Australasian College
for Emergency Medicine

Continuing Professional Development Handbook

Contents

1. Your CPD handbook

This CPD handbook ("handbook") is for use by participants enrolled in the ACEM CPD program from 2024.

It is designed to support participants in navigating the ACEM CPD program as well as satisfying their Medical Board of Australia (MBA) and Medical Council of New Zealand (MCNZ) regulatory requirements.

The handbook outlines how to complete CPD requirements, where to find more information and who to contact. It also provides important information about College policies and how to access Member and Wellbeing resources.

ACEM regulations, policies and procedures, provided in Section 11, which align with the standards and policies set by the external bodies will be useful resources to support you in your CPD journey.

The handbook will be updated from time to time as regulations, policies and processes change, so it is important that you regularly check you have the latest version. We suggest you bookmark the handbook online.

2. About 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.

These values define the organisation's guiding principles, and underpin the way ACEM works in order to meet it's vision and mission of ensuring the highest standards are maintained in the training of emergency physicians, and in the provision of emergency care to the communities of Australia and New Zealand.

Find out more and complete the elearning module at **acem.org.au/corevalues**

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

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

ACEM Governance

The ACEM Board operates under the requirements of the [ACEM Constitution](#), [ACEM Regulation A4](#) and the [Board Charter](#), as well as external legislative and regulatory requirements, including those set by the Australian Charities and Not-for-Profits Commission, the Australian Securities and Investments Commission, the New Zealand Companies Office, the Australian Medical Council, and the Medical Council of New Zealand.

The ACEM Continuing Professional Development (CPD) program is overseen by the CPD Committee which reports through the Council of Education to the Board. The CPD Committee's role is (but not limited to):

- To ensure effective and efficient operation of the College's CPD program.

- To provide timely advice to COE and the Board on aspects of the College's CPD program in order to inform the deliberations of those bodies.

- To monitor participant compliance with the College's CPD program through reporting, audit, surveys or other means as approved by COE and the Board, and provide regular reports on these matters to COE and/or the Board as applicable.

3. Mandatory participation in CPD – regulatory and jurisdictional requirements

ACEM provides a progressive and comprehensive Continuing Professional Development program for physicians working in emergency medicine. ACEM's CPD program encompasses the requirements of the MBA and the MCNZ as well as Emergency Medicine specific requirements.

The MCNZ and MBA mandate minimum CPD requirements for specialist registration and recertification.

- The minimum standards set by the MBA for registration are available [here](#)
- The minimum standards set by the MCNZ for recertification are available [here](#).

4. Annual CPD requirements

ACEM's CPD program is an annual program. It is based on a calendar year from 1 January to 31 December. All CPD activities must be completed within the CPD Year.

4.1 FACEM

Complete minimum of 50 hours of CPD activities including:

- ≥ 25 hours of *Reviewing Performance* and *Measuring Outcome* activities with:
- ≥ 5 hours *Reviewing Performance* activities;
- ≥ 5 hours *Measuring Outcomes* activities; and
- Remaining 15 hours comprising *Reviewing Performance* and/or *Measuring Outcomes* activities.
- ≥ 12.5 hours *Educational Activities*
- ≥ 12.5 hours remaining in any of the above categories.

The below mandatory activities will contribute towards the 50-hour requirement.

Professional Development Plan	This will include: • Planning & setting of goals (start of year) • Review & reflection (end of year)
High-Level Requirements	Minimum of one (1) each of High-Level Requirements by performance, teaching and/or supervision in a clinical or simulated setting: • Airway skill • Breathing skill • Circulation skill
Essential Emergency Medicine Procedural Skills	Minimum four (4) different Essential Emergency Medicine procedural skills by performance, teaching and supervision in a clinical or simulated setting. • These will be recorded as 0.5hours in the *Educational Activity* category
Cultural Safety Activity	Minimum one Cultural Safety Activity, including: • Activity reflection
*Additional New Zealand requirement Annual conversation – with a peer, colleague or employer – about the practitioner's clinical practice.	

4.2 EMC/EMD/EMAD/Educational Affiliate

Complete minimum of 50 hours of CPD activities including:

- ≥ 25 hours of *Reviewing Performance* and *Measuring Outcome* activities with:
- ≥ 5 hours *Reviewing Performance* activities;
- ≥ 5 hours *Measuring Outcomes* activities; and
- Remaining 15 hours comprising *Reviewing Performance* and/or *Measuring Outcomes* activities.
- ≥ 12.5 hours *Educational Activities*
- ≥ 12.5 hours remaining in any of the above categories.

The below mandatory activities will contribute towards the 50-hour requirement.

Professional Development Plan	This will include:
	• Planning & setting of goals (start of year)
	• Review & reflection (end of year)
Essential Emergency Medicine Procedural Skills	Minimum four (4) different Essential Emergency Medicine procedural skills by performance, teaching and supervision in a clinical or simulated setting.
	• These will be recorded as 0.5hours in the *Educational Activity* category
Cultural Safety Activity	Minimum one Cultural Safety Activity, including:
	• Activity reflection

Additional New Zealand requirement

Annual conversation – with a peer, colleague or employer – about the practitioner's clinical practice.

4.3 International Affiliate*

Complete minimum of 50 hours of CPD activities in one (1) or a combination of the three (3) CPD categories: • Educational Activities • Reviewing Performance • Measuring Outcomes The below mandatory activities will contribute towards the 50-hour requirement.	
Professional Development Plan	This will include: • Planning & setting of goals (start of year) • Review & reflection (end of year)
Essential Emergency Medicine Procedural Skills	Minimum four (4) different Essential Emergency Medicine procedural skills by performance, teaching and supervision in a clinical or simulated setting. • These will be recorded as 0.5hours in the Educational Activity category and contribute towards the 50-hour requirement.
Cultural Safety Activity	Minimum one Cultural Safety Activity, including: • Activity reflection
Additional New Zealand requirement Annual conversation – with a peer, colleague or employer – about the practitioner's clinical practice.	

International Affiliates have the option of choosing the ACEM CPD Program for EMC/EMD/EMAD/Educational Affiliates

4.4 Non-Member CPD participant

Complete minimum of 50 hours of CPD activities including: • ≥ 25 hours of *Reviewing Performance* and *Measuring Outcome* activities with: • ≥ 5 hours *Reviewing Performance* activities; • ≥ 5 hours *Measuring Outcomes* activities; and • Remaining 15 hours comprising *Reviewing Performance* and/or *Measuring Outcomes* activities. • ≥ 12.5 hours *Educational Activities* • ≥ 12.5 hours remaining in any of the above categories. The below mandatory activities will contribute towards the 50-hour requirement.	
Professional Development Plan	This will include: • Planning & setting of goals (start of year) • Review & reflection (end of year)
Cultural Safety Activity	Minimum one Cultural Safety Activity, including: • Activity reflection
Additional New Zealand requirement Annual conversation – with a peer, colleague or employer – about the practitioner's clinical practice.	

4.5 FACEMs living and working outside Australia and Aotearoa New Zealand and are not registered to practice in Australia and Aotearoa New Zealand – ACEM Modified CPD Program

Complete minimum of 50 hours of CPD activities in one (1) or a combination of the three (3) CPD categories:

1. Educational Activities

2. Reviewing Performance

3. Measuring Outcomes

The below mandatory activities will contribute towards the 50-hour requirement.

Professional Development Plan	This will include: • Planning & setting of goals (start of year) • Review & reflection (end of year)
High-Level Requirements	Minimum of one (1) each of High-Level Requirements by performance, teaching and/or supervision in a clinical or simulated setting: • Airway skill • Breathing skill • Circulation skill
Essential Emergency Medicine Procedural Skills	Minimum four (4) different Essential Emergency Medicine procedural skills by performance, teaching and supervision in a clinical or simulated setting. • These will be recorded as 0.5hours in the *Educational Activity* category
Cultural Safety Activity	Minimum one Cultural Safety Activity, including: • Activity reflection
Additional New Zealand requirement Annual conversation – with a peer, colleague or employer – about the practitioner's clinical practice.	

Application

Members wishing to undertake the Modified ACEM CPD program requirements are required to register their interest using the application form – Application for Participation in Modified ACEM CPD Program Requirements for Participants Working in Non-Australasian Jurisdictions available via the My ACEM portal.

Evidence of employment in a non-Australasian jurisdiction is required as part of the application process. Members will be required to reapply at the beginning of each CPD year that they continue to work in a non-Australasian jurisdiction.

Members can apply to register to practice in Australia and Aotearoa New Zealand at any time during the CPD year.

4.6 Annual CPD requirements – EMC/EMD/EMAD/Educational Affiliate living and working outside Australia and Aotearoa New Zealand and are not registered to practice in Australia and Aotearoa New Zealand – ACEM Modified CPD Program

Complete minimum of 50 hours of CPD activities in one (1) or a combination of the three (3) CPD categories: • Educational Activities • Reviewing Performance • Measuring Outcomes The below mandatory activities will contribute towards the 50-hour requirement.	

Professional Development Plan	This will include:
	
	       • Planning & setting of goals (start of year)
	       • Review & reflection (end of year)

Essential Emergency Medicine Procedural Skills	Minimum four (4) different Essential Emergency Medicine procedural skills by performance, teaching and supervision in a clinical or simulated setting. • These will be recorded as 0.5hours in the *Educational Activity* category
Cultural Safety Activity	Minimum one Cultural Safety Activity, including: • Activity reflection
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Application

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Evidence of employment in a non-Australasian jurisdiction is required as part of the application process. Members will be required to reapply at the beginning of each CPD year that they continue to work in a non-Australasian jurisdiction.

Members who apply to register to practice in Australia and Aotearoa New Zealand at any time during the CPD year will need to complete the ACEM CPD program requirements for the relevant CPD year.

5. CPD program categories

5.1 Overview

This section provides an explanation of the CPD categories and the types of activity that may be undertaken to satisfy CPD requirements; however, it is not an exhaustive list. Your choice of activities should be tailored to your own scope of practice and development goals.

5.2 Professional development plan

Your Professional Development Plan (PDP) is a tool to help make sure your CPD is relevant and useful to your practice and development. It provides an opportunity to:

·   think about your lifelong learning, knowledge gaps and learning opportunities

·   connect your learning to your practice needs

·   match your increasing skills and knowledge to changes in your practice.

Your PDP can be completed online via the MyACEM CPD platform.

> **You may claim up to two hours in the Reviewing Performance category for planning and reviewing your PDP. You must record the time taken to do your PDP yourselves. Go to the platform and Add Activity.**

Your PDP is comprised of two components; it is a two-step plan.

Step One – Will describe an area(s) of practice identified for further learning and include a selection of planned activities, in response to a personal reflection about your own practice. Identification of learning needs could also be stimulated through a peer review activity. It should be completed early in the CPD Year.

Step Two – A reflection on the outcomes of the plan. Have I achieved what I planned? Has it resulted in any implications for your practice? Does it have any impact on your CPD plan for the following year?

A workplace performance appraisal may result in the development of a workplace professional development plan. You may upload a copy of your workplace PDP instead of completing the online PDP plan in your My ACEM platform. Provision has been made in the online PDP page, to securely hold your workplace PDP form and allow you to reflect on this plan in order to meet your annual PDP requirements.

You PDP could be based on the THINK – PLAN – DO – MODEL

At the beginning of each CPD year:

- **Think** about the motivations, imperatives and priorities that apply to your CPD program.
- **Plan** and map out formal learning strategies for the elements of your practice your CPD program will focus on in the coming year.
- **Do –** Implement the CPD program as planned, including additional and incidental opportunities that arise.
- **Review** the outcomes of your year's CPD program and begin the planning cycle again.

PDP reflection – Reflection on your CPD activities

Reflection on learning is a necessary and important element in effective professional development. Thoughtful consideration of the learning experience and its implications for ongoing practice, generally makes the activity more meaningful.

Reflection on learning is a personal experience however the following questions may assist in beginning the process of reflection:

- What learning did the activity aim to achieve?
- Were the learning goals met, in my case? Why or why not?
- What was the main learning for me from the activity?
- Why do I consider that learning to be significant?
- Will there be any opportunity for me to apply the learning and if so in what context and how might this be achieved?

- Will there be any opportunity for me to build on the learning and if so, how might this be achieved?
- Are there any remaining gaps in my knowledge/skills in the area, and if so, how might these be addressed?
- Is there anything further I can take from this learning?
- Will there be any opportunity for me to share the learning from this experience with others?

5.3 Educational Activities

Educational Activities are any event or action that involves learning and teaching, including the research, development and preparation of materials, time and space where knowledge, skills and other materials are transferred.

Group learning:

Group learning includes activities that are undertaken in company with other participants to enhance practice in Emergency Medicine. These may include attending formal presentations in large groups such as at conferences and attending more informal meetings and workshops in which participant numbers are lower and interaction and exchange of ideas between participants is possible.

Courses:

Courses that extend your knowledge and enhance your practice can include short courses, certificates, diplomas, Degrees and participating in courses as a facilitator.

Self-directed learning:

Self-directed learning activities may take place online where there is a strong interactive component with other participants such as in blogs, forums and discussion threads, or passive learning through viewing online modules or reading.

Educational development:

Educational development includes activities with a key element in the facilitation of learning for the individual and other practitioners and include activities with a primary focus of active involvement in educational development, including teaching, training, assessment, educational development such as in curriculum design and also all aspects of educational research within the Emergency Medicine context. Activities may be purely developmental such as in formulating practice guidelines, or otherwise involving teaching or research, such as in the publication of an article in a refereed journal.

Educational Activities focus on increasing knowledge and skills.

The CPD essence of this category is the required reflection.

- What did it teach me?
- What did it cause me to do differently?
- Why did it not have any effect on me?
- What do I seek from medical education?
- How will I use this in my workplace; in my professional life; In my private life?
- Am I better for having attend the session?

Individual learning activities	Group learning activities	Learning as by-product of other professional activity
- Reading, viewing, listening to educational material - Active learning modules - Study towards formal qualifications - Supervised practice attachments - Executive coaching and mentoring	- Lectures, forums, panels - Small group sessions - Courses and workshops	- Preparing formal educational materials - Teaching - Examining, assessing and evaluating - Supervising and mentoring - Lecturing, participating in forums/panels - Teaching in small group sessions/courses/workshops - Presenting research papers/posters - Convening/chairing educational meetings - Leading or participating in research - Reviewing ethics or grant proposals - Publishing research or educational material - Editing or reviewing research or educational material - Preparing patient education materials - Participating in committee for education or research - Undertaking college educational roles - Participating in clinical guideline development

5.4   Reviewing Performance

Reviewing Performance activities involve activities that examine practitioners' actual work processes and involves feedback. The activities require analysis of the work of a practitioner to determine whether they are operating/conducting their practice to an expected standard or objective. Practitioners may record CPD hours for their involvement in the activity if they are the reviewer or the reviewee.

In emergency medicine these activities may occur in the following contexts:

- Individual – self-review of performance, review of a colleague
- Departmental – guideline analysis
- Organisational

Reviewing Performance activities include the following (this is not an exhaustive list):

Multi-Source Feedback:

A Multi-Source Feedback (MSF), also called a 360-degree appraisal, is a process where groups of individuals (colleagues, co-workers and in some cases patients) complete a survey to provide feedback regarding a practitioner's performance. The practitioner self-reviews at the same time and compares their self-reflection with the survey results from the groups to identify any areas for improvement.

- A MSF provides the opportunity to reflect on me:
- As a person
- As a colleague
- As a mentor
- As a professional
- As a doctor
- Do I exhibit the competencies required for membership of ACEM?
- How would I know?

Peer review of performance:

Peer review is the process by practitioners of the same profession or grade critically assess their colleagues/s performance for the purpose of reinforcing areas of quality and strength and identifying areas for development.

Structured one-on-one peer review with a colleague, supervisor, director, or peer either in person or at a distance. Peer review activity should include the following steps:

Identify:

- scope of practice
- learning needs
- request for focused feedback

Following observation of practice, observer will:

- provide feedback for reflection and discussion

Peer review of medical records:

Medical record (chart) review and discussions with peers for the purposes of reflection on an individual's, team's, department's or organisation's performance, joint review of cases either retrospectively or actively can involve the review of external cases and not a practitioner's own case.

Peer review of Educational Activities:

Publishing original work in a journal, book or peer reviewed article e.g., research paper, quality improvement report, short report, etc. Other publications such as non-peer reviewed articles may also be claimed.

Where research for the publication involves performance review, hours can be claimed under the Reviewing Performance category.

Peer review involving the assessment of another individual's educational activity may be recorded under the Reviewing Performance category.

Peer review as a Best of Web EM reviewer may also be recorded under the Reviewing Performance category.

Performance appraisal:

Performance appraisal involves the ongoing review of the performance and development of an individual clinician. The key feature of the performance appraisal process is the exchange of regular verbal and written feedback about performance between the clinician and the supervisor or employer. This process allows for the identification of professional development opportunities, poor performance and collaborative goal setting.

Workplace performance appraisal:

Time spent participating in and reflecting on workplace appraisals or performance reviews, can be recorded for CPD. When the workplace appraisal results in a workplace professional development plan, this may also be uploaded via the Professional Development Plan page and offset this annual CPD requirement.

Peer observation of teaching audit:

Structured observation of your teaching practice by a Colleague to provide feedback on your clinical teaching to identify your strengths and areas for improvement. This process may be conducted in-person or remotely.

Peer discussion of cases, critical incidents, safety and quality reviews:

Measurement of patient safety incidents is considered an important part of a comprehensive risk management program and may involve measuring elements of the risk assessment and/or incident management strategies in place. Approaches to reducing and managing patient safety incidents involve the following steps:

- Identification
- Investigation and analysis
- Management of the incident(s)
- Feedback and learning

Review of clinical guidelines:

Clinical practice guidelines are recommendations for clinicians about the care of patients and play a critical role in guiding evidence-based practice. They are based upon the best available research and practical experience.

Guidelines have two parts:

- The foundation is a systematic review of the research evidence bearing on a clinical topic or question, focused on the strength of the evidence on which the clinical decision-making for that condition is based
- A set of recommendations, involving both the evidence and value judgments regarding benefits and harms of alternative care options

Reflection on professional outcomes:

Reflective practice facilitates personal and professional growth and development.

Reflective practice is a critical component of professional development for physicians. Professional standards and credentialing processes to demonstrate continuing competence for most health professionals now require demonstrations of reflection or reflective practice.

Audit of medico-legal reports:

Medico-legal audits are an integral part of hospital/clinical audits that involves the examination of all the hospital records. A medico-legal audit aims at the prevention for foreseeable litigations in the hospital and thus includes the review of all the hospital records. Medico-legal audits are significant whenever there is an interaction between the working of the hospital and the law.

Review of standard adherence:

Peer review principles are applied throughout the organisational accreditation process:

- organisational staff assess their performance against a set of standards
- improvements are identified
- time frames are created for changes to organisational structure, processes and services
- Trained assessors are invited to assess the organisation against a standard

Hours spent reviewing systems and processes can be recorded under the Reviewing Performance CPD category.

Peer review of journal articles:

- What does it teach me?
- What might I change?

Review a leading editorial or article from a regarded publication and ask the question(s):

- What do we do in relation to this?
- What should we do in relation to this?
- What can I do as a Fellow at the College to make this happen?

Supervision:

Analysing the performance of another practitioner as an educative and constructive exercise to identify strengths and areas and for improvement.

Emergency Medicine Event Register:

Entering information about adverse incidents on the Emergency Medicine Event Register (EMER) requires a reflective review of performance and can be recorded under the Reviewing Performance CPD Category.

Learning groups:

Join a Learning Group of peers/colleagues and consider how members of that group manage challenging situations such as:

- Managing your concern or a complaint against a clinician
- Recruitment in a rural area
- Work life balance with JMOs and delivery of care
- Use of simulation as teaching tool
- Mentorship of new clinical directors

Collegial practice visits:

Review a doctor's practice in their practice setting.

Interdepartmental meetings that may review cases and interpretation of findings.

Reviewing Performance activities can facilitate changes in practice and health outcomes		
Individual-focused activities	**Group-focused activities**	**Not directly focused on participant's practice**
• Professional development plan • Self-evaluation and reflection • Direct observation of practice • Review of work product • Multi-source feedback • Patient experience survey • Workplace performance appraisal	• Direct observation of practice • Review of work product • Multi-source feedback • Patient experience survey • Medical services survey/review	• Participating in clinical governance/QA committees • Accrediting/auditing practices, hospitals, training sites • Medico-legal work (report, expert witness)

5.5 Measuring Outcomes activities

Measuring Outcomes activities are activities in which the outcomes of your practice or of your organisation are measured and reviewed, ideally where applicable against established standards.

These activities may involve reflecting on patient outcome data by reviewing comparative data sets and reflecting on patient outcomes. Sources of patient outcome data may include critical incidents, commendations, specific indicators of patients' outcomes, individual or teams' data on mortality and morbidity rates and other procedural outcomes and patient complaints and notifications.

A common approach to assessing patient outcomes is through audit and feedback.

Measuring Outcomes activities include:

Peer review of performance:

The measurement of clinical performance refers to the assessment of the extent to which an organisation or individual clinician provides care that is consistent with objective evidence-based best-practice.

Clinical performance can be measured in the following ways:

• Structural measurement – such as accreditation, certification and credentialling
• Process measurement – such as assessment of adherence to evidence-based health care practices
• Outcome assessment – such as mortality and morbidity

Clinical performance measurement provides the opportunity to monitor, evaluate and review the practices of an organisation and/or clinician, ensuring continuous improvement in safety and quality of care.

Peer Discussions of cases, critical incidents, safety and quality:

Measurement of patient safety incidents is considered an important part of a comprehensive risk management program and may involve measuring elements of the risk assessment and/or incident management strategies in place. Approaches to reducing and managing patient safety incidents involve the following steps:

• Identification
• Investigation and analysis
• Management of the incident(s)
• Feedback and learning

Identification of patient safety incidents:

Identification of patient safety incidents refers to the process by which an organisation becomes aware that a patient safety incident has occurred. These processes play an important role in the effectiveness of a clinical risk management program. Activities used to identify patient safety incidents include:

- **Review of medical records**
  - Review of medical records is retrospective method of identifying patient safety incidents. Medical records can be reviewed to assess the quality of individual, team, department, and organisational performance highlighting potential areas for improvement. Completing a review of medical records involves a review by analysing data to identifying outcomes and implementing the required improvements.

- **Clinical audit**
  - Activities that seek to improve patient care and outcomes through a systematic review of care against explicit measures and the implementation of change in practice if needed. Aspects of systems, processes and outcomes of care can be selected and systematically evaluated against explicit criteria.
  - The aim of a clinical audit is to measure how well something is done and to provide feedback in order to improve clinical care.

- **Incident reporting**
  - Clinical incident reporting refers to a process used by clinical staff to document the occurrences.

Mortality and morbidity reviews:

The objectives of Mortality and Morbidity meetings are:

- to analyse the circumstances that resulted in death and adverse outcomes which lead to serious morbidity
- to make recommendations for improving the process of care given and
- to initiate and review actions based on these recommendations.

Emergency Medicine Event Register:

Drawing information from the Emergency Medicine Event Register (EMER) to use as a comparative data source for the purpose of improving health outcomes can be recorded under the Measuring Outcomes category.

Review of individual/team comparative data sets:

Audit own practice

A systematic critical analysis of the quality of the doctor's own practice that is used to improve clinical care and/or health outcomes and/or to confirm that current management is consistent with the current available evidence or accepted consensus guidelines.

Organisational audit

Audit in healthcare is a process used by health professionals to assess, evaluate and improve care of patients in a systematic way. Audit measures current practice against a defined (desired) standard. It forms part of clinical governance, which aims to safeguard a high quality of clinical care for patients.

Audit involves a cycle of continuous improvement of care, based on explicit and measurable indicators of quality and has a statistical basis.

The audit cycle
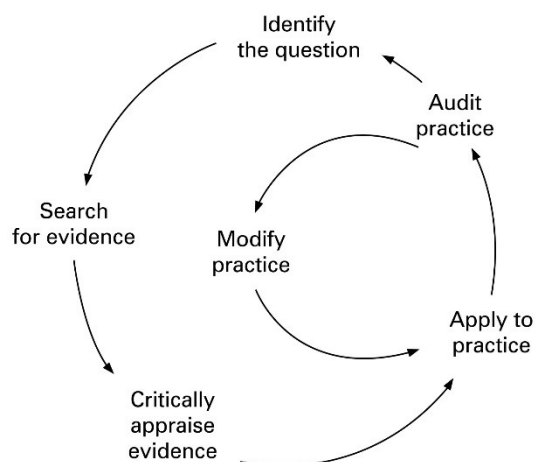
Clinicopathological correlation meetings; mortality and morbidity review:

Clinicopathological correlation meetings provide an opportunity for collaborative and cooperative learning for interdisciplinary exchange of knowledge and interactive discussion on problem solving cases. The meetings rely on case method as a teaching tool that illustrates the logical, measured consideration of a differential diagnosis used to evaluate patients. The process involves case presentation, diagnostic data, discussion of differential diagnosis to reach a tentative final diagnosis. Cases are determined by their relevance, solvability, and ability to lead to discussion.

Measuring Outcomes activities are activities where changes in practice and health outcomes are evaluated		
Individual-focused activities	*Group-focused activities*	*Not directly focused on participant's practice*
• Audit focused on participant's own practice • Root cause analysis • Incident report • Quality improvement project	• Audit (practice, national or international) • M&M meetings, case conferences • Quality improvement project	• Assessing incident reports • Leading, analysing, writing reports on healthcare outcomes

Examples of Audit Activities
Review of individual/team and comparative data from de-identified large datasets (e.g. Medicare, PBS)
Comparison of individual/team data with local, institutional, regional data sets
Reflection on professional outcomes
Review of medical records • Do they meet local standards?
Clinical audit • What was learned, what did we change, was the change sustainable?
Mortality and morbidity reviews • What was learned, what did we change, was the change sustainable?
Review of clinical indicators and guidelines/standards adherence • What was learned, what did we change, was the change sustainable?
Audit of medico-legal reports • What are the issues? • All individuals? Some systemic? • What was learned, what did we change, was the change sustainable?
Review of processes that are required to occur within your organisation. For example: • Open disclosure • Identifying and addressing bullying or harassment • Morbidity and mortality meeting framework • JMO working hours • JMO fatigue
Review of organisational activities against accepted standards/policies/guidelines: • Standard one ACSQHC Governance; Standard 6 Clinical handover. Do we comply? What is the gap? How do I manage that gap? • Open disclosure • Managing a concern or complaint against a clinician • Review of existing scopes of practice against national and international benchmarks

Review of use of clinical indicators • What did the data tell us about our service? • What is our gap? • What did we do to improve that gap?
Review of how the organisation utilises external benchmark data such as Health Round Table, ACHS clinical indicators, NSW BHI data, Victorian SCV data or any other state-based comparison datasets: • What is our status? • What is the gap? • What are we doing to bridge the gap?
Review of Sentinel event reports and a check on how the organisation has complied with recommendations: • Have we complied with recommendations? • How have we done that? • If we did not do them why did we not do them?
Review of published coroner reports or newsletters. Ask yourself and your organisation question: • Could this problem happen here? • How would we manage a similar situation? • Have we even thought of this as a risk?
Audit and review of assessments of junior medical officers in relation to their experience within your organisation: • What is your retention rate? Is that OK? • Identify the issues of why they stay or go • Identify the gaps • Review the plan to manage the gaps • Understand why some still remain

5.6 Procedural Skills

Procedural Skills are central to the practice of emergency medicine. Refer to Section 3, ACEM Membership category CPD Requirements, for the CPD Procedural Skill requirements relevant to your membership category.

ACEM has a comprehensive list of Procedural skills, including both Core Procedural Skills and Essential Emergency Medicine Procedural Skills.

To satisfy the CPD requirement, Procedural Skills can be completed in a clinical or simulated setting, by performance, teaching or supervision.

The core procedural skills – airway, breathing and circulation- are duplicated in the scope of practice list. For FACEMS, these core procedural skills may be recorded as Essential Emergency Medicine skills after you have met your annual core procedural skills requirements.

Essential Emergency Medicine procedural skills relevant to emergency medicine practice include analgesia, ENT, eyes, fluids, minor surgical, O&G, orthopaedics, toxicology, trauma, ultrasound and urology.

5.7 Cultural safety

Annual cultural safety requirement:

The Cultural Safety component of the ACEM CPD program requires participants to complete a minimum of one (1) cultural safety CPD activity annually and includes a reflective component. There is no hourly requirement for an activity. Further guidance regarding Cultural Safety activities is available in the CPD section of the ACEM Education Resources site.

Cultural safety – Aotearoa New Zealand

The MCNZ requires that all doctors practicing in New Zealand maintain a focus on cultural safety and health equity when planning and undertaking all recertification activities.

Cultural safety requires doctors to reflect on how their own views and biases impact on their clinical interactions and the care they provide to patients. Cultural safety and health equity benefit all patients and communities. This may include communities based on Indigenous status, age or generation, gender, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief and disability.

Find MCNZ Cultural Safety documents here.

5.8 Additional MCNZ (Jurisdiction) CPD requirements

Annual conversation

This is a structured conversation completed annually with a peer, colleague or employer about the practitioner's clinical practice. The goal of this activity is to facilitate reflection on developmental and personal needs, professional goals and the intended CPD activities for the coming year.

Doctors are encouraged to use the information they have obtained undertaking activities across the three types of CPD. This activity provides an opportunity to receive constructive feedback and share best practice knowledge. It may also give doctors the opportunity to explore their satisfaction in their current role, self-care and any health issues so they are able to adjust their practice, accordingly set performance targets for the future, and consider longer-term career aspirations.

6. CPD program resources

6.1 Educational resources site

ACEM has developed a suite of learning resources aligned to the emergency medicine scope of practice and the domains of the curriculum framework. These resources can be accessed on the Educational Resources site. The site also includes general materials recommended by FACEMs and trainees, and a curated 'Best-of-Web'. The resources are reviewed by the Educational Resources Review Group at ACEM in collaboration with specific topic groups. The resources have been categorised for your use.

The Educational Resources site has an extensive list of activities offered by external providers which have been approved by ACEM. This site can only be accessed by members. There is a Search function that allows you to search:

- for an Activity Provider
- for an activity type such as a workshop or online activity
- an activity in your region, state or territory
- key words such as 'ultrasound' or 'communication'

The Educational Resources site also facilitates access to networking groups such as the New Fellows Network, which is an online space to connect with other early career FACEMs and share resources relevant to New Fellows.

6.2 Advanced & Complex Medical Emergencies Course

The Advanced and Complex Medical Emergency Course (ACME) uses simulation training methods to stimulate and challenge the experienced physician practicing in emergency medicine. The ACME course aims to improve the understanding of human factors and their impact on the quality of team-based clinical care within the emergency medicine environment. As the emphasis is on learning and sharing information, there is no formal assessment of the participants. ACME courses are run in Australia and New Zealand.

6.3 Best of Web EM

The ACEM Best of Web EM provides a large number of FACEM-reviewed online resources that have been assessed for educational merit, complexity and information quality. The platform has advanced-search criteria, including target audience, curriculum framework domains, clinical speciality, themes and media type.

7. Recording your activities in the MyACEM platform

7.1 My ACEM Portal

7.2 Recording of College CPD activities into your CPD platform

Your participation in College CPD activities will be recorded by the CPD Unit staff, or automatically for activities such as WBAs and ACEM Online learning modules. The College keeps the verification evidence in case it is needed for audit purposes.

This member benefit has been established to reduce the time and work associated with recording College activities for CPD purposes.

What College activities will be recorded on your behalf?

Any College activity where the date, duration and completion of that activity can be verified by ACEM staff. (i.e. where a College staff member was present).

Activities recorded on behalf of members	*Activities not recorded*
Activities that ACEM staff attend	*Activities that ACEM staff do not attend*
Examples: • ACEM Meetings – F2F, teleconference • Site accreditation inspections • ACEM ASM and symposiums • Faculty meeting • ACEM workshops – DEMT, question writing Examinations – OSCE, Primary • SIMG assessment panels	Examples: • E-voting • Pre and post meeting work • Pre and post Hospital Accreditation site work • Committee work, network discussion forums, etc

7.3 Recording of ACEM approved activities into your CPD platform

In addition to College activities, your attendance at ACEM Approved Activities will be recorded in your CPD portal by the CPD Unit staff.

ACEM Approved Activities are activities submitted by external providers, that have been approved by the CPD Committee, as they align with the ACEM curriculum domains and are deemed suitable for the purposes of CPD. ACEM Approved Activities can be identified by the ACEM Approval Logo:
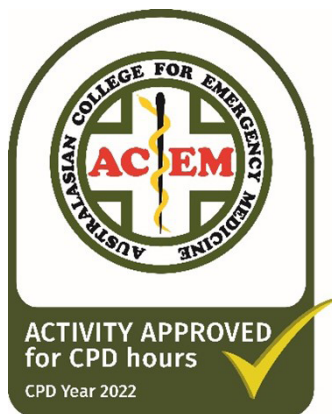
7.4 How do you know an activity has been recorded by CPD staff in your CPD portal

Participants will receive an email advising an activity has been recorded on their behalf by the CPD Unit staff, including any relevant workshop procedural skills. We ask that you review the details of all confirmation emails to ensure they reflect your individual experience for the activity listed. The College keeps the verification evidence in case it is needed for audit purposes. You will not need to upload evidence of attendance for these activities.

ACEM CPD participants may undertake CPD activities that are not approved by the CPD Committee, if the activities are appropriate to a participant's scope of practice and meet at least one of the FACEM Curriculum domains.

To have an activity considered for ACEM Activity Approval, the Activity Approval Policy, approval criteria and the Activity Approval application form can be found on the ACEM website – Information for Activity Providers page

The CPD Unit will only be able to record an activity on your behalf if you have provided your five-digit ACEM ID number to the relevant activity provider.

7.5 Evidence required

For the purpose of an ACEM CPD audit, and to meet requirements set by the applicable regulatory body, CPD participants must retain evidence of CPD activities completed/attended for a minimum of five (5) years. If you are chosen for a CPD audit by either ACEM or your regulatory body, you will only be required to provide evidence for the minimum CPD requirements of the ACEM CPD program or the relevant regulatory body.

For CPD activities that you record yourself, that is, activities that are not College activities or ACEM approved activities, it is recommended that you attach evidence of participation / completion of your CPD activity as soon as practicable after you have attended / completed the activity.

A list of acceptable evidence for you CPD activities can be found in the Provision of Evidence guideline.

Your evidence will need to verify:

Hours-based activities:	Procedural Skills activities:
• your participation in the activity • the duration of the activity (for hours-based activities • the date(s) the activity occurred (month and year)	• your participation in the activity, and ◦ the mode of the procedural skill (i.e. performed, taught or supervised), and • the date(s) the activity occurred (month and year

Please note, evidence must be de-identified.

8. CPD compliance, audit and reporting

8.1 Monitoring

ACEM CPD Program participants are required to complete and record their minimum annual CPD requirements each year. The ACEM CPD year is based on a calendar year from 1 January to the 31 December. The ACEM CPD program is available through the online MyACEM platform, which can be accessed through the College website, using your ACEM ID and password.

The recording of all CPD activities undertaken during the year is to occur via the MyACEM platform. The annual tally allows participants to track their progress toward annual targets.

Once the CPD activity targets are met, the traffic light indicators will turn from red to green. Some activities will indicate a partial completion with a yellow traffic light indicator. If you are unable to differentiate between the coloured traffic lights, you can use the numeral progress indicators as a gauge of completion.

All activities will need to be undertaken by the close of the CPD year. Participants have until 31 January of the following year to finalise the recording of CPD activities undertaken in the previous year.

8.2 ACEM audit

ACEM audits a minimum of five per cent (5%) of CPD participants each year. The cohort includes a minimum of five per cent (5%) of ACEM Fellows and a minimum of five per cent (5%) of non-Fellow participants.

CPD compliance audit selection takes place on 1 February.

If you are selected for audit you will be advised by email. Please ensure your email details are up-to-date on the College database.

8.3 CPD completion

Participants who have recorded the minimum requirements of the ACEM CPD program for the relevant CPD year are considered to have completed their CPD requirements.

A CPD Certification of Completion is provided to participants who have met the requirements of the CPD program and who are not included in the audit process.

8.4 CPD compliance audit process

Although it is assumed that all CPD participants will comply with the ACEM CPD program and accurately document all activities, it is essential that the process is transparent and open to external agencies.

For this reason, an audit selection sample will be generated and include all participants who:

- did not complete their minimum annual CPD requirements by the end of the recording period (mandatory auditees), as well as,
- randomly selected participants

to bring the total number of auditees to include a minimum of five per cent (5%) of ACEM Fellows and a minimum of five per cent (5%) of non-Fellow CPD participants. Selection for audit will occur in February of the year immediately following the close of the recording period for relevant CPD Year.

Those selected for participation in an audit shall be notified by email of their selection, and shall be provided with relevant documentation and other information regarding participation requirements, including outlining the audit process, timeframes for audit completion, and potential consequences of failure to comply with the audit.

The audit submission response is required by 1 April. That means you have two months to complete and submit your audit.

Participants shall not be randomly selected for a CPD compliance audit more than once in three consecutive years. However, where a participant fails to provide the requisite evidence by the audit date, they will automatically be selected for audit in the following year.

Documentation verifying attendance at conferences, workshops, examinations etc. should be uploaded to the correlating online activity entry in your My ACEM portal. ACEM requires that these records are kept for three years. AHPRA requires that these documents be kept for five years. Details of the required documentation is listed in the (Provision of Evidence Document) available on the website.

8.5 CPD compliant

Participants of the ACEM CPD Program who have successfully passed the CPD Compliance audit for the CPD year are considered to be CPD compliant for that CPD Year. They receive a CPD completion certificate and also a CPD compliance certificate.

8.6 CPD non-compliant

ACEM CPD program participants are CPD non-compliant if they meet any of the following criteria for the relevant CPD Year:

- do not satisfy minimum requirements for a CPD year;
- fail to submit their audit by the due date;
- fail a compliance audit.

A participant can fail a compliance audit if they:

- do not participate in the compliance audit,
- do not meet the minimum annual CPD requirements – and/or
- fail to provide the requested evidentiary documentation to support CPD activities recorded in their My ACEM portal.

8.7   Immunity from audit

There are five reasons an ACEM CPD program participant maybe immune from a compliance audit:

- CPD participants who, due to CPD commencement date or exemption, have no requirements for the year under audit shall not be randomly selected.

- Auditees who pass the compliance audit of a CPD year shall not be randomly selected for audit more than once in a three-year period.

- Auditees who pass the compliance audit of the third year of the cycle (2023 only) shall be exempt from being randomly selected for audit in the first year of the following cycle.

- Auditees who subsequently withdraw from the ACEM CPD program shall have their audit requirement waived. Immunity will be revoked should the individual subsequently apply to re-enrol in the ACEM CPD program. A participant wishing to re-enrol must pass the applicable audit requirements before the application will be considered. *****

- Randomly selected auditees who have passed an AHPRA audit within 12 months prior to the ACEM audit selection shall have their audit requirement waived.

9. Regulatory reporting

Annual reporting to Ahpra

From 2024, ACEM is required to report to the Ahpra within six months of the year's end on the annual compliance of CPD participants.

Section annual reporting to MCNZ

ACEM is required to report CPD program participants who do not meet their annual recertification requirements to the MCNZ.

10. Exemptions

An exemption from all or part of the requirements of the ACEM CPD program may be granted depending on individual circumstances and proportionate to the amount of leave taken. Before applying for an exemption, please read the Exemption Policy and the Policy on Re-entry to Practice following a Period of Absence. Grounds for Exemption include:

1. **Temporary exemption**

    Participants may apply for a Temporary Exemption on the following grounds:

    - Full-time study
    - Extended leave eg., long service leave and travel
    - Parental leave
    - Prolonged carers leave
    - Prolonged illness
    - Compassionate leave
    - Special consideration
    - Cultural Responsibilities
    - Dual or 'Other' Fellowship

    A temporary exemption from the requirements of the ACEM CPD Program will only be granted if the participant has not practiced medicine in any capacity during the period for which the exemption is sought.

2. **Procedural Skills exemption**

   Participants with non-procedural roles may apply for an exemption from the Procedural Skills component of the ACEM CPD Program.

3. **Dual and other Fellowship exemption**

   Participants who hold ACEM Fellowship and/or Fellowship of another specialist medical college in Australia and/or Aotearoa New Zealand may apply for an exemption, as stipulated in the Exemption Policy. The requirements of this policy align with the Medical Board of Australia (MBA) 'Recency of Practice Standard' and the Medical Board of New Zealand (MCNZ) 'Policy on doctors returning to medical practice after an absence from practice for three years or more'.

Application:

Applications must be made on the ACEM Member Exemption/Concession Application (COR696) form and include all specified information and documentation.

Exemption requests must be made at least two (2) weeks prior to the date of the commencement date of the exemption sought. Retrospective applications for exemption may be considered on a case-by-case basis.

Evidence is required for all exemptions to verify if the exemption is appropriate and meet compliance audit requirements. Dual and 'Other' Fellowship exemptions will need to be evidenced through documentation of completion of the 50 annual hours and Professional Development Plan and Plan reflection through an alternative AMC-accredited CPD Home.

11. Special consideration

Applications for extension of time, deferral or waiver may be granted pursuant to the provisions of the College's *Exceptional Circumstances and Special Consideration Policy*. Applications should be submitted using the appropriate form which is available on the website, together with all required information. Applications will be considered by the Chair of the CPD Committee and applicants will be notified of the outcome as soon as practicable.

12. Resources

- CPD Activity Guide
- Provision of Evidence Guideline
- CPD Core Procedural Skills List
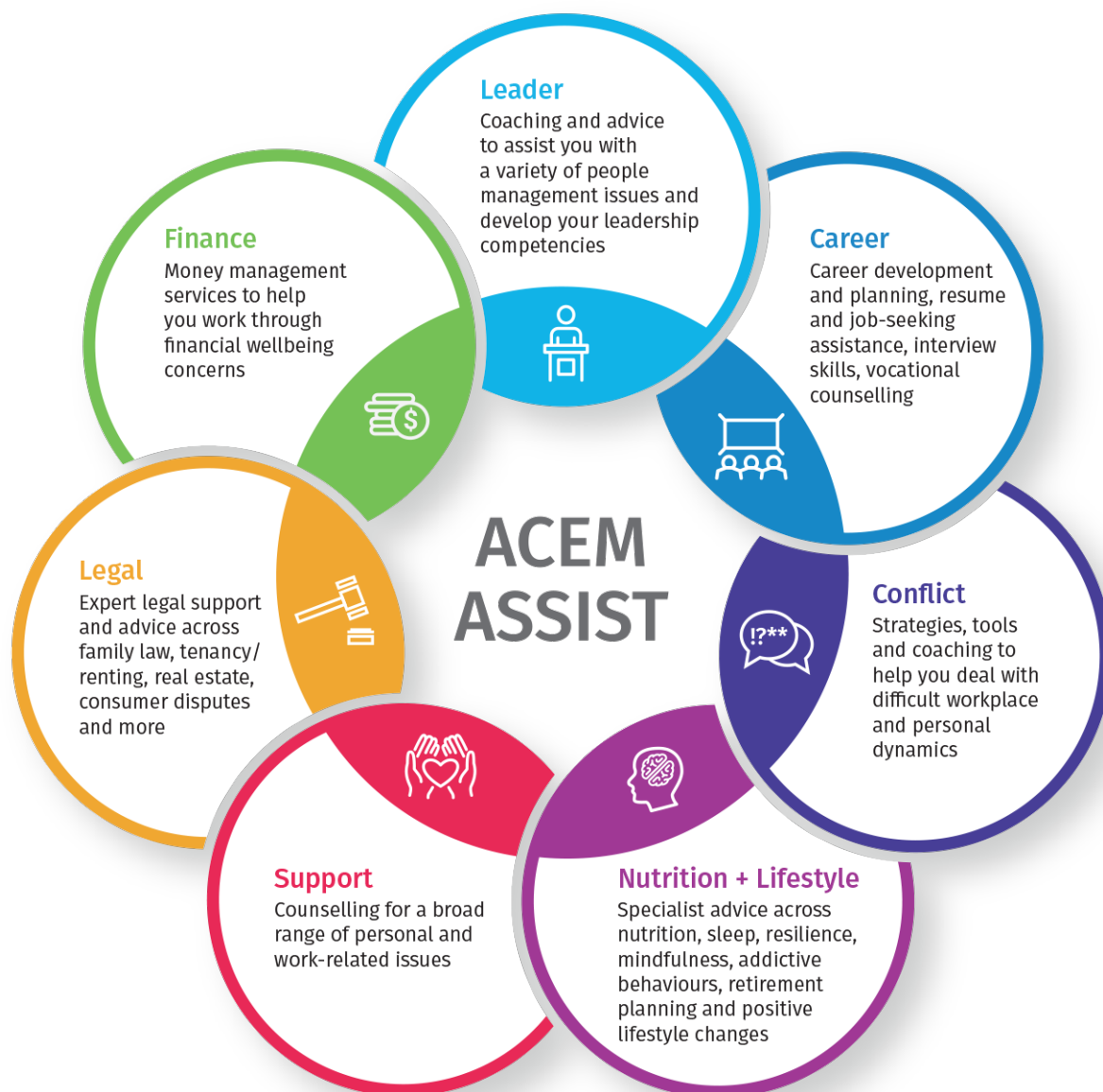- CPD Procedural Skills List
- Regulation E

13. College support

ACEM is committed to providing members structured support that is consistent, transparent and robust. ACEM acknowledges the importance of the wellbeing of its members and their right to a learning environment of professionalism, collegiality and respect.

The College recognises the difficulties clinicians may experience both during and upon re-entering the workforce following a period of absence. Requests for support should be made in writing to the (Membership and Culture Unit).

13.1 ACEM Assist

ACEM Assist is a free and confidential service for all members and trainees, including DipPHRM trainees. You can access up to four sessions per issue in any 12-month period. ACEM's partner, Converge International, is Australia's oldest and most experienced employee assistance program provider. Its counselling services offer support for professional, educational or personal matters, including:

Leader
Coaching and advice to assist you with a variety of people management issues and develop your leadership competencies

Finance
Money management services to help you work through financial wellbeing concerns

Career
Career development and planning, resume and job-seeking assistance, interview skills, vocational counselling

Legal
Expert legal support and advice across family law, tenancy/renting, real estate, consumer disputes and more

ACEM ASSIST

Conflict
Strategies, tools and coaching to help you deal with difficult workplace and personal dynamics

Support
Counselling for a broad range of personal and work-related issues

Nutrition + Lifestyle
Specialist advice across nutrition, sleep, resilience, mindfulness, addictive behaviours, retirement planning and positive lifestyle changes

ACEM Assist does not replace Crisis/Trauma Counselling

- Managing heavy workloads
- Conflict and conflict resolution
- Resilience
- Relationships (personal and professional)
- Workplace changes
- Finance
- Motivation and self-esteem
- Nutrition
- Sleep and fatigue

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

You can contact Converge International on: 1300 687 327 (Australia) 0800 666 367 (Aotearoa New Zealand) eap@convergeintl.com.au or at www.convergeinternational.com.au.

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

13.2 Program Support

Isolated Practitioner

Causal factors contributing to isolation can include:

- Social or cultural isolation
- Geographical isolation
- Professional isolation from peers (rural and/or urban workplaces)
- Infrastructure, communication and resources
- Part-time/locum work

ACEM encourages isolated practitioners to contact the CPD Unit to access additional supports if required, (such as access to networks and guidance) to ensure they can meet their annual and cycle CPD requirements.

Recency of Practice

ACEM considers that all participants returning to clinical practice in emergency medicine after a period of absence should ensure that their knowledge, clinical skills and professional qualities are consistent with contemporary standards. The aim of the re-entry program is to enable the Fellow who has been absent from clinical practice to demonstrate the same standard of safe clinical practice as his or her peers.

In both Australia and New Zealand, the requirements for re-entry to clinical practice are predicated on the amount of clinical experience the Fellow has had prior to returning to practice and the duration of their absence from clinical practice (recency of practice).

Poorly Performing Practitioner

It can happen that an ACEM CPD program participant may be identified to be performing poorly in their role as an emergency medicine clinician. In such cases, ACEM will support the practitioner with the following:

- College support for the poorly performing practitioner;
- Collegiate support for the poorly performing practitioner;
- A process for improving the clinical skills of the member to the standard expected, under an appropriate degree of supervision;
- A process to assess that the required standard has been achieved;
- A process to report on the successful completion or otherwise of this process to appropriate parties including the practitioner, the referring body, the ACEM CPD Committee and Council of Education (COE).

New Fellows Program

The College has developed the New Fellows Program which is an exciting innovation to assist early career FACEMs to transition successfully from trainee to consultant. The program unites existing ACEM eLearning resources with more in-depth information regarding the CPD program and an online network for New Fellows.

ACEM CPD Program Feedback

ACEM recognises the value of participant feedback, and we encourage you to email the CPD Unit with your feedback.

CPD participants may write to the Chair of the CPD Committee via the CPD Unit, in the event of a grievance or for a request for special consideration in the matter of CPD policy or a CPD procedure.

14. FAQs

Frequently asked questions about the ACEM CPD Program can be found here.