. The general nature of the arrangements is outlined in Figure 1 below.

Figure 1: ACEM Governance Structure



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



1.5 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.

1.6 Specialist Training and Assessment Committee

The Specialist Training and Assessment Committee (STAC) has oversight of the FACEM Training Program, including assessments, selection into training and accreditation of training sites. A member of the Trainee Committee is a member of STAC to provide a trainee perspective on 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 (one year) of Provisional Training; and
- 48 months (four years) of Advanced Training.

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

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/or 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.

Starting from the 2022 medical training year, hospitals will be accredited by ACEM for 12, 24, or 36 months of ED training, according to a three-tier system. More information is available on the [ACEM website](#).

A list of accredited training sites is available on the [ACEM website](#).

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 – FACEM 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 in a single discipline and two (2) consecutive calendar months in ED at a single training site.

During Provisional training in ED Placements, trainees need to make sure they undertake placements that will enable them to meet the requirement of submitting Structured References, which requires a minimum 6 FTE months at a single site for the initial set and a 3 FTE months at a single site while on Maintenance Pathway.

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 in a single discipline and three (3) consecutive calendar months in ED at a single training site.

Starting from the 2021 Medical Training year, for trainees on the Maintenance Pathway in Advanced Training the minimum placement duration is three (3) consecutive FTE months not 3 calendar months.

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.

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.

Figure 3: Overview of the assessment requirements of the FACEM Training Program

FTE Training Time Requirements		Assessment Requirements	
Provisional Training			
12 months training in accredited /approved placements being: <ul style="list-style-type: none"> • 6 months ED training • 6 months other training (ED or Non-ED) 		<ul style="list-style-type: none"> • Satisfactory completion of In-Training Assessments • A set of 3 Satisfactory Structured References based on a 6-month ED placement • Primary Examination 	
Advanced Training			
Early Phase → 12 months in an accredited ED placement	The following may be completed at any stage of Advanced training: <ul style="list-style-type: none"> • 6 months critical care in either ICU or Anaesthetics 	<ul style="list-style-type: none"> • Satisfactory completion of In-Training Assessments • Minimum of 12 Emergency Medicine Workplace-Based Assessments (EM-WBAs) 	The following may be completed at any stage of Advanced training: <ul style="list-style-type: none"> • Paediatric requirement • Research Project or Coursework
Late Phase → 18 months in an accredited ED placement <i>Within the 30 months of ED time, both non-major referral and major referral requirements apply and at least 12 months must be undertaken in an adult emergency department</i>	<ul style="list-style-type: none"> • 6 months in an accredited /approved Non-ED placement • 6 months discretionary time (ED or Non-ED) <i>Discretionary time spent in an ED setting is subject to site accreditation limits</i> 	<ul style="list-style-type: none"> • Satisfactory completion of In-Training Assessments • Minimum of 18 EM-WBAs • Fellowship Written Examination <i>Eligible to sit after successful completion of Early Phase EM-WBAs which includes completion of 12 months of accredited ED training</i> • Fellowship Clinical Examination <i>Eligible to sit after successful completion of 36 months of training, trainee research requirement and Fellowship Written Examination</i> 	

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
- not exceed the maximum leave permitted, for either a single ITA 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 are required to enter placements details within specified time frames.

Trainees who do not record placement details within the specified timeline and have been advised in writing by the College on three (3) separate occasions of the need to enter a valid placement, will have that time not certified towards training time requirements and a three-month Interruption to Training (administrative interruption) will be applied for non-compliance.

Should a trainee not enter a valid placement at the end of that 3-month period, a further 3 months of interruption to training (administrative interruption) will be applied and the process for consideration for possible removal from the FACEM Training Program will be instigated.

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.

If a trainee is on the Maintenance Pathway or completing Discretionary time and undertaking this time in an ED, to have the time certified towards meeting these training requirements, training must be undertaken in uninterrupted blocks of training as outlined below.

- Three uninterrupted blocks of two FTE months in Provisional Training. Each block of ED training may be completed at three different sites. (Trainees must ensure they are still able to meet Structured Reference requirements which requires a minimum of 3 FTE months at a single site to submit a new set of Structured References should the previous set expire before progressing to Advanced Training)
- Two uninterrupted blocks of three FTE months in a Provisional or Advanced Training. Each block of ED training may be completed at two different sites.
- One uninterrupted block of six FTE months at a single site in Provisional or Advanced Training

Training time that does not meet the requirements above will be considered non-certified training time and will not contribute to outstanding training time requirements.

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.

If a trainee is completing training in a Non-ED discipline to meet Non-ED, Critical Care, Discretionary or Maintenance Pathway requirements, in order for it to be certified towards meeting these requirements, training must be undertaken in uninterrupted blocks of training as outlined below.

- Three uninterrupted blocks of two FTE months in Provisional Training, with each of the three blocks of training being completed in a single discipline at a single site. The three blocks of training can be in three different disciplines.
- Two uninterrupted blocks of three FTE months in Provisional or Advanced Training, with each of the two blocks of training being completed in a single discipline at a single site. The two blocks of training can be in two different disciplines.
- One uninterrupted block of six FTE months in a single discipline at a single site in Provisional or Advanced Training

Training time that does not meet the requirements above will be considered non-certified training time and will not contribute to outstanding training time requirements.

Example of Training Blocks

1. Trainee A is currently on the Maintenance Pathway in Advanced Training and completes the following placements:

- Placement One: 3 months FTE in ED at Royal Perth Hospital
- Placement Two: 3 months FTE in ED at Joondalup Health Campus

Trainee A has completed two uninterrupted blocks of three FTE months training, thereby reaching the 6-month FTE progression point in Maintenance Training and will be reviewed by the relevant TPR panel.

2. Trainee B is also on the Maintenance Pathway in Advanced Training and completes the following placements:

- Placement One: 1.5 months FTE in ED at Royal Perth Hospital
- Placement Two: 3 months FTE in ED at Joondalup Health Campus
- Placement Three: 1.5 months of ED at Royal Perth Hospital

Trainee B has only completed one uninterrupted block of three FTE months training, so therefore has not reached the 6-month FTE progression point in Maintenance Training.

Placement One only consists of 1.5 months FTE so is considered as non-certified training time.

If **Trainee B** continues in ED at Royal Perth for a further 1.5 months after Placement Three, they will complete a second uninterrupted block of three FTE months training and will reach the Maintenance Pathway progression point.

If **Trainee B** moves hospital or enters a non-ED placement after Placement Three, both Placement One and Placement Three cannot be certified as training time.

4.6 Rostering and meeting training requirements

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 each site, 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 at 0.5 FTE at each 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 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 to 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](#)).

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 during that year are eligible for a concession on their annual training fee. Please view ACEM's 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 trainee's 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 less than 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)
- DEMENT 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 Interruption to Training may lead to an Administrative Interruption to Training to be entered as outlined in Regulation B2.5.6.3. Multiple Administrative Interruptions are considered grounds for removal from the Training Program under Regulation B2.7.1.

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 Wellbeing Interruption to Training

The College recognises the importance of mental health and the challenge of burnout amongst the trainee cohort which has been particularly highlighted with the ongoing impact of COVID being felt across Australia and New Zealand. To support the wellbeing of trainees, Council of Education have approved the introduction of an additional interruption to training category, Wellbeing Interruption to Training. An application for Wellbeing Interruption to Training requires the support of the DMT and provides the opportunity for trainees to focus on their personal wellbeing.

During a Wellbeing Interruption to Training, trainees can continue working in an accredited training placement at 0.5 FTE or greater, and assessment requirements are paused.

During a Wellbeing Interruption to Training:

- The period of time will be recorded as an 'Interruption to Training' on a trainee's record, and WBAs and ITAs cannot be completed during this period.
- Any training time or workplace-based assessments completed during this period will not contribute to meeting training requirements.

A Wellbeing Interruption to Training will contribute to the maximum 36-month Interruption to Training allowance. A maximum of three (3) calendar months of Wellbeing Interruption to Training may be applied for at any one time. Trainees may submit a maximum of two applications for Wellbeing Interruption to Training for a total of six (6) calendar months across the FACEM Training program.

Trainees may not undertake any FACEM examinations during a period of Wellbeing Interruption to Training, either at the point of their enrolment in an examination or the date of an examination. A trainee may be on a Wellbeing Interruption to Training directly after the date of an examination.

A written request for a Wellbeing Interruption to Training should be sent to the Training Services Unit along with a letter of support from the current DMT attached, not less than two (2) weeks prior to the interruption start date and not more than six (6) weeks in advance.

To apply for a second period of Wellbeing Interruption within a 12-calendar month period, the trainee must include a Return to Training Plan with their request.

Concessions to the annual training fee do apply for Wellbeing Interruptions to Training. Information for this can be found in ACEM's Annual Training Fee Policy ([TA361](#)).

Any requests for an Interruption to Training for the purposes of wellbeing in excess of the prescribed six (6) month allowance will require an application to be made under the College's [Exceptional Circumstances and Special Consideration Policy](#).

For more information on Wellbeing Interruptions to Training please view the [Interruption to Training Policy](#), or contact training@acem.org.au

4.13 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 Non-Major Referral 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.

4.14 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.

4.15 '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.

4.16 Locum & Casual Placements

Locum or casual positions are seldom certified towards FACEM training time as they characteristically do not meet the College Accreditation Requirements. These requirements include providing adequate access (through scheduling and rostering), to structured education sessions, an appropriate level of supervision by qualified FACEMs and equal opportunity to access Emergency Medicine Workplace Based Assessments.

Other ACEM Accreditation Requirements which can preclude locum positions from being certified as training are also as follows:

- Starting from the 2022 medical training year, a minimum of 50 per cent of a trainee's clinical time is under direct Fellow supervision for all sites accredited by ACEM for ED training.
 - The intent of this [Above] accreditation requirement is to ensure all trainees receive an appropriate minimum amount of time under direct Fellow clinical supervision.
- The site / Emergency Medicine Training Network (EMTN) provides four hours per week of structured education sessions (Requirement 3.1.2.4) in a timetable of their choosing (e.g. four hours per week or eight hours per fortnight; in a single session or across multiple sessions and multiple days), as long as the Requirement 3.1.2.4 is met.
- The site/ EMTN are required to provide trainee with adequate access, through scheduling and rostering, to structured education sessions. It is generally recommended the site / EMTN utilises scheduling and rostering to provide trainees the ability to achieve an attendance rate of approximately 70 per cent to the structured education sessions, with the majority of the attendance occurring in rostered hours or paid time. The denominator for calculating the attendance rate is based on the weeks where attendance is reasonably expected (i.e. the trainee is not on leave)
- The site/ EMTN must have resources and systems to facilitate and complete, within the specified timeframes, EM-WBA and provide the trainee the opportunity to meet their WBA requirements. In addition to opportunistic assessments, the site is encouraged to utilise rostering or scheduling of trainees and Fellow staff to ensure trainees have the ability to complete their EM-WBA requirements; in particular, via trainees maintaining the required rate of EM-WBA completion.

Therefore, locum or casual rotations are usually classed as an interruption to training if these requirements cannot be met for the placement.

To be considered for accreditation for locum or casual positions, a letter of confirmation from a DEMA or DEM is required prospectively and must verify that the above considerations can be satisfied as well as all other placement requirements in Regulation B2.4. If you wish to discuss this further, please contact the training team (training@acem.org.au or +61 3 9320 0404).

4.17 Trainee Placement Feedback Survey

The College conducts an Emergency Department Trainee Placement Feedback Survey towards the end of each training year, usually November. 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. Trainees who have interrupted their training at the time of the survey release date, are not required to complete the survey associated with that training year.

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.

4.18 Assessing Cultural Competence Modules

The Assessing Cultural Competence Modules are a set of 3 modules hosted on the ACEM eLearning site that must be completed by all FACEM trainees. See below the regulations in relation to when these modules need to be completed, depending on when you commenced FACEM training.

B2.1.8.1 All trainees who enrolled in and commenced the FACEM Training Program prior to 1 December 2020, are required to satisfactorily complete all prescribed ACEM Assessing Cultural Competence modules by no later than 31 December 2021.

B2.1.8.2 All trainees who enrol in and commence the FACEM Training Program on or after 1 December 2020 are required to satisfactorily complete all prescribed ACEM Assessing Cultural Competence modules within 12 calendar months of the date on which they commenced training.

The goal of the Assessing Cultural Competence package is to improve cultural competence in trainees and to provide guidance on how supervisors can provide meaningful feedback.

The modules contain video interviews with FACEMs and other doctors, Aboriginal and other cultural allied health staff and cultural education experts. The modules use case studies that reflect the real life challenges of emergency medicine practice and encourage reflection and extrapolation of the core principles of cultural competency to all patients.

To access these modules:

- From the **My ACEM Portal**, select the *Educational Resources* tab at the top of the page.
- Click on *EM Resources for FACEM trainees and Fellows*
- Navigate to the tab at the top of the page named '*Courses*' and select '*Cultural Competency*' to find the applicable modules

Once completed, your training portal will update overnight and appear as completed on your Monitoring My Progress Page.

4.19 Guidance on dual training

Should a trainee decide that they wish to undertake another specialty training program at the same time as their FACEM Training, it is their responsibility to ensure that they are able to maintain and meet all regulations and requirements of the FACEM Training program.

Before deciding to undertake dual training, trainees need to consider that:

- completing two training programs simultaneously can make it difficult to meet all regulatory requirements of both programs;
- considerable planning will need to be undertaken;
- delays in progression (e.g. exam failure, additional training time, unexpected leave) can impact the best laid plans;
- trainees will likely need to complete two sets of assessment requirements during the same placements;
- placements in the ED are recommended to prepare for the OSCE; and
- undertaking two training programs simultaneously is not, by itself, grounds for special consideration should a trainee not be able to comply with regulations.

Planning

Depending on the training requirements of the second training program, FACEM trainees can access the following training time requirements of the (pre-2022) FACEM Training Program to compete elements of the second training program

Trainees who commenced FACEM training prior to 2022

Provisional Discretionary (Non-ED)	Up to six months
Critical Care (ICU and/or Anaesthetics)	Up to six months
Non-ED	Up to six months
Advanced Discretionary (Non-ED)	Up to six months
Surplus Training	Up to six months
Maintenance Periods in Non-ED	Trainees can also complete Non-ED training while undertaking periods of maintenance, however there are regulations that apply particularly when a FACEM trainee becomes time complete.
Emergency Medicine Placements	Some training programs require their trainees to complete mandatory or elective training in Emergency Medicine so this time can also be accessed.

During any of the periods outlined above, FACEM trainees will still need to complete all assessment requirements, ITAs, EM-WBAs, Structured References and meet all other FACEM training regulations for it to be certified towards FACEM training. Trainees will therefore likely need to complete two sets of assessment requirements during the same placement.

Regulations and policies

Trainees who elect to train with other specialist colleges have several FACEM training regulations and requirements they should be aware of to ensure they plan their training appropriately.

The below is not an exhaustive list but are the main regulations that impact the ability to complete dual training. Trainees should familiarise themselves with [Regulation B](#) and [Regulation G](#).

Discipline limits in non-ED placements

Specialist training in non-ED disciplines usually means trainees are spending more time outside of the ED than trainees who are just completing the FACEM training program. With forward planning, a trainee can meet the regulations by organising portions of the other training program and complete the Non-ED requirements of FACEM training. Training in Non-ED can also be undertaken in periods of maintenance.

However, FACEM trainees have limits on the amount of Non-ED training in particular disciplines that can be certified towards FACEM Advanced training. Some of these discipline limits are a maximum of 6 FTE months.

To plan for this, a trainee needs to be aware of the amount of training time they can accrue in individual Non-ED discipline for it to be certified.

This is outlined in [Regulation B2.3.5](#) and [Regulation G](#) in [Appendix A of Regulation B](#).

Example 1: Trainee A (advanced trainee) signs a 24-month contract to work in ICU at Smith Hospital. The discipline limit for ICU is 12 months.

As Trainee A has some outstanding training requirements, a maximum of 12 months of ICU time can contribute to their Advanced training requirements. The first 6 months FTE to their Critical Care requirement and the second 6 months FTE contribute to their non-ED requirement. The remaining 12 FTE Months of this contract would be considered surplus training.

Example 2: Trainee B (Advanced trainee) signs a 12-month contract to work in a GP clinic at Smith Street Services.

The discipline limit for GP is six FTE months, therefore only six FTE months of the 12 FTE month contract can contribute to their non-ED or Discretionary non-ED time as they have these outstanding. The second half of that year would be considered surplus training.

Surplus training

When a trainee undertakes training placements in accredited ED or non-ED placements that cannot be certified to any outstanding training requirements (including maintenance periods) the placement will be considered Surplus Training in line with [Regulation B2.1.7](#).

A trainee is permitted a maximum of 18 FTE months of Surplus Training.

Trainees in two training programs can find themselves using this up quickly. Surplus training is considered an interruption to training and contributes to the maximum interruption of training allowance of 36 months and does not extend training due dates.

It is important for trainees to keep track of how much surplus training time they have taken, their overall interruption to training limit, training deadlines, as well as the time limits/requirements of both programs.

Example 3: Trainee A (advanced trainee) signs a 24-month contract to work in ICU at Smith Hospital.

A total of 12 months of ICU time can contribute to outstanding training time requirements of their Advanced training. The first six months FTE to their Critical Care requirement and the second six months FTE contribute to the non-ED requirement. As they have reached discipline limits, the remaining 12 FTE months, will be considered surplus training.

After the 24-month contract the trainee will have used 12 FTE months of their 18 FTE months available of surplus training. As they plan their next contract or other interruptions to training, they need to keep this limit in mind.

Returning to the emergency department once time complete

Once a trainee is Time Complete in either Provisional or Advanced training, [Regulations B2.2.2.3 and B2.3.2.2 applies](#), wherein a trainee must engage in at least three months FTE of accredited ED training in a 12 calendar month period from when they become time complete. Please note, interruptions to training do not count as time of out of ED training in regard to this requirement.

Trainees who begin dual training late in their FACEM training can encounter difficulty meeting this requirement if they do not pre-plan to engage in ED training every 12 months once time complete.

Example 4: Trainee B completed all their Advanced training at the end of the training year and are in the maintenance pathway. They signed a 12-month FTE contract in a GP clinic, as they wish to complete GP training, this contract starts at the beginning of the next training year. Unless they can arrange to go to an ED for 3 months within that 12 month they will be in breach of this regulation. A trainee can apply for Special Consideration to have this regulation varied, however, under the policy, dual training is not in itself grounds for special consideration.

Training due dates in Advanced and Provisional training

Both Provisional and Advanced trainees have deadlines to which they must meet all training requirements for that phase of training. This is inclusive of all interruption to training time.

Training due dates are noted on your training portal under the monitoring my progress page.

Special consideration

Permission to waive any of these regulations would need to be granted under ACEM's [Exceptional Circumstances and Special Consideration Policy](#).

However, under this policy, dual training is not, in itself, grounds for special consideration.

Please contact the Training team (training@acem.org.au) if you have any concerns or queries.

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 DEMENT/Supervisor at a point in time during their placement. The ITA is often composed of feedback compiled from a range of staff at the site, from FACEMs, to nursing staff and orderlies. This means that an ITA will rarely be based on the DEMENT or supervisor's sole observation.

In-Training Assessments:

- occur every three calendar months regardless of the trainee's FTE status;
- are completed online by the DEMENT (ED training) or Supervisor (non-ED training); and
- 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.

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 DEMENT / 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 DEMENT or Supervisor for feedback to help with submission of the ITA by the ITA deadline; and
- familiarise themselves with the assessment forms that their DEMENT 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 DEMENT 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 DEMA 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 DEMA 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.

If a trainee has been advised that the process for removal from the FACEM Training Program has begun or an event is triggered that will result in consideration for grounds for removal a trainee is not eligible to apply for or sit the Primary Written Examination (see Regulation [B2.7.1.1](#) for a list of events that can be considered grounds for removal).

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 2018.1.

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. $\geq 60/120$).

Eligibility

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

If a trainee has been advised that the process for removal from the FACEM Training Program has begun or an event is triggered that will result in consideration for grounds for removal a trainee is not eligible to apply for or sit the Primary Viva Examination. (see [Regulation B2.7.1.1](#) for a list of events that can be considered grounds for removal)

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.

5.6 Exam withdrawal

All withdrawals must be submitted using the required [Examination Withdrawal Form](#).

- Before the closing date – candidates may withdraw their application and will not be charged the examination fee.
- After the closing date – candidates may withdraw from the Primary Examination but are still liable to pay the examination fee unless there are exceptional circumstances ([Exceptional Circumstances and Special Consideration Policy](#)). Contact the Assessment Team for guidance in this situation.

If you have any queries please contact the Assessment Team (primary.exam@acem.org.au)

In instances where you feel that your examination preparation has been significantly impaired through a sudden illness or injury, please contact the Trainee Support Team (trainee.support@acem.org.au) prior to the examination to discuss your options. In some circumstances the most appropriate course of action is to defer an examination attempt.

If you are considering to deferring an examination sitting, consider this in the context of the remaining training time available to you.

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 a non-major referral 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.

Starting from the 2022 medical training year, ED training sites will be accredited for either 12, 24, or 36 months maximum ED training time inclusive of both Provisional and Advanced Training.

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 a site accredited by ACEM for critical care.

It is highly recommended that trainees complete a Learning Portfolio with their supervisor during critical care placements accredited by ACEM. Trainees should review the ACEM ICM - Critical Care and ACEM Anaesthetic Critical Care guidelines for more information.

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.

Starting from the 2021 Medical Training year, to be certified towards meeting this requirement, training must be completed in either:

- two uninterrupted blocks of 3 FTE months at a single site in a single discipline; or
- one uninterrupted block of 6 FTE months at a single site in a single discipline.

Training time that does not meet the requirements above will be considered non-certified training time and will not contribute to outstanding training time requirements.

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](#)).

The maximum allowed training time for these non-ED disciplines is inclusive of time spent in the equivalent ACEM accredited Special Skills Placement (SSP) in these disciplines, for example:

- Six months in ACEM ICM SSP and six months in ICU accredited by CICM is 12 months in Intensive Care Medicine. The maximum allowed for Intensive Care Medicine.
- Six months in ACEM Anaesthetics SSP and six months Anaesthetics accredited by ANZCA is 12 months in Anaesthetics. The maximum allowed for Anaesthetics.
- Six months in ACEM Medical Administration/Safety & Quality SSP is the maximum allowable for the Medical Administration discipline. A trainee who completes a further six months in a Royal Australasian College of Medical Administrators placement will have that placement considered as surplus training and therefore is not certified towards outstanding training requirements.

Starting from the 2021 Medical Training year, to be certified towards meeting this requirement, including when Non-ED training is undertaken when on the Maintenance Pathway, training must be completed in either:

- two uninterrupted blocks of three FTE months at a single site in a single discipline; or
- one uninterrupted block of six FTE months at a single site in a single discipline.

Training time that does not meet the requirements above will be considered non-certified training time and will not contribute to outstanding training time requirements

Where the non-ED training is a special skills placement, trainees are required to complete the learning portfolio within the Learning and Development Plan.

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.
 - Provided on a letterhead of the accredited placement
 - Signature, full name, qualifications and contact details of the approved GP Training Supervisor, including acknowledgement of responsibility and AHPRA or MCNZ number
 - Period of proposed employment
 - Full position description for the placement
 - 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 and Development Plan (LDP) using the LDP 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 DEMENT 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 DEMENT 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 DEMENT 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.

For ACEM approved Critical Care placements, it is highly recommended that trainees complete a Learning Portfolio with their supervisor. Trainees should review the ACEM ICM – Critical Care and ACEM Anaesthetic Critical Care guidelines for more information.

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.

Starting from the 2021 Medical Training year, to be certified towards meeting this requirement during Advanced Training, training must be completed in either:

- two uninterrupted blocks of 3 FTE months at a single site in a single discipline; or
- one uninterrupted block of 6 FTE months at a single site in a single discipline.

Trainees undertaking Discretionary training in an ED placement can only have this training time certified towards meeting this requirement if they have completed all minimum Core ED training requirements.

Training time that does not meet the requirements above will be considered non-certified training time and will not contribute to outstanding training time requirements.

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 be 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.

1. Thomas, *Critical Thinking and Clinical Reasoning in the Health Sciences*, Facione and Facione (eds.), California Academic Press

“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.”¹

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 forms 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

1. Thomas, *Critical Thinking and Clinical Reasoning in the Health Sciences*, Facione and Facione (eds.), California Academic Press

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
- GI bleed patient with chest pain on warfarin with mechanical valve.

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 additional training time 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 additional training time.

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 has 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, key dates and more. Trainees must:

- complete the requisite number and complexity of EM-WBAs for your stage of training or it will result in additional training time
- perform at the required standard for your stage of training or it will result in a period of additional training time
- 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)

Type of EM-WBA	Minimum requirement	Minimum complexity
CbD	4	2 medium complexity*
DOPS	4	+
Mini-CEX	4	2 medium complexity*

Table 2: WBA requirements for Late Phase Advanced Training

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

Type of EM-WBA	Minimum requirement	Minimum complexity
CbD	6	3 high complexity*
DOPS	6	+
Mini-CEX	3	2 high complexity*
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)

Type of EM-WBA	Minimum requirement	Minimum complexity
CbD	1	1 high complexity*
DOPS	0	+
Mini-CEX	1	1 high complexity*
Shift Report	1	Must be an in-charge shift report

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)

Type of EM-WBA	Minimum requirement	Minimum Complexity
CbD	1	1 high complexity*
DOPS	-	-
Mini-CEX	1	1 high complexity*
Shift Report	1	Must be in-charge report

* 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 Training Services Team (training@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 and Development Plan

A Learning and Development Plan (LDP) (formerly the Learning Needs Analysis) is a trainee's individualised plan for pathway to Fellowship. It guides a trainee's discussions with their DEMENT or Supervisor about their development goals for each placement.

The LDP is separate to the assessment process of the FACEM Training Program and focuses on the learning needs and goals of the individual trainee. All trainees are encouraged to create, regularly review and update their LDP as it provides a framework for discussions between a trainee and their DEMENT/Supervisor to better inform a trainee's areas for development and growth as they progress through training.

How to complete an LDP

There is flexibility in the timing of LDP meetings with your DEMENT or Supervisor. The College suggests the following.

- The DEMENT or Supervisor and Trainee meet at the beginning of the placement to discuss the trainee's goals and how will they be achieved.
- The DEMENT or Supervisor and Trainee meet in the middle of the trainee's placement to review the trainee's progress towards their goals.
- The DEMENT 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.

Please read the [User Guide](#) for step-by-step instructions how to create an LDP on 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 ([RP516](#)), 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 of 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 DEMENT/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.

Reminder: for the purposes of the minimum paediatric requirement, an 'encounter' includes attending a patient for all of the following purposes:

- taking a history;
- physical examination;
- participation in management and disposition decisions; and
- documenting the encounter in the patient's medical record by the trainee

This must be obvious in the documentation in the patient's clinical record, your DEMENT or supervisor will be unable to verify that you participated in this patient encounter otherwise.

- the patient was assessed and managed whilst training in the following certified placements:
 - an emergency department accredited for the "paediatric logbook", or
 - a paediatric intensive care unit accredited by CICM, or
 - a general paediatric medicine rotation accredited by RACP.

For the purposes of the minimum paediatric requirement, routine neonatal screening whilst on a general paediatric medicine rotation is not considered a paediatric patient encounter

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 DEMENT 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).

Trainees may be required to provide evidence that authenticates all necessary aspects of any logged cases, including any of the requirements that constitute a paediatric patient encounter.

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 additional training time completed or in progress.

If a trainee has been advised that the process for removal from the FACEM Training Program has begun or an event is triggered that will result in consideration for grounds for removal a trainee is not eligible to apply for or sit the Fellowship Written Examination (see [Regulation B2.7.1.1](#) for a list of events that can be considered grounds for removal).

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 additional training 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.

6.20 Exam withdrawal

All withdrawals must be submitted using the required [Examination Withdrawal Form](#).

- Before the closing date – candidates may withdraw their application and will not be charged the examination fee.
- After the closing date – candidates may withdraw from the Fellowship Examination but are still liable to pay the examination fee unless there are exceptional circumstances ([Exceptional Circumstances and Special Consideration Policy](#)). Contact the Assessment Team for guidance in this situation.

If you have any queries please contact the Assessment Team (fellowship.exam@acem.org.au)

In instances where you feel that your examination preparation has been significantly impaired through a sudden illness or injury, please contact the Trainee Support Team (trainee.support@acem.org.au) prior to the examination to discuss your options. In some circumstances the most appropriate course of action is to defer an examination attempt.

If you are considering to deferring an examination sitting, consider this in the context of the remaining training time available to you.

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 period of additional training time (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 and Development Plan (LDP) 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

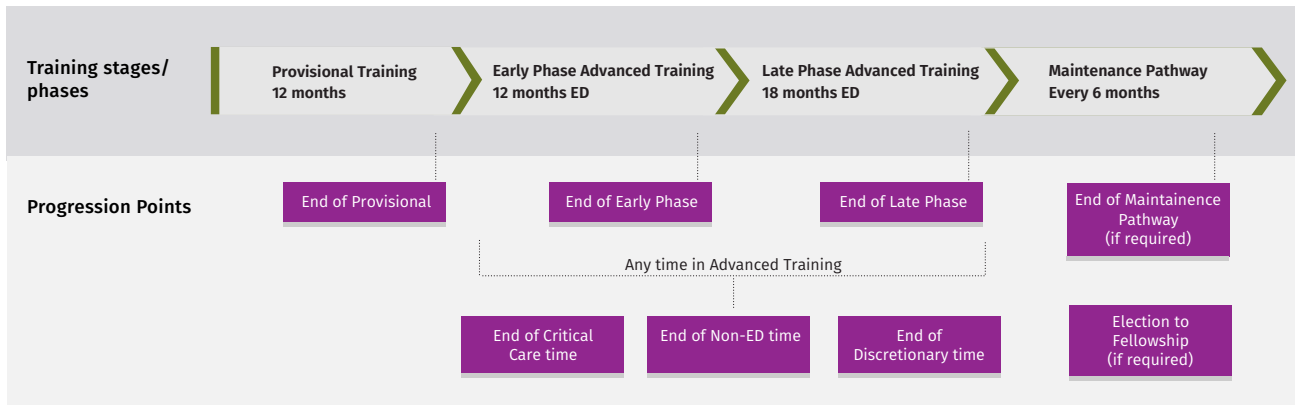


Figure 6: Progression points and minimum required assessments

	Key Milestone Review Points	FTE Training Time Requirements	Minimum Assessment Requirements	Other Requirements
Provisional Training	12 FTE Months	12 months accredited /approved placements: <ul style="list-style-type: none"> 6 months ED training 6 months other training (ED or Non-ED) 	<ul style="list-style-type: none"> 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
End of Provisional Training				
Advanced Training	6 FTE months Critical Care Training	6 months Critical Care in either ICU or Anaesthetics	<ul style="list-style-type: none"> 2 In-Training Assessments (1 per 3 calendar months) 	The following may be completed at any point in Advanced Training: <ul style="list-style-type: none"> Paediatric requirement Trainee Research or Coursework
	6 FTE months Non-ED Training	6 months in an accredited Non-ED placement	<ul style="list-style-type: none"> 2 In-Training Assessments (1 per 3 calendar months) Logbook if required 	
	6 FTE months Discretionary Training	6 months discretionary time (ED or Non-ED) Note: discretionary time spent in ED is subject to site accreditation limits	<ul style="list-style-type: none"> 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 12 FTE months ED	12 months accredited ED training	<ul style="list-style-type: none"> 4 In-Training Assessments (1 per 3 calendar months) Minimum of 12 Emergency Medicine Workplace-Based Assessments (EM-WBAs) <p><i>See Table 1 WBA requirements for Early Phase Advanced Training</i></p>	Within 30 months of ED time: <ul style="list-style-type: none"> both non-major referral and major referral requirements apply 12 months FTE undertaken in adult ED Fellowship Written (eligible to sit after successful completion of early phase WBAs)
End of Early Phase Advanced Training				
	Late Phase 18 FTE months ED	18 months accredited ED training	<ul style="list-style-type: none"> 6 In-Training Assessments (1 per 3 calendar months) Minimum of 18 Emergency Medicine Workplace-Based Assessments (EM-WBAs) <p><i>See Table 2 WBA requirements for Late Phase Advanced Training</i></p>	Fellowship Clinical (eligible to sit after successful completion of the Fellowship Written, trainee research and 36 months of Advanced Training)
End of Late Phase Advanced Training				
	Maintenance Pathway (if required)	Trainees 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:

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

7.4 Additional training time

Trainees may be required to undertake a period of additional training time for either one 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 additional training time 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

In the course of completing the FACEM Training Program a trainee may undertake a maximum of four periods of additional training time.

For example: A trainee who is undertaking a period of additional training time for Provisional Training is permitted three further periods of additional training time throughout the training program but is only permitted one further period of additional training in Provisional Training before they are considered for removal from the training program.

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

- Additional training time for non-compliance: minimum of three FTE months.
- Additional training time for competence issues: minimum of six FTE months.
- Additional training time for non-compliance and competence issues: minimum of six FTE months.

A period of additional training time must be undertaken in uninterrupted 'blocks' of training time of no less than three FTE months at a single site. If a trainee is placed into a period of additional training time of six months, it may be undertaken at two separate sites, as long as the time spent at each site is a minimum of three 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 in Training Policy ([TA544](#)) for further details.

Reflecting the principle of a period of additional training time being 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 additional training time is completed. Such requirements include:

- EM-WBAs completed above the required minimum for the additional training time 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, Non-Major Referral, 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 additional training time in the same area and stage of training as the first period of additional training time
- 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 on two consecutive occasions, which results in a second interruption to training for non-compliance
- Are placed on a fourth interruption to training for non-compliance with regulation (administrative interruption)
- 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 required to undertake a period of additional training time on a fifth occasion during the FACEM Training Program, as a result of being assessed by a Trainee Progression Review Panel as having 'not yet achieved the standard'

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 PFRC 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.

8.4 Suspension from training

If a trainee's medical registration is suspended for any reason, or has conditions applied that restricts their ability to undertake fully the requirements of the FACEM Training Program, or if a trainee fails, for whatever reason, to maintain registration with the MBA, MCNZ or other relevant regulatory body as applicable they shall automatically be suspended from the Training Program.

During a period of suspension, a trainee is unable to:

- undertake any assessments;
- accrue or be credited with any training undertaken;
- hold themselves to be a trainee of the FACEM Training Program; or
- access any benefits or entitlements under the FACEM Training Program.

The Board or Council of Education will make the decision to lift a trainee's suspension from the Training Program, this is decided upon application by the trainee. If a trainee is suspended, the timeframe for completion of the training program is not altered.

Any trainee who is suspended from the FACEM Training Program pursuant to Regulation B2.8 may, during the period of their suspension, also be subject to consideration by the Complaints Committee or other College body pursuant to College regulations and policies.

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 (AHPRA). Once recognition has been granted, Medicare Australia and AHPRA 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 DMT and/or their DEM in the first instance. If an issue remains unresolved or if the trainee feels uncomfortable in approaching their DEM or DMT, they can contact the ACEM Trainee Support Unit, who are available to provide advice and/or escalate matters as appropriate.

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

The [My Trainee Support](#) page on the ACEM website offers support and guidance to trainees who may be experiencing circumstances that are affecting their training progression.

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 DMT 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 Additional Support Request in the ITA

A major part of a DMT or Supervisors role is to support trainees as they progress through their training. From time to time some trainees may experience difficulty with their training even after the trainee and DMT have worked together at a local level to implement and action strategies to support and assist a trainee.

If a DMT is seeking additional advice and support to assist a trainee, they have the option to involve the Regional Censor or Regional Deputy Censor.

A mechanism to trigger the process is included at the end of the ITA, where the below question is added.

*This trainee is experiencing difficulty (as defined in the Supporting Trainees in Difficulty policy).
I would like to discuss this with the Regional Censor/Regional Deputy Censor; Yes/No*

The objective of this process is to support trainees in their performance and to provide advice and support as early as possible. This feature is activated by the DMT but with full participation and knowledge of the trainee.

This process aligns closely with the principles of early intervention and involvement with the trainee as outlined in the [Supporting Trainees in Difficulty Policy](#).

This process does not replace any other mechanisms available to trainee and DMTs and anyone can contact the College at any time for support (trainee.support@acem.org.au or via +61 3 9320 0428 or +61 3 8679 8807)

How will the Notification feature work?

1. A DMT selects 'yes' to the statement on the ITA that they would like to chat to the Regional Censor/Regional Deputy Censor about a Trainee experiencing difficulty with their training as they need some advice. The DMT should do this after discussion with the Trainee.

2. A notification is sent to the ACEM Trainee Support team who will collate relevant trainee information and forward this to the Regional Censor / Regional Deputy Censor.
3. The Regional Censor/Regional Deputy Censor will contact the DEMENT to discuss the situation and determine an action plan. The action plan may include, but is not limited to:
 - The DEMENT to monitor the trainee over the next ITA period and report in on their progress after the next ITA.
 - The Regional Censor may request a meeting with the trainee (via teleconference if not in person) that could include the DEMENT to discuss the issues. The Trainee or DEMENT can have a support person present.
 - The Trainee Support team contact the trainee, particularly when welfare issues are raised.
4. The Regional Censor/Regional Deputy Censor will document the discussion and return this to the Trainee Support Team. This will be filed for future reference in case the difficulties continue and any action plans previously implemented need to be referred to. This document will remain confidential.

Who can see this notification?

Can see	Cannot see
Trainee	Trainee Progression Review Panel Members
DEMENT Filling out ITA	Future DEMENTs*
Regional Censor/ Regional Deputy Censor	Examiners
ACEM Training Division Staff	Local WBA Coordinator / DEM

*Future DEMENTs may be made aware that this process was previously triggered if a trainee moves sites, the process is triggered again and the same issues are still occurring. Regional Censors may advise future DEMENTs of what strategies may have previously been used for a particular trainee.

Trainees should be assured that this is an additional support process that is in place to assist and support trainees, and in no way will this impact any of their assessments or examinations.

When should this notification be used?

DEMENTs are advised that they should select ‘Yes’ if they feel they have exhausted all local support options and need further advice. DEMENTs can select the ‘Yes’ option at any time, however should the ‘Yes’ option be selected on the final ITA of a trainee’s stage/phase of training, the trainee will still be reviewed by the Trainee Progression Review Panel as per normal practice and this will not stop the review taking place.

10.4 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 is 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.

10.5 ACEM Assist

ACEM Assist is a **free** and **confidential** service for all members and trainees.

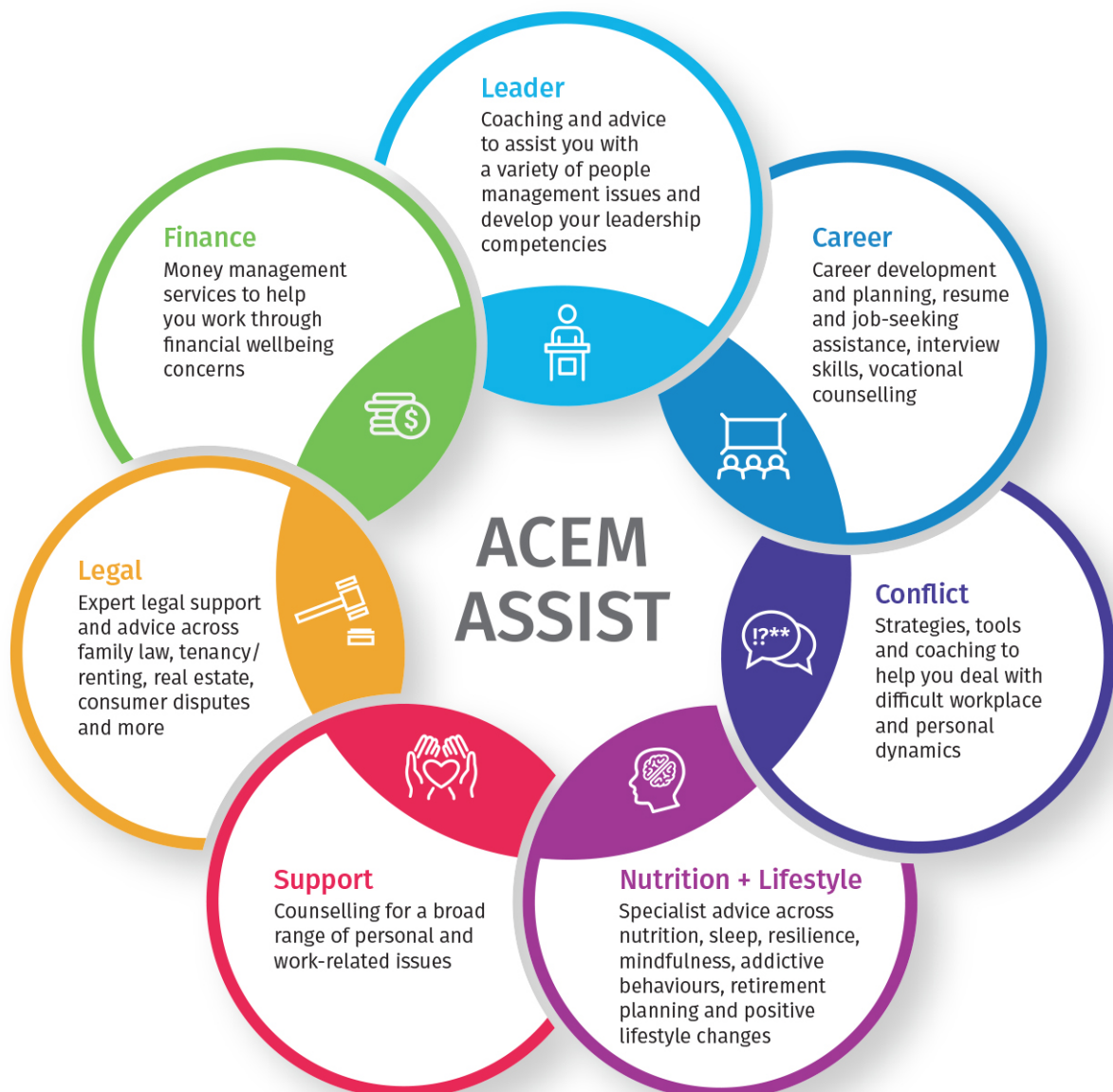
Professional coaching and advice on matters such as **nutrition, sleep, career advancement, difficult conversations, leadership development, money management**, lifestyle complements traditional counselling for personal and work-related issues and the holistic approach aims to support all aspects of your wellbeing.

You can access **up to four sessions** per issue in any 12-month period.

The ACEM Assist program is a confidential service provided by Converge International. Your details will not be disclosed to the College.

For further information, please contact the ACEM Membership and Culture team via wellbeing@acem.org.au.

All members and trainees can access ACEM Assist [here](#).



ACEM Assist does not replace Crisis/Trauma Counselling

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 0407

accreditation@acem.org.au

Assessment Unit (Examinations)

+61 3 9320 0409

primary.exam@acem.org.au

fellowship.exam@acem.org.au

CPD Unit

+61 3 9320 0404

cpd@acem.org.au

EMC/EMD

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emcd@acem.org.au

General enquiries

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Membership and Wellbeing Unit

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Trainee Support Unit

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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.

Additional training time

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 additional training time, the trainee is afforded further attempts to achieve the required standards.

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 Training 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 DEMENT (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; participation in management and disposition decisions and documenting the encounter in the patient's medical record by the trainee.

The patient must have been assessed and managed whilst training in the following certified placements:

- an emergency department accredited for the "paediatric logbook", or
- a paediatric intensive care unit accredited by CICM, or
- a general paediatric medicine rotation accredited by RACP.

For the purposes of the minimum paediatric requirement, routine neonatal screening whilst on a general paediatric medicine rotation is not considered a paediatric patient encounter.

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 DEMENT;
- to advise STAC of trainees who have not satisfied the WBA requirements of the FACEM Training Program, following appropriate periods of additional training time, 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.

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.

Trainee Agreement

A document signed by the prospective trainee upon enrolment that contains undertakings, commitments and responsibilities when commencing the FACEM Training Program. Trainees must also declare they have read the trainee agreement each year at the time of paying the annual training fee.

Training Year

The 12 consecutive months, usually commencing in early February, the specific details of which are published on the College website each year.



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