



POLICY FOR RECOGNITION OF PRIOR EXPERIENCE FOR THE DIPLOMA OF PREHOSPITAL AND RETRIEVAL MEDICINE

1. PURPOSE AND SCOPE

This policy describes the principles and processes by which experienced PHRM practitioners may apply for Recognition of Prior Experience (RPE) for the purpose of proceeding immediately to the examinations component of the Diploma of Prehospital and Retrieval Medicine (DipPHRM).

This policy does not apply to those seeking Recognition of Prior Learning (RPL). Prospective applicants for Recognition of Prior Learning should refer to the *Policy for Recognition of Prior Learning for the Diploma of Pre-hospital and Retrieval Medicine*.

2. RECOGNITION OF PRIOR EXPERIENCE

RPE refers to the assessment and acceptance of evidence of relevant knowledge, skills and competencies attained through formal employment over a number of years.

The RPE process assesses an applicant's training and experience against the learning outcomes and assessment of the DipPHRM. This is achieved through a comparison of evidence supplied by the applicant against the requirements of the DipPHRM Training Program, to determine the extent to which that applicant has achieved and maintained required learning and performance outcomes.

Recognition of Prior Experience granted by another provider is not transferable to the DipPHRM.

3. PRINCIPLES FOR ASSESSMENT

Validity

The evidence of knowledge, skills and other competencies should be relevant to the DipPHRM. Validity of the knowledge, skills and other competencies is assessed through alignment with the learning outcomes of the DipPHRM Training Program, and consideration of content, level of training and clinical/medical experience.

Authenticity

The evidence of knowledge, skills and other competencies must clearly be those of the applicant and the information supplied in the application must be true and accurate.

Currency

The evidence of knowledge, skills and other competencies obtained should be relevant to the DipPHRM. The application must also contain evidence that these have been maintained and further developed and that the applicant is currently engaged in contemporary PHRM practice.

Reliability

Reliability refers to the consistency or reproducibility of the competency(ies) in question. The assessment tools used to provide evidence of possession of competency(ies) should be reliable and comparable to that used in the DipPHRM Training Program.

Equivalence

Equivalence requires that the evidence of knowledge, skills and other competencies must have substantial comparability to that associated with the DipPHRM Training Program. The evidence of knowledge, skills and other competencies should be such that it demonstrates comparability in terms of content, contemporary breadth of experience, level of responsibility, rigour of training requirements, assessment process, supervision and credibility of training setting.

4. APPLICATIONS

Applications for Recognition of Prior Experience must be submitted to the CCPHRM using the appropriate application form, be accompanied by the application fee, and all required information and supporting documentation.

4.1 Eligibility

Unless an applicant can demonstrate the existence of exceptional circumstances to the satisfaction of the Conjoint Committee of PHRM, an application submitted under this policy must address the following eligibility criteria:

- (a) The applicant must have Specialist Registration with the Medical Board of Australia (MBA) OR Vocational Registration with the Medical Council of New Zealand (MCNZ) relevant to the College of which they are a Fellow.
- (b) The applicant must be a Fellow of ACEM, ACRRM, ANZCA, CICM or RACGP.
- (c) The applicant must be an active participant in the professional development program relevant to their speciality.
- (d) The applicant must have at least one (1) year of full-time equivalent FTE (e.g., one year full-time, two years at 0.5FTE, four years at 0.25FTE, etc), of active clinical pre-hospital **and** retrieval medicine experience undertaken in the five (5) years preceding the RPE application.
- (e) The applicant must be clinically active in PHRM at a minimum of 0.25 FTE at the time of application, and for at least twelve (12) months prior to the application.
- (f) The applicant must **not** have been actively involved in the development, delivery and assessment of the DipPHRM Examinations (Written and/or OSPE) in the twenty-four (24) months preceding the RPE application.

4.2 Documentation required

An application submitted under this policy must be accompanied by the following supporting documentation:

- (a) The applicant's current Curriculum Vitae.
- (b) Evidence of completed CPD activities that are directly relevant to PHRM.
- (c) Any additional documentation or information that may be required by the CCPHRM (any such documentation must be received by ACEM within two (2) months of the date of the request being sent to the applicant).
- (d) Details of three (3) professional references.

4.3 Notification of outcome to applicant

The CCPHRM ordinarily meets four (4) times per year. Applications received will be considered at the subsequent meeting. Applications for RPE may also be considered by the CCPHRM via electronic means, as deemed appropriate by the Chair of the CCPHRM.

All applicants will be notified in writing of the outcome of their application.

4.4 Outcomes

An applicant may be awarded:

- no Recognition of Prior Experience; or
- Recognition of Prior Experience with the requirement to complete a period of oversight of practice at a CCPHRM-accredited site, workplace-based assessments and the DipPHRM Written Examination.

The RPE outcome will remain valid for a period of 12 months. Following notification of the outcome, a successful RPE applicant has 12 months to commence their period of oversight, with a total of 3 years to successfully complete all requirements.

5. WHEN RECOGNITION WILL NOT BE CONSIDERED

The circumstances in which applications for recognition will not be considered include, but are not limited to, the following:

- (a) The application is incomplete (e.g. supporting documentation is not provided).
- (b) The recognition being sought does not comply with the necessary currency requirements described in this policy.

6. ASSOCIATED DOCUMENTS

- ACEM Regulations: Regulation F – Diploma of Pre-Hospital and Retrieval Medicine Training Program
- DipPHRM Curriculum
- *Policy for Recognition of Prior Learning Towards Training in the Diploma of Pre-Hospital and Retrieval Medicine* (PHRM748)

7. DOCUMENT REVIEW

Timeframe for review: every two (2) years, or earlier if required.

7.1 Responsibilities

Document authorisation: ACEM Board
 Document implementation: Executive Director, Education
 Document maintenance: General Manager, Governance and Standards

7.2 Revision History

| Version | Date of Version | Pages revised / Brief Explanation of Revision |
|---------|-----------------|--|
| v1 | Feb-2020 | Approved by Board |
| v2 | April 2021 | Amendments to eligibility for RPE and RPE application outcomes |
| v3 | Dec 2021 | Amendments to RPE outcomes |