Australasian College for Emergency Medicine

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2022 FACEM Training Program Handbook

February 2026

About

The Australasian College for Emergency Medicine

The Australasian College for Emergency Medicine (ACEM) is the not-for-profit organisation responsible for training emergency physicians and the advancement of professional standards in emergency medicine in Australia and New Zealand.

Our vision is to be the trusted authority for ensuring clinical, professional and training standards in the provision of quality, patient-focused emergency care.

Our mission is to promote excellence in the delivery of quality emergency care to all of our communities through our committed and expert members.

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About II

The Australasian College for Emergency Medicine II
FACEM Training program contacts II

Document Review III

Revision History III

Copyright III

Acronyms VII

Terminology VIII

1. Introduction 2

1.1 The College 2
1.2 ACEM Training Programs 2
1.3 A brief history of ACEM 3
1.4 ACEM Governance 4
1.5 Trainee Committee 4
1.6 Site Trainee Representatives 4
1.7 Specialist Training and Assessment Committee 4

2. Program overview 7

2.1 Structure and stages of training 7
2.2 Timeframe for completion 8

3. Curriculum 11

4. Planning and managing your training 13

4.1 My ACEM portal 13
4.2 Supervision of training (DEMTs) 13
4.3 Finding and registering a placement 13
4.4 Placement duration 14
4.5 Rostering and meeting training requirements 14
4.6 Rostering across sites, disciplines and networked ED sites 15
4.7 Part-time training 15
4.8 Leave during a placement 15
4.9 Circumstances leading to non-certification of a placement 16
4.10 Interruption to training 16
4.11 Parental Leave 17
4.12 Wellbeing Interruption to Training 17
4.13 Surplus Training 18

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February 2026

4.14 Administrative Interruption to Training ... 18
4.15 Locum and casual placements ... 19
4.16 Trainee Placement Survey ... 19
4.17 Guidance on Dual Training ... 19

5. Training placements 23

5.1 Core Emergency Medicine training ... 23
5.2 Non-ED training ... 23
5.3 Critical Care training ... 24
5.4 Special Skills Placement ... 24
5.5 Learning and Development Plan ... 26

6. Training assessments 27

6.1 In-Training Assessments ... 27
6.2 Emergency Medicine Workplace-based Assessments (EM-WBAs) ... 27
6.3 EM-WBA complexity ... 28
6.4 EM-WBA Completion requirements ... 30
6.5 EM-WBA submission and expiry ... 30

7. Training Stage One 31

7.1 Training Time ... 31
7.2 Emergency Medicine Workplace-based Assessments (EM-WBAs) ... 31
7.3 Primary Written Examination ... 32
7.4 Primary Examination (Integrated Viva) ... 32
7.5 Exam Withdrawal ... 34

8. Training Stage Two 35

8.1 Training Time ... 35
8.2 Emergency Medicine Workplace-based Assessments (EM-WBAs) ... 35

9. Training Stage Three 38

9.1 Training Time ... 38
9.2 Emergency Medicine Workplace-based Assessments (EM-WBAs) ... 38
9.3 Fellowship Written Examination ... 39
9.4 Exam Withdrawal ... 41

10. Training Stage Four 42

10.1 Training Time ... 42
10.2 Emergency Medicine Workplace-based Assessments (EM-WBAs) ... 42
10.3 Fellowship Clinical Examination (OSCE) ... 44
10.4 Exam Withdrawal ... 44

11. Training requirements 45

11.1 Procedural Requirement: Direct Observation of Procedural Skills (DOPS) ... 45
11.2 Trainee Research Requirement ... 46
11.3 Paediatric Emergency Requirement ... 46
11.4 Assessment of the Paediatric Emergency Requirement ... 50
11.5 Guideline/Protocol Review or Audit ... 50
11.6 Morbidity and Mortality Presentation ... 50
11.7 Formal Teaching Presentation ... 50

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February 2026

12. Progression in the Program 51

12.1 Regional Trainee Progression Review Panel 51
12.2 Progression Points 51
12.3 Outcome of a progression review 51
12.4 Additional training time 53

13. Election to Fellowship 57

13.1 Eligibility for election to Fellowship 57
13.2 Election to Fellowship 57
13.3 Specialist/vocational recognition 57
13.4 Continuing Professional Development 57

14. Removal from the Program 58

14.1 Grounds for removal from the Training Program 58
14.2 Consideration for removal by PFRC 58
14.3 Suspension from Training 58

15. Trainee support 61

15.1 Wellbeing and support resources 61
15.2 Trainee Support Guide 61
15.3 Trainee in difficulty 61
15.4 Additional Support Request in the ITA 61
15.5 Mentoring 62
15.6 ACEM Assist 63

16. College policies 65

16.1 Code of Conduct 65
16.2 Exceptional Circumstances and Special Consideration 65
16.3 Reconsideration, Review and Appeal of Decisions 65
16.4 Conflict of Interest Policy 65
16.5 Discrimination, Bullying and Sexual Harassment (DBSH) 66
16.6 Complaints Policy 66
16.7 Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy 67

17. Program administration 68

17.1 Training program fees 68
17.2 Financial hardship 68
17.3 Concessions 68
17.4 Recognition of Prior Learning and Credit Transfer 68
17.5 Withdrawal 68

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February 2026

Acronyms

ACEM	Australasian College for Emergency Medicine
AEMTP	Advanced Emergency Medicine Training Program
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
EMC	Emergency Medicine Certificate
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
IEMTP	Intermediate Emergency Medicine Training Program
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
PER-WBA	Paediatric Emergency Requirement Workplace-based Assessment
PFRC	Pathway to Fellowship Review Committee
PSO	Program Support Officer
STAC	Specialist Training and Assessment Committee
TPRP	Training Progression Review Panel

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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 to 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, i.e. non-ED specialist placements.

Additional training time

A period of training resulting from a trainee being reviewed and assessed as not yet achieving the standard expected for their Training Stage or area of the FACEM Training Program. This may be as a result of failure to complete specified requirements of the training stage in the relevant timeframe or failure to meet or maintain the standard required of the training stage. Through additional training time, the trainee is afforded further attempts to achieve the required standard.

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.

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. This body has oversight of all facets of the College's educational activities, including examination, election to Fellowship, accreditation, and Continuing Professional Development programs.

ACEM Curriculum

The ACEM Curriculum describes the level of performance expected of FACEM trainees at each of the four Training Stages of the FACEM Training Program, mapped across eight domains.

Director of Emergency Medicine Training

The Director of Emergency Medicine Training plays an important educational role within the College; providing 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 trainees at their site.

Domains

The areas of professional competence established and set out in the ACEM Curriculum. 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 (EMTN)

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.

Interruption of training

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 non-annual leave or otherwise).

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In-Training Assessment

In-Training Assessments (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.

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

Applies to trainees who have successfully completed the core emergency medicine training time requirement of their current Training Stage but have not yet completed all training and assessment requirements of that Training Stage.

Trainees remain in maintenance until all training and assessment requirements of the Training Stage are complete, and are reviewed every 6 FTE months by the Trainee Progression Review Panel to ensure trainees are maintaining the standard of that training stage.

Mentor

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

Paediatric patient

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

Paediatric Patient Encounter

For the purposes of the Paediatric Emergency 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:

- A paediatric emergency department accredited for specialist Paediatric Emergency Medicine training, and/or
- A mixed emergency department accredited by ACEM for the Paediatric Emergency Requirement

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).

Trainee Progression Review Panel

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

- to review the results of ITAs and EM-WBAs and other assessments completed by trainees to determine whether or not trainees undertaking the FACEM Training Program have met he standard applicable for Training Stage or assessment requirements;
- to communicate the outcomes of progression reviews to individual trainees and their DEMTs;
- to participate in, and contribute to, quality assurance and/or quality improvement activities to ensure the consistency and quality of progression reviews across all regions, including advising the Trainee Progression Review Subcommittee, where applicable, on the performance of training sites and/or specific WBA assessors deemed not to be meeting expected levels of conduct in WBAs; and
- to advise STAC or other relevant entities in relation to other Trainee Progression 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.

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Selection into FACEM Training

A formal process of selection applying to all prospective applicants intending to undertake FACEM Training Program. Selection into FACEM Training is open once a year for prospective trainees to apply to commence the training program the following training year.

Site

The location at which a trainee may complete certified ED and/or 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 training time pursuant to the College's Accreditation Requirements for Emergency Medicine Specialist Training Providers and thus the maximum amount of certified training that a 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 Trainee Progression 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.

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 placement duration.

Trainee Agreement

A document signed by the prospective trainee upon enrolment, and all trainees annually, that contains undertakings, commitments and responsibilities when completing the FACEM Training Program.

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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1. Introduction

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 completion of Emergency Medicine Certificate (EMC), Intermediate Emergency Medicine (IEMTP) and Advanced Emergency Medicine (AEMTP). Upon successful completion of these programs, trainees may apply for membership as a Certificant or Associate.

The College also offers training in Pre-Hospital and Retrieval Medicine (PHRM), a minimum six (6) FTE months program. FACEM trainees who meet the eligibility requirements can complete this program while completing FACEM training.

The completion of the EMC, IEMTP, AEMTP and PHRM does not 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, IEMTP, and AEMTP and PHRM is available on the College website.

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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 applied 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.

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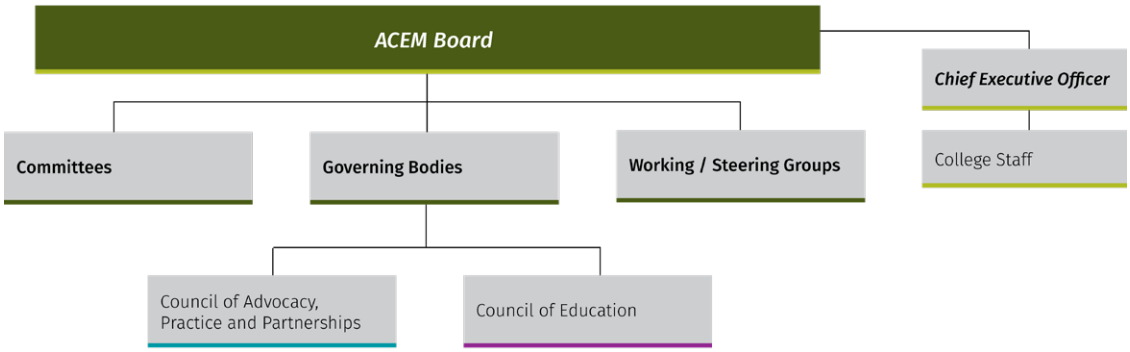
1.4 ACEM Governance

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, overleaf) is set out in formal Terms of Reference.

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.

The Chair of the Trainee Committee is a full voting member of the Council of Education. Trainee Representatives are present on many ACEM committees and working groups, including Trainee Progression Review Panels.

1.6 Site Trainee Representatives

To optimise the communication between FACEM trainees at ACEM accredited sites and Regional Representatives on the Trainee Committee, each site is encouraged to appoint a Site Trainee Representative. This role of the Site Trainee Representative is open to trainees at any stage of the program and acts as a liaison between FACEM trainees at their site and the Trainee Committee, reporting on matters relating to training and overall educational experience. The Trainee Committee can then discuss any issues and bring them to the attention of the relevant ACEM entity.

If you are interested in the role or wish to know who your Site Trainee Representative is, you can speak with your DEMT as they are involved in the appointment process. The role will not have a significant administrative burden or time commitment and is not designed to resolve or advocate individual trainee or industrial matters, these should be referred to the DEMT or ACEM Trainee Support team. The length of tenure in the role is dependent on how long you remain at the site.

1.7 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. STAC also consider most applications submitted under the Exceptional Circumstances and Special Consideration policy.

A member of the Trainee Committee, usually its Deputy Chair, 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.

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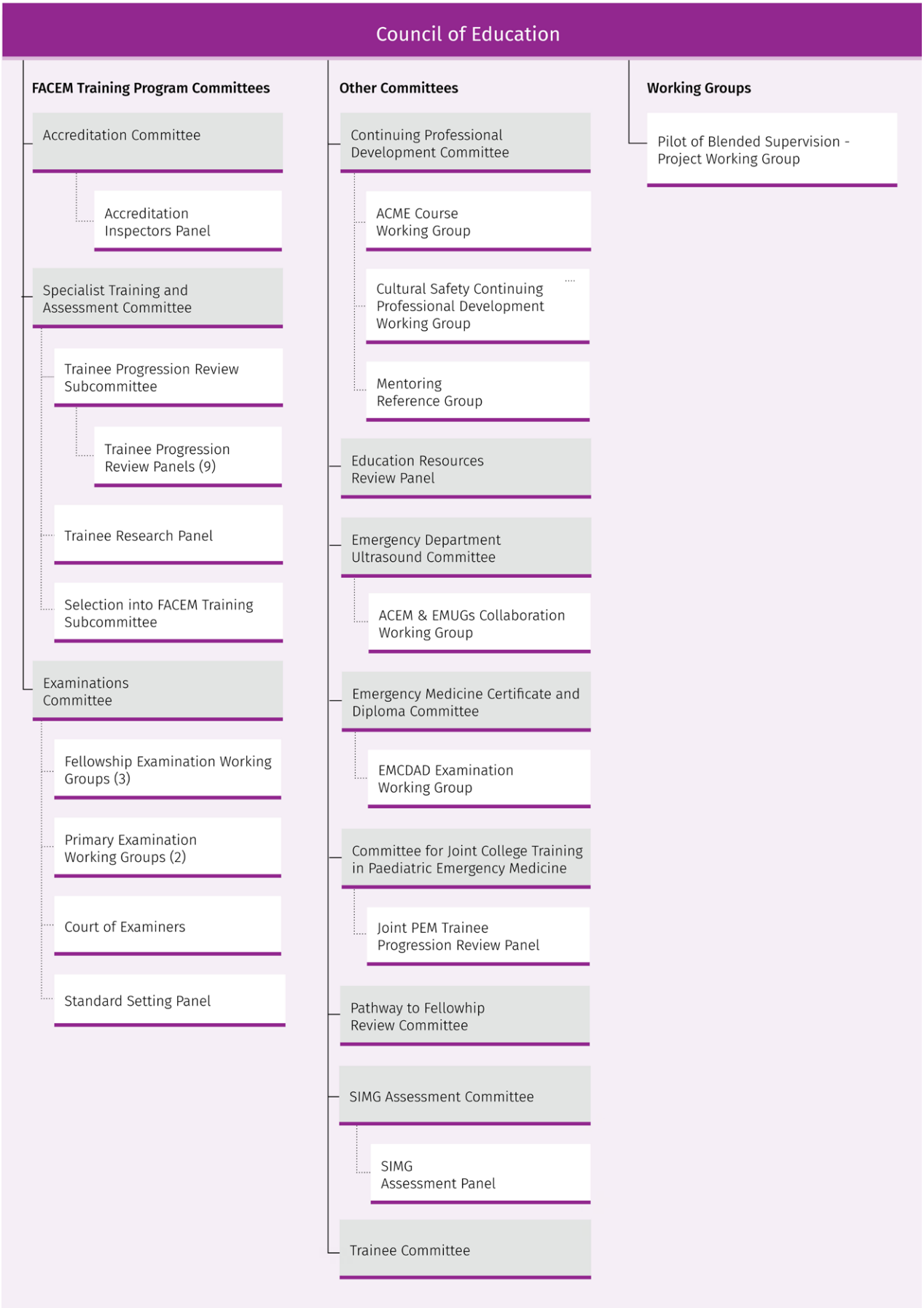
Figure 2: COE governance structure



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2. Program overview

2. Program overview

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

- Minimum 42 FTE months training in emergency medicine;
- Minimum 6 FTE months training in disciplines other than emergency medicine;
- Minimum 6 FTE months training in Critical Care (intensive care medicine and/or anaesthesia); and
- Minimum 6 FTE months elective in the final training stage.

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 which can include 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 ACEM or another specialist College to provide the required training or special skills. Some non-ED placements will require prior approval to be recognised in the Training Program. Training site limits or discipline limits apply. Hospitals are accredited by ACEM for 12, 24 or 36 months of ED training including for paediatric EM training and/or as part of a training network.

A list of accredited ED training sites is available on the ACEM website.

The requirements of the Training Program are set out in ACEM Regulation G – FACEM Training Program.

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 available on the College website.

2.1 Structure and stages of training

Training Stage One (TS1)

Training Stage One comprises satisfactory completion of:

- 12 FTE months core emergency medicine training in adult/mixed placements;
- prescribed Emergency Medicine Workplace-based Assessments (EM-WBAs);
- Primary Examination (Written); and
- Primary Examination (Viva).

Where applicable, 'maintenance' requirements will apply.

Training Stage Two (TS2)

Training Stage Two comprises the satisfactory completion of:

- 12 FTE months of core emergency medicine training; and
- prescribed Emergency Medicine Workplace-based Assessments (EM-WBAs).

Where applicable, 'maintenance' requirements will apply.

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Training Stage Three (TS3)

Training Stage Three comprises the satisfactory completion of:

- 12 FTE months of core emergency medicine training;
- 6 FTE months non-ED training (this can be started from TS1);
- prescribed Emergency Medicine Workplace-based Assessments (EM-WBAs); and
- the Fellowship Examination (Written).

Where applicable, 'maintenance' requirements will apply.

Training Stage Four (TS4)

Training Stage Four comprises the satisfactory completion of:

- 6 FTE months of core emergency medicine training in an accredited TS4 site;
- 6 FTE months elective training (ED or non-ED) in an accredited TS4 site;
- 6 FTE months Critical Care training (intensive care medicine and/or anaesthesia (this can be started from TS2);
- prescribed Emergency Medicine Workplace-based Assessments (EM-WBAs);
- core Direct Observation of Procedural Skills (DOPS) (these can be started from TS1);
- a Mortality and Morbidity Presentation
- a Formal Teaching Presentation;
- a Guideline/Protocol Review or Audit;
- the Paediatric Emergency Requirement (this can be started from TS1);
- the Research Requirement (these can be started from TS1); and
- the Fellowship Examination (Clinical).

Where applicable, 'maintenance' requirements will apply.

2.2 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:

- Training Stage 1 is 3 years;
- Training Stage 2 and 3 (combined) is 8 years;
- Training Stage 4 must be completed before the overall 12 years maximum allowed is reached.

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Table 1: FACEM Training Program structure & requirements for new trainees from 1 February 2022

	Training Stage 1 (TS1)	Training Stage 2 (TS2)	Training Stage 3 (TS3)	Training Stage 4 (TS4)
Placement & Programmatic Assessment Requirements	12 Months FTE Core ED (Adult or Mixed) EM-WBAs^ • 8 x Mini-CEX (must include one of each Neurological, Respiratory, Cardiovascular and Abdominal) • 1 x Comm Skills (Handover) • 1 x Comm Skills (Referral)	12 Months FTE Core ED EM-WBAs^ • 4 x CbD (must include 2 x medium complexity) • 4 x Mini-CEX (must include 2 x medium complexity) • 1 x Comm Skills (Handover) • 1 x Comm Skills (Referral)	12 Months FTE Core ED EM-WBAs^ • 4 x CbD (must include 3 x high complexity) • 3 x Mini-CEX (including 2 x high complexity) • 3 x Shift Reports	12 months FTE core time comprising of: • 6 months FTE in Core ED* • 6 months FTE Elective (ED or Non-ED)* EM-WBAs^ In **ED settings** only; • 3 x Shift In-charge Report • 2 x Team Lead Resuscitation
	ITAs (every 3 calendar months throughout training)			
	Min 6 months FTE in a Major Referral ED and 12 months FTE in a Non-Major Referral ED			
	6 Months FTE in Non-ED at any time during TS1-TS3#			
		6 Months FTE in Critical Care (adult or mixed ICU and/or Anaesthetics) at any time during TS2-TS4#		
Maximum time per stage	3 Years	8 years		Limited to time remaining of 12 year overall time limit
Maximum Total Time	12 Years			

*^EM-WBAs must be completed by the end of 12 Months FTE of Core ED for each of TS1, TS2 and TS3 or 12 FTE months Core or Elective **ED time** for TS4.*
**All ED and Elective placements in TS4 must have received TS4 accreditation, including Non-ED*
#To be taken in minimum 2 x 3-month FTE terms or 1 x 6-month FTE term

	Training Stage 1 (TS1)	Training Stage 2 (TS2)	Training Stage 3 (TS3)	Training Stage 4 (TS4)
Training requirements			M&M presentation Formal Teaching Presentation Guideline/Protocol Review or Clinical Audit	
	To be completed to be eligible for Elevation to Fellowship: Procedural Requirement (Core DOPS) Research Requirement			
	To be completed to be eligible for the Fellowship Clinical Examination: Paediatric Emergency Requirement (PER) (**additional** 6 x PER-WBAs, 2 x PER-DOPS, Portfolio - a maximum of 2 PER DOPS and 1 PER Mini-CEX may be completed in Training Stage 1)			
Examinations	Primary Written **and** Primary Viva		Fellowship Written	Fellowship Clinical
Online module requirements	*To be completed to be eligible for the Primary Viva Examination:* • ACEM Core Values • Indigenous Health & Cultural Competence • Assessing Cultural Competence	*To be completed to be eligible for the Fellowship Written Examination:* • Critical Care Airway Management • Clinical Supervision • Giving Feedback • Ultrasound		
		To be completed to be eligible for the Fellowship Clinical Examination: • Clinical Leadership		

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3. Curriculum

3. Curriculum

The FACEM Training Program is underpinned by the ACEM Curriculum, 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
- Teamwork and Collaboration

The ACEM Curriculum, together with information on how to apply this to your training, is available on the ACEM website.

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4. Planning and managing your training

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 at a site without an accredited ED, the DEMT will typically be the applicable Regional 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 an ACEM trainee.

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

The above also applies where the Regional Deputy Censor is the 'acting' DEMT.

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 Training Stage 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 at least eight weeks prior to commencement of training.

All training placements 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, non-ED training in other specialties or special skills, in general practice, medical administration, and overseas, etc., all have eligibility criteria, accreditation requirements and time limits. These can be found on the College website.

There are a number of sources trainees can turn to find employment;

- talk to your DEMT about your plans
- talk to your network of colleagues and other trainees
- the ACEM Bulletin and Trainee Newsletter advertises trainee vacancies
- the ACEM Site Information Guide

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4.4 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 towards training time requirements.

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

Core ED, TS4 Elective and Maintenance Pathway Placement Length

Your Core ED, TS4 Elective and Maintenance Pathway training placements need to be a minimum of three (3) consecutive calendar months in order to be certified towards your training time.

Non-ED or Critical Care Placement Length

All Non-ED and Critical Care training placements must be taken in uninterrupted blocks of training in order to have the time certified towards meeting these training requirements, as outlined below:

- One (1) uninterrupted block of six (6) FTE months in a single discipline at a single site.
- Two (2) uninterrupted blocks of three (3) FTE months of training. Each block may be completed in different disciplines at different sites; or

Example of Training Blocks

1. **Trainee A** is in Maintenance for Training Stage Three and completes Non-ED placements:

    - Placement One: 3 months FTE in General Medicine at Royal Perth Hospital (05/02/2024 – 05/05/2024)
    - Placement Two: 3 months FTE in Cardiology at Joondalup Health Campus (06/05/2024 – 04/08/2024)

    Trainee A has completed two uninterrupted blocks of 3 FTE months training, thereby reaching the 6-month FTE progression point in Non-ED training and will be reviewed by the relevant TPR panel.

2. **Trainee B** is also in Maintenance for Training Stage Three and completes the following placements:

    - Placement One: 1.5 months FTE in General Medicine at Royal Perth Hospital (05/02/2024 – 17/03/2024)
    - Placement Two: 3 months FTE in Cardiology at Joondalup Health Campus (18/03/2024 – 16/06/2024)
    - Placement Three: 1.5 months FTE in General Medicine at Royal Perth Hospital (17/06/2024– 04/08/2024)

    Trainee B has only completed one uninterrupted block of 3 FTE months training, so therefore has not reached the 6-month FTE progression point in Non-ED training.

4.5 Rostering and meeting training requirements

A trainee must work at least 0.5 FTE at a single site in order to have the placement certified for training. Even if two ED sites are networked, the College considers each site as a separate entity for the purpose of training placements and certification of training time.

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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 regularly, where the College looks for discrepancies between what the trainee has logged in the My ACEM portal and what the trainee has been rostered to do and what leave they have taken. If there is a large margin of error, this could result in a training period not being certified for training.

4.6 Rostering across sites, disciplines and networked ED sites

Trainees working across multiples sites at less than 0.5 FTE will not have the placements certified for training as neither meets minimum placement requirements.

Examples of split arrangements

Trainee A is rostered at 0.75 FTE 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 the training time at both hospitals being certified for that period. This would need to be logged as two separate placements on the My ACEM portal and separate In-Training Assessments completed for each site.

Trainee B 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.

4.7 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 a minimum of 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 non-ED training is three (3) uninterrupted FTE months, so a trainee working 0.5 FTE must have a placement duration of at least six (6) consecutive calendar months.

It is important to note that the completion of part time training does not extend the due date required to complete a stage of training, or the overall training program due date.

4.8 Leave during a placement

While working in accredited training positions, trainees may take up to 10 weeks leave per Training Year and still have their training placements certified for training. This leave is inclusive of combined annual, personal, compassionate, parental, study, examination, strike, conference, cultural, 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 (approx. 40% of the ITA period)
- up to ten weeks in a training year (approx 19% annually).

Any leave taken must be recorded in the My ACEM portal for the relevant placement. The trainee placement audit includes a review of leave taken.

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4.9 Circumstances leading to non-certification of a placement

Trainees are required to enter placement details within specified timeframes as outlined in the regulations. If a trainee fails to appropriately record placement details within the specified timeframe, and has been advised in writing by the College on three separate occasions of the need to enter a valid placement, a three-month Interruption to Training (administrative interruption) will be applied for non-compliance.

If a trainee fails to 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 of consideration for possible removal from the FACEM Training Program will be instigated.

4.10 Interruption to training

Trainees may 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 with supporting documentation.

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

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.

Interruption to Training Supporting Documents

Concessions to the annual training fee are available to trainees based on the length of an Interruption to training. Concessions are not applied to periods of Administrative Interruption or Surplus Interruption to Training.

To ensure these concessions are distributed appropriately, ACEM requires all interruptions to be supported by a document from a third party verifying the trainee's time out of training. 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 not working in an accredited training placement of at least 0.5 FTE
- Confirmation that you are not working in a training capacity (including training placements for other specialist medical Colleges)

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Examples of documents which may be used to confirm the above are:

- Locum contracts confirming employment throughout the period of interruption (private information such as salary can be redacted)
- DEMT letter/e-mail confirming trainee will not be engaged in a training post
- Medical certificates confirming trainee is unwell/unfit for work
- Flights confirming time out of country
- Statutory Declarations

If you are unsure about what documents to supply, please contact the Training Services team at training@acem.org.au

Trainees who interrupt their training during a medical training year for a period that cumulatively exceeds three months during that year may be eligible for a concession on their annual training fee. Please view ACEM's Annual Training Fee Policy (TA361) for more information.

4.11 Parental Leave

Trainees may take parental leave at any time throughout the course of their FACEM Training;however, only 52 weeks of absence can be approved at any one time.

Where a trainee is on parental leave for more than 52 consecutive weeks, they must notify the College of an extension to parental leave on the relevant form.

Periods granted as parental leave will not contribute to the maximum timeframes permitted for completion of the training program and/ or its components outlined in Regulation G.

Thus, a trainee who has approved parental leave will have the training time due dates extended by the duration of the approved parental leave taken on or beyond 1 January 2025.

Trainees who are taking parental leave should read ACEM's 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, along with supporting documents such as a Confinement notice/birth certificate/GP letter confirming a period of parental leave.

Trainees on approved parental leave during a medical training year for a period that cumulatively exceeds three months during that year may be eligible for a concession on their annual training fee. Please view ACEM's Annual Training Fee Policy (TA361) for more information.

4.12 Wellbeing Interruption to Training

The College recognises the importance of mental health and the challenge of burnout amongst the trainee cohort. An application for Wellbeing Interruption to Training requires the support of the DEMT 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.

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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 training@acem.org.au along with a letter of support from the current DEMT 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.

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

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 all Non-ED or Critical Care requirements in the FACEM Training Program have been fulfilled;
- reach an accreditation site limit but remain at that site;
- have completed the maximum time permitted in a GP post, ICU, or any other non-ED discipline, but undertake more training in that post; or
- only have training time remaining at a specific site type (e.g. non-Major Referral) but continue working at a site that does not fulfil this requirement.

Surplus training is ***not*** training time that occurs once you have completed all your training time requirements for a particular stage of training. This is considered 'Maintenance' and is reviewed by the Trainee Progression Review Panels at the completion of each 6 FTE month interval.

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

Surplus Training will be considered an Interruption to Training, which removes any requirement to complete assessments during this time. This period of interruption 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 complete during a period of Surplus Training are the Trainee Research requirement, Online Modules and all FACEM examinations.

If a PEM trainee enters a placement that would meet a PEM Training requirement but not a FACEM training requirement, this will not be considered Surplus Training. Trainees will retain the placement and continue to complete relevant PEM 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 within prescribed time frames, 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 reminders before being applied to a trainee's record.

Where a trainee has been placed on three cumulative 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 Locum and casual placements

Locum or casual positions are seldom certified towards FACEM training time as they characteristically do not meet the College Accreditation Requirements. Locum or casual rotations are usually classed as an Interruption to Training.

For locum or casual positions to be considered for accreditation, a letter of confirmation from a DEMT or DEM is required prospectively and must verify that the above considerations can be satisfied as well as all other placement requirements in Regulation G2.3. To discuss this further, please contact the ACEM Training Services team at training@acem.org.au.

4.16 Trainee Placement Survey

The College conducts an annual Emergency Department Trainee Placement Survey. 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.

Once the survey is released and during the survey period, trainees will be required to complete it in order to access the My ACEM portal.

Completion of the survey is a mandatory requirement of training (Regulation G1.5). This regulation ensures a full complement of data is received to best support the continuing review and improvement of the Training Program.

4.17 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. It can be very difficult to meet the training requirements and regulations of the FACEM Training Program while undertaking dual training.

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.

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Planning and Training

Depending on the training requirements of the second training program, FACEM trainees can access the following training time requirements of the FACEM training program to compete elements of the second training program;

Training Type	Training Time
Critical Care (ICU and/or Anaesthetics)	Up to FTE 6 months
Non-ED	Up to FTE 6 months
TS4 Elective	Up to FTE 6 months
Surplus Training	Up to FTE 18 months
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 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.

Trainees should also discuss their plans with their DEMT to ensure they can be meet all FACEM Training requirements.

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. Trainees need to be aware of all these regulations prior to signing a contract or agreeing to take on a placement. Trainees who do not comply with regulations or policies may find themselves being considered for removal from the FACEM training program.

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 G as appropriate.

Discipline limits in non-ED placements

Specialist training in non-ED disciplines usually means trainees are spending more time outside of the ED than other trainees who are completing the FACEM training program.

However, FACEM Trainees have limits on the amount of Non-ED training in particular disciplines that can be certified towards FACEM 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 disciplines for it to be certified. This is outlined in Regulation G2.3.6.3 and Appendix A of Regulation G.

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 G2.1.6.

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: *Trainee B (TS2 Trainee) signs a 12 month contract to work in a GP clinic at Smith Street Services. The discipline limit for GP is 6 FTE months, therefore only 6 FTE months of the 12 FTE month contract can*

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contribute to their non-ED time as they have these outstanding. The second half of that year would be considered surplus training and would use up 6 of the 18 months maximum surplus training allowed.

Training due dates

Regulation G2.1.1 outlines the timeframes in which trainees have to meet all training requirements for each phase or stage of training. This is inclusive of all interruption to training time.

Training due dates are available for trainees in the My ACEM portal.

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.

It is highly recommended that before a trainee undertakes dual training they discuss this with the Training team to understand the complications, regulations and requirements they need to ensure the meet as part of their FACEM training program.

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5. Training placements

5. Training placements

5.1 Core Emergency Medicine training

Public adult or adult/mixed Emergency Departments are accredited for 12, 24, or 36 months of core emergency medicine training via a graded Tier system which considers levels of supervision and case mix:

Accreditation tier	Training time limit
Tier 1	36 FTE months
Tier 2	24 FTE months
Tier 3	12 FTE months

For example, a trainee can only complete maximum of 12 FTE months of core emergency medicine training at a site accredited as Tier 3. Periods of Maintenance training, Elective ED training and Additional Training Time are not included in training time limits.

Sites are also classified as;

- Major Referral, or
- Non-Major Referral

Trainees complete a minimum of 42 months core emergency medicine training throughout the FACEM Training Program. Of this training time:

- at least 6 FTE months must be undertaken in a single adult/mixed public Major Referral hospital; and
- at least 12 FTE months must be undertaken in an adult/mixed public non-Major Referral hospital(s).

Some adult/mixed emergency departments have a co-located but separately accredited paediatric emergency department (non-specialist). Training completed at these sites may only contribute to the Major Referral/non-Major Referral training time requirements specified above if the trainee is rostered to the adult/mixed department for at least 75% of the shifts undertaken during that placement.

For other accredited sites, the maximum core emergency medicine training that may be completed is shown below, subject to site-specific accreditation limits:

Type of accredited site	Maximum core emergency medicine training
A single Paediatric Emergency Department	12 FTE months
Paediatric Emergency Departments (combined total)	18 FTE months
A single Private Hospital Emergency Department	12 FTE months
Private Hospital ED and/or Tier 3 ED (combined total)	18 FTE months

5.2 Non-ED training

Training that contributes to the Non-ED requirement may be undertaken in sites accredited by other specialist medical Colleges, and in Special Skills Placements (SSPs) and other contexts accredited by ACEM, for the purposes of FACEM training.

Placements in in-patient wards of hospitals provide trainees with the opportunity to develop an appreciation of the patient's journey after the emergency department encounter, and the clinical knowledge and skills required to manage patients in these contexts.

Learning experiences in ACEM-accredited SSPs vary and are based on learning outcomes detailed in the individual SSP Accreditation Guidelines available on the ACEM website. These range from skills developed

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in teaching and learning during a Medical Education placement, to the clinical and technical skills acquired during a Pre-hospital and Retrieval Medicine placement. Additional opportunities for structured training also exist in Global Emergency Care, which is considered and accredited on a case-by-case basis. Some SSPs provide a focus on senior clinical leadership and management expertise, and so may be more suitable for trainees to undertake in the final stages of FACEM training.

The focus on approving any post (overseas posts included) has always been on appropriate training for future Fellows for Australasian locations.

Irrespective of the context in which they take place, ACEM-accredited non-ED training experiences are directly related to and further enhance the knowledge and skills acquired and applied in the emergency department.

GP placements and prior approval

Any trainee who wishes to undertake a General Practitioner (GP) training placement must apply for prior approval to have this training credited towards FACEM Training requirements.

The prior approval application comprises:

1. an Application for Prior Approval form; and
2. a statement from the appointed principal GP supervisor that must:
    a. be provided on a letterhead of the accredited placement;
    b. have the signature, full name, qualifications and contact details of the approved GP Training Supervisor, including acknowledgement of responsibility and AHPRA or MCNZ number;
    c. include the period of proposed employment;
    d. provide the full position description for the placement; and
    e. include 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.

You must submit the prior approval application to the ACEM Training Services Team (training@acem.org.au) before the placement commences, or it may not be certified towards your training requirements.

5.3 Critical Care training

Sites 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 also be undertaken at a site accredited by ACEM for critical care. Discipline limits apply to ICU and Anaesthetics placements.

It is highly recommended that trainees complete a Learning and Development Plan with their supervisor during critical care placements accredited by ACEM. Trainees should review the ACEM ICM (AC69) and ACEM Anaesthetics (AC408) guidelines for more information.

Placements undertaken in a unit(s) approved by CICM solely for foundation training in intensive care medicine will not be credited towards the Critical Care training requirement. Sites accredited at this level by CICM will only be certified for non-ED training requirements.

5.4 Special Skills Placement

Learning experiences in ACEM-accredited SSPs vary and are based on learning outcomes detailed in the individual SSP Accreditation Guidelines available on the ACEM website. These range from skills developed in teaching and learning during a Medical Education placement, to the clinical and technical skills acquired during a Prehospital and Retrieval Medicine placement. Additional opportunities for structured training also exist in Global Emergency Care, which is considered and accredited on a case-by-case basis. Some SSPs provide a focus on senior clinical leadership and management expertise, and so are accredited for trainees

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6. Training assessments

to undertake in the final stage of FACEM training.

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 G). The maximum allowed training time for these non-ED disciplines is inclusive of time spent in ACEM accredited Special Skills Posts in these disciplines:

- 6 months in ACEM ICM SSP and 6 months in ICU accredited by CICM is 12 months in Intensive Care Medicine.
- 6 months in ACEM Anaesthetics SSP and 6 months Anaesthetics accredited by ANZCA is 12 months in Anaesthetics.
- 6 months in ACEM Medical Administration/Safety & Quality SSP is the maximum allowable for the Medical Administration discipline. A trainee who completes a further 6 months in a RACMA placement will have that placement considered as surplus training and therefore is not certified towards outstanding training requirements.

Trainees are required to document clinical cases in a logbook for Toxicology, Pre-Hospital and Retrieval, Hyperbaric and Indigenous Health placements.

Documentation may be completed online using the logbook on the My ACEM portal or using the Special Skills Logbook / Learning and Development Plan Template. Trainees should ensure their DEMT or supervisor has approved their logbook entry.

5.5 Learning and Development Plan

A Learning and Development Plan (LDP) is a trainee's individualised plan for pathway to fellowship. It guides a trainee's discussions with their DEMT 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 to better identify areas for development and growth as you progress through training.

Please read the LDP User Guide for step-by-step instructions how to create an LDP in the My ACEM portal and the LDP section in the Trainee Support Guide.

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6. Training assessments

6.1 In-Training Assessments

An In-Training Assessment (ITA) involves the trainee being assessed by their DEMT/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; including FACEMs to nursing staff and support staff. This means that an ITA will rarely be based on the DEMT or supervisor's sole observation. 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.

In-Training Assessments:

- occur every three calendar months;
- 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.
- must be completed when the previous ITA was submitted five or more weeks before a trainee reaches a progression point.

ITAs can be completed within a four-week period commencing two weeks prior to, and concluding two weeks after, the due date. Where an ITA has not been submitted within the prescribed timeframe, the training 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;
- complete the self-reflection section of the ITA prior to meeting with their DEMT or Supervisor
- 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 assess their performance.

ITA dates are available on the College website.

6.2 Emergency Medicine Workplace-based Assessments (EM-WBAs)

EM-WBAs involve an observation of performance and/or a 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 or authorised FRACP. Examples of each type of EM-WBA can be found here.

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. For cases to be eligible for assessment, the trainee must have played a major role in the management of the patient and the case must have been attended by the trainee within the four (4) week period immediately prior to the discussion with the assessor.

Mini Clinical Evaluation Exercise (Mini-CEX)

The trainee is assessed performing a focused clinical task during a specific patient encounter.

Communication Skills

The assessor directly observes the trainee performing a clinical handover or referral to assess and provide feedback on the trainee's ability to communicate effectively and to provide the necessary clinical information in a structured format to enable safe clinical handover or referral. The Communication Skills handover assessment is one where an approved ACEM assessor directly observes a trainee performing a clinical handover to another doctor at the conclusion of their shift of two or more patients.

The Communication Skills referral assessment is undertaken by an approved ACEM assessor who directly

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observes the trainee performing a referral to an inpatient unit. This can be via telephone or in person. Referrals with an ED (e.g to the short stay unit medical team) are excluded from this assessment.

Shift Report

The 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 Training Stage 4 are such that the shifts must be ones where the trainee is 'in charge' of the floor. The shift reports required in Training Stage 3 do not need to be 'in charge' to be considered a valid assessment, however this does not preclude trainees from completing 'in charge' shift reports if deemed suitable.

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.

Team Lead in Resuscitation

A Team Lead in Resuscitation assessment involves the direct observation of a trainee leading a team during the resuscitation of a patient. The ability to lead a team during a resuscitation is essential for all FACEMs and this assessment provides the opportunity for trainees to consolidate their leadership skills. The assessor rates and provides structured feedback on the trainee's performance leading the team.

6.3 EM-WBA complexity

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).*

Examples of low complexity cases

- Isolated limb fracture
- Renal colic
- DVT
- Cellulitis
- Pneumonia

MEDIUM complexity cases include those that are best described as:

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

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

Examples of medium complexity cases:

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

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7. Training Stage One

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)*

Examples of high complexity cases:

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

6.4 EM-WBA Completion requirements

EM-WBAs are completed in periods of training in core emergency medicine training, when a trainee is in Maintenance, and during periods of additional training time completed in an ED. The rate and complexity of the EM-WBA required varies according to the stage of training. All 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, complexity and combination of EM-WBAs for their Training Stage 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 Mini-CEX on a patient, that same patient encounter should not also be used for a CbD.

Trainees can track their completion of EM-WBAs via the My ACEM portal. The minimum number of EM-WBAs completed in each training stage must be completed by at least two different assessors.

6.5 EM-WBA submission and expiry

Mini-CEX, Communication Skills, Team Lead in Resuscitation assessments 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 patient case occurred. Only the Assessor can enter the ratings and comments in an EM-WBA form, and the assessment must 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, this is optional for trainees.

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).

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7. Training Stage One

7.1 Training Time

Core Emergency Medicine training

Training Stage One (TS1) comprises satisfactory completion of 12 FTE months core emergency medicine training only in adult/mixed placements which are accredited/approved by ACEM. In the first 12 FTE months of commencing FACEM training, trainees must complete at least 6 FTE months training in an accredited emergency medicine placement in Australia or New Zealand.

Non-ED training

During TS1, trainees may undertake placements that can be certified towards meeting the Non-ED training requirement. However, the completion of this requirement is not mandatory to achieve completion of TS1. Critical Care placements during TS1 can only be certified to the Non-ED training requirement.

Paediatric Emergency Requirement

During TS1, trainees may commence the Paediatric Emergency Requirement in an Adult or Mixed ED setting accredited for this training requirement. Of the required Paediatric Emergency Requirement Workplace-based Assessments (PER-WBAs), a maximum of two DOPS and one Mini-CEX may be completed in TS1. The completion of this requirement is not mandatory to achieve completion of TS1.

Research Requirement

During TS1, trainees may undertake the Research Requirement. However, completion of this requirement is not mandatory to achieve completion of TS1.

Procedural Requirement (Core DOPS)

During TS1, trainees may commence the Procedural Requirement. However, completion of this requirement is not mandatory to achieve completion of TS1.

7.2 Emergency Medicine Workplace-based Assessments (EM-WBAs)

By the end of 12 FTE months of TS1 core ED training, trainees must satisfactorily complete the following EM-WBAs:

EM-WBA requirements for Training Stage One

(i.e. 12 FTE months of core ED training)

Type of EM-WBA	Minimum requirement	Minimum complexity
Mini-CEX	8	8 low complexity (must include one of each Neurological, Respiratory, Cardiovascular and Abdominal)
Communication Skills (Referral)	1	N/A
Communication Skills (Handover)	1	N/A

Trainees completing TS1 Maintenance must complete the following EM-WBAs for each 6 FTE months of maintenance training:

EM-WBA requirements for Training Stage One Maintenance

(per 6 FTE months of maintenance training)

Type of EM-WBA	Minimum requirement	Minimum complexity
Mini-CEX	6	6 low complexity

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7.3 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 TS1. It is not necessary to have completed other requirements of TS1 before attempting the examination.

Prospective trainees who are successful in Selection into FACEM Training and are invited to enrol may apply to sit the Primary Written Examination at the start of the medical training year for which they have enrolled to commence training. Prospective trainees must have completed their enrolment, including payment of all fees, to be eligible to apply to sit the exam. It is not necessary to have commenced training to be eligible to apply.

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 G2.6.1.1 for a list of events that can be considered grounds for removal).

Applications

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

Number of Attempts

Trainees have a maximum of three attempts at the Primary Written Examination. Trainees who are unsuccessful on their third attempt will be considered for removal from the FACEM Training Program.

7.4 Primary Examination (Integrated Viva)

The PEx Clinical (Viva) is held each year, usually 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.

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8. Training Stage Two

The 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:

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

Eligibility

The Viva may be attempted at any time during TS1 following successful completion of the Primary Written Examination. Trainees must have successfully completed the Primary Written examination by the application closing date.

To be eligible to sit the Primary Viva Examination trainees must have completed the following prescribed online modules:

- Indigenous Health and Cultural Competence
- Assessing Cultural Competence
- ACEM Core Values

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 Integrated Viva Examination (see Regulation G2.6.1.1 for a list of events that can be considered grounds for removal).

Applications

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

Number of attempts

Trainees have a maximum of three attempts at the Primary Viva. 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 is available on the College website.

7.5 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 at 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.

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8. Training Stage Two

8.1 Training Time

Core Emergency Medicine training

Training Stage Two (TS2) comprises satisfactory completion of 12 FTE months core emergency medicine training in placements which are accredited/approved by ACEM. This can be completed at adult/mixed or paediatric ED sites.

Non-ED training

During TS2, trainees may undertake placements that can be certified towards meeting the Non-ED training requirement. However, the completion of this requirement is not mandatory to achieve completion of TS2.

Critical Care training

During TS2, trainees may undertake placements that can be certified towards meeting the Critical Care training requirements. However, the completion of this requirement is not mandatory to achieve completion of TS2.

Paediatric Emergency Requirement

During TS2, trainees may undertake the Paediatric Emergency Requirement. However, completion of this requirement is not mandatory to achieve completion of TS2.

Research Requirement

During TS2, trainees may undertake the Research Requirement. However, completion of this requirement is not mandatory to achieve completion of TS2.

Procedural Requirement (Core DOPS)

During TS2, trainees may undertake the Procedural Requirement. However, completion of this requirement is not mandatory to achieve completion of TS2.

8.2 Emergency Medicine Workplace-based Assessments (EM-WBAs)

By the end of 12 FTE months of TS2 core ED training, trainees must satisfactorily complete the following EM-WBAs:

EM-WBA requirements for Training Stage Two

(i.e. 12 FTE months of core ED training)

Type of EM-WBA	Minimum requirement	Minimum complexity
CbD	4	2 medium complexity
Mini-CEX	4	2 medium complexity
Communication Skills (Referral)	1	N/A
Communication Skills (Handover)	1	N/A

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9. Training Stage Three

Trainees completing TS2 Maintenance must complete the following EM-WBAs for each 6 FTE months of maintenance training:

EM-WBA requirements for Training Stage Two Maintenance

(per 6 FTE months of maintenance training)

Type of EM-WBA	Minimum requirement	Minimum complexity
CbD	2	2 medium complexity
Mini-CEX	2	2 medium complexity
Communication Skills	2	Referral or Handover

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9. Training Stage Three

9.1 Training Time

Core Emergency Medicine training

Training Stage Three (TS3) comprises satisfactory completion of 12 FTE months core emergency medicine training in placements which are accredited/approved by ACEM. This can be completed at adult/mixed or paediatric ED sites.

Non-ED training

The 6 FTE months Non-ED training requirement must be satisfactorily completed by the end of TS3 to enable progression to Training Stage Four.

Critical Care training

During TS3, trainees may undertake placements that can be certified towards meeting the Critical Care training requirements. However, the completion of this requirement is not mandatory to achieve completion of TS3.

Procedural Requirement (Core DOPS)

During TS3, trainees may undertake the Procedural Requirement. However, completion of this requirement is not mandatory to achieve completion of TS3.

Additional Training Requirements

During TS3, trainees may undertake the training requirements:

- Formal Teaching Presentation
- Guideline/Protocol Review or Audit
- M&M Presentation

However, completion of these requirements is not mandatory to achieve completion of TS3. More information on these requirements is available in section 11.

9.2 Emergency Medicine Workplace-based Assessments (EM-WBAs)

By the end of 12 FTE months of TS3 core ED training, trainees must satisfactorily complete the following EM-WBAs:

EM-WBA requirements for Training Stage Three

(i.e. 12 FTE months of core ED training)

Type of EM-WBA	Minimum requirement	Minimum complexity
CbD	4	3 high complexity
Mini-CEX	3	2 high complexity
Shift Report	3	N/A

Trainees completing TS3 Maintenance must complete the following EM-WBAs for each 6 FTE months of maintenance training:

EM-WBA requirements for Training Stage Three Maintenance

(per 6 FTE months of maintenance training)

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Type of EM-WBA	Minimum requirement	Minimum complexity
CbD	2	2 high complexity
Mini-CEX	2	2 high complexity
Shift Report	2	N/A

9.3 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 in alignment with the learning outcomes of Training Stage Three, as per the ACEM Curriculum. 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, usually in May and November. 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

The Fellowship Written Examination may be attempted at any time during TS3. It is not necessary to have completed other requirements of TS3 before attempting the examination, however the examination must be satisfactorily completed prior to progression into Training Stage Four.

To be eligible to sit the Fellowship Written Examination trainees must have completed the following prescribed online modules:

- Critical Care Airway Management
- Clinical Supervision
- Giving Feedback
- Ultrasound

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 G2.6.1.1 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

Trainees have a maximum of three attempts at the Fellowship Written Examination. Trainees who are unsuccessful on their third attempt at the Fellowship Written Examination will be considered for removal from the FACEM Training Program.

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10. Training Stage Four

9.4 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 at 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.

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10. Training Stage Four

10.1 Training Time

Training Stage Four includes a specific focus on leadership and management skills. As such, to be approved to provide TS4 training, both ED and non-ED sites will need to meet additional accreditation requirements that align to the specific learning outcomes and the training requirements of TS4. Trainees must plan their training to ensure that they complete their TS4 placements at sites that have the appropriate level of accreditation.

Core Emergency Medicine training

Training Stage Four (TS4) comprises satisfactory completion of 6 FTE months core emergency medicine training in placements which are accredited/approved by ACEM for TS4.

Elective training

TS4 comprises satisfactory completion of 6 FTE months Elective training in either:

- an ED accredited by ACEM for TS4, or
- a Non-ED placement approved by ACEM for TS4.

Critical Care training

The 6 FTE months Critical Care training requirement must be satisfactorily completed by the end of TS4 to be eligible for election to Fellowship.

Paediatric Emergency Requirement

The Paediatric Emergency Requirement must be satisfactorily completed to be eligible for the Fellowship Clinical (OSCE) Examination.

Research Requirement

The Research Requirement must be satisfactorily completed to be eligible for the Fellowship Clinical (OSCE) Examination.

Procedural Requirement (Core DOPS)

The Procedural Requirement must be satisfactorily completed by the end of TS4 to be eligible for election to Fellowship.

Training Requirements

The training requirements:

- Formal Teaching Presentation
- Guideline/Protocol Review or Audit
- Mortality and Morbidity Presentation

must be satisfactorily completed by the end of TS4 to be eligible for election to Fellowship. More information on these requirements is available in section 11.

10.2 Emergency Medicine Workplace-based Assessments (EM-WBAs)

By the end of TS4, trainees must satisfactorily complete the following EM-WBAs during core ED training and the TS4 Elective training (if completed in ED):

EM-WBA requirements for Training Stage Four

(i.e. 6 FTE months of core ED training)

Type of EM-WBA	Minimum requirement	Minimum complexity
Shift Report	3	Shift In-Charge

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11. Training requirements

Team Lead in Resuscitation	2	N/A

Trainees completing TS4 Maintenance must complete the following EM-WBAs for each 6 FTE months of maintenance training:

EM-WBA requirements for Training Stage Four Maintenance

(per 6 FTE months of maintenance training)

Type of EM-WBA	Minimum requirement	Minimum complexity
Shift Report	6	Shift In-Charge

10.3 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 undertaken 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 Clinical Examination (OSCE) trainees must have completed the Clinical Leadership online module, the Paediatric Emergency Requirement and the Trainee Research Requirement.

The Fellowship Clinical Examination may be attempted at any time during TS4. It is not necessary to have completed all requirements of TS4 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 Fellowship Clinical Examination (see Regulation G2.6.1.1 for a list of events that can be considered grounds for removal).

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

Trainees have a maximum of four attempts at the Fellowship OSCE. 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.

10.4 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

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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 at 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.

11. Training requirements

There are additional training requirements of the FACEM Training Program that are not linked to a single Training Stage. Instead, these may be completed over two or more Training Stages. Each requirement must be satisfactorily completed by the end of particular stages.

11.1 Procedural Requirement: Direct Observation of Procedural Skills (DOPS)

The Procedural Requirement can be undertaken at any time during Training Stages 1-4.

The Assessor directly observes a trainee performing a specific clinical procedure. The trainee is assessed and provided with feedback on their performance of the procedure.

Trainees must successfully complete all twelve procedures on the Core DOPS Procedure List. The assessor must confirm the procedure has been satisfactorily performed by the trainee independently, without supervisor intervention. This may mean that you need to repeat each DOPS until you are able to do so independently.

All Core DOPS must be completed during periods of ED training time, except where indicated in the below table. During periods of additional training time, Core DOPS may be undertaken, but even if assessed as satisfactory, will not contribute towards overall completion of the requirement. Core DOPS must be assessed by a FACEM or authorised FRACP in ED settings. In Critical Care or Trauma SSP, a procedure may also be assessed by a Fellow in the relevant specialty. The trainee's nominated Non-ED supervisor for that term must advise the College who these assessors are so they can be added to the online system and the assessment can be completed.

Trainees are encouraged to complete the Core DOPS as they progress throughout their training (i.e. not front-load or back-load all procedures in Training Stage 1 or Training Stage 4). To be considered a valid assessment, the assessment form must be submitted within seven (7) days from the date of the procedure being completed. Trainees may track their progress through the Procedural Requirement in the My ACEM portal.

Procedure	Performed on	Assessed in
Advanced airway	Adult	ED
Procedural sedation	Adult	ED
Regional anaesthesia[1]	Adult or paediatric	ED
Emergent fracture reduction[2]	Adult or paediatric	ED
Reduction of dislocated major joint[3]	Adult or paediatric	ED
DC cardioversion	Adult or paediatric	ED
Ultrasound[4]	Adult or paediatric	ED
Corneal foreign body removal or nasal passage packing	Adult or paediatric	ED
Tube thoracostomy	Adult or paediatric	ED or Critical Care or Trauma SSP
Lumbar puncture	Adult or paediatric	ED or Critical Care

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Central venous access	Adult or paediatric	ED or Critical Care or Trauma SSP
Arterial line insertion	Adult or paediatric	ED or Critical Care or Trauma SSP

[1] Excluding haematoma block and digital nerve block
[2] Wrist, ankle
[3] Shoulder, elbow, hip
[4] eFAST, AAA, Lung, FELS

11.2 Trainee Research Requirement

The Trainee Research Requirement must be completed to be eligible for the Fellowship Clinical Examination (OSCE).

The Trainee Research Requirement helps trainees to develop skills in applying best evidence and academic knowledge to their practice in Emergency Medicine. The requirement is aligned to the learning outcomes of the Scholarship and Teaching domain of the ACEM Curriculum.

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 and Trainee Resources page on the ACEM Educational Resources site accessed from your portal.

11.3 Paediatric Emergency Requirement

The Paediatric Emergency Requirement must be completed to be eligible for the Fellowship Clinical Examination (OSCE).

The Paediatric Emergency Requirement (PER) is designed to facilitate learning and assessment, and to increase exposure to an appropriate breadth and acuity of paediatric emergency presentations. Trainees need to plan their training to ensure adequate access to paediatric emergency cases as not all sites are accredited for this requirement.

The PER comprises eight PER-WBAs and a Paediatric Emergency Portfolio (PEP). All components of the PER are undertaken in paediatric EDs accredited for Specialist Paediatric Emergency Medicine training and/or mixed EDs accredited by ACEM for the PER.

Paediatric Emergency Requirement WBAs

Trainees must complete eight paediatric PER-WBAs. These are in addition to the EM-WBAs relevant to each individual Training Stage of the program and have specific requirements.

Trainees must satisfactorily complete the following PER-WBAs:

PER-WBA requirements for the Paediatric Emergency Requirement

Type of EM-WBA	Minimum requirement	Minimum complexity
CbD	3	1 medium complexity 1 high complexity
Mini-CEX	3	Refer to Mini-CEX section below
DOPS	2	Refer to DOPS section below

Separate assessment forms must be used for PER-WBAs.

In Training Stage One, trainees may complete one PER Mini-CEX and two PER DOPS. The remainder must be completed after Training Stage One.

Case-based Discussions (CbD)

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The required three CbDs must include at least one each of:

- a patient of two (2) to twelve (12) years of age
- a patient of less than two (2) years of age.

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12. Progression in the Program

Mini-Clinical Examination (Mini-CEX)

The required three Mini-CEX must comprise:

- Paediatric patient discharge communication for common diagnosis, e.g., asthma, bronchiolitis, gastroenteritis (minimum of low complexity)
- Focused assessment of a paediatric patient aged two (2) to twelve (12) years (verbal - communication with child) with unclear diagnosis, e.g., shortness of breath, or abdominal pain (minimum of medium complexity)
- Focused assessment of a paediatric patient aged less than two (2) years (non-verbal – communication with Carer), with unclear diagnosis, e.g., shortness of breath, or abdominal pain (minimum of medium complexity)

Direct Observation of Procedural Skills (DOPS)

The required two DOPS must comprise:

- Specimen collection for lab analysis, for a paediatric patient of five (5) years or less of age for any of the following: peripheral intravenous cannula insertion, suprapubic catheter aspiration, in-dwelling urinary catheter aspiration, lumbar puncture
- Procedural sedation, for paediatric patient of five (5) years or less of age

Paediatric Emergency Portfolio

The Paediatric Emergency Portfolio is a mechanism for recording training experiences, encouraging trainees to monitor, reflect on, and direct their own learning and training appropriately. DEMTs monitor and provide feedback at the time of completing each ITA.

To satisfy the Paediatric Emergency Portfolio element of the PER, trainees must record a minimum of 400 paediatric cases that meet the following minimums:

- 200 cases related to the management of children less than five years of age
- 200 cases related to the management of children five to fifteen years of age
- 50 cases classified as triage category 1 or 2;
    - of which at least 25 must be less than five years of age
- 150 cases classified as triage category 1, 2 or 3.

Cases must be submitted via the online training portal within seven days from the completion of the relevant placement.

For the purposes of the Paediatric Emergency 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 DEMT or supervisor will be unable to verify that you participated in this patient encounter otherwise.

- the assessment and management of a patient while training in the following certified placements:
    - A paediatric emergency department accredited for specialist Paediatric Emergency Medicine training, and/or

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— A mixed emergency department accredited by ACEM for the Paediatric Emergency Requirement.

11.4 Assessment of the Paediatric Emergency Requirement

When all the Paediatric Emergency Requirements have been met the trainee will trigger a Regional Trainee Progression Review with the appropriate panel (see section 12.1 and 12.2). Trainees should plan accordingly and ensure the final logbook entries or associated EM-WBAs are completed when they are ready for the requirement to be reviewed. For example:

- You have logged all 400 cases with required age and triage category.
- You have the three (3) PER EM-WBAs to complete.
- On submission of the three (3) PER EM-WBAs by the assessor this will automatically trigger a review of the PER requirement by the TPR review regardless of what Training Stage you are in.
- As part of the assessment, the panel will review the eight (8) PER-WBAs and DEMT PER portfolio comments at the next round of TPR reviews.

11.5 Guideline/Protocol Review or Audit

The Guideline/Protocol Review or Audit can be completed at any time during Training Stages 3-4.

By the end of TS4, trainees must successfully undertake a quality improvement activity, which is assessed by two ACEM-approved assessors. This may take the form of a guideline or protocol review, or a clinical audit and must be completed in accredited placements in Australia or New Zealand.

The assessment form must be submitted by the first assessor within 21 days of receiving the review or audit from the trainee. The second assessor then has a further seven (7) days to confirm the assessment. The trainee will the opportunity to provide comment on the assessment following submission by the assessors

11.6 Morbidity and Mortality Presentation

The Morbidity and Mortality Presentation can be completed at any time during Training Stages 3-4.

By the end of TS4, trainees must satisfactorily present a case at a Morbidity and Mortality (M&M) meeting, providing the opportunity for education and reflection, and for the ongoing development of clinical reasoning and decision-making skills. The presentation is directly observed and assessed by two ACEM-approved assessors. The presentation must be completed in accredited placements in Australia or New Zealand.

The assessment form must be submitted by the first assessor within seven (7) days of the presentation. The second assessor then has a further seven (7) days to confirm the assessment. The trainee will the opportunity to provide comment on the assessment following submission by the assessors an ACEM assessor.

11.7 Formal Teaching Presentation

The Formal Teaching Presentation can be completed at any time during Training Stages 3-4.

By the end of TS4, trainees must satisfactorily complete a Formal Teaching Presentation assessment. This is undertaken by two ACEM-approved assessors who directly observes the trainee delivering a formal teaching presentation. This may be an inter or intra-departmental teaching session or grand round. The presentation must be completed in accredited placements in Australia or New Zealand.

The assessment form must be submitted by the first assessor within seven (7) days of the presentation. The second assessor then has a further seven (7) days to confirm the assessment. The trainee will the opportunity to provide comment on the assessment following submission by the assessors.

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12. 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 occur at the completion of the following training requirements:

- 12 FTE months of core ED in Training Stage One
- 12 FTE months of core ED in Training Stage Two
- 12 FTE months of core ED in Training Stage Three
- 12 FTE months of training in Training Stage Four
  (comprising 6 FTE months of core ED training and 6 FTE months of elective training)
- 6 FTE months of Critical Care training
- 6 FTE months of Non-ED training
- All components of the Paediatric Emergency Requirement
  (comprising the Paediatric Emergency Portfolio and required Paediatric EM-WBAs)
- Where applicable, each period of additional training time
- Where applicable, each 6 FTE month period in Maintenance

12.1 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. The Regional Trainee Progression Review Panel considers, in de-identified form, the following.

- In-Training Assessments (ITAs) completed for the trainee for the relevant period
- EM-WBAs completed by the trainee (ED reviews only)
- Paediatric Portfolio and PER WBAs (Paediatric Emergency Requirement reviews only)

12.2 Progression Points

Progression points are the dates on which trainees accrue the minimum training time for the applicable Training Stage or in the case of the Paediatric Emergency Requirement, the submission of all the relevant assessments.

All EM-WBAs associated with the Training Stage 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 Progress Page in the My ACEM portal. It allows trainees to:

- Check the date they started their current phase of training
- Track WBA requirements
- See how much training time has been accrued in the current Training Stage

If a trainee is ever in doubt about the date of an upcoming progression point or their EM-WBA requirements, they should contact the Training Services team training@acem.org.au.

12.3 Outcome of a progression review

The relevant Regional Trainee Progression Review Panel provides a report to each trainee following their review.

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13. Election to Fellowship

The outcome of a progression review is either:

- ***Achieved the Standard***: The trainee can progress to the next Training Stage, or continues in maintenance training (if applicable); or
- ***Not Yet Achieved the Standard***: A period of additional training time is required.

For trainees assessed and 'Not Yet Achieved the Standard' this report provides individualised feedback referencing the learning outcomes of the applicable stage of training for each domain of the ACEM Curriculum in order to assist the trainee.

12.4 Additional training time

Trainees may be required to undertake a period of additional training time for one or both of the following:

- Failure to meet or maintain the standard required of a trainee at the relevant stage of training as outlined in the ACEM Curriculum
- 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 in any one or more of the following areas:

- Training Stage One (including maintenance time)
- Training Stage Two (including maintenance time)
- Training Stage Three (including maintenance time)
- Training Stage Four (including maintenance time)
- Critical Care training
- Non-ED training
- Paediatric Emergency Requirement

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

Example:

A trainee who is undertaking a period of additional training time for Training Stage One is permitted three further periods of additional training time throughout the training program but is only permitted one further period of additional training in Training Stage One 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.

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

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

Reflecting the principle of a period of additional training time as being time to focus and improve on specific areas of practice in order to reach the required standard of a particular Training Stage, the following requirements cannot be satisfied until the period of additional training time is completed. Such requirements include:

- EM-WBAs completed above the required minimum for the additional training time period

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14. Removal from the program

- PER-WBAs to meet the Paediatric Emergency Requirement
- Core DOPS completed
- ED time completed at a type of training site (e.g. Major Referral, Adult/Mixed)
- Time completed for a separate element of training (e.g. Elective time).

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15. Trainee support

13. Election to Fellowship

13.1 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 Training Stage Four.

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 Training Stage.

13.2 Election to Fellowship

Once a trainee has been assessed by the relevant Regional TPR Panel as having achieved satisfactory completion of Training Stage Four, and completed all training requirements, they are 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)

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 usually takes 6-8 weeks.

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

13.3 Specialist/vocational recognition

Australia

Once endorsement to Fellowship has been finalised and the Fellowship Subscription fee has been paid, 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 their recognition and the date that recognition became effective.

Aotearoa 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.

13.4 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.

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14. 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.

Trainees who fail to pay their fees by April 1 will be automatically removed from the training program.

14.1 Grounds for removal from the Training Program

Regulation G2.6 outlines the grounds for which a trainee may be referred to the Specialist Training and Assessment Committee (STAC) for consideration for removal from the Training Program.

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 training and assessments requirement(s) and due dates 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.

Where the grounds for removal relate to professional conduct a trainee's status in the Training Program will be considered by the ACEM Board.

14.2 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 removal from the FACEM Training Program will be advised of the outcome within seven days of the date of the decision by COE.

14.3 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 considered 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 G2.7 may, during the

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period of their suspension, also be subject to consideration by the Complaints Committee or other College body pursuant to College regulations and policies.

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16. College policies

15. Trainee support

15.1 Wellbeing and support resources

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

The 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, and 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 Trainee Support page on the ACEM website offers support and guidance to trainees who may be experiencing circumstances that are affecting their training progression.

15.2 Trainee Support Guide

The Trainee Support Guide provides a step-by-step guide for trainees to deal with issues that may be impacting your training, be this performance, examination, site or wellbeing issues. The guide outlines who trainees can turn to, what options are available and processes to follow.

The guide also provides information to assist you in getting the most out your training, including information on preparing for challenging conversations, using the Learning Development Plan to assist your training, mentoring and receiving and using feedback.

15.3 Trainee in difficulty

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

15.4 Additional Support Request in the ITA

A major part of a DEMT's or Supervisor's 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 DEMT have worked together at a local level to implement and action strategies to support and assist a trainee.

If a DEMT 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 DEMT 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 trainees and DEMTs, and anyone can contact the College at any time for support on **+61 3 8679 8874** or trainee.support@acem.org.au

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How does the notification feature work?

1. A DEMT selects 'Yes' to the statement on the ITA that they would like to speak with the Regional Censor/Regional Deputy Censor about a trainee experiencing difficulty with their training as they need some advice. The DEMT 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 DEMT to discuss the situation and determine an action plan. The action plan may include, but is not limited to:
    - The DEMT to monitor the trainee over the next ITA period and report on their progress after the next ITA.
    - The Regional Censor may request a meeting with the trainee (via teleconference if not in person) that could include the DEMT to discuss the issues. The trainee and/or DEMT may 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
DEMT Filling out ITA	Future DEMTs*
Regional Censor/ Regional Deputy Censor	Examiners
ACEM Training Division Staff	Local WBA Coordinator / DEM

*Future DEMTs 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 DEMTs 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?

DEMTs are advised that they should select 'Yes' if they feel they have exhausted all local support options and need further advice or reassurance. DEMTs can select the 'Yes' option at any time, however, if the 'Yes' option is selected on the final ITA of a trainee's Training Stage, 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.

15.5 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
- Mentoring is separated from supervision and performance management of the trainee, to ensure confidentiality
- 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).

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The ACEM website also provides an overview of the Mentoring Framework, as well as links to the Educational Resources modules and other online resources such as guides, tools, templates and articles.

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

15.6 ACEM Assist

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

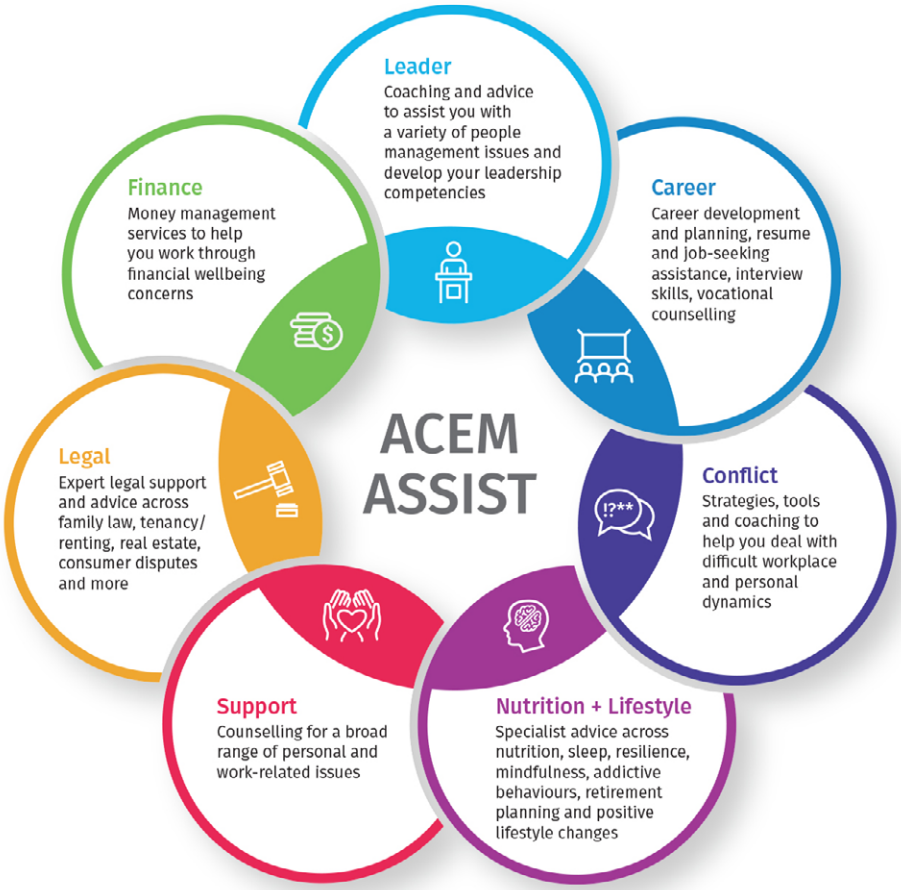
Professional coaching and advice on matters such as nutrition, sleep, career advancement, difficult conversations, leadership development, money management, and lifestyle, complements traditional counselling for personal and work-related issues, and the holistic approach aims to support all aspects of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

17. Program administration

16. College policies

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.

16.1 Code of Conduct

The ACEM Code of Conduct (COR235) 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.

16.2 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 due to exceptional circumstances, and the grounds on which such applications may be made.

Importantly, the policy can apply 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..

16.3 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, approved by the governing body of the original decision maker and who were not involved 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 the 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.

16.4 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

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duties, including duties under the Corporations Act (CTH 2001).

16.5 Discrimination, Bullying and Sexual Harassment (DBSH)

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 information below is a list of external resources that may assist trainees and others seeking further assistance and/or resources.

External Agencies

State/Territory	Name and website	Phone
NZ	The New Zealand Human Rights Commission	**0800 496 877**
NZ	Worksafe New Zealand	**0800 0300 040**
Australia	Fair Work Commission	**1300 799 675**
Australia	Australian Human Rights Commission	**1300 656 419**
ACT	ACT Human Rights Commission	**02 6205 2222**
NSW	Anti-Discrimination Board NSW	**137 788**
NT	Northern Territory Anti-Discrimination Commission	**1800 813 846**
QLD	Queensland Human Right Commission	**1300 130 670**
SA	Equal Opportunity Commission South Australia	**08 8207 1977**
TAS	Equal Opportunity Commission Tasmania	**1300 305 062**
VIC	VIC Equal Opportunity & Human Rights Commission	**1300 891 848**
WA	Equal Opportunity Commission Western Australia	**1800 1978 149**

Wellbeing Support

If you experience unlawful discrimination, bullying or sexual harassment it is important to ensure you are adequately supported. ACEM offers members and trainees support through its Employee Assistance Program provided by Converge International. Further information on other wellbeing support can be found in the Trainee Support Guide

Converge International
Australia: **1300 687 327**
New Zealand: **0800 666 637**

16.6 Complaints Policy

Separate to matters involving DBSH, the College's Complaints Policy (COR166) 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.

16.7 Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy

The College has a responsibility to its trainees and also 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, which may be sufficient to warrant those concerns being communicated to a regulatory authority (e.g. MBA, MCNZ) or other statutory authority. These matters may relate to an aspect of professional performance or to the affective domains of professional practice, such as communication, relationships, and ethics.

17. Program administration

17.1 Training program fees

A training fee is payable each year from registration as a trainee through to election to Fellowship. Training fees are usually invoiced in November each year and payable by January 1.

A late lodgement fee is applied to any trainee should the invoice remain outstanding on February 1.

Failure by a trainee to pay their training fee (and any applicable late lodgement 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*.

17.2 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.

17.3 Concessions

Concessions on fees are actioned following receipt of an Interruption to Training application submitted via the My ACEM portal. The period of interruption must be for at least 3 months of the training year. Periods of administrative interruption or surplus training are not eligible for a concession on training fees.

Trainees should refer to the *Annual Training Fee Policy* for further details, including specific requirements.

17.4 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 within six months of commencing 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..

17.5 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 Training Services team will notify the trainee.

Trainees considering withdrawal from the FACEM Training Program are encouraged to first contact the Trainee Support or Training Services 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 a decision.

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