



DIRECT ENTRY APPLICATION FOR EMERGENCY MEDICINE ADVANCED DIPLOMA (EMAD) ENTRY PATHWAY 2

CRITERIA TO APPLY

This application for the Emergency Medicine Diploma (EMD) Entry Pathway 2 is only available to:

- Fellows of the Royal Australian College of General Practitioners (RACGP), or completed RACGP Core Emergency Training (or equivalent, as approved by the RACGP Rural Censor),
- Fellows of the Royal New Zealand College of General Practitioners (RNZCGP),
- Fellows of the Australian College of Rural and Remote Medicine (ACRRM),
- Fellows of the Division of Rural Hospital Medicine of New Zealand (DRHMNZ),
- Fellows of the Royal New Zealand College of Urgent Care (RNZCUC),

OR

- Medical practitioners who have been in active clinical experience in an Emergency Department equivalent to two years full-time equivalent (FTE) in the last five years of which at least three (3) months was undertaken in Australia or New Zealand.

To complete this application for the EMD Entry Pathway 2 the applicant must meet the following requirements:

1. Have safely completed **AT LEAST 24 out of 29 (80%)** of the procedures listed in the Self-Assessment Checklist including ALL of the procedures marked as mandatory. The procedures must have been completed within the previous three years and may have been completed through either clinical practice or by simulation in a relevant course.
2. The Self-Assessment Checklist must be endorsed by a FACEM or ACEM Advanced Diplomate with whom the applicant has worked either directly or within a network, during the preceding three years. The endorser must be reasonably satisfied that the applicant can perform the self-assessed procedures at the level of an EMC graduate.
3. Signed endorsement by a FACEM or ACEM Advanced Diplomate with whom they have worked in the last three years (directly or within a network), of the applicant's knowledge of the EMC Curriculum. The endorser must be reasonably satisfied that the applicant:
 - a) Has the basic knowledge and skills in carrying out an initial focused assessment of an undifferentiated patient.
 - b) Has the knowledge and skills to manage and treat patients with common emergency presentations.
 - c) Has the basic knowledge and skills to deliver safe patient care in a modern emergency care system
4. Provide evidence of a current Advanced Life Support 2 (ALS2) certificate or equivalent for trainees based in New Zealand. ALS 2 workshops must be accredited by the Australian Resuscitation Council (ARC).
5. Provide proof of currency of clinical practice. i.e. current CPD certificate.



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6. Provide evidence of Specialist Medical Practitioner documentation (if applicable).

| Applicant Details | |
|--|--|
| Given name(s) | |
| Family name | |
| AHPRA / MCNZ Registration Number: | |
| Address | |
| State | |
| Postcode | |
| Phone | |
| Email | |
| Have you previously registered with ACEM? | |

Category of Applicant:

| | | |
|--------------------------|--------------------------------------|-----------------------|
| <input type="checkbox"/> | Fellow of ACRRM | Date Conferred: _____ |
| <input type="checkbox"/> | Fellow of RACGP | Date Conferred: _____ |
| <input type="checkbox"/> | Fellow of RNZCGP | Date Conferred: _____ |
| <input type="checkbox"/> | Fellow of DRHMNZ | Date Conferred: _____ |
| <input type="checkbox"/> | Fellow of RNZCUC | Date Conferred: _____ |
| <input type="checkbox"/> | Medical Practitioner* | Date Conferred: _____ |
| <input type="checkbox"/> | Completed RACGP Core EM Training^ | Date Conferred: _____ |

*Medical Practitioner applicants must have a minimum of two (2) years full-time clinical experience (or comparable FTE) in an emergency department within the last five (5) years, of which at least three (3) months must have been undertaken in Australia or New Zealand.



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*Evidence of this clinical experience MUST be provided with this application; for example, a term report or a letter of service on Hospital Letterhead from the relevant emergency department(s) or human resources department(s), including dates and FTE worked in emergency department(s).

^Applicants that have completed RACGP Core Emergency Training (or equivalent, as approved by the RACGP Rural Censor) MUST provide evidence of completion or equivalency.

Emergency Department experience. All applicants to complete:

| Hospital | Position | Dates of employment | FTE (Full Time Equivalent) 0.0 – 1.0 |
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SUBMISSION:

Please return your completed application to emcd@acem.org.au.

Your application will be reviewed, and you will be notified of the outcome within two weeks from the date of submission.

If you have any questions regarding your application, please contact the College:

EMCD Training Team
+61 3 8679 8872
emcd@acem.org.au



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Name of EMAD applicant: _____

| Element | Procedure | Applicant to sign: | Endorser to sign: | Unable to assess |
|------------------------------|---|--------------------|-------------------|------------------|
| Airway | Insert oropharyngeal airway | | | |
| | Insert nasopharyngeal airway | | | |
| | Insert laryngeal mask | | | |
| | Basic airway manoeuvres | | | |
| | Use bag valve mask (both one and two handed) (MANDATORY PROCEDURE) | | | |
| Analgesia/pain relief | Intranasal analgesia (adult or paediatric) | | | |
| | Digital nerve block | | | |
| | Infiltration of local anaesthetic | | | |
| Musculo-skeletal | Plaster upper limb (MANDATORY PROCEDURE) | | | |
| | Plaster lower limb (MANDATORY PROCEDURE) | | | |
| Trauma | Pelvic splinting / binder | | | |
| | Close wound with tissue adhesive | | | |
| | Suture wound (MANDATORY PROCEDURE) | | | |
| | C spine manoeuvre, including 3-person log roll (MANDATORY PROCEDURE) | | | |
| Burns | Assess burn (size and depth) | | | |
| Wounds | Incision and drainage of abscess | | | |
| Cardiac | Safe defibrillation (adult or paediatric) (MANDATORY PROCEDURE) | | | |
| Circulation | IV access - Large bore (16G or larger) | | | |
| | Intraosseous access | | | |



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Name of EMAD applicant: _____

| Element | Procedure | Applicant to sign: | Endorser to sign: | Unable to assess |
|-------------------------------|---|--------------------|-------------------|------------------|
| Neurology | Mini-mental state examination | | | |
| Paediatrics | Appropriate basic airway techniques (on an infant) | | | |
| | Assess hydration | | | |
| | Teach use of spacer | | | |
| Obstetrics and Gynaecological | Speculum vaginal examination and visualisation of the cervical os | | | |
| | Assess foetal heartbeat in late pregnancy (foetal doppler) | | | |
| Gastro- intestinal | Insertion of nasogastric tube | | | |
| Toxicology and Toxinology | Pressure bandage with immobilisation (PBI) | | | |
| Ophthalmological | Removal of foreign body from eye | | | |
| Other | Insertion of urinary catheter | | | |
| | Total number of Procedures assessed | /29 | /29 | /29 |

I declare that I have safely completed the procedures indicated above in the last three years.

Signature of applicant _____ date: _____

Signature of endorser: _____ date: _____



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ENDORSEMENT:

I confirm that I have worked with the applicant, directly or within a network, during the last three years and in this time observed this applicant in ED and believe them to be at procedural level of an EMC graduate. I can confirm that at least 80% of the procedures as shown on the EMC Procedural Checklist have been completed to expected level, including all mandatory procedures.

In consideration of the Emergency Medicine Certificate Curriculum content, I endorse:

1. That the applicant has the basic knowledge and skills in carrying out an initial focused assessment of an undifferentiated patient.
2. That the applicant has the knowledge and skills to manage and treat patients with common emergency presentations.
3. That the applicant has the basic knowledge and skills to deliver safe patient care in a modern emergency care system.

ENDORSER DETAILS:

| | |
|----------|--|
| Name | |
| ACEM ID | |
| Hospital | |
| Position | |

Endorser signature: _____

Date: _____

APPLICATION DECLARATION:

I declare that the above information completed by me is true and correct, and I undertake to advise the College immediately should circumstances arise to alter any of the responses given.

Applicant signature: _____

Date: _____