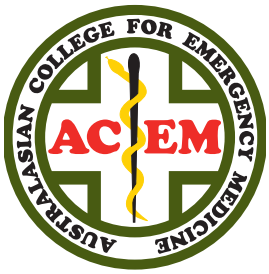
Reaccreditation Submission to the Australian Medical Council and the Medical Council of New Zealand

June 2017



Australasian College for Emergency Medicine
34 Jeffcott Street
West Melbourne VIC 3003

t +61 3 9320 0444
f +61 3 9320 0400
e admin@acem.org.au
w acem.org.au

Table of contents

Index of tables

Index of figures

Index of appendices

Appendix 1.6.1	Board Discussion Paper: Health Consumer and Jurisdictional Representation on ACEM Entities, December 2016
Appendix 1.6.2	Discrimination, Bullying and Harassment Project Proposal
Appendix 1.6.3	Indigenous Health Subcommittee Terms of Reference
Appendix 1.6.4	ACEM Foundation Terms of Reference
Appendix 1.6.5	ACEM Innovate Reconciliation Action Plan
Appendix 1.6.6	Reconciliation Action Plan Steering Group Terms of Reference
Appendix 1.6.7	Reconciliation Action Plan Launch Ceremony, March 2017
Appendix 1.6.8	ACEM Briefing Paper for Australian Indigenous Doctors Association and Te Ora, February 2017
Appendix 1.6.9	Position Description: Community Representatives
Appendix 1.6.10	Policy on the Appointment and Remuneration of Community Representatives
Appendix 1.6.11	National Program Steering Committee Terms of Reference
Appendix 1.6.12	Emergency Medicine Education and Training Program Activities
Appendix 2.2.1	ACEM Curriculum Framework
Appendix 2.2.2	Emergency Medicine Certificate and Diploma Curriculum Document
Appendix 3.1.1	List of stakeholders from which views are likely to be sought in relation to the ACEM Curriculum Framework
Appendix 3.2.1	Recognition of Prior Learning and Credit Transfer Policy
Appendix 3.3.1	RPL/CT Proposals approved by the Council of Education, April 2017
Appendix 3.4.1	Currently approved Category A placements
Appendix 3.4.2	FACEM Training Program Handbook
Appendix 4.1.1	FACEM Training Program learning activities mapped to the ACEM Curriculum Framework
Appendix 4.1.2	ACEM Educational Resources Strategic Plan 2017 – 2018
Appendix 5.2.1	Global Blueprint of Assessment Activities to the ACEM Curriculum Framework
Appendix 5.2.2	Blueprinting Maps: trainee (graduate) outcomes to individual assessment requirements
Appendix 5.2.3	In-Training Assessment Form
Appendix 5.2.4	Structured Reference Form
Appendix 5.2.5	Primary Examination Written – Candidate Handbook
Appendix 5.2.6	Primary Examination Clinical (Viva) – Candidate Handbook
Appendix 5.2.7	Fellowship Examination Written – Candidate Handbook
Appendix 5.2.8	Fellowship Examination Clinical (OSCE) – Candidate Handbook
Appendix 5.2.9	Trainee Research Requirement Policy
Appendix 5.3.1	Sample feedback letters: WBA Panel outcomes
Appendix 5.3.2	Sample feedback letter: Fellowship Written Examination
Appendix 5.3.3	Sample feedback letter: Fellowship Clinical Examination
Appendix 5.3.4	Former Trainee Re-enrolment Policy
Appendix 5.3.5	Progression and Remediation Policy
Appendix 5.3.6	Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy
Appendix 5.4.1	ACEM Education and Training Evaluation Framework
Appendix 5.4.2	Examiner Briefing – Unconscious bias, May 2017
Appendix 5.4.3	Expert Advisory Group on Discrimination Terms of Reference

Appendix 6.1.1	A Review of the Emergency Medicine Certificate and Diploma Program, September 2016
Appendix 6.1.2	2016 FACEM Trainee Placement Survey – ED Placements (New Zealand)
Appendix 6.1.3	2016 FACEM Trainee Placement Survey – Non-ED Placements (New Zealand)
Appendix 6.1.4	2016 FACEM Trainee Placement Survey – ED Placements (Australia)
Appendix 6.1.5	2016 FACEM Trainee Placement Survey – Non-ED Placements (Australia)
Appendix 6.1.6	2016 DEMT Survey (New Zealand)
Appendix 6.1.7	2016 DEMT Survey (Australia)
Appendix 6.1.8	2016 Annual Site Census
Appendix 6.1.9	2016 New FACEM Early Career Survey
Appendix 6.1.10	2016 Withdrawal from Training Survey
Appendix 6.1.11	2016 ACEM Workforce Sustainability Survey
Appendix 6.2.1	2016 FACEM Trainee Placement Survey Evaluation Report – ED Placements
Appendix 6.2.2	2016 FACEM Trainee Placement Survey Evaluation Report – Non-ED Placements
Appendix 6.2.3	2016 DEMT Survey Evaluation Report
Appendix 6.2.4	2016 Annual Site Census Evaluation Report
Appendix 6.2.5	2016 New-FACEM Early Career Survey Evaluation Report
Appendix 6.2.6	Critical Care Consultation Paper
Appendix 6.2.7	Critical Care Consultation Stakeholders
Appendix 6.2.8	Overseas Trained Specialist Assessment Pathway Evaluation Report, June 2015
Appendix 6.2.9	EMET Program Evaluation – Interim Report
Appendix 6.2.10	EMET Program Extended Evaluation Report
Appendix 6.3.1	ACEM Risk Register, May 2017
Appendix 7.1.1	Selection into Fellowship Training Working Group Terms of Reference
Appendix 7.1.2	Selection into Fellowship Training Working Group – Timeline of Activities
Appendix 7.1.3	Selection into Fellowship Training Consultation Paper
Appendix 7.1.4	Selection into Fellowship Training Consultation Stakeholders
Appendix 7.2.1	Trainee Committee Terms of Reference
Appendix 7.2.2	Trainee Orientation Day Schedule, 28 March 2017
Appendix 7.3.1	Trainee News – Topics of focus, May 2016 – May 2017
Appendix 7.4.1	ACEM Trainee Agreement
Appendix 7.4.2	Discrimination, Bullying and Sexual Harassment Policy
Appendix 7.4.3	Procedures for Resolving Discrimination, Bullying and Sexual Harassment Complaints
Appendix 7.4.4	Supporting Trainees in Difficulty Policy
Appendix 7.4.5	Whistleblower Policy
Appendix 7.4.6	Complaints Policy
Appendix 7.4.7	Position Description: ACEM Trainee Advocate
Appendix 8.1.1	Position Description: Director of Emergency Medicine Training
Appendix 8.1.2	Position Description: Local WBA Coordinator
Appendix 8.1.3	Sample program: ACEM DEMT/Local WBA Coordinator Workshop
Appendix 8.1.4	Orientation to the Court of Examiners Handbook

Appendix 8.1.5	Examiners Bulletin, 2017
Appendix 8.2.1	ACEM Accreditation Requirements – Consultation Stakeholders
Appendix 8.2.2	ACEM Accreditation Requirements – Consultation Feedback Summary
Appendix 8.2.3	ACEM Accreditation Requirements for Emergency Medicine Specialist Training Providers
Appendix 8.2.4	Process Guide – ACEM Specialist Training Program Site Accreditation
Appendix 9.1.1	Evolution of the ACEM CPD Program
Appendix 9.1.2	Medical Revalidation Project Working Group Terms of Reference
Appendix 9.1.3	ACEM Response to the MBA Revalidation Consultation Paper
Appendix 9.1.4	ACEM Accredited Activity Evaluation form
Appendix 9.1.5	Non-Specialist CPD Working Group proposal, March 2017
Appendix 9.1.6	Renewal of Fellowship Declaration
Appendix 9.1.7	Election to Fellowship Declaration
Appendix 9.2.1	Policy on Re-Entry to Practice Following a Period of Absence
Appendix 10.1.1	Policy on the Assessment of Specialist International Medical Graduates in Australia
Appendix 10.1.2	Policy on the Assessment of Specialist International Medical Graduates in New Zealand
Appendix 10.1.3	Guidelines for Area of Need Assessment
Appendix 10.2.1	SIMG Trainee In-Training Assessment
Appendix 10.2.2	SIMG Performance Assessment Report
Appendix 10.3.1	Guidelines for Assessing SIMG Research Experience
Appendix 10.3.2	SIMG Assessment Guidelines for Determining Duration of Oversight or Training
Appendix 10.3.3	Report to the Medical Board of Australia – 2016 Specialist pathway applications

Glossary of terms

ACCC	Australian Competition and Consumer Commission
ACEM	Australasian College for Emergency Medicine
ACME	Advanced and Complex Medical Emergency (Course)
ACRRM	Australian College of Rural and Remote Medicine
ACT	Australian Capital Territory
AGM	Annual General Meeting
AHMAC	Australian Health Ministers' Advisory Council
AHPRA	Australian Health Practitioner Regulation Agency
AHWOC	Australian Health Workforce Officials Committee
AIDA	Australian Indigenous Doctors Association
AMC	Australian Medical Council
AMP	Audit of Medical Practice
ANZCA	Australian and New Zealand College of Anaesthetists
AoN	Area of Need
APLS	Advanced Paediatric Life Support
ASEM	Australasian Society for Emergency Medicine
ASGS	Australian Statistical Geography Standard
ASM	Annual Scientific Meeting
AT	Advanced Training
BT	Basic Training
CAPP	Council of Advocacy, Practice and Partnerships
CCR	Critical Care Requirement
CEO	Chief Executive Officer
CIC	Censor-in-Chief
CICM	College of Intensive Care Medicine
CJCT PEM	Committee for Joint College Training in Paediatric Emergency Medicine
CMC	Council of Medical Colleges
CME	Continuing Medical Education
CMO	Career Medical Officer
COE	Council of Education
COI	Conflict of Interest
CPD	Continuing Professional Development
CPMC	Council of Presidents of Medical Colleges
CRP	Curriculum Revision Project
CT	Credit Transfer
DCIC	Deputy Censor-in-Chief
DEM	Director of Emergency Medicine
DEMT	Director of Emergency Medicine Training
DHB	District Health Board

DoH	Department of Health
DPHRM	Diploma in Pre-hospital and Retrieval Medicine
EAG	Expert Advisory Group
EAP	Employee Assistance Program
ED	Emergency Department
ELS	Emergency Life Support (Course)
ELT	Executive Leadership Team
EM	Emergency Medicine
EMA	Emergency Medicine Australasia (Journal)
EMC	Emergency Medicine Certificate
EMD	Emergency Medicine Diploma
EMER	Emergency Medicine Events Register
EMET	Emergency Medicine Education and Training (Program)
EMP	Emergency Medicine Program
EMS	Emergency Management Systems
EMST	Early Management of Severe Trauma (Course)
FACEM	Fellow of the Australasian College for Emergency Medicine
FTE	Full Time Equivalent
FY	Financial Year
GMC	General Medical Council
GP	General Practitioner
HETI	Health Education & Training Institute
HIQ	Hospital Information Questionnaire
HWPC	Health Workforce Principal Committee
ICEM	International Conference on Emergency Medicine
ICM	Intensive Care Medicine
ICT	Information and Communications Technology
ICU	Intensive Care Unit
IFEM	International Federation for Emergency Medicine
IHCC	Indigenous Health and Cultural Competence
IHPA	Independent Hospital Pricing Authority
IMG	International Medical Graduate
IRTP	Integrated Rural Training Pipeline
ITA	In-training Assessment
JCCEM	Joint Consultative Committee on Emergency Medicine
JTP	Joint Training Program
LIME	Leaders in Indigenous Medical Education
LNA	Learning Needs Analysis
MBA	Medical Board of Australia
MCNZ	Medical Council of New Zealand
MCQ	Multiple Choice Question
MedSAC	Medical School Accreditation Committee
MO	Medical Officer

NMTAN	National Medical Training Advisory Network
NPSC	National Program Steering Committee
NRAS	National Registration and Accreditation Scheme
NSTC	Non-Specialist Training Committee
NSW	New South Wales
NT	Northern Territory
NTC	National Test Centre
NZ	New Zealand
NZMoH	New Zealand Ministry of Health
OSCE	Objective Structured Clinical Examination
OTS	Overseas Trained Specialist
PEM	Paediatric Emergency Medicine
PGY	Post Graduate Year
PHRM	Pre-hospital and Retrieval Medicine
PRIDoC	Pacific Region Indigenous Doctors Congress
PSE	Peer Support Examiner
PSO	Program Support Officer
PT	Provisional Training
QLD	Queensland
RA	Remoteness Area
RACGP	Royal Australian College of General Practitioners
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCR	Royal Australian and New Zealand College of Radiologists
RAP	Reconciliation Action Plan
RCEM	Royal College of Emergency Medicine
RHCE	Rural Health Continuing Education
RPL	Recognition of Prior Learning
RPR	Regular Practice Review
SA	South Australia
SAQ	Short Answer Question
SCQ	Select Choice Question
SEAC	Specialist Education Accreditation Committee
SEM	Standard Error of Measurement
SIFT	Selection Into Fellowship Training
SIG	Special Interest Group
SIMG	Specialist International Medical Graduate
SR	Structured Reference
SST	Special Skills Term
STAC	Specialist Training and Assessment Committee
STP	Specialist Training Program

TARWG	Training and Assessment Review Working Group
TAS	Tasmania
THAP	Tasmanian Health Assistance Program
ToRs	Terms of Reference
TSC	Trainee Selection Committee
VAQ	Visual Aid Question
VEAB	Vocational Educational and Advisory Body
VIC	Victoria
VMO	Visiting Medical Officer
WA	Western Australia
WBA	Workplace-based Assessment(s)

College details

College Name	**Australasian College for Emergency Medicine**
Address	34 Jeffcott Street WEST MELBOURNE VIC 3003
Chief Executive Officer	Dr Peter White
Telephone number	+61 3 9320 0444
Email	Peter.White@acem.org.au
Officer to contact concerning the report	Georgina Anderson
Telephone number	+61 3 9320 0411
Email	Georgina.Anderson@acem.org.au
Address in New Zealand	PO Box 25 110, Featherston Street WELLINGTON 6146
New Zealand Contact Officer	Leanne Shuttleworth
Telephone number	+64 4 473 0008
Email	Leanne.Shuttleworth@acem.org.au

Specialist medical programs offered

The Australasian College for Emergency Medicine (ACEM; the College) offers a training program leading to the award of *Fellowship of the Australasian College for Emergency Medicine* (FACEM). Completion of this program 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 Medical Board of Australia (MBA), as well as registration within the *vocational scope of emergency medicine* by the Medical Council of New Zealand (MCNZ).

Candidates training toward the award of FACEM may also undertake a dual training pathway in Emergency Medicine and Intensive Care Medicine in conjunction with the *College of Intensive Care Medicine* (CICM), or a joint training program in conjunction with the *Royal Australasian College of Physicians* (RACP) in Paediatric Emergency Medicine.

There are no training programs offered by the College that are considered to be formal subspecialty qualifications and neither the MBA, nor the MCNZ, recognise any subspecialty associated with the specialty/vocational scope of practice of emergency medicine.

The College also offers training programs leading to the awarding of a *Certificate in Emergency Medicine* (Cert EM (ACEM); EMC) and a *Diploma in Emergency Medicine* (Dip EM (ACEM); EMD).

The College is currently developing a training program in the area of *Pre-hospital and Retrieval Medicine* (PHRM), which will lead to a Diploma qualification (Dip PHRM) that would be awarded by a consortium of colleges[1] under a conjoint arrangement hosted by ACEM.

1 ACEM, *Australian and New Zealand College of Anaesthetists* (ANZCA), *Australian College of Rural and Remote Medicine* (ACRRM), CICM, RACP

Executive summary

Formed in 1983, ACEM is the peak professional body for the medical specialty of Emergency Medicine in Australia and New Zealand. Fellowship of the College, awarded following completion of the College's specialist-level training program, is accepted by the MBA and the MCNZ as the qualification that renders holders potentially eligible for recognition as a specialist medical practitioner in emergency medicine in both jurisdictions.

The College is a not-for-profit organisation recognised as a registered charity for the purposes of the relevant acts in Australia and New Zealand. It is governed by a Board that consists of nine members (six FACEM members, one FACEM Training Program trainee and two community members with specific skill sets).

Under powers provided through the College Constitution, relevant Regulations and Charters, two Councils possess delegated authority for a range of matters. The *Council of Advocacy, Practice and Partnerships* (CAPP) progresses issues regarding national and international advocacy and policy, and collaboration with stakeholders in areas such as workforce and research. The *Council of Education* (COE) oversees the College's education and training programs and activities.

Each of these three 'governing' bodies has a number of entities reporting to them that undertake specific functions according to prescribed Terms of Reference.

The College currently has five membership categories that correspond to a total of 2,410 members, including 2,308 Fellows in active medical practice, 20 Retired Fellows and five Honorary Fellows. In addition, of the many doctors that have completed the ACEM Certificate or Diploma in Emergency Medicine, 61 Certificants and 16 Diplomates have elected to become members of the College in the relevant category.

Additionally, there are 2,384 trainees enrolled in the FACEM Training Program, 475 candidates enrolled in the Emergency Medicine Certificate program, and 70 candidates enrolled in the Emergency Medicine Diploma program, as well as 58 *Specialist International Medical Graduates* (SIMGs) who have been assessed by the College through the pathways of the MBA and MCNZ, and who are working to complete the requirements to attain eligibility for Fellowship of the College. Thus, a total of 5,397 clinicians are recognised as formally interacting with the College and its programs.

ACEM is responsible for training emergency physicians and the advancement of professional standards in emergency medicine in Australia and New Zealand. The College is committed to playing its part in ensuring the highest standards of medical care are maintained in emergency departments across Australia and New Zealand. ACEM has a range of mechanisms to ensure that its training and education programs reflect not only the latest evidence-based clinical practice, but also community standards and expectations.

The work of the College is progressed through collaborations between a significant number of clinicians, who volunteer their time on a pro-bono basis, as well as others, along with the professional staff employed at the College. The result is a partnership approach that enables the work of the College to be progressed and its objectives met.

The College in Context

The activities of ACEM as outlined in this document are best appreciated in the context of a provider of postgraduate vocational medical education and training (specialist College) evolving into a mature organisation that can deliver its functions and activities in the contemporary environment, aware of its responsibilities and the expectations of stakeholders.

As such, the previous full accreditation of ACEM in 2007 can best be considered as the end point of one stage of its evolution, where the functions of the College had been established and consolidated to some extent, in the context of the environment at that time.

Activities and developments since 2007 through until the submission of the 2015 Progress Report can be considered a subsequent stage, during which the College underwent considerable change in response to a changing environment, including a revised governance model and the move to an expanded infrastructure to accommodate that change.

The current stage of evolution recognises that the specialist medical colleges are organisations that must conduct activities and take decisions that cannot be fully considered in isolation from the perspectives of stakeholders operating within the organisation, as well as in the external environment.

Accordingly, ACEM is now taking the view that it must operate as an outward-looking organisation that seeks to be informed by collaboration and consultation. As such, the College is taking steps to ensure that it is proactive in its discussions with jurisdictions and agencies in regard to complex matters such as workforce, as well as widening the membership of its entities to ensure that the necessary breadth of stakeholder input is available to enable informed decision-making.

Cognisant of the contemporary culture regarding improved care of Indigenous populations, the College continues to commit significant resources and efforts to ensure that the voices of Indigenous populations in Australia and New Zealand are heard. The College also continues to develop initiatives that address issues relating to access to high quality medical services and to provide support in vocational medical education and training for Indigenous populations. ACEM is currently working with stakeholders in both jurisdictions, such as the *Australian Indigenous Doctors Association* (AIDA) and *Te Ohu Rata Aotearoa* (Māori Medical Practitioners Association; Te Ora) to develop pathways and support mechanisms for increased numbers of Indigenous doctors to be trained to deliver high quality emergency medical care.

The College also recognises there are issues in regard to the ability of other community groups to access high quality health care. In both Australia and New Zealand, rural and remote regions experience reduced access to health care due to a maldistribution of the medical workforce. This is a significant and long-standing concern and the College is committed to continuing working with jurisdictional bodies to find solutions that contribute to equitable access to health care.

ACEM has proactively worked to improve emergency medical education in rural and regional areas in Australia. Through the Australian Government Department of Health's *Emergency Medical Program* (EMP), the College has developed and delivered the *Emergency Medicine Education and Training* (EMET) Program to up-skill health care workers in rural and regional areas without specialist emergency medical care. Similarly, the *Specialist Training Program* (STP) has afforded opportunities to increase the range of settings in which FACEM training can be offered.

In relation to both Australia and New Zealand, the College is currently considering future requirements in terms of how trainees are selected to enter FACEM training, how best to encourage rural and regional training, and whether the number of trainees entering the FACEM Training Program on an annual basis can be sustained. ACEM is holding discussions with the bodies responsible for the delivery of health services, predicated on the basis of what the College can do to assist with training and ongoing professional development to create an emergency medicine workforce that is highly trained and meets the needs of the populations that they serve.

Major Development since 2007

Two major developments since the last full accreditation of ACEM are the review of College governance arrangements, the results of which were implemented in July 2014, and the *Curriculum Revision Project* (CRP), which evolved from the work of the *Training and Assessment Review Working Group* (TARWG).

This work was conducted over the period 2012 to 2015 and resulted in revisions to the FACEM Training Program that are represented by the current iteration of the program, which commenced in December 2014.

Central to the CRP was the development of the *ACEM Curriculum Framework*, based on the CanMEDS Framework, involving the description of program and graduate outcomes for a graduating Emergency Medicine physician, according to eight *domains*, and a range of *topics* and *sub-topics*.

The Framework underpins a training program that is outcomes-based, and involves the completion of practice-based clinical terms designed to ensure that the competencies for practice at specialist (FACEM) level are held by a graduating trainee. The training program involves a *Provisional Training* (PT) stage, followed by an *Advanced Training* (AT) stage, with progression dependent on a set of defined assessment requirements.

Assessment in the FACEM Training Program includes a significant component of performance-based assessment through *Workplace-based Assessments* (WBAs). In particular, the Advanced Training stage of the FACEM Training Program has a program of specific *Emergency Medicine WBAs* (EM-WBAs) that must be completed by trainees on a regular basis. These assessments are considered to serve both a formative and a summative purpose.

The program of EM-WBAs has been operating now for two years, with a high likelihood that the suite of assessments will be extended to Provisional Training. WBAs do, however, require considerable resources and streamlining the administrative requirements to ensure that the program is conducted efficiently and effectively is a priority for the College. The investment by the College in the necessary *Information and Communications Technology* (ICT) required to accomplish this has been significant to date, and ongoing investment will likely be needed.

The FACEM Training Program is acknowledged as being relatively complex in terms of its requirements and structure. While the program provides significant flexibility for trainees, both in terms of the ability to undertake part-time training and the range of additional disciplines that trainees can experience during training, experience with the program in the time that it has been running has revealed aspects of the program that do require review.

The most obvious example is matching the underpinning ACEM Curriculum Framework to the training program in practice. While the Framework has enabled articulation and organisation of program outcomes and graduate outcomes within a formal structure comprising four distinct stages, the alignment of that structure with the training program in practice does require further development to ensure that specific outcomes associated with a defined stage of training during the program as defined in the ACEM Curriculum Framework are achieved by trainees.

The College will conduct a review of the structure of the FACEM Training Program, guided by information received to date during the second half of 2017 to inform improvements to the program. This is in addition to a scheduled review of the ACEM Curriculum Framework that is currently underway, and which is intended to ensure that the Framework remains fit for purpose from the perspective of internal College stakeholders, as well as external stakeholders, including jurisdictions and consumers.

A Focus on Continual Improvement

Both the ACEM membership and staff are committed to ensuring that the College is progressed through continual improvement in accordance with its Constitutional Objectives and the requirements of regulatory bodies. Where possible this improvement should be informed by quality data obtained from well-designed monitoring and evaluation activities.

The monitoring and evaluation of the FACEM Training Program is underpinned by the *ACEM Education and Training Evaluation Framework*, where several formal activities are combined to yield longitudinal data that can inform quality improvements to the program. Whilst acknowledging that the activities under the Framework are not yet at the stage where they can be said to form a mature evaluation system, the program has commenced and ensuring that the appropriate resources are in place to ensure effective institutionalisation of this work is a priority activity for the College *Executive Leadership Team* (ELT).

The College has the capacity to undertake regular evaluation of all of its activities, and recognises that both formal and informal monitoring and evaluation has the capacity to provide improvement opportunities; the College currently utilises both approaches to inform its quality improvement activities.

Trainees and Safe Working Environments

The College is acutely aware of its responsibility to its trainees and has robust policies and procedures in place to address complaints and reconsideration, review and appeal of College decisions. The College strives to ensure that procedural fairness and natural justice are afforded to any party who feels aggrieved by a College decision.

Recognition of prior learning (RPL)/*credit transfer* (CT) is available to trainees entering the FACEM Training Program. Recent work has resulted in a pathway for trainees who undertake the FACEM Training Program, but who are unable to satisfactorily complete the requirements of the program and attain Fellowship, to apply for the award of the Certificate or Diploma qualification and membership of the College as a *Certificant* or *Diplomate*, respectively, or to do so upon completion of significantly reduced program requirements.

Concurrently, ACEM is introducing policies to ensure that candidates who have completed the EMC and/or EMD programs, and who gain entry to the FACEM Training Program, are able to apply for RPL/CT when entering the FACEM Training Program.

Training sites in the FACEM Training Program are subject to accreditation via a set of requirements that have been recently revised and which are now aligned to the outcomes of the *Accreditation of Specialist Medical Training Sites Project* (2011 – 2014) conducted by the *Australian Health Ministers' Advisory Council* (AHMAC). Finalised following widespread stakeholder consultation, the new requirements are designed to ensure that FACEM trainees are provided with the necessary support and resources to enable them to better meet the requirements of the training program in a safe environment, and also to assist sites in their role as providers of the hands-on experience necessary for training.

ACEM is cognisant of the outcomes of the work concerning *Discrimination, Bullying and Sexual Harassment* (DBSH) conducted by the *Royal Australasian College of Surgeons* (RACS) and replicated by some other colleges. The College is currently conducting its own data collection and analysis of the prevalence of DBSH in the specialty, utilising a variation of the survey instrument employed by RACS, and conducted by the same third party provider engaged by RACS. This is recognised as Phase 1 of a larger project that will then use the data obtained to formulate an action plan to address this issue with the emergency medicine community, the organisations in which they work and the communities that they serve.

The College is clear that no aspect of discrimination, bullying or harassment has any place in the provision of health care services or in the provision of training and education in health care. The College has developed policies and procedures to address instances where this is reported, including providing access to an *Employee Assistance Program* (EAP) for the benefit of those members, trainees and staff who feel the need to avail themselves of such services.

To this end, the College was extremely concerned to learn that some trainees consider the Fellowship Clinical Examination, introduced in 2015 as part of the 'revised' FACEM Training Program, to be biased against some trainees on the basis of characteristics associated with race. While the College is confident there is no overt, systemic discrimination associated with this, or any other individual ACEM assessment, or the program more broadly, the need to address the concerns openly and rapidly was recognised, with the College Board appointing an *Expert Advisory Group* (EAG) to investigate the matter.

The work of the EAG is in progress, with an interim report due to be submitted for consideration by the College Board at its meeting in June 2017. The conduct of further work by the EAG will be dependent on the findings and recommendations presented in this report. It is realised that there will likely be overlap between the EAG findings and the work of the Steering Group associated with Phase 2 of the College DBSH Project. This project was underway prior to receipt by the College of the complaint associated with the clinical examination.

The College is and will remain committed to ensuring that its activities are, as far as is possible, free from the prevalence and perception of DBSH, and that the training and practice of emergency medicine is undertaken in safe, high quality environments. Accordingly, the College supports fully the work of the EAG and will welcome its findings and recommendations.

Ongoing Education and Public Accountability

The College strives to remain aware of developments in the environment in which it conducts its activities, and the implications for its members and trainees. This includes those relating to the ongoing maintenance of clinical skills (in the wider sense) of its members. Accordingly, the College conducts a *Continuing Professional Development* (CPD) program for its Fellows that meets the requirements of the relevant regulatory bodies (MBA and MCNZ). The CPD program is compulsory for the maintenance of Fellowship of the College.

It is available to those who are not ACEM Fellows, but who wish to participate in the program, for example, medical practitioners registered in the vocational scope of Emergency Medicine in New Zealand, but who do not hold College Fellowship.

The College monitors the participation of individuals in the program and their completion of annual and cyclic (three-year) requirements. The potential consequences of non-compliance with the program are clearly outlined in College regulations, and both participation in the program and satisfactory completion of the requirements as demonstrated through random audit are consistently extremely high. Data obtained through random audit indicates that both participation in the program and satisfactory completion of the requirements are consistently extremely high. The College is committed to ongoing development of the program to ensure that it continues to meet the requirements of regulatory bodies, as well as offering a valuable program of ongoing educational activities for Fellows and other participants.

Recognising that its responsibilities to the profession and the community extend to all who have completed its training programs, the College has recently introduced mandatory recertification requirements for holders of the College Certificate and Diploma who wish to be recognised as College members and maintain the right to utilise the postnominals associated with each of the awards. This is an example of the evolution of programs for the benefit of all concerned, in that early completers of the two programs were awarded the qualification, along with use of the associated postnominals, without the need for any ongoing certification through the College or other organisation.

Regulations adopted by the College during 2016 have ensured that anyone who now completes either of the two programs and who wishes to be recognised as a holder of the qualifications on an ongoing basis must become either a *Certificant* or *Diplomate* member of the College and complete the necessary ongoing College recertification (CPD) requirements.

In summary

As considerable efforts are made to consolidate the work that has taken place over many years and move the College to a defining stage in its evolution, this is a time of significant opportunity for ACEM and those involved with the College.

Through this submission the College is pleased to be able to communicate the range of activities that it now undertakes on behalf of its members, trainees, the wider health care professions and the community to provide high quality emergency medical care in Australia and New Zealand, as well as internationally.

There is much described in this submission where the College views its work as being at a standard that satisfies clearly the requirements set out in the relevant accreditation standards. There are aspects also where work is in progress that will result in requirements of some standards being met in short-term timeframes, and there are aspects where the final shape of College activities will be the result of interactions with stakeholders that are in progress, or which are yet to occur and in which the College may play a significant or relatively minor role.

Regardless, the College welcomes the opportunity for an objective, external appraisal of its activities through the context of the accreditation standards prescribed by the *Australian Medical Council* (AMC) and the MCNZ and to working with the members of the accreditation team appointed to conduct the assessment of the College based on these standards.

Background

The education and training programs of ACEM were first reviewed and accredited by the AMC in 2007. The College subsequently provided annual reports on progress against recommendations identified in that accreditation process, along with updates on its continuous improvement activities, and plans and challenges in providing emergency medicine training and professional development in Australia and New Zealand.

In 2013, the College provided a Comprehensive Report and, as a result, the accreditation of the specialist (FACEM) training program in emergency medicine and the continuing professional development program of the College was extended by two years, to 31 December 2015. In 2015, the College's accreditation was extended to 31 March 2018.

In March 2016 the College submitted its final Progress Report before the reaccreditation process that is the subject of this submission, describing developments in relation to the College's activities during the period since the previous Progress Report (April 2015 to March 2016). The report also outlined what the College considered to be areas of strength and of challenge in relation to the recently revised Accreditation Standards, in the context of identifying foci for the 2017 reaccreditation process. The College commented at the time[2]:

> *In summary, the College sees the following as matters that will occupy significant time and resources in the foreseeable future in order for significant internal and external stakeholders to be confident that it has successfully navigated the stage of organisational evolution considered necessary for the College to consolidate recent developments and educational improvements, and to fully prepare itself for the next stage of its development.*

The 'matters' referred to above were as listed below.

- Effective finalisation of revisions to the FACEM Training Program introduced at the commencement of the 2015 training year, followed by review of the program scheduled as part of the CRP.
- Further developments of the College's examinations to ensure that advances in ICT are harnessed to enable best practice examinations to be delivered.
- Operation of the recently constituted *Specialist Training and Assessment Committee* (STAC) to guide a more coordinated approach across entities with responsibility for various aspects of education and training relating to the FACEM Training Program.
- Further development of the College's online portal to enable effective and efficient administration of the FACEM Training Program, with clear, real-time training information available to trainees and supervisors, as well as expanded reporting facilities available to College members and staff to enable timely decision-making and subsequent reporting.
- The development and implementation of an improved coordinated approach to evaluation of College training programs to guide program improvement.
- The development and implementation of an improved coordinated approach to College communication with both internal and external stakeholders.
- Greater interaction with jurisdictional health agencies by key College personnel and office holders as a result of greater coordination of related activities and interaction of the 'Central' College and regional faculties.
- Completion of an evaluation of the College's Certificate and Diploma programs in order to best meet the needs of medical practitioners and communities, including consideration of appropriate and effective methods of ensuring articulation of these programs with the FACEM Training Program in terms of RPL and CT.

2 ACEM Progress Report to the Australian Medical Council and the Medical Council of New Zealand – March 2016, p. 1

- Continued development of the College's CPD program in the context of activities and resources that are of clear relevance to the Fellowship, with a specific focus on recertification/revalidation requirements of the MBA and the MCNZ.
- Continued development and embedding of the College's processes for assessing SIMGs in Emergency Medicine.
- Evolution of the College's governance arrangements in relation to the inclusion of non-specialist doctors working in emergency medicine settings through the articulation and implementation of membership arrangements (including recertification arrangements) for medical practitioners completing the College's Certificate and Diploma programs.
- Development and implementation of arrangements to acknowledge areas of clinical practice identified as requiring possession of advanced skills at a certifiable level over and above those normally held by a FACEM.
- The ongoing conduct of programs and projects, either internally- or externally-funded, considered to add value to medical practitioners in the context of producing an emergency medicine workforce that enables access to safe, high quality services for the communities of Australia and New Zealand.

The period between the submission of that document and now has seen little change in the priorities of the College as outlined above, the list reflecting matters that arise as a result of major activities undertaken since the 2007 accreditation of the College (e.g. Governance Review and the CRP, as well as those that reflect the evolution of the College as an entity conducting its activities according to contemporary standards, and the evolution of those standards and the associated expectations.

The College is acutely aware of and is working toward achieving the priority activities to ensure that it continues to evolve and mature as an organisation – conducting the functions that contribute to the achievement of its objectives for the community good.

The submission acknowledges the work in progress and the associated challenges faced by the College. These are articulated within the context of the way the College has developed over time and the way in which it has adapted, and continues to adapt, to the changing environment in which it conducts its activities. The College continues to advance its core purpose; the training, assessment and ongoing development of skilled medical practitioners in the specialty field of emergency medicine for the benefit of the communities that they serve.

Introduction

The Evolution of Emergency Medicine

Since its inception in 1991, the *International Federation for Emergency Medicine* (IFEM) has defined the practice of emergency medicine as follows[3]:

> *Emergency medicine is a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of episodic undifferentiated physical and behavioural disorders; it further encompasses an understanding of the development of prehospital and inhospital emergency medical systems and the skills necessary for this development.*

This is the definition accepted by the College and is reflected in the definition of the vocational scope of practice of Emergency Medicine offered by the MCNZ[4].

Additionally, it has been noted[5] that:

> *Rather than being defined by a particular organ system, body part, investigation or treatment, the practice of emergency medicine is defined and determined by the environment in which that care is delivered, as well as the acuity of the presenting medical condition and the urgency of its management. This means that the practice of emergency medicine is very broad, encompassing aspects of every other medical and surgical discipline, but with defined limits on where and when care begins and ends. This does give emergency medicine some similarities with other critical care disciplines, such as intensive care, but also with generalist disciplines such as general practice.*

The submission provided by the College for its initial accreditation by the AMC in 2007 provided an overview of the development of emergency medicine and the College to that time, and this is reproduced below.[6]

> *Emergency Medicine developed in the United States, United Kingdom, Canada and Australasia out of the need to provide acute, episodic and urgent care to patients presenting to hospitals. While some of its origins date back to the 19th Century, emergency medicine as a specialty dates back to the 1950's (sic.) and 1960's (sic.). The Korean and Vietnam wars demonstrated the improvement in outcomes following acute injury and illness that could be achieved with timely and organised medical care as part of a facility. As doctors, nurses and medics returned from their military duty, they started applying their knowledge and experience to the civil environment. The rapidly developing complexity and sophistication of medical care also demonstrated the need for organised acute care. This paralleled the development of more expert and sophisticated pre-hospital systems in these countries.*
>
> *Whilst this care was initially provided entirely by part-time or casual staff and junior medical officers, the need for full time staff in the area became apparent. In Australia, the first "Casualty Supervisor" was appointed at Geelong Hospital in 1967. Also in 1967, the Casualty Surgeons Association was established in the UK, and in 1968, a small group of doctors in the US Midwest who saw the need for the discipline to become a specialty in its own right formed the American College of Emergency Physicians. The Canadian Association of Emergency Physicians was created in 1978.*
>
> *Various state-based emergency medicine societies developed in Australia in the 1970's (sic.). In 1981, these societies merged to form the Australasian Society for Emergency Medicine (ASEM). Almost immediately, it was recognised that furthering the specialty needed a formal training and*

3 https://www.ifem.cc/about-us (accessed 9 June 2017)

4 https://www.mcnz.org.nz/get-registered/scopes-of-practice/vocational-registration/types-of-vocational-scope/emergency-medicine/ (accessed 9 June 2017)

5 Submission for Accreditation – Australian Medical Council 2006, Australasian College for Emergency Medicine, p. 11

6 ibid. pp. 1 – 2

examination program, requiring the formation of a College. After initial discussions with the Royal Australasian College of Surgeons and the Royal Australasian College of Physicians on the possibility of a joint Faculty of Emergency Medicine, it was decided that an independent College was necessary if developments were to move at the pace required. With the support and assistance of a number of organisations, including the American College of Emergency Physicians, the Australasian College for Emergency Medicine (ACEM) was formed in 1983 at the 4th Annual General and Scientific Meeting of ASEM at Surfers Paradise in Queensland. There were 67 Foundation Fellows. Dr Tom Hamilton, the Foundation President of ASEM, became the Foundation President of ACEM. The Society continues to this day, though ACEM broke formal ties with them in 2002[7].

The first Primary Examination was held by ACEM in 1985 in Melbourne. This was followed by the first Fellowship Examination in 1986 in Sydney. Seven of 14 candidates passed, and included a number of trailblazers, including the first Fellow by Examination to become President of the College, one of the first full-time academics in emergency medicine in Australia and first Editor-in-Chief of the Society's and College's journal, and one of the first emergency physicians employed outside a state capital city.

The College applied to the National Specialist Qualification Advisory Committee (NSQAC) in 1987 for recognition of emergency medicine as a principal specialty. This was rejected by both NSQAC and the established Colleges. In spite of this, FACEMs were employed as staff specialists by most state health departments and New Zealand District Health Boards. A second application to NSQAC in 1991 was ultimately successful, and emergency medicine was recognised as a principal specialty in 1993.

In 1989, ASEM began producing the newsletter, "Emergency Doctor". This developed further in 1990 into a journal owned jointly by ASEM and ACEM, titled "Emergency Medicine". This is now known as "Emergency Medicine Australasia", and is included in Index Medicus.

ACEM is an incorporated educational institution whose prime objective is the training and examination of specialist emergency physicians for Australia and New Zealand. From its 67 Foundation Fellows, ACEM now has 894 Fellows across Australia, New Zealand and other countries. The Fellowship is 25% female, and the relative youth of the specialty and its practitioners is demonstrated in an average age of 37 years across the discipline. There are 1265 registered trainees across Australia and New Zealand (including Basic, Provisional, Advanced and registered trainees on Overseas Training Visas). Around 50% of these are advanced trainees.

ACEM has a vital interest in the quality of emergency medical care provided to the community and therefore has a wide range of subsidiary objectives relating to emergency department accreditation, policies and standards for the emergency medical system, teaching and research, publication, and those aspects of the medico political framework that have a direct impact on health outcomes for emergency patients.

ACEM also plays an important support role in international emergency medicine and has recently provided funds to establish an International Development Fund to service requests for assistance, particularly in the Asia and Pacific regions. ACEM also currently performs the administrative functions for the International Federation for Emergency Medicine whose membership includes similar Colleges and institutions in the United Kingdom, North and South America, Europe and Asia.

ACEM – the College and its Membership

It is of importance to note that when the previous full accreditation of the College was conducted, a total of eight employees conducted the necessary functions associated with the activities supporting its 894 Fellows and 1,265 registered trainees.

Since that time, the College has continued to evolve, with data indicating that there are now 2,308 'active' Fellows (1,974 in Australia; 269 in New Zealand; 65 elsewhere). The active Fellowship has an average age of 46 years and 35% are female. There are now 2,384 trainees registered with the College, of whom 70% are in the Advanced Training stage of the FACEM Training Program[8]. The number of *Full Time Equivalent* (FTE) staff now employed by the College is 72[9].

7 Emergency Medicine Australasia remains jointly owned by ACEM and ASEM

8 Data current at 31 March 2017

9 Data current at 31 March 2017

In addition to the FACEM Training Program, since 2012 the College has offered programs leading to the award of either the EMC or EMD. Most recent data[10] indicates that a total of 1,135 have enrolled in the EMC since it was launched. Of these, 600 have completed the certificate, 60 have withdrawn and 475 are progressing through requirements of the program. A total of 102 have enrolled in the EMD since it was launched. Of these, 30 have completed the Diploma, two have withdrawn and 70 are currently progressing through requirements of the program.

The ACEM website describes the College as "the not-for-profit organisation responsible for training emergency physicians and advancement of professional standards in emergency medicine in Australia and New Zealand"[11]. Further, it states that:

> *As the peak professional organisation for emergency medicine in Australasia, ACEM has a significant interest in ensuring the highest standards of medical care for patients are maintained in emergency departments across Australia and New Zealand.*

Aligned with this are the College vision and mission, which serve to provide overarching direction to its activities.

- **Vision**
  Be the trusted authority for ensuring clinical, professional and training standards in the provision of quality, patient-focused emergency care.
- **Mission**
  Promote excellence in the delivery of quality emergency care to the community through our committed and expert members.

Under the College's Constitution and associated regulations, the following categories of College membership are available.

Fellow

Designated by the postnominal FACEM, a Fellow of ACEM has completed the requirements of the FACEM Training Program and has been 'elected' to Fellowship of the College. The ability to maintain the rights and privileges associated with a Fellow, including the right to use the FACEM postnominal, is contingent upon satisfactory completion of the requirements of the ACEM Specialist CPD program, amongst other requirements. That is, a FACEM is subject to periodic recertification.

Retired Fellow

A Retired Fellow has certified formally to the College that they have retired from the active clinical practice of emergency medicine, or medicine entirely. Retired Fellows maintain the rights and privileges associated with Fellowship, including the right to continue to use the FACEM postnominal. They are exempt from requirements to participate in the ACEM Specialist CPD program, and do not pay an annual College membership subscription.

Honorary Fellow

Honorary Fellows are individuals who have not completed the requirements for the awarding of Fellowship of the College, however, are considered to have made a significant contribution to the specialty that merits recognition by the College. Honorary Fellows may use the postnominal FACEM (Hon.), however, are not subject to the requirements of participation in the College Specialist CPD program, nor do they pay an annual College membership subscription.

Diplomate[12]

A Diplomate has satisfactorily completed the requirements of the College's Emergency Medicine Diploma training program and been formally admitted to membership of the College under this category. Among other rights and privileges, they are entitled to use the postnominal Dip EM (ACEM). The Emergency Medicine Diploma is currently transitioning to becoming subject to periodic recertification.

10 Data supplied to meeting of the ACEM Board, 2 May 2017

11 https://www.acem.org.au/About-ACEM.aspx

12 Approved as a category of membership February 2016

Certificant[13]

A Certificant has satisfactorily completed the requirements of the College's Emergency Medicine Certificate training program and been formally admitted to membership of the College under this category. Among other rights and privileges, they are entitled to use the postnominal Cert EM (ACEM). The Emergency Medicine Certificate is currently transitioning to becoming subject to periodic recertification.

Currently, the number of individuals recognised by the College as being members in each of the categories described above is as shown in Table A, with some information highlighted in Figure A.

Figure A Trainees, EMC and EMD numbers

2,384
registered trainees

70%
in the Advanced Training stage of the FACEM Training Program

As at May 2017

1,135
candidates have enrolled in the EMC

102
candidates have enrolled in the EMD

Table A ACEM membership by category, 31 March 2017

Membership Category	
Fellow	2,308
Retired Fellow	20
Honorary Fellow	5
Diplomate	16
Certificant	61
Total	**2,410**

A breakdown of the membership by jurisdiction is provided in Table B.

Table B ACEM membership by category and jurisdiction, 31 March 2017

Membership Category/ Jurisdiction	Australia								New Zealand	Elsewhere	Total
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA			
Fellow	39	523	31	466	119	49	515	232	269	65	**2,308**
Retired Fellow	-	4	-	2	1	2	7	2	2	-	**20**
Honorary Fellow[14]	-	-	-	-	-	-	1	-	-	3	**5**
Diplomate	-	1	1	-	5	2	5	1	1	-	**16**
Certificant	1	9	3	12	7	1	15	8	4	1	**61**
Total	**40**	**537**	**35**	**480**	**132**	**54**	**543**	**243**	**276**	**69**	**2,410**

13 Approved as a category of membership February 2016

14 Address not recorded for one Honorary Fellow

Regulations have been enacted to enable membership in the categories of *International Affiliate* and *Educational Affiliate*; however, at this time, the admittance of members under this category has not commenced.

As an organisation, ACEM is well resourced and in a strong financial position, with the balance sheet at the conclusion of the 2015-2016 *Financial Year* (FY) showing net assets of approximately AUD 19.4 million. A concise financial report of the College for the 2015 – 2016 FY can be found in the College's most recent Annual Report *(ACEM Year in Review 2016)*, provided as **Appendix A**. The full financial report may be found on the College **website**[15].

The strong financial position, resulting from prudent, activity-based budgeting and strong internal financial controls finds the College well positioned to resource its continued growth and maturation into the future. Recent reviews of College income and expenditure in the context of ensuring the College's core operating activities are able to be conducted without reliance on external funding sources or accessing reserves have, however, meant that some College fees have increased to a realistic level whereby those activities can be sustained.

Strategy and Priorities

The College's current priorities can be ascertained from its current Strategic Plan, *Into the future … ACEM Strategic Plan 2015-2018,* provided as **Appendix B**, and the associated *2016 – 2018 Business Plan*, provided as **Appendix C**.

Composed through input from the consultations with members and other internal stakeholders, and cognisant of the critical issues considered to be affecting the College and the specialty in Australia and New Zealand during the period covered by the document, the Strategic Plan describes key activities, programs and projects according to six *Strategic Priorities*.

1 Education

2 Member Support

3 Advocacy

4 Standards

5 Awareness

6 College Operations

The College's Business Plan, revised in the fourth quarter of 2016, articulates the operational activities identified to enable the key activities, programs and projects described in the Strategic Plan to be realised at an operational level.

It is envisaged that the next iteration of the College's Strategic and Business Plans will be developed during 2018 to enable incorporation of the outcomes from the College's reaccreditation process.

The National Program

Of significance to the College and stakeholders is the work undertaken since 2012 under the umbrella of the *More Doctors for Emergency Departments Program* (known in the College as the *National Program*). The program is funded by the Australian Government Department of Health as part of their EMP. Activities conducted under this program are significant in terms of enabling emergency medicine workforce initiatives through its different components. The major components of the National Program can be broadly described as summarised below.

1. Emergency Medicine Education and Training

The *Emergency Medicine Education and Training* (EMET) Program enables specialist emergency physicians (FACEMs) to provide training and professional support to General Practitioners (GPs) and other medical officers who are caring for patients in regional and remote emergency departments and other emergency care facilities. The EMET Program aims to enable doctors, including *Visiting Medical Officer* (VMO) GPs, hospital employed medical officers and locums to undertake ACEM's EMC and EMD programs, as well as to provide emergency medicine training sessions by FACEMs to the doctors, and the multidisciplinary teams with which they work, in their emergency care workplace settings in regional and rural hospitals.

15 Access may require use of ACEM username and password

EMET delivery is coordinated though 'hub' sites, which are usually a larger hospital, with on-site FACEM staff, and educational facilities, that deliver emergency training and supervision to sites within their local network and/or regional or remote facilities within their state. EMET utilises several delivery models that are customised to meet local needs.

Further details regarding activities under the EMET Program are provided in Standard 1.6.

2. Specialist Training Program

The *Specialist Training Program* (STP) component of the National Program currently funds 112 FTE posts in expanded training settings across 68 regional, rural and private hospital sites. The ongoing management of these contracts, combined with those relating to the EMET program, means that ACEM has 109 funding agreements with 84 health care services and/or jurisdictions.

The ongoing management of these contracts, associated reporting and dialogue ensures a significant level of interaction between the College and associated hospitals and jurisdictions.

3. Projects

During the period in which the National Program has operated, the College has conducted multiple projects, which have included work relating to areas such as the development and evaluation of the College's Certificate and Diploma programs, workforce sustainability, assessment of cultural competence, leadership and support for SIMGs.

The College is grateful for the funding provided from 2012 to 2017 inclusive to enable several projects to be completed, and it is intended that some of the initiatives put in place as a result of the outcomes of this work will continue to be supported by the College as ongoing initiatives.

A review conducted for the Australian Government Department of Health during 2016 confirmed ongoing funding for the EMET component of the National Program, as well as the STP component on a reducing basis over two years from 2018. In line with other specialist colleges, owing primarily to the timing of an Australian Federal election held in July 2016, funding for the program is currently provided for a one-year period through 2017 via a Deed of Variation to the original funding agreement.

The College understands that the funding agreement from 2018 will be for a period of three years and is very pleased with this extended timeframe, particularly in respect of the capacity provided to EMET over that period. This component of the National Program is highly regarded and felt to be particularly significant in providing improved access to quality emergency medicine care in Australia.

Summary

The College commented in its 2015 Progress Report that ACEM was

> *... in a period of unprecedented development and educational improvement with major effort and resource being invested into the activity on an ongoing and systematic basis. Over the last year since our last accreditation report the College has made significant progress which is being steadily and solidly achieved. Sound progress has been made in the three education initiatives of continuous improvements to training and continuing professional development programmes for specialist emergency physicians as well as non-specialist doctors practicing in emergency medicine. ACEM have also implemented significant governance changes in the past twelve months.*[16]

This process has continued, with articulation of operational priorities in the College's Business Plan, coupled with targeted staffing appointments and associated revised organisational arrangements, aiding a methodical approach to development to be developed. Priority activities concerning individual accreditation standards will be discussed as they arise, as will the challenges that the College anticipates will influence its activities and capacities to achieve objectives in the short- to medium-term.

It is in the context of a strong governance, financial and operational background, albeit a context that is not without challenges, that ACEM and its training and education programs continue to evolve, reflecting the needs of the public it serves, the specialty and its members, as well as the expectations of external stakeholders, including accrediting and regulatory bodies.

16 ACEM Annual Update Report to the Australian Medical Council and Medical Council of New Zealand – March 2015, p. 1

1 The context of training and education

1.1 Governance

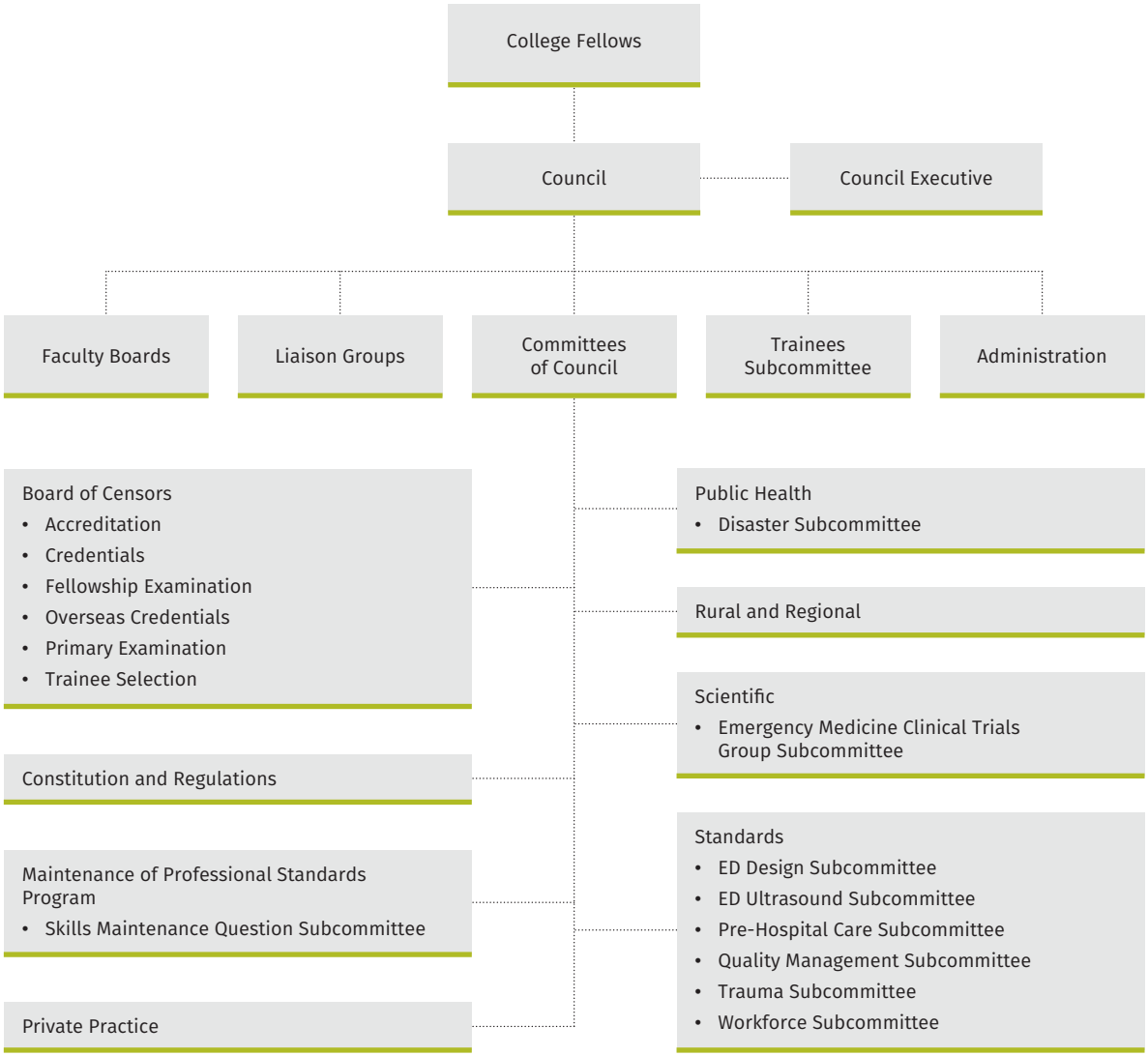
Accreditation Standards	
1.1.1	The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.
1.1.2	The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
1.1.3	The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.
1.1.4	The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
1.1.5	The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
1.1.6	The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

Summary of ACEM Response	
1.1.1	ACEM has robust corporate governance structures that are considered appropriate for the delivery of its specialist medical program, assessment of specialist international medical graduates and continuing professional development programs.
1.1.2	ACEM has structures and procedures for oversight of training and education functions that are understood by those delivering these functions. The governance structures encompass the provider's relationships with internal units and external training providers where relevant.
1.1.3	ACEM's governance structures set out clearly the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.
1.1.4	ACEM's governance structures give priority to its educational role relative to other activities, and this role is defined through its Constitution and all relevant governance documents.
1.1.5	ACEM currently collaborates, and is expanding its interactions, with relevant groups on key issues relating to its purpose, training and education functions, and educational governance. This expansion is consistent with an appreciation of the need to adopt an outward-looking philosophy in regard to the College's evolution as an organisation.
1.1.6	ACEM has processes for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

Governance Overview

At the time of the College's accreditation in 2007, ACEM was governed by *Articles of Association*, under which the governing body was a *Council* (membership of 20 Fellows), with a *Council Executive* comprising the Office Bearers of the College (President, Vice President, Honorary Secretary, Honorary Treasurer, Censor-in-Chief), plus the College Chief Executive Officer, *ex officio*. A *Board of Censors*, reporting to the Council, and chaired by the Censor-in-Chief, oversaw education and training matters. The arrangements are outlined in Figure 1.1.1.

Figure 1.1.1 ACEM Governance Structure, 2006



A governance review conducted during 2012 – 2013 saw revised governance arrangements, underpinned by a College Constitution, adopted at the *Annual General Meeting* (AGM) of the College in November 2013 for implementation on 1 July 2014. The current *ACEM Constitution* is available on the ACEM **website**, and is provided as **Appendix 1.1.1.** The Constitution lists 18 Objects for which the College is established, all of which relate to ensuring the provision and maintenance of a well-trained emergency medicine workforce and safe emergency care to the communities of Australia and New Zealand, as well as other jurisdictions, such as developing countries in the Asia-Pacific region and elsewhere.

Pursuant to the Constitution, the College is now governed by a *Board*, which, within the provisions of the relevant acts (e.g. Corporations Act 2001 (Cth)), has the capacity to delegate its powers/functions to other college entities or individuals.

Current members of the ACEM Board are listed below:

Professor Anthony Lawler	President
Dr Simon Judkins	President-Elect
Professor Yusuf Nagree	Chair, Council of Advocacy, Practice and Partnerships
Dr John Bonning	Deputy Chair, Council of Advocacy, Practice and Partnerships
Dr Barry Gunn	Censor-in-Chief/Chair, Council of Education
Dr Simon Chu	Deputy Censor-in-Chief/Deputy Chair, Council of Education
Dr Naveed Aziez	Trainee member
Mr Michael Gorton AM	Non-ACEM member with skills in legal matters
Mr Tony Evans	Non-ACEM member with skills in financial matters

In addition to standing and ad-hoc committees that report directly to it, the Board delegates some powers to two 'councils' and their subordinate entities. Known as the *Council of Advocacy, Practice and Partnerships* (CAPP) and the *Council of Education* (COE), these councils can be considered to have evolved from the previous governance arrangements, corresponding to the previous *Council* and *Board of Education*, respectively.

Both Councils, the current members of which are listed on the College **website**, have a range of entities that report to them, the general nature of the arrangements being as outlined in Figure 1.1.2.

Figure 1.1.2 ACEM Governance Structure, 2017

The Charter of the ACEM Board is presented as **Appendix 1.1.2**, with that of CAPP presented as **Appendix 1.1.3** and COE as **Appendix 1.1.4**. Entities[17] currently reporting to the Board, CAPP and COE are outlined in Figure 1.1.3, Figure 1.1.4 and Figure 1.1.5, respectively.

A review of the structure of entities reporting to CAPP that was indicated previously[18] as being conducted during 2016 is continuing. An initial report from the review Working Group, with associated recommendations, is presented as **Appendix 1.1.5**. The report was considered by CAPP at its meeting held in March 2017, the decision of that meeting being that further work is to be undertaken by the Working Group and recommendations considered later in the year.

17 In the context of ACEM activities, the term 'entity' relates to groups that report to the ACEM Board, CAPP or COE. For simplicity, in this submission, the term will be used to refer generally to any group formally recognised as being constituted by ACEM to enable its activities.

18 ACEM Progress Report to the Australian Medical Council and Medical Council of New Zealand – March 2016, p. 5

Figure 1.1.3 Board governance structure

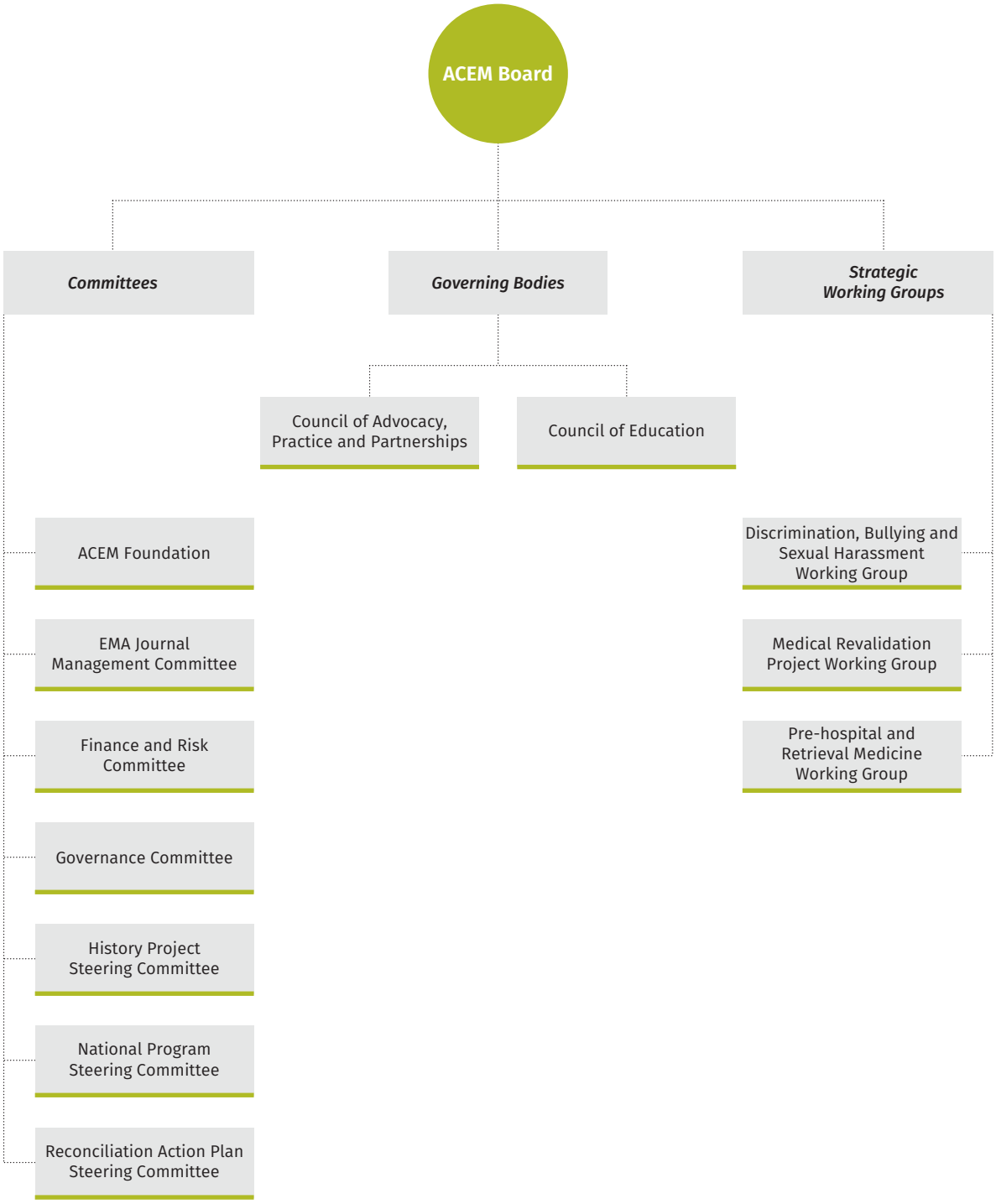


Figure 1.1.4 Council of Advocacy, Practice and Partnerships governance structure

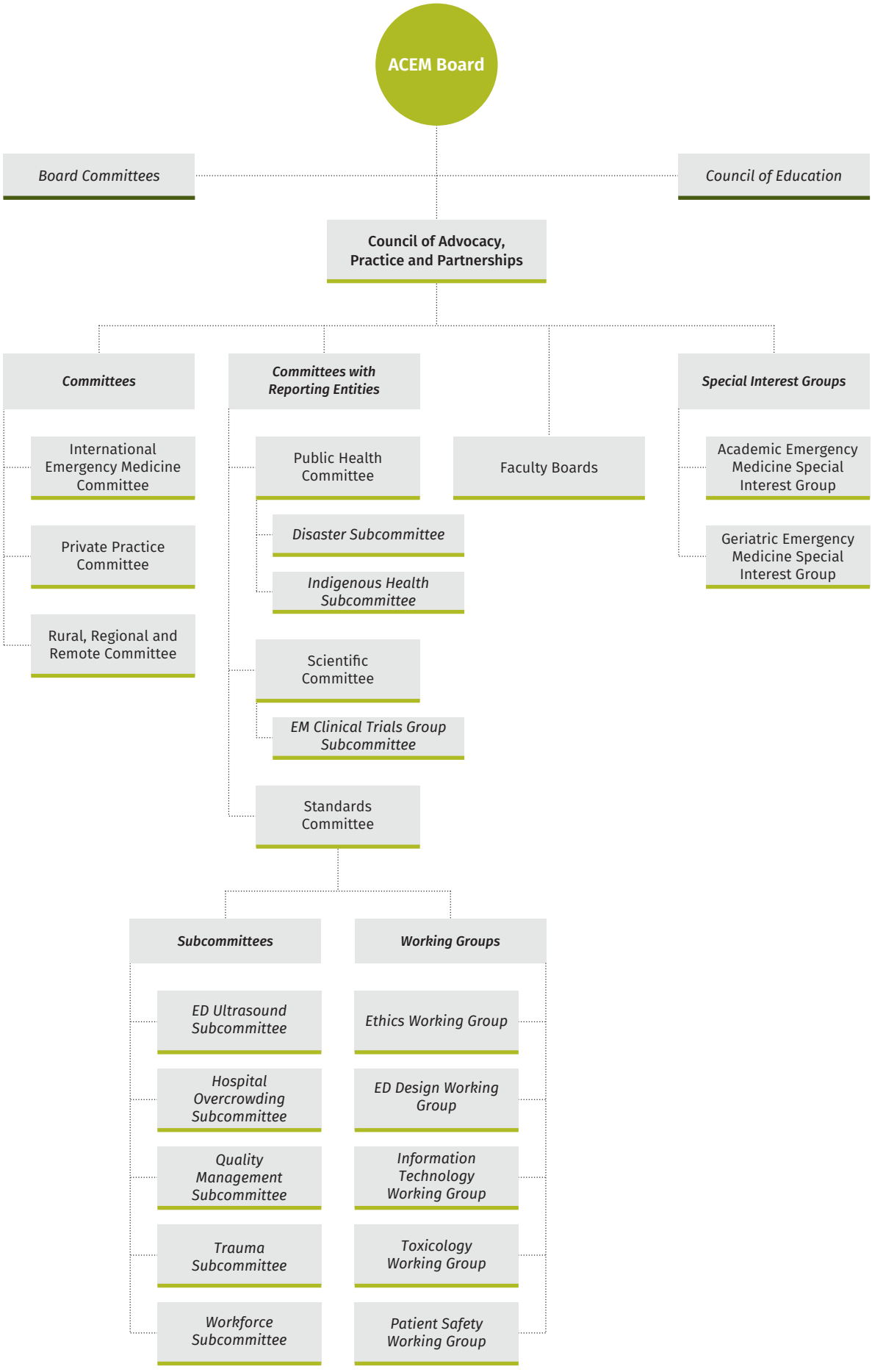
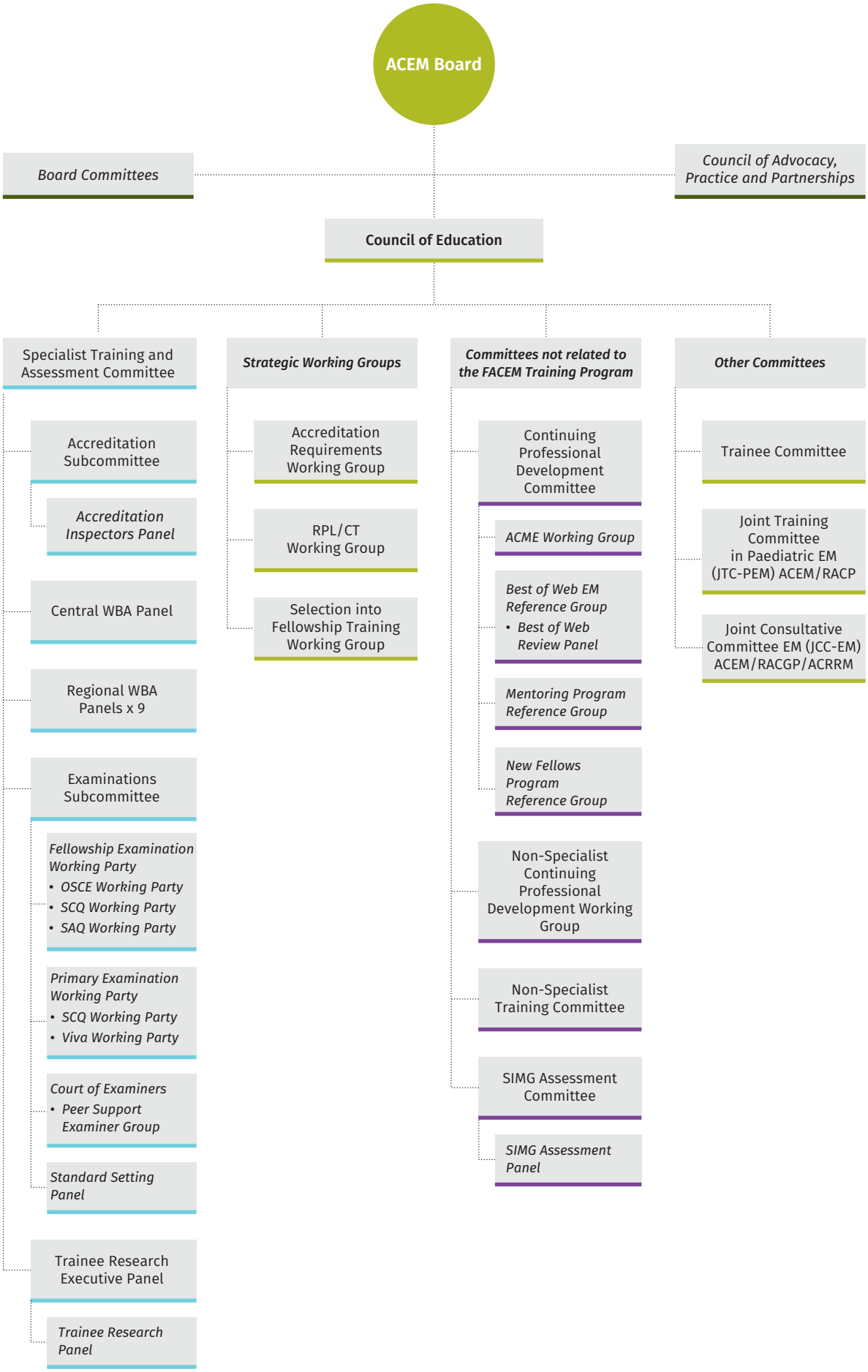


Figure 1.1.5 Council of Education governance structure



All entities that have functions under the ACEM governance arrangements operate according to defined Charters (Board, CAPP, COE) or *Terms of Reference* (ToRs), all of which are constructed according to a template of requirements outlined in the *College Entities Policy*, presented as **Appendix 1.1.6**. Individual ToRs are provided as appendices throughout this submission as they become relevant. Any that do not arise through this arrangement can be supplied upon request.

Regional Faculties

For New Zealand and each jurisdiction in Australia, the College has a *Regional Faculty*. Reporting to CAPP, the requirements and operations of a Regional Faculty are outlined in the *Policy on Regional Faculties*, essentially a ToR for the Regional Faculties, and provided as **Appendix 1.1.7**. Pursuant to the Policy, the primary role of a Regional Faculty is to "promote and advance the objects of the College and to do such acts in furtherance of the objects as required by the CAPP"[19]. In practical terms, the broad role of the Regional Faculties has been articulated as being to, "target local issues and strive to raise awareness of emergency medicine care on behalf of their communities"[20].

Unlike Regional Faculties or similar entities in some other specialist colleges, the formal role of the ACEM Regional Faculties in day-to-day matters relating to training and education is limited. For example, while WBAs are reviewed by panels that are regionally based, those panels do not come under the auspices of the relevant Regional Faculty. As a result, the functions of the Regional Faculties are related largely to jurisdiction-focused policy and advocacy functions, the size of the *Regional Faculty Board*, which coordinates these functions, generally reflecting the population/numbers of FACEMs resident in the jurisdiction.

The above notwithstanding, reference to the *Policy on Regional Faculties* indicates that all of the Regional Faculties Boards will have a trainee member, who will be the member from the relevant region of the *ACEM Trainee Committee*. The membership also includes the *Regional Censor* and *Regional Deputy Censor*, who have significant involvement in training and education matters at a jurisdictional level, as well as more widely through membership on College entities, such as COE and the *Specialist Training and Assessment Committee* (STAC) (refer below). The involvement of these individuals is intended to ensure that Faculty Boards have up-to-date knowledge of College education matters, and that local and regional education and training issues can be known to other formal College entities. The position description for Regional Censors and Regional Deputy Censors is provided as **Appendix 1.1.8**.

Given the primary role(s) of Regional Faculties, the College recognises the need to support the members of the Faculty Boards to undertake their roles. Accordingly, while the only Regional Faculty that currently has a physical ACEM staff presence in their jurisdiction is New Zealand, the College has recently made appointments that provide 'remote' staff support through the College offices in Melbourne.

Reporting to the *Executive Director of Communications and Engagement*, these roles are intended to enable more effective liaison and access to services to facilitate the work of the Regional Faculties. This includes activities such as: jurisdictional interactions and media liaison; providing assistance with practical matters, such as the organisation of workshops and scientific meetings to benefit local members and trainees; and the organisation and administrative requirements associated with the running of the *Regional Faculty*. The College expects that this will increasingly become a highly effective and efficient means of providing support to the Regional Faculties that ensures coordination of College activities at a regional and an overall level.

Governance of Training and Education

As is necessary for the effective governance and administration functions of the entities associated with the conduct of a specialist medical training program, College entities exist that are responsible for different aspects of the overall program. For example, all of the entities with a blue bottom border in Figure 1.1.5 contribute in some way to enabling the FACEM Training Program to operate. The associated ToRs describe the functions and responsibilities of each of the entities, including their relationships with internal and external entities, and are presented as **Appendix 1.1.9** to **Appendix 1.1.17**, inclusive.

19 ACEM Policy on Regional Faculties, p. 3

20 https://www.acem.org.au/About-ACEM.aspx

Entities responsible for the assessment of SIMGs and the College's CPD Program for FACEMs and those medical practitioners recognised as 'specialists' in emergency medicine who are not Fellows of the College are indicated with a purple bottom border in Figure 1.1.5. The associated ToRs are presented as **Appendix 1.1.18** and **Appendix 1.1.19**, respectively.

Certificate and Diploma in Emergency Medicine

The EMC and EMD training programs offered by the College are overseen by the *Non-Specialist Training Committee* (NSTC), which reports to COE. ToRs for the NSTC are provided as **Appendix 1.1.20**.

Aspects of the EMC and EMD programs are outlined in discussion of specific standards throughout this submission.

The Joint Training Program in Paediatric Emergency Medicine

The *Joint Training Program in Paediatric Emergency Medicine* (JTP PEM) is overseen by the *Committee for Joint College Training in Paediatric Medicine* (CJCT PEM). The Committee is established by and reports to the RACP Paediatric & Child Health Division Education Committee and the ACEM Council of Education. Accordingly, the CJCT PEM contains representation from both colleges, and is chaired alternately by a member from ACEM and RACP. The Committee's Terms of Reference are provided as **Appendix 1.1.21**.

The program involves training requirements of both ACEM and RACP, and can lead to Fellowship of one or both of the Colleges. The structure and requirements of the JTP are outlined in Standard 3.2. At the end of May 2017, there were 86 ACEM trainees recognised as undertaking the JTP in Emergency Medicine, with 20 ACEM Fellows recognised currently as having completed the requirements of Stage 2 of the JTP (refer Standard 3.2 for further discussion).

Dual Training in Emergency Medicine and Intensive Care Medicine

Training in Emergency Medicine and *Intensive Care Medicine* (ICM) is available to trainees from ACEM and CICM. This pathway is not a formal joint program; rather, it enables trainees to streamline training in both specialties.

Trainees undertaking dual training are registered as trainees of both colleges and each College mandates and assesses the components of their individual training programs.

For dual EM/ICM trainees, the FACEM qualification is not awarded prior to the completion of all dual training requirements.

College Policies and Regulations

In addition to Charters and ToRs for College bodies, ACEM has regulations, policies, guidelines and standards relating to many aspects of its activities, including education and training, and the delivery of quality clinical care in the specialty. All College policies, including those relating to education, training and CPD, as well as wider organisational matters, can be accessed on the College's **website**.

The College reviews its policies on a regular, cyclical basis to determine whether there is a need for revision to the document(s) involved, as well as on a needs basis when it is clear that internal or external developments have occurred that necessitate review of specific policies. For example, a recent revision of the processes associated with the assessment of SIMGs by the College as a result of work undertaken by the MBA necessitated the review of associated college policies and regulations. The policies and procedures associated with Complaints and DBSH have been recently revised to reflect contemporary developments and the findings of other specialist colleges.

College regulations (provided as **Appendix 1.1.22**) are available on the College **website**, and have been recently revised to ensure a format that is comprehensive and contemporaneous in nature. The regulations cover the spectrum of College activities, organised in to five sections as follows:

Regulation A	Governance
Regulation B	FACEM Training Program (including Joint and Dual Training Programs)
Regulation C	Assessment of Specialist International Medical Graduates
Regulation D	ACEM Certificate and Diploma Training Programs
Regulation E	Recertification

The regulations are a set of 'living' documents in that the contents are not static or immutable. Regulations change as training programs and other aspects of college activity evolve as a result of experience or through programed, formal review and evaluation activities.

All regulations and revisions to regulations are considered by the ACEM Board, regardless of the entity from which they originated or the activity(ies) to which they relate, and changes are effected through the Office of the CEO. This ensures a coordinated approach to the approval and maintenance of College regulations by the body with overall corporate governance responsibility for the College, and the staff directly responsible to that body.

External Interactions

The College collaborates with a range of internal and external stakeholders and organisations to ensure that its governance functions, particularly in relation to its overall purpose and its education and training functions, remain contemporaneously fit for purpose. Key stakeholders are College members, as well as community members, who are part of the membership of some college entities, other local and international medical colleges, both on a one-to-one basis and through membership of bodies such as the *Council of Presidents of Medical Colleges* (CPMC) in Australia and the *Council of Medical Colleges* (CMC) in New Zealand.

The most significant local interactions with other specialist colleges relate currently to the programs that are offered by the College and/or under development. These include:

- ACRRM (development of PHRM Diploma)
- ANZCA (development of PHRM Diploma)
- CICM (Dual Training Program, development of PHRM Diploma)
- RACGP (Joint Consultative Committee on Emergency Medicine)
- RACP (Joint Training Program, development of PHRM Diploma)
- RACS (initiatives for the prevention of Discrimination, Bullying and Harassment).

Increasingly, ACEM also liaises with external bodies, such as jurisdictions, regulators, Indigenous organisations and consumers, on matters that influence the structure and delivery of ACEM training and education functions. Current issues include:

- workforce and training arrangements (Australian Government Department of Health, New Zealand Ministry of Health, Health Workforce New Zealand, Australian State and Territory Departments of Health) in regard to workforce planning (numbers and distribution) and activities relating to the National Program (EMET and STP);
- assessment of SIMGs (the MBA and MCNZ);
- accreditation of training sites for FACEM training (wide range of external stakeholders, notably training sites and jurisdictional bodies);
- initiatives to encourage greater participation of and support for Indigenous doctors to train in the specialty of Emergency Medicine (in both Australia and New Zealand);
- increased consumer (community) participation in College entities; and
- reviews of central documents, such as the ACEM Curriculum Framework, and programs (FACEM Training Program, EMC, EMD).

The range of external stakeholders and the interactions involved are further discussed elsewhere in this document as appropriate; see, for example, Standard 1.6).

Alterations to arrangements by which the College conducts its activities are considered through multiple internal channels, with proposed revisions being approved primarily by the Board, CAPP or COE. Other relevant entities may be delegated decision making capacities; this will be dependent on and determined by the nature of the change(s) involved and the ToRs of the entities concerned. In general, the more strategic the proposed change(s) and/or the greater the perceived 'risk' associated, the less likely it is that an entity other than the Board, CAPP or COE will be authorised to sanction a change.

Conflict of Interest

The College has two policies that guide matters relating to *Conflicts of Interest* (CoI). The first is a broad policy relating to individuals involved in the wide range of activities conducted by the College (provided as **Appendix 1.1.23**). The second policy is specifically designed for use in relation to College examinations (provided as **Appendix 1.1.24**). The latter was implemented to ensure that individuals involved in college examinations understand clearly how conflicts may arise in what is a high stakes assessment, and the responsibilities inherent in their involvement.

Both policies describe clearly the importance that the College attributes to the appropriate management of Conflicts of Interest, with *Declaration of Interest Registers* maintained for members of the Board, CAPP and COE, as well as other entities and in relation to specific activities. An audit of all individuals involved in ACEM entities and activities was conducted in early 2017 to ensure this aspect of College governance meets expectations.

All individuals involved in College activities were asked to return a refreshed *Declaration of Conflict of Interest* to ensure ongoing participation in College activities. Individuals were also provided with, and asked to acknowledge that they had read and understood, College policies relating to Confidentiality and Privacy, Intellectual Property and Member-Staff Relations (refer **Appendix 1.1.25**, **Appendix 1.1.26** and **1.1.27**, respectively, for current versions of these documents).

At the meeting of the ACEM Board held on 5 May 2017, the Board was advised that 80 per cent of those involved had returned the required information. The Board resolved to send follow-up information regarding the requirement to those who had not returned the information, indicating that formal participation on College entities would not be sanctioned beyond Friday, 23 June 2017 without the necessary information being received by the College.

1.2 Program management

Accreditation Standards	
1.2.1	The education provider has structures with the responsibility, authority and capacity to direct the following key functions: • planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures • setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities • setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates • certifying successful completion of the training and education programs.

Summary of ACEM Response	
1.2.1	ACEM has structures with the responsibility, authority and capacity to direct the planning, implemention and evaluation of the specialist medical program(s) and curriculum, and the setting of relevant policy and procedures (COE, STAC, CPD Committee and the SIMG Assessment Committee, and their respective entities). The successful completion of the training and education programs is certified by COE.

The governance structure of the College and the entities responsible for directing the functions referred to in this standard have been described in Standard 1.1, including the provision of ToRs for the entities in question (e.g. COE, STAC, CPD Committee, SIMG Assessment Committee).

While acknowledged as involving a significant number of entities, the structure is felt at this time to be appropriate and to represent a clear articulation of responsibilities with respect to the functions involved. This is particularly when considered in the context of clear ToRs for each entity and related College policies and regulations.

As with the overall structure and functions of the College, the arrangements are subject to change via both formal and informal processes, recent examples being:

- the creation of STAC to consolidate expertise relating to decision making on aspects of the FACEM Training Program;
- revisions to regulations and the Charter of COE to ensure Regional Deputy Censors are sufficiently informed of the activities of the Council;
- the introduction of the *Pathway to Fellowship Review Committee* (PFRC) to facilitate the process associated with consideration of removal of trainees from the FACEM Training Program (see also discussion relating to Standards 1.3 and 5.3); and
- revisions of the regulations and the Terms of Reference of the *SIMG Assessment Committee* to streamline the notification process to SIMGs of the outcome of their assessment of comparability by the College in Australia.

The Council of Education

Pursuant to its Charter, the purpose of the Council of Education is to:

- report to and advise the Board in relation to all the educational functions of the College;
- oversee the activities of all educational committees of the College;
- assess candidates seeking election to fellowship of the College upon examination;
- stimulate the involvement of Fellows in activities that enhance and demonstrate professional competence, including through a comprehensive continuing professional development program; and
- undertake any other functions delegated or required by the Board or specified by regulations.

The Council is composed of the Censor-in-Chief and the Deputy Censor-in-Chief, who are the Chair and Deputy Chair, respectively, along with each of the Censors from each of the (groups of) regions in Australia and New Zealand in which FACEM training is conducted, and a Community member. The additional membership of a jurisdictional member to COE has been approved; however, an individual has not yet been appointed to this position.

There are five ex-officio members (three with full voting rights, being the President, the President-Elect or Immediate Past-President as relevant), the Chair of the ACEM Trainee Committee) and two without voting rights (the CEO and the Executive Director of Education and Training).

The primary role of COE is to provide purpose, leadership and overall strategy in relation to the education and training activities of the College. To this end, the Council has four areas of responsibility, each of which are elaborated on in its Charter.

- Risk Management and Compliance
- Strategy and Planning
- Performance Monitoring
- Council Processes and Policies

The ultimate certification of successful completion of ACEM training and education programs lies with the Council of Education.

The Specialist Training and Assessment Committee

As outlined in Figure 1.1.5, several entities report to the COE, either directly or indirectly. In relation to the planning, implementing and evaluation of the FACEM Training Program, the major entity subordinate to COE is STAC. The responsibilities of STAC are described as being both operational and strategic and are described in the entity's ToRs as being to:

- ensure effective and efficient operation of the FACEM Training program leading to the award of Fellowship of the College;
- provide timely advice on aspects of FACEM specialist training and assessment to COE and the Board in order to inform the deliberations of those bodies;
- monitor the outcomes of the training and assessment processes 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;
- communicate or recommend as necessary to COE any modifications to the production and delivery of all training and assessments;
- advise and make recommendations to COE in relation to policies, processes and regulations relating to training and assessments;
- monitor the performance of individuals at training sites with an education and/or training role(s) that arise by virtue of accreditation of the site for the purpose of the FACEM Training Program;
- monitor training site accreditation status and training site performance;
- facilitate and monitor any changes to training and assessments as determined by COE;

- consider trainees for possible removal from the FACEM Training Program and, where applicable, make recommendations in relation to those considerations to the PFRC pursuant to relevant College regulations and policies;
- consider requests from individual trainees in relation to matters such as approval of leave and variation to program requirements, including exemption from requirements on the basis of exceptional circumstances, and the approval of requests from trainees for Recognition of Prior Learning and Credit Transfer, pursuant to relevant College policies; and
- provide timely advice to inform College communication with external bodies on matters directly relevant to the FACEM Training Program. This includes, but is not limited to, the MCNZ, the MBA, and the *Australian Health Practitioner Regulation Agency* (AHPRA).

The membership of STAC reflects its remit, being composed of the Censor-in-Chief and the Deputy Censor-in-Chief, ex-officio, the Regional Deputy Censors of each of the regions in Australia and New Zealand in which FACEM training is conducted, the Deputy Chair of the Trainee Committee, and the Chairs of the following entities:

- Central WBA Panel
- Examinations Subcommittee
- Accreditation Subcommittee
- Trainee Research Executive Panel.

The additional membership of a jurisdictional member and a Community member to STAC has been approved; however, appointments to these positions have not yet been made. The Deputy Censor-in-Chief is the Chair of STAC, with the Deputy Chair nominated from and elected by the remaining members of the Committee.

The following College staff are 'in attendance' at meetings of STAC; but are not considered members of the Committee, and have no voting rights in relation to Committee decisions:

- Chief Executive Officer
- Executive Director of Education and Training
- General Manager of Education
- General Manager of Training and Accreditation
- Relevant Unit Managers.

The Continuing Professional Development Committee

The CPD program is fully described Standard 9. Reporting to COE, responsibility for the ACEM CPD Program is vested with the *CPD Committee*. The role of the committee is to work with ACEM staff to:

- ensure effective and efficient operation of the College's CPD programs;
- provide timely advice to COE and the Board on aspects of the College's CPD programs in order to inform the deliberations of those bodies;
- monitor participant compliance with the College's CPD programs 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;
- communicate or recommend as necessary to COE any modifications to the production and delivery of the College's CPD programs;
- advise and make recommendations as necessary to COE in relation to policies, processes and regulations relating to continuing professional development and revalidation;
- facilitate and monitor any changes to the College's CPD programs as determined by COE or the Board; and
- provide timely advice to inform College communication with external bodies on matters directly relevant to the College's CPD programs. This includes, but is not limited to, the MBA, MCNZ and AHPRA.

In line with delegations from COE as outlined in its ToRs, the CPD Committee has decision-making responsibility in relation to the following specific matters:

- the accreditation or otherwise of activities for ACEM CPD;
- management of the Up-Skilling and Re-Entry Programs;
- the audit of CPD records for participants in the College's CPD programs;
- the granting or otherwise of exemptions from the CPD Program; and
- the method of communication with non-compliant CPD Program participants.

Membership of the CPD Committee is predominately FACEMs (up to 12, inclusive of the Deputy Chair, but exclusive of the Chair) from each of the regions in which ACEM undertakes its activities (two from each of New Zealand, Queensland, NSW/ACT combined and VIC/TAS combined; one from each of WA and NT/SA combined), along with one 'new' Fellow (defined as elected to ACEM Fellowship within the preceding three years).

The addition of a Community member to the CPD Committee has been approved; however, an individual has not yet been appointed to this position.

The Censor-in-Chief and the Deputy Censor-in-Chief are ex-officio members, and the following College staff are 'in attendance' in relation to meetings of the committee:

- Chief Executive Officer
- Executive Director of Education and Training or staff delegate
- General Manager of Education
- Relevant Unit Manager.

The Specialist International Medical Graduate Assessment Committee

The assessment of SIMGs by ACEM is fully described in Standard 10. Reporting to COE, responsibility for conduct and development of the assessment process sits with the *SIMG Assessment Committee*. This includes all of the pathways that fall under the auspices of the MBA, including the *Specialist Pathway* and the *Area of Need (AoN)* Pathway, as well as the processes the College undertakes as a *Vocational Educational and Advisory Body* (VEAB) for the MCNZ.

The role of the *SIMG Assessment Committee* is described in its ToRs as being to work with ACEM staff to enable the following:

- Specialist Assessment
  - To oversee the College's processes for the assessment of SIMG applicants in Australia and New Zealand for the purposes of eligibility for registration as a recognised specialist in the relevant jurisdiction and in accordance with the requirements of the relevant regulatory bodies.
  - To make decisions based on the advice of *SIMG Interview Teams* following assessment by structured interview, regarding the assessment of SIMG applicants in Australia and New Zealand.
  - To review the completed assessments of SIMG applicants working towards FACEM.
  - To consider and make recommendations on election to Fellowship of SIMG applicants.
  - To report appropriately to the MBA on applicants' comparability to an Australian-trained specialist in emergency medicine.
  - To make recommendations to the MCNZ on applicants' eligibility for vocational registration.
- Area of Need
  - To oversee the College's processes for the assessment of SIMG applicants' suitability for the AoN position for which they are being considered.
  - To report appropriately to the relevant authorities on applicants' suitability for the AoN position for which they have applied.
  - To review and make recommendations in relation to requests by hospitals for College support of particular positions being declared an AoN on a case-by-case basis and as required.
  - To review reports from hospitals and otherwise monitor those appointed to AoN positions to ensure that they remain suitable for the position they occupy.

- Other
  - To develop and revise the College's policies and guidelines relating to SIMG and AoN assessment.
  - To appoint FACEM members to the *SIMG Panel of Assessors*.

Under delegation from COE, the Committee has the following decision-making powers:

- Specialist Assessment
  - To approve or amend the recommendation(s) of SIMG Interview Teams on applicant assessment and the requirements of their pathway to election to Fellowship.
  - To approve completed assessments (if satisfactory) or determine the appropriate assessment criteria for individual applicants deemed to require further assessment.
- Area of Need
  - To approve or amend the recommendation(s) on candidate suitability for the AoN position for which they are being considered.
- Other
  - To appoint FACEM members to the SIMG Assessment Panel.

Membership of the SIMG Assessment Committee is up to 12 'ordinary' FACEM members (inclusive of two Deputy Chairs [one from Australia and one from New Zealand], but exclusive of the Chair).

Of the 12 members described above, there must be:

- a minimum of two FACEMs resident in New Zealand; and
- a minimum of two FACEMs from Australian *Remoteness Areas* (RA) 2 to 5.

Additionally, at least two shall have come through the SIMG assessment pathway, whether in Australia or New Zealand. Currently, over half of the members in question meet this criterion.

Membership also comprises one external Community member appointed to the Committee by COE, as well as one health jurisdiction representative nominated by the H*ealth Workforce Principal Committee* (HWPC) and/or the *New Zealand Ministry of Health* (NZMoH).

The Censor-in-Chief and the Deputy Censor-in-Chief are ex-officio members, and the following College staff are 'in attendance' at meetings of the committee:

- Chief Executive Officer
- Executive Director of Education and Training or staff delegate
- General Manager of Education
- Relevant Unit Manager.

The Non-Specialist Training Committee

Reporting to the Council of Education, the NSTC has responsibility for the functioning of the College's training programs leading to the Certificate and Diploma in Emergency Medicine.

The role of the committee is to work with ACEM staff to:

- ensure effective and efficient operation of the EMC and EMD programs leading to eligibility for admission as a member of the College (Certificant and Diplomate respectively);
- provide timely advice on aspects of the EMC and EMD programs to COE and the Board in order to inform the deliberations of those bodies;
- monitor the outcomes of the EMC and EMD training and assessment processes 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;
- communicate or recommend as necessary to COE any modifications to the EMC and EMD programs;

- advise and make any recommendations to COE in relation to policies, processes, regulations and guidelines relating to the EMC and EMD programs;
- oversee the provision of appropriate training and support for EMC and EMD program supervisors;
- encourage and support the promotion and uptake of the EMC and EMD Program in Australasia; and
- provide timely advice to inform College communication with regulatory and governing bodies, including, but not limited to the MBA, MCNZ and AHPRA.

Membership of the NSTC is up to 12 'ordinary' FACEM members (inclusive of the Deputy Chair, but exclusive of the Chair), and one ACEM Diplomate.

One external Community member is appointed to the Committee by COE, as well as one health jurisdiction representative nominated by the HWPC and/or the NZMoH.

The Censor-in-Chief and the Deputy Censor-in-Chief are ex-officio members, and the following College staff are 'in attendance' at meetings of the committee:

- Chief Executive Officer
- Executive Director of Education and Training
- General Manager of Training and Accreditation
- Relevant Unit Manager.

The Joint Consultative Committee on Emergency Medicine

The *Joint Consultative Committee on Emergency Medicine* (JCCEM) is a tripartite committee of ACEM, ACRRM and RACGP, the aim of which is to 'Advance the provision of high quality, safe, accessible and affordable emergency care throughout Australia by promoting postgraduate training options' (refer JCCEM ToRs, **Appendix 1.2.1**).

The committee consists of two nominated members from each of the three participant colleges, with the capacity to co-opt other members as required, and serves as an advisory committee that provides recommendations to the three parent colleges as necessary.

In essence, the committee considers matters that relate to wider training, workforce and service delivery considerations outside of the specialist workforce and, as such, has important connections to the work of the NSTC at ACEM, similar entities in the other participant colleges and the EMET Program. This is evident from the role of the committee as described in its ToRs.

> *The JCC will facilitate a coordinated approach towards a system of care for the provision of emergency medicine services to Australians that will improve access to safe, effective and affordable emergency care as close to home as reasonably possible. This system of care should comprise a network of colleagues and organisations that are linked and inter-reliant through professional and personal relationships, training pathways, referral pathways, distant and local supervision, ready access to telephone or online advice from a trusted colleague, continuing professional development, quality enhancement and advocacy for and with communities for improved health outcomes. The culture should be one of patient-centredness and consideration for the community, thus including cultivation of professional and personal relationships and trust.*

Still in the relatively early stages of its operations, the JCCEM is an important conduit for collaboration between the member colleges regarding matters that fall under its auspices.

1.3 Reconsideration, review and appeals processes

Accreditation Standards	
1.3.1	The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.
1.3.2	The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

Summary of ACEM Response	
1.3.1	ACEM has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions on three levels, information about which is publicly available.
1.3.2	ACEM has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

The College's *Reconsideration, Review and Appeals Policy* is publicly available on the ACEM **website** and is provided as **Appendix 1.3.1**.

The policy enables three layers of redress for appellants, with each layer based on seven grounds, the origin of which was the 2003 authorisation of the RACS by the *Australian Competition and Consumer Commission* (ACCC) and the subsequent report by that body and the *Australian Health Workforce Officials' Committee* (AHWOC), and which were incorporated into the 2010 and subsequent revisions of the AMC Accreditation Standards for providers of specialist training and CPD programs.

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 had no involvement with the original decision. Considerable effort is made to ensure that such panels do not consist solely of locally-trained ACEM Fellows.

For example, as a matter of course, where the original decision related to the training of a trainee undertaking the FACEM Training Program, a trainee will form part of the panel. Similarly, where the original decision involved the assessment of an SIMG for comparability to an Australian-trained specialist, the panel will contain a member who has been through the assessment process.

The third level of the policy offers the avenue of formal appeal by an appeal 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 ACEM appeals committees are comprised of a majority of non-College members.

As with review panels, an appeals committee is convened as required, with aspects to which the appeal relates considered in the individuals appointed, all of whom must have had no involvement with the original decision, its reconsideration and/or review.

The College is confident that the policy and associated processes meets all requirements expected of a policy of this type.

Table 1.3.1 shows the number of matters dealt with under the policy in the period July 2015 – May 2017. As was noted in the 2015 Progress Report, the highest number of applications received under the policy have concerned reconsideration of decisions made in relation to WBA requirements under the revised training program, which was implemented from December 2014 in New Zealand/January 2015 in Australia.

Given the relatively recent introduction of the new program and associated WBA requirements, particularly in the context of the number of WBAs and associated decisions made during the period (which now number in the tens of thousands of individual decisions), the numbers continue to be considered reassuringly small. Indeed, requests are, in fact, gradually reducing over time as WBA requirements and expectations become 'bedded down' within the program, and ICT initiatives are implemented in the context of early applications and feedback from assessors and *Directors of Emergency Medicine Training* (DEMTs).

Table 1.3.1 Reconsideration, review and appeal applications and outcomes, April 2015 – May 2017

Level	Considered[21]	Upheld[22]	Dismissed	Related area(s) of Activity
Reconsideration	36	11	24	WBA assessment[23]
	7	1	6	Examination result
	3	3	-	Dismissal from FACEM Training Program
	1	1	-	RPL/Credit Transfer
	6	3	3	SIMG Assessment
	2	-	2	Training Site Accreditation
Review	2	-	2	WBA assessment
	1	-	1	Examination result
	1	1	-	Dismissal from FACEM Training Program
	2	2	-	SIMG Assessment
	2	1	1	Training Site Accreditation
Appeal	1[24]	-	-	Dismissal from FACEM Training Program

Cumulative records of all matters considered under the College's *Reconsideration, Review and Appeals Policy* are maintained through the Office of the CEO in conjunction with the College's *Trainee Advocate* (refer to Standard 7.4 for further discussion of this role). The register is monitored for matters that have implications for College processes, as well as timeframes in which applications are resolved. This monitoring has resulted in organisational 'learning', notably in regard to College processes concerning matters such as decision making processes for entities and clarification of assessment requirements, and associated processes and regulations.

The *Reconsideration, Review and Appeals Policy* enables individuals, including, in the case of some decisions, employing hospitals and those accredited to conduct FACEM training, access to avenues of redress to College decisions with which they are dissatisfied. The College also has an *Exceptional Circumstances and Special Consideration Policy*, which enables consideration of individual circumstances prior to/as part of the decision making process. The policy is publicly available on the ACEM **website** and is provided as **Appendix 1.3.2**.

The College recognises the need for transparency, procedural fairness and natural justice in decision-making relating to all aspects of its activities and has implemented a separate *Policy on Procedural Fairness* (refer **Appendix 1.3.3**) to inform the decision-making processes of College entities and governing bodies. The policy informs other College policies and processes that expressly provide for the mechanisms and manner in which matters such as complaints are progressed, and the avenues available for complainants, appellants and others to make submissions and be heard by the decision-making body.

The need for transparency is particularly important in relation to decisions to remove trainees from the FACEM Training Program or SIMG applicants completing requirements prescribed as a result of assessment by the College for either the MBA or the MCNZ from a pathway to Fellowship.

To this end, the College has implemented a process involving the PFRC to consider all cases where individual trainees or SIMG applicants have triggered a condition(s) that may result in their removal from their pathway to ACEM Fellowship. The pathway is outlined in Figure 1.3.1, and described in Regulation A5 (refer **Appendix 1.1.22**). Terms of Reference for the PFRC are supplied as **Appendix 1.3.4**.

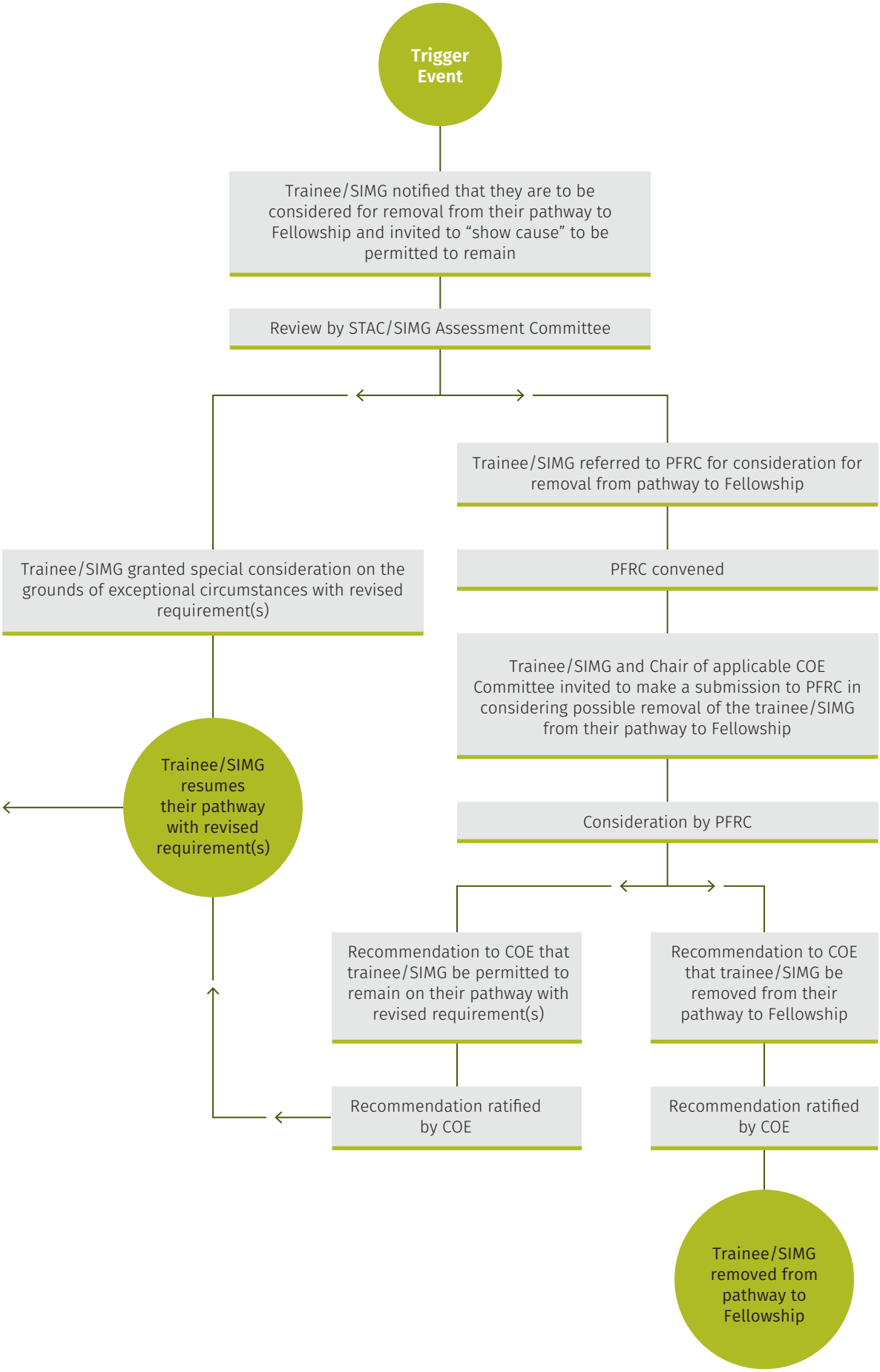
21 May include some matters where decision is pending at time of writing or where applications were withdrawn

22 Includes matters where grounds considered to be not demonstrated and did not proceed

23 Includes decisions relating to 'transition' arrangements to revised FACEM Training Program

24 Appeal application withdrawn prior to hearing

Figure 1.3.2 Pathway to Fellowship Review Committee Process



The process involves initial consideration of the individual's circumstances by the College entity responsible for the relevant pathway (STAC or the SIMG Assessment Committee). Should that entity conclude that exceptional circumstances do not exist to justify the individual being granted special consideration to remain on their pathway to Fellowship, the matter is referred to the PFRC for a review of the decision made by STAC or the SIMG Assessment Committee.

The PFRC undertakes an independent review of the available information, including the opportunity for the trainee/SIMG to make written and/or oral submissions in relation to their circumstances. The composition of the PFRC is such that the process will be free from bias. The Committee includes a community representative and a trainee member. Where the matter relates to an SIMG, at least one of the two FACEM members will have come through the SIMG pathway to Fellowship.

Decisions of the PFRC are forwarded to COE as recommendations for consideration. Decisions are then communicated to the individuals concerned, with these decisions being open to appeal under the *Reconsideration, Review and Appeals Policy*.

The process has been in operation since the beginning of 2017 and has considered a total of five trainees to date. Data on the outcomes of the PFRC to date are outlined in Table 1.3.2.

This process is further discussed in Standard 5.3.

Table 1.3.2 PFRC reviews and outcomes, January 2017 – May 2017

Level	Considered	Upheld	Overturned	Notes
Failure to complete requirements within maximum timeframe prescribed	2	1	1 (timeframe extended)	Provisional Training (n=2) Advanced Training (n=0)
Failure to satisfactorily complete second period of remediation within same stage and phase of training	1	1	–	Provisional Training (n=0) Early Phase Advanced Training (n=0) Late Phase Advanced Training (n=1)
Failure to comply on third occasion	1	–	1 (incorrect referral)	Failure to enter placement details (n=0)
Failure to engage in the FACEM Training Program	–	–	–	1 referred; trainee formally withdrew prior to consideration by PFRC

1.4 Educational expertise and exchange

Accreditation Standards	
1.4.1	The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
1.4.2	The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

Summary of ACEM Response	
1.4.1	ACEM uses educational expertise in the development, management and continuous improvement of its training and education functions through the expertise offered by its members, staff and external consultants as appropriate.
1.4.2	ACEM collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

As a not-for-profit membership organisation, ACEM recognises the importance of its functions being conducted as a partnership between its members and employed staff in order for the organisation to evolve and continue to meet its objectives and responsibilities. As with any comparable organisation in the sector, the College utilises the pro bono contributions of its members in conjunction with the experience contributed by its staff to develop, manage and improve all of its functions. Functions relating to training and education are clearly core activities of the College, with significant contributions from members with a wide range of formal and informal qualifications and experience in medical education being made, complemented by the range of skills possessed by staff at all levels of the College management structure.

Discussion in Standard 1.5 provides further detail on the College management structure and the range of functions performed by College staff. Of significance to this standard is the range of experience contained in the upper management and leadership positions that drive much of the training and education activities of the College.

The College *Chief Executive Officer* (CEO) holds postgraduate qualifications at doctoral level and considerable experience in general education and medical in the College sector. He has held two appointments as CEO of specialist colleges, as well as appointments to the AMC's *Specialist Education Accreditation Committee* (SEAC) and *Medical School Accreditation Committee* (MedSAC). Over time he has also had significant involvement with education activities of the CPMC, as well the MBA in relation to policy relating to the assessment of SIMGs.

The *Executive Director of Education and Training* also has extensive experience in the medical college sector and a strong professional education background prior to this. Other education and training staff carry relevant and significant qualifications and/or experience, in local and international settings.

Combined with the pro bono contributions of College members and the capacities of the College staff, ACEM is well resourced to conduct its activities. The ACEM staff profile continues to evolve to ensure that the necessary skill set of individuals is available to drive a significant agenda of education and training initiatives, and support the pro bono contributions of members. The attainment of the necessary organisational capacity in this regard is recognised as crucial for the further development of the College.

Where appropriate, the College will utilise expert input from external consultants to assist with its activities. Most recently, for example, the College has utilised both local and international external expertise in relation to its examinations (separate consultancies in relation to psychometric and standard setting process; discussed further in Standard 5). The College has also utilised external consultants in relation to organisational structure arrangements and to assist with the completion of some of educational initiatives, including the development of the curriculum for the *Diploma of Pre-hospital and Retrieval Medicine* (Dip PHRM).

The College collaborates formally and informally with other Australasian and International specialist colleges on its training and education activities. This collaboration can take the form of formal meetings of entities such as CPMC and CMC, and the more informal 'network' arrangements that are increasingly occurring in relation to matters such as education (in the wider context as applicable to the activities of the colleges), Continuing Professional Development and SIMG assessment, as well as informal meetings on specific matters.

As part of the CRP that led to the implementation of the *FACEM Training Program* in its current form, and which is underpinned by the ACEM Curriculum Framework, the College undertook extensive research into comparable international training programs, including the *IFEM Statement for post-graduate emergency medicine training*, the *ABEM emergency medicine curriculum*, the *curriculum of the Royal College of Emergency Medicine* (RCEM) and the *curriculum of McMaster University, Canada*.

ACEM maintains an overview of international developments in emergency medicine education and training through its international networks, further facilitated through its hosting of the Secretariat of IFEM. ACEM is currently making a significant effort to strengthen international engagement at a member and staff level with the members of IFEM whose training and education systems and standards are considered most closely related to those in which ACEM operates (United Kingdom, United States of America, Canada).

Currently, the most significant interaction outside of IFEM is with RCEM, as this is considered the organisation whose activities and operational environment offer the most synergy with that of the College and its current activities and strategic objectives. There is considerable interaction between College senior staff and office bearers, and the two Colleges are currently collaborating on enabling recognition of the FACEM specialist qualification for the purposes of registration with the *General Medical Council* (GMC) in the United Kingdom. Such recognition would simplify significantly the process of holders of the FACEM being able to work in the United Kingdom.

1.5 Educational resources

Accreditation Standards	
1.5.1	The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
1.5.2	The education provider's training and education functions are supported by sufficient administrative and technical staff.

Summary of ACEM Response	
1.5.1	ACEM has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions, with an ongoing process working to ensure that this capacity is future-focused and able to support College priorities and initiatives.
1.5.2	ACEM's training and education functions are supported by sufficient administrative and technical staff, with this aspect of activity under constant review to enable the necessary capacity in terms of staff numbers and capabilities.

The College management structure is centred around five organisational units headed by the CEO and four Executive Directors (the College *Executive Leadership Team* (ELT); refer Figure 1.5.1). In the context of the overall structure, diagrams relating to the functions and staffing of subunits within each of the five major organisational units are presented as Figures 1.5.2 to 1.5.6.

Of note in these figures is the number of staff that are directly involved in the education and training functions of the College. It is acknowledged that no staffing profile is static, and both the ACEM Board and ELT appreciate the importance of ensuring appropriate staffing, both in terms of staffing numbers, as well as the capabilities of those individuals, to enable delivery of ACEM's core activities.

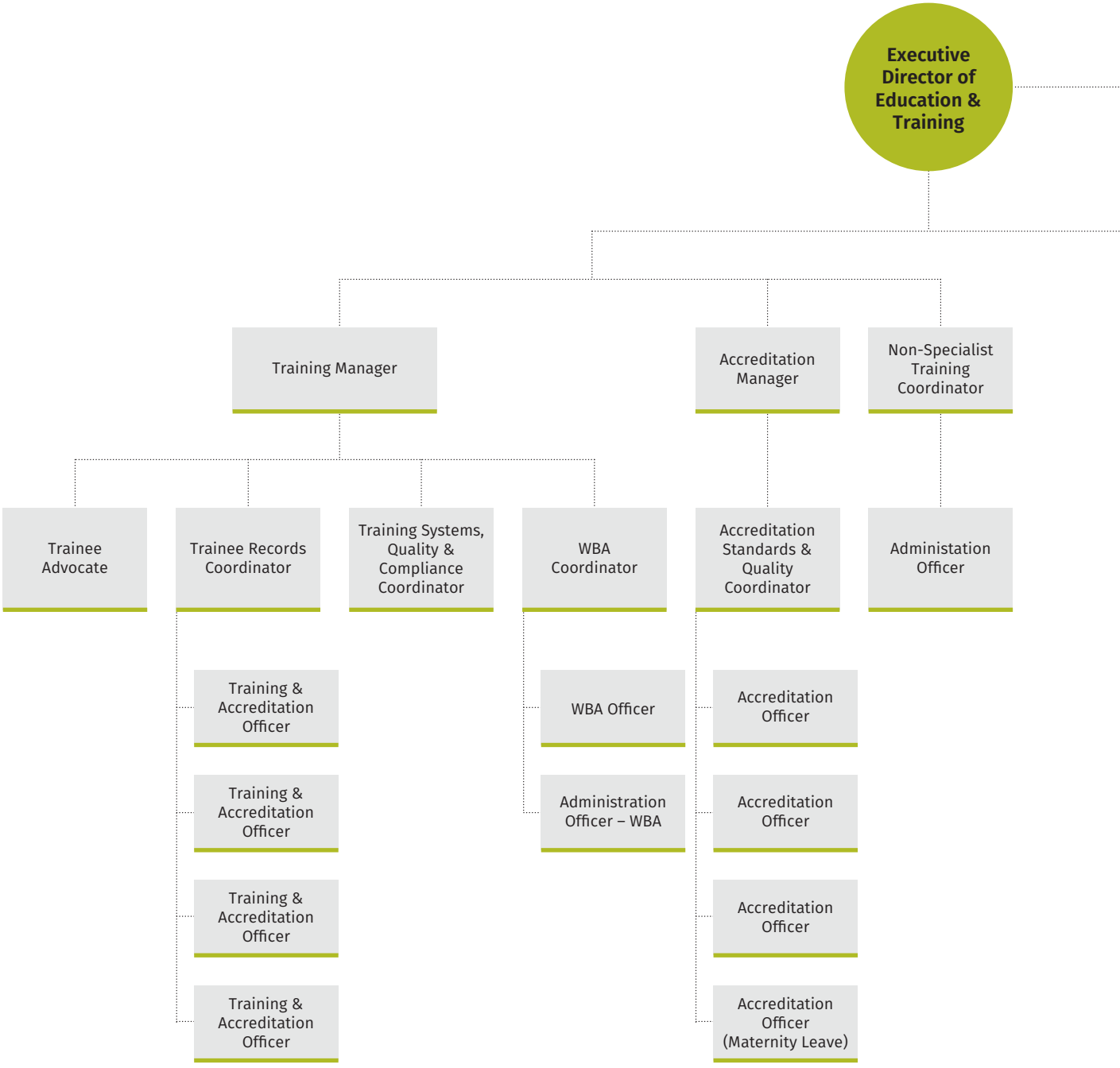
The College invests considerable effort to ensure that other areas of the organisation that support the delivery of education and training functions (e.g. ICT, communications, research) are adequately resourced, with regard to both staffing numbers, as well as capabilities.

This is recognised as a crucial component of enabling ACEM as an organisation to improve its capacities and deliver its functions at a high level. Thus, investment in development of a staff of significant capacity and commitment is now a priority for the College as it moves through a new phase that demands this capacity to support organisational development in areas that support its core activities. The development of strategy documents in areas such as Information Management is an example of such increased internal staffing capacity (refer **Appendix 1.5.1**).

Figure 1.5.1 Basis of ACEM organisational structure

Figure 1.5.2 ACEM organisational structure – Office of the CEO

Figure 1.5.3 ACEM organisational structure – Education and Training



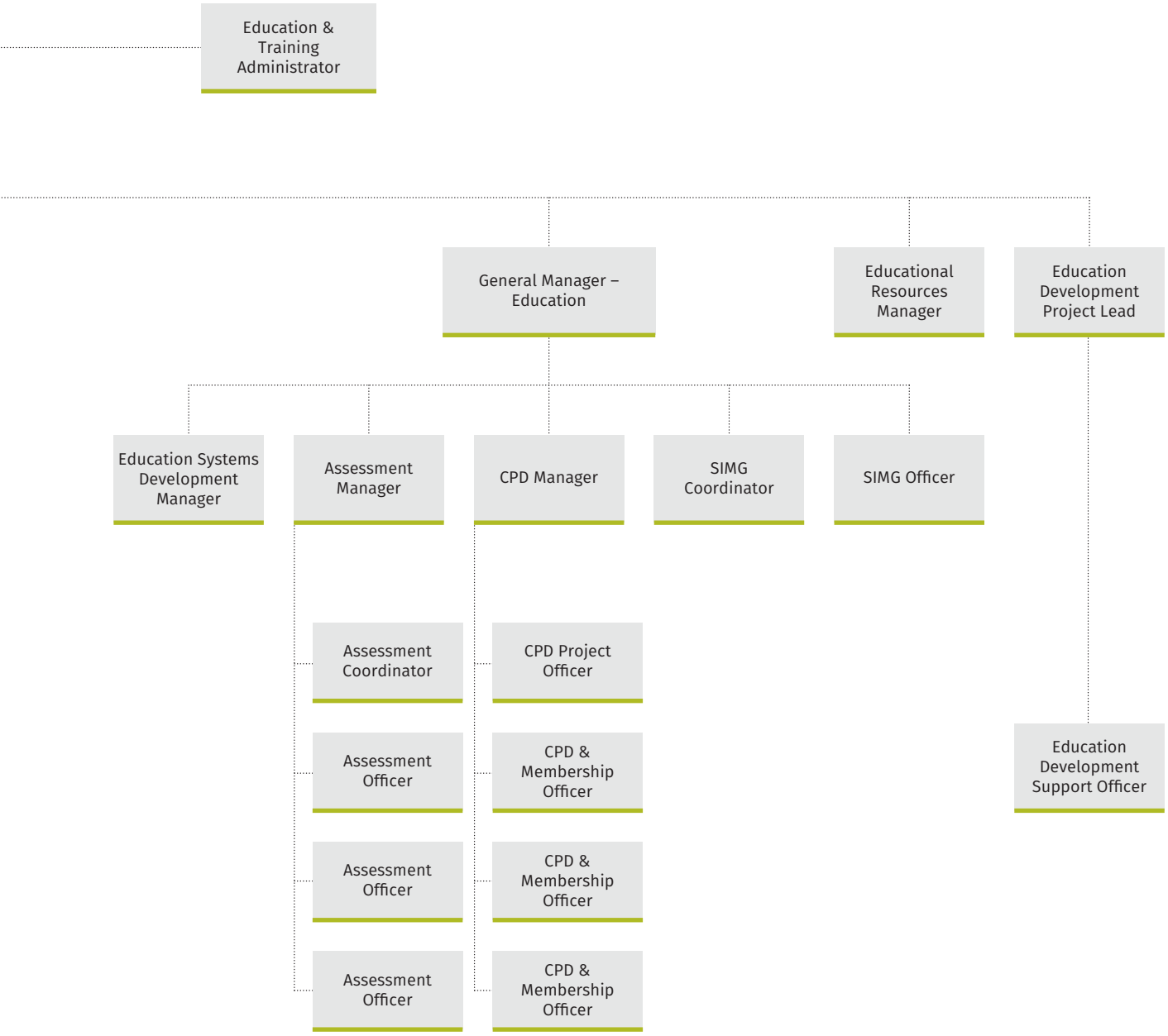
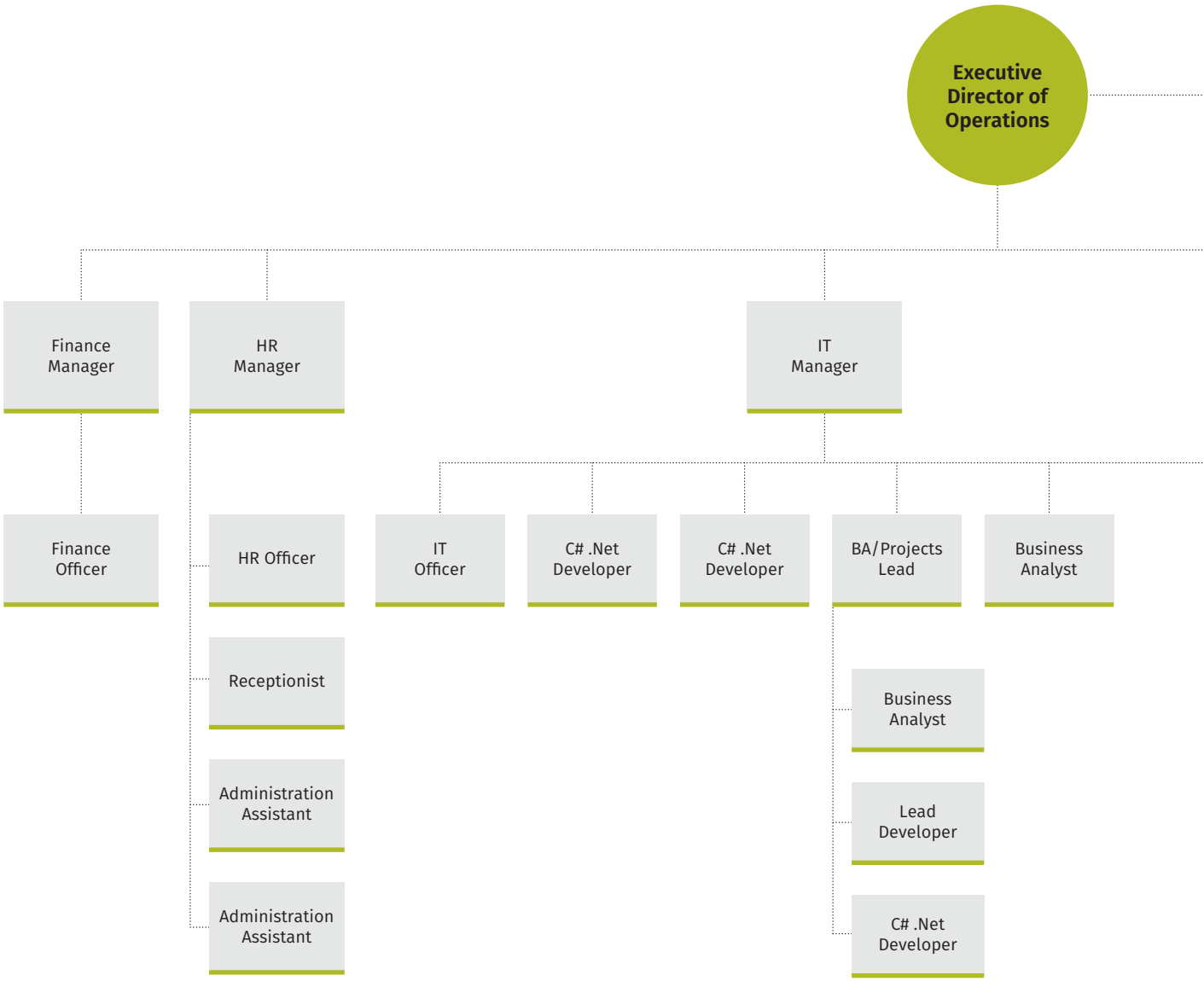

Education & Training Administrator
General Manager – Education
Educational Resources Manager
Education Development Project Lead
Education Systems Development Manager
Assessment Manager
CPD Manager
SIMG Coordinator
SIMG Officer
Assessment Coordinator
Assessment Officer
Assessment Officer
Assessment Officer
CPD Project Officer
CPD & Membership Officer
CPD & Membership Officer
CPD & Membership Officer
Education Development Support Officer

Figure 1.5.4 ACEM organisational structure – Operations



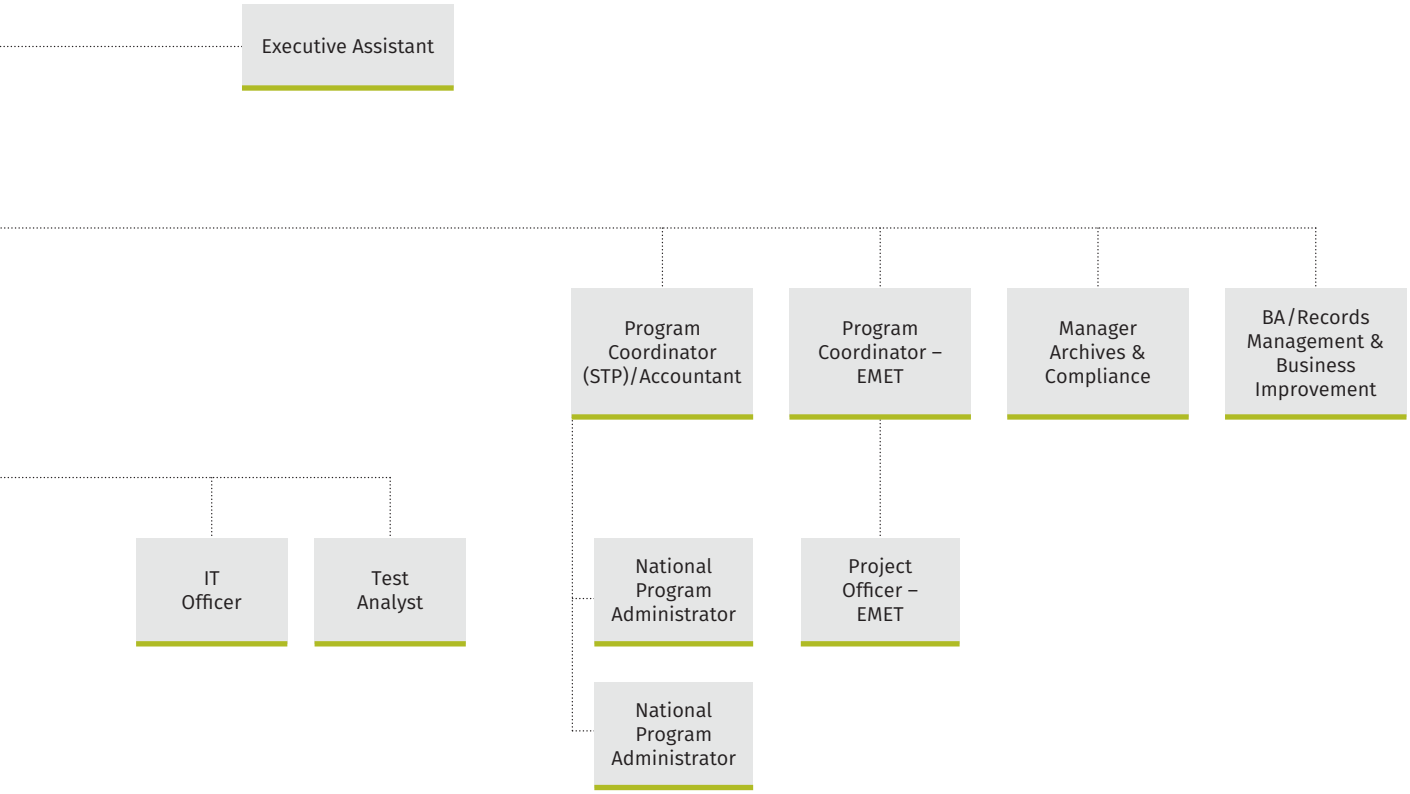

Executive Assistant
Program Coordinator (STP)/Accountant
Program Coordinator – EMET
Manager Archives & Compliance
BA/Records Management & Business Improvement
IT Officer
Test Analyst
National Program Administrator
National Program Administrator
Project Officer – EMET

Figure 1.5.5 ACEM organisational structure – Communications and Engagement

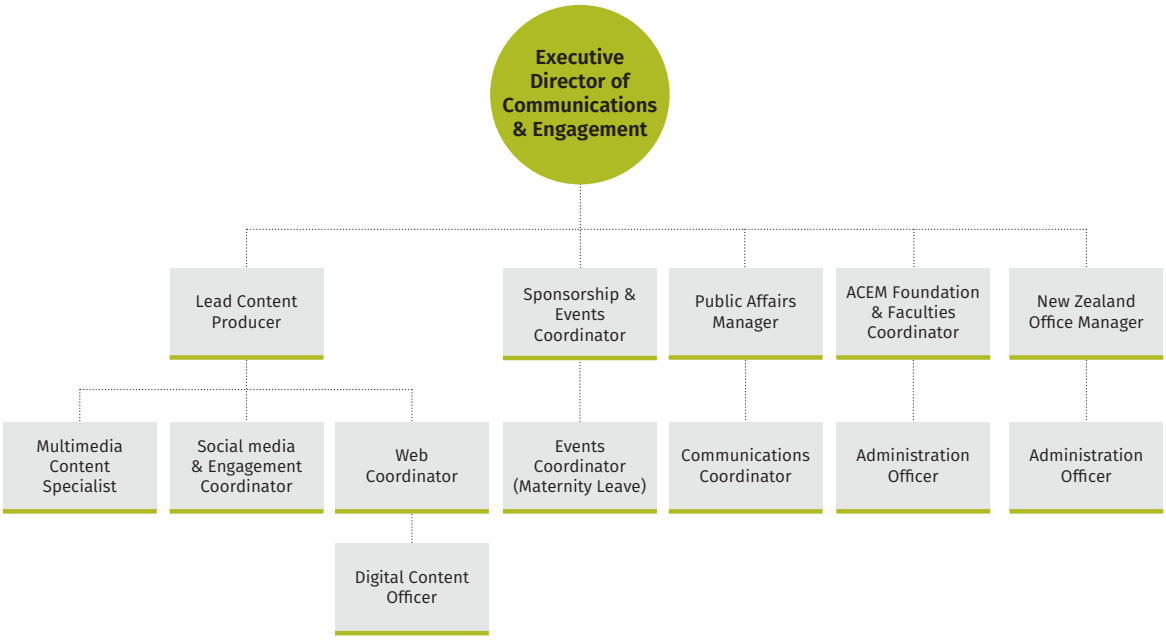
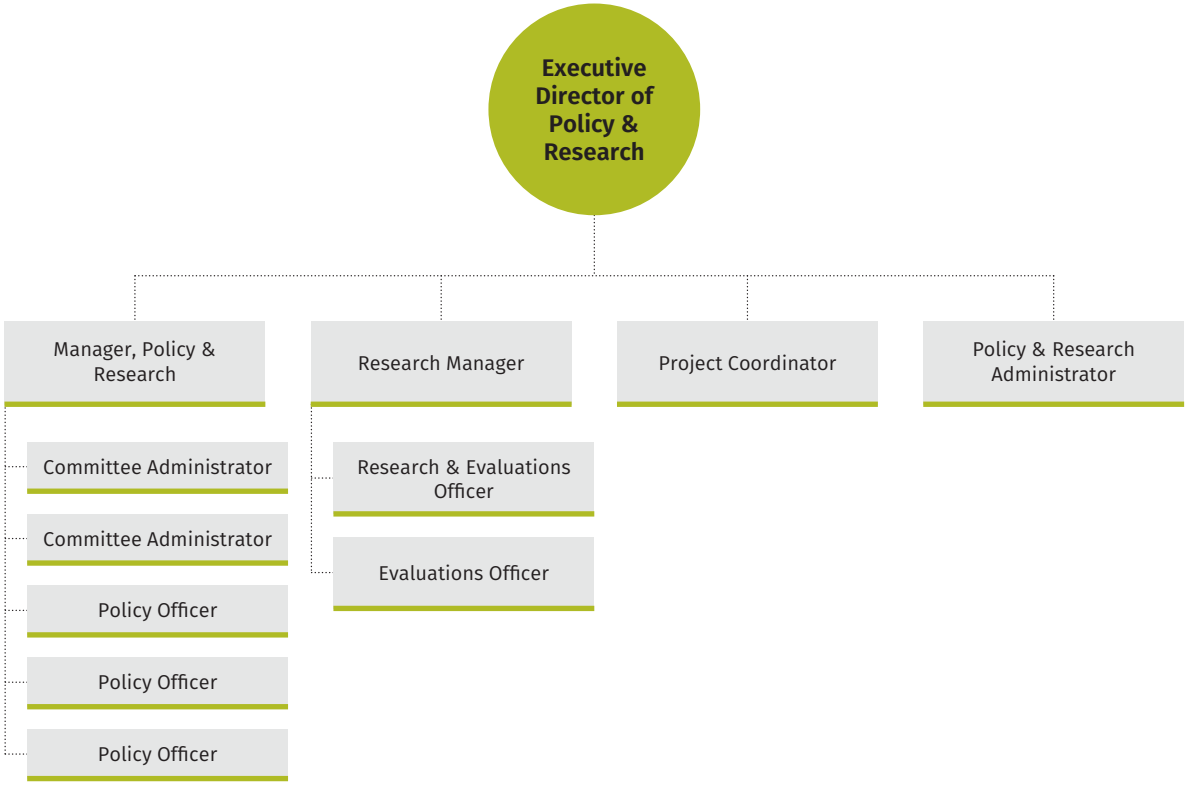


Figure 1.5.6 ACEM organisational structure – Policy and Research



1.6 Interaction with the health sector

Accreditation Standards	
1.6.1	The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.
1.6.2	The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
1.6.3	The education provider works with training sites and jurisdictions on matters of mutual interest.
1.6.4	The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

Summary of ACEM Response	
1.6.1	ACEM is increasingly seeking to proactively develop and maintain effective relationships with health-related sectors of society and government, including relevant organisations and communities, to promote the training, education and continuing professional development of medical specialists.
1.6.2	ACEM is increasingly working with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
1.6.3	ACEM works with training sites and jurisdictions on matters of mutual interest.
1.6.4	ACEM has for some time made significant effort at making a positive contribution toward the Indigenous health sector to support specialist training and education, and is now further developing a coordinated approach to this area of activity.

ACEM recognises its role in undertaking responsible advocacy on behalf of the profession and the general public concerning the provision of emergency medical care. Accordingly, it also recognises the need for and the benefits of developing an approach to the conduct of its activities that is seen as outward-, rather than inward-looking. To that end, while acknowledging that engagement with external bodies can be improved, the discussion that follows is testament to the commitment of the College in this regard and the range and diversity of interactions currently undertaken.

Increased capacity in advocacy and external liaison

The College's increased engagement in public consultations with multiple agencies clearly evidences its recognised responsibilities and work in this area. In terms of formal consultative processes, in 2015 – 2016 ACEM provided 90 submissions addressing a broad range of issues impacting on the practice of emergency medicine in Australia and New Zealand, and on training and education in the specialty.

Some examples are listed below, with the (publically released) submissions available on the ACEM **website**:

- Australian Health Ministers; Advisory Council Review of the National Registration and Accreditation Scheme for health professionals
- Victorian Inspector General's State-wide review of emergency response to thunderstorm asthma event
- NSW Health Statutory Review of the Health Practitioner Regulation National Law
- NSW Health JMO Recruitment Strategy
- NSW Health and Education Training Institute 'Emergency Medicine Training Network Review'
- Health 2040: A discussion paper on the future of healthcare in Victoria
- National Health Performance Authority Review of the Performance and Accountability Framework indicators
- Independent Hospital Pricing Authority Consultation paper on the Pricing Framework for Australian Public Hospital Services 2016 – 2017

- Department of Foreign Affairs and Trade – Joint organisational response to *Foreign Policy White Paper*
- MCNZ Review of Statements on Good prescribing practice and Prescribing drugs of abuse
- Australian Council on Healthcare Standards emergency medicine clinical indicator reports
- Department of Health Evaluation of STP and other programs
- Expert advice to WA Medical Workforce Branch on strategic planning for emergency medicine
- Expert advice to Queensland Health on disaster preparedness and training
- SA Health: Transforming Health – Proposals Paper
- MCNZ review of the Statement on Telehealth
- Review of MCNZ proposed vision and principles for recertification of doctors in New Zealand
- Greater Say for Victorians: Improving End of Life Care – A discussion paper on a framework for end of life care in Victoria
- Senate Community Affairs references Committee Medical complaints process in Australia
- MBA Draft Revised Registration Standard for Specialist Registration
- MCNZ Consultation on proposed changes to registration policies
- MBA Options for Revalidation in Australia – Discussion Paper
- National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Australia Clinical Guidelines for the Management of Acute Coronary Syndromes 2016
- NSW Ministry of Health – Statement of Agreed Principles on a Respectful Culture in Medicine

Jurisdictions, Health Care Services and Training Sites

The College continues to grow and sustain its capacity for positive engagement with jurisdictions, health care services and training sites. Several initiatives have been undertaken to improve engagement with health care services and jurisdictions as reported below.

Interactions with the jurisdictions and other agencies

A strategic focus of current College interactions is a schedule of meetings of senior College Office holders (President, Regional Faculty Chairs) and staff (CEO, Executive Director(s)) with jurisdictional (State/Territory/Federal (including New Zealand)) Departments/Ministries of Health. A key impetus for both current and future interactions is EM workforce planning. The College is endeavouring to create opportunities for collaborative dialogue to ensure that the emergency medicine workforce being trained reflects the needs of the Australian and New Zealand communities it is intended to serve, and that issues impacting on the provision and retention of that workforce are understood and the development of solutions collaboratively approached.

Analyses from the *Workforce Data, Analysis and Planning Section* of the *Australian Government Department of Health* (DoH), commissioned by the *National Medical Training Advisory Network* (NMTAN), to develop the *Australia Future Health Workforce Report – Emergency Medicine* have provided a strong rationale for these jurisdictional interactions. With the support of the ACEM Board, the College (senior office bearers and staff) have been collaborating with the DoH Workforce Data, Analysis and Planning Team to review and provide advice on scenarios, analyses and interpretation of supply and demand modelling of the Australian EM workforce.

The College is also collaborating with NMTAN and selected jurisdictions (notably New South Wales) to develop Emergency Medicine workforce models that may have implications for the way in which emergency departments are staffed by specialists and other medical practitioners (Career Medical officers, registrars, residents) over time.

Preliminary findings of this supply and demand modelling of the Australian emergency medicine workforce were presented collaboratively by the DoH and the College to the NMTAN meetings on 1 September 2016 and 5 May 2017. Regardless of scenario and associated assumptions, all modelling indicates an oversupply of FACEM numbers across the timeline analysed (to 2030), along with the universally accepted issue of maldistribution of the overall available medical workforce.

In light of the modelling described above, the College is proactively seeking to collaborate with all jurisdictions regarding their emergency medicine workforce needs and how these may be addressed. It is anticipated that this will assist ACEM in ensuring the EM 'training pipeline' is appropriately aligned to future workforce needs, including the contribution that can be made by holders of the EMC and EMD.

An initial round of meetings, with all Australian state/territory and New Zealand Ministers of Health and/or senior Health Department staff is continuing and the College is facilitating follow-up engagement with Health Department workforce planners and other relevant stakeholders across the jurisdictions in Australia, as well as bodies, such as Health Workforce New Zealand and the Workforce Strategy Group convened under the auspices of the *District Health Boards* (DHBs) in New Zealand.

In addition, the College has recently sought formal feedback from jurisdictions and other relevant agencies concerning ACEM's new accreditation requirements for specialist EM training in hospital EDs, which have been developed by the College to align with the revised AHMAC standards. This consultation process was used to inform finalisation of the requirements and their implementation (refer Standard 8.2 for further discussion).

Jurisdictions have also been consulted to inform the development of a revised process for entry to the FACEM Training Program and will be consulted in relation to the review of the ACEM Curriculum Framework and the FACEM Training Program. Additionally, a process to appoint jurisdictional representatives to a range of College entities is underway (refer also later this standard).

The College's interactions with the jurisdictions and other agencies also includes participation in workshops and meetings and representation on panels[25]. Examples include:

- Collaboration with the Department of Health regarding Emergency Medicine workforce projections
- Partnership with Deakin University on *Driving Change – Last Drinks project*
- Ongoing engagement with NPS MedicineWise on the *Choosing Wisely* initiative
- Representations to NSW Health regarding Mandatory Training Requirements for Medical Specialists and subsequent liaison with the NSW Health Education and Training Institute (HETI)
- Collaboration with RANZCP regarding the interface between mental health services and the ED
- Liaison and expert advice to Victorian and Commonwealth Governments on impact of methamphetamine affected patients on front-line emergency clinician staff
- Collaboration with the Commonwealth Department of Health on the ongoing delivery of EMET
- Ongoing liaison with SA Government on the impact of implementation of Transforming Health on emergency medicine, including representation on 'Transforming Health Ministerial Clinical Advisory Group'
- Collaboration with the Foundation for Alcohol Research (FARE) on activities related to reducing alcohol related harm
- Advocacy activities associated with membership of the Alcohol Policy Coalition
- Ongoing consultations and advocacy, in collaboration with RACS and RACP, with NT Government over concerns with open road speed limits
- Ongoing collaboration with the Independent Hospital Pricing Authority (IHPA) on the Emergency Care Costing and Classification Project
- Consultation with the Office of Chief Medical Officer, Queensland, on a Medical Workforce Plan for Queensland
- Collaboration with ANZCA, RANZCOG and RANZCP on health workforce capacity building in developing countries
- Liaison with Department of Health and Human Services Tasmania on adequacy of senior emergency medicine specialist staffing levels at Launceston General Hospital and impact upon appropriate supervision of trainees and site accreditation
- Ongoing engagement with MBS Review Taskforce, particularly through representation on the Clinical Committee for Intensive Care and Emergency Medicine
- ACSQHC Expert roundtable on the National consensus statement: essential elements for safe and high-quality end-of-life care

25 College records indicate formally nominated College representatives across more than 80 activities in all jurisdictions where the College operates

- Expert review of RACP Selection into Training Policies
- Consultation with Victorian Auditor General regarding audit into the efficiency and effectiveness of emergency care provided in Victorian public hospitals
- Liaison with NSW Minister and Director General of Health on concerns with implementation of nurse release teams as a means to improve ambulance turnaround and ongoing need for whole of hospital reforms to improve patient care in EDs

Also, the College has engaged and/or consulted with jurisdictions, agencies and other medical colleges in developing the following resources for emergency departments:

- **Policy on End of Life and Palliative Care in the Emergency Department**
- **Quality Standards for Emergency Departments and other Hospital-Based Emergency Care Services**
- **Guideline for Constructing and Retaining a Senior Emergency Medicine Workforce**

As indicated earlier, the College intends to operate and be recognised as an outward-looking, rather than insular, organisation. To that end, in late 2016, the ACEM Board considered a discussion paper aimed at increasing the participation of the health jurisdictions and health consumers in College activities (provided as **Appendix 1.6.1**). Recommendations outlined in the discussion paper and accepted by the ACEM Board requested the identification by both CAPP and COE of current jurisdiction and health consumer representatives on the two Councils and their entities, as well as identification by the Councils at their first meeting of 2017 of those entities where it was considered that the appointment of jurisdictions and health consumers could assist and add value to the work of the entities identified.

The ACEM Board considered information provided by COE at its meeting held in February 2017 and changes to the ToRs of the entities involved to facilitate the appointment of jurisdiction representatives to the entities listed in Table 1.6.1 has been facilitated. The process of making the appointments is currently in process.

Table 1.6.1 Health jurisdiction representation on COE entities

Entity	Existing	Additional
Council of Education	–	✓
Accreditation Subcommittee	–	✓
Non-Specialist Training Committee	–	✓
SIMG Assessment Committee	–	✓
Specialist Training and Assessment Committee	–	✓
Selection into Fellowship Training Working Group	–	✓

The College sees the appointment of jurisdiction members to the entities listed in Table 1.6.1 as a significant step forward in its interaction with jurisdictions. As discussed in relation to Standard 1.1, the review of the structure of entities reporting to CAPP has been extended past the intended timeframe, with recommendations now expected to be considered later in 2017. The expansion of jurisdiction members on CAPP entities will then be progressed as part of the implementation of the new entities structure.

Interactions with training sites

The nature of the practise of emergency medicine dictates that the College interacts with training sites on a regular basis to ensure quality training for trainees, along with the education and professional development of the clinicians that provide, oversee and assess that training.

The primary formal mechanism through which this is done is through the accreditation process relating to sites that conduct FACEM training (refer Standard 8.2). The College also interacts with sites on advocacy issues; for example, alcohol and other drug-related initiatives, emergency department quality standards, workforce surveys. Another channel of engagement is through the provision of education opportunities aimed at the continuing education and development of Fellows. This includes resources and workshops aimed directly at training and supervising trainees. Some of these opportunities are outlined in other sections of this document (see, for example, Standard 8.1).

The change in the nature of relationships between Colleges and training sites that has occurred as a result of the work of the RACS EAG on DBSH has not gone unnoticed, and it is accepted that ACEM will not be immune from this shift. As outlined in the College's 2016 Progress Report, as a first step to initiating a more targeted approach to the issue of DBSH in emergency medicine training and practice, the College is undertaking a *Discrimination, Bullying and Harassment Project* that involves two phases. Phase 1, which is currently being conducted, involves data collection and member consultation, while Phase 2 involves the development and implementation of solutions, based on the outcomes of Phase 1.

The Project Proposal was provided in the College's 2016 Progress Report. The most recent Project Report that was supplied to CAPP at its March 2017 meeting is presented as **Appendix 1.6.2** of this document. Data was collected from two surveys conducted over a four-week period from 10 April to 8 May, 2017. One survey collected feedback from members (including trainees, SIMGs), while a second survey sought information from hospitals, CEOs, senior executives and HR departments on the organisational prevalence of DBSH issues, and organisational responses and initiatives currently used to address such issues involving emergency physicians, trainees and other organisation staff.

The report of Phase 1 of the project is being finalised to inform the conduct of Phase 2, with the findings of the report to be disseminated widely. The College has committed significant resources to this piece of work, which, along with other targeted initiatives, will extend the already significant amount of interaction between the College and its training sites.

Indigenous Populations and Groups

Along with jurisdictions in the 'wider international arena, including particularly Asia and the Pacific region'[26], the Objects of the College make reference primarily to ensuring the provision of and access to safe, patient-centred care in Australia and New Zealand. Clearly this includes the Indigenous populations of these two countries, along with all other communities in what are culturally and geographically diverse populations.

The importance and emphasis that ACEM places on ensuring support for emergency medicine health care to Indigenous populations in Australia and New Zealand is illustrated through the work of College entities such as the *Indigenous Health Subcommittee* and the *ACEM Foundation*. Terms of Reference for both are provided as **Appendix 1.6.3** and **Appendix 1.6.4**, respectively.

Both groups meet regularly in the program of meetings of ACEM entities throughout a calendar year and conduct activities to assist with the promotion of Indigenous issues in emergency medicine and the wider health care agenda.

The ACEM Reconciliation Action Plan

A major activity of the Indigenous Health Subcommittee through 2016 was the development of the first *ACEM Innovate Reconciliation Action Plan* (RAP) for implementation from 2017.

A RAP provides a framework for organisations to develop a commitment to establishing and measuring realistic actions that promote respectful relationships with, and create opportunities for Aboriginal and Torres Strait Islander peoples.

The ACEM RAP was developed with the assistance of Federal Government funding under the National Program, and supported by a Reference Group comprised of ACEM Fellows and trainees, Indigenous community representatives and organisations, and senior ACEM staff. The group included representation from CAPP, COE and the ACEM Foundation.

A consultation process was undertaken, seeking feedback from all ACEM Fellows, trainees, SIMGs, EMC and EMD trainees and ACEM staff on the draft RAP. All feedback received was considered by the Reference Group and incorporated into the final version of the RAP where appropriate. The RAP was then submitted to *Reconciliation Australia* for in-principle support before being endorsed by the ACEM Board. The ACEM RAP is provided as **Appendix 1.6.5**.

26 ACEM Constitution, Object 1.1.12, p. 7

To ensure appropriate governance and oversight of the RAP, the responsibility for the implementation and operation of ACEM's RAP was transferred to the *RAP Steering Group* (an entity established under the ACEM Board) from 2017. ToRs for the group are provided as **Appendix 1.6.6**. The RAP was launched in March 2017, with a ceremony at the ACEM Offices in Melbourne (refer **Appendix 1.6.7**). Appropriate staff resources have been provided to ensure the objectives of the RAP are achieved through liaison with internal and external stakeholders on issues central to the RAP. Progress on implementation of initiatives contained in the RAP will be monitored.

As part of the activities associated with the RAP, the ACEM Board approved the distribution of a letter co-signed by the ACEM President and the Chair of the Indigenous Health Subcommittee, to support the launch of the RAP, encouraging members and trainees of Aboriginal, Torres Strait Islander or Māori descent to self-identify in the ACEM database. This will assist the College to identify, with certainty, the involvement of Indigenous doctors in the College and the practice of emergency medicine, both in Australia and New Zealand. This is an initiative that has been championed by ACEM through CPMC in Australia and CMC in New Zealand.

Promoting awareness and respect of Aboriginal and Torres Strait Islander cultural needs in emergency departments is a key element of ACEM's RAP. The College recognises that the building of strong relationships with Aboriginal and Torres Strait Islander peoples is imperative. Accordingly, ACEM will continue to grow its engagement through the action to 'Enhance and maintain mutually beneficial relationships with Aboriginal and Torres Strait Islander peoples, communities and organisations to support positive outcomes'[27].

While the RAP involves collaboration with *Reconciliation Australia* and is directed specifically at the Indigenous peoples of Australia, the principles can also be applied to promote Indigenous Māori health. The College has convened separate meetings to explore collaborative initiatives between the College and both AIDA and Te Ora. An indication of the matters covered at these meetings can be gleaned from the Briefing Papers provided by the College to AIDA and Te Ora for its initial meeting in February 2017 (provided as **Appendix 1.6.8**).

Discussions have been held on initiatives to inform the activity of the *Selection into Fellowship Training* (SIFT) *Working Group*, and assist with enabling developments aimed at recruiting Indigenous medical graduates to the FACEM Training Program, as well as developing appropriate support structures.

Support for Australasian Indigenous Doctors and Organisations

As described in its ToRs (refer **Appendix 1.6.4**), the ACEM Foundation has three pillars of activity: *emergency medicine research in Australasia*; *capacity building for the delivery of emergency medicine training in developing countries*; and *the encouragement and support of Australian and New Zealand Indigenous doctors to become emergency medicine physicians*.

In its publication *The Year in Review 2016* (**Appendix A**), which incorporates the *ACEM Annual Report*, ACEM provides a summary of the Foundation's activities throughout the Financial Year 2015 – 2016. Of note in regard to the College support and encouragement for Indigenous doctors to become involved in the practice of emergency medicine, are the activities described in relation to the third pillar of activity of the Foundation; to support and encourage Australian and New Zealand Indigenous doctors to become emergency medicine physicians.

The ACEM Foundation announced the *ACEM Foundation Conference Grant: Promoting Future Indigenous Leaders in Emergency Medicine* in August 2015 to support Aboriginal, Torres Strait Islander, and Māori medical practitioners, medical students, and other health professionals to attend the *ACEM Winter Symposium* or the *ACEM Annual Scientific Meeting* (ASM). The inaugural recipient of the grant, Dr Mitchell Sutton, attended the 2015 ACEM Annual Scientific Meeting in Brisbane, Queensland, while the 2016 recipient, Dr Max Raos, attended the Annual Scientific Meeting in Queenstown, New Zealand.

The *Joseph Epstein Scholarship for Indigenous Advanced Emergency Medicine Trainees* aims to encourage and support Aboriginal, Torres Strait Islander, and Māori doctors undertaking Advanced Training in the FACEM Training Program of the College. In 2016, the Joseph Epstein Scholarship was presented to Dr Te Motu Orohi Tamanui-Thomas, a Māori Advanced Trainee. The 2017 scholarship was awarded to Dr Tatum Bond, an Aboriginal trainee undertaking Early Phase Advanced Training. The *ACEM Foundation* continues to provide ongoing financial support to the three Advanced trainees who have previously received the Scholarship.

27 ACEM Reconciliation Action Plan, Relationships – Action 4, p. 15

The 2015 ACEM Foundation Lecture was presented by Associate Professor Kelvin Kong, a Fellow of RACS, and Otolaryngology, Head and Neck Surgery specialist. Associate Professor Kong delivered a powerful lecture on the role of the specialist colleges in Aboriginal and Torres Strait Islander health. The 2016 ACEM Foundation Lecture was presented by Professor Paparangi Reid. Entitled *Taking a History*, Professor Reid's lecture addressed the need for an understanding of the history of Māori health and culture in Aotearoa New Zealand in order for the current state of Māori health outcomes, where Māori people have lower life expectancy and higher mortality rates, regardless of socio-economic status.

As a sponsor of the 2015 AIDA conference, the ACEM Foundation provided support for the AIDA conference, which was held in Adelaide during September. The ACEM Foundation provided information that was well received by medical students and doctors, and ran workshops facilitated by ACEM Fellows. Similarly, support was provided for the 2016 AIDA conference held in Cairns in September, and it is anticipated that support will be offered to the 2017 event to be held in September in the Hunter Valley.

The ACEM Foundation provided support to the 2015 Te ORA Hui-Tau Scientific Conference in Palmerston North, New Zealand. As a Sponsor, the Foundation was provided with an opportunity to actively promote the FACEM Training Program to Māori medical students and doctors.

In 2016, the College and the ACEM Foundation supported the *Pacific Region Indigenous Doctors Congress* (PRIDoC) held in Auckland in November, and hosted by Te Ora. The College's presence provided delegates with an opportunity to learn about the FACEM Training Program, the EMC and EMD, and other College initiatives.

The Foundation also provided support to the *Leaders in Indigenous Medical Educators* (LIME) Conference in August 2015 (LIME CONNECTION VI). Over 200 delegates attended this event, which was held in Townsville, Queensland. Several workshops were facilitated by ACEM Fellows. Similar support was provided for the 2017 Conference (LIME CONNECTION VII), held in Melbourne in April.

Online Resources

The role of cultural competence in the delivery of emergency medical care is explicitly acknowledged in the FACEM Training Program through the ACEM Curriculum Framework. The College provides several online resources to assist trainees to develop *Indigenous Health and Cultural Competence* (IHCC), including its online **IHCC Program**, which won the *Diversity* category at the *2015 Australia and New Zealand Internet Awards*.

Also nearing completion is a series of three modules on the assessment of Cultural Competence that are intended to assist with enabling an increased ability to assess this important area of practise in FACEM trainees. Developed with the assistance of funding from the Australian Government under the auspices of the National Program, the three modules are:

- *Foundations of Assessing Cultural Competence*
- *Assessing Cultural Self-Awareness & Cultural Adaptability*
- *Assessing Cultural Literacy & Cultural Bridging*.

In the lead-up to Waitangi Day 2017, ACEM released a teaching resource for DEMTs in New Zealand. The resource consists of four 10-minute modules that explore Māori History, Tikanga (Māori culture), Māori health inequalities and inequities, and engaging with Māori patients. The resource may be accessed on the ACEM **website** and was created with support from ACEM staff by two New Zealand members of the Indigenous Health Subcommittee, along with input from Te Ora, and two Māori emergency medicine trainees from Te Āti Awa and Te Rarawa iwis.

The video presentations may be used individually, or in conjunction with resources available from the Māori Health team within a hospital, and also contain a link to the *Mauriora Health Education website* that enables access to the free online *Foundation Course in Cultural Competency* developed for the use of the New Zealand health workforce.

A short video describing the process that Middlemore Hospital undertook to work with local elders from the local iwi to enable the first ever Māori name for the Middlemore ED, and the positive effects of this, is also contained on the resource site.

Health Consumers and Interactions with Community Groups

Until recently, seeking the views of health consumers about ACEM activities has been limited to the inclusion of recognised groups in formal consultations, as well as the input of a single individual as a member of the Council of Education. This appointment was made in 2014, and was a direct result of that individual's involvement in the CRP process. Indigenous community representatives were included in the working groups that developed the IHCC modules, the Reconciliation Action Plan and Assessing Cultural Competence modules.

In 2015, ACEM established a *Patient Safety Working Group* for a project under the National Program to identify how the College could best address patient safety issues in emergency medicine, and to establish leadership in patient safety within the College. A Patient Advocate was included on this group and contributed to both the program development and delivery of ACEM's *Accelerated Patient Safety Course* in 2016.

Also funded under the National Program was the *Emergency Medicine Events Register* (EMER) project – supported by the *Quality Management Subcommittee and Standards Committee* – that is currently trialling consumer reporting of incidents and experiences in EDs (see: **https://www.emer.org.au/consumer-report.html**) to inform quality improvement processes.

Of the approximately 300 reports now in the EMER database, 10 per cent have been provided by consumers since this capability was introduced in 2016. The data are reviewed by a reference group on a bimonthly basis and reported regularly to the membership through a program of alerts (see **https://www.emer.org.au/**) and summaries in the weekly ACEM *e bulletin*. The project is anticipated to transition from being conducted under the National Program to one conducted as a core College activity in 2017.

As indicated earlier in relation to the discussion of interactions with the health jurisdictions, in late 2016 the ACEM Board requested both CAPP and COE to consider the expansion of jurisdiction and health consumer representatives on the two Councils and their entities.

The outcome of the consideration by COE of increased jurisdiction representation is outlined in Table 1.6.1, with the outcome of that consideration in relation to health consumer representation outlined in Table 1.6.2.

Table 1.6.2 Health consumer representation on COE entities

Entity	Existing	Additional
Council of Education	✓	✓ (retain)
Accreditation Subcommittee	–	✓
CPD Committee	–	✓
Examinations Subcommittee	–	✓
Non-Specialist Training Committee	–	✓
SIMG Assessment Committee	✓	✓ (retain)
Specialist Training and Assessment Committee	–	✓
Selection into Fellowship Training Working Group	–	✓

Appendix 1.6.9 outlines the *Position Description for health consumer representatives on ACEM entities*, and the College document describing the process by which health consumer representatives are appointed is provided as **Appendix 1.6.10**. The latter document also describes the support and remuneration provided by the College to appointed representatives.

As with the expansion of jurisdiction representatives described earlier, the additional appointments indicated in Table 1.6.2 are currently in process, the College viewing the appointments as a significant step forward in its interaction with health consumers.

Also, as with the expansion of jurisdiction representatives, the expansion of consumer members on CAPP entities will be progressed as part of the implementation of the new CAPP entities structure once that process is finalised. Once this is achieved, the Board intends to consider the formation of an *ACEM Consumer Reference Group* as referenced in Recommendation 3 of **Appendix 1.6.1**.

The Emergency Medicine Program (the National Program)

Described briefly in the *Introduction*, the College is in its seventh year of administration of the *"Improving Australia's Emergency Department Medical Workforce"* later called the *"Emergency Medicine Program" (EMP)* or the *National Program*, funded by the Commonwealth Government as part of its commitment to improving emergency care in Australia. Oversight for this program is undertaken by the *National Program Steering Committee* (NPSC), a subcommittee of the ACEM Board. The ToRs of the NPSC are provided as **Appendix 1.6.11**.

As described in the Introduction to this document, there are three main components to the program.

- The Emergency Medicine and Education Training (EMET) Program
- The Specialist Training Program (STP)
- Support Projects.

The ongoing management of these programs requires the College to enter contractual arrangements with health services. Throughout 2017 the College will have entered into 109 funding agreements with 79 health care services and/or jurisdictions.

The selection and review of funded sites, ongoing management and associated reporting for these programs ensures a high degree of interaction between the College and associated hospitals and jurisdictions.

The College has recently been advised by the Australian Government that the EMP will be consolidated with the STP Program and funded from 2018 to 2020. The College is grateful for the continued funding, which affirms the importance this component of the program is considered to have in providing improved access to quality emergency medicine care in rural Australia.

All components of the National Program require close liaison with jurisdictional bodies and agencies, both at a regional and individual hospital level in order to ensure effective delivery of program objectives.

1.Emergency Medicine Education and Training (EMET)

The EMET Program was established to improve care for patients requiring urgent and emergency care, particularly in rural Australia.

Of the over 600 hospitals with *Emergency Departments* (EDs) or urgent care services in Australia, only 25 per cent are staffed by FACEMs. The 75 per cent of hospitals without FACEMs are typically located in rural locations with clinical staffing models that includes GPs, *medical officers* (MOs), nurses, paramedics and/or allied health workers.

The College contracts with a 'hub' hospital, typically a larger regional or metropolitan hospital, to deliver EMET activities to hospitals within their region or network.

Funding enables FACEMs to deliver:

- supervision and training of EMC and EMD trainees; and
- emergency medicine education sessions.

Since commencement of the EMET Program in 2012:

- at least 350 regional, rural and remote hospitals have been provided with training sessions in emergency medical care;
- in excess of 8,000 training sessions have been conducted, from 1-hour to full-day workshops;
- there have been more than 67,000 attendances, by doctors, nurses and paramedics at these training sessions; and
- over 360 graduates of the EMC and EMD at EMET sites.

In 2017 ACEM is funding 50 EMET hub sites across Australia, with an estimated potential reach of over 400 training sites.

Further information on activities under the EMET Program are provided in **Appendix 1.6.12**.

2. Specialist Training Program

The STP Program enables the College to fund 112 FTE FACEM Training Program positions in expanded settings across Australia. There are a further six positions funded through the *Tasmanian Health Assistance Program* (THAP), and four new positions in 2017 are funded through the *Integrated Rural Training Pipeline* (IRTP) initiative.

These funded positions are located across 67 sites, predominately in regional, rural and private hospital settings.

Under the arrangements for the National Program recently advised by the Australian government, the number of STP posts will be reduced in 2018 and 2019 from 112 to:

- 77 posts in 2018; and
- 57 posts per year in 2019 and 2020.

The targets for these posts are:

- 50% of posts are to be in regional/rural areas; and
- 30% of posts are to be in the private sector.

3. Support Projects

The College has conducted multiple projects under the EMP. The projects include work relating to areas such as workforce sustainability, assessment of cultural competence, leadership and support for SIMGs.

1.7 Continuous renewal

Accreditation Standards	
1.7.1	The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

Summary of ACEM Response	
1.7.1	As a central component of continuous improvement in relation to all of its activities, ACEM regularly reviews its structures, functions and resource allocation to training and education functions to meet changing needs and evolving best practice.

As indicated earlier in this submission, at the time of the accreditation of ACEM by the AMC in 2006/2007, the College employed eight staff to administer its activities. The 'professionalisation' of the College can perhaps be considered to have begun with the appointment of a Director of Education in the lead-up to that accreditation.

Since the 2007 accreditation, the College has expanded its staffing numbers and capabilities, with a physical extension to its Melbourne offices providing for that expansion. The CRP saw a change in the staffing and ICT requirements necessary to administer the program, and an increased requirement for capacity to provide strategic direction and planning, rather than simply the capacity to administer functions, has resulted in a change to the staffing profile of the College over time.

The current iteration of the College's FACEM Training Program (with a significant emphasis on workplace-based assessment) was launched for the 2015 training year. Accordingly, New Zealand trainees were transitioned at the end of 2014, with Australian trainees transitioning at the beginning of 2015.

The implementation of the program through 2015 and 2016 has meant a change of emphasis of work in the sphere of activities related to education and training, away from the focus of work conducted under the CRP from 2011 to 2015, and which was formally accepted to be completed at the November 2015 meeting of COE.

Since mid-2015 specific appointments have added to the College's capacity to effectively conduct its activities. The College has supplied additional resourcing to the *Education and Training and Accreditation* departments, as well as other sections of the College.

The appointment of an *Executive Director of Education and Training* (discussed in more detail in Standard 1.4) is a significant appointment since the submission of the 2016 Progress Report that was made in response to identified needs in this core College portfolio. The College staffing profile continues to adapt in order to effectively deliver priority activities seen as necessary in the short- to medium-term.

The appointment of an experienced *Executive Director of Communications and Engagement* to lead the development of College activities in this area is another important development in increasing ACEM staff capability. Part of the responsibilities of this newly formed unit will be a focus on enabling additional support for Regional Faculties to conduct their functions and enable a greater coordination of the range of activities performed at a local level with those undertaken by the College through its offices in Melbourne.

The College has also recently appointed a new *Executive Director of Policy and Research,* their predecessor having been appointed to a CEO position in a related sector following five years with ACEM. The new appointee has a strong background of relevant experience in the government and not for profit sectors and completes what is expected to be a strong ELT that will work with the College membership to facilitate the work of the College over the next three to five years.

The review of College structures to attain an effective and efficient delivery of functions is an ongoing activity. As with all aspects of College activity, the processes involved may be formal (e.g. review of the CAPP Committee structure, external review of Communications functions), or informal (e.g. determination of specific staffing resources), depending on the specific matter in question.

Further developmental work in relation to the FACEM Training Program (e.g. in relation to examinations, WBAs) continues under specific groups that operate under the auspices of COE. In addition, experience with the current program in the time since implementation has indicated that it remains relatively complex in some aspects of its structure, with some incongruity between its underpinning framework and the training program in operation (refer also, Standards 3 and 6.1), and work is being undertaken to consider further refinements to the program that may reduce this.

The intention of any such refinements is to enable the structure and requirements of the program to be coherent and consistent, for the program to be understood as easily as possible by all concerned, and for the program to be able to be administered in an effective and efficient manner.

Thus, work will continue to incrementally develop the program's governance and administrative arrangements. The ultimate intention for the College in this regard is to ensure that the program presents a logical structure, and that all information about a trainee's progress through the training program, including eligibility for assessments, such as examinations, is readily available to trainees, their supervisors and assessors on a real-time basis.

The foundation for the administration of the program was laid in 2014 with the development of the College's online portal. Enhancements to the system to build reporting and monitoring components to enable functionalities such as WBA completion and training reporting are continuing to be progressed through 2017. Recent developments to support the administration of WBA completion, compliance and reporting have been highly successful and have aided considerably in achievement of the overall aim of the trainees' online portal system.

Summary of strengths and challenges in relation to Standard 1

An overarching theme of this submission, which is articulated clearly in the Executive Summary and referred to elsewhere, is the evolution of ACEM as an organisation and its current stage of maturation. Since the full accreditation in 2007, progress reports have presented a picture of rapid development and expansion. The College has now reached a stage where that development must be accompanied by a maturing of outlook and processes. This includes reflection on current operations to ensure they are absolutely fit for purpose in the context of contemporary expectations. The requirements and implications of future developments and initiatives must be fully considered prior to implementation, and organisational maturation is a consistent theme in the strengths and challenges perceived by the College in relation to matters that are the subject of Standard 1.

The above said, ACEM is now considered to be an organisation with solid foundations and the capacity to be at the forefront of postgraduate vocational medical education and training in the short-term.

The revised governance arrangements introduced in mid-2014 are proving effective, with the composition of the Board of Directors and Councils, complemented by an evolving and increasingly skilled and experienced staff, providing the necessary skills and vision to progress the work of the College in a coordinated manner with appropriate risk awareness and mitigation.

All College entities are governed by clear documents that address their functions and processes, and strong governance requirements are increasingly emphasised throughout the organisation. Adherence to policies and processes and the conduct of functions according to principles that ensure fairness and transparency are emphasised, with the expectation that these constitute routine business. The College has clear processes to guide the receipt and resolution of matters such as reconsideration, review and appeal of College decisions, as well as complaints, and is committed to ensuring that all who utilise these processes do so with the knowledge that their concerns will be treated with respect, transparency and fairness. The College does, however, accept that this may not be the current perception and that continued effort will be required in order to achieve this understanding.

The College has a sound membership base and is financially secure; revised budgeting processes ensure that the College is able to expand its staffing and services in a manner that sustains its current overall strong financial position.

The College is becoming increasingly outward-focussed in the manner in which it considers and conducts its activities. It is aware of the need to involve external, as well as internal, stakeholders in its deliberations. Whilst the core function and focus of the College is clearly on its education and training activities related to the development of future 'specialists' in the discipline of Emergency Medicine, the College also realises the need to provide training and education in the discipline to medical practitioners seeking knowledge below that of specialist level.

The College is proactively involved in advocating for more equitable availability of quality health care to all communities in the jurisdictions that it serves. Accordingly, the College is initiating discussions with jurisdictional health authorities and other bodies in an endeavour to put in place collaborative arrangements based on community needs as they are perceived by those responsible for the planning and delivery of health care in individual jurisdictions.

For some time, the College has been proactive in providing advocacy and support for Indigenous populations and is increasing its efforts through interactions with Indigenous bodies. The intention is to bring about measurable positive change in the ability of Indigenous populations to access quality health care and increase the participation of Indigenous doctors in the delivery of that health care. Although the College is aware that it may take time to achieve these goals, it is committed to working with a range of groups to effect the required change.

The College has strong international connections through its participation and hosting of the secretariat for IFEM and is increasing its collaboration on education and training activities with RCEM in the United Kingdom. Activities coordinated through IFEM and the College's International Emergency Medicine Committee ensure that emergency medicine in developing countries is supported in tangible ways that contribute to sustainable improvements.

Challenges for the College in regard to Standard 1 lie in ensuring that strong leadership remains in place on College governing bodies (i.e. Board, Councils), as well as at senior staff levels, and that sufficient contributions from the College membership are available on an ongoing basis to ensure that the breadth of activities required to be undertaken by the College can be delivered. For example, there is a developing understanding that some hospitals may be moving to limit the availability of members for involvement in College activities. Were this to be the case, this would require the College to consider the manner in which it conducts some activities, as well as the range of activities it undertakes. This is an issue unlikely to be unique to ACEM in the specialist medical college sector.

The other main challenge for ACEM at its current stage of evolution is to ensure that initiatives are undertaken in a manner that ensures they are able to be followed through to completion and implemented satisfactorily. This is considered a matter of both leadership at governing and senior staff level, as well as the ability to employ a staff who are sufficient in both number, as well as skill set. The College is confident that it can achieve both requirements.

ACEM currently has multiple initiatives in progress intended to further develop activities that are the subject of Standard 1. Most notably these relate to:

- ensuring the needs of members are known and understood in order to enable ACEM to continue to provide services that present it as an organisation of value to its members;
- ensuring governance processes are continually refined to ensure the significant number of individuals involved with the delivery of ACEM activities are aware of their responsibilities and demonstrate appropriate standards, including those of good governance, in their College activities;
- ensuring appropriate participation in ACEM activities by external stakeholders such as consumers, jurisdictions and Indigenous groups; and
- ensuring ongoing collaborative arrangements with external bodies to develop and progress initiatives concerning the provision of quality health care to all communities, including rural, remote, Indigenous and other populations.

2 The outcomes of specialist training and education

2.1 Educational purpose

Accreditation Standards	
2.1.1	The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.
2.1.2	The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
2.1.3	In defining its educational purpose, the education provider has consulted internal and external stakeholders.

Summary of ACEM Response	
2.1.1	Through its Constitution and other documents, ACEM has clearly outlined its educational purpose. The purpose includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.
2.1.2	ACEM's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand and their health, with the implementation of the ACEM Reconciliation Action Plan and other increasingly coordinated initiatives clearly outlining a commitment to Indigenous health in Australia and New Zealand.
2.1.3	The educational purpose of ACEM has long been formulated through consultation with internal stakeholders in relation to Community requirements, with external stakeholders increasingly becoming a source of reference.

The *Vision* and *Mission* of the College have been previously outlined (in the Introduction) and focus clearly on high quality training and education of medical practitioners in order to ensure the provision of quality, patient-focused emergency care.

The objects of the College, as set out in its Constitution, make reference to a range of activities, the following (15 of 18) being directly applicable to the College's educational purpose in the context of its overall vision and mission[28].

1.1.1 promote and encourage the study, research and advancement of the science and practice of emergency medicine;

1.1.2 promote excellence in healthcare services and cultivate and encourage high principles of practice, ethics and professional integrity in relation to emergency medicine practice, education, assessment, training and research;

1.1.3 determine and maintain professional standards for the practice of emergency medicine in Australia and New Zealand;

1.1.5 establish the status of Fellowship of the College and to admit appropriately qualified members of the College to that status;

1.1.6 conduct and support programs of training and education leading to the issue of Fellowship or other certification attesting to the attainment or maintenance of appropriate levels of skills, knowledge and competencies commensurate with practice in emergency medicine in Australia and New Zealand;

1.1.7 disseminate information and to advise on any course of study and training designed to promote and ensure the fitness of persons who wish to qualify for recognition by the College;

1.1.8 conduct and coordinate examinations and other assessment processes and to grant registered medical practitioners recognition in emergency medicine, either alone or in cooperation with other relevant bodies or institutions;

28 Numbering drawn from the ACEM Constitution

1.1.9 hold or sponsor meetings, lectures, seminars, symposia or conferences, within or outside of Australia and New Zealand, to promote understanding in emergency medicine and related subjects and professional relations among members of the College, members of other health professions, scientists and the community in general;

1.1.10 facilitate the advancement of specialist education and training in emergency medicine through the support of projects and research;

1.1.11 ensure College members undertake continuous professional development and participate in effective, ongoing professional activities;

1.1.12 foster and promote cooperation and association with organisations which have objectives similar to the College in Australia and New Zealand as well as in the wider international arena, including particularly Asia and the Pacific region;

1.1.13 advance public education and awareness of the science and practice of emergency medicine;

1.1.14 provide authoritative advice, information and opinion to other professional organisations, to governments and to the general public;

1.1.15 work with governments and other relevant organisations to achieve the provision of adequate, well-qualified, experienced and capable workforces in Australia and New Zealand and to improve public health services;

1.1.16 facilitate medical education and medical aid support to developing nations.

Further, the current College Strategic Plan lists 'Education' as the first of six Strategic Priorities, summarised as:

> *We will enhance and support the education, training and continuing professional development of emergency medicine professionals by developing best practice programs aligned to member needs and enhancing access to resources.*

The *Key Activities, Programs and Projects* aligned to this priority are as outlined below.

- Develop and implement training programs effectively with clear priorities and appropriate resourcing
- Evaluate/prioritise continuing professional development program maintenance and enhancement
- Ensure programs balance community needs and professional needs
- Within the ACEM overall quality framework, design, develop and implement a quality framework (including resources, systems and evaluation) for education
- Develop an enhanced 'teacher training' program based on audience needs, effective methods and delivery options
- Ensure ease of access to education resources and robustness/reliability of delivery systems
- Identify key issues and undertake preliminary planning for revalidation.

Within these overarching activities, ACEM recognises the importance of supporting and advocating for emergency medicine health care to Indigenous populations in both countries. The College has undertaken several activities relating to Indigenous populations that are described in Standard 1.6 and elsewhere in this document.

The educational purpose of the College is relatively stable in the global sense in that it is, and will likely continue to be, driven by the College's primary desire to facilitate the training, education and advocacy that enables the provision of safe, high quality emergency medicine care to the communities where College members practise. The College recognises also the way in which the specific activities associated with the pursuit of that purpose will evolve as societal aspects that impact on the delivery of health care change.

As such, the College considers that it has processes in place to appreciate the changing environment in which it operates and the ability to change its priorities and educational offerings in response to those changes. For example, the College has, over time, responded proactively in relation to change in the nature of the specialty of Emergency Medicine, including:

- the realisation that specialist medical practice involves what may be considered 'affective', as well as technical aspects of practise;

- the manner in which these different facets of practice are able to be assessed;
- the need for a changing profile of the workforce that delivers emergency medical care; and
- the ongoing education requirements of medical practitioners to assure the public of the provision of safe, high quality care (e.g. *continuing medical education* to *continuing professional development* to *recertification/revalidation*, depending on the jurisdiction in question).

These changes impact significantly on College members, who are primary internal stakeholders, and whose needs also drive changes in how the College pursues some aspects of its educational purpose.

Further, the College has responded proactively to social factors that determine health outcomes for communities, such as the particular needs of Indigenous communities, and the detrimental role of drugs, such as alcohol, in the health and wellbeing of communities. The College has also modified and, in some cases, introduced specific education and training resources and/or requirements in response to changing health issues.

The role of community members in developing and enabling college policies and processes is being increasingly considered and addressed, and proactive collaboration with jurisdictional bodies and regulatory authorities in relation to ACEM activities is undertaken more frequently now than at any time in the College's history (refer also Standard 1.6).

The interactions with external stakeholders is described in Standard 1, including the expansion of membership of College entities to include greater representation of the views of groups such as consumers and jurisdictions. This enables input from other than just internal stakeholders to be appreciated in order to guide activities/initiatives aimed at enabling the educational purpose of the College.

Although the College's core educational purpose may remain relatively constant and firmly grounded in the public good, the organisation is becoming increasingly outward looking for guidance in relation to how its specific activities are shaped and offered within the context of changing health care in contemporary society. The College is confident that this is demonstrated through aspects of this submission addressed through other standards in this document.

2.2 Program outcomes

Accreditation Standards	
2.2.1	The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
2.2.2	The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

Summary of ACEM Response	
2.2.1	The ACEM Curriculum Framework articulates the program outcomes expected of a specialist practitioner in Emergency Medicine in Australia and New Zealand, based on the domains of the CanMEDs Framework, modified for the practice of Emergency Medicine for the communities that FACEMs are trained to serve.
2.2.2	The program outcomes are based on the role of the specialty of Emergency Medicine and the role of the specialist Emergency Medicine physician in the delivery of health care in Australia and New Zealand.

The program outcomes of the FACEM Training Program are grounded in the educational purpose of the College within the context of community need for medical practitioners who can deliver safe, effective, patient-centred care in the discipline of emergency medicine at 'specialist' level. The program outcomes then expand into the graduate outcomes applicable to the program.

The key document describing the outcomes of the FACEM Training Program is the ACEM Curriculum Framework, provided as **Appendix 2.2.1** (and available publicly on the ACEM **website**). The Framework was developed as part of the CRP, which was conducted by the College from 2011 to 2015, and which resulted in the training program that operates currently. The development of the Framework drew on and included comparisons with similar documents from the United Kingdom, United States of America and Canada to describe the contemporary requirements expected of a specialist emergency medicine physician in Australia and New Zealand. The current version of the Framework has been in use since December 2014 to underpin the FACEM Training Program that commenced at that time. The document was finalised following a period of consultation on the original document from December 2013 to 2014.

The ACEM Curriculum Framework describes eight domains of specialist emergency medicine practice, based on the seven areas of practice contained in the *CanMEDS Framework*[29], with the addition of an eighth domain, *Prioritisation and Decision Making*, to tailor the Framework to the discipline of emergency medicine and the role of the emergency medicine specialist in the delivery of health care in the systems and settings in which they function. This additional domain evolved from part of the *Medical Expert* domain of the CanMEDS Framework to create a more patient-centred curriculum and more fully reflect the nature of practice in emergency medicine.

Accordingly, the eight domains of the ACEM Curriculum Framework are as listed below.

- Medical Expertise
- Prioritisation and Decision Making
- Communication
- Teamwork and Collaboration
- Leadership and Management
- Health Advocacy
- Scholarship and Teaching
- Professionalism.

29 http://canmeds.royalcollege.ca/en/framework

The structure of the Framework is described on the first page of the document (refer **Appendix 2.2.1**), 'How to Read this Framework', and involves application of the Framework across all stages of the FACEM Training Program, from PT to the end of AT, with program outcomes contained as 'Top Level Descriptors' of each of the domains at the end of the various stages of the training program. For simplicity, the descriptors associated with the final stage of the FACEM Training Program for each of the eight domains (essentially, the program outcomes of the *F*ACEM Training Program) have been extracted from the Framework document and are outlined below.

- ***Medical Expertise***

Medical Expertise is the core of a FACEM's professional work, and provides the foundation for all of the other domains of practice. A FACEM will use their medical knowledge and skills to deliver safe and effective care to any patient in the emergency medical setting.

- ***Prioritisation and Decision Making***

In Emergency Medicine, safe patient care requires timely and medically appropriate decision making, often based on limited but evolving information. A FACEM will be able to independently prioritise and make decisions regarding the care of any patient with any level of case complexity, whilst working in dynamic circumstances.

- ***Communication***

Effective communication is particularly challenging in Emergency Medicine where multiple exchanges occur with different people in a busy environment. A FACEM will establish optimal rapport and be able to communicate effectively in complex circumstances, with speed and accuracy.

- ***Teamwork and Collaboration***

Teamwork and collaboration in Emergency Medicine is of pivotal importance within and beyond the Emergency Department. A FACEM will be effective at both managing and participating in an interprofessional team, particularly at times of high stress and medical emergency.

- ***Leadership and Management***

A FACEM is skilled in management of self, multidisciplinary teams and the operational requirements of their workplace. A FACEM will be able to lead, supervise and manage care within the emergency medical setting to ensure optimal patient safety and outcomes.

- ***Health Advocacy***

In Emergency Medicine there are multiple opportunities to advocate for those who are vulnerable and to address disparities. A FACEM will be able to use their expertise and influence to protect and advance the health and wellbeing of any individual patients, communities and populations.

- ***Scholarship and Teaching***

A FACEM maintains and enhances their professional activities through a lifelong commitment to education and research. A FACEM will be able to make sound judgements regarding the creation, translation, application and dissemination of medical knowledge. They will be committed and able to independently advance and maintain their own professional skills and knowledge, as well as contributing to teaching others.

- ***Professionalism***

Professionalism means demonstrating ethical practice, high personal standards of behaviour and adhering to a profession's regulations and duties. A FACEM will express, thorough application of learned professional attributes, a responsibility to themselves, their patients, their colleagues, and to the community as a whole.

The ACEM Curriculum Framework was constructed to reflect the needs of the communities whose emergency medical health care needs FACEMs are trained to meet. To ensure that this remains the case, the College is undertaking a wide-ranging review of the Framework. The review is discussed further in Standard 3.1.

Certificate and Diploma in Emergency Medicine

The Emergency Medicine Certificate (EMC) and Diploma (EMD) are training programs offered to medical practitioners seeking to gain skills in the discipline of Emergency Medicine above that possessed by a general registrant, but below specialist level.

The ACEM website[30] describes both programs as being aimed at:

> *Providing doctors working in Emergency Departments with adequate knowledge and sufficient clinical experience to be safe, efficient practitioners. The course benefits Career Medical Officers, Junior Medical Officers and Visiting Medical Officers/General Practitioners.*

The EMC is a six-month competency-based training program conducted in the workplace under the supervision of an approved supervisor, while the EMD is an 18-month program. The 18 months of the EMD involves 12 months working in an Emergency Department, plus six months in Critical Care. These six months may be spent in the Emergency Department, Intensive Care Medicine, Anaesthetics, or a combination of these.

Curricula for the EMC and EMD programs are contained in the document *Emergency Medicine Certificate and Diploma Curriculum Document*, which is available on the ACEM **website** and provided as **Appendix 2.2.2**.

Both courses are based on a series of Units (three for each of the EMC and EMD), composed of a range of modules that are supported by multimedia based resources. Collectively, the modules define the program outcomes for the two qualifications. Both courses contain program outcomes pertaining to clinical and non-clinical (e.g. legal, ethical, risk management, collaboration and teamwork, culture and diversity) aspects of the practice of Emergency Medicine.

Tables 2.2.1 and 2.2.2 (over page) list the Units that comprise the EMC and EMD, respectively, along with the content of the modules that comprise the Units, and from which the program outcomes and graduate outcomes (refer Standard 2.3) are derived. Reference should be made to **Appendix 2.2.2** for further information, which is not reproduced in the body of this document due to space considerations.

30 https://acem.org.au/Education-Training/Certificate-Diploma-Courses.aspx (accessed 9 June 2017)

Table 2.2.1 ACEM EMC Program: Units and module content

Unit	Module Content
Undertake initial assessment and management	Prioritisation, history taking and examination
	Infection control
	Patent airway
	Breathing difficulties
	Circulation difficulties
	Seizure or altered level of consciousness/confusion
	Relieve pain
	Trauma
	Psychiatric emergencies
	Elderly patients
Manage common emergency presentations	Altered level of consciousness/confusion
	Chest pain
	Dyspnoea
	Collapse/syncope
	Febrile child
	Child with breathing difficulty
	Paediatric trauma
	Children with vomiting
	Orthopaedic trauma
	Skin and soft tissue injury
	Early pregnancy bleeding and pain
	Pregnancy – bleeding and pain more than 20 weeks
	Headache
	Toxicological emergencies
	Vomiting
	Abdominal/pelvic pain
	Ophthalmological
Participate in clinical support activities and administration	Legal issues
	Clinical risk management
	Pre-hospital care and retrieval
	Admission, transfer and discharge
	Team work
	Personal health and wellbeing
	Communication

Table 2.2.2 ACEM EMD Program: Units and module content

Unit	Module Content
Manage complex emergency presentations	Difficult airway
	Complex breathing difficulties
	Cardiac emergencies
	Haemodynamic emergencies
	Complex trauma emergencies
	Neurological emergencies
	Complex burns
	Complex wounds
	ENT emergencies
	Ophthalmological emergencies
	Environmental emergencies
	Infectious diseases
	Metabolic and endocrine emergencies
	Musculoskeletal emergencies
	Obstetric and gynaecological emergencies
	Advanced pain relief
	Complex psychiatric emergencies
	Advanced toxicological and toxinological
	Newly born baby
	Ill infant
	Injured infant or child
Participate in advanced clinical support activities	Quality assurance and improvement
	Public health issues
	Disaster management
	Emergency health care in rural and remote context
	Indigenous health issues
	Emergency retrieval and transportation
	Referral and transfer
Demonstrate advanced professional, legal and ethical practice	Professional and ethical behaviour
	Legal practice and forensic medicine
	Leadership and management skills
	Prioritisation and decision-making skills
	Evidence-based approach to medicine
	Advanced communication skills
	Supervision and teaching

2.3 Graduate outcomes

Accreditation Standards	
2.3.1	The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

Summary of ACEM Response	
2.3.1	The ACEM Curriculum Framework defines graduate outcomes for the FACEM Training Program, that are developed from program outcomes based on the field of specialty practice and the specialists' role in the delivery of health care. The Framework describes clearly the attributes and competencies required by graduates of the FACEM Training Program and is publicly available through the ACEM website.

FACEM Training Program

Flowing from the program outcomes of the FACEM Training Program discussed in Standard 2.2, graduate outcomes for the program are also contained in the ACEM Curriculum Framework. Each of the eight domains of practice contained in the Framework are composed of *Topics* and *Sub-topics*, with each sub-topic then having specific learning outcomes listed for each stage of the program.

In total, there are 39 topics and 133 sub-topics listed in the Framework, and in excess of 1,500 individual learning outcomes. These are spread across the different stages of the FACEM Training Program and represent a clear articulation in a broad and specific sense of what constitutes the outcomes for graduates of the program; i.e. holders of the FACEM.

The ACEM Curriculum Framework is discussed in further detail in Standard 3, *The specialist medical training and education framework*.

Certificate and Diploma in Emergency Medicine

In addition to program outcomes defined through the Units and component modules as outlined in the Emergency Medicine Certificate and Diploma Curriculum Document, graduate outcomes associated with the two programs are defined through the *Knowledge* and *Skills/Procedures* associated with each of the modules that comprise the Units of each program. The curricula require EMC and EMD trainees to use a range of cognitive processes to demonstrate the outcomes in question, involving skills such as, *obtain, demonstrate, recognise, undertake* and *carry out*, as distinct from simply low-level recall.

The assessment requirements associated with the EMC and EMD programs are described in Standard 5.

Summary of strengths and challenges in relation to Standard 2

The purposes (including the educational purpose) of ACEM are clearly defined through its Constitution and associated documents, and are reinforced by the activities that the organisation undertakes. A commitment to the health of the Indigenous populations of Australia and New Zealand is clear from the activities of the College, as is a commitment to working with other relevant external stakeholders to ensure that the College functions to facilitate the provision of and access to quality health care for all populations in the jurisdictions in which it operates.

The ACEM Curriculum Framework underpins the FACEM Training Program, a document that outlines clearly the program and graduate outcomes required of trainees at the various defined stages of their training. The Framework is considered to encapsulate all aspects of contemporary practice expected of medical specialists in the discipline of emergency medicine.

The challenge for the College, as with all similar bodies, is ensuring that the Framework remains suitable and fit for purpose over time. To this end, the College has embarked on a process of reviewing the document, with input being sought from a wide range of stakeholders and discussed further in relation to relevant standards elsewhere in this document.

A review of the structure of the FACEM Training Program will also be conducted to ensure that its structure is such that the program can deliver the outcomes of the Framework at all stages within a clear administrative structure and in an efficient manner. The rationale for the review of the structure of the FACEM Training Program is discussed in Standard 3.

3 The specialist medical training and education framework

3.1 Curriculum framework

Accreditation Standards	
3.1.1	For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

Summary of ACEM Response	
3.1.1	The ACEM Curriculum Framework organises the program and graduate outcomes required of FACEM trainees and graduates according to defined stages of the training program.

The ACEM Curriculum Framework has been described in Standard 2 as the publicly available document that underpins the FACEM Training Program. This document describes both program and graduate outcomes, according to identified stages of the training program.

As outlined in Standard 2.3, the Framework describes the practice of emergency medicine physicians in Australia and New Zealand through eight *domains* of practice, with each of the eight domains being further composed of *topics* and *sub-topics,* and each sub-topic then having specific *learning outcomes* listed for each stage of the program.

The domains and their associated topics and sub-topics are listed in Table 3.1.1, with reference to the Framework (refer **Appendix 2.2.1**) enabling the specific graduate outcomes associated with each stage of the program to be accessed for each domain, topic and sub-topic.

Standard 2.2 made reference to a review of the ACEM Curriculum Framework that is currently being developed to ensure the document remains fit for purpose, with both internal and external stakeholders intending to be consulted as part of the review (refer to Standard 6.1 for further discussion, as well as discussion in Standard 3.3).

The list of stakeholders to be consulted in relation to the Framework is provided as **Appendix 3.1.1**. It is anticipated that the review will be completed by the end of 2017 to inform any changes that may be made to the FACEM Training Program as a result of a review of the structure of the Program, which is also underway (refer Standards 3 and 6.1 for further discussion).

Table 3.1.1 ACEM Curriculum Framework: Domains, Topics and Sub-topics

Domain	Topics	Sub-topics
Medical Expertise	Pre Emergency Medicine Encounter	Collecting information; Preparation; Advice
	Initial Emergency Medicine Care	Initial assessment; Clinical streaming; Diagnostic reasoning; Initial interventions
	Resuscitation and Stabilisation	General principles; Airway and ventilation; Circulation; Disability/Neurological; Environment and exposure
	Core Emergency Medicine Care: Focused Assessment	Clinical assessment; Diagnostic reasoning; Investigations
	Core Emergency Medicine Care: Treatment	General principles; Creating treatment plans; Procedures and monitoring
	Core Emergency Medicine Care: Reassessment and Observation	Reassessment; Observational medicine
	Core Emergency Medicine Care: Documentation and Handover	Documentation content; Handover content
	Patient Disposition	Discharge planning; Patient transfer; Admission
Prioritisation and Decision Making	Prioritisation of Patient Management	The single patient; Workload; Multiple patients; Surge and disaster management
	Clinical Risk	Risk stratification; Patient safety
	Decision Making	General principles; Initiating patient care; Key decision making; Situational awareness; Disposition decision making
Communication	Principles of Effective Communication	Foundations of good communication; Health Literacy; Barriers to effective communication; Conveying bad news; Effective written communication; Intercultural communication
	Communication with Patients, Carers and the General Public	Communicating with patients; Communicating with paediatric patients; Communication with the general public and local media
	Communicating with Colleagues	Communication during handover; Communication for referrals; Communication in the resuscitation setting; Communication within the extended team; Communication and feedback
Teamwork and Collaboration	Principles of Teamwork	The function of a team; Working with a team
	The Effective Emergency Department Team	Team member; Team leader; Collaboration within the Emergency Department team
	The Effective Resuscitation Team	The resuscitation team; Team Leader; Debriefing in resuscitation
	Collaboration in Emergency Medicine	Multidisciplinary collaboration; Collaboration with the patient and family members/carers

Domain	Topics	Sub-topics
Leadership and Management	Human Resource Management	Workplace obligations; Conflict resolution; Shift work
	Operational Management in the Emergency Department	Key performance indicators; Service gap; Change management; Finance and Emergency Medicine; Infection control
	Leadership	Leadership; Emotional intelligence
	Roles and Responsibilities in the Emergency Department	Organisational structure; Roles and responsibilities; Formal appraisal; Medico-legal reports;
	Operational Management of the Floor	Clinical supervision; Patient flow and departmental workload; Mass casualty incidents
	Patient Safety and Quality Management	Patient safety; Quality management; Data collection; Audits; Incident reports; Morbidity and Mortality review; Systems failure
	Patient Complaints	Bedside response to complaints; Complaints procedure
Health Advocacy	Principles of Health Advocacy	General principles; Access to emergency care; Screening; Health promotion
	Cultural Competence	Culture and Emergency Medicine; Culturally appropriate services
	Health Advocacy for Specific Groups	Vulnerable patients; Indigenous health; Refugee health
	End of Life Care	Assessment of the dying patient; Communication about dying; Management of the dying patient; Organ donation
Scholarship and Teaching	Finding and Critically Appraising the Evidence	Finding the evidence; Reviewing the evidence; Critical appraisal; Statistical analysis
	Applying Academic Knowledge to Emergency Medicine Practice	Applying evidence-based medicine; Applying guidelines
	Basic Elements of Creating Research: Academic Writing and Research Participation	Research design and analysis; Academic writing; Patient consent to research; Participation in research
	Ongoing Learning Skills	Creating learning plans; Using learning resources; Simulation medicine; Learning and the reflective clinician; Learning in the workplace; Learning from assessment and feedback
	Teaching Skills	Tutorial room teaching; Bedside teaching; Giving feedback
Professionalism	Professional Conduct and its Regulation	Professional behaviour; Regulatory agencies
	Medico-legal Frameworks Impacting on Clinical Practice	Medico-legal frameworks; Informed consent; Mandatory reporting
	Ethics and Professionalism	Ethical principles; Confidentiality
	Responsibility to Patients and Society	Responsibility to patients; Responsibility to society as a representative of Emergency Medicine
	Responsibility to Profession and Self	Mentoring; Professional relationships; Self-reflection; Workplace challenges; The impaired clinician; Interaction with ACEM; Work-life balance

3.2 The content of the curriculum

Accreditation Standards	
3.2.1	The curriculum content aligns with all of the specialist medical program and graduate outcomes.
3.2.2	The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
3.2.3	The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
3.2.4	The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.
3.2.5	The curriculum prepares specialists for their ongoing roles as professionals and leaders.
3.2.6	The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.
3.2.7	The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
3.2.8	The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
3.2.9	The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).
3.2.10	The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

Summary of ACEM Response	
3.2.1	The ACEM Curriculum Framework and associated program and graduate outcomes align with the content and requirements of the FACEM Training Program.
3.2.2	The ACEM Curriculum Framework and FACEM Training Program include the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
3.2.3	The ACEM Curriculum Framework and FACEM Training Program build on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
3.2.4	The ACEM Curriculum Framework and FACEM Training Program prepare specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.
3.2.5	The ACEM Curriculum Framework and FACEM Training Program prepare specialists for their ongoing roles as professionals and leaders.
3.2.6	The ACEM Curriculum Framework prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and New Zealand health systems.

3.2.7	The ACEM Curriculum Framework and FACEM Training Program prepare specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
3.2.8	The ACEM Curriculum Framework and FACEM Training Program include formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research, with work underway to consider mechanisms to provide increased opportunities to enable this. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
3.2.9	The ACEM Curriculum Framework and FACEM Training Program develop a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty.
3.2.10	The ACEM Curriculum Framework and FACEM Training Program develop an understanding of the relationship between culture and health. Trainees and graduating FACEMs are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

Additional MCNZ Criterion

The Training Programme should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training programme that contribute to the cultural competence of trainees.

Summary of ACEM Response

The clear articulation of graduate and program outcomes in the ACEM Curriculum Framework, coupled with the initiatives and supporting resources outlined in relation to Standard 1.6 is considered to demonstrate the considerable respect that ACEM has for cultural competence and the contribution of the training program to the cultural competence of trainees.

The domains, topics and sub-topics of the ACEM Curriculum Framework are described in Standard 2, and outlined in Table 3.1.1. These link directly to graduate outcomes and associated content, and cover the range of areas of practice associated with contemporary specialist medical practice referred to in the standards listed above (Standards 3.2.2 to 3.2.10, inclusive).

As described in Standard 2.2, the domains of the ACEM Curriculum Framework are derived from the CanMEDs Framework. As such, the outcomes of the domains, in combination with specified investigations and procedures with which the trainee is expected to be familiar, and with the level of competence expected for each, represent the gestalt of attributes expected of a contemporary specialist practitioner of emergency medicine.

In keeping with the nature of the discipline and the environments in which it is practised, while clinical and diagnostic skills are central, effective communication, collaboration and leadership skills are also paramount to effective practise. Indeed, perhaps in no other branch of medicine is patient-centred centred care and the need for effective and appropriate communication with interdisciplinary health care teams and families/carers so evident, including the recognition of the role of the patient and families/carers in significant clinical decision-making.

It is through the FACEM Training Program, underpinned by the ACEM Curriculum Framework, that the skills are gained to effectively enable the delivery of the necessary health care in sometimes highly demanding clinical settings.

The Scientific Foundations of Emergency Medicine

The scientific foundations of the practice of Emergency Medicine are focused around the four sciences of *Anatomy, Pathology, Physiology* and *Pharmacology*. A significant focus of the initial component of FACEM training (Provisional Training; PT) is on the acquisition and consolidation of the necessary knowledge in these four disciplines, along with the ability to utilise this knowledge in the practice of emergency medicine.

Accordingly, the assessments conducted in PT, which must be satisfactorily completed before a trainee can commence AT, focus on confirming that the trainee has acquired the necessary knowledge, skills and professional attributes to underpin further training. These assessments are discussed in Standard 5, and comprise the completion of *In-Training Assessments* (ITAs), *Structured References* (SRs) and the written and oral components of the Primary Examination.

Professionalism and Leadership

The ACEM Curriculum Framework includes three domains applicable to the development of professional skills, including leadership, in emergency medicine: *Teamwork and Collaboration; Leadership and Management;* and *Professionalism*.

The topics, sub-topics and outcomes associated with these domains make clear the need for emergency medical practitioners to be able to demonstrate the necessary ethical behaviours that enable effective interdisciplinary, team-based care, and to demonstrate appropriate leadership.

As with all other facets of emergency medicine practice, expectations concerning these three domains increase with experience and are reflected through the outcomes contained in the ACEM Curriculum Framework. The outcomes are assessed through ITAs, as well as components of the Fellowship examinations.

Of note is the way in which the domains of the Framework associated with the cause of trainees being placed into a period of remediation change as the stage of training progresses (refer Standard 5.4; Statistics). This demonstrates the changing expectations on trainees in regard to domains such as *Leadership and Management* as training progresses, and the need for trainees to progress to the increasing levels necessary to demonstrate attainment of the outcomes associated with the advanced levels of training for these outcomes

Advocacy and Effectiveness of the Health Care System

The College maintains an active interest in engaging in selected health advocacy matters with a view to promoting access to high quality, effective emergency medical care and increased public health outcomes. As indicated in Standard 1.6, the College engages in public consultations with a wide range of agencies in relation to a broad range of issues, and pursues an active health advocacy agenda, particularly in the area of substance abuse (alcohol and other drugs).

ACEM and its members have been actively involved in issues such as the problem use of ice and similar illegal drugs, as well as alcohol, through initiatives such as the Alcohol Snapshot conducted twice-yearly to ascertain the contribution of alcohol to attendances in Emergency Departments in Australia and New Zealand, as well as the Last Drinks research initiative being conducted by Deakin University and based on the well-established model that has been operating in Cardiff and other locations in the United Kingdom. These initiatives provide valuable, first hand opportunities for FACEM trainees to become aware of and actively participate in public health advocacy activities.

The *Health Advocacy* domain of the ACEM Curriculum Framework contains a number of topics and sub-topics pertinent to Health Advocacy, with outcomes appropriate to a trainee's stage of training. For example, at the PT level, the expectation is that trainees will:

> *Advocate for the best immediate outcome for their patients in relation to accessing available health resources... [and]... have an awareness of factors, such as the social determinants of health, which affect their patients outside their Emergency Department encounter.*

At the end of training, the expectation is that they will be able to:

> *Use their expertise and influence to protect and advance the health and wellbeing of any individual patients, communities and populations.*

ITAs and aspects of the Fellowship examinations are used to assess the capacities of trainees in regard to Health Advocacy as they progress through training.

Teaching and Supervision

In addition to evidence-based medicine and research, the *Scholarship and Teaching* domain of the ACEM Curriculum Framework contains topics and associated sub-topics related to ongoing learning and teaching. The associated outcomes require that trainees develop an appreciation of the different approaches to teaching and learning as they apply in the practice of specialist medicine, identifying opportunities for teaching and an appreciation that individuals may respond differently to these opportunities as a result of different learning styles.

Outcomes also require that trainees demonstrate their ability to teach across multiple settings to different audiences. This includes formal, pre-planned situations, such as the delivery of formal sessions to pre-vocational doctors or those in PT or a wider, more senior audience as their training progresses, or more opportunistic situations, such as taking advantage of bedside teaching opportunities as they present. Outcomes relating to supervision and the provision of feedback are also stepped in terms of expectations as trainees progress through their training.

The capacity of trainees to effectively teach and supervise are assessed in the FACEM Training Program through ITAs, as well as through stations in the Fellowship Clinical Examination (OSCE). Currently, ACEM is working to also include teaching skills in the EM-WBA assessment tools.

Evidence-Based Practice, Research

Along with patient-centred care, evidence-based practice is central to the effective practice of emergency medicine. The ACEM Curriculum Framework domain of *Scholarship and Teaching* incorporates two topics and associated sub-topics centred around the ability to source and critically appraise evidence, and applying evidence-based knowledge to emergency medicine practice.

The outcomes associated with these domains, topics and sub-topics are assessed through the Trainee Research Requirement, ITAs and other WBAs conducted as trainees progress through the FACEM Training Program, and are considered central to the ability of a trainee to perform satisfactorily at the required level in a clinical situation. The ability to practice evidence-based medicine is also central to the ability of a trainee to successfully complete the written and clinical components of the Fellowship Examination, as this examination seeks to assess not only the knowledge, but also to demonstrate the capacity to apply that knowledge appropriately in clinical scenarios.

The *Scholarship and Teaching* domain of the ACEM Curriculum Framework also contains topics and associated sub-topics related to research as appropriate to emergency medicine, including research design and analysis, the principles of conducting and participating in research, and academic writing.

Standard 5 describes the specific assessment requirement associated with research in the FACEM Training Program to enable a trainee to demonstrate that they have the necessary knowledge and skills in relation to the conduct and interpretation of research to enable safe and effective practice, and/or to undertake further research should they so wish. Unless able to gain exemption from the requirement via the College's *Recognition of Prior Learning and Credit Transfer Policy* (**Appendix 3.2.1**), trainees must undertake an approved tertiary level course in Research Methods, or undertake a Research Project that is presented at the College ASM or Winter Symposium.

As discussed further in relation to *Strengths and Challenges* at the end of this Standard, the 2017 review of the FACEM Training Program will consider extending the maximum time available to trainees to complete the AT component of the training program should they decide to undertake and complete a higher research degree (PhD) during FACEM training.

Cultural Competence and Indigenous Health

The importance that ACEM places on Indigenous health care in Australia and New Zealand is evident from the discussion in Standard 1.6, which outlines the work of the Indigenous Health Subcommittee and the ACEM Foundation, as well as the ACEM RAP and online resources relating to this area of College activity.

Outcomes in relation to Indigenous (Aboriginal and Torres Strait Islander and Māori) health, history and cultures are articulated under the ACEM Curriculum Framework domain, *Health Advocacy* and associated topics and sub-topics. Specific outcomes are assessed through ITAs and the written and clinical components of the Fellowship Examinations.

Expectations in relation to trainees in regard to the wider aspect of the relationship between culture and health, including the influence of their own cultural beliefs on practice, are also covered primarily under this domain, and assessed through ITAs and the Fellowship Examinations.

Online resources that support FACEM trainees to acquire the knowledge, skills and attitudes necessary to to practise with an understanding and appreciation of appropriate cultural competence are described in Standard 1.1.6.

3.3 Continuum of training, education and practice

Accreditation Standards	
3.3.1	There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.
3.3.2	The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

Summary of ACEM Response	
3.3.2	The ACEM Curriculum Framework demonstrates purposeful curriculum design, involving horizontal and vertical integration. Articulation with prior and subsequent phases of training and practice will be more clearly defined as a result of a review of the Framework involving wide ranging internal and external stakeholder consultation that is currently in progress.
3.3.2	The FACEM Training Program has a clear policy and process that allows for recognition of prior learning and appropriate credit towards completion of the program. A set of principles relating to this matter for trainees moving between the College's Certificate, Diploma and Fellowship programs has recently been developed and accepted for implementation.

Vertical and Horizontal Integration

The ACEM Curriculum Framework and FACEM Training Program are structured in a manner that demonstrates both horizontal and vertical integration through the composition and arrangement of the topics, program outcomes and graduate outcomes. The Framework was developed with reference to similar documents from international jurisdictions (refer Standard 2.2), and the domains interrelate to describe a 'complete' emergency physician, with each program outcome checked to ensure horizontal alignment.

The PT component of FACEM training builds on knowledge and skills acquired through undergraduate and pre-vocational training, with the *Australian Curriculum Framework for Junior Doctors* used as the basis on which the ACEM Curriculum Framework was developed. This linkage is being further addressed through the review of the Framework referred to earlier in this standard and elsewhere in this document in order to ensure that the integration of the PT component of training remains current.

As referenced in **Appendix 3.1.1**, external stakeholders that include providers of undergraduate medical qualifications and the postgraduate medical councils are being consulted in relation to the evaluation of the Framework, as well as internal stakeholders (e.g. trainees and FACEMs).

The AT component and associated stages build on the knowledge and skills attained during PT incrementally, while the structure of the ACEM Specialist CPD Program (refer Standard 9) ensures ongoing integration of knowledge, skills and attitudes gained through FACEM training through the linking of the domains of the ACEM Curriculum Framework to the ACEM Specialist CPD Program.

It is acknowledged that the linkage to the CPD stage of practice could be strengthened through a restructuring of the CPD Program *Framework* to mirror the ACEM Curriculum Framework, thus enabling a refocus of CPD to areas of practice, as well as types of activities. Logically, this is a piece of work that is best undertaken following the outcome of the review of the ACEM Curriculum Framework to enable incorporation of any changes made there. This will, likely, also enable the work to be aligned with the introduction of *revalidation* in Australia, as well as any changes to *recertification* requirements for medical practitioners registered in a vocational scope of practice in New Zealand.

Recognition of Prior Learning and Credit Transfer

The College has developed a clear policy and process in relation to recognition of prior learning (RPL) and credit transfer (CT) for trainees entering the FACEM Training Program (for example, from emergency medicine in other jurisdictions or from training programs in other specialties). The policy document is provided as **Appendix 3.2.1**.

Table 3.3.1 provides data on RPL/CT applications made in the last three years.

Table 3.3.1 Applications for Recognition of Prior Learning/Credit Transfer by year and outcome, 2014 – 2016

	2014	2015	2016
Provisional Training			
Application granted in full	27	32	23
Application granted in part	14	17	24
Application not granted	-	-	5
Advanced Training			
Application granted in full	4	-	3
Application granted in part	-	1	3
Application not granted	-	1	-
Critical Care Requirement			
Application granted in full	-	-	1
Application granted in part	-	-	-
Application not granted	-	-	-
Research Requirement			
Application granted in full	-	1	11
Application granted in part	N/A	N/A	N/A
Application not granted	-	-	-
Total Applications	**45**	**52**	**70**

The specific issue of RPL/CT in relation to the EMC, EMD and FACEM training programs has been increasingly recognised as one requiring resolution. To this end an RPL/CT Working Group was formed under the auspices of COE and tasked with developing a set of principles to progress the matter.

The working group provided a proposal document for the consideration of COE at its meeting of 26 April 2017. In summary, the document proposed two recommendations in relation to RPL/CT for EMC/EMD graduates entering the FACEM Training Program, and a series of proposals in relation to FACEM trainees leaving that training program and seeking to enrol in and/or obtain the EMC or EMD, the latter recognising the wide range of stages that FACEM trainees may exit the training program.

The recommendations, with a small number of revisions, were accepted by COE. The final form of the proposals as accepted by COE are described in the document provided as **Appendix 3.3.1.** Work is now in progress to formalise the proposals into policy, regulations and processes that will enable their implementation.

3.4 Structure of the curriculum

Accreditation Standards	
3.4.1	The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
3.4.2	The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.
3.4.3	The specialist medical program allows for part-time, interrupted and other flexible forms of training.
3.4.4	The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

Summary of ACEM Response	
3.4.1	The ACEM Curriculum Framework articulates clearly what is expected of trainees at each stage of the FACEM Training Program, with the College currently undertaking work to enable the stages as described in the Framework to be more readily identified in practice and utilised to advantage in the training program.
3.4.2	The duration of the FACEM Training Program is considered to relate to the optimal time required to achieve the program and graduate outcomes. Alteration to this time according to a trainee's ability to achieve the program and graduate outcomes will be a consideration of a review of the structure of the training program that is in process.
3.4.3	The FACEM Training Program allows for part-time, interrupted and other flexible forms of training.
3.4.4	The FACEM Training Program provides considerable flexibility for trainees to pursue studies of choice within the defined outcomes of the program.

The FACEM Training Program – Structure

The FACEM Training Program is structured as a five-year program, requiring the completion of a total of 60 months of accredited training. In its simplest form, the program is divided into two components; Provisional Training (PT) and Advanced Training (AT).

Of the 60 months of required training, 12 months is associated with the requirements of the PT component, while 48 months is associated with the AT component.

The PT component requires the completion of a six-month period of training in a site accredited for the provision of core emergency medicine training. Trainees must alsocomplete a six-month period of training, either in a site accredited for the provision of core emergency medicine (EM) training, or in a site approved for the provision of training in an area of medicine other than other emergency medicine (non-EM). This is summarised in Figure 3.4.1 (overleaf).

Figure 3.4.1 Provisional and Advanced Training time requirements

The range of non-EM sites in which periods of PT or AT may be undertaken is diverse. Appendix B to Regulation B of the College regulations (**Appendix 1.1.22**, p. 39; see also Regulation B2.4.5, p. 18) lists specialities that are recognised by the MBA or MCNZ in which training may be undertaken in sites accredited for training by the relevant provider of specialist training, along with the maximum period for which training may be undertaken in that specialty during AT. For example, ACEM trainees may undertake a period of training in Radiology of up to six FTE months in AT (in addition to the six months allowable in PT) in a placement that is accredited for training by the RANZCR[31].

Non-EM placements that involve training in disciplines not recognised as a specialty or subspecialty by the MBA or MCNZ require approval and will be categorised as either a *Category A* or a *Category T* placement.

- A Category A placement is one that has been accredited by ACEM for the purposes of non-ED training on an ongoing basis following an inspection by an ACEM accreditation team (e.g. retrieval medicine, hyperbaric medicine).

  The list of currently approved Category A placements is considerable and is provided as **Appendix 3.4.1** (also available from the ACEM **website**).

- A Category T placement is one that has been accredited by ACEM for the purposes of non-ED training on a 'one-off' basis for a specific trainee who has applied for and obtained prior approval to undertake the placement.

The graduate outcomes associated with the end of PT are clearly articulated in the ACEM Curriculum Framework. Progression of trainees from the PT to the AT component of the FACEM Training Program requires completion of the twelve months accredited training through satisfactory *In-Training Assessments* (ITAs), along with the completion of satisfactory *Structured References*, and passing the written and clinical components of the *Primary Examination*. Further information on these assessment requirements are discussed further in Standard 5, *Assessment of learning*.

The AT component of the training program is broken into two 'phases'; *Early Phase* AT and *Late Phase* AT. Early Phase AT requires the completion of 12 months of training in a site(s) accredited for the provision of core emergency medicine training The outcomes associated with the end of the Early Phase AT are clearly articulated in the ACEM Curriculum Framework (designated as the end of Stage 1 of Advanced Training; AT1).

Late Phase AT requires the completion of:

- eighteen months of training in a site(s) accredited for the provision of core emergency medicine training;
- six months of training in *Critical Care* (either through an Anaesthetics term undertaken at a training site accredited for that purpose by either ANZCA or ACEM, or a term in an Intensive Care Unit at a training site accredited for that purpose by CICM or ACEM);

31 Royal Australian and New Zealand College of Radiologists

- six months of training in a site accredited for the provision of other, non-EM training; and
- six months 'discretionary' training, either in a site accredited for the provision of core emergency medicine training, or in a site accredited for the provision of other, non-emergency medicine training.

This is summarised also in Figure 3.4.1.

Additionally, all Advanced Trainees are required to complete the Paediatric Requirement of the FACEM Training Program by completing either:

- six months of training in a paediatric emergency department accredited by ACEM; or
- the paediatric logbook by recording cases using the *online logbook*, whilst working in an ED approved for the purposes of completing this requirement.

Further information on the paediatric requirement may be found in the *FACEM Training Program Handbook* (**Appendix 3.4.2**) and the regulations relating to the FACEM Training Program (**Appendix 1.1.22**, Regulation B2.3.7).

The outcomes associated with the end of Late Phase AT are clearly articulated in the ACEM Curriculum Framework, designated as the end of Stage 3 of Advanced Training (AT3). The Curriculum Framework also describes outcomes associated with Stage 2 of Advanced Training (AT2).

Conceptually, Stage 2 of AT is considered to equate to completion of a period of training midway through Late Phase AT. In practice, however, there is no specific point that is formally recognised as trainees progress through AT and the significant flexibility available to trainees in terms of the order in which they are able to complete the training requirements listed above enables considerable latitude in regard to when a trainee is assessed in relation to the outcomes described as AT2 or AT3 in the ACEM Curriculum Framework.

This presents challenges that are further discussed in the strengths and challenges associated with Standard 3.

The FACEM Training Program – Flexibility

An underlying principle of the CRP was to ensure the continuation of a training program that enabled significant flexibility for trainees. The flexibility of the current program is clearly evident from two broad perspectives:

1 Flexibility in regard to the *nature* of the training that can be undertaken and the *order* in which components of the program may be completed; and

2 Flexibility of the way in which trainees may undertake their training *from an FTE perspective*, as well as the *overall time* that is available to complete the requirements of the program.

As indicated above, the program has requirements for both the PT and the AT components. The PT component requires the completion of six months of core ED training, as well as six months of non-ED training, which enables trainees flexibility in regard to the specific nature of the training experience they undertake. Further, the two training periods may be undertaken in an order that is the choosing of the trainee.

The 12 months of Early Phase AT must be completed in a block; however, may be undertaken at one, or a number of sites. The minimum period of training that may be approved at any one accredited training site for trainees during AT is three months. This 12 month period can also be interrupted by, for example, three to six months of non-ED training, which increases flexibility of the program.

The requirements of Late Phase AT may be completed in any order. Thus, there is considerable flexibility when the ability to structure the required 36 months of training is considered in the context of the order in which the required amount of core ED training, non-ED time, critical care and paediatric EM training is completed. The desire when reviewing the structure of the training program will to be retain existing flexibility for trainees, while considering a reconfiguration that will render the program simpler, more readily understood and more easily and effectively administered for the benefit of all involved.

The maximum timeframe for the completion of the requirements of the FACEM Training Program is 12 years from the date of enrolment as a trainee. Of that 12 years, the maximum allowable time for the completion of the requirements of the PT component of the training program is five years, while the maximum allowable time for the completion of the requirements of the AT component of the training program is ten years.

Fractional (i.e. part-time) training (at a minimum 0.5 FTE) is available to all trainees enrolled in the FACEM Training Program and trainees are able to interrupt their training for purposes that require leave over and above that available through regular employment leave entitlements.

The number of trainees currently undertaking the FACEM Training Program on a full-time or part-time basis, and the number of trainees whose training is currently recorded as *interrupted* is outlined in Table 3.4.1 (below). Data for the previous two years is presented in Table 3.4.2.

Table 3.4.1 ACEM trainees' training status, March 2017

	Full-time	Part-time	Interrupted	Other[32]	Total Trainees
n	1,798	337	208	41	2,384

Table 3.4.2 ACEM trainees' training status, 2014 – 2016

	Full-time	Part-time	Interrupted	Other[33]	Total Trainees
2014	1,817	391	58	33	2,299
2015	1,807	361	143	10	2,321
2016	1,795	294	255	6	2,350

The applicable Regulations (refer to **Appendix 1.1.22**, Regulation B2.1.3) are felt to allow considerable flexibility to enable trainees to complete the requirements of the program. Trainees whose individual circumstances are such that they may require additional time over that available as a matter of course to complete the requirements of PT, AT or the overall program may apply prospectively under the College *Exceptional Circumstances and Special Consideration Policy* (provided as **Appendix 1.3.2**), or via the process associated with the PFRC (refer Standard 1.4).

The range of disciplines available in which trainees may undertake periods of non-EM/discretionary training has been discussed earlier in this standard and further adds to the flexibility available to trainees undertaking the FACEM Training Program.

The Joint Training Program in Paediatric Emergency Medicine – Structure

The *Joint Training Program* (JTP) in Emergency Medicine has been briefly described in Standard 1.1. The JTP is available to trainees enrolled in either the ACEM or RACP training programs and is intended for trainees wishing to practise in the field of *Paediatric Emergency Medicine* (PEM).

The joint program involves three stages, with completion of all three stages resulting in the awarding of Fellowship of both Colleges (FACEM and FRACP) and eligibility for registration with the MBA as a *Specialist Paediatric Emergency Physician*, a title protected under NRAS.

Figure 3.4.2 describes the three stages of training involved in the JTP for trainees according to whether their 'parent' College is ACEM or RACP. The information is taken from the ACEM **website**, with further detail in regard to the requirements of the program being available from the website, as well as Regulation B7.3 of the ACEM Regulations (**Appendix 1.1.22**).

32 Trainees non-compliant/no placement details recorded as at 31 March 2017

33 Trainees non-compliant/no placement details recorded as at 31 March 2017

Figure 3.4.2 Stages and requirements of the Joint Training Program in Paediatric Emergency Medicine

	ACEM Trainee Requirements	RACP Trainee Requirements
Stage 1	• 12 months Provisional Training • Pass the ACEM Primary Examination	• 36 months Basic Training • Pass FRACP Part 1 (written and clinical examinations)
Stage 2	• 12 months paediatric medicine • 18 months paediatric emergency medicine • 6 months paediatric ICU • 12 months adult EM • Fulfil Trainee Research Requirement • Pass the Fellowship Examinations	• 12 months adult EM • 18 months paediatric EM and either — 6 months paediatric ICU *or* — complete mandatory Development and Psychosocial Requirements, including: 6 months mandatory training and Research requirements
	On completion of this stage, achieves Fellowship of ACEM and a letter from the Joint Training Committee.	On completion of this stage, achieves Fellowship of RACP and a letter from the for Joint Training Committee confirming completion of Stage 2 training RACP Pathway.
Stage 3	• 12 months paediatric medicine • Pass FRACP Part 1 (written and clinical examinations) • Complete CPPT requirements including — 6 months mandatory training *and* — RACP research requirement	• 12 months adult EM • Pass ACEM Fellowship Examination • Fulfil ACEM Trainee Research Requirement
	On completion of this stage receives a dual Fellowship of ACEM and RACP.	On completion of this stage receives a Dual Fellowship of ACEM and RACP.

Of note is that trainees who complete Stage 2 of the JTP are issued with a letter from the JTCPEM, the bipartite body that oversees JTP training for both Colleges, certifying that they have completed the training requirements considered to be unique to paediatric emergency medicine. In the case of trainees whose parent College is RACP, completion of Stage 2 will also result in the award of Fellowship of the RACP (FRACP) and, because of the nature of NRAS, potential eligibility for registration as a Specialist Paediatric Emergency Physician.

This is due to *Paediatric Emergency Medicine* being a *Field of Specialty Practice* recognised by the scheme under the specialty of *Paediatrics and Child Health*, and part of the eligibility for this title being possession of an FRACP. RACP trainees who then complete Stage 3 of the JTP will also then be eligible for the award of FACEM.

In the case of trainees whose parent College is ACEM, completion of Stage 2 will result in the award of Fellowship of the ACEM (FACEM), which, along with the letter of completion from the CJCT PEM, is not sufficient to qualify them for potential eligibility for registration as a Specialist Paediatric Emergency Physician under NRAS. This due to there *not* being a link between Paediatric Emergency Medicine and the specialty of Emergency Medicine, which requires the possession of FACEM.

Thus, in order to become eligible for recognition as a Paediatric Emergency Medicine Physician, ACEM trainees who undertake the JTP must complete Stage 3 of the program, which results in eligibility for FRACP.

While understandable from the perspective of relevant legislation and the way in which NRAS operates, ACEM does see inequity in the arrangement described above and, with the support of RACP, is liaising with the MBA in an effort to facilitate the recognition of *Paediatric Emergency Medicine* as a Field of Specialty Practice that is also recognised under the specialty of Emergency Medicine.

Dual Training in Emergency Medicine and Intensive Care Medicine – Structure

Dual Training in Emergency Medicine and Intensive Care Medicine has been briefly outlined in Standard 1.1. ACEM trainees who have completed concurrent training with CICM may apply to have the standard ACEM Advanced Training requirements varied as follows:

- 24 months approved ED training (rather than 30 ED months); and
- 24 months approved non-ED training (rather than 12 months non-ED and six months discretionary).

The substitution of six months ED training for six months non-ED training allows for completion of a further six months in an approved medical term, which can also be counted towards CICM core requirements. The medical term must be completed and assessed whilst undertaking concurrent ACEM training; however, this substitution is not accredited towards the FACEM qualification until completion of all dual training requirements.

Summary of strengths and challenges in relation to Standard 3

The ACEM Curriculum Framework defines clearly the stages of the FACEM Training Program and associated graduate outcomes across eight domains of practice that describe contemporary practice in the discipline of emergency medicine. An understanding of the content outlined in the Framework is developed through the training program, which is practice-based and develops skills and responsibilities progressively as a trainee progresses through the program.

Design of the ACEM Curriculum Framework incorporates both vertical and horizontal integration and a review of the Framework will ensure that continues to be the case through the inclusion of a wide range of stakeholders in the review. The review will also enable a revisiting of the way in which the Framework outlines the outcomes associated with specific components of the FACEM Training Program, such as those associated with required critical care and paediatric training terms.

The structure of the FACEM Training Program affords trainees considerable flexibility in regard to the manner in which training is undertaken (e.g. full- or part-time), as well as the nature of terms that may be undertaken to enable trainees to gain exposure to a wide range of clinical experiences. It is, however, acknowledged that the structure of the program as currently operating is not optimal and there is a need for changes to be considered and appropriately addressed.

This is recognised clearly by the College as an aspect of implementation of the current program where practice has not absolutely reflected intent. The ACEM Curriculum Framework indicates clearly that the program identifies four stages with associated outcomes, and that 'the expected level must be reached at the end of the indicated stage'. This difficulty with identifying in practice where AT Stage 2 finishes and a trainee is to be assessed in relation to the outcomes of AT Stage 3 (i.e. newly qualified FACEM level) is, thus, acknowledged as a matter that needs to be clarified, and associated assessments (e.g. ITAs, WBAs) revised (refer to Standards 5 and 6 for further discussion).

Resolution of this matter will enable the program to evolve and mature in that it should assist in enabling the FACEM Training Program to operate genuinely as an outcomes- (or competency-) based program. In particular, some flexibility with regard to modifications to the amount of core emergency medicine training necessary to be undertaken in Late Phase AT may be able to be implemented.

For example, where a trainee has completed all training (and other) requirements to be eligible to attempt the *Fellowship Clinical Examination* and is successful in that examination (which is considered an exit examination), and where they are considered to be functioning clearly at the level of a newly qualified FACEM, it may be possible to reduce the amount of required core emergency medicine training in Late Phase AT.

Also in need of resolution following the work of the CRP is the manner in which learning outcomes felt to be associated with the *Critical Care* and *Paediatric* training requirements are specifically linked to assessments associated with those terms. While the learning (graduate) outcomes associated with each have been identified and are contained within the ACEM Curriculum Framework, ensuring that these outcomes are directly related to assessments conducted for each of the prescribed training terms requires further enhancement. This is further discussed in Standard 5.

The College also intends working with RACP and CICM in the short- to medium-term to ensure that resources and materials associated with the JTP PEM and the Dual Training in Emergency Medicine and Intensive Care Medicine are updated to reflect contemporary expectations and requirements. This will include ensuring appropriate curriculum requirements and assessment forms for training terms associated with both programs for ACEM trainees are in place.

Along with a review of the ACEM Curriculum Framework referred to in Standard 3.1, formal review of the FACEM Training Program is scheduled to occur in 2017. Due to the identification of issues such as those articulated above, it is intended that this review will take the form of a small working party being appointed by COE to conduct the task. Information obtained from internal and external stakeholders will be considered in conjunction with information already available to the College. Informal discussion involving senior College staff and COE Office Bearers (CIC/DCIC), based on feedback gathered from sources, such as trainees and DEMTs (refer Standard 8.1), has already resulted in possible program revisions at a 'macro' level being proposed. This could be considered in conjunction with stakeholder views that provide information at both a macro and a 'micro' level.

For example, at a macro level, relatively straightforward adjustments could be made to the program that retain the required completion of Provisional Training and 'Early Phase' Advanced Training, with assessment based clearly on the learning outcomes from the PT and AT1 levels of the ACEM Curriculum Framework, respectively. A 'mid-phase' AT could then be introduced that encompasses two years of training where a trainee completes the two mandatory Critical Care and Paediatric training terms each of six months' duration, as well as non-ED and elective terms. The assessment for this would be based clearly on the learning outcomes from the AT2 level of the ACEM Curriculum Framework. The final stage of FACEM training would be the completion of 12 months of ED training, with assessment based clearly on the learning outcomes from the AT3 level of the ACEM Curriculum Framework.

An arrangement such as that described above would simplify the FACEM Training Program for all concerned, including providing increased clarity of the timing and eligibility requirements associated with the Fellowship Examinations. As well, it would ensure congruence between the Framework underpinning the training program and its underlying principles, whilst still allowing considerable flexibility during the middle phase of the training program as is currently afforded to trainees.

Information from stakeholders would also inform any revisions to the ACEM Curriculum Framework, resulting in a program that more fully reflects its philosophic intentions in a more coordinated fashion, while incorporating stakeholder feedback in regard to program and graduate outcomes.

4 Teaching and learning

4.1 Teaching and learning approach

Accreditation Standards	
4.1.1	The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

Summary of ACEM Response	
4.1.1	While recognising that more in the range of adjunct education materials can be provided by the College, the FACEM Training Program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

The FACEM Training Program is a hybrid model based on time in training and outcomes based assessment. The program is underpinned by the ACEM Curriculum Framework that articulates the learning outcomes for each domain and level of training. In order to achieve these outcomes trainees engage in learning through both formal and informal activities in a range of environments.

A large proportion of learning occurs in the clinical environment where trainees work as team members in a variety of roles: treating patients; administration; and acting as role models, teachers and supervisors for junior staff. DEMTs arrange learning sessions, such as seminars, lectures, tutorials, role plays, simulation practicals, trial examinations, case presentations and discussions, that trainees are expected to attend.

The provision of a structured education program is a requirement under the ACEM *Accreditation Requirements for Emergency Medicine Specialist Training Providers* (refer Standard 8.2). Trainees learn through a broad range of activities that occur in the Emergency Department: inter-professional patient-centred care teams; handover and shift administration; bedside teaching; as well as the conduct of WBAs and the associated feedback. Hospitals also conduct their own education programs that include lectures and tutorials, case discussions, journal clubs, role plays and simulations where trainees can learn and practice procedural and other clinical skills. Trainees also attend short courses, either face-to-face or online, and access other resources, provided by ACEM, as well as other sources, to enable self-directed learning, and participate in the activities of College entities.

Appendix 4.1.1 provides a summary of the variety of learning activities involved in the FACEM Training Program, mapped against the 'high level descriptors' of the ACEM Curriculum Framework for each stage of training as articulated in the Framework.

The College intends to increase its online offerings and is providing appropriate financial and human resources to ensure this is achieved. Appointment of staff to assist with this, along with a partnership with an external provider is anticipated to provide considerable impetus to this initiative, with revised online modules for the EMC/EMD programs expected to be delivered through 2017, including increased directed training resources demonstrating key EM skills. All trainees in the FACEM Training Program have access to the EMC/EMD online learning modules and are encouraged to complete them as part of their training.

The development and approval of the *ACEM Educational Resources Strategic Plan 2017 – 2018* (provided as **Appendix 4.1.2**) signals a significant step forward in this process.

The FACEM Training Program involves significant emphasis on WBAs that are completed by trainees during each clinical rotation (refer Standard 5, *Assessment of learning* for further information), introduced in the revised program resulting from the CRP. The WBA suite includes:

- ITAs completed on the trainee for the stage of training against the learning outcomes outlined in the *ACEM Curriculum Framework*; and
- EM-WBAs, currently required for completion during Advanced Training, comprising *Case-based discussions* (CbDs), *Mini-Clinical Evaluation Exercise* (Mini-CEX) and *Direct Observation of Procedural Skills* (DOPS) and Shift Reports, completed by the trainee in Emergency Departments.

EM-WBAs, such as CbDs, Mini-CEX and DOPS involve short periods of observation and/or discussion with a trainee in the clinical workplace, followed by structured feedback to the trainee. These are considered to have both a formative and summative assessment purpose. As such, they are considered a learning activity, as well as a mandated assessment that must be completed satisfactorily and at a required rate and level of complexity. Similarly, ITAs are considered an opportunity for learning.

The *Learning Needs Analysis* (LNA) is a trainee-led process to enable trainees to map out their learning and development goals for a specified period, and create a learning plan. The LNA provides a framework for the discussions between a trainee and their DEMT/Supervisor to better inform a trainee's self-identified areas for development and growth, whilst referencing the ACEM Curriculum Framework. LNAs are compulsory for ACEM-accredited special skills posts (i.e. Category A and Category T positions)[34], and all trainees (regardless of the nature of their placement) are encouraged to create a learning plan for each placement. LNAs are written in liaison with a DEMT/Supervisor to provide feedback about the action plan and progress during the course of the placement.

The LNA also provides a framework for discussions between a trainee and their DEMT/Supervisor to better inform a trainee's self-identified areas for development and growth. Although the completion of an LNA is encouraged as part of a trainee's standard training placement, they are mandatory for trainees undergoing a period of remediation due to either performance or compliance issues (refer Standard 5, *Assessment of learning* for further discussion).

34 Refer to discussion, Standards 3.4 and 8.2 for further information in relation to these posts

4.2 Teaching and learning methods

Accreditation Standards	
4.2.1	The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
4.2.2	The specialist medical program includes appropriate adjuncts to learning in a clinical setting.
4.2.3	The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
4.2.4	The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

Summary of ACEM Response	
4.2.1	Training in the FACEM Training Program is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care as appropriate to the level of an individual's training and supervision requirements.
4.2.2	The FACEM Training Program includes appropriate adjuncts to learning in a clinical setting, which the College is working actively to increase through the provision of face-to-face and online resources.
4.2.3	The FACEM Training Program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
4.2.4	The FACEM Training Program facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

An overview of the structure and requirements of the FACEM Training Program is provided in Standard 3.4, *Structure of the curriculum*. The training program requires the acquisition of the knowledge, skills and attitudes necessary for safe, independent FACEM practice through a series of stages, each of which is associated with defined learning outcomes across multiple domains and associated topics and sub-topics (i.e. program and graduate outcomes).

The FACEM Training Program is practice-based, and conducted in training sites (predominantly public hospital emergency departments) that are accredited for the task through a process described fully in relation to Standard 8. The accreditation requirements reflect the nature of the training to be undertaken and describe the ability for trainees to attain the requisite amounts of practise-based clinical training.

As befits the nature of the specialty of emergency medicine, this includes trainees working with emergency medicine colleagues to experience peer-to-peer learning, as well as interdisciplinary and interprofessional teams to deliver high quality patient-centred care. ACEM requires trainees to train outside of the ED to gain a better appreciation of the integration of emergency medicine in the hospital system, as well as experience increased collaboration with other hospital-based clinical teams, and to develop improved professional skills that are required when dealing with clinicians and patients post the emergency care part of a patient's journey through the hospital system.

Consistent with the ACEM Curriculum Framework and associated assessments, as the requisite knowledge, skills and attributes of trainees develop through the program, independence and responsibility grow. This is clear from the outcomes listed in the ACEM Curriculum Framework and is reflected in the expectations of trainees from employers, as well as the College through assessments.

The College is embarking on a range of initiatives that will provide additional and revised or updated online education materials for trainees that are intended specifically to support the FACEM Training Program, and which may also be used with the EMC and EMD programs.

These initiatives include a suite of Critical Care (airway) eLearning modules due for release mid-2017. The suite includes five modules, one theoretical and four 'scenario-based', ranging from uncomplicated to more challenging airway management. The modules can be used to generate deliberate practice (i.e. deliberate, goal-directed rehearsal, paired with reflection and problem-solving processes) in airway management knowledge and skills.

The modules are designed for trainees to complete within the first two years of training, thus better preparing them for successful completion of their critical care requirement, which occurs outside the emergency department.

The modules are intended for use in conjunction with a manikin or task trainer in structured, group simulation training sessions. A trainer, such as a workplace supervisor/DEMT, facilitates the linking of theory and practice, demonstrating skills and explaining the logic and evidence behind the practice. Points of reflection, debate and practice are encouraged for incorporation into this process.

This multimodal approach to teaching clinical skills is founded on adult learning principles, along with an appreciation of different learning styles (visual, auditory, kinaesthetic). Within the 'how to' manual, trainers are encouraged to employ the aspects of the traditional 4-step method (Demonstration, Deconstruction, Comprehension, Performance) to teach clinical skills in medical training. The process can be adapted for different settings/situations.

Another initiative recently commenced is the creation of eLearning modules for the attainment of ultrasound skills specific to emergency medicine practice. Other eLearning modules, such as basic trauma skills, are currently also in the early stages of planning. Recent employment of ACEM staff to assist with the co-ordination of learning resources will ensure that ACEM is able to deliver more adjunctive learning modalities in a comprehensive and sustainable fashion.

Certificate and Diploma in Emergency Medicine

Similar approaches to those adopted in the FACEM Training Program are taken in relation to the EMC and EMD programs. Both programs are practice-based, and are supplemented by significant eLearning modules accessed through the ACEM website.

An evaluation of the EMC and EMD programs conducted during 2016, confirmed the view that the modules, launched with the two programs in 2011 and 2012, were in need of revision and reflecting the stage of development of the applicable technology used in their development.

Accordingly, the College is committing significant resources to the development of a replacement set of modules for both programs, using up to date platform software that can be accessed through mobile devices, along with in-house support to liaise actively with the module developer in an arrangement that will bring significant new opportunities for the College in this field. These opportunities will enhance the learning opportunities available to EMC and EMD candidates, FACEM trainees and Fellows through the development and provision of a range of on-line resources.

The College is confident that the new modules will be operating in the second half of 2017.

Summary of strengths and challenges in relation to Standard 4

The FACEM Training Program involves a range of teaching and learning strategies, all of which are considered valid in the training of medical specialists in a discipline such as emergency medicine and which contribute to well-trained fit for purpose medical specialists.

The College also recognises that it must develop further resources to complement the training and education activities provided by training sites on a day-to-day basis. To that end, the College is undertaking a targeted revision of the resources it offers trainees, particularly online resources, with a view to increasing the offerings available.

As part of this initiative, the College is partnering with an external provider to develop a suite of online resources targeted directly at core procedural skills, and which will be of benefit to both Fellows and trainees. The first initiative to be undertaken will be a complete revision of the current online modules associated with the College's Certificate and Diploma modules.

The College will also be looking to increase its workshop offerings, an initiative that correlates with the maturing of the organisation as it transitions from the provision of initiatives funded by the Australian Government under the National Program to one where the College identifies specific offerings that are of value to trainees and members, and enables sustainable delivery of those offerings.

5 Assessment of learning

5.1 Assessment approach

Accreditation Standards	
5.1.1	The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
5.1.2	The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
5.1.3	The education provider has policies relating to special consideration in assessment.

Summary of ACEM Response	
5.1.1	The FACEM Training Program has a program of assessment aligned to the program and graduate outcomes of the program that enables progressive judgements to be made about trainees' preparedness for specialist practice.
5.1.2	The requirements for completion of prescribed assessments and any other requirements of the FACEM Training Program are clearly documented, with all documents explaining these requirements accessible to all staff, supervisors and trainees.
5.1.3	ACEM has a clear policy and associated processes relating to special consideration in assessment for all programs, including the FACEM Training Program.

The work of the CRP has been described in detail in previous progress reports to the AMC and MCNZ, with aspects referred to elsewhere in this document. The CRP resulted in the revised FACEM Training Program being based on best-evidence medical education practice available at the time, and the delivery of significant revisions related to specific assessment requirements associated with the program. These included:

- the development of an outcomes-based Curriculum Framework for Emergency Medicine (the *ACEM Curriculum Framework*);
- the introduction in 2015 of a formal program of WBAs in AT to ensure continuous progressive assessment across the FACEM Training Program;
- a proposal for the introduction of an Integrated Primary Written Examination from 2017; and
- revision of the Fellowship Examination, involving changes to both the written and oral components for introduction in 2015.

The resulting revised FACEM Training Program ensures that trainees complete a broad range of assessment activities progressively throughout the Program to ensure the continuous development of knowledge, skills and attributes, and culminating in the award of FACEM (refer ACEM **website**).

Figure 5.1.1 provides an overview of the assessment requirements of the FACEM Training Program, the requirements summarised below.

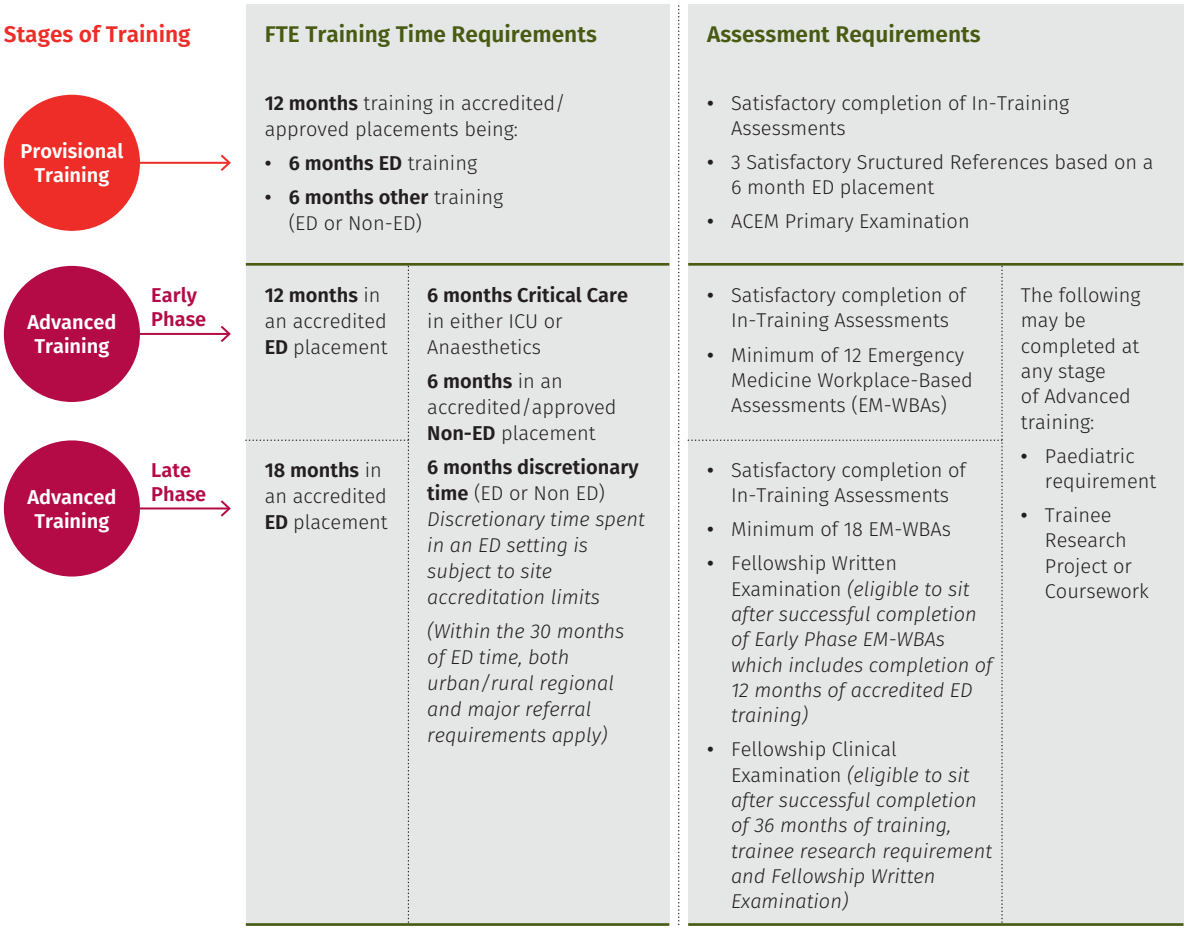
- *In-Training Assessments* (ITAs) are completed every three months throughout the program and involve a trainee being assessed by the placement DEMT or Supervisor[35], based on their cumulative knowledge of the trainee, collated during the trainee's placement.
- *Structured References* (SRs) are one of the three requirements of PT. The assessment identifies strengths and weaknesses in areas of practice. SRs serve as an indicator of a trainee's suitability to progress into AT, and are required to be successfully completed for a trainee to progress from PT to AT.
- The Primary Examination comprises a written component (integrated Select Choice Question (SCQ) paper) and an oral/clinical component (Viva) that assesses scientific knowledge related to emergency medicine.
- EM-WBAs assess trainee competency continuously through the AT component of the program using tools such as the Mini-CEX, direct observation of procedural skills (DOPs), case based discussions (CbDs) and shift reports.

35 Refer Standard 7.1 for distinction between the two terms

- Research knowledge is developed and assessed through successful completion of approved university postgraduate coursework subjects or completion of a *Trainee Research Project* during the AT component of training.
- The Fellowship Examination is undertaken by trainees in the late stages of training and assesses trainee knowledge and skills through a written component comprising SCQs and short answer questions (SAQs), and a clinical component (OSCE). The examinations assess knowledge and other aspects of professional practice at the level of a graduating FACEM.

Each of these requirements is discussed further in Standard 5.2. Comprehensive information about assessment and completion requirements for each assessment activity is publicly available on the ACEM **website**, as well as in the FACEM Training Program Handbook (**Appendix 3.4.2**).

Figure 5.1.1 Overview of the assessment requirements of the FACEM Training Program



The Council of Education (COE) is responsible for educational strategic direction and delivery of the FACEM Training Program, and for promoting improvements in training and education. The Council has oversight of all facets of the College's educational activities, including assessment as outlined in its Charter (refer Standard 1, **Appendix 1.1.4**).

As outlined in Standard 1, COE delegates some responsibilities related to assessment in the FACEM Training Program to STAC, which has several entities that undertake the development and monitoring of assessment. These include the *Examination Subcommittee*, the College's *Court of Examiners*, and the *Trainee Research Panel*, which is responsible for the Trainee Research assessment and the adjudication of the Trainee Research Projects, as well as *Regional WBA Panels* and the *Central WBA Panel*. These entities, and their reporting relationships, are depicted in Figure 1.1.5, with ToRs provided as **Appendix 1.1.9** to **Appendix 1.1.17**.

Special Consideration in ACEM Assessments

The College policy for *Special Consideration* for the FACEM Training Program has been discussed in Standard 1.1, with the College's *Exceptional Circumstances and Special Consideration Policy* supplied as **Appendix 1.3.2**.

The policy applies to a range of College requirements and circumstances, and enables consideration to be given when circumstances beyond a trainee's control hinder their ability to perform an assessment optimally or in a timely manner. It also acts as a means of facilitating alternative assessment arrangements being put in place for trainees.

In approved cases ACEM provides relevant assistance including, but not limited to, additional time for completion of written examinations as necessary, and facilities such as prayer rooms and breastfeeding rooms at examination venues. In cases where 'one-off' circumstances arise that are felt to have resulted in trainees not being able to perform optimally in relation to specific assessments, the circumstances in question can be factored in to assessment decisions.

The policy applies to all ACEM training programs (e.g. EMC and EMD, as well as the FACEM Training Program).

5.2 Assessment methods

Accreditation Standards	
5.2.1	The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
5.2.2	The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
5.2.3	The education provider uses valid methods of standard setting for determining passing scores.

Summary of ACEM Response	
5.2.1	The assessment requirements of the FACEM Training Program contain a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
5.2.2	ACEM has a blueprint to guide assessment through each stage of the FACEM Training Program.
5.2.3	ACEM uses valid methods of standard setting for determining passing scores for examinations in the FACEM Training Program.

Overview of Assessment in the FACEM Training Program

The overall program of assessment of the FACEM Training Program addresses all eight domains of the ACEM Curriculum Framework for Emergency Medicine and is mapped (blueprinted) to the top level descriptors for each phase of training (refer to **Appendix 5.2.1**, *Global Blueprint of Assessment Activities to the ACEM Curriculum Framework*). Further blueprinting maps trainee (graduate) outcomes to individual assessment requirements (refer **Appendix 5.2.2**).

The range of assessment methods used in the FACEM Training Program were outlined briefly in Standard 5.1. They are considered generally fit for purpose, and include assessment of trainee performance in the workplace. The following section provides information on each component.

In-Training Assessments (ITAs)

In-Training Assessments (ITAs) are conducted every three months for FACEM trainees, with dates aligned to the standard quarterly term dates in Australia and New Zealand[36].

The trainee is assessed against the program outcomes (top level descriptors) outlined in the ACEM Curriculum Framework, based on the DEMT or Supervisor's cumulative knowledge of the trainee, collated during the trainee's placement.

The DEMT/Supervisor rates and provides structured feedback on the trainee's overall performance during the placement, applying the appropriate learning outcomes of the Framework. The completion of the ITA is expected to require a total of 20 minutes, with a period of feedback.

An example of the ITA form currently used is provided as **Appendix 5.2.3**. Feedback from all involved in the FACEM Training Program indicates that the form requires modification, primarily in the rating scales against which trainees are assessed. This is to clarify the alignment of the performance of a trainee against the outcomes of the ACEM Curriculum Framework for their stage of training, rather than the scale currently in use. This work, along with the development of ITAs for specific terms required as part of the training program (e.g. Critical Care), is a priority activity for the College.

36 A secondary set of ITA dates (out of cycle), at the mid-point of each three-month term will be set for completion of ITAs for trainees who commence a placement outside the usual term dates

Structured References (SRs)

Structured References (SRs) are one of the three assessment requirements that must be successfully completed in order for a trainee to proceed from PT to AT. The requirement involves a trainee requesting three FACEM referees, one of whom must be the trainee's DEMT, to complete an online Structured Reference; completion of the three references constitutes a 'set' of SRs.

References are based on six months (FTE) of Emergency Department PT time undertaken during the first year in the training program. Each referee must have directly supervised the trainee during the period to which the reference relates, and each reference, once completed and submitted by the referee, is valid for 12 months from the end of the training period on which they are based.

An example of the SR form currently used is provided as **Appendix 5.2.4**.

Workplace Based Assessments (WBAs)

A major outcome of the CRP was the introduction in 2015 of progressive assessment in the form of a suite of WBAs. In the FACEM Training Program they include the ITAs and the EM-WBAs. Piloted in the period leading up to the 2015 training year, this represented the introduction of a significant component of performance-based assessments into the FACEM Training Program, enabling trainees to receive regular formative feedback routinely throughout the FACEM Training Program. WBAs also perform a summative function, which assists the College to identify those who are experiencing difficulty meeting, or who are not meeting, the required standards for their stage of training.

This latter aspect was seen as a particularly important improvement in AT, where it was identified in the previous iteration of the training program as being an aspect of the program not satisfactorily addressed through the assessment processes in place.

The set of EM-WBA instruments in AT are outlined in Table 5.2.1 below. All EM-WBAs are recorded online by the assessor directly.

Table 5.2.1 EM-WBA requirements in FACEM Advanced Training

Instrument	Description
Direct Observation of Procedural Skills (DOPS)	The trainee is directly observed whilst performing a specific clinical procedure, assessed and provided with feedback on their performance of the procedure.
Mini-Clinical Evaluation Exercise (Mini-CEX)	The trainee is directly observed whilst performing a focused clinical task during a specific patient encounter, assessed and provided with feedback on their performance in the patient encounter.
Case-based Discussion (CbD)	The assessor engages the trainee in discussion of a selected case, which the trainee managed, to assess and provide feedback on the trainee's clinical reasoning and decision making.
Shift Report	The trainee is observed for the duration of a clinical shift, assessed and provided with feedback on their performance during a discrete time period of clinical work.

EM-WBA assessment tools were not introduced as mandatory in PT as it was felt the structured references performed that role. Provisional trainees are, however, able to undertake EM-WBAs as learning activities. In 2015, 21% of Provisional trainees undertook EM-WBAs, this proportion increasing to 25% in 2016. Trainees are initiating these as the value in accessing further opportunities to seek and receive formative feedback in relation to their training, as well as becoming comfortable with being observed prior to their mandatory nature in advanced training, is recognised. The inclusion of EM-WBAs as a requirement for PT is seen by the College as an aspect of the training program that will be considered during 2017 (refer also discussion in relation to Standards 3.4 and 6.2).

The College considers that the anticipated value of EM-WBAs has been validated since their introduction. Combined with the lessons learned during the time administering their use to date, the College now views their introduction to the PT component of the FACEM Training Program as justified and highly likely. At a practical level, introduction from the 2019 Training Year, to coincide with the commencement of trainees through a standards-based selection currently under development (refer to Standard 7.1), would appear the most suitable time for this introduction.

Depending on their stage of training, trainees must complete a prescribed number of EM-WBAs during training placements, at a designated level of complexity. Tables 5.2.2 and 5.2.3 outline the minimum EM-WBAs requirements for each phase of Advanced Training (early or late).

Table 5.2.2 EM-WBA requirements for Early Phase Advanced Training

Minimum Early Phase EM-WBAs Requirements (12 Months ED Time)

			Minimum Complexity Requirement		
Instrument	**Minimum Rate of Completion**	**Total**	**Low**	**Medium**	**High**
Mini-CEX	1 every 3 months	4	Any	2	Any
CbD	1 every 3 months	4	Any	2	Any
DOPS	1 every 3 months	4	Any	Any	Any

Table 5.2.3 EM-WBA requirements for Late Phase Advanced Training

Minimum Late Phase EM-WBAs Requirements (18 Months ED Time)

			Minimum Complexity Requirement		
Instrument	**Minimum Rate of Completion**	**Total**	**Low**	**Medium**	**High**
CbD	1 every 3 months	6	Any	Any	3
DOPS	1 every 3 months	6	Any*	Any*	Any*
Mini-CEX	1 every 6 months	3	Any	Any	2
Shift Report	1 every 6 months	3	Any	Any	2 in charge^

Examinations in the FACEM Training Program

The FACEM Training Program requires trainees to pass the *Primary Examination* as part of the requirements to progress from PT to AT. Trainees must pass the *Fellowship Examination* as a requirement to achieve eligibility for election to Fellowship of the College (FACEM). Both examinations consist of a written component and an oral/clinical component, details of which are provided below.

Currently, ACEM trainees have unlimited attempts at examinations. As reported previously[37], in 2016 COE considered the matter of the number of allowable attempts at examinations contained in the FACEM Training Program, and determined to limit the number of examination attempts available to FACEM trainees from 2018. This is understood to be in line with the practices of other medical colleges, both in Australia and internationally, where there is an increasing move to limiting the number of examination attempts available to candidates.

* DOPS requirement is that over Early and Late Phases, a trainee completes a minimum of five unique procedures from the list of ten core DOPS procedures: Advanced Airway (including both: 1. direct laryngoscopy, insertion of oral ETT, use of RSI technique [including drugs, stylet, bougie] and 2. setting up a transport ventilator); Use of non-invasive ventilation device (either adult or paediatric); Tube thoracostomy; DC Cardioversion; Emergent fracture/dislocation reduction; Lumbar Puncture; Administration of procedural sedation; Central venous access (either ultrasound guided central vascular access or insertion of a central venous line); Arterial line insertion; and Performance of Focused Assessment Sonography in Trauma (FAST) (either: FAST or e-FAST)

^ Late Phase trainees are required to complete two Shift Reports 'in charge' in the last 12 months of Late Phase

37 ACEM Progress Report to the Australian Medical Council and the Medical Council of New Zealand March 2016, p. 16

Accordingly, from the beginning of the 2018 training year, the number of attempts at each examination in the FACEM Training Program will be limited to three. That is, a trainee will have a maximum of three attempts at each examination: the Primary Written Examination; the Primary Clinical Examination (Integrated Viva); the Fellowship Written Examination; and the Fellowship Clinical Examination (OSCE). Should a trainee not pass an examination within the three attempts available, they will be considered by STAC for possible removal from the FACEM Training Program, in conjunction with the PFRC process described previously in Standard 1.3.

Attempts made at any of the four examinations that have not resulted in the examination in question being passed prior to the 2018 training year will not count towards the allowed three attempts. Current training time limits will, however, continue to apply; i.e. Provisional Training must be completed within five years, Advanced Training must be completed within ten years, and all training requirements must be completed within 12 years from the time of enrolment as a trainee.

The Primary Examination

The objective of the written and oral components of the Primary Examination is to ensure that trainees have the required level of knowledge and understanding of the four basic sciences; *anatomy, pathology, physiology* and *pharmacology* to underpin their further learning and development towards careers as emergency medicine physicians. Trainees undertaking the Primary Examination are expected to demonstrate an understanding of the subject matter and the ability to apply their knowledge to the practice of emergency medicine at the PT level as described in the ACEM Curriculum Framework.

Primary Written Examination

The written component of the Primary Examination is delivered online via Moodle, the College's eLearning platform. Prior to 2017, the examination consisted of four individual papers, each assessing one of the basic sciences of anatomy, pathology, physiology and pharmacology as they relate to emergency medicine. Trainees could choose to sit one, or multiple, subjects at each sitting.

Each subject paper contained a mixture of Select Choice Questions (SCQs), in two formats; multiple choice questions (MCQs) and extended match questions (EMQs). All four papers had to be passed before the oral component could be attempted.

The MCQs used are 'single best option' questions, where candidates choose the most correct response from four options. EMQs were introduced in 2015. They comprise an overall theme, a 'lead-in' phrase, a list of up to 25 possible options and multiple stems, each requiring a response selected from the options list. The EMQ format is felt to better assess the application of knowledge, rather than simple, low-level content recall, across the range of material desired to be sampled in examinations of this type.

Since 2017, the four subject areas of the Primary Examination written component have been integrated into a single examination, with trainees sitting one SCQ examination, covering all four science subjects. All candidates are now required to undertake the revised written examination format, irrespective of their outcome(s) on papers attempted in previous Primary Written Examination attempts. Trainees were first provided with notice of the change in April 2015, with periodic notice since that time, along with updated information on the College website.

Recognising that patient care depends on a sound knowledge of all subjects, which can be drawn on as relevant and applicable to the patient's situation, the integrated examination is designed to assess the trainee's consolidated knowledge of the most important areas of the four disciplines as applied to the practise of emergency medicine in a manner that requires integration and application of the clinical sciences, rather than the recall of isolated facts.

The examination contains up to 360 SCQ items (MCQ and EMQ) in total, and the examination is split across two three-hour papers of up to 180 questions, with each of the four basic science subjects comprising the basis of up to approximately 25% of the questions.

In order to pass the examination, trainees are required to attain the overall cut score set by a Modified Angoff standard setting method, arrived at through a standard setting workshop. A panel of trained standard setters collaborate to make judgements of the expected performance of a 'just at standard' candidate for each examination question. For this examination, the standard setting panel includes trainees in Advanced Training.

These judgements are then combined to calculate a cut (passing) score for each paper. Use of a modified Angoff method is a common and accepted (validated) method of standard setting examinations of this nature, and the College is confident that the method is appropriate for the written component of the Primary Examination.

Results for the 2017.1 (and earlier) Primary Examination written component are described in Standard 5.4 (Statistics).

Primary Oral Examination – Integrated viva voce (viva)

Prior to the middle of 2013, the Primary Oral Examination was based on a set of individual subject-based[38] vivas. As with the written component described above, the examination is now integrated. It consists of four stations, each presenting a clinical scenario covering the four basic science subjects. This change emphasises the clinical relevance of the basic sciences to the practice of emergency medicine. Candidates are examined by a pair of examiners for 10 minutes per station.

The purpose of the viva is to test the candidate's explanation of factual knowledge and the transfer of principles to clinical situations. The stations are designed to assess the required depth and application of knowledge, problem solving, clinical reasoning and judgment, and analytical skills. Props such as bones, X-rays and anatomical models are used, and candidates may be required to label, describe and analyse abnormal arterial blood gases, X-rays, ECGs at the level that would be expected of a trainee entering Advanced Training.

To successfully pass the integrated viva and therefore satisfactorily complete the Primary Examination requirement, candidates are required to obtain a scaled score of five or greater out of 10 in at least two of the four integrated vivas, and to obtain a total score of 20 or greater out of 40 at the one examination.

Results for the 2017.1 (and earlier) Primary Examination oral component are described in Standard 5.4 (Statistics).

Fellowship Examination

The CRP resulted in a revised format of the Fellowship Examination from the commencement of 2015. The examination consists now of an un-coupled written and a clinical component. The previous iteration of the Fellowship Examination format also consisted of a written and clinical component; however, the requirements of each component differed from those that now operate.

The written component of the Fellowship Examination that operated until the end of 2014 consisted of three separate papers; MCQs, Short Answer Questions (SAQs), and Visual Aid Questions (VAQs).

A candidate was required to pass two of the three papers to be invited to sit the clinical examination; MCQs, SAQs, and VAQs, and then required to gain sufficient marks in order to be awarded an overall pass in the Fellowship Examination.

The clinical component consisted of a long case, four short cases and a set of six Structured Clinical Examinations (SCEs)[39].

The structure of the current Fellowship Examination, introduced in 2015, is summarised in Table 5.2.4.

Table 5.2.4 Structure of the current Fellowship Examination

Fellowship Examination	Item Format	Total Testing Time	Number of Items
Written	Select Choice Questions (SCQs): • Multiple Choice Questions (MCQs) • Extended Matching Questions (EMQs)	180 minutes	Up to 120 questions
	Short Answer Questions (SAQs)	180 minutes	Up to 30 questions
Clinical	Objective Structured Clinical Examination (OSCE)	180 minutes	Up to 16 stations

38 Anatomy, pathology, physiology and pharmacology

39 The SCE comprised six stations over one hour. Each station included a case scenario and was marked out of 10. Candidates were required to pass 4 stations and have a total score of 30 or greater to pass the SCE component.

Fellowship Written Examination

As indicated in Table 5.2.4, the written component of the Fellowship Examination consists of two elements, with each involving the completion of an examination paper of 180 minutes duration.

The SCQ paper consists of MCQs and EMQs, with the proportion of MCQs to EMQs in each paper not fixed. The paper is delivered online via Moodle, the College's e-Learning platform.

In the SAQ paper, candidates are given a clinical scenario, followed by related questions. The paper is intended to assess the ability of the trainee to recall knowledge, as well as the prioritisation, and application of that knowledge.

The written examination is held on a single day, with the two 180 minutes papers administered separately, with a break in-between. A priority activity currently underway for the College is the capacity to deliver the SAQ paper on line.

All components of the Fellowship Examination are standard set at the level of a graduate Fellow/'new' FACEM (i.e. at the AT3 level outcomes of the ACEM Curriculum Framework). For both the SCQ and SAQ papers, ACEM employs a modified Angoff standard setting method, whereby a panel of standard setters collaborate to make a judgement of the expected performance of a 'just at standard' candidate for each examination item. These judgements are then combined to arrive at a 'cut score' for each paper.

As would be expected from a criterion-referenced examination involving such a standard setting process, there is no pre-determined pass mark for the examination and there is also no specified number of questions that a candidate is required to 'pass'. Candidates are required to 'pass' each paper as a whole, as determined by the standard setting process, which, not unusually for such high stakes examinations, includes the addition of one *Standard Error of Measurement* (SEM) to the estimated 'cut score' to arrive at the examination passing mark.

As part of the monitoring of the implementation of the Fellowship Written Examination in its revised format from 2015, concern was expressed with the standard set for one of the examinations held during 2015 (2015.2). Use of the standard as set by the modified Angoff method described above would have resulted in a pass rate for the examination that was unacceptably low, and clearly incongruous with previous, as well as subsequent, sittings of any similar College examination.

Upon receipt of advice from an external consultant, results for the examination were determined using an alternative standard setting method (the Hoftsee method). The standard set by this method was considered acceptable. It is, however, understood and accepted that this is not a purely criterion-based standard setting method. Nevertheless, the method has been used as a 'back-up' method, intended for use only should incongruent examination outcomes be detected from use of the modified Angoff method.

As a result of the above instance, and as part of ongoing evaluation and development of its examination process, the College is currently conducting a 'trial' to compare alternative standard setting methods for the Fellowship Written Examination. Whilst the modified Angoff method continues to be the method designated for determination of the pass mark for the examination, concurrent use of an alternative modification to that currently used for the Angoff method, along with a method based on the Rothmans process is also being investigated. Data obtained from all three methods will be analysed and recommendations in relation to the standard setting method(s) considered most appropriate for use with the Fellowship Written Examination will be made when sufficient data to draw valid conclusions is available.

Fellowship Clinical Examination (OSCE)

The Fellowship Clinical Examination is an *Objective Structured Clinical Examination* (OSCE), that focuses on the application of knowledge, skills and other professional attributes. The OSCE currently comprises up to 16 clinical stations and may include the use of standardised patients, observation stations, clinical scenarios and simulations of management of critically ill patients.

Stations are of ten minutes' duration (three minutes reading, seven minutes interaction). Where appropriate, however, there may be 'double length' stations, which allow assessment of more complex scenarios, such as a simulated resuscitation or sequential management aspects of the same clinical scenario. They also provide the opportunity for the assessment of a wider range of domains than the standard length stations.

The change to this format of the examination, as part of the CRP process, was chosen because of the increased ability to assess other skill-based domains of the ACEM Curriculum Framework; i.e. communication, teamwork, and the teaching component of scholarship and teaching, and the better ability to analyse the examination psychometrically for reliability and validity for the purposes of ongoing quality improvement.

One or two examiners are present in each station. Where two examiners are present in a station, a 'consensus' mark was, until the 2017.1A OSCE that was conducted in May, used to arrive at a score for the performance of each candidate in the station. This practice has been discontinued from (and including) the 2017.1A OSCE, and separate marks from each examiner are now utilised.

Owing to candidate numbers, ACEM conducts the Fellowship Clinical Examination across multiple days, with different candidate cohorts on, for example, days 1, 2 and 3, compared to days 4, 5 and 6 of an examination. Different stations are used for each cohort, and the examinations are standard set separately and treated as different examinations in terms of pass mark determination.

As with the Fellowship Written Examination, there is no pre-determined passing score for the examination and there is also no specified number of stations that trainees need to 'pass'. Candidates are required to reach the passing score as determined by the *borderline regression* standard setting method, which uses the data from candidate performance to determine a pass mark for the examination. The process method is supported by a wide literature base and is considered highly suitable for assessments of this type.

In summary, individual 'cut' scores are calculated for each station, for each cohort. After adjustment for domain weightings, all trainees' raw scores for each station, and their corresponding global ratings, are regressed to a line of best fit. The 'just at standard' global rating is then used to identify the corresponding station score from the line of best fit. Station cut scores are then combined to arrive at the 'raw' cut score for the examination cohort. As with the Fellowship Written Examination, the raw cut score has one SEM added to obtain the final passing score to arrive at the 'passing' score for the examination.

Results for the 2017.1 (and earlier) Fellowship Clinical Examination (OSCE) are described in Standard 5.4 (Statistics).

Examination Resources

ACEM has developed several resources to inform supervisors and assist trainees as they prepare for both the Primary Examination and the Fellowship Examination.

For the Primary Examination, the resources available provide information relating to the code of conduct, marking scheme and results, and include a guide, syllabus and matrix, recommended texts, sample questions, past papers and examination reports. There is also a 'practice examination' available, designed to familiarise trainees with the format and function of the online examination.

Trainees are encouraged to fully familiarise themselves with the information contained in the resources, available at: **https://www.acem.org.au/Education-Training/Specialist-Training-Assessment-and-Exams/Primary-Examination.aspx**.

For the Fellowship Written Examination a description of the types of questions used and sample questions is available on the College website. The past papers of the 'old' written examination and SCEs from the clinical examination are also available.

A full set of OSCE stations is available as the 2016.1B exam was released to the ACEM community to assist supervisors and trainees to understand how the OSCE has developed since it commenced in 2015. The ACEM community has been informed that this is a one-off release, as the intention is for all developed examination questions to be banked and reused in subsequent examinations.

A new set of sample SAQs has recently been released on to the College website. This sample equates to one hour of the SAQ paper, and the intention is to use this as a prototype for the online version of the SAQ paper, the development of which is a current priority for ACEM.

To inform examiners and assist trainees to prepare for the Fellowship Examination, the College has provided a suite of online resources. These contain information, such as preparation guides, including recommended references, details of examination processes, the code of conduct, marking scheme, and examination reports. Candidates are encouraged to familiarise themselves with the information contained in each resource. Information on what to wear to the clinical examination and what to bring is also available on the College **website**.

At the time of acceptance into an examination, each candidate is also provided with the applicable Candidate Examination Hnndbook, provided as **Appendix 5.2.5** to **Appendix 5.2.8**, inclusive.

A review of all the current online modules and the development of additional online resources for trainees and examiners tailored to assessment is scheduled to commence in the latter part of 2017.

Trainee Research Requirement

Unless exempt through Credit Transfer under the ACEM policy (refer **Appendix 3.2.1**), all trainees are required to undertake the *Trainee Research Requirement* in order to develop skills necessary to effectively apply the best evidence and academic knowledge to their practice of emergency medicine.

The *Trainee Research Requirement* is overseen by the *Trainee Research Executive Panel* (TREP; refer to **Appendix 1.1.17** for TORs), an entity that reports directly to STAC. The mechanisms by which trainees can meet the requirements are clearly set out in the College regulations (refer Regulation B4), further complemented by the associated policy approved by COE in February 2017 (*Trainee Research Requirement Policy*; provided as **Appendix 5.2.9**).

The Trainee Research Requirement can be achieved by successful completion of:

- the course work pathway (where the trainee successfully completes postgraduate University units that have been reviewed by members of TREP to determine if the content and assessments are suitable);
- a thesis completed as part of a university qualification by research)[40] that meets the requirements outlined; or
- by completing the Trainee Research Project (TRP).

The TRP can be completed by either of the following:

- a published paper (publishing a research project in a recognised peer-reviewed journal); or
- presenting a research project, either orally or by way of poster, to the satisfaction of the Trainee Research Panel at either the ACEM ASM or the ACEM *Winter Symposium*.

TRPs are adjudicated to ensure that trainees meet the Mandatory Learning Objectives and Minimum Criteria for a TRP as outlined in the *Trainee Research Requirement Policy*. The mandatory learning objectives align with the respective learning outcomes of the *scholarship* section in the *Scholarship & Teaching* domain of the ACEM Curriculum Framework. Each TRP is adjudicated by three members of the *Panel of Adjudicators*.

Data for completion of the Trainee Research Requirement by the available pathways is outlined in Table 5.2.5. As is readily seen from the table, completion of the Trainee Research Requirement by course work is the preferred pathway for the majority of trainees.

Table 5.2.5 Number of trainees completing the Trainee Research Requirement by pathway, 2014 – 2016

Research Requirement Pathway	2014		2015		2016		Total	
	n	%	n	%	n	%	n	%
Coursework	237	93.7	197	95.6	308	95.7	742	95.0
Research Project – Oral Presentation	4	1.6	2	1.0	3	0.9	9	1.1
Research Project – Poster Presentation	1	0.4	-	-	2	0.6	3	0.4
Research Project – Published Paper	8	3.1	7	3.4	9	2.8	24	3.1
Thesis	3	1.2	-	-	-	-	3	0.4
Total	**253**	**100**	**206**	**100**	**322**	**100**	**781**	**100**

A meeting of TREP held in February 2016 reviewed significant aspects of the Trainee Research Requirement to ensure that the pathways by which the requirement may be completed remained relevant and feasible. Aspects of the requirement considered included: the role of the current assessment methods in relation to the overall program assessment blueprint; the numbers of supervisors; and quality of available supervision.

40 A thesis that formed part of university qualification by coursework or that formed part of the trainee's basic medical degree is specifically excluded from being eligible for this requirement

Also considered was a range of policy and administrative matters intended to ensure that the requirement remains fit for purpose in terms of its overall feasibility and fitness for the purpose of enabling trainees to demonstrate attainment of the relevant outcomes of the ACEM Curriculum Framework.

ACEM has developed a series of online resources to assist trainees and supervisors to undertake the TRP. These include a project manuscript template, guides on writing a literature review, with an example and advice on managing a TRP, information on poster making, and assessment forms. All are available on the College **website**.

Certificate and Diploma in Emergency Medicine

Assessment for the EMC and EMD programs draws on those described above for the FACEM Training Program. Tables 5.2.6 and 5.2.7 provide a summary of the requirements for each of the programs, with further details available in the *Emergency Medicine Certificate and Diploma Curriculum Document* (**Appendix 2.2.2**) and Regulation D of the *ACEM Regulations* (refer **Appendix 1.1.22**). Of note is the significant importance placed on assessment through WBAs over the final examination in these programs.

Table 5.2.6 Summary of assessments – Emergency Medicine Certificate

Tool	What is assessed	Methodology
Mini-Clinical Evaluation Exercise (Mini-CEX)	History taking, examination, diagnosis and management	5 x 15-20 minute Mini-CEX observed by supervisor
Procedural Checklist Direct Observation of Procedural Skills (DOPS)	Ability to safely and appropriately carry out procedures	6 x DOPS forms to be completed for highlighted procedures Supervisor to complete checklist of procedures observed
ePortfolio	Written ED case reflections	10 x written ED case reflections. Used throughout training program as evidence of achievement of learning outcomes and to enable trainees to reflect on their clinical practice.
Case Based Discussion (CbD)	Discussion of case including a written report of no more than 1,200 words	2 x CbD with supervisor (including 1,200 word written report)
On-line assessment	Knowledge of key topic areas	On-line quizzes applied at the end of each online module. Self-assessment formative.
Statement of attainment	Overall competence in the clinical setting	Report to be completed by Primary supervisor to confirm trainee's overall results and readiness to sit the MCQ examination
MCQ Examination	Knowledge of key topic areas	1 hour online MCQ under supervision

Table 5.2.7 Summary of assessments – Emergency Medicine Diploma

Tool	What is assessed	Methodology
Mini-CEX (Mini-Clinical Evaluation Exercise)	History taking, examination, diagnosis and management	8 x 15-20 minute Mini-CEX observed by supervisor
Procedural Checklist Direct Observation of Procedural Skills (DOPS)	Ability to safely and appropriately carry out procedures	9 x DOPS forms to be completed for highlighted procedures Supervisor to complete checklist of procedures observed
ePortfolio	Written ED case reflections	12 x written ED case reflections. Used throughout training program as evidence of achievement of learning outcomes and to enable trainees to reflect on their clinical practice.
Case Based Discussion (CbD)	Analysis of event, situation or problem	4 x CbD with supervisor (including 1,200 word written report)
Audit	Analysis of current department practice	1 x 1,200 word report
On-line assessment	Knowledge of key topic areas	On-line quizzes applied at the end of each online module. Self-assessment formative.
Statement of attainment	Overall competence in the clinical setting	Statement of attainment to be completed by Primary supervisor to confirm trainee's overall results and readiness to sit the MCQ examination
MCQ Examination	Knowledge of key topic areas	1 hour online MCQ under supervision

5.3 Performance feedback

Accreditation Standards	
5.3.1	The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
5.3.2	The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.
5.3.3	The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
5.3.4	The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

Summary of ACEM Response	
5.3.1	ACEM provides regular and timely feedback to trainees on performance to guide learning.
5.3.2	ACEM informs its supervisors of the assessment performance of the trainees for whom they are responsible.
5.3.3	ACEM has processes for early identification of trainees in the FACEM Training Program who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
5.3.4	ACEM has a clear policy and associated procedures to inform employers and, where appropriate, regulators, where patient safety concerns arise in assessment.

Trainee Assessment Feedback

ACEM recognises the positive effects on learning afforded by the provision of timely, informative feedback on assessments to trainees and those assisting them with their training. This principle was central to the development and implementation of a full WBA suite into the FACEM Training Program, and is an important consideration in the continuing evolution of the College's examinations.

Workplace-Based Assessments

For each WBA observed, a supervisor must give immediate feedback to the trainee about the procedure, task, case or shift observed. This is built into the WBA forms as a reminder to trainees and supervisors.

For WBAs, a single system of performance review by Regional WBA Panels and decisions relating to progression or remediation has been developed. Regional panels review all WBA data (ITAs, SRs and EM-WBAs) for trainees and make decisions about progression at milestones in the training program. Following this review, each trainee receives feedback on their progress.

An overview of all trainee progression outcomes, including progression and remediation information about all trainees reviewed, is provided to each DEMT and Local WBA Coordinator at each site, after each meeting of the applicable Regional WBA Panel(s). Examples of feedback letters relating to WBA Panel outcomes are provided as **Appendix 5.3.1**. For trainees whose outcome is to undertake a period of remediation, personal contact from the Regional WBA Panel Chair to that trainee's DEMT is also completed to ensure communication of the outcome is received and relevant information conveyed. DEMTs are then encouraged to speak to the relevant trainee prior to them receiving the feedback letter from the College.

Examinations

Reports from each examination conducted in the FACEM Training Program are made available to all trainees and FACEMs through the ACEM website, with past **Primary Examination reports** and **Fellowship Examination reports** provided.

Candidates who fail examinations receive individual written feedback and are encouraged to discuss this feedback with their DEMT/supervisor. The provision of feedback on performance in the revised Fellowship Examination (both the written and clinical components) has been the subject of much discussion and feedback to the College, and ACEM is continuing to refine the feedback provided in order to meet candidate expectations and best practice.

With the introduction of a maximum of three attempts at any examination from 2018, the importance of providing targeted feedback to trainees following a second failed attempt at an examination is recognised as a significant issue. The most recent iteration of individualised feedback provided to all trainees who failed either component of the Fellowship Examination is provided as **Appendix 5.3.2** (written) and **Appendix 5.3.3** (clinical). Trainees are advised to discuss the report with their supervisor to enable further context of the information contained in the feedback.

While the feedback does not enable discussion of every aspect of either examination with a nominated College advisor, it does provide information to candidates in relation to their individual performance and represents information that the College understands equates to, and in some cases surpasses, that provided by other accredited providers of specialist medical training and education.

The College is exploring the use of electronic marking systems for the oral/clinical components of both the Primary and the Fellowship examinations (i.e. the Integrated Viva and the OSCE), as well as the recording (video and audio) of both examinations. These two initiatives will allow for faster compilation of examination results, provide material for inclusion in examiner training and enhance the feedback that can be provided to candidates.

The College is aware of the desire of its trainees and DEMTs/supervisors for more feedback in relation to College examinations, particularly the two components of the Fellowship Examination, and is endeavouring to meet trainee expectations in regard to that which is provided. All associated with education and training are aware of the complexities of this matter and the College is committed to the provision of valuable feedback to trainees.

Trainee Research Requirement

Feedback on research projects submitted for the Trainee Research requirement is outlined in Section 3.7 of the *Trainee Research Requirement Policy* (**Appendix 5.2.9**). For projects that are assessed by two or more adjudicators as not meeting the minimum criteria, trainees are given one opportunity to submit a revised manuscript addressing the outstanding items. The Trainee Research Executive Panel provides written feedback to the trainee, outlining the minimum criteria that were not met and any other relevant information. This information is provided to the trainee, their DEMT and/or the project supervisor. The College endeavours to provide this information within the one month of adjudication.

Giving Feedback

Through the *ACEM WBA Modules* eLearning resources, the College provides assessors and supervisors with an eLearning module on 'Giving Effective Feedback'. The module provides guidance for assessors and supervisors to assist them to:

- identify the principles of effective feedback and how a structured framework can assist;
- consider their own preferences for receiving feedback and how these influence giving and receiving feedback; and
- identify their own strengths, weaknesses, areas for practice and areas for improvement.

This is an area that is seen as central to ongoing improvement of delivery of the FACEM Training Program. Accordingly, the College is developing a dedicated workshop to complement the materials currently available online and the current DEMT/Local WBA Coordinator course described in Standard 8.1. The objective of this face-to-face workshop is to assist all FACEMs, especially DEMTs, with providing effective feedback to FACEM trainees. The principles can be applied to the provision of feedback to wider groups, including medical undergraduates and interns, as well as trainees of other vocational training programs.

Ensuring appropriate assessment and provision of effective feedback to trainees working with Indigenous and other culturally diverse patients is essential if improvements in culturally competent care and, subsequently, patient outcomes, are to be realised.

In addition to the Indigenous Health and Cultural Competency modules suite, in 2016 ACEM commenced development of a series of eLearning modules to guide Fellows through the process of assessing cultural competencies in trainees and to address any issues identified. The modules are due for release in July 2017 and include:

- *Foundations of Assessing Cultural Competence*
- *Assessing Cultural Self-Awareness & Cultural Adaptability*
- *Assessing Cultural Literacy & Cultural Bridging*

The College has also commenced preliminary discussions with AIDA on the delivery of cultural safety training to ACEM members (including trainees) through a resource that AIDA is currently developing. The College looks forward to assisting with progression of this initiative.

Identifying Unsatisfactory Performance in FACEM Trainees

The *Supporting Trainees in Difficulty Policy* (refer **Appendix 7.4.4**) guides the management of trainees experiencing difficulty meeting the requirements of the FACEM Training Program.

Early identification of trainees who are not suited to the specialty of emergency medicine at as early a stage as possible is important. Primarily, this is seen as important from the perspective of the trainee so as not to facilitate a situation whereby individuals are 'pushed' through training, only to encounter difficulty and associated frustration at not being able to complete necessary assessment requirements at later stages of the training program.

Ongoing education of DEMTs and other FACEMs concerning the appropriate use of College assessments and the provision of feedback is seen as a critical adjunct to enabling this, along with the introduction of a more standards-based approach to admittance to the FACEM Training Program (refer Standard 7.1).

With the introduction of the WBA review system, the College has implemented a formal process of identifying and acting on unsatisfactory trainee performance, either through trainees being placed into periods of remediation when they are deemed to be performing unsatisfactorily in the FACEM Training Program or, ultimately, through removal from the program.

A trainee may be placed in remediation on the basis of *performance* issues identified through assessments conducted as part of their training requirements, or for *compliance* issues where they have not met requirements of the training program; for example, the non-completion of the requisite number (and/or *complexity*) of EM-WBAs, which results in inadequate data to make a valid progression decision.

Under College regulations, trainees in the FACEM Training Program may have no more than two remediation periods in each of the following components/requirements of training:

- Provisional Training;
- Early Phase Advanced Training;
- Late Phase Advanced Training;
- Critical Care training;
- Non-ED training; and
- Discretionary training.

Two remediation periods can total 12 months FTE of training time, in which the trainee is supported by their DEMT/Supervisor(s) to improve in area(s) identified. This was considered an appropriate maximum per type of review to afford trainees sufficient clinical training time to achieve competency, while ensuring those not suited to a career as an emergency medicine specialist are identified and, following due consideration, recommended to withdraw from the program or considered for dismissal from the training program to pursue an alternative career path.

Where a trainee is required to complete a second remediation for the same period of training they are informed in their remediation report that if they do not meet the remediation requirements during the second period they will be considered for dismissal from the training program.

With reviews of trainees undertaken at a minimum of six points within the training program, and a total of up to 12 months FTE remediation per progression point available, this means that a trainee can have up to six years FTE in remediation in the current training program. With the program having now been in operation for two years, there is a view that this period may be excessive, and consideration of whether to reduce this so that it becomes, for example, a maximum of three or four years FTE that may be spent in remediation throughout the program, will be a consideration when the structure of the program is reviewed during 2017.

Data on the remediation of trainees during 2015 and 2016 is presented in Standard 5.4 (Statistics).

Progression in the FACEM Training Program

Progression points in the FACEM Training Program are those times at the end of training periods at which a trainee is assessed by a WBA Panel. The points are at the end of the components listed in the section above, plus the following:

- the end of transition deadline (as relevant);
- the end of any remediation period (as relevant); and
- the end of each six month period in the Maintenance Pathway, for each stage of training (as relevant).

Progression decisions at all specified time points may comprise one of the following:

- *Progress*. The trainee is deemed to have met or exceeded the required standard at that progression point/milestone and can progress to the next stage of training.
- *Do not progress, Remediation Period 1 required*. The trainee is deemed to have not completed the required number and/or complexity of EM-WBAs and/or has not met the required standard at that progression point and requires a period of remediation time, which includes meeting standard WBA requirements, tailored WBAs to address areas that were unsatisfactory.
- *Do not progress, Remediation Period 2 required*. The trainee has already completed a single remediation period, however, is still deemed not to have met the required standard at that progression point and is now required to complete a second remediation period for the training stage/phase in question. At this time the trainee is clearly informed that if they do not meet the relevant EM-WBA requirements (number, complexity) or the required standard at the end of the second period of remediation then they will be considered by STAC for possible dismissal from the FACEM Training Program.
- *Do not progress, failed WBA requirement of the training program*. The trainee has completed two remediation periods, and is still deemed not to have met the required standard for the training stage/phase in question. At this time the trainee is informed that they will be considered by STAC for possible dismissal from the FACEM Training Program.

Once the relevant Regional WBA Panel has reviewed a trainee's WBAs and determined an outcome, the following processes takes place:

- A formal report from the College is sent to the trainee outlining the Regional WBA Panel feedback or progression decision. Remediation outcomes and any remediation requirements are also communicated to the site supervisor(s) by email and through a phone call from the Regional WBA Panel Chair or Deputy Chair to that trainee's DEMT.
- Remediation requirements may describe the requirements to be completed by the trainee for review by the relevant Regional WBA Panel. These may comprise actions listed in the Remediation Options, or may comprise requirements specific to an individual trainee's circumstances.

All correspondence to trainees regarding remediation outcomes (first and/or second remediation periods) is copied to the site DEMT(s) and Local WBA Coordinator(s) in order to assist them to provide further support to the trainee.

Remediation Options

In addition to the requisite WBA requirements, trainees in remediation are required to complete a LNA (refer Standard 4.1). This is developed by the trainee, assisted by the DEMT/Supervisor, for use in the relevant subsequent training time. Trainees are advised to refer to their stage of training in the ACEM Curriculum Framework to map out their goals for the remediation period and include this in their LNA. The LNA process is communicated to the trainee at the time of notification of a decision to remediate and is outlined below.

- Beginning of placement (recommended within first three weeks of placement, or within three weeks of receipt of formal Regional WBA Panel feedback in their existing placement):
  - Trainee completes an LNA, including identification of goals, educational interventions planned and resources required to meet them, and a timeline for achievement of goals.
  - Joint meeting with DEMT/Supervisor and trainee, for DEMT/Supervisor to review/adjust the LNA as deemed appropriate and agree on the plan for remediation.
- Middle of placement:
  - Trainee completes self-assessment of progress towards agreed goals and completion of planned interventions.
  - Joint meeting with DEMT/Supervisor and trainee, for DEMT/Supervisor to review trainee self-assessment, provide assessment and feedback on progress, and adjust plans/goals for remainder of placement (if needed).
- End of placement (recommended within last three weeks of placement):
  - Trainee completes self-assessment of progress towards agreed goals and completion of planned interventions.
  - Joint meeting with DEMT/Supervisor and trainee, for DEMT/Supervisor to review trainee self-assessment, assess trainee's achievement of agreed goals, and provide feedback on achievement.

Other remediation options suggested by the relevant Regional WBA Panel may include, but are not limited to:

- Completion of a specified course (e.g. a simulation course, a communication course, an Advanced Life Support course) deemed to address an identified area of practice requiring improvement.
- A requirement for the trainee and DEMT/Supervisor to meet with a relevant regional College representative to discuss remediation plans and options (e.g. Regional Censor, Regional WBA Coordinator).
- Providing increased observation and feedback opportunities (with specific examples and guidance on how to improve) through:
  - simulation opportunities;
  - increased skills practice opportunities;
  - informal case-based discussion; and/or
  - requiring the trainee to present all cases to a supervising consultant.
- Requiring the trainee to make a self-assessment before assessor provision of feedback, discussing discrepancies in self-assessment versus assessor feedback.
- Requiring the trainee to shadow team members to develop awareness of roles and contributions.
- Video recording with facilitated self-review.
- Study program to develop required knowledge base.

During remediation periods, trainees are also required to complete EM-WBAs as designated by the relevant Regional WBA Panel. While the total number of WBAs required to be completed by any trainee during a period of remediation will not exceed that normally required, the 'mix' may be adjusted, depending on the perceived need(s) of the individual trainee. Also, particularly when the trainee is being remediated on the basis of 'performance' issues, the trainee will be strongly encouraged to undertake greater than the minimum number of required WBAs in order to avail themselves of additional learning opportunities.

Withdrawal from the FACEM Training Program

A total of 680 trainees withdrew from training in Australia and New Zealand over the period 2012 to 2016. Information on trainee withdrawal, including from PT and AT, over this period is presented in Table 5.3.1 (Overall), Table 5.3.2 (Australia) and Table 5.3.3 (New Zealand).

Table 5.3.1 Annual withdrawals from the FACEM Training Program, 2012 – 2016

Stage and Phase of Training	2012	2013	2014	2015	2016	Total
Provisional Training	103	123	122	72	94	**514**
Advanced Training – Early Phase	8	11	22	25	28	**94**
Advanced Training – Late Phase	2	7	13	21	29	**72**
Total	**113**	**141**	**157**	**118**	**151**	**680**

Table 5.3.2 Annual withdrawals from the FACEM Training Program in Australia, 2012 – 2016

Stage and Phase of Training	2012	2013	2014	2015	2016	Total
Provisional Training	96	119	113	66	87	**481**
Advanced Training – Early Phase	3	10	18	19	24	**74**
Advanced Training – Late Phase	2	6	13	17	26	**64**
Total	**101**	**135**	**144**	**102**	**137**	**619**

Table 5.3.3 Annual withdrawals from the FACEM Training Program in New Zealand, 2012 – 2016

Stage and Phase of Training	2012	2013	2014	2015	2016	Total
Provisional Training	7	4	9	6	7	**33**
Advanced Training – Early Phase	5	1	4	6	4	**20**
Advanced Training – Late Phase	-	1	-	4	3	**8**
Total	**12**	**6**	**13**	**16**	**14**	**61**

A voluntary *Withdrawal from Training Survey* was introduced in 2013 to ascertain the reason(s) why trainees withdrew from the FACEM Training Program. Table 5.3.4 provides summary data outlining reasons provided by those who have completed the voluntary survey during the period 2014 – 2016. The voluntary nature of the survey is reflected in the number of responses, relative to the number of trainees withdrawing during the period.

Table 5.3.4 Reasons for withdrawal from the FACEM Training Program, 2014 – 2016

Primary Reason for Withdrawal	2014	2015	2016
Career change: changing specialist training pathway	34	45	48
Family commitments	9	11	13
Personal reasons	7	10	6
Career change: Non-specialist medical role	5	5	2
Undertaking specialist training overseas	1	6	4
Dissatisfied with the training program	1	3	2
Health issues	2	2	2
Prefer not to answer	1	3	1
Financial considerations	-	1	-
Career change: Non-medical role	-	1	-
Unable to gain a suitable training placement	-	-	1
Other:	1	5	6
Temporary withdrawal to complete other specialist training	1	1	-
AMC/APHRA requirements	-	-	2
Failure to pass Fellowship Exam	-	1	1
Pursue EMC/EMD	-	2	-
Continue working as consultant in other Specialty	-	-	1
Maternity leave	-	-	1
Unable to complete training as will result in a loss of consultant position in other specialty	-	1	-
Unable to complete training part time	-	-	1
Total number of trainees responding[41]	**58**	**84**	**80**

The policy relating to readmission to the FACEM Training Program of trainees who have previously withdrawn is provided as **Appendix 5.3.4**. The policy has been recently revised to ensure its currency.

The central purpose of the work of the *RPL/CT Working Group* (refer Standard 3.3) was to advise on the requirements for the award of a Certificate or Diploma in Emergency Medicine for trainees who have commenced, but not completed FACEM training. The work is of significance to trainees who choose to withdraw from the FACEM Training Program, as well as those who are dismissed from the program (see overleaf). In part, the intent of the Working Group was to enable a recognised ACEM qualification to be awarded to trainees who voluntarily withdraw and who have completed a significant portion of the FACEM Training Program and thus recognise the skills acquired during that time.

41 Some trainees provided more than one reason

Dismissal of Trainees from the FACEM Training Program

An overview of the process associated with consideration of 'dismissal' of a trainee from the FACEM Training Program has been provided in Standard 1.3, including ToRs for the PFRC (refer to **Appendix 1.3.4**). Trainees may be 'dismissed' from the FACEM Training Program for the reasons outlined below[42].

- Failure to complete the requirements of PT, AT or the overall FACEM Training Program within the mandated maximum time period.
- Being referred for remediation on more than two occasions during any single stage and/or phase during the program (either for competence and/or compliance issues).
- Having breached a requirement of the program following two previous breaches of that same requirement.
- Being found to have exhibited conduct and/or engaged in a standard of behaviour that is below that which is expected of the profession, including academic misconduct or other 'unprofessional' behaviours.

The processes and entities relating to the first two points listed above have been broadly described in discussion relating to Standard 1.3, including references to applicable policies, regulations and other relevant documents. Matters pertaining to the final point are handled in accordance with the College's *Complaints Policy* (provided as **Appendix 7.4.6**).

Over the past three years, 93 trainees have been dismissed from the FACEM Training Program in accordance with Specialist Training Program Regulation B2.7 (or earlier equivalents) and the *Progression and Remediation Policy* (**Appendix 5.3.5**). Numbers of dismissals, by calendar year, is outlined in the Table 5.3.5 (below).

Table 5.3.5 Trainees dismissed from the FACEM Training Program, 2014 – 2016

	2014	2015	2016	Total
Number of trainees dismissed	23	41	29	**93**

It is anticipated that the number of dismissals from the training program will increase over the next few years, due to the 'ten year rule' introduced in 2008. Regardless of the time already spent in training, trainees in AT in 2008 were provided with a ten-year timeframe to complete the requirements of AT (refer **Appendix 1.1.22**, Regulation B2.1.2). As a result, there are a number of trainees for whom the timeframe will expire on 1 January 2018[43].

From the beginning of 2018, trainees who have been in the AT component of the training program for more than 10 years will be considered for dismissal and it is anticipated that the period of 12 to 18 months from that time will see a higher than usual number of trainees considered for dismissal from the program. Following that period the numbers are expected to stabilise.

Trainees and Patient Safety Concerns

Standard 5.3.4 refers to education providers having "procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment". As outlined in the College's Supplementary Response to its 2016 Progress Report to the AMC, the College has a clear policy that addresses this matter.

The Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy is provided as **Appendix 5.3.6** and clearly sets out the manner in which the College will progress consideration of the possible notification of any concern(s) that have arisen through one or more College assessment(s) to a trainee's employer and/or a regulatory authority, in circumstances where the assessment(s) raise possible patient safety concern(s). The policy also formalises and articulates the manner in which this process will be undertaken.

Importantly, the policy provides for patient safety concerns that may arise across any domain of the ACEM Curriculum Framework. As such, it applies to assessments of all aspects of specialist practice; i.e. to clinical knowledge and skills, as well as those more related to the affective domains of professional practice, such as communication, relationships and ethics.

42 A fourth cause due to repeated failures in any examination will operate from 2018

43 Currently understood to be 49

Also of note, the *Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy* applies to trainees undertaking any ACEM training program, including Joint Training Programs, as well as SIMGs who are completing requirements associated with a pathway to qualify for Fellowship of the College.

To date, no circumstances have arisen that have necessitated the College enacting this policy. There has, however, been occasion for the College to seek confirmation from an enrolled trainee that their employer has been notified of conditions on their practice imposed by a regulatory authority. The College takes seriously its obligations in relation to patient safety and will not hesitate to enact the processes set out in the *Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy* should the need arise.

5.4 Assessment quality

Accreditation Standards	
5.4.1	The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.
5.4.2	The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

Summary of ACEM Response	
5.4.1	ACEM regularly reviews the quality, consistency and fairness of assessment methods utilised in the FACEM Training Program, their educational impact and their feasibility, introducing refinements to existing methods and/or new methods where required.
5.4.2	ACEM has mechanisms to maintain comparability in the scope and application of the assessment practices and standards across its training sites in the FACEM Training Program, with the use and effectiveness of these mechanisms expected to mature over time.

As is further discussed in Standard 6, the College monitors its training and education programs, including its assessments, using both 'formal', as well as 'informal' mechanisms. At an informal level, issues requiring attention are identified by ongoing monitoring by both staff and members of relevant College entities, and dealt with accordingly. Formal monitoring may be considered to be that guided by the *ACEM Education and Training Evaluation Framework*, approved by COE in March 2016 and revised in February 2017. The Framework is provided as **Appendix 5.4.1**.

Monitoring and evaluation activities relating to specific assessments will be discussed in this standard, while broader aspects of the College's monitoring and evaluation activities in regard to training and education activities will be addressed in Standard 6.

The College obtains feedback from trainees, DEMs, DEMTs, WBA coordinators, examiners and examination candidates regarding assessments conducted in the FACEM Training Program.

Ad-hoc (informal) feedback is also received through meetings, correspondence, emails and online forums. The following section outlines the process for monitoring the quality and integrity of each assessment, along with their educational impact and feasibility.

In-Training Assessments (ITAs)

ITAs are recognised by the College as an important assessment component of the FACEM Training Program. Accordingly, there is a desire and a need to ensure they are 'fit for purpose' and seen as useful by trainees and DEMTs.

The TARWG and CRP process highlighted the need to review the ITA of the old program, which identified that only two per cent of trainees were underperforming. This was inconsistent with what was considered a large failure rate in the Fellowship Examination.

To that end, an ITA form was created, which, it was felt, better matched the domains of the ACEM Curriculum Framework, and which utilised an entrustability scale, which research has shown to be a reliable measure for assessing performance.

Both trainees and DEMTs in the time that the training program in its current format has been running have expressed concerns with the form used to conduct the ITA as composed. Some aspects have been able to be addressed with little difficulty (e.g. the inclusion of a global free-text box on the forms to increase usability); however, there is a recognition that the primary concern in regard to their use relates to the scale used for rating the trainee in relation to a range of aspects of performance.

Given the nature of the form (refer **Appendix 5.2.3**), this is a fundamental concern and one that the College is addressing through the formation of a small working group. The task of the working group is the revision of

the ITA form to reflect clearly trainee performance against the outcomes expected from the domains of the ACEM Curriculum Framework at the stage of FACEM training to which the assessment pertains.

EM-Workplace-based Assessments (EM-WBAs)

Given the role of WBAs in trainee assessment, the College is keenly aware of the need to ensure consistency of assessment across training sites, as well as within and across regions. The College collects comparative data through *Regional WBA Panel* members at each of their meetings, and through the Regional WBA Coordinator, who works with the sites within their region to provide site feedback, and to offer additional support regarding the WBA system. This includes feedback on incongruent assessor ratings, how WBAs are completed, whether site assessors understand the difference in EM-WBA tools, what they are used to assess and the quality of narrative comments (e.g. not specific enough, repetition, level of detail).

The Central WBA Panel is responsible for the quality assurance of the WBA system, including inter-panel reliability of the Regional WBA Panels and validity of the WBA system and assessments. In October 2016 an inter-panel audit was conducted, with analysis suggesting that inter-panel reliability is good within the current system (concordance rate >90%). Ongoing auditing of WBA Panels is intended to take place twice per year, in the second and fourth quarters.

The Panel is currently developing a site feedback matrix to determine the key intervals required for site follow-up. Information about site performance, based on feedback from the Regional WBA Panel meetings, will be used in conjunction with other College information to follow up any performance issues with sites.

Other sources of site performance data collected by the College include:

- trainee placement surveys;
- staff follow-up with Supervisors or DEMTs regarding non-submission of ITAs; and
- information in accreditation inspection reports.

The accumulation of sufficient data in an appropriate form to enable the provision of individual feedback to DEMTs/Supervisors is an initiative that the College is working toward. Currently, where concerns are raised in regard to the performance of an individual DEMT during their two-year term, the matter will, in the first instance, be referred to the relevant Regional Censor. All relevant data will be provided to the Censor who would meet with the relevant DEMT to address the concerns in question. Ongoing performance will then be monitored, with removal of the DEMT and replacement with another FACEM considered by STAC where the Censor is of the view that this step is necessary.

The implementation and maintenance of a durable and defensible WBA system at ACEM is an ongoing activity. Specific procedures are in place for the processing, management and evaluation of:

- trainee data for WBA Panel review;
- WBA Panel outputs;
- all EM-WBA forms and guidelines (in addition to the ITAs as stated above);
- WBA performance at assessor, site and regional levels;
- WBA training for trainees, sites, assessors, supervisors, panel members; and
- administrative tasks relating to the above.

Since the introduction of the WBA system at ACEM in 2015, continuous feedback has been collected from trainees, ACEM Fellows and others involved in the program. Continuous improvements have been made to ICT systems, administrative processes and resources in response to this feedback. Examples include:

- rationalisation of the frequency of WBA Panel reviews from every six months to only occurring at the progression points of the training program following feedback from trainees that these were not helpful to their training;
- development and publication of a case complexity descriptors tool;
- inclusion of a mandatory free-text box about case complexity in all EM-WBA forms;
- development and provision of an EM-WBA requirements table; and
- inclusion of a simulated WBA panel activity at training workshops.

The College provides ongoing communication and support to trainees and their DEMTs/Supervisors via College media to aid with the understanding and implementation of any changes.

Examinations

Evaluation data is collected on completion of each of the Primary and Fellowship examinations. Qualitative collection methods include examiner surveys, candidate and staff feedback. Quantitative methods include psychometric measures of examinations as a whole, as well as individual items.

For each examination, a report is prepared, which is reviewed by the Examination Subcommittee and by COE. These reports include a summary of the information collected and collated from candidates and examiners involved in the specific examinations that is then used to inform ongoing development of the examinations and are available to Fellows and trainees. Informal evaluation also occurs through observations from College staff and examiners that may not be captured through the formal feedback mechanism.

Examples of improvements related to the Primary Examination include:

- enhanced technical quality of the items achieved via bank review processes and ongoing writer training based upon Examiner feedback;
- inclusion of EMQs from 2015 and Integrated MCQs from 2017; and
- continuity of conducting the Primary Oral Examination at the AMC Vernon C Marshall National Test Centre in Melbourne in response to trainee and examiner feedback.

Examples of improvements to the Fellowship Written Examination include:

- swapping the order of the papers so that the SAQ paper is completed first, to minimise possible candidate fatigue;
- enhanced production quality of the SAQ paper so that images are of optimal quality;
- changing the SAQ paper from one booklet into three Question and Answer booklets and an appendiceal props booklet to aid time management of candidates for the three-hour paper;
- incorporating feedback from examiners about individual SAQs to improve depth of knowledge testing through greater testing of prioritisation and justification of emergency medicine knowledge; and
- increasing the number of EMQs in the SCQ paper.

Psychometric analysis is performed on individual examination items for the purpose of analysing item quality. Based on this, poorly performing items may be removed from standard setting and result calculations after item review. This data is also used to improve items before further re-use and is fed back into the item writing process.

Research into available options for a dedicated examination item bank to service all examinations was completed in 2016, with ExamDeveloper™ chosen. Its population and utilisation has commenced and will continue to be progressed in a phased approach, with the aim of full implementation by the end of 2017. ExamDeveloper's functionality includes online item development and review; storage of examination usage and psychometric data; and item selection for examinations based on blueprint allocation and past item performance.

The use of ExamDeveloper™ is expected to increase the number of items which are re-used in examinations, owing to increased ease of access to data on past performance history of items. It is also intended to simplify the item writing process and improve quality control in relation to version control. This has been evidenced in the Primary Examination SCQ item writing group, where the full functionality is already being utilised. The item review process has also improved owing to the ability to set up work flows, the processes for which were previously largely manual.

As a result of ongoing quality improvement in the Fellowship Clinical Examination, the following changes were instituted in 2016:

- examiner and candidate fatigue was further addressed by reducing continuous blocks of examining from 100 minutes to 60 minutes;
- a consequent lengthening of the examination from two to three days, thus reducing the number of candidate cohorts from three to two in a six-day examination period;
- different stations designed for each individual cohort of candidates; and
- introduction of quarantine to further improve the security of the examination.

Data from the first three Fellowship Clinical Examinations (OSCEs) was analysed by an experienced independent UK-based expert psychometrician who also made recommendations for improvement. These reports have been considered by COE and have resulted in a series of improvements to the OSCE.

As reported in the July 2016 report to the AMC, these included:

- fewer domains per station, resulting in a more targeted assessment;
- examiner consistency was improved by marking a single station throughout an entire circuit;
- double marking was reduced;
- the domain marking scale was reduced from nine to seven options and descriptors revised;
- the global scale remained with five options, with 'Borderline' changed to 'Just at Standard' and wording of other descriptors revised;
- a mark sheet scanning system was implemented for 2015.2 which increased data input accuracy and significantly reduced the time taken for manual data entry;
- examiner fatigue was addressed by reducing day length and timetabling most examiners for two consecutive days only;
- the feedback report provided to failed candidates was revised to provide more meaningful information for these candidates;
- examiner training/briefing is undertaken at the beginning of each day of an OSCE; and
- limit of up to four curriculum domains assessed in any one OSCE station.

Further changes introduced for the 2017.1 Clinical Examination were:

- increased workshopping of individual stations by examiners and others involved in the station, with increased emphasis on common understanding of requirements associated with the performance of a Just At Standard candidate for each domain assessed in the station, and the use of newly qualified FACEMs as simulated candidates for each station to enable greater benchmarking between examiners;
- calibration of stations between examiners following the first round of candidates;
- the removal of consensus marking from stations involving more than one examiner; and
- the circulation and discussion of a document relating to unconscious bias prior to the examination (refer **Appendix 5.4.2**).

The above notwithstanding, the College is clearly aware that not all trainees are universally of the view that the College's examinations are as robust or fit for purpose as they should be. Most notably this has manifested itself through receipt by the College of an anonymous submission in February 2017 alleging racial discrimination in the 2016.2 Fellowship Clinical Examination (OSCE) that was held in November 2016.

In summary, the submission requested that all results for candidates who had been deemed to have failed the examination be put aside and 'adjusted' for the alleged discrimination, and that sittings of the Fellowship Clinical Examination (OSCE) be postponed until the investigation associated with the claims contained in the submission had been undertaken.

The College response to this was the formation of an *Expert Advisory Group on Discrimination* (the EAG) to investigate not only the claims in relation to the 2016.2 OSCE, but also the wider issue of alleged racial discrimination in the College, including, but not limited to, College assessments.

The Terms of Reference of the EAG are provided as **Appendix 5.4.3**, with an interim report due to be produced for consideration by the ACEM Board at its meeting scheduled for 19 June 2017.

Data compiled to inform the EAG indicates a differential between the performance of candidates attempting the Fellowship Examination (both written AND clinical components) whose primary medical qualification was from a country other than what may be traditionally considered 'caucasian' countries where English is a first language and those where this is not the case.

Specifically, pass rates for candidates whose primary medical degree was from Australia, New Zealand, United Kingdom, Ireland, Canada and the United States of America collectively were compared with those from candidates whose primary medical degree was from another country (up to 47 other countries; refer Statistics section, below).

Results clearly indicate significant differences between the pass rates of the two groups on both the Fellowship written and clinical examinations over a period of time. This is the case generally for the examinations in the format used prior to 2015, as well as from 2015, and was beginning to be looked at closely by the College prior to the receipt of the submission in regard to the 2016.2 OSCE.

The data presented in the section that follows indicates that work being conducted in relation to the Fellowship Clinical Examination (OSCE) may already be producing benefits (refer specifically to information relating to the Fellowship Examination).

Regardless of the outcome of the EAG review, vigilance must be continued. It is the desire of the College that as many as possible of the trainees who enter the FACEM Training Program complete the program successfully. The College has confidence in its examination processes and, as is the case with other aspects of the FACEM Training Program, is approaching the progression of initiatives related to the examinations as a Quality Improvement exercise, rather than as a large-scale repair or redesign exercise.

Statistics

EM-WBA Data

A range of data in relation to EM-WBAs in the FACEM Training Program since their inception at the start of the 2015 training year to the end of the first quarter of the 2017 Training Year is provided below. In summary:

- More than 36,000 EM-WBAs have been completed since the introduction of the revised training program.
  - 14,062 in 2015 by 1,582 trainees, assessed by 1,578 assessors
  - 17,436 in 2016 by 1,726 trainees, assessed by 1,823 assessors
  - 4,893 to 31 March 2017 by 1,342 trainees, assessed by 1,457 assessors.
- A total of 1,995 unique assessors have completed EM-WBAs on 2,135 unique FACEM trainees.
- Although EM-WBAs are not a requirement of PT, many Provisional trainees are engaged in the WBA system.
  - In 2015, 169 Provisional trainees completed 410 EM-WBAs. This represents 23% of Provisional trainees.
  - In 2016, 220 Provisional trainees completed 609 EM-WBAs. This represents 25% of Provisional trainees.
  - To 31 March 2017, 85 Provisional trainees completed 185 EM-WBAs. This represents 12% of Provisional trainees.
- Of the 1,204 EM-WBAs that have been completed in PT, 17% were CbD, 54% were DOPS, 27% were Mini-CEX and less than 2% were Shift Reports.
- 9,889 EM-WBAs have been completed in Early Phase AT. Of those, 25% were CbD, 45% were DOPS, 28% were Mini-CEX and less than 2% were Shift Reports.
- 25,231 EM-WBAs have been completed in Late Phase AT. Of those, 24% were CbD, 34% were DOPS, 21% were Mini-CEX and 21% were Shift Reports.

Remediation Data

The remediation of trainees based on WBA assessments has been discussed in Standard 5.3. Information relating to the numbers of trainees placed into remediation by Regional WBA Panels during 2015 and 2016 is provided in Tables 5.4.1 and 5.4.2. Note that trainees are placed into remediation in PT as a result of compliance matters (i.e. failure to complete requirements), or as a result of performance issues identified on ITAs and SRs. Hence, the College has the ability to identify domains where performance may have been an issue, without trainees in PT being required to complete EM-WBAs.

Table 5.4.1 Trainees remediated – by total number, 2015 – 31 March 2017

Year	Trainees	Trainees remediated	Trainees remediated (%)
2015	2,391	112	4.7
2016	2,310	245	10.6
2017	2,308	77	3.3

Table 5.4.2 Trainees remediated – by stage and phase of training, 2015 – 2016

Stage of training	% of trainee cohort in remediation	% of all remediated trainees	% of cohort remediated for performance	% of cohort remediated for non-compliance	% of cohort remediation for both performance and non-compliance
Provisional	8.7	14.3	50.0	45.2	4.8
Early Phase AT	13.0	18.7	9.8	81.5	8.6
Late Phase AT	28.0	67.1	33.3	53.3	13.4

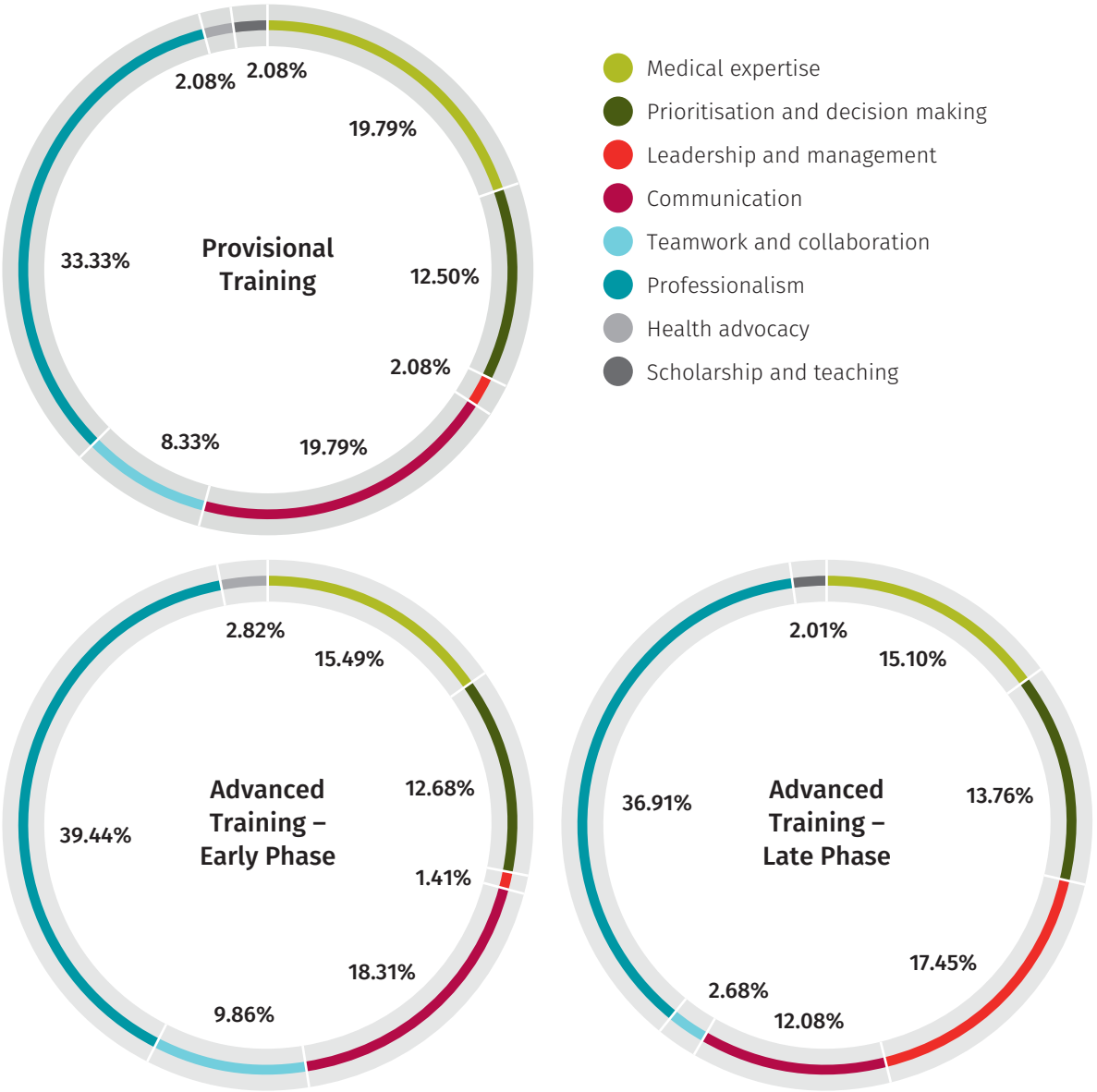
From 2016, where trainees have been remediated for reasons associated with performance, the domains involved have been monitored. Table 5.4.3 outlines the major domains associated with trainee remediation decisions by *Stage of Training,* while Figure 5.4.1 provides data in relation to all eight domains and remediation decisions.

Of interest is the significant increase in *Leadership and Management* as a cause of remediation for Late Phase Advanced Trainees, relative to trainees in earlier stages of training, and the associated decrease in the domain of *Communication*, reflecting the change in expectations and responsibilities of trainees as they move through the training program.

Table 5.4.3 Major domains for remediation – by stage and phase of training, 2016

Stage of training	Main domains for remediation			
Provisional	Professionalism 33.33%	Medical Expertise 19.79%	Communication 19.79%	Prioritisation & Decision Making 12.50%
Early Phase AT	Professionalism 39.44%	Medical Expertise 15.49%	Communication 18.31%	Prioritisation & Decision Making 12.68%
Late Phase AT	Professionalism 36.91%	Medical Expertise 15.10%	Leadership & Management 17.45%	Prioritisation & Decision Making 13.76%

Figure 5.4.1 Remediation decisions by ACEM Curriculum Framework domain, 2016



Examination Data

Primary Examination

Information relating to the Primary Examination (written and oral components) is contained in Tables 5.4.4 to 5.4.8. Reference to Tables 5.4.4 and 5.4.5 indicates an encouraging pass rate for the first sitting of the 'integrated' Primary Written Examination (conducted February 2017), based on comparison between the pass rate for the examination and those for the individual subject papers over time.

Table 5.4.5 Subject pass rates Primary Written Examination, 2012 – 2016

Paper	Candidates	Pass	Pass (%)
Anatomy	2,390	1,678	70.2
Pathology	2,115	1,718	81.2
Physiology	2,376	1,605	67.6
Pharmacology	2,000	1,667	83.4
		Average	**75.6**

Pass rates for the Primary Oral Examination over time are considered acceptable (refer Table 5.4.6), the introduction of the integrated stations within the Viva not having had a substantial impact on the proportion of candidates passing the examination when it was introduced in 2013.

Table 5.4.6 Results data for the Primary Oral Examination (Integrated Viva), 2013 – 2017.1

Examination	Candidates	Pass	Pass (%)
2013.2	141	108	76.6
2014.1	192	142	74.0
2014.2	221	173	78.3
2015.1	170	141	82.9
2015.2	214	141	65.9
2016.1	186	125	67.2
2016.2	272	209	76.8
2017.1	210	161	76.7
		Mean	**74.8**

The distribution of candidates who have passed the two components of the Primary Examination by number of previous attempts is shown in Tables 5.4.8 (Written) and 5.4.9 (Oral). The distributions are considered to be consistent with that expected for this type of examination (i.e. the vast majority of candidates who pass the examination do so by their third attempt, with small success rates for candidates on subsequent (four or more) attempts.

Table 5.4.4 Results data for the Primary Written Examination, 2012 – 2017.1

Examination	Paper	Candidates	Pass	Pass (%)
2012.1	Anatomy	236	162	68.6
	Pathology	208	137	65.8
	Physiology	208	117	56.2
	Pharmacology	189	112	59.2
2012.2	Anatomy	264	186	70.5
	Pathology	279	192	68.8
	Physiology	320	218	68.1
	Pharmacology	306	206	67.3
2013.1	Anatomy	250	155	62.0
	Pathology	259	218	84.2
	Physiology	221	132	59.7
	Pharmacology	238	173	72.7
2013.2	Anatomy	243	145	59.7
	Pathology	212	159	75.0
	Physiology	253	156	61.7
	Pharmacology	242	177	73.1
2014.1	Anatomy	223	175	78.5
	Pathology	185	143	77.3
	Physiology	223	179	80.3
	Pharmacology	180	135	75.0
2014.2	Anatomy	256	187	73.0
	Pathology	248	229	92.3
	Physiology	253	184	72.7
	Pharmacology	258	232	89.9
2015.1‡	Anatomy	187	130	69.5
	Pathology	153	126	82.4
	Physiology	193	129	66.8
	Pharmacology	169	131	77.5
2015.2	Anatomy	267	180	67.4
	Pathology	224	215	96.0
	Physiology	262	212	80.9
	Pharmacology	230	177	77.0
2016.1	Anatomy	218	145	66.5
	Pathology	167	144	86.2
	Physiology	193	95	49.2
	Pharmacology	208	176	84.6
2016.2	Anatomy	246	213	86.6
	Pathology	180	155	86.1
	Physiology	250	183	73.2
	Pharmacology	187	148	79.1
2017.1	Integrated Paper	197	152	77.2

‡ EMQs introduced into four subjects in 2015.1

Table 5.4.7 Passing candidates by attempts – Primary Written Examination, 2015 – 2017.1

			Attempts for passing candidates									
			1		2		3		4		>4	
Examination	Paper	Total passed	n	%	n	%	n	%	n	%	n	%
2015.1	Anatomy	130	99	76	24	18	4	3	2	2	1	1
	Pathology	126	117	93	7	6	1	1	-	-	1	1
	Physiology	129	104	81	22	17	2	2	-	-	1	1
	Pharmacology	131	112	85	11	8	6	5	2	2	-	-
2015.2	Anatomy	180	155	86	15	8	5	3	3	2	2	1
	Pathology	215	195	91	13	6	3	1	3	1	1	-
	Physiology	212	171	81	23	11	13	6	4	2	1	-
	Pharmacology	177	156	88	17	10	3	2	1	1	-	-
2016.1	Anatomy	145	110	76	27	19	6	4	1	1	1	1
	Pathology	144	137	95	7	5	-	-	-	-	-	-
	Physiology	95	81	85	12	13	-	-	3	3	-	-
	Pharmacology	176	140	80	26	15	4	2	5	3	1	1
2016.2	Anatomy	213	150	70	33	15	16	8	7	3	7	3
	Pathology	155	139	90	12	8	3	2	-	-	1	1
	Physiology	183	120	66	45	25	10	5	6	3	2	1
	Pharmacology	148	129	87	15	10	2	1	2	1	-	-
2017.1	Integrated paper	152	114	75	16	11	7	5	4	3	11	7

Table 5.4.8 Passing candidates by attempts – Primary Oral Examination (Integrated Viva), 2015 – 2017.1

			Attempts for passing candidates									
			1		2		3		4		>4	
Examination	Paper	Total passed	n	%	n	%	n	%	n	%	n	%
2015.1	Viva	141	108	77	27	19	5	4	1	1	-	-
2015.2	Viva	141	133	94	6	4	2	1	-	-	-	-
2016.1	Viva	125	85	68	32	26	7	6	1	1	-	-
2016.2	Viva	209	164	78	28	13	11	5	5	2	1	-
2017.1	Viva	161	122	76	31	19	6	4	1	1	1	1

Fellowship Examination

Summary data relating to the Fellowship Written Examination and the Fellowship Clinical Examination since 2012 is provided as Table 5.4.9. Table 5.4.10 presents comparison data between the current format of both examinations (2015 on) and their previous iteration (pre-2015) for the same examinations.

Table 5.4.9 Summary information – Fellowship Written and Clinical Examination, 2012 – 2017.1A

Examination	Paper	Candidates	Pass	Pass (%)	Overall Examination Pass (%)[44]
2012.1	Written	104	70	67.3	58.7
	Clinical	70	61	87.1	
2012.2	Written	128	88	68.8	53.9
	Clinical	88	69	78.4	
2013.1	Written	134	72	53.7	47.0
	Clinical	72	63	87.5	
2013.2	Written	163	100	61.3	50.3
	Clinical	100	82	82.0	
2014.1	Written	155	79	51.0	37.4
	Clinical	79	58	73.4	
2014.2	Written	226	97	42.9	34.1
	Clinical	97	77	79.4	
2015.1[45]	Written	271	239	88.2	N/A
	Clinical	207	153	73.9	N/A
2015.2	Written	231	139	60.2	N/A
	Clinical	198	110	55.6	N/A
2016.1	Written	198	126	63.6	N/A
	Clinical A	125	53	42.4	N/A
	Clinical B	71	27	38.0	N/A
2016.2	Written	259	130	50.2	N/A
	Clinical	204	101	49.5	N/A
2017.1	Written	201	94	46.8	N/A
	Clinical A	134	105	78.4	N/A

44 Until 2015 the written and clinical components of the Fellowship Examination were coupled and considered as one overall examination, with pass rates not considered individually

45 Format of Fellowship written and clinical examinations changed in 2015.1

Table 5.4.10 Fellowship Written and Clinical Examination pass rates, 2012 – 2014 and 2015 – 2017.1A

	Average Pass Rate 2012 – 2014 (%)[46]	Average Pass Rate 2015 – 2017.1 (%)
Fellowship Written Examination	57.5	61.8
Fellowship Clinical Examination	80.8	56.3

Data stratified according to trainees located in Australia and those in New Zealand for the 2015, 2016 and 2017.1 Fellowship Written and Clinical examinations are presented in Tables 5.4.11, 5.4.12 and 5.4.13.

Table 5.4.11 Fellowship Written and Clinical Examination pass rates, 2015 Australia and New Zealand

		Australia			New Zealand			Total		
Examination	**Paper**	**Sat**	**Pass**	**Pass (%)**	**Sat**	**Pass**	**Pass (%)**	**Sat**	**Pass**	**Pass (%)**
2015.1	Written	255	224	87.8	15	15	100	270	239	88.5
	Clinical	194	142	73.2	13	11	84.6	207	153	73.9
2015.2	Written	212	130	61.3	19	9	47.4	231	139	60.2
	Clinical	185	101	54.6	13	9	69.2	198	110	55.6

Table 5.4.12 Fellowship Written and Clinical Examination pass rates, 2016 Australia and New Zealand

		Australia			New Zealand			Total		
Examination	**Paper**	**Sat**	**Pass**	**Pass (%)**	**Sat**	**Pass**	**Pass (%)**	**Sat**	**Pass**	**Pass (%)**
2016.1	Written	175	108	61.7	23	18	78.3	198	126	64.0
	Clinical A	115	47	40.9	10	6	60.0	125	53	42.4
	Clinical B	66	24	36.4	5	3	60.0	71	27	38.0
2016.2	Written	239	121	50.6	19	9	47.4	259	130	50.0
	Clinical	193	95	49.2	11	6	54.5	204	101	49.5

Table 5.4.13 Fellowship Written and Clinical Examination pass rates, 2017.1A Australia and New Zealand

		Australia			New Zealand			Total		
Examination	**Paper**	**Sat**	**Pass**	**Pass (%)**	**Sat**	**Pass**	**Pass (%)**	**Sat**	**Pass**	**Pass (%)**
2017.1	Written	175	83	47.4	26	11	42.3	201	94	46.8
	Clinical A	119	91	76.5	15	14	93.3	134	105	78.4

The data indicates that, to date, while pass rates for the Written Examination are encouraging, pass rates for the Clinical component of the Fellowship Examination since the implementation of the revised format are lower than desired.

As mentioned earlier, the 2016.2 Fellowship Clinical Examination (OSCE) has been the subject of an anonymous submission in February 2017 alleging racial discrimination, and the College has convened an EAG to investigate this matter specifically, as well any related, more systemic aspects of racial discrimination that may be perceived as present in any College activity.

46 Until 2015 the written and clinical components of the Fellowship Examination were coupled and considered as one overall examination, with pass rates not considered individually

Data referred to previously concerning this matter is presented as Table 5.4.14 and Figures 5.4.2 and 5.4.3. Table 5.4.14 presents the list of countries from which trainees who have attempted either of the components of the Fellowship Examination during 2015 and 2016 attained their primary (undergraduate) medical degree. Figures 5.4.2 and 5.4.3 present examination pass rate data for the period 2005 to 2016, with candidates grouped according to country of primary medical training, the comparison groups being Australia, New Zealand, United Kingdom, United States of America, Canada, Ireland (Group A) and all other countries (Group B).

The data indicates clearly a disparity between pass rates for the two groups over time, a trend that had not been properly identified until the monitoring of pass rates became more systematic following the implementation of the new format examinations. Pass rates (along with other aspects of College examinations) are now monitored more intensively and systematically than has been the case, particularly in an attempt to further understand the possible causes of the trend described above, as well as any other identifiable issues.

Table 5.4.14 Country of primary medical training and number of trainees attempting Fellowship Written and Clinical Examinations, 2015 – 2016

Country of Primary Medical Training	Written	Clinical
Armenia	3	–
Australia	318	273
Austria	3	2
Bangladesh	19	12
Belgium	1	1
Bulgaria	2	1
China	1	–
Congo	1	–
Czech Republic	1	–
Fiji	3	2
Germany	16	5
Grenada	4	–
Hungary	2	1
India	116	112
Indonesia	2	–
Iran	15	27
Iraq	22	14
Ireland	42	30
Israel	1	1
Jordan	2	1
Kazakhstan	1	1
Korea (Republic of)	1	3
Latvia	3	2
Lebanon	1	1
Malaysia	5	6
Malta	2	2
Myanmar	3	5
Nepal	5	3
Netherlands	3	2
New Zealand	64	47
Nigeria	11	15
Oman	1	–
Pakistan	30	26
Papua-New Guinea	1	3
Philippines	12	10
Poland	5	-
Romania	5	2
Russian Federation	5	9
Saudi Arabia	5	1
Singapore	1	3
South Africa	23	9
Spain	1	-
Sri Lanka	13	15
Sudan	6	6
Sweden	1	3
Trinidad and Tobago	6	4
Turkey	2	-
Ukraine	1	1
United Kingdom	161	134
United States of America	1	1
Zambia	1	3
Zimbabwe	8	6
Not specified	1	-
Total	**963**	**805**

Figure 5.4.2 Fellowship Written Examination pass rates by country of primary medical training, 2007 – 2016

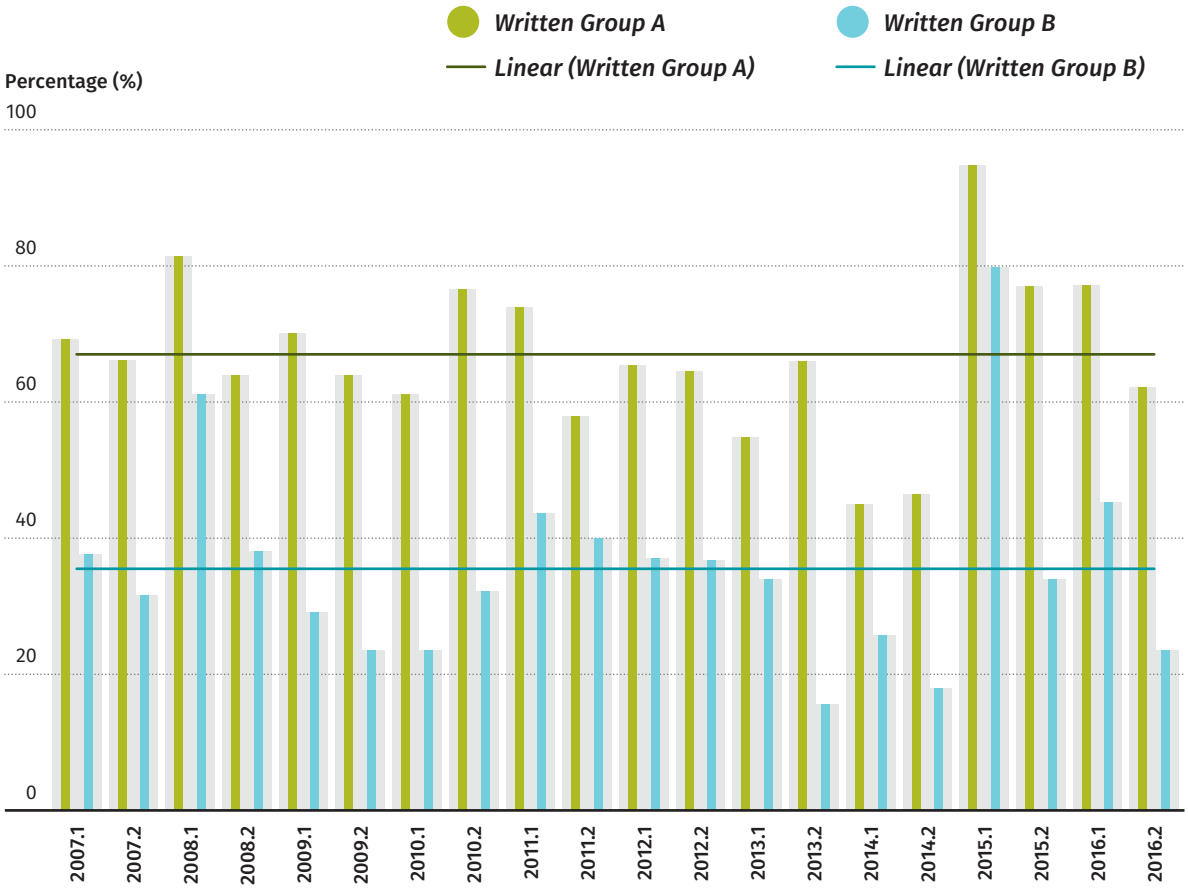
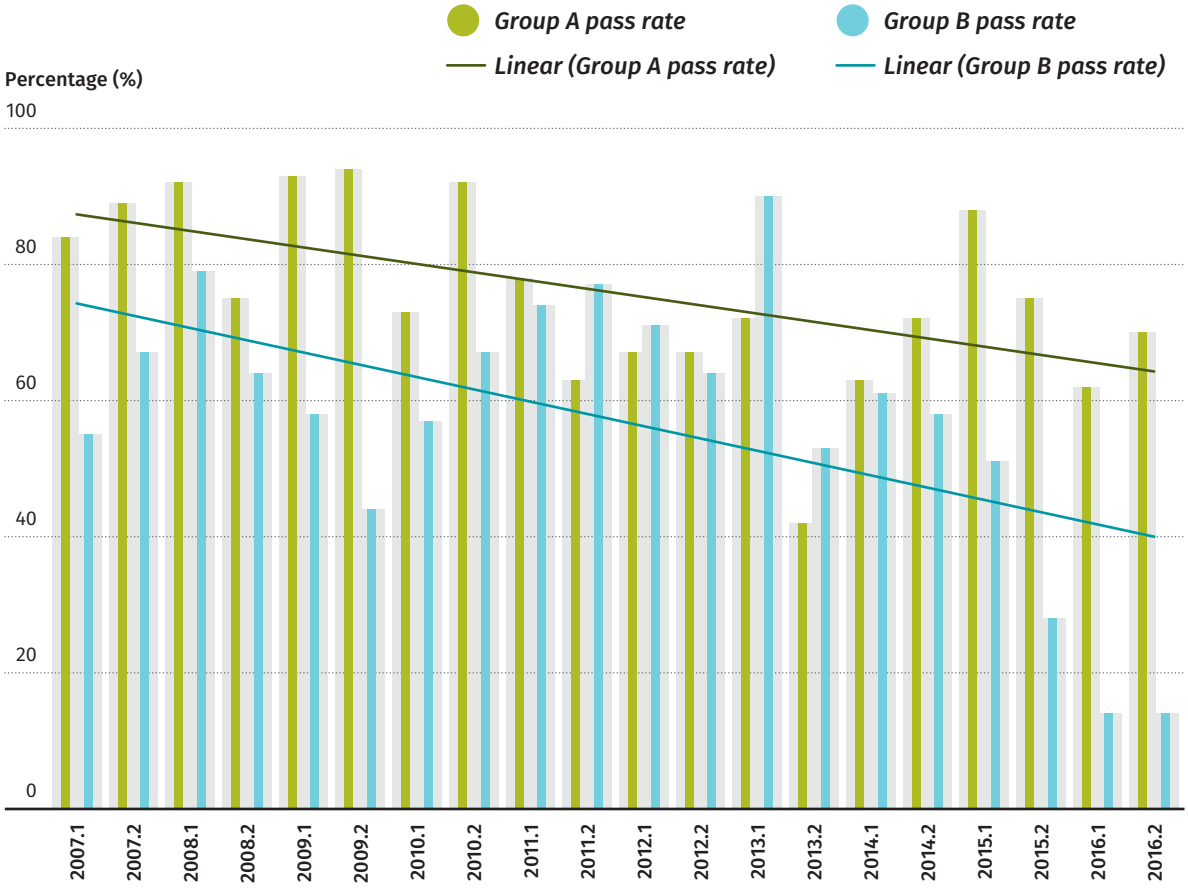


Figure 5.4.3 Fellowship Clinical Examination pass rates by country of primary medical training, 2007 – 2016



Data analysis undertaken after each Fellowship examination includes the study of item and examination psychometrics, such as reliability, and candidate information, such as number of past examination attempts. Such analysis suggests candidate factors to be significant in the low pass rates associated with the Fellowship examinations, and emphasises the need for robust monitoring of trainees during training. The College is confident that the introduction of WBAs into the training program is achieving this.

Table 5.4.15 outlines candidate history by number of attempts for candidates who passed either component of the Fellowship Examination from 2015 to 2017.1. Generally (notwithstanding the slightly incongruent nature of the 2015.1 sittings of both components), the data again confirms the vast majority of candidates who pass the examinations do so within three or four attempts at the examination in question.

In assessing this data, it should be noted that transitioning of data relating to the FACEM Training Program and examination requirements prior to 2015 to a new College database has resulted in data relating to the previous iteration of the Fellowship Examination being unable to distinguish between applicants who attempted and were unsuccessful in the Written and Clinical components. As a consequence, the data in table 5.4.15 indicating previous attempts for either examination in the new format is not able to distinguish between attempts at either component of the previous examination. Thus, for example, candidates who have passed the Fellowship Clinical Examination and are indicated to have had a certain number of previous attempts may have had those attempts at the Written, Clinical, or both components of the examination.

Table 5.4.15 Passing candidates by attempts – Fellowship Examination (Written and Clinical), 2015 – 2017.1A

			Attempts for passing candidates									
			1		2		3		4		>4	
Examination	Paper	Total passed	n	%	n	%	n	%	n	%	n	%
2015.1	Written	239	130	54	55	23	28	12	13	5	13	5
	Clinical	153	83	54	39	25	15	10	11	7	5	3
2015.2	Written	139	102	73	22	16	6	4	6	4	3	2
	Clinical	110	78	71	21	19	7	6	3	3	1	1
2016.1	Written	126	100	79	17	13	7	6	1	1	1	1
	Clinical A	53	46	87	4	8	1	2	1	2	1	2
	Clinical B	27	19	70	5	19	2	7	-	-	1	4
2016.2	Written	130	120	92	4	3	4	3	1	1	1	1
	Clinical	101	97	96	2	2	1	1	1	1	-	-
2017.1	Written	94	59	63	27	29	3	3	2	2	3	3
	Clinical A	105	69	66	11	10	18	17	2	2	5	5

Table 5.4.16 outlines the reliabilities (Chronbach's alpha) of each of the Fellowship examinations conducted in 2015 to 2017.1. Using the value of 0.80 or higher as the desirable benchmark for such examinations, the reliabilities as outlined are pleasing for the SAQ section of the written component, as well as the clinical component (OSCE); however, those for the SCQ papers of the written component are disappointingly low, particularly when the types of items that constitute the paper are considered.

This data vindicates the work currently being done by the College in relation to all examinations, and reinforces the need to more closely inspect the construction and performance of items used in the SCQ examination.

Table 5.4.16 Reliability (Cronbach's alpha) – Fellowship Examination (Written and Clinical), 2015 – 2017.1A

Examination sitting	Written (SCQ) Examination	Written (SAQ) Examination	Clinical (OSCE) Examination
2015.1	0.72	0.89	Cohort 1: 0.79 Cohort 2: 0.82
2015.2	0.67	0.88	Single cohort: 0.82
2016.1	0.80	0.89	Clinical A: 0.82 Clinical B: 0.84
2016.2	0.62	0.88	Cohort 1: 0.84 Cohort 2: 0.79
2017.1	0.77	0.84	Cohort A: 0.87 Cohort B: 0.75

Summary of strengths and challenges in relation to Standard 5

The overall program of assessments utilised by the College in the FACEM Training Program is considered fit for purpose in the context of contemporary medical education. The assessment program contains a significant component of performance-based assessment (workplace-based assessments; WBAs) that enables formative as well as summative assessment of trainees, supplemented by summative examinations. The assessment program is blueprinted to the overall requirements of the FACEM Training Program and the underlying ACEM Curriculum Framework.

The administrative burden associated with a significant component of WBA assessment is well recognised. However, as a result of increased investment in human and ICT resources and ongoing communication and training with internal stakeholders (members and trainees), the College is confident that the WBA program is sustainable. Indeed, it is envisaged that the requirement for EM-WBAs will be incorporated for trainees in Provisional Training in the short- to medium-term.

The most significant issue pertinent the FACEM Training Program assessment program relates to the Fellowship Examination, more specifically to the Fellowship Clinical Examination (OSCE). The format of the examination (i.e. OSCE) is a well-accepted assessment in medical education, and the College utilises an accepted standard setting method (Borderline Regression Method plus one Standard Error of Measurement) to standard set the examination at each sitting.

Nevertheless, there have been concerns raised in regard to the examination and its perceived bias on racial grounds. As outlined, the College has acted quickly and decisively to investigate the concerns through the formation of an Expert Advisory Group, which is yet to deliver its findings.

The College is aware of the requirements of running an examination of this type and has increased its commitments to processes designed to ensure confidence in the examination. Primarily these relate to training of examiners in the overall examination process, including the possibility of unconscious bias and strategies to address this, as well as workshopping of stations and calibration exercises designed to obtain consistent understanding of individual stations and uniform approaches to the marking of candidates.

Again, the College is cognisant of the need to ensure that its assessment processes, including the conduct and analysis of examinations, are able to withstand scrutiny, meet contemporary expectations of both internal and external stakeholders, and are fit for purpose. Whilst the College has routinely conducted some evaluation and analysis of examination processes and results in the past, it is clear that increased scrutiny must be given to these matters, and this has already commenced through the way in which individual examinations are evaluated.

Feedback to candidates is another aspect of examinations that is perceived by trainees and many DEMTs/Supervisors to not be sufficient to enable them to understand why they have failed an examination, or a particular component of an examination; again, this is particularly so in relation to the Fellowship Clinical Examination (OSCE). The College is actively working to develop and implement feedback that satisfies trainee and DEMT/Supervisor expectations and is valuable in terms of enabling improvement. It is recognised that this will be particularly important once the limit of three attempts at any examination in the FACEM Training Program is implemented from 2018.

The College does recognise that there are several matters associated with the provision of feedback to candidates that need to be considered before any method is implemented in a manner that ensures a sustainable and useful approach. The College is likely to introduce recording of all stations associated with the OSCE from late in 2017; however, the numbers of trainees involved in any sitting of the examination is high, and the College is of the view that a method of utilising the recorded material that is feasible and sustainable, and which meets all relevant privacy requirements must be developed before recording is introduced and the material is utilised for feedback.

The resource requirements associated with all College examinations is considerable, particularly with respect to the Fellowship Clinical Examination (OSCE) and the College is investigating ways of ensuring that the examinations continue to be resourced and developed, without the number of individuals required as examiners and other roles becoming unsustainable, or the costs associated with conducting the examinations becoming such that they are unaffordable.

Continuing work will involve modelling based on data obtained from examinations run from 2015, i.e. in the current format, as well as information obtained from the literature and organisations such as specialist colleges locally and internationally.

6 Monitoring and evaluation

6.1 Monitoring

Accreditation Standards	
6.1.1	The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
6.1.2	Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
6.1.3	Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

Summary of ACEM Response	
6.1.1	ACEM reviews its training and education programs using both informal and formal monitoring and evaluation approaches. Formal monitoring and evaluation in the FACEM Training Program is guided by the ACEM Education and Training Evaluation Framework, which addresses curriculum content, teaching and learning, supervision, assessment and trainee progress.
6.1.2	Supervisors in the FACEM Training Program contribute to monitoring and to program development. ACEM systematically seeks, analyses and uses supervisor feedback in the monitoring process.
6.1.3	Trainees in the FACEM Training Program contribute to monitoring and to program development. ACEM systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

The College's monitoring of its training and education programs using both informal and formal mechanisms has been introduced in Standard 5.4, where the review of assessments utilised in the FACEM Training Program was discussed. At an informal level, issues requiring attention are identified through ongoing monitoring by both staff and members of relevant college entities, including through feedback from meetings with internal and external stakeholders, and dealt with either by interventions and initiatives formulated through College entities (e.g. WBA panels, STAC, COE, etc.) or outside of formal meetings of those entities, depending on the nature of the matters in question.

For example, matters identified as requiring attention and relating to administration of the program (ICT initiatives, conduct of examinations) can be addressed without the need necessarily for formal consideration by any entity(ies), while matters requiring changes to policy or regulations require formal consideration by the relevant entity(ies). Such matters include Curriculum revision, program requirements and regulation changes.

Formal monitoring and evaluation of the College's training and education programs is guided by the *ACEM Education and Training Evaluation Framework* (refer **Appendix 5.4.1**). The College has capacity, through the Research Unit of the Department of Policy & Research, to support a range of monitoring and evaluation initiatives described in the Framework, as well as other formal evaluation activities that may be identified as being required to be carried out, but which are not listed in the Framework.

The 2016 review of the College's EMC and EMD programs provides an example of the work conducted by the Research Unit (refer **Appendix 6.1.1**). The recommendations contained in that document were considered and largely accepted for implementation by the NSTC and COE at their meetings in late 2016 (refer to Standard 6.2 for further discussion, including other examples).

Monitoring of the FACEM Training Program

As noted elsewhere in this submission (see, for example, discussion in Standard 3), the training program resulting from the CRP is considered to require further refinements, particularly in regard to matters such as congruence of operational structure to the underpinning ACEM Curriculum Framework.

Identification of matters such as this can be considered to have arisen through informal monitoring of the program, having been identified by both members and staff involved in College education and training activities, including through feedback from trainees and DEMTs, and is planned to be addressed formally through mechanisms described in the ACEM Education and Training Evaluation Framework and elsewhere in this document.

Formal sources of information obtained from supervisors (DEMTs) and trainees in regard to monitoring of the FACEM Training Program under the ACEM Education and Training Evaluation Framework are discussed below, with examples of the instruments and other information provided as appendices as indicated.

FACEM Trainee Placement Surveys

The 2015 College annual progress report to the AMC and the MCNZ (pp. 31 – 32) contained the following in relation to information collected from trainees on a regular basis regarding their training experience.

Historically trainee placement evaluations were a compulsory component of the old programme/IT system. This meant that all trainees were forced to complete a survey at the time of their assessment with their DEMT. This had the advantage of 100% compliance but raised questions regarding the integrity of the information gathered by this method. With the rebuild of the IT system, to accommodate the changes in the curriculum brought about by the Curriculum Review Project, (i.e. change in clinical placement assessment processes – new ITA content and process and separation of time sign-off from assessment outcome) has provided the opportunity to review the content and reevaluate this process.

To address all elements of trainee satisfaction and educational experiences necessitated a content review and revision which was undertaken by the Curriculum Review Project Transition & Evaluation and Accreditation Sub-groups.

The new evaluation system was introduced in July 2014. A transition plan was required to move from the old to the new system. As such, an annual trainee satisfaction survey is currently running together with a brief evaluation of the Term 4, 2014 placement. This has been advertised via the ACEM Bulletin whilst the full online training system was finalised and made available.

The new quarterly placement surveys will be introduced for Term 1, 2015. The aim is for these to occur in March 2015 for the New Zealand placements and May 2015 for Australia.

The shift from a mandatory evaluation system to one that is voluntary brings known risk of nonparticipation. For the 2014 end of year survey the response rate was low.

Going forward to mitigate against this a number of initiatives are planned:

- *Designated staff member to follow-up: The Trainee Advocate role within the training team will have specific responsibility to administer and follow-up all trainee evaluation. This includes exit evaluation (completion, voluntary and involuntary withdrawal from training), annual satisfaction and placement evaluation.*
- *Follow-up strategies to include SMS reminders, notifications on trainee dashboards and system generated email reminders. These would be used as an adjunct to the existing ACEM communication systems (e-Bulletin, social media, website and Trainee Newsletter).*
- *Engagement of Trainee Representative and Trainee Committee.*

That the evaluation system should be evaluated as a whole in July 2016 (i.e. after 18 months of the revised training programme) and the removal of the mandatory completion can be reviewed at that time.

Indeed, as per the concerns expressed in the extract above, the response rate for the voluntary surveys continued to be low, providing little useful data, and the compulsory nature of these surveys has been reintroduced. The first such survey was conducted in December 2016 with New Zealand-based trainees, followed by distribution in January 2017 to Australian trainees, prior to the completion of the 2016 training year.

Two variations of the survey were developed and distributed to trainees in both jurisdictions; one for trainees who were training in an ACEM-accredited ED at the relevant time, and one for trainees in sites other than ACEM-accredited EDs at the relevant time. Additionally, based on review of the New Zealand survey responses, slight variations were made to the surveys prior to their distribution in Australia. The surveys are provided as **Appendices 6.1.2** to **6.1.5** inclusive, with evaluation of the combined survey data for trainees in accredited ED placements provided as **Appendix 6.2.1**. Evaluation of the combined survey data for trainees in accredited non-ED placements is provided as **Appendix 6.2.2**, and both are discussed in Standard 6.2.

It is intended that ongoing distribution of the surveys will occur on an annual basis, with reporting on the aggregated survey findings widely disseminated to internal and external stakeholders. Whilst it is acknowledged that not all placements from all trainees over the course of their training time will be captured via this method, it is felt that this approach represents an appropriate balance between the collection of data to inform the desired program monitoring and potential survey fatigue of trainees. It is also intended that individual site reports will be prepared as part of their five-year accreditation review.

The gathering of data via this survey is regarded as important from the perspective of an overall monitoring/quality assurance initiative for the benefit of trainees, and COE has decided that, from the next running of the survey, trainees who do not complete the survey will be sanctioned. The nature of the sanction will be considered through STAC and COE following consultation with the Trainee Committee.

As with the 2015 training year surveys, results and an evaluation summary of the survey will be distributed internally to relevant ACEM entities for consideration and to determine required action. This distribution includes the *Trainee Committee*, as well as email notification of the availability of the survey results to all FACEM trainees, DEMTs, accredited training sites and jurisdictions in which FACEM training is conducted.

DEMT Survey

Concurrent with the Trainee Placement Surveys described above, DEMTs are asked to complete an annual voluntary survey reflecting on their site's ability to provide a quality training experience in a safe and supportive environment. The first iteration of the survey was distributed to New Zealand-based DEMTs in December 2016, and Australian-based DEMTs in January 2017. As with the Trainee Placement Surveys, the New Zealand responses were reviewed in order to inform slight revisions to the survey distribution in Australia. Both surveys are provided as **Appendix 6.1.6** (New Zealand) and **Appendix 6.1.7** (Australia), with evaluation of the combined survey data provided as **Appendix 6.2.3**, and discussed in Standard 6.2.

Annual Site Census

The *Annual Site Census*, which commenced in 2016, is an amalgamation of a DEM Survey (in operation, annually, since 2013 and which collected data on the ED workforce, ED resources, ED workload and performance) and a DEMT Survey (trialled in 2013 and which collected data on training activities, education resources and developments, and other accreditation matters).

The new *Annual Site Census* is distributed to all DEMTs in ACEM-accredited EDs. The survey is a mandatory requirement of sites, and linked to their accreditation status. Information on ED resources, ED clinical coverage, ED staffing, and ED casemix is collected, along with supervision and assessment capacity. Additional questions are included for accredited paediatric EDs and for EDs accredited for 18 and 24-month placements (refer Standard 8.2 for further information regarding training site accreditation levels).

Data is provided to the *Accreditation Subcommittee* to inform ongoing accreditation of individual sites, to COE for program planning purposes, and to the *Workforce Subcommittee* and CAPP to add to the knowledge base on the EM workforce and to inform workforce planning. The most recent survey is provided as **Appendix 6.1.8**, with the survey evaluation provided as **Appendix 6.2.4**, and discussed in Standard 6.2.

New FACEM Early Career Survey

Collection of data via the biannual *New FACEM Early Career Survey* has been undertaken by the College since 2014, and the College currently has data from FACEMs elected to Fellowship from January 2013 until August 2016. The survey is distributed biannually to all FACEMs elected to Fellowship in the preceding 6 – 12 months to provide them with sufficient time to have established themselves in a consultant role. As new consultants, the feedback they are able to provide in relation to preparedness for consultant work is an important adjunct to the feedback received from current trainees. The survey is voluntary and has achieved on average between a 40 to 50 per cent response rate since its inception.

This survey provides ACEM with data that is analysed to investigate trends and themes relating to work profiles, future career plans, challenges experienced by new Fellows, and progression through the training pathway. In addition to informing aspects of the FACEM Training Program, the analysis also informs advocacy initiatives and workforce planning, and the development of College programs, such as the *New Fellows Workshop*, which is now held at each College ASM.

The survey conducted in September 2016 (for FACEMs qualified 6 – 12 months previously) is provided as **Appendix 6.1.9**, with the survey evaluation provided as **Appendix 6.2.5**, and discussed in Standard 6.2. A comprehensive analysis of four years' survey data (2013 – 2016) will be undertaken in the fourth quarter of 2017 to identify workforce trends and potential issues experienced by new FACEMs. This will be reported to the membership and external stakeholders, as well as submitted for publication in a peer reviewed journal.

Withdrawal from Training Survey

The *Withdrawal from Training Survey* is incorporated into the online process for withdrawal from the FACEM Training Program. It includes a number of questions for the withdrawing trainee to reflect on components of the training program and offers an opportunity to make recommendations for improvement for consideration by COE and other relevant entities. The voluntary survey was implemented in August 2013, with the responses analysed on an annual basis. The survey is provided as **Appendix 6.1.10**, with results from recent iterations of the survey discussed in Standard 6.2 (refer also, Table 5.3.4).

Additional Trainee Input to Program Monitoring

The views of trainees are factored into decisions made by the College about the FACEM Training Program (and other matters) in ways other than those described above.

Since 2015, trainees have contacted College staff about the WBA requirements for trainees, and this feedback has been used to inform changes to the WBA system, including the ICT that supports the process. For example, in May 2016 a forward-planning tool ("the WBA run-rate dashboard") was released into the member portal for trainees. This tool calculates a trainee's exact EM-WBA requirements based on their placement information, due dates for each instrument, and updates in real time. Many trainees have positively commented on this tool, noting it is helpful and easy to understand.

Trainee feedback has also directly informed the development of educational resources for WBAs. This includes: the release of a **case complexity tool** to assist trainees and their DEMTs/supervisors, mentors and other FACEMs in selecting case complexity for assessments; an updated WBA requirements table in a one-page printable format; and IT user-guides for downloading completed WBAs.

Each of the nine Regional WBA Panels includes a Trainee Representative. As a full voting member, they contribute equally to all discussions and decisions at meetings. The College is developing initiatives to increase the visibility of Trainee Representatives throughout the College. For example, in 2017 the Regional Trainee Representative from the Trainee Committee, and the Regional WBA Panel Trainee Representative will assist at the DEMT and Local WBA Coordinator training workshops; the Trainee Representatives will facilitate activity sessions, to assist with the training and education of members.

The involvement of trainees (and consumers) on College accreditation panels will also be progressed during 2017 with the implementation of the College's new accreditation requirements for FACEM training sites (refer Standard 8.2).

The Critical Care project (refer also Standard 6.2) was established in part due to feedback from trainees who reported difficulty in obtaining suitable Critical Care placements. As a result, the College became aware of a 'bottleneck' of access to Critical Care placements over the period 2005 – 2015, most frequently in remote or regional areas. Advanced Trainees and DEMTs reported that there were long waiting lists for trainees to rotate to an approved Critical Care placement, or that they could not progress in their training due to lack of options to complete the requirement. The Critical Care project was established to address this lack of availability and to provide more options for Advanced trainees to fulfil the Critical Care Requirement.

Similarly, trainee input during the CRP resulted in the introduction of Discretionary time in the revised FACEM Training Program from 2015. Of the 48 months' time requirement in AT, trainees are required to complete 30 months in ED placements, six months in a Critical Care placement, six months in a Non-ED placement(s), and six months of Discretionary training.

As the term implies, Discretionary time is at the trainee's discretion. Trainees can complete this at either ED or Non-ED placements, depending on site accreditation limits and discipline-specific limits. The aim of introducing Discretionary time was to provide more flexibility for trainees to complete their Advanced Training, should they wish to complete more ED time than the 30 month minimum, and to enable this time to accrue towards their completion of the FACEM Training Program requirements. Further work is to be completed as part of the FACEM Training Program review to further define the purpose of discretionary time, and its position in the overall training program structure.

Trainees are also consulted about the content of initiatives, for example, the Trainee Placement Survey and the revised accreditation requirements for training sites, and are regularly invited to contribute to the development of college submissions.

Workforce Sustainability Project

In 2016, ACEM implemented the ACEM Workforce Sustainability Project to:

- consider issues that impact on the sustainability of the emergency medicine specialist workforce;
- consider mechanisms to promote the physical and emotional wellbeing of emergency physicians and trainees; and
- develop resources and support strategies within and outside the profession to support wellness and retention.

Whilst not a monitoring tool for the FACEM Training Program, the *Workforce Sustainability Survey* provides valuable information about the EM workforce in Australia and New Zealand, both for the College, as well as external stakeholders with whom the College engages, notably jurisdictions and associated workforce agencies.

The *ACEM Workforce Sustainability Survey* was conducted in June/July 2016, and collected information from FACEMs, trainees and SIMGs covering topics such as work-life balance, burnout, workplace stressors, support networks and personal health. The survey data has been analysed and a report disseminated to the ACEM membership (**Appendix 6.1.11**). Workshops have been held with ACEM staff in the Education and Training, Policy and Research, and Communications and Engagement units to further explore the results, and the data will be integrated into ACEM Committee work-plans, where applicable, to inform future work and decision making.

A key output under development by the College is a *Communications Plan* to identify further channels for distribution of the results to stakeholders, such as jurisdictional health departments, along with opportunities to support the membership in addressing some of the survey findings. The results of the survey were presented at the AMA Congress held in February 2017, with representatives of the AMA and some specialties expressing an interest in collaborating with the College to investigate possible systemic changes that could be proposed to address the issues identified by the survey.

6.2 Evaluation

Accreditation Standards	
6.2.1	The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.
6.2.2	The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
6.2.3	Stakeholders contribute to evaluation of program and graduate outcomes.

Summary of ACEM Response	
6.2.1	The program and graduate outcomes contained in the ACEM Curriculum Framework are considered to incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice. Formal evaluation activities incorporate perspectives from a range of stakeholders to ascertain whether the required standard of FACEM trainees and graduates is as expected. An area for development in regard to evaluation activities is increased mechanisms for obtaining data from employers and consumers of emergency medical care and their families on a regular basis.
6.2.2	ACEM collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes, and will consolidate this process over time.
6.2.3	Stakeholders contribute to evaluation of program and graduate outcomes. As per 6.2.1, the need for increased involvement from employers and consumers of emergency medical care on a regular basis is acknowledged and being progressed by the College.

The approach to monitoring of the FACEM Training Program, involving both formal and informal aspects has been described. The College's approach to evaluation echoes this, in that formal evaluation mechanisms from the ACEM Education and Training Evaluation Framework inform changes to the training program supported by an evidence-based approach and collection of relevant data.

Evaluation of the FACEM Training Program and the ACEM Curriculum Framework

As described elsewhere in this submission, the College is currently reviewing the ACEM Curriculum Framework to ensure that it continues to remain relevant and fit for purpose. The review will incorporate wide-ranging stakeholder consultation, to ensure appropriate input into the ongoing applicability of both the program outcomes and the graduate outcomes of the program.

The College also intends to conduct a review of the structure and requirements of the FACEM Training Program. Given that the College has identified several issues to be addressed with the structure of the program, the process will be led internally to develop proposed changes to the Program, which will be circulated for consultation (refer Standard 3.1 and Standard 6.1).

As with the review of the ACEM Curriculum Framework referred to above, the consultation will involve wide-ranging stakeholder consultation, with any significant changes likely to be considered for implementation from the 2019 training year.

FACEM Trainee Placement Survey Findings

The survey has been discussed in Standard 6.1. Across the Australian and New Zealand cohorts a response rate of 86% of the 1,532 surveys distributed to trainees undertaking ED placements at the end of the 2016 training year was achieved. Trainees were generally happy with their placements, with 92% of responding trainees reporting that their trainee needs were being met in their current placement. Overall, more than 80% of responding trainees agreed that rosters at their placement ED gave equitable shift exposure, supported service needs of the site and ensured safe working hours; 85% felt they were working in a safe workplace; and 87% felt their educational and learning resource requirements were being met.

Trainees reported that they were being provided with opportunities to teach and supervise trainees (91%), and also with leadership and management opportunities (81%) at their ED placement. Less than half (42%) of trainee respondents were able to participate in decision making regarding governance at their ED placement. A higher proportion (72%) reported being able to participate in quality improvement activities at their ED.

Trainees were satisfied with the level of DEMT support (88%) and the availability of their DEMT (87%), and 82% agreed that the clinical teaching optimised their learning opportunities. Regarding the ability of their ED placement to provide an appropriate training experience when considering casemix, trainees were satisfied with the number (96%), breadth (88%), acuity (84%) and complexity of cases (87%).

When asked to comment on areas for improvement with respect to their ED placement, the main items listed included: time allocation for WBAs; onsite teaching including relevance and scheduling; flexibility of rostering and access to leave; staffing levels and availability of senior staff; Fellowship Examination teaching; and access block.

Of the trainees undertaking non-ED placements at the end of the 2016 training year, 83% responded to the survey from a total of 584 surveys distributed to eligible trainees. Similar to trainees undertaking ED placements, a high proportion of respondents (94%) felt their training needs were being met at their current placement and more than 80% were satisfied with rostering and casemix in providing an appropriate training experience.

Trainees undertaking non-ED placements were less likely than those undertaking an ED placement to report that structured education sessions were provided for a minimum of four hours per week (59% compared to 81%) and a smaller proportion agreed that they were provided with opportunities to teach and supervise junior staff, when compared to those in ED placements (81% and 91% respectively).

Overall, trainees were satisfied with the quality (89%) and availability (89%) of their supervisor and would recommend their non-ED placement site to other FACEM trainees (90%).

An important finding from both surveys was that while almost all trainees in both ED (95%) and non-ED (96%) placements reported knowing who to get assistance from if falling into difficulty meeting training requirements, trainees were less likely to agree that their placement had processes in place to identify and assist trainees encountering difficulty in the FACEM Training Program (67% for ED placements; 62% for non-ED placements).

The evaluation reports from the most recent surveys are provided as **Appendix 6.2.1** and **Appendix 6.2.2**.

DEMT Survey Findings

The survey has been discussed in Standard 6.1. A total of 226 completed surveys were received from DEMTs, a response rate of 85%. Over 89% of responding DEMTs reported feeling supported in their role by the Director of Emergency Medicine at their ED. Lower proportions, however, reported feeling supported by the Hospital Executive and hospital human resources and administration. The majority (72%) of DEMTs felt that rostering ensured sufficient time to complete clinical support requirements and over 75% reported being able to meet both ACEM's and the hospital's requirements of the DEMT role. Rostering of DEMTs was generally reported as being aligned with trainee rostering, with 85% of DEMTs agreeing that they were routinely rostered on clinical shifts with trainees. Only 55%, however, reported being routinely rostered on non-clinical shifts with trainees, while 20% reported that they were not routinely rostered on non-clinical shifts.

Regarding the training environment, almost all (93%) of DEMTs believed that trainee's needs were being met according to their stage and phase of training during placement at their ED, and 90% reported that there were processes in place to identify and assist trainees experiencing difficulties meeting their training requirements. Overall, rostering was considered to be supportive of trainees and the ED was reported as a safe and supportive workplace by 90% of DEMTs. While the majority (78%) of DEMTs reported that trainees

were able to participate in quality improvement activities within the ED, only 45% agreed that trainees were able to participate in decision making. Over 90% of DEMTs agreed their ED was able to provide an appropriate training experience when considering casemix. Pleasingly, 82% agreed that their DEMT role was rewarding, with only 3% disagreeing with this statement.

Additional resources and support that ACEM could provide, as recommended by the DEMTs via the survey included:

- improved information regarding examinations, their structure and how to better support trainees;
- more regular and local DEMT network meetings;
- information outlining clearer WBA expectations; and
- resources relating to teaching and developing a teaching program, as well as to help guide struggling trainees.

The evaluation report from the most recent surveys is provided as **Appendix 6.2.3**.

Annual Site Census

Of the 140 accredited EDs who were sent the Annual Site Census, responses were received from 137, a response rate of 98%. Responding Australian EDs averaged just over 50,000 ED attendances for the 2015 – 2016 financial year, with New Zealand EDs averaging 55,000. Across Australian EDs, there was an average FTE of 11.1 for EM Specialists, 8.2 for Advanced trainees and 4.0 for Provisional trainees. New Zealand EDs had an average FTE of 11.4 for EM Specialists; 5.3 for Advanced trainees and 2.8 for Provisional trainees. VMOs were employed by 46% of responding EDs in Australia and were more likely to be employed in New South Wales and the Northern Territory. VMOs were employed by 33% of responding EDs in New Zealand.

A total of 34% of responding Australian EDs and 33% of New Zealand EDs reported having current FACEM vacancies, with EDs located outside of metropolitan areas in Australia and New Zealand more likely to have FACEM vacancies.

Analysis of the ratio of EM Specialists to annual ED patient attendances revealed that Australian EDs had slightly fewer EM Specialists per patient attendances at 1 per 5,667 annual attendances, compared to New Zealand EDs at 1 per 5,262 attendances (refer **Appendix 6.2.4** for the evaluation report).

New FACEM Early Career Survey

A total of 50% (81/161) of new FACEMs responded to the most recent round of the survey, with 51% reporting having secured a consultant position at the time they gained their Fellowship, which is a downward trend on previous rounds of the survey, with 23% reporting they were still seeking employment at that time, which is an upward trend on previous rounds of the survey.

At the time the survey was completed (August 2016), 83% of responding FACEMs reported having a consultant position secured, with 11% working in a locum/VMO position and 6% reporting that they were not working. A total of 65% were working in a metropolitan area only; 17% were working in a regional area only; and 17% were working in both metropolitan and regional areas. A total of 64% reported working their preferred hours per week, with 21% reporting a desire to increase their hours.

Such data supports the anecdotal evidence and outcomes of workforce modelling undertaken with NMTAN, with respect to decreasing numbers of FACEM positions available, particularly in metropolitan areas of Australia and New Zealand. This is discussed in more detail in response to Standard 7, *Trainees*.

The main challenges experienced by respondents within the first month of being a new FACEM included:

- gaining self-confidence in the position and transitioning into the role;
- gaining confidence and respect from other FACEMs and senior staff who were previously more senior; and
- finding work life balance and not overcommitting to non-clinical work.

As mentioned earlier in this section, the findings from this survey continue to inform the New Fellows Program and areas where the College can provide better support for new FACEMs. The survey findings have informed key topics for the program, including 'Career planning', 'Leadership and management in the ED', 'Leadership in Emergency Medicine', and 'Wellbeing, resilience and self-care'. Survey responses relating to new Fellows' awareness of ACEM resources are currently being reviewed to identify resources that need further promotion. The evaluation report from the most recent survey is provided as **Appendix 6.2.5**.

Withdrawal from Training Survey

Of the trainees who voluntarily withdrew from the FACEM Training Program in 2016 and completed the withdrawal from training survey (refer Standard 5.3 and Table 5.3.4), 65% reported being satisfied with the training program, 24% felt neutral and 11% reported being dissatisfied with the program. A large percentage was satisfied with the technical skills learned (81%), clinical supervision received (76%), and the supervision and guidance provided by their DEMT(s) (81%). A smaller percentage of respondents were satisfied with ACEM administration and support (60%), ACEM resources, including online learning (53%), and ACEM processes, including examinations, WBAs and ITAs (45%).

Table 6.2.1 provides the perspectives of withdrawing trainees on the FACEM Training Program for those who withdrew and completed the survey between 2014 and 2016.

Table 6.2.1 Withdrawal from Training Survey, perspectives on the FACEM Training Program, 2014 – 2016

Perspectives on the training program	2014			2015			2016		
	Satisfied	Neutral	Dissatisfied	Satisfied	Neutral	Dissatisfied	Satisfied	Neutral	Dissatisfied
The training program overall	72%	22%	3%	59%	27%	12%	65%	24%	11%
Technical skills learned	86%	10%	0%	73%	17%	7%	81%	14%	4%
Clinical supervision	72%	17%	5%	68%	23%	6%	76%	20%	3%
DEMT supervision and guidance	72%	19%	5%	67%	19%	11%	81%	13%	6%
ACEM administration and support	65%	28%	7%	56%	33%	8%	60%	33%	8%
ACEM resources including online learning	57%	34%	7%	47%	37%	7%	53%	37%	9%
ACEM Processes (e.g. Examinations, WBAs, ITAs)	60%	25%	7%	41%	34%	13%	45%	43%	10%

Specific Evaluations

In addition to the evaluations conducted as part of the ACEM Education and Training Evaluation Framework, the *Research Unit* (with input from other College organisational units) undertakes evaluations of specific programs or activities. Some recent examples are described below.

Emergency Medicine Certificate and Diploma review

As indicated in Standard 6.1, a review of the EMC and EMD programs was conducted in 2016. This review provided an insight into the effectiveness of the EMC and EMD programs in improving the skills and knowledge of non-specialist doctors providing emergency care. The report from this review and evaluation has been provided as **Appendix 6.1.1**.

The review was conducted using a mixed methods evaluation design, consisting of semi-structured interviews and online surveys with EMC and EMD graduates and current trainees, as well as supervisors. An online survey was used to obtain the perspectives of hospital administrators employing EMC and EMD graduates. The review had an eight-month time frame from January 2016 to August 2016 and reported to the NSTC in October 2016. The NSTC accepted the recommendations with minor amendments, a decision that was endorsed by COE, and implementation of those recommendations is now in progress.

- In 2017 the RPL/CT Working Group has developed proposed pathways for trainees to transition between the FACEM Training Program, EMC and/or EMD programs.
- A working group will be created to appraise the possibility of a direct entry pathway into the Diploma, for non-specialist doctors with proven extensive emergency care experience, and will consider a more formal assessment process for verifying the eligibility of candidates aspiring to undertake the Diploma.
- The EMC and EMD online modules have been reviewed by the NSTC and the content is currently being revised for currency and transferred to updated hosting software to increase accessibility and usability of the information. The revision will provide a range of new features and allow for access to the modules through smart phones or tablets.
- The NSTC has revised the procedural checklist for currency and achievability for both the EMC and EMD.
- The alternate pathway to complete the Critical Care Requirement for the EMD was implemented in January 2017 (see below).

Critical Care Requirement

Critical Care is a mandatory component of the FACEM Training Program and the EMD program. For both of these programs, the College has recently completed a revision of the Critical Care requirement, the need for which arose from different sources as described below.

FACEM Training Program

The *Critical Care Requirement* (CCR) of the FACEM training program is a six-month period of training undertaken outside the emergency department, designed to further develop the trainee's knowledge and skills in treating critically ill and injured patients. Currently, trainees meet this requirement by successfully completing six months of Anaesthetics training in a site accredited by ANZCA, or six months of Intensive Care Medicine training in a site accredited CICM.

A recommendation from the TARWG was that the CCR should be reviewed and was an outstanding action post-CRP completion and implementation of the revised FACEM Training Program in 2015. In particular, the TARWG recommended an expansion of available sites accredited for trainees fulfilling the CCR. The limited number of accredited sites for FACEM Training Program trainees due to competing demands from CICM and ANZCA trainees created a bottleneck in trainees progressing through the FACEM training program.

To address this, the Council of Education formed the *Critical Care Working Group*, comprising members of the Accreditation Subcommittee and FACEMs with dual Fellowships in Emergency Medicine and either Intensive Care Medicine or Anaesthesia.

The outcomes of the review were:

- The development of guidelines for the accreditation of ACEM-accredited Anaesthetics and ICM placements suitable to fulfil the CCR.
- A list of learning objectives aligned to the ACEM Curriculum Framework specific to the CCR.
- The creation of a prototype learning plan specific for anaesthetics and intensive care placements that would aid clarity for trainees and supervisors in fulfilling the CCR.
- Development of a revised ITA specifically designed for anaesthetics and ICM placements aligned to the learning outcomes of the ACEM Curriculum Framework.

These were tested through a Critical Care Pilot during 2016 in seven sites across Australia and New Zealand to gauge the usability of these materials. On evaluation of the pilot, these tools were again refined so that usability and validity were improved.

A consultation involving both internal and external stakeholders, including CICM and ANZCA, is now planned to obtain further feedback in relation to the revised CCR. The consultation document and full list of stakeholders invited to provide comment are provided as **Appendix 6.2.6** and **Appendix 6.2.7**, respectively.

It is anticipated the revised CCR resulting from the review process described above will be implemented with the outcomes of the review of the FACEM Training Program to be conducted in the second half of 2017.

EMD

Since implementation of the EMD in 2012, feedback from EMD trainees has identified a need to review the EMD Critical Care Requirement, as it was perceived as a significant barrier to completion of the EMD and a barrier to entry to the EMD program.

To this end, the NSTC developed an alternative pathway to meet the requirement involving the completion of an addendum procedural skills logbook. This was trialled with 12 participants over a six-month period in 2016. In November 2016 trial data was reviewed and the pilot determined to be successful. This additional pathway to achieving the CCR in the EMD was implemented from the 2017 calendar year.

Evaluation of the Overseas Trained Specialist Assessment Pathway

An evaluation of ACEM's SIMG (then *Overseas Trained Specialist* (OTS)) Assessment process was conducted in 2015. This evaluation provided an insight into the perceived effectiveness of the assessment process in assessing applicants' comparability to ACEM-trained Fellows, including the administrative aspects of the process.

The report is provided as **Appendix 6.2.8** and changes to the assessment process that were implemented from the beginning of 2016 were informed by a significant number of the recommendations contained in the report, as well as a separately identified need to revise aspects of the process that were not the primary focus of the evaluation. This is discussed in more detail in Standard 10, *Assessment of Specialist International Medical Graduates*.

EMET Program Evaluation

As outlined elsewhere in this document (refer Introduction, Standard 1.6), the EMET Program is a component of the *Emergency Medicine Program* (the National Program), funded by the Australian Commonwealth Government Department of Health. EMET is considered an important component of the overall National Program, particularly from the perspective of providing professional development activities to staff in rural and remote emergency facilities and contributing to the improvement of health outcomes for the populations served by those facilities.

An evaluation of the EMET Program conducted in 2015 – 2016 sought to assess the impact of the program on improving the capacity of regional and rural hospitals to provide emergency patient care. The project utilised a mixed methods approach, consisting of a combination of qualitative and quantitative data collection techniques.

The project ran initially from July 2015 to December 2015, and included primary data collected from semi-structured in-depth interviews with *Program Support Officers* (PSOs)[47] and FACEMs from EMET Lead Hospitals to explore their perceptions and experiences of the EMET Program. Some qualitative data was also obtained from participants who had received training, and from senior hospital staff. This data was used to understand:

- the perceived need for the EMET program, particularly in rural-regional areas;
- its impact on the skills and knowledge of non-specialist staff receiving training;
- the impact on patient care; and
- the positive impact on the relationship between the smaller sites and their referral hospital.

Secondary quantitative data was sourced from the bi-annual progress reports submitted to the College to assess the reach and development of EMET over time in terms of the number of sessions run, number of attendees, and the number of hospitals that received training.

Based on the findings from the interim evaluation, the EMET Program was observed to have grown rapidly since its inception, reaching many peripheral/rural hospitals in Australia, and was found, from the perspective of FACEMs and PSOs, to have enhanced the skills, knowledge and confidence of their staff, thus resulting in significant improvements to the health care available to people living in rural areas. The interim report is provided as **Appendix 6.2.9**.

47 *Program Support Officers* are funded to perform organisational and administrative tasks, promote the Program and support FACEMs in delivering the training and clinical supervision

After completing the initial evaluation it was deemed necessary to further expand the scope of the evaluation by providing more of a focus on the perspectives of non-specialist medical staff receiving training and hospital administrators, with both groups underrepresented in the original evaluation as a result of time constraints. The second phase of the EMET Program evaluation commenced in August 2016 and was completed in December 2016.

Findings from the extended evaluation (refer **Appendix 6.2.10**) complement those of the interim evaluation report. The EMET Program has provided training and education to emergency and urgent care staff in more than 300 peripheral hospitals. Such training was identified by participants, senior hospital administrators, FACEMs and PSOs as not only improving the knowledge and skillset of participants, but also their ability and confidence in providing safe and appropriate emergency care.

These outcomes, along with the improved relationships between the hub hospital and the peripheral sites, have all contributed to arguably significant improvements to the health care available to people living in regional, rural and remote areas, and are also testament to the importance the College attaches to meaningful evaluation of its programs, activities and offerings.

6.3 Feedback, reporting and action

Accreditation Standards	
6.3.1	The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
6.3.2	The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).
6.3.3	The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

Summary of ACEM Response	
6.3.1	ACEM reports the results of monitoring and evaluation through its governance and administrative structures.
6.3.2	ACEM makes results of some evaluation activities available to stakeholders with an interest in program and graduate outcomes, and is working proactively to ensure that this occurs more frequently and in a coordinated manner. Increasingly, the views of a wide range of relevant stakeholders are being considered in continuous renewal of ACEM programs, as indicated by current activities such as the review of the ACEM Curriculum Framework and the structure of the FACEM Training Program.
6.3.3	ACEM takes seriously and manages concerns about, or risks to, the quality of any aspect of its training and education programs in a proactive manner. A Risk Register that encompasses all aspects of College activity is maintained and updated on a regular basis as part of the College's governance processes.

Internal Reporting and Actions Arising

Reports arising from more regular monitoring and evaluation activities are disseminated through relevant College entities for consideration and to inform activities arising from them. For example, information relating to the Primary and Fellowship examinations are presented routinely to the *Examination Subcommittee* for consideration. They are then considered by STAC and COE, and actions effected under the auspices of the relevant entity, depending on the nature of the action involved. Information from trainee placement surveys is presented for the consideration of entities, such as the Central WBA Panel, STAC and COE, and recommendations and actions considered and effected as relevant by the entities involved.

Once completed, reports arising from all major formal monitoring and evaluation activities are disseminated to relevant College entities for consideration. For example, the 2015 report of the evaluation of the OTS Assessment Process was considered by the SIMG Assessment Committee, before consideration by COE and communication of revisions to the assessment process to the ACEM Board.

Similarly, reports pertaining to the evaluation of the non-specialist (EMC/EMD) training programs and consideration of the associated recommendations were considered by the NSTC and COE, with a summary of those considerations contained in the relevant COE report to the ACEM Board[48].

Where either formal or informal monitoring and/or evaluation identifies matters that are felt to represent risks to its training and education programs, these are prioritised, depending upon the nature of the risk perceived to be associated with the matter. The College maintains a risk register that is monitored on a regular basis at both a senior staff level and through the *Finance and Risk Committee* and the ACEM Board. The register is provided as **Appendix 6.3.1**.

48 A report on the activities of COE and CAPP and their reporting activities is routinely compiled for each meeting of the ACEM Board

The risks and associated controls/mitigation strategies contained in the ACEM Risk Register span all aspects of College activities. Some matters may, however, arise that require actions to manage organisational risk in a short timeframe, regardless of whether or not the matter in question was acknowledged on the Risk Register as a distinct item.

Risk management is an ongoing activity for the College.

Of significance in recent times has been accusations from anonymous sources that the College's Fellowship Clinical Examination (OSCE) is discriminatory against non-Caucasian trainees (refer also Standard 5). The accusations have gained some media commentary, with material relating to the matter distributed to media outlets, as well as the AMC, by the complainants.

As already outlined (refer Standard 5.4), the College has made it clear that it does not tolerate any form of discrimination and has responded to the allegations through the formation of an *Expert Advisory Group on Discrimination* (the EAG), the ToRs for which are provided as **Appendix 5.4.2**.

The outcomes of the work of the EAG will be made public following their consideration by the ACEM Board, as will the subsequent actions to be taken by the College.

External Stakeholder Feedback

The involvement of external stakeholders in relation to monitoring and evaluation activities of the College, as well as consultations relating to specific matters, has been described (see, for example, Standards 1.6 and 6.1). The College also provides feedback to external stakeholders in relation to specific consultations, as well as in relation to program evaluation activities, however, acknowledges that more could be done in this regard, and is working to systematically increase this feedback.

For example, while the College collates information in relation to workforce surveys it conducts through its website for the information of College members (e.g. annual Fellows' survey), it is now also creating summary documents of such surveys and communicating the availability of this information with jurisdictions and other stakeholders who may have an interest in the information.

Similarly, while information from trainee placement surveys and accreditation activities are made available to some stakeholders, the College is now making a concerted effort to widen the extent to which the information is made available, while ensuring privacy and confidentiality requirements associated with the collection and evaluation of information are respected.

The desire and intent for increasing liaison with health consumers has been previously discussed in Standard 1.6. It is recognised, however, that a need also exists to obtain information in relation to whether or not graduates of the FACEM Training Program who are elected to Fellowship of the College are meeting the needs of both the consumers of their services, as well as the employers of their services.

To this end, it is intended to commence development of a survey methodology to assess the perceptions of employers of FACEMs during 2017. Similarly, methodology to obtain the views of consumers is planned for development and trial during 2017. The potential complexities associated with this latter group are acknowledged. For example, the perception of difficulty of access to care, a system issue, leading to a lack of satisfaction with the standard of care provided, and the nature of FACEM practice making it less straightforward for consumers and families/carers to identify the contribution of an individual to their team-based care, render reliable data more difficult to obtain than in relation to some other specialties. This has led to initial considerations of the methodology for this work being based around structured or semi-structured qualitative interviews, rather than the more common, and easier to administer, survey methodologies that can be used by other specialties.

As with other monitoring and evaluation activities referred to in this Standard, the College undertakes to utilise the data obtained from employers and health consumers for internal quality improvement processes (for example, in relation to both training and CPD purposes), and to ensuring that the results are made openly available to external stakeholders.

Summary of strengths and challenges in relation to Standard 6

The ACEM Education and Training Evaluation Framework guides the formal evaluation activities related to the FACEM Training Program. Combined with informal monitoring and evaluation activities, the Framework presents a coordinated approach to ensuring that quality improvement and quality assurance activities are applied to the various operations and processes that contribute to the overall training program.

That said, some aspects of the Framework are in the early stages of data collection and further work will need to be undertaken to ensure that longitudinal data is collected, stored and analysed in ways that maximise its use. Ensuring relevant information is obtained from external stakeholders in order to inform the monitoring and evaluation activities described in the Framework is a priority aspect of that work.

The College is committed to ensuring improvement in relation to all of its activities and training programs, not only those associated directly with the FACEM Training Program, and the *Evaluation Unit* located within the Department of Policy and Research is being resourced to enable this to occur. Recent work undertaken through this Unit has seen improvements made to numerous College activities, including the Certificate and Diploma training programs, and the assessment of SIMGs by the College.

Information obtained from monitoring and evaluation programs is felt to be effectively disseminated within the College through its structures, with the College now seeking to implement mechanisms that ensure dissemination of relevant information to external stakeholders on a regular basis.

7 Trainees

7.1 Admission policy and selection

Accreditation Standards	
7.1.1	The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.
7.1.2	The processes for selection into the specialist medical program: • use the published criteria and weightings (if relevant) based on the education provider's selection principles • are evaluated with respect to validity, reliability and feasibility • are transparent, rigorous and fair • are capable of standing up to external scrutiny • include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
7.1.3	The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
7.1.4	The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
7.1.5	The education provider monitors the consistent application of selection policies across training sites and/or regions.

Summary of ACEM Response	
7.1.1	Selection into the FACEM Training Program has, for some time, been a relatively open process, which it is realised cannot be maintained or justified. A new process that selects on merit and perceived capacity to successfully complete the program is intended for introduction in 2018 for trainees seeking entry to the program in 2019. The program will be based on policies and principles that support merit-based selection, and which can be consistently applied and prevent discrimination and bias.
7.1.2	The revised processes for *selection into the FACEM Training Program* (SIFT) have been designed to ensure they: • use the published criteria and weightings (if relevant) based on the education provider's selection principles; • are evaluated with respect to validity, reliability and feasibility; • are transparent, rigorous and fair; • are capable of standing up to external scrutiny; and • include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
7.1.3	ACEM supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees into the FACEM Training Program and is consulting with organisations such as AIDA and Te Ora in regard to practical mechanisms to achieve this.
7.1.4	All requirements of the FACEM Training Program are published to ensure that trainees are aware of these requirements prior to selection/entry to the program, and communication in relation to the revised selection process to operate from 2018 has commenced. ACEM ensures that any changes are considered on the principle of no disadvantage to existing trainees and published well in advance of their proposed implementation. The criteria and process for seeking exemption from any requirements are made clear.
7.1.5	As part of the revised selection process to operate from 2018, ACEM will develop a process to ensure the consistent application of selection policies across training sites and/or regions. The increased imperative for this, relative to the current relatively open approach to entry to the program that has been in place for some time, is recognised.

Gaining admission to the FACEM Training Program has, for some time, been relatively straightforward. The process has been essentially deregulated and has had few requirements associated with eligibility for, and admittance to, the training program. Indeed, ACEM is understood to be the most recent College to require full general registration as an eligibility requirement to enter specialist (i.e. FACEM) training. The requirement was introduced in 2014, and influences the make-up of the current cohort of ACEM trainees in the AT component of training, bringing implications that have been discussed in Standard 5, as well as further below. Current eligibility requirements are described in College Regulation B1 (refer to **Appendix 1.1.22**).

The result over time is that trainee numbers at ACEM have been high, growing rapidly year on year. Indeed, only recently has the number of Fellows approached parity with the number of trainees enrolled in the FACEM Training Program; a unique situation amongst Australasian specialist colleges, with the number of both cohorts above 2,000.

During the time when both the specialty and the College were viewed as being 'young' and 'developing', this was perhaps an understandable situation. This is, however, no longer the case and it is now recognised that this approach to entry to training in a contemporary environment is no longer appropriate and cannot be maintained. Two key factors outlined below provide insight to this.

1 *Workforce numbers in terms of future supply and demand modelling undertaken by agencies external to the College.*

Work undertaken by the *Workforce Advisory Branch* of the *Commonwealth Department of Health* in collaboration with the College has modelled the 'pipeline' of the FACEM workforce in Australia from 2016 to 2030. Notwithstanding the accepted caveats of accuracy of assumptions and modelling algorithms employed, numerous scenarios point to a significant potential oversupply of graduate FACEMs existing in coming years. This modelling has been presented to NMTAN with the College actively involved in the process of modelling, and the presentation to NMTAN (refer Standard 1.6).

The College is aware that this analysis presents data only in relation to FACEM numbers, and does not include other medical practitioners who may be delivering emergency health care in areas where specialist care is not available. The College is also aware that there are multiple considerations involved in the provision of emergency patient care being provided and the analysis needs to be interpreted in this context.

ACEM is cognisant that the College's EMC and EMD programs, in conjunction with other initiatives, such as the EMET Program, have a role to play in the delivery of emergency medical care by non-EM specialists. Accordingly, as outlined elsewhere in this submission, the College has increased its contact with jurisdictions in order to gain an appreciation of the nature of the clinical emergency medicine workforce that is felt to be required for the delivery of accessible, safe, high quality emergency medical care. Discussion with NSW Health and NSW Health Education and Training Institute (HETI) in regard to the role are of particular note in this regard.

Thus, ACEM is clearly aware from the workforce analysis data conducted by the Commonwealth, and discussions with jurisdictions, that while the need for appropriately trained medical practitioners to deliver emergency medical care may not decrease, the number of EM specialists needing to be trained to deliver this may not grow commensurate with that need. Other workforce models, such as the increasing use of appropriately trained non-specialists who are able to be credentialed locally to deliver a level of care, supplemented with interns, CMOs and other health care providers, have been, and will continue to be used to address issues such as the maldistribution of the medical workforce. This is the case not only in Australia, but applies also in New Zealand.

The main potential implication for the College of the discussion above is that, in collaboration with other stakeholders, ACEM may in the future need to consider the number of trainees admitted to the FACEM Training Program. This is clearly not a decision for the College to take in the absence of data such as that provided recently by the Commonwealth, and is not one that will be made in isolation from other stakeholders, most notably the jurisdictions whose populations are served by both the trainees and graduates of the FACEM, EMC and EMD training programs.

2 *The existence of a portion of the trainee cohort who may not be able to satisfactorily complete the training program under current and future requirements.*

The FACEM Training Program has, for some time, operated under time limits for completing the training program as a whole (12 years), as well as for completing the separate components of Provisional Training (five years) and Advanced Training (ten years). These time limits were introduced in 2007 to operate from 2008, and all trainees in AT at that time commenced their 10-year period as of January 2008. That is, for some trainees, the timeframe was 'reset' in 2008, regardless of time already spent as an Advanced trainee.

Consequently, a significant number of Advanced trainees who have been unable to complete the requirements of the training program in the time available to them will begin to trigger conditions for removal from the FACEM Training Program from January 2018. The number will be increased in coming years by those who have entered the program over time, but who have not been able to complete the requirements within the given timeframes, as well as those who will not meet the requirement being introduced in 2018 that all examinations associated with the FACEM Training Program must be passed within a maximum of three attempts at each.

It is in the context described above (particularly the numbers of trainees considered to be potentially subject to the provisions described in Point 2 above) that the College's 2015 Progress Report to the AMC described the following in relation to 'selection' and the *FACEM Training Program*[49].

Proposed Changes to Trainee Selection from 2016

Currently the process of 'trainee selection' is made within the first stage of ACEM Training (i.e. with Provisional Training). Throughout 2015, the Curriculum Revision Project (CRP) steering group will be reviewing ACEM Provisional Training in its entirety during 2015. This includes selection into training and processes to manage progression into Advanced Training.

At the March 5, 2015 Council of Education meeting the CRP Steering group proposed to separate trainee selection from the Provisional training period. The revised process for future trainee selection has been approved in principle by the COE. The changes agreed in principle include:

- moving 'selection' prior to training and 'progression' within training
- utilising a selection tool (or tools) in the registration for the purpose of selection into training; and
- forming a selection panel be formed to provide oversight and decision-making for this trainee selection process.

For Provisional Training the CRP propose to include In-Training Assessments and potentially a[50]. In this new governance model, the Regional WBA Panels will take oversight of progression decision-making for all ACEM Trainees, reviewing In-Training Assessments, and potentially WBAs such as a multisource feedback tool. The scope of the Regional WBA Panels will include what is currently known as Provisional Training, as well as Advanced Training. The CRP steering group is in the process of developing a formal proposal to COE, outlining the details of the agreed changes to trainee selection for implementation in 2016.

Interim Trainee Selection and Management of Provisional Trainees

As significant and detailed work needs to occur to actualise the changes described above, an interim process for managing ACEM provision trainees has been developed. This was approved by Council of Education on March 5, 2015.

The process for Provisional trainee management for 2015:

- The respective Regional Workplace based Assessment (WBA) Panel reviews each Provisional Trainee's WBAs (i.e. In-Training Assessment and Structured References) at the completion of each six months of training time (including ED and non-ED time) and would provide feedback to trainee. If the WBAs were deemed unsatisfactory:
  - Formally initiate remediation (which should follow the current process).
  - Provide feedback to the trainee if/when they need to submit another set of structured references (which should follow current process).
- If a trainee completes the last requirement of Provisional Training between Regional WBA Panel review points, that the panel would complete a final review of WBAs completed since the previous review-date before making a decision regarding progression to Advanced Training.
- Each decision of the Regional WBA Panels is sent to the Central WBA Panel for noting to ensure:
  - consistent decision making process across the Regional WBA Panels

49 ACEM Progress Report to the Australian Medical Council and Medical Council of New Zealand – March 2015, pp. 41 – 42

50 Text is direct quote from the document

- that the appeals against decisions of the Regional WBA Panels regarding Provisional Training are be considered by the Central WBA Panel.

In the agreed interim process for managing Provisional Trainees, no changes to trainee selection will occur for 2015. That is, applicants are registered as ACEM Provisional Trainees if they meet the eligibility requirements and are 'selected' into Advanced Training upon completion of the training time and assessment requirements.

The approach articulated in the extract above has been actioned during 2016 and 2017, with work centred on development of the mechanisms by which 'selection' into the FACEM Training Program at the Provisional Training stage can operate from 2018. While this appears a logical and relatively straightforward move, it does represent a significant shift away from the largely deregulated approach taken to date. Notwithstanding the workforce factors described above, the College does not see this initiative as being driven by any perceived need to 'cap' training numbers for the sake of it. Rather, the College sees this as a way of selecting potential trainees who will thrive, both within the training program, as well as Emergency Medicine specialists post-training.

The College is, however, aware of potential connections being made between workforce numbers of specialists and mechanisms centred around selection to a training program and clear possible uses of one to affect changes in the other. In light of the workforce distribution analysis from the Commonwealth and the work of agencies such as *Health Workforce New Zealand* and *DHB Workforce Information* in New Zealand, the College recognises the need for consultation with jurisdictions, particularly in relation to this matter. The College understands the complexities that underpin these discussions, and recognises that a significant number of factors relating to workforce distribution are not the immediate remit of the College to address independently.

These factors include the desired non-specialist workforce, the role of IMGs and SIMGs, and the maldistribution of workforce/access to medical care in rural and remote locations of the different jurisdictions. ACEM is at pains to point out that the College is looking to interact with stakeholders in relation to these matters, and meetings held to date have focused on conveying this and indicating the desire and capacity of the College to assist in what are clearly complex matters that may have a range of solutions that vary, subtly and/or significantly from jurisdiction to jurisdiction.

Selection into Fellowship Training Working Group

While the College has undertaken discussions with jurisdictions and other significant stakeholders in relation to workforce matters, at a practical level the main recent activity undertaken by ACEM in relation to selection to the FACEM Training Program has been the work of the *Selection into Fellowship Training (SIFT) Working Group*. ToRs for the SIFT Working Group are provided as **Appendix 7.1.1**. The timeline associated with the activities of the group is provided as **Appendix 7.1.2**.

Consistent with the timelines described in **Appendix 7.1.2**, a consultation process in relation to a Consultation Paper describing the proposed selection process was undertaken in March 2017. The consultation paper is provided as **Appendix 7.1.3**, with the associated list of stakeholders involved in the consultation process provided as **Appendix 7.1.4**.

Meetings organised with AIDA and Te Ora have addressed specifically steps that the College could take under the proposed process that may assist to increase recruitment to FACEM training for Indigenous medical practitioners in both Australia and New Zealand.

As a result of the consultation process, a revised proposal in relation to the selection process was submitted to COE for consideration at its meeting in April 2017. The proposal was accepted in principle, with work now in process to present further detailed materials regarding implementation of the selection process to COE for consideration at its scheduled meeting in July 2017.

The implementation will involve a longitudinal evaluation process, with specific focus on the progress of trainees admitted to the training program under the new process. Additionally, work will continue with jurisdictions and other relevant stakeholders in relation to trainee selection and associated matters, such as specialist and non-specialist workforce requirements in emergency medicine.

As with any other College decisions, decisions made in relation to selection of trainees to undertake FACEM training will be subject to the College *Reconsideration, Review and Appeals Policy* (refer to **Appendix 1.3.1**), and clear regulations, accompanying policies and other necessary documentation will be developed and made available for easy access.

7.2 Trainee participation in education provider governance

Accreditation Standards	
7.2.1	The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

Summary of ACEM Response	
7.2.1	ACEM has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training through the Trainee Committee and other mechanisms.

The primary mechanism for involving trainees in ACEM governance processes is via the *Trainee Committee*, the Terms of Reference for which are provided as **Appendix 7.2.1**. The ToRs reflect the intended functions of the Committee, with meeting frequency and format mirroring those of other College entities, pursuant to the *Policy on College Entities*. Of note from the Terms of Reference and matters specifically addressed in recent Annual Accreditation Reports from the College to the AMC in regard to the composition and operation of the *Trainee Committee* are the following:

- Core membership of the Committee is nine FACEM trainee members who are elected to their role through a nomination and voting process (where required) conducted from registered FACEM trainees in New Zealand and each Australian state/territory.
- The Chair and Deputy Chair of the Committee are appointed from the nine elected FACEM trainee members of the Committee.
- The trainee member of the ACEM Board is an additional member of the Trainee Committee (ex-officio).
- The Censor-in-Chief and the Deputy Censor-in-Chief may attend meetings of the Trainee Committee for the purpose of providing background information or clarity in relation to matters, in the same way as some College staff (see below). As with the College staff, the CIC and DCIC do not have voting rights on the Trainee Committee.
- Committee tenure for nominated/elected members of the Trainee Committee is two years, in line with COE and its entities; the most recent appointments to the Committee took office at the 2016 College Annual General Meeting for the two-year tenure.
- Activities of the Committee are fully supported by the College, including trainee expenses associated with attendance at face-to-face meetings of the Committee and any associated meetings that members may attend as representatives of the College.
- The Committee is an entity that is conducted under the auspices of COE, and is supported by multiple ACEM staff, including the Executive Director of Education and Training, and the Trainee Advocate.

Trainees and College Decision Making

In addition to the inclusion of a trainee member on the ACEM Board, multiple College entities include trainees in their membership, trainees having the same rights as other members. As noted in the College's 2015 Progress Report to the AMC[51]:

> *The ACEM governance restructure has provided an opportunity to expand the number of trainee representatives due to the increased number of educational committees (see Table 7.1). In this new model, trainee representatives can be sourced from the general membership and are not limited to the Trainee Committee membership. This allows more trainees to contribute to both operational and strategic aspects of College activities.*

51 ACEM Annual Update Report to the Australian Medical Council and Medical Council of New Zealand – March 2015, p. 39

Representation of trainees on entities that operate under the auspices of COE is listed in Table 7.2.1.

Table 7.2.1 COE entities with trainee members/representatives

COE Entity	Trainee Representative(s)
Council of Education	✓
Critical Care Working Group	✓
ACEM-RACP Committee for Joint College Training in Paediatric Emergency Medicine	✓
ACEM-ACCRM-RACGP Joint Consultative Committee on Emergency Medicine	Non Specialist Trainee
Advanced Complex Medical Emergencies Working Group	Late Phase Advanced Trainee
Resources for Fellows Working Group	New Fellow
Best of Web EM Reference Group	✓
Mentoring Reference Group	✓
New Fellows Reference Group	✓
Continuing Professional Development Committee	New Fellow[52]
Non-Specialist Training Committee	Non Specialist
Specialist Training and Assessment Committee	✓
Accreditation Subcommittee	✓
Examination Subcommittee	New Fellow
Standard Setting Panel	2 x Late Phase Advanced Trainees
Central Workplace-Based Assessment Panel	✓
Regional Workplace-Based Assessment Panels (x9)	✓
NSW/ACT 1 and NSW/ACT 2	✓
QLD 1 and QLD 2	✓
SA/NT	✓
VIC/TAS 1 and VIC/TAS 2	✓
WA	✓
New Zealand	✓
Trainee Committee	✓

In addition to membership on the COE entities listed in Table 7.2.1, trainees are also members of the entities reporting to CAPP that are listed in Table 7.2.2.

52 A New Fellow is deemed as being less than three years post-election to Fellowship

Table 7.2.2 CAPP entities with trainee members/representatives

CAPP Entity	Trainee Representative(s)
Council of Advocacy, Practice and Partnerships	✓
International Emergency Medicine Committee	✓
Pre-hospital and Retrieval Medicine Committee	✓
Private Practice Committee	✓
Public Health Committee	✓
Disaster Subcommittee	✓
Indigenous Health Subcommittee	✓
Rural, Regional and Remote Committee	✓
Scientific Committee	✓
EM Clinical Trials Reference Group	✓
Standards Committee	✓
ED Ultrasound Subcommittee	✓
Hospital Overcrowding Subcommittee	✓
Quality Management Subcommittee	✓
Trauma Subcommittee	✓
Workforce Subcommittee	✓

Recognising that some trainees are members of more than one of the entities listed in Tables 7.2.1 and 7.2.2, the total number of trainees formally involved in these entities is 18. All of these trainees were invited to attend an orientation day to the College on 28 March 2017, run in conjunction with a face-to-face meeting of the Trainee Committee. A total of 15 trainees attended, with the agenda for the day provided as **Appendix 7.2.2**.

Trainees are also generally included on panels undertaking formal reviews of College decisions relating to training matters pursuant to the College *Reconsideration, Review and Appeals Policy*.

Two trainees are included as members of the EAG considering the complaint in relation to the 2016.2 Fellowship Clinical Examination (OSCE), and the Chair of the Trainee Committee is also a member of the PFRC (refer Standard 1.3), ensuring that a trainee perspective is considered as part of the decision making process of that committee. Increasingly, trainees are also involved as representatives of the College at meetings hosted by external bodies that are relevant to trainee matters.

Regional Education Committees

Reference was made in the College's 2015 Progress Report to the AMC and the MCNZ of the formation of Regional Education Committees (RECs)[53] and their role in providing 'an opportunity to better support local trainees and have them feed in to the strategic bodies of the College'[54]. Following consideration throughout 2016, the decision was made to not implement the REC structure as previously envisaged, due, primarily, to a perceived lack of feasibility at this point in the College's evolution and priorities.

The College does not, however, view this decision as one that reduces or limits the involvement of trainees in College matters. Indeed, through the nature of the existing structures and increased focus on ensuring that these structures function effectively, the College considers the current mechanisms for trainee involvement in College matters as a positive development, with efforts ongoing to further improve what is available.

53 ACEM Annual Update Report to the Australian Medical Council and Medical Council of New Zealand – March 2015, p. 4

54 ibid, p. 40

7.3 Communication with trainees

Accreditation Standards	
7.3.1	The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
7.3.2	The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.
7.3.3	The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

Summary of ACEM Response	
7.3.1	ACEM has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the Trainee Committee and its members.
7.3.2	ACEM provides clear and easily accessible information about the FACEM Training Program, costs and requirements, and any proposed changes.
7.3.3	ACEM provides timely and correct information to trainees about their training status to facilitate their progress through training requirements and is constantly looking to improve the way in which this is achieved, committing significant resources to this end.

The capacity for members of the Trainee Committee to provide information to trainees in their jurisdiction is facilitated by the College via the trainee forum and access to relevant contact information. The College is exploring ways of further improving the mechanisms by which information is provided to trainees..

Particularly important in this regard is the provision of information in relation to the FACEM Training Program and changes made to the program through College structures. All information relevant to the program is available on the College website; however, it is acknowledged that any alterations to aspects such as assessment requirements need to be advised in a contemporaneous manner to ensure that all trainees remain appraised of requirements of the program.

To this end, the College publishes a monthly newsletter, *Trainee News*, that is sent electronically to all trainees at their College registered email address, as well as all DEMTs[55]. The newsletter is archived and available through the ACEM website. The newsletter was originally envisaged as a one-page source of information that highlighted one aspect of the training program each month to enable a better understanding of key aspects of the program. It has now evolved to include significant decisions made by College entities in relation to the training program in the time since the January 2017 edition.

The newsletter is designed to provide clear explanations and to become a point of reference for trainees throughout their training. It is distributed via HTML email and is available on the ACEM **website**. It does, however, include the caveat that the information is correct and relevant at the time of distribution, and that training requirements, regulations and policies are be subject to change. Information in relation to the topic of focus for each edition of *Trainee News* published to date, and the access rates to the newsletter is provided as **Appendix 7.3.1.**

Weekly updates on Education and Training information, including key dates, requirements and reminders are also provided in a dedicated section of the College weekly e-bulletin, which also includes employment opportunities. A link to the bulletin is emailed to all Fellows and trainees each Friday. As with *Trainee News,* the weekly e-bulletin (and archive) is available on the College website.

55 First published May 2016

Training status information for trainees is available in real time through the trainee's individual training dashboard, accessible through the online training portal. The dashboard enables access to summary information relating to training, including the dates trainees satisfy specific requirements of the training program (for example: paediatric requirement, research requirement, Primary and Fellowship examinations), and an overview of their completed EM-WBAs.

The dashboard, and the portal as a whole, are constantly updated to enable efficient access to accurate training information, with the College providing significant investment in this and other ICT initiatives.

Also under development is an annual piece of correspondence to be sent to all trainees that contains a summary of their training status as contained in College records. This will include aspects such as projected dates corresponding to the maximum available timeframes for completion of the requirements of PT, AT and the FACEM Training Program overall.

The College also publishes a periodic *Examinations Bulletin*, which supplies information on the Primary and Fellowship examinations to assist trainees to prepare for examinations. The bulletin includes explanations of some aspects of the examinations, for example, the standard setting processes used to arrive at the passing scores for examinations. The most recent edition of the *Examinations Bulletin* can be found on the College **website**.

Additionally, the College endeavours to convey information concerning ongoing WBA assessment requirements and any other relevant information as soon as is feasible, acknowledging that communication can be improved, and that ways of ensuring this are always looking to be identified and implemented.

The College journal, *Emergency Medicine Australasia* (EMA) contains a section titled 'Trainee Focus', which, as the name implies, contains material specifically intended for trainees. This section is edited by trainees and is a mechanism via which topical issues for trainees may be raised and/or debated in print. All FACEM Training Program trainees receive a printed copy of EMA.

7.4 Trainee wellbeing

Accreditation Standards	
7.4.1	The education provider promotes strategies to enable a supportive learning environment.
7.4.2	The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

Summary of ACEM Response	
7.4.1	ACEM promotes strategies to enable a supportive learning environment and has a range of policies and processes in place to underpin this central principle of FACEM training.
7.4.2	ACEM collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

The College recognises the importance of the wellbeing of trainees (indeed, of all members of groups involved in the delivery of health care) and is supportive of initiatives that contribute to an environment that enables this to be achieved. As the organisation responsible for the training and ongoing professional development of medical practitioners that are considered the first point of contact for those in urgent need of medical attention, the so-called 'front door' of the hospital system, the College clearly has a role to play in this area.

College activity in relation to this Standard as applicable to trainees in the FACEM Training Program can be summarised as being progressed via two central aspects, neither of which functions independently of the other:

1 The requirements associated with the accreditation of sites to conduct FACEM training and associated aspects of trainee supervision; and

2 College policies, procedures and activities relating to trainee wellbeing.

Aspects associated with the former are articulated fully in Standard 8 and will not be elaborated upon here, aside from noting that the primary driver of ACEM accreditation and supervision requirements are intended to ensure a *safe* and *effective* training experience for all College trainees. The College intends to leverage the implementation of the new requirements, which emphasise the promotion of the health, welfare and interests of trainees, to implement a number of accreditation requirements with a focus on health and wellbeing issues for trainees. These include mentoring, mechanisms for addressing the issues of discrimination, bullying and harassment, and ensuring that training sites are able to facilitate the contributions of FACEMs necessary to ensure the ongoing training and assessment of the next generation of specialist emergency medicine practitioners.

The latter is driven by a number of College documents, notably policies and processes, each of which is intended to function as a component of an overall process intended to facilitate a positive and supportive training experience. As is acknowledged and understood, the College is an accredited provider of training in the specialty of emergency medicine and has responsibilities as such. It is, however, not an employer, and the at-times complex interaction of training provider and employer needs to be understood in this regard, and the responsibilities of each respected and utilised in a collaborative manner.

Significant Documents

In addition to the accreditation of training sites, the core College documents that aid the facilitation of trainee wellbeing by ACEM are as follows.

- *ACEM Trainee Agreement* (provided as **Appendix 7.4.1**)
- *ACEM Discrimination, Bullying and Sexual Harassment Policy* and the associated *ACEM Procedures for Resolving Discrimination, Bullying and Sexual Harassment Complaints* (provided as **Appendix 7.4.2** and **Appendix 7.4.3**, respectively)
- *ACEM Supporting Trainees in Difficulty Policy* (provided as **Appendix 7.4.4**).
- *ACEM Reconsideration, Review and Appeals Policy* (provided as **Appendix 1.3.1**)
- *ACEM Exceptional Circumstances and Special Consideration Policy* (provided as **Appendix 1.3.2**)
- *ACEM Whistleblower Policy* (provided as **Appendix 7.4.5**)
- *ACEM Complaints Policy* (provided as **Appendix 7.4.6**)
- *ACEM Policy on Procedural Fairness* (**Appendix 1.3.3**)

With the exception of the *ACEM Trainee Agreement*, all of the documents listed above are either of recent (last 12 – 18 months) origin, or have been revised in that period, with the current iterations having drawn on the experience of relevant organisations (e.g. RACS and other specialist medical colleges) to ensure they are fully reflective of contemporaneous expectations and best practice. Currently, the Trainee Agreement is in the process of review, the process involving a collaborative review between the Trainee Committee and STAC for recommendation of a revised document to COE.

Additionally, a communications process is underway to ensure all relevant stakeholders (trainees, ACEM members, ACEM staff, training hospitals and jurisdictional health departments) are aware of the availability, purpose and usefulness, of the documents and are aware of the avenues by which any queries in relation to them can be addressed.

Contacting the College

Which of the documents listed above is relevant to any single situation is determined through internal College and employer processes. When brought to the attention of the College, an issue will likely be handled through one of two College primary 'entry points'; the Training and Education Unit, with initial consideration by the Trainee Advocate, and/or the Office of the CEO.

The Position Description for the ACEM staff position of *Trainee Advocate* is provided as **Appendix 7.4.7**. In essence, the role can be summarised as having two main functions:

- Provision of one-on-one advice to trainees in difficulty (or their DEMTs), orientation for new trainees and IMGs, and acting as a referral point for information in relation to complaints, special consideration, remediation and reconsideration of decisions; and
- Promotion of trainee and member wellness at ACEM and other conferences/events.

On occasions where the College is made aware of a trainee's personal and/or professional difficulties by a trainee, DEMT/Supervisor or third party it would likely be brought to the attention of the Trainee Advocate, unless considered sufficiently serious that senior College Training and Education staff and Officers/CEO become involved at an early stage. Generally, the College Training and Education staff are sufficiently skilled to deal with initial contacts from trainees, and to escalate any contact as appropriate. The position of Trainee Advocate, however, is specifically intended to interact with trainees in relation to training difficulties, and matters are frequently referred there from other ACEM staff.

The Trainee Advocate's support process can include but is not restricted to:

- direct contact with the trainee to establish whether external support networks are in place for immediate support (i.e. DEMT, Mentor or external source);
- engaging with relevant stakeholders within ACEM administrative units;
- liaising with significant individuals involved with ACEM Education and Training at the 'local' level (e.g. DEMT/Regional Censor) to ensure that an appropriate support network is provided and support plan is in place; and
- referring the trainee to avenues of ACEM support and resolution.

The Trainee Advocate works closely with staff in the Office of the CEO who are responsible for matters such as the management of formal dispute resolutions through the College's *Discrimination, Bullying and Sexual Harassment Policy* and the associated *Procedures for Resolving Discrimination, Bullying and Sexual Harassment Complaints*, as well as for progressing matters initiated through the College's *Complaints Policy* and the College's *Reconsideration, Review and Appeals Policy*, and the PFRC.

Mentoring and the FACEM Training Program

In the 2016 Workforce Sustainability Survey, mentoring was identified by both FACEMs and trainees as a valuable career-based support network to improve wellbeing and relieve stress.

The role of mentoring in the FACEM Training Program has evolved over time since the initial development of training programs under the auspices of the National Program, to a suite of mentoring resources and programs to facilitate mentoring in EDs accredited for FACEM training, as well as EMC/EMD sites through the EMET Program.

The College is a strong supporter of mentoring for trainees, recognising that the benefits for trainees are most likely when the trainee enters into a mentoring relationship voluntarily and has the opportunity to contribute to the selection of their mentor, rather than through compulsion. As such, it is a requirement of the revised Accreditation Requirements for FACEM training sites that a formal mentoring program is available to trainees. It is the availability of *access* to an effective mentoring program that is required and considered of importance, rather than the *compulsory participation of* all trainees in a program for the sake of it.

The *ACEM Mentoring Program* is operational and accessible by all ACEM trainees and members. The program encompasses an online network in which trainees and members can share mentoring program experiences and access experienced FACEM mentors. Online resources include tools, templates, guides and articles, along with a series of eLearning modules, which support the **ACEM Mentoring Framework**:

- Preparing for mentoring
- Building the mentoring relationship
- Developing the mentee
- Transitioning the mentoring relationship
- Implementing a workplace mentoring program.

The *ACEM Mentoring Program* is supported by College staff and a reference group of FACEMs who have completed one of the original mentoring training programs offered in 2013, 2014 or 2015. They are responsible for supporting the ACEM Mentoring Program by promoting mentoring in the emergency medicine context and reviewing the online content against contemporary mentoring practicess. This group is currently developing education resources for use at College face-to-face meetings and workshops, such as DEMT workshops and scientific meetings, which are aimed at explaining the mentoring system and the benefits associated with mentoring, both from the perspective of the mentor and the mentee.

Online Resources

The College has recently obtained the necessary permissions to use the online module developed by RACS in relation to *Discrimination, Bullying and Sexual Harassment* in the medical profession. The College intends to make these available online to all members and trainees, and to communicate this through a personal email to all these individuals from the College President. The email will commend the use of the modules and indicate to recipients that the modules represent a valuable educational opportunity.

The further use of the module for educating DEMTs and others involved in the training of FACEM trainees is being actively explored by COE as part of a revitalisation of development of College online resources relating to training and education matters, including the possible compulsory completion of the module by FACEMs involved in the supervision and/or assessment of trainees.

ACEM currently has a **member wellbeing page** that offers a range of resources to support Fellows and trainees throughout the career of an emergency physician. Relevant resources, along with contact details, such as specific interest groups, crisis helplines, drug and alcohol support services, and regional services are contained on the page. Following outcomes from the *Workforce Sustainability Survey* (refer Standard 6.2), this page will be reviewed and refreshed to ensure it continues to provide relevant links and resources to support ACEM members.

Direct Support for Trainees and Members

Notwithstanding the wide range of support mechanisms provided by groups that can be accessed through the *member wellbeing page* of the ACEM website described above, as well as through employers, work undertaken by other specialist Colleges has indicated the need for organisations to provide direct support for members (including trainees).

As part of its work around *Discrimination, Bullying and Harassment* currently being conducted through the CAPP project described in Standard 1.6, and the EAG described in Standard 5.4, the College has facilitated the capacity for individuals to confidentially 'tell their story' to a third party. Not only does this have the ability to enable assistance to those who are in need, it also acts as a source of important data for informing the primary purposes of the two activities, both of which are to improve the education, training and practice environments of ACEM trainees and members.

Additionally, the College now provides its trainees and members access to an *Employee Assistance Program* (EAP). Resourced by the College, the service is available to provide a confidential counselling service at no cost to the individual. This service is additional to, and offered by a different provider of, the EAP that has been available to ACEM staff for some time.

7.5 Resolution of training problems and disputes

Accreditation Standards	
7.5.1	The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
7.5.2	The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

Summary of ACEM Response	
7.5.1	ACEM supports trainees in addressing problems with training supervision and requirements, and other professional issues. ACEM's processes are transparent and timely, and safe and confidential for trainees, involving both College-based and independent external avenues to be accessed.
7.5.2	ACEM has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider, which are underpinned by clear policy and process documents that are easily accessible.

Along with the *Trainee Agreement* (**Appendix 7.4.1**) and associated processes (which may be formal or informal), the policies and processes described in Standard 7.4 form the basis by which trainees are supported in their training and by which issues relating to training, including those described in the requirements of Standard 7.5.2, are managed and resolved.

The Trainee Agreement forms the basis of the expectations of the College and its appointed officers (e.g. DEMTs) with trainees entering the FACEM Training Program. It also describes the 'Rights' of trainees and what they are entitled to expect from the DEMT who is responsible for their overall day-to-day training, particularly in regard to the provision of an appropriate training environment.

The introduction to the current Trainee Agreement states clearly the underlying approach of the College to trainees and their training:

> *The Australasian College for Emergency Medicine recognises the importance of trainees and is committed to ensuring that trainees have satisfactory support and supervision, and that they are aware of their rights and obligations.*

The Agreement currently in place states that the College undertakes to provide a suitably qualified DEMT, who will:

- be available to discuss issues of training with the trainee;
- assist the trainee in deciding appropriate rotations for their training;
- assist the trainee in achieving the objectives of training;
- advise the trainee on resources available to assist in training (as requested);
- ensure that the trainee is able to attend required teaching sessions, has appropriate time allowance for learning needs, and provide the appropriate balance between training and service;
- promote an atmosphere of learning and training; and
- meet regularly with the trainee to review progress and provide feedback, complete required trainee assessment documentation in a timely fashion and discuss this with the trainee.

Aligned to this, the Agreement describes clearly that trainees have the following rights:

- to meet with their DEMT regularly, and receive feedback on their performance and advice on how best to address any area that requires improvement;

- to seek advice from their DEMT about aspects of their education and training;
- to have access to current ACEM training requirements, relevant College policies and guidelines, and the College Regulations, and to be formally notified in a timely manner of any changes to the requirements of the College training program;
- to seek to have any concerns regarding their training addressed, initially through their DEMT, but, if necessary, through the Regional Censor or College office;
- to invoke the formal College appeals procedure regarding certain decisions by which they may be adversely affected (provided appropriate grounds can be established), and after reasonable prior efforts to resolve the issue through the Regional Censor or the College office; and
- to have access to their Regional Trainee Representative and to information about the trainee representation process.

The commitment of the College to trainee wellbeing is clear and difficulties encountered by trainees can be raised through the range of policies listed in Standard 7.4. Whilst it is recognised that this is a difficult area in which to gain the trust of trainees so that they are confident the processes are supportive and effective, the College's continued commitment to enabling reports to be made freely and without fear of retribution is evidenced throughout these documents.

Clearly, the relationship between trainees and supervisors (DEMTs or others) is of prime importance in facilitating a positive training experience and assisting with issues that arise at the local level, regardless of whether the issue relates to a College- or workplace-based matter, or a combination of the two. As such, the DEMT/supervisor can assist in facilitating resolutions to issues, either directly or in combination with College support. Should an issue arise, however, where supervision issues are central to the matter, mechanisms must be, and are considered to be, sufficiently robust to be able to deal with this.

The College acknowledges the likely reticence of those considering making a complaint, and recognises the additional further challenge for trainees and SIMGs who experience training and assessment related problems and disputes. All complainants have the opportunity to have a support person with them while they are interviewed, as are those who proceed to appeal, and those who are subject to the PFRC process as part of the consideration of their removal from a pathway to College Fellowship. This option is set out in the applicable policies and reiterated in formal College correspondence to these individuals when they are advised of the relevant interview, meeting or hearing details.

The College has recently introduced the *Policy on the Management of Underperforming Trainees* (**Appendix 7.4.4**), which also recognises the potential reluctance of trainees to report matters for fear of reprisal or negative perception. While acknowledging the potential for problems and disputes to arise between a trainee and their supervisor, the policy makes clear the role of Regional Censors and Regional Deputy Censors in assisting a trainee and their DEMT in these circumstances.

The *Whistleblower Policy* makes clear that retaliatory action or victimisation is treated seriously and, if deemed to be serious misconduct, may result in disciplinary action on multiple levels, including termination as a member or trainee of the College. Similarly, the *Complaints Policy* and the *Procedures for Resolving Discrimination, Bullying and Sexual Harassment Complaints* advise that disciplinary action may be taken by the College should victimisation of a complainant, witness or others occur.

Complaints are dealt with, as far as possible, on a confidential basis and consistent with the protection offered by the legal principle of qualified privilege. Anonymity of a complainant is not always possible and the College seeks authorisation from a complainant before taking steps that may result in the identity of the individual becoming known.

The unique nature of complaints is such that the College is not in a position to prescribe a definitive timeframe within which a matter will be resolved. ACEM does, however, commit to addressing complaints efficiently and in a timely manner. While the decision(s) or circumstance(s) that are the subject of reconsideration, review and appeal are varied, the processes by which these are addressed are frequently able to be seen as more 'routine' and, as such, trainees and others are provided with more specific timeframes by which the College endeavours to complete the process. These are six weeks from the date of acceptance of an application for reconsideration; eight weeks from the date of receipt of an application for review; and eight weeks from the date of acceptance of an appeal application.

The College is confident that the policies it has in place to deal with training problems and disputes is comprehensive and underpinned by best practice. There is though, also the realisation that this is an area where it is relatively difficult to supply evidence that the processes are achieving what they set out to do, and that intended users are sufficiently confident in the processes to access them.

That said, the College has not since (or before) the introduction of the current iteration of the FACEM Training Program had a dispute between a trainee(s) and the organisation escalate past a review stage to where an appeal has been heard, and the outcomes of requests for reconsideration, review and appeal, as well as the initial implementation of the PFRC process, indicate that outcomes are not pre-determined in the favour of the College (or any of its entities).

The current matter regarding the anonymous complaint regarding the 2016.2 Fellowship Examination (OSCE) is acknowledged; however, as outlined, the College has moved swiftly to ensure that the complaint(s) and any associated surrounding issues are dealt with transparently through an EAG with wide-ranging Terms of Reference.

The College commits significant resources and efforts into ensuring, as far as is possible, that its processes are conducted in a manner that is confidential, transparent and timely, and which affords procedural fairness/natural justice for all concerned.

Summary of strengths and challenges in relation to Standard 7

ACEM has invested considerable time and resources into ensuring that trainees are involved in the processes and structures that underpin the FACEM Training Program, and to ensuring that information about the program is disseminated effectively. There is a trainee member on the ACEM Board and trainees are involved in significant numbers of entities relating to the FACEM Training Program and other activities covered under the auspices of the Council of Education and its entities, as well as the Council of Advocacy, Practice and Partnerships and its entities. Trainees involved in these activities are supported in the same way and to the same extent as other members of the applicable entities are supported, with the same rights and responsibilities.

Trainee wellbeing is a primary focus for the College and the College considers that the mechanisms in place to ensure effective and supportive training sites are strong. The College has a suite of policies and processes in place to support trainees, with these documents having been recently revised to ensure contemporaneous best practice and were widely communicated at the time.

Clearly, however, ensuring that processes are perceived to be transparent, non-threatening, and are utilised in the manner they are intended will require time. The College can only provide the necessary mechanisms and support required, and belief by ALL trainees that the processes operate as intended will likely take time. This is clearly a challenge for the College, as it likely is or has been for a number of similar organisations over time.

Trainee selection to the FACEM Training Program is an aspect of College activity that is currently receiving considerable attention, the College having made the decision that the current, relatively deregulated, open approach to the FACEM Training Program is no longer justifiable or in the best interest of any parties, including some trainee cohorts.

Accordingly, the SIFT Working Group undertook work to develop a standards-based approach to training for implementation from 2018 for entry to FACEM training for the 2019 training year. This work was intended to ensure trainees who enter the FACEM Training Program do so on the basis of a high likelihood of successfully completing the program, and also to enable a more coordinated approach to the entry and assessment of trainees.

In addition, the College is working with Indigenous organisations to develop initiatives to enable greater participation of Indigenous trainees in FACEM training, and is also exploring mechanisms to assist trainees who wish to train and subsequently practice primarily in rural and/or remote settings to enter and progress through FACEM training.

Concurrent work with the Workforce Division of the Australian Government Department of Health has heightened awareness of workforce issues in Emergency Medicine. The standard of applicants being admitted to the FACEM Training Program needs to be considered, as does the overall profile of the emergency medicine workforce, including the relevant numbers of specialist-level practitioners being supplied through FACEM training, and the role of other medical practitioners, such as interns and those working in emergency medicine with non-specialist qualifications, such as the ACEM Certificate or Diploma.

Accordingly, while the SIFT Working Group will likely evolve to an entity that oversees the implementation of a new process of selection in to the FACEM Training Program from 2018 for the 2019 training year, an entity will be established that will report directly to the ACEM Board, and which will guide the interaction of the College with jurisdictions and other stakeholders in regard to overall workforce and training activity of the College in the context of need as perceived by the stakeholders in question.

It is realised that this will likely be a complex undertaking; however, the College is committed to working in partnership with all relevant groups to address what is a significant medical workforce and, consequently, health care provision issue.

8 Implementing the program – delivery of education and accreditation of training sites

8.1 Supervisory and educational roles

Accreditation Standards	
8.1.1	The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
8.1.2	The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
8.1.3	The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
8.1.4	The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
8.1.5	The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
8.1.6	The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

Summary of ACEM Response	
8.1.1	Trainees in the FACEM Training Program are supported to achieve the program and graduate outcomes of the program by supervision mechanisms utilising DEMTs and Local WBA Coordinators as primary contact points.
8.1.2	ACEM has defined clearly the responsibilities of individuals involved in the delivery of the FACEM Training Program, particularly those who assume designated College positions, such as DEMTs and Local WBA Coordinators and the responsibilities of the College to them. Program and graduate outcomes of the FACEM Training Program are communicated and reinforced to these practitioners.
8.1.3	ACEM selects supervisors for the FACEM Training Program who demonstrate appropriate capability for the designated roles. Training, support and professional development of supervisors is provided, with the College increasing resources directed to this area of activity and actively considering the mandating of some selected activities to ensure that the level of supervision and support is optimised.
8.1.4	ACEM routinely evaluates supervisor effectiveness, including feedback from trainees; however, it is recognised that more coordination in relation to identification of underperforming supervisors may be required in order to increase the confidence that all individuals occupying designated College positions are providing the expected level of trainee oversight.
8.1.5	ACEM selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role, and provides training, support and professional development opportunities relevant to this educational role. Refining the training and education provided to assessors, including examiners, is an ongoing priority activity for the College.
8.1.6	ACEM evaluates the effectiveness of its assessors through feedback from trainees, including through activities of WBA panels, surveys following examinations and, increasingly, through evaluation of examination data.

Supervision of Trainees

As a provider of postgraduate vocational medical education and training in the specialty of emergency medicine, ACEM is reliant on a robust system of training and accreditation of clinical supervision in accredited training sites to ensure that high quality training is delivered in a safe and effective way in order to produce a workforce capable of delivering high quality health care in the specialty. The system for accrediting sites to deliver training in the FACEM Training Program is described fully in Standard 8.2, while discussion in this section relates to clinical supervision and associated issues that are the subject of Standards 8.1.1 to 8.1.6 (inclusive) above.

Directors of Emergency Medicine Training and WBA Coordinators

While all FACEMs employed at accredited training sites have a role in the supervision and assessment of trainees in the FACEM Training Program, the most significant roles associated with the program are those of DEMT and Local WBA Coordinator. Position descriptions for these roles are provided as **Appendix 8.1.1** and **Appendix 8.1.2**, respectively.

The DEMT is responsible for all FACEM trainees employed in a hospital with an emergency department accredited for ED training. The DEMT is the nominated *supervisor* of all trainees who are undertaking a placement in their emergency department. Should the trainee be rotated to a non-ED placement, the supervisor is a consultant specialist who works in that placement.

Reference to **Appendix 8.1.1** provides the overview of the role of an ACEM DEMT as follows.

> *As part of the College's FACEM Training Program, every provisional and advanced trainee is supervised by a Director of Emergency Medicine Training (DEMT). DEMTs play an important educational role within the College and, through their knowledge and skills, and in conjunction with Regional Censors, Regional Deputy Censors, Regional WBA Panel Chairs and other relevant College delegates, provide support to trainees within their site in relation to the requirements and in the delivery of the FACEM Training Program. In circumstances where a DEMT is absent, an Acting DEMT may be appointed to cover the period of the absence of the DEMT. Acting DEMTs assume the same responsibilities and obligations as a DEMT.*
>
> *DEMTs supervise and assess all provisional and advanced trainees at their site(s) and are expected to be available to their trainees at all times. As part of a site's accreditation with ACEM, there must be at least one (1) DEMT appointed with the Emergency Department (ED).*

The *Role and Responsibilities of a DEMT* as listed in **Appendix 8.1.1** relate to a number of areas and reflect the importance of the role in the overall FACEM Training Program, both in regard to supporting and advocating for trainees at the site(s) in question, as well as administration of the program at the local level. A single DEMT may be appointed to an ED or the role may be shared, provided that each FACEM is at least 0.5 FTE in the applicable department. Sharing of the DEMT role may enable individuals to take a particular focus to their respective roles and may also assist in succession planning.

DEMTs are appointed for a period of two years and can be reappointed at the end of the two-year period. Applicants are nominated at the local level for the position of DEMT, and are formally appointed by the *Regional Censor* following recommendation by the training site's *Director of Emergency Medicine* (DEM) and a FACEM within the ED, who may or may not be another DEMT at the applicable site where a co-DEMT arrangement exists or is to commence. Appointments are ratified by STAC and notified to COE.

Reference to **Appendix 8.1.2** provides the overview of the role of an ACEM *Local WBA Coordinator* as follows.

> *Local WBA Coordinators work alongside supervising consultants (FACEMs and FRACPs) at their site providing support in the implementation of EM-WBAs and assessment processes.*

As with the *Role and Responsibilities of a DEMT*, those of a Local WBA Coordinator as listed in **Appendix 8.1.2** relate to several aspects of education and training, and reflect the importance of the role in the overall FACEM Training Program, given the emphasis in the training program that now exists on workplace-based assessment.

Local WBA Coordinators are appointed by STAC for a period of two years. The appointment process is based on self-nomination of eligible FACEMs at a site. Subject to satisfactory review by STAC at the conclusion of each two year term and continuing to meet the eligibility requirements, individuals may be eligible for reappointment as a Local WBA Coordinator.

At least one Local WBA Coordinator must be appointed within the ED of each ACEM-accredited hospital. A single Local WBA Coordinator may be appointed to an ED or the role may be shared, provided that each appointee is at least 0.5 FTE in the relevant department. As with DEMTs, having two Local WBA Coordinators may assist with succession planning and also enables individuals to take a particular focus to their role.

The importance of the functions of both DEMTs and Local WBA Coordinators in the delivery of training at the local level is acknowledged through the inclusion in the ACEM *Accreditation Requirements for Emergency Medicine Specialist Training Providers* of protected clinical support time to perform the roles. In the case of both positions, the required time is one hour of clinical support time per week per trainee, with a minimum of 20 hours per week also applying to the DEMT role in hospitals accredited for 24 months or 18 months of training. A minimum of 10 hours per week also applies to the DEMT role in hospitals accredited for 12 months or six months of training.

DEMT and Local WBA Coordinator Training and Support

Training Workshops

The main form of training/professional development offered to DEMTs and Local WBA Coordinators through the College is workshops targeted at both groups. The workshops are run over a full day by the College Deputy Censor-in-Chief and senior College staff. In 2017, the dates and locations of the workshops are: March (Perth); July (Melbourne); July (Adelaide); and August (Wellington).

The program consists of a morning session that is common to both groups, where attendees are taken through a scenario-based session to reinforce their knowledge and understanding of the ACEM Curriculum Framework and its relationship to the FACEM Training Program and assessments, as well as a simulated Regional WBA Panel meeting to reinforce the system of how progression decisions are made and the importance of good, well-documented information on all WBA tools (ITAs and EM-WBAs).

The afternoon sessions separate the two groups. For DEMTs, the afternoon covers educational and operational matters, with presentations and activities included throughout the workshop. Topics include:

- examination content;
- site education program structure; and
- opportunities for discussion of training related issues relating to individuals, and facilitated solutions.

For local WBA Coordinators the afternoon session covers:

- assessor calibration;
- EM-WBA tools, blueprint and site implementation strategies; and
- College ICT education sessions.

A typical program is provided as **Appendix 8.1.3**.

The workshops have been run since 2015. As at December 2016, 84% (223 of 267) of DEMTs had attended a DEMT workshop, while 89 of 178 (50%) current Local WBA Coordinators have attended a face-to-face training workshop. Local WBA Coordinators who have not yet attended a training workshop are being targeted to attend one of the 2017 workshops as a priority.

Since their inception, workshop attendees have provided feedback through surveys conducted after each workshop. This evaluation continues, and workshop content is updated in line with changes in the training program, or when internal data from College evaluation activities indicates that some change to the workshop program is required, or is perceived to be of benefit.

Workshops in 2014 focused primarily on the upcoming changes to the FACEM Training Program assessments, specifically, the introduction of the EM-WBAs and the revised Fellowship Examination. With the implementation of the new program in 2015, simulated WBA Panels were introduced into the training days, raising awareness of the panel process, and the importance of including effective feedback when completing EM-WBAs and ITAs.

From 2016, WBA Coordinators have also been invited to the training days. DEMTs and WBA Coordinators attend joint sessions focusing on applying the regulations and provision of advice to trainees, as well as separate, breakout sessions in the afternoon to develop skills specific to their roles, as outlined above.

As all FACEMs are able to be EM-WBA Assessors, from March 2017, local FACEMs are also routinely invited to the training days. The combined sessions include application of the FACEM Training Program Regulations, the assessment requirements and processes. Each of these modifications has been informed by feedback from participants and evaluation conducted by the facilitators.

As a result of these workshops, issues relating to WBAs, for example case complexity, have been further clarified for assessors and trainees, and feedback gathered from the workshops has informed revisions to aspects of the requirements and administration of WBAs.

Many attendees have reported the simulated WBA Panels as the most beneficial component of the training days. This activity demonstrates how the Regional WBA Panels formulate outcomes for trainees, emphasising the importance of high quality feedback in ITAs and EM-WBAs. Feedback has, however, also included requests for more resources and training to be provided by the College in areas such as: assessor calibration strategies; how to provide meaningful feedback to trainees; and managing underperforming trainees.

These are not uncommon requests for those directly involved with the supervision, assessment and support of trainees, and the College is committed to developing further and updating/better utilising both online and face-to-face resources to address this feedback. Indeed, the College is currently undertaking the development of several separate half-day workshops to be offered in multiple combinations and relating to:

- the conduct of WBAs;
- the role of DEMTs and completion of ITAs;
- supervision of trainees, including the effective provision of feedback to trainees; and
- dealing with underperforming trainees.

It is envisaged that the workshops will be available to DEMTs, as well as other FACEMs who may wish to attend to increase their knowledge of the training program and their effectiveness when dealing with trainees. As a result of this feedback, the Adelaide DEMT workshop is also being redesigned as an "advanced course" to better fulfillfulfil the needs of DEMTs in the areas listed above.

Online Resources

As part of the materials produced to support a transition to the FACEM Training Program when it was introduced in its current format in December 2014, the College provided online training modules to educate those involved in the FACEM Training Program about the WBA tools utilised in the training program. At the end of 2016, 137 of 178 (77%) of local WBA Coordinators had completed the online WBA training modules. In total, 34 (19%) current Local WBA Coordinator have not completed the online WBA training modules or attended the face-to-face training. Of note is that more than 1,700 individuals have completed the online WBA training modules, including FACEM trainees and Fellows of ACEM and RACP[56].

The College has developed an online module for DEMTs. This module is designed for use in conjunction with the face-to-face workshop provided by the College, and includes DEMTs discussing the DEMT role, the responsibilities of the role, and what to expect in/of the role.

The further adaption and use of the module for educating DEMTs and others involved in the training of FACEM trainees is being actively explored by COE as part of a revitalisation and/or development of College online materials relating to training and education matters. Compulsory completion of the module for FACEMs involved in the supervision and/or assessment of trainees is being actively considered.

56 RACP Fellows due to involvement in the Joint Training Program

When a FACEM is appointed to the DEMT role, they are provided access to a peer-to-peer online support network (forum) through the College's eLearning platform. This forum is an active site, involving DEMTs from all sites across Australia and New Zealand, and offering:

- discussion forum for DEMTs to share resources and information, including 'tips' for the role and advice in meeting College requirements;
- access to College policies, procedures and forms; and
- resources – supervision and teaching resources, tools to give effective feedback and assist trainees in difficulty.

Several other DEMT resources are available on the College website (some requiring password access). Resources include links to supervision and teaching courses, resources on how to give effective feedback, managing underperforming trainees, programs and courses for teaching, and the relevant College policies regarding training, assessment and the workplace.

DEMTs and Local WBA Coordinators are also provided phone support by College staff.

As outlined in Standard 7.4, the College has recently obtained the capacity to make available for members and trainees the RACS modules on *Discrimination, Bullying and Harassment* in the medical profession, and will consider mandating completion of the modules as a compulsory activity for all those formally involved in the training program (e.g. DEMTs, Local and Regional WBA Coordinators, Regional Censors and Regional Deputy Censors, examiners). As is the case for RACS, consideration will be given to the modules becoming a mandatory component of the requirements of the ACEM CPD program, as with the online Cultural Competence modules that are nearing completion (refer Standards 1.6 and 5.3).

Evaluation of Supervisor Effectiveness

Standard 5 and Standard 6 provide details about the College's monitoring and evaluation activities as they relate to the FACEM Training Program. That material includes discussion on the monitoring and evaluation of supervisor and assessor effectiveness, as well as general training environments and experiences, drawing on information gathered from trainees, DEMTs and members of training site accreditation teams.

The College's expectations regarding the need for appropriately qualified supervisors is clearly articulated through the accreditation requirements for training sites. Other aspects of the accreditation process further assist to ensure that an appropriate training environment, including adequate supervision, is offered by accredited training sites. These include:

- Trainee feedback surveys to collect data on adequacy of clinical supervision and other areas related to the placement in question.
- Interviews with trainees, which informs the decision-making process for accreditation, as part of the site inspection process.
- Consideration of data relating to Workplace-based Assessments and progress of sites in enabling trainees to meet assessment requirements.
- Focussed reinspection, if required, to identify how the site ensures the provision of an effective, safe and supportive training environment.

In addition to the accreditation process, representatives of the Trainee Committee and others (e.g. trainees, DEMTs, Regional Censors and Regional Deputy Censors, individual or groups of FACEMs) provide direct feedback to the College regarding trainee issues at site(s) within the region that they represent.

In cases where formal complaints have been made by a trainee or other complainant regarding an individual who is a College DEMT, the matter will be dealt with according to the relevant College policy (refer Standard 7.4). Following the conclusion of any investigation, a recommendation to STAC that the individual be removed from the position of DEMT may be made.

Information about potential difficulties at any site that may impact on the delivery of quality training is reviewed by the relevant Regional Censor and, where necessary, referred to the Accreditation Subcommittee for follow up action, including possible escalation to a focused inspection. This may, in the first instance involve discussion between the relevant Regional Censor/Regional Deputy Censor and the site about the issues of concern and possible resolutions. It may also involve correspondence between the College and the site to explore the issues in question.

The most recent example of this involved correspondence under the signature of the College CEO to the CEO of a training hospital, seeking responses in relation to concerns raised by a DEMT and trainees through the relevant Regional Censor. An extensive response addressing the matters outlined was received and considered. The hospital was advised that the College had accepted the explanation contained in the response and that no further action would be taken at that time.

Supervision in the Non-Specialist Training Programs

Supervision of candidates enrolled in the EMC program is provided by FACEMs and Diplomates who have completed the **Clinical Teaching Course**, while supervision of EMD candidates is provided only by FACEMs who have completed the Clinical Teaching Course. The Clinical Teaching Course consists of two components; the face-to-face workshop component of the course is delivered at least four times per year, either at the College premises or in hospitals. The online component can be completed before or after attending the workshop.

In 2016, the Clinical Teaching workshop was delivered to 88 participants. Workshops were held at ACEM in January and October 2016, at Canterbury Hospital in Sydney in April, at Auckland City Hospital in May and at Joondalup Health Campus in Western Australia in August. To date, workshops for 2017 have been delivered at The Canberra Hospital in March and Gold Coast University Hospital in May, with another scheduled for John Hunter Hospital in June, and one at the ACEM offices in Melbourne in August.

The workshop training focuses on the skills, practice and development of effective clinical teaching, providing effective feedback and conducting effective workplace-based assessments.

ACEM currently has 579 FACEM and 11 Diplomate approved EMC/EMD supervisors across all regions of Australia and New Zealand. These supervisors are responsible for the supervision and assessment of EMC and EMD trainees. Diplomate supervisors are, however, only able to supervise EMC trainees and must have a co-supervisor arrangement where the co-supervisor is a FACEM EMC/EMD supervisor. EMC/EMD supervisors undertake the assessment of both EMC and EMD trainees, including the written case reflections. Any ACEM Fellow is, with the approval of the trainee's EMC/EMD supervisor, able to undertake the required Mini-CEX and DOPS WBAs required as part of the EMC/EMD programs.

Qualitative data from the EMC and EMD review (refer **Appendix 6.1.1**), highlighted that for both EMC and EMD candidates, the most common enabler to progression and completion of the programs was support from supervisors, in addition to that from other staff within the department.

Examiner Training

ACEM recruits new examiners to the *Court of Examiners* annually. Terms of Reference for the *Court of Examiners* were approved by COE in April 2017 and provide information about eligibility and selection criteria (refer **Appendix 1.1.12**). The *Orientation to the Court of Examiners Handbook* is provided as **Appendix 8.1.4**. The handbook has been recently revised to reflect the change to examination formats and is provided to all examiners upon appointment.

New examiners are provided with an introduction to their role and associated responsibilities, focussing initially on examining in the Fellowship examinations in order to meet the examiner demand due to the large number of trainees eligible to complete the Fellowship examination. Later, the new examiners are trained on assessing the Primary Examination Viva. The Court of Examiners is not involved in the marking of the Primary Written Examination or the Fellowship Written Examination SCQ paper, the standard setting process being undertaken by a separate group.

Written Examination Training – SAQ paper

New examiners are provided with a set of de-identified, examination papers containing candidate answers to a small number of SAQs from a recent previous examination and are asked to mark these questions according to the model answer template provided. Their scores are entered into an adjusted version of the scoresheet used for the examination, with the process mimicking actual marking of SAQ papers.

The practice marking data is then used at the face-to-face marking orientation, which new examiners attend as part of their Examiner Training. At this session, the new examiners compare their marks to those that were officially given and discuss this with the *Peer Support Examiners* (PSEs). PSEs are senior examiners who mentor new examiners and provide feedback to examiners on their performance in actual examinations to foster ongoing improvement in examiner skills. They are appointed for this purpose based on their skills and experience.

The questions selected for this process are specifically chosen in order to illustrate teaching points relating to matters such as question design, candidate performance and marking requirements.

Primary Clinical Examination (Viva) Examiner Training

Orientation to the Primary Clinical Examination is conducted at the examination. New examiners participate in a pre-examination workshop on the evening prior to the examination, together with all other examiners, workshopping the examination questions in one of the Viva groups, as all other examiners do.

On the day of the examination, new examiners observe actual candidate performances of the Viva station that they had workshopped the evening before, as well as observing other stations. This observation is timetabled such that at least in some of these observations they are paired with a PSE and have the opportunity to observe a variety of examiner pairs examining the same Viva topics.

On the last day of the Primary Clinical Examination, new examiners examine in the Viva they had previously workshopped; this method ensures the new examiner is paired with a Senior Examiner or PSE.

Fellowship Clinical Examination (OSCE) Examiner Training

Significant examiner training was undertaken in 2014 and 2015 in preparation for the implementation of the OSCE in May 2015. ACEM staff and key Fellows involved in the development of the OSCE delivered a series of training sessions across Australia and New Zealand. The training comprised an explanation of the OSCE, the rationale for its introduction, an outline of the station design, an overview of examiner instructions and the mark sheets, and the role of the examiner. Standard setting, marking orientation and a calibration exercise were also covered.

In the context of the OSCE being conducted at the *AMC Vernon C Marshall National Test Centre* (NTC) in Melbourne, examiners were also provided with a virtual orientation to the centre and information on how the examination would be run operationally. This was followed by a simulated OSCE where local, volunteer Advanced Trainees 'sat' three sequential stations as examiners observed and marked their performance.

The Fellowship Clinical Examination in the current (OSCE) format has now been running for a little over two years. Examiner training has been reviewed and refined over that time, and this will continue until the College is confident that the training provided thoroughly meets the requirements of all stakeholders.

From 2017, new examiners participate in a three-day orientation at the Fellowship Clinical Examination which combines calibration, a workshop, structured observation and then examining with a PSE present.

New examiners attend the workshopping and calibration session of an OSCE station that is to be used later that day, where they participate in the discussion and exploration of issues, role player briefing and a trial run of the OSCE. Following the calibration session, new examiners attend a training workshop with a group of PSEs. This involves discussion of their roles and responsibilities as an examiner, as well as challenging scenarios they may encounter. This affords new examiners the opportunity to learn from more senior examiners.

New examiners then observe the OSCE in which they participated during the calibration process, in real time along with a PSE 'buddy'. They are asked to independently allocate and justify the marks they would give, in discussion with the examiners in the room and the PSE. Where space is at a premium in the examination room (e.g. the resuscitation simulation stations), this observation and discussion occurs in the NTC control room where the stations can be monitored on screen, with audio via headphones.

On the second day, new examiners continue to observe and interact with examiners as per the afternoon of day one. They are, however, encouraged to view a wider range of OSCE stations in order to familiarise themselves with different styles and formats of stations employed in the examination, rather than just that which they had workshopped on day one.

On day three, new examiners examine as would any other examiner, albeit that they participate only in 'dual' examiner stations, and are paired with either a senior examiner or PSE. As part of this process, the new examiner is encouraged to justify their mark through discussion with their paired examiner.

Ongoing Examiner Training

With the recent appointment of the current Executive Director of Education and Training, the timetable for the Fellowship Clinical Examination is being revised in order to ensure that examiner time is utilised as best as possible in relation to training, workshopping and calibration of cases and examining.

Similarly, the system of marking the SAQ component of the Fellowship Written Examination is being revised to incorporate a central location, which is intended to expedite the marking and processing of results, as well as allow opportunities for additional examiner training/professional development.

Peer Support Examiners are present at both the Primary Viva and the Fellowship OSCE. While much time is spent orientating new examiners, PSEs are also involved in ongoing examiner education. Examiners are observed while performing their roles and are provided with verbal feedback in as close to real time as possible on mark allocation, examiner best practice behaviour and other relevant issues.

Feedback in this format has been a part of the ACEM examinations for many years. It is highly valued and examiners welcome this feedback, as they see it not as judgment, but, rather, as a way of continuing to improve their performance. PSEs are also subject to the same process when they are examining.

The *Examiners Bulletin* (an example is provided as **Appendix 8.1.5**) is periodically distributed to all examiners. It highlights new or important process changes and provides tips on examiner best practice derived from the observations of the PSEs and the report that they provide to the Examinations Subcommittee after each examination. These practice tips are also included in the briefing that occurs at the start of each examining day, and are further reiterated by the PSEs when they are in the examination rooms with new or existing examiners.

Examiners are also aware that data is currently being collected on their marking performance with a view to providing them with the opportunity to compare their performance to their peers marking the same Viva or OSCE station. This is a new initiative that reflects the College's adoption of a data driven approach to examinations and other assessments that is intended to assist in driving improvement initiatives.

8.2 Training sites and posts

Accreditation Standards	
8.2.1	The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider: • applies its published accreditation criteria when assessing, accrediting and monitoring training sites • makes publicly available the accreditation criteria and the accreditation procedures • is transparent and consistent in applying the accreditation process.
8.2.2	The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and: • promote the health, welfare and interests of trainees • ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner • support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand • ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
8.2.3	The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
8.2.4	The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

Summary of ACEM Response	
8.2.1	ACEM has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. These requirements have been recently revised, incorporating a wide process of internal and external consultation. ACEM: • applies its published accreditation criteria when assessing, accrediting and monitoring training sites; • makes publicly available the accreditation criteria and the accreditation procedures; and • is transparent and consistent in applying the accreditation process.
8.2.2	ACEM's criteria for accreditation of training sites link to the outcomes of the FACEM Training Program and: • promote the health, welfare and interests of trainees; • ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner; • support training and education opportunities in diverse settings aligned to the curriculum requirements, including rural and regional locations, and settings that provide experience of the provision of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand; and • ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
8.2.3	ACEM works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline. This is facilitated through arrangements such as the STP Program, as well standard ACEM accreditation activities, to deliver training in a range of locations and disciplines.

8.2.4	ACEM actively engages with other education providers to support common accreditation approaches and sharing of relevant information. This is particularly so with ANZCA, CICM and RACP in regard to specific aspects of FACEM training, along with the recognition of accreditation by other specialist colleges for training in discretionary terms.

Additional MCNZ Criterion

The Education provider is required to inform the MCNZ with reasonable notice of any intention to limit or withdraw the accreditation of any training site.

Summary of ACEM Response

The College is aware of the requirement of the MCNZ to inform them with reasonable notice of any intention to limit or withdraw the accreditation of any training site, and will accord with this expectation within the practicalities associated with the training site accreditation process.

The College's formal processes of accreditation and reaccreditation of training sites across Australia and New Zealand seek to ensure that defined minimum acceptable training and education standards are provided by the sites in which trainees undertaking the FACEM Training Program train and learn.

Specifically, these processes seek to:

- ensure that ACEM trainees are provided with the necessary support and resources to enable them to meet the requirements of the FACEM Training Program; and
- assist accredited sites in their role as training providers by identifying factors that may adversely affect their capacity to deliver effective and supported training.

The College's established definition of an Emergency Department is set out in ACEM Statement S12 – *Statement on the delineation of Emergency Departments,* available on the **website**. In order to be eligible for accreditation by ACEM as a site to conduct FACEM Emergency Medicine training, a facility must first meet that definition. Eligible sites can then apply to the College for accreditation pursuant to processes and requirements set out in published standards, policies and guidelines.

Recognising the diversity of settings and resourcing of emergency departments across Australia and New Zealand, ACEM accredits training sites for maximum *periods of training time* that trainees may undertake at the site; either six, 12, 18 or 24 months of training time.

These maximum training time periods apply to Advanced Training; however, the accreditation of sites enables the site to recruit and conduct training of Provisional trainees, as well as Advanced trainees. The College training regulations require accreditation of sites in order for training to be recognised and accrued by the trainee, regardless of their stage of training.

There are no site limits regarding training placements for Provisional trainees. Provisional trainees are permitted to remain in training placements for as long as they choose, so that they may achieve the minimum training time requirements for the PT stage of the FACEM Training Program. Site accreditation limits only apply to the trainee once they progress to Advanced Training. It is, however, possible that the application of maximum accreditation periods may be extended to Provisional Training following the review of the structure of the FACEM Training Program in the second half of 2017 and the introduction of revised selection processes for entry in 2019.

ACEM accredits three types of training sites; adult-only Emergency Departments, paediatric-only Emergency Departments and mixed (adult and paediatric) Emergency Departments. The College's 'new' accreditation requirements, discussed later in this Standard, apply to all three types of sites.

Sites accredited as mixed Emergency Departments may be used by trainees for the purpose of meeting the paediatric requirement of the FACEM Training Program by completing the associated logbook requirement, provided the site fulfils minimum criteria with regard to paediatric cases seen in that department.

Sites accredited as paediatric-only Emergency Departments may be used by trainees for the purpose of completing the paediatric requirement of the FACEM training program by completion of assessments associated with six month ED placements (ITAs and EM-WBAs) undertaken in these sites. It should, however, be noted that a trainee who goes to a Paediatric ED for less than six months would be required to complete a log book to meet the paediatric requirement.

ACEM accreditation allows for rural and smaller sites to be considered for accreditation under the linked ED arrangements. This allows for sites that would not meet accreditation requirements independently to be considered for accreditation where they are linked with a site that meets accreditation requirements. Sites currently accredited as linked EDs may be found on the College **website**.

The College also accredits sites that wish to be considered as 'networks' whereby resources are shared across hospital sites, and a coordinated education and training program offered through the network arrangement. Sites currently accredited as linked EDs may be found on the College **website**.

Accredited Training Sites

At the end of May 2017, there were a total of 135 EDs accredited by ACEM for the delivery of training in the AT component of the FACEM Training Program in Australia and New Zealand (either adult-only EDs or mixed EDs), as well as 12 sites accredited as paediatric-only EDs.

Table 8.2.1 outlines the total number of accredited sites by training jurisdiction[57].

Table 8.2.1 Current ACEM accredited Emergency Departments (including Paediatric-only Emergency Departments

Region	Adult/Mixed ED	Paediatric-only ED [58]	Total
Australia	**118**	**10**	**128**
ACT	2	-	2
NSW	37	3	40
NT	2	-	2
QLD	27	3	30
SA	7	1	8
TAS	3	-	3
VIC	28	2	30
WA	12	1	13
New Zealand	**17**	**2**	**19**
Total	**135**	**12**	**147**

The minimum requirements associated with accreditation for each maximum period of training time are clearly set out in the College guidelines and relate principally to trainee casemix exposure and the extent of direct FACEM clinical supervision.

The former involves consideration of the volume, breadth, acuity and complexity of the casemix, as well as the frequency of trainee exposure to it; the latter, the extent of Fellow clinical coverage relating to hours per day, days per week and the number of FACEMs providing supervision at any one time. Information pertaining to sites and the maximum periods of training time for which they are accredited, by region, is provided in Table 8.2.2, while Table 8.2.3 addresses by region the role delineation and type of ED[59].

57 Data retrieved 1 February 2017. Not including Category A or Category T Special Skills Placements (see later, this section)

58 Although there are 12 EDs classified as a paediatric-only ED, five of these are also counted as mixed EDs, but have the option for working in the paediatric-only section of the ED (which may not be a separate physical space)

59 Data retrieved 1 February 2017

Table 8.2.2 Number of ACEM accredited training sites by jurisdiction and accreditation levels

Region	Adult/Mixed EDs					ED Total	Paediatric-only EDs			PED Total	Total
	Linked	6	12	18	24		6	12	18		
Australia	**8**	**24**	**34**	**13**	**39**	**118**	**3**	**2**	**5**	**10**	**128**
ACT	-	-	1	-	1	2	-	-	-	-	2
NSW	3	8	11	5	10	37	1	1	1	3	40
NT	-	-	-	1	1	2	-	-	-	-	2
QLD	2	5	9	4	7	27	2	-	1	3	30
SA	-	2	2	-	3	7	-	-	1	1	8
TAS	-	1	1	-	1	3	-	-	-	-	3
VIC	2	6	6	2	12	28	-	1	1	2	30
WA	1	2	4	1	4	12	-	-	1	1	13
New Zealand	**-**	**8**	**4**	**-**	**5**	**17**	**1**	**-**	**1**	**2**	**19**
Total	**8**	**32**	**38**	**13**	**44**	**135**	**4**	**2**	**6**	**12**	**147**

Table 8.2.3 Number of ACEM accredited training sites by jurisdiction, role delineation and type of ED

Region	Adult/Mixed EDs			ED Total	Paediatric-only EDs			PED Total	Total
	Major Referral	Rural/ Regional	Urban District		Major Referral	Rural/ Regional	Urban District		
Australia	**26**	**37**	**55**	**118**	**9**	**1**	**-**	**10**	**128**
ACT	1	-	1	2	-	-	-	-	2
NSW	9	13	15	37	3	-	-	3	40
NT	1	1	-	2	-	-	-	-	2
QLD	4	9	14	27	2	1	-	3	30
SA	2	-	5	7	1	-	-	1	8
TAS	1	2	-	3	-	-	-	-	3
VIC	5	8	15	28	2	-	-	2	30
WA	3	4	5	12	1	-	-	1	13
New Zealand	**5**	**8**	**4**	**17**	**2**	**-**	**-**	**2**	**19**
Total	**31**	**45**	**59**	**135**	**11**	**1**	**-**	**12**	**147**

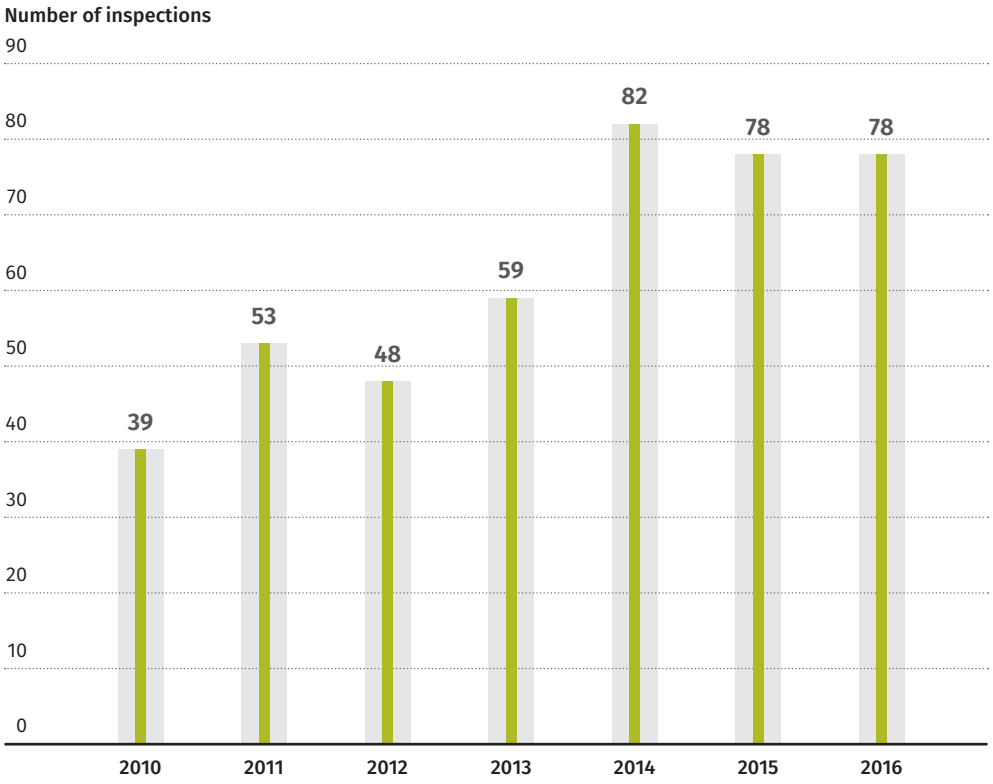
Activities associated with the accreditation of sites for training are overseen by the Accreditation Subcommittee, which reviews all hospital accreditation site reports completed by ACEM inspection teams and considers new applications for accreditation. Terms of Reference for the Accreditation Subcommittee are provided as **Appendix 1.1.10.**

ACEM conducts site-inspections in the following five circumstances:

- *Routine Inspections* – conducted at the end of the five-year review cycle to confirm accreditation for a further five-year term.
- *New Inspections* – conducted in instances when sites applying for accreditation with the College have not been previously accredited.
- *Focused Inspections* – conducted twelve months after a new site is granted accreditation.
- *Special Focused Inspections* – conducted when specific issues arise at a particular site that are considered to be of such a nature as to require further investigation.
- *Accreditation Level Increase* – conducted when a site requests an increase in the duration of Advanced Training time for which it is accredited.

Figures 8.2.1 to 8.2.6 provide data for the total number of site inspections conducted in the period 1 January 2010 to 31 December 2016, as well as the number of site inspections conducted by the College in the period 1 January 2010 to 31 December 2016 for each of the above five inspection types[60].

Figure 8.2.1 ACEM Site Inspections, 2010 – 2016



60 For Figures 8.2.2 to 8.2.6, ED = Emergency Department; EMTN = Emergency Medicine Training Network; PED = Paediatric Emergency Department; SST = Special Skills Term

Figure 8.2.2 Routine Site Inspections, 2010 – 2016

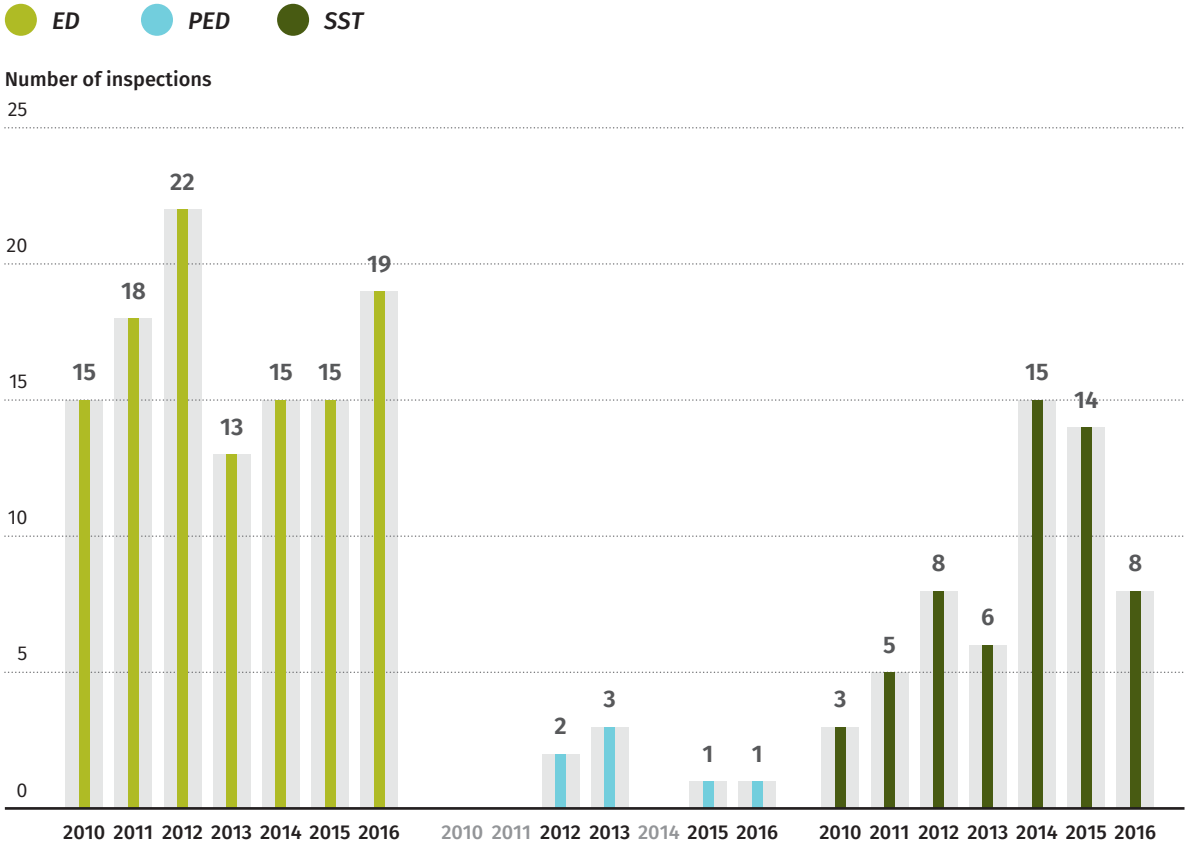


Figure 8.2.3 New Site Inspections, 2010 – 2016

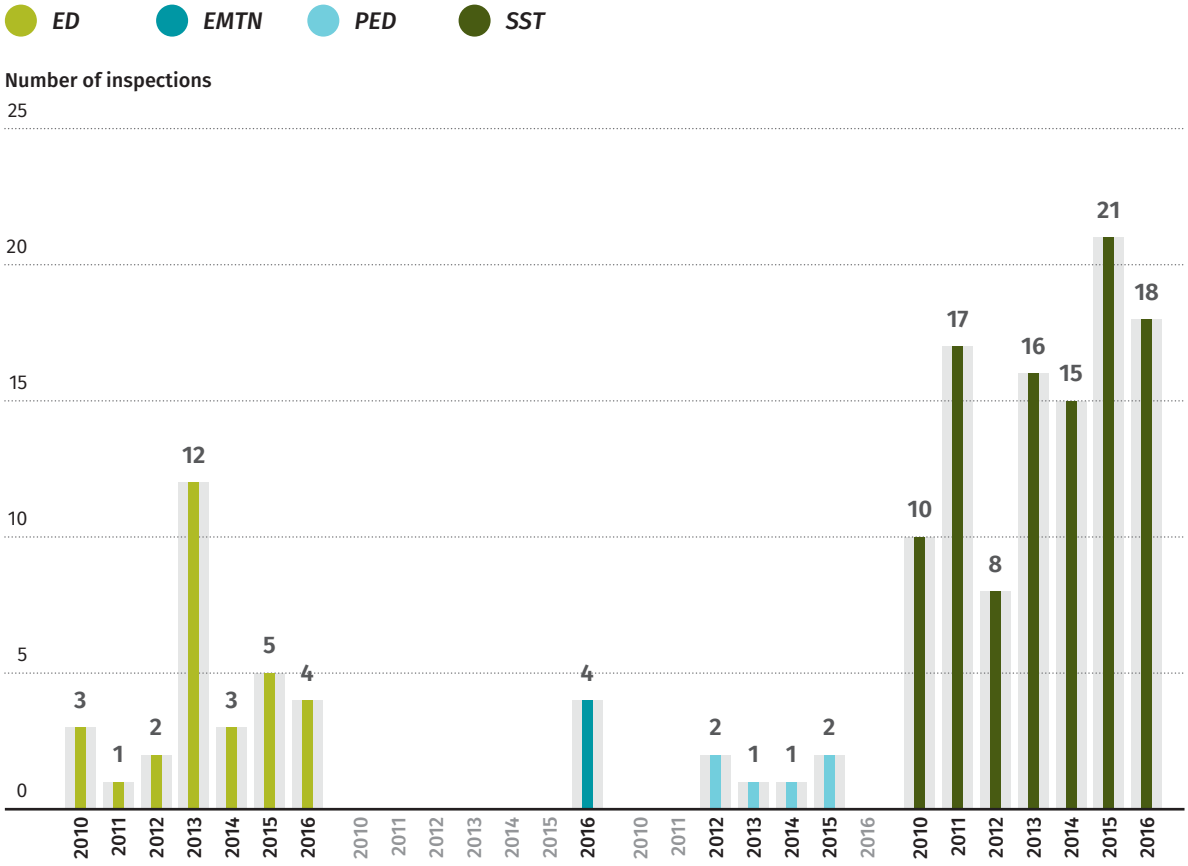


Figure 8.2.4 Focussed Emergency Department Site Inspections, 2010 – 2016

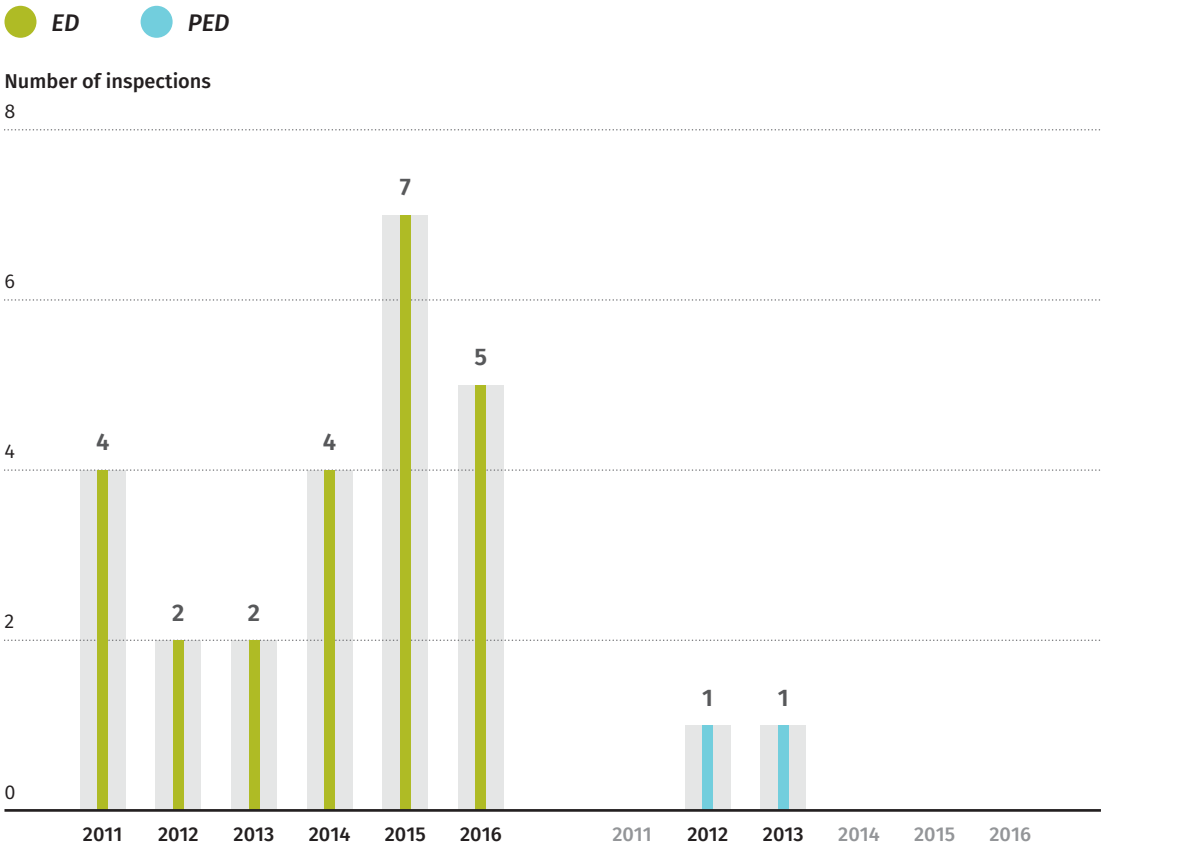


Figure 8.2.5 Special Focussed Inspections, 2010 – 2016

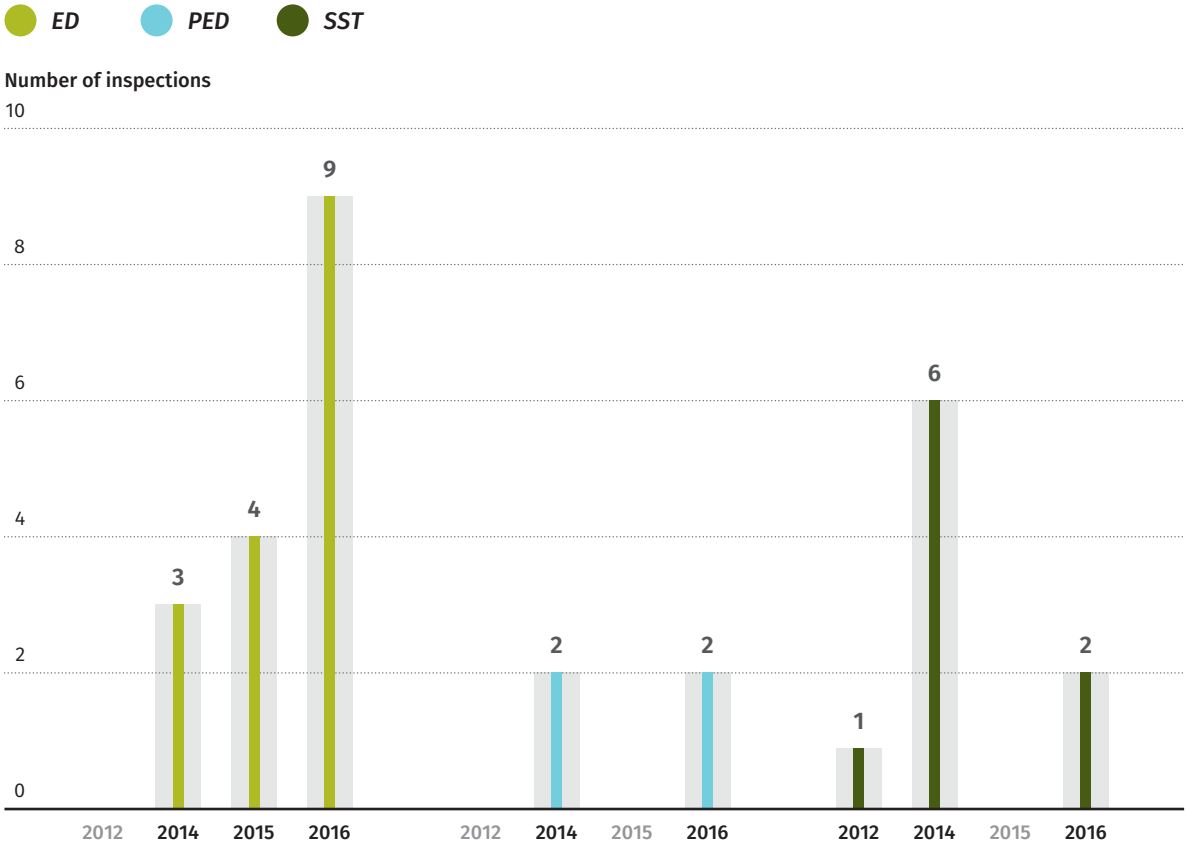
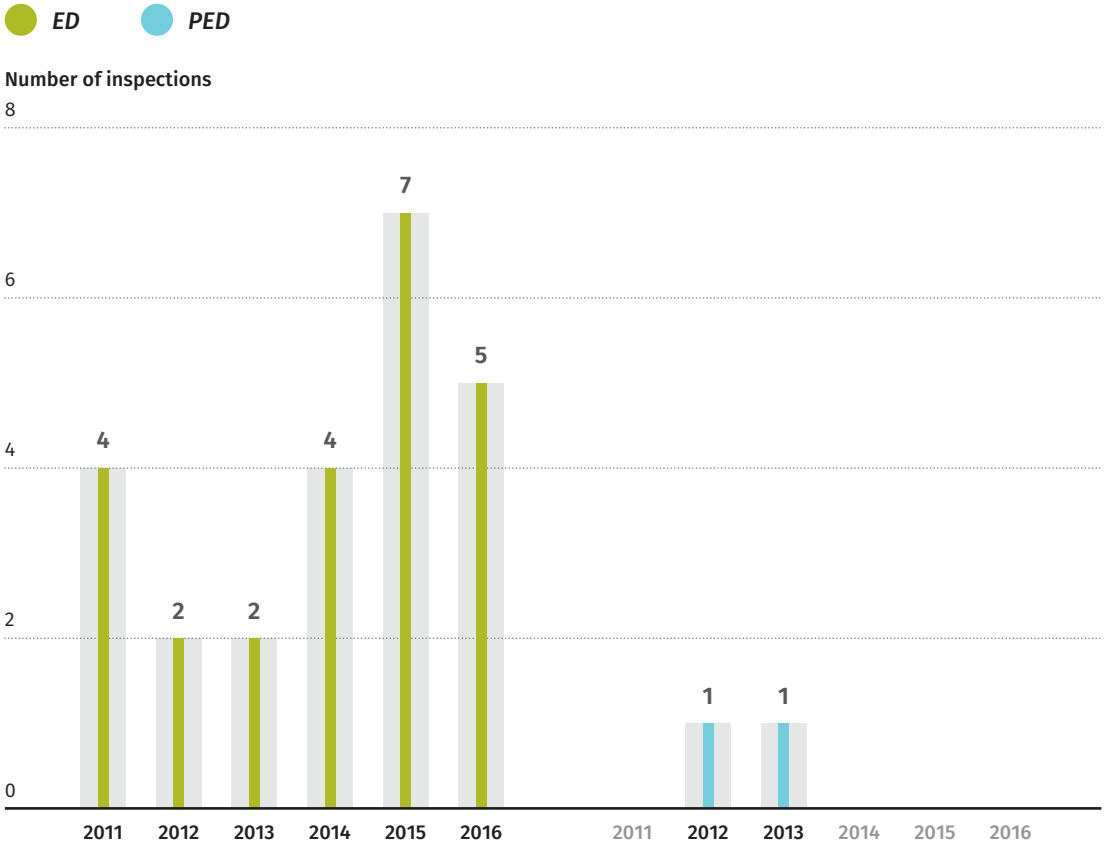


Figure 8.2.6 Accreditation Level Increase Inspections, 2010 – 2016



The College has worked collaboratively with sites that have experienced difficulties in meeting accreditation requirements or when the accreditation outcome has not always been consistent with the site's expectations. This approach has involved senior members and staff of the College and liaising with the sites, with a focus on reaching a common understanding of the matters in question.

The College's *Reconsideration, Review and Appeals Policy* is outlined in detail in Standard 1.3. The policy applies to all College decisions and can therefore be utilised by training sites where they are dissatisfied with a decision relating to site accreditation, including the level of accreditation granted.

Since July 2015 the policy has been utilised in relation to a total of four decisions relating to the accreditation process. A summary of three decisions (de-identified) is presented in Table 8.2.4, with a fourth request for reconsideration of a decision relating to the level of accreditation of a training site still in process.

The College is aware of the requirement of the MCNZ to inform them with reasonable notice of any intention to limit or withdraw the accreditation of any training site, and will accord with this expectation within the practicalities associated with the training site accreditation process.

Table 8.2.4 Deidentified summary of accreditation decisions subject to the ACEM Reconsideration, Review and Appeals Policy, July 2015 – May 2017

Decision	Summary
A	Site previously accredited for 12 months FACEM training downgraded to six months. Reconsideration submitted; decision upheld. No request for review submitted.
B	Site requesting accreditation for 18 months training granted accreditation for 12 months training. Request submitted for review of decision, by-passing reconsideration. Request granted. Review overturned original decision and returned the decision to COE for resolution by fresh decision. COE determined to accredit the site for 18 months FACEM training.
C	Decision to remove accreditation of site accredited for six months FACEM training. Reconsideration submitted; decision upheld. Request for review submitted, along with further information. Further information considered prior to conduct of review, with College satisfied that the site met the requirements for six months FACEM training. Notification of decision outcome advised, along with College intention to conduct follow-up site inspection.

Accreditation Guidelines to July 2017

The documents **AC01: Minimum Requirements: Accreditation of Adult and Mixed Emergency Departments** and/or **AC05: Minimum Requirements: Accreditation of Paediatric Emergency Departments** form the basis by which ACEM accredits sites for FACEM training, depending on the nature of the site in question; i.e. Adult-only ED, Mixed ED, or Paediatric-only ED. Work to develop revised *ACEM Accreditation Standards* has been outlined in previous Progress Reports to the AMC[61], with information specific to the 'new' processes outlined in detail in the section that follows.

The Accreditation Guidelines AC01 and AC05 are publicly available on the College website, along with information relating to the accreditation process, timelines and avenues for application of exceptional circumstances and special consideration, as well as the avenues for reconsideration, review and appeal of accreditation-related decisions.

These guidelines remain relevant throughout 2017 for sites already accredited, in that they set out the College's requirements at that time and pursuant to which those sites were accredited. From 2018, these sites will, however, be subject to the new accreditation requirements and the associated revised accreditation process.

Both the current ('old') and 'new' accreditation requirements have as their basis the desire to work with sites and jurisdictions/bodies responsible for those sites (e.g. State and Territory health departments/services, District Health Boards) to ensure that training opportunities provided to FACEM trainees are both effective in terms of assisting trainees to meet the program and graduate outcomes of the FACEM Training Program by providing access to an appropriate range of settings, in a safe and supportive training environment.

Revised Accreditation Requirements

The 'new' ACEM Accreditation Requirements replace the previous AC01 and AC05 guidelines and place a clearer emphasis on the trainee and the training environment. The revised *ACEM Accreditation Requirements for Emergency Medicine Specialist Training Providers* were developed to align with the outcomes of the AHMAC Accreditation of Specialist Medical Training Sites Project (2011 – 2014). Indeed, the new accreditation requirements are composed in such a way as to fully encompass the structure arising from the AHMAC/HWPC Accreditation of Specialist Medical Training Sites Project Final Report.

61 ACEM Annual Update Report to the Australian Medical Council and Medical Council of New Zealand – March 2016, p. 40

To enable the AHMAC requirements to be operationalised for the purposes of accrediting training sites in Emergency Medicine, ACEM-specific requirements have been developed. The ACEM requirements are in addition to the domains, standards and criteria set by AHMAC, with increased focus on the implementation of a system of continuous quality improvement as demonstrated by:

- the introduction of a self-assessment report that requires sites to reflect and assess themselves against the standards and requirements as a first step in the assessment process that will include identification of strengths and potential areas for improvement;
- the introduction of scales (outlined below) to assess against each of the requirements, with a focus on providing sites with a reasonable period of time to lodge a response on the planned approach the site intends to adopt to meet the requirement(s); and
- a stronger focus by the College on follow-up processes to monitor progress post-inspection.

In assessing sites against the accreditation requirements, the College has adopted a model similar to that used by the AMC when accrediting medical schools and the providers of specialist medical programs. Outcomes of 'Met', 'Substantially Met' or 'Not Met' are applied to each accreditation requirement, with outcomes of 'Substantially Met' or 'Not Met' resulting in an accreditation condition(s), with attendant implications for the overall assessment outcome of the associated accreditation criterion and standard.

Accreditation conditions have a specified timeframe by which they must be addressed. Both the requirements of the conditions and the associated timeframe are clearly set out in the written Accreditation Report provided to the site. Subsequently, the College's response to a site's progress in addressing each accreditation condition is a finding of 'unsatisfactory', 'not progressing', progressing' or 'satisfied and closed'.

Revised Accreditation Requirements – Consultation

The revised ACEM Accreditation Requirements were developed during 2015 and 2016. In November 2016 the College wrote to a wide range of external and internal stakeholders inviting comment on the draft revised Accreditation Requirements and accompanying guides. External stakeholders included the health jurisdictions (individually and through the Health Workforce Principal Committee), medical and nursing associations, Indigenous medical groups, including AIDA, LIME and Te Ora, consumer groups, Australasian specialist medical colleges and medical accrediting/regulatory bodies.

Internally, the College invited feedback from its trainees and FACEM members, as well as targeting those more closely involved in specific aspects of the delivery of the FACEM Training Program, such as DEMTs and WBA Coordinators, and groups such as the Trainee Committee, the Mentoring Program Reference Group and the ED Ultrasound Subcommittee. To facilitate feedback, questions were targeted to the interests and issues of relevance to each stakeholder group.

The individuals and stakeholder groups and organisations that were invited to comment on the revised Accreditation Requirements are provided as **Appendix 8.2.1**.

Feedback and comment was sought by early December 2016 in order for thematic review and revision of the requirements and accompanying guides. Requests for extensions to provide feedback were considered by the College and all were granted.

A summary of the feedback received is provided as **Appendix 8.2.2**. Responses were analysed on a thematic basis and considered by the Accreditation Subcommittee at its meeting in February 2017 to inform the final version of the document that was endorsed by COE at a meeting in March 2017.

The revised ACEM Accreditation Requirements are provided as **Appendix 8.2.3** and will apply to sites seeking accreditation for FACEM training and those being reaccredited from August 2017.

Accreditation Process

As indicated above, sites seeking accreditation with the College for the purpose of conducting FACEM training will need to address the new accreditation requirements from August 2017. To assist new sites seeking ACEM accreditation, those seeking reaccreditation and those seeking a change to their accreditation status (e.g. an increase from 12 to 18 months Advanced Training time), ACEM has incorporated information into the Accreditation Requirements document, which elaborates on each requirement, providing information on how sites can demonstrate they have met each requirement and suggested strategies to assist sites preparing for ACEM accreditation.

A second document, *Process Guide – ACEM Specialist Training Program Site Accreditation* (provided as **Appendix 8.2.4**), describes both the objectives and the principles of ACEM accreditation. It also provides information on specific aspects of the accreditation process, for example, the accreditation report and the opportunity for sites to respond to and correct any factual errors prior to the report being finalised.

New sites and those seeking an increase in their level of accreditation are required to make a written application to the College. The College initiates the process for sites currently accredited by ACEM and due for reaccreditation.

For new sites, an initial assessment of the application determines eligibility for a site inspection as an adult-only ED, mixed ED or paediatric-only ED. If successful, post inspection the site will be accredited for the purposes of providing accredited training for the FACEM Training Program. When network accreditation is sought, it is required that all sites are individually accredited for Emergency Medicine training.

Sites are required to complete the information specified by the College and lodge this, along with all supporting documentation. This is initially checked and assessed by ACEM staff to ensure all appropriate documentation has been included, prior to being considered for initial approval from the Accreditation Subcommittee.

An initial site visit affords ACEM the opportunity to verify that the experience documented in the initial application is, in fact, accurate. Thereafter, sites are accredited for a period of one year. A subsequent focussed inspection is completed near the end of that year to ascertain the perspective of ACEM trainees training at the site, in addition to determining how the site is maturing as a training site. If considered satisfactory, sites are accredited for a maximum total period of five years. The means by which the College evaluates trainee experience at accredited sites is outlined in Standard 6.2.

Applications for accreditation of new sites are typically processed within six weeks. If approved, an inspection will ordinarily be organised within three to six months.

Following an accreditation inspection, the inspectors submit a report for consideration by the Accreditation Subcommittee, which determines the site's accreditation status and the maximum amount of Advance Training time that may be accumulated by a trainee at the site (refer to **AC336 – Endorsement Process for Inspection Reports** for details).

ACEM accreditation brings with it expectations about matters such as trainee supervision and trainee welfare, clinical teaching time, the provision of educational activities and the availability of adequate ICT. The expectations set out in the Accreditation Requirements are strengthened by the inclusion of the formal roles of DEMT(s) and Local WBA Coordinator(s), and their associated position descriptions (refer Standard 8.1).

FACEM Training and Settings

ACEM recognises the valuable experience trainees gain by working in a variety of different settings by requiring that they undertake core ED training in a minimum of two different sites. In addition to the settings in which EM training has historically occurred (e.g. adult, mixed, paediatric EDs in metropolitan settings, and smaller hospitals as linked EDs), ACEM trainees, through programs such as EMET and STP, including the recently introduced Integrated Rural Training Pipeline, have been able to access valuable training experience in an increased mix of hospitals, both in terms of location (e.g. rural and remote), as well as setting (e.g. public and private).

Among other matters relating to workforce and training, the College is also commencing a discussion to inform consideration of the merits of requiring FACEM trainees to undertake a compulsory period of training in a rural (or remote) setting during their training. It is realised that this discussion, while requiring internal consideration, cannot be considered in isolation from relevant external stakeholders.

Accreditation of Training Sites in Specialties other than Emergency Medicine

Recognising the desire to avoid unnecessary duplication of college accreditation processes for training sites, specialist non-ED placements undertaken at a site accredited by the relevant specialist training provider for the purposes of specialist training in that specialty are accredited without the need for any further ACEM accreditation. The specialties and specialist training providers approved by ACEM for this purpose are set out in Appendix A to Regulation B (Refer **Appendix 1.1.22**).

In addition, ACEM accredits 'Special Skills Placements' (Category 'A' and 'T' placements; refer to Standard 3.4) to enable trainees who wish to complete a period of training in a non-EM discipline that is not recognised for the purposes of specialty/subspecialty registration with the MBA or MCNZ. These include (but are not limited to) areas such as:

- Drug and Alcohol Addiction Management;
- Forensic Medicine;
- Hyperbaric Medicine;
- Medical Education;
- Pre-hospital and Retrieval Medicine;
- Rural/Remote Health;
- Toxicology; and
- Trauma.

The Critical Care Requirement (CCR) of Advanced Training is described in Standard 6.2. While ACEM does approve some placements in either anaesthetics or intensive care medicine for the purposes of critical care training, the College relies predominantly on accreditation by ANZCA or CICM for the purposes of their respective specialist training program.

Training Sites Outside of Australia and New Zealand

Trainees may apply to undertake training in sites located outside of Australia and New Zealand (overseas placements). Applications for training overseas are considered on a case-by-case basis and, as with all training positions, must be prospectively approved. The specific requirements governing overseas placements are set out in the College regulations (**Appendix 1.1.22**, Regulation B2.1.6).

The maximum period of training that may be certified in approved overseas placements is:

- up to six months approved non-ED or discretionary training (Provisional Training); and
- up to 12 months approved training (Advanced Training), including:
  - up to six FTE months approved non-ED training; and
  - up to six FTE months approved discretionary training (ED or non-ED).

As at the end of May 2017, a total of 14 trainees were undertaking FACEM training in approved overseas placements.

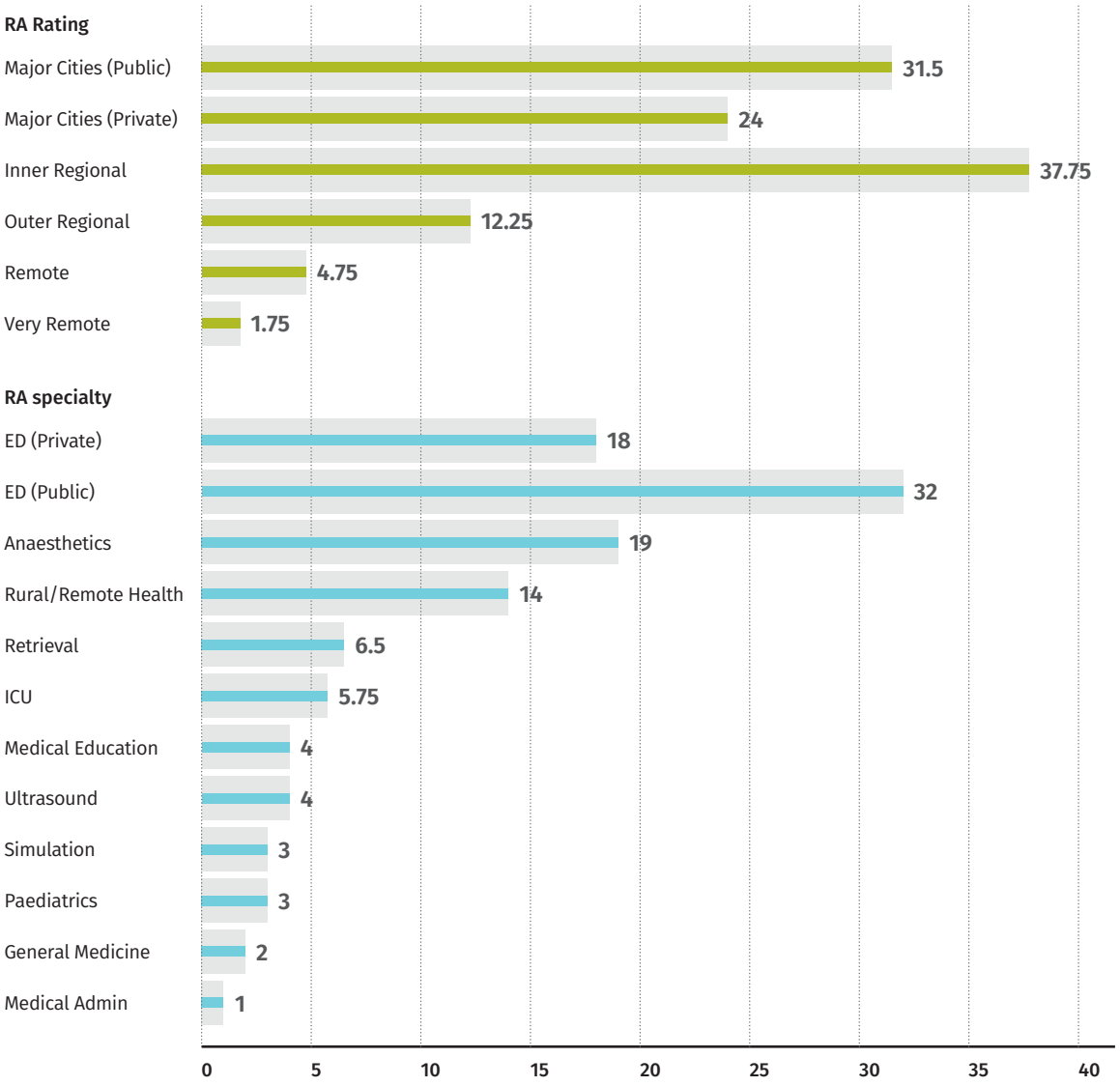
Training in STP Sites

The aim of the Australian Government funded STP program (refer Standard 1.1.6) is "to enable medical specialist trainees to rotate through an expanded range of settings beyond traditional public teaching hospitals" with a particular focus on rural and private settings.

ACEM's involvement in the STP program as part of the National Program has enabled the creation of 112 new FACEM training positions since 2011, with State and Territory jurisdictions actively involved in the selection process for STP positions. Although this number will drop as a result of the review of the STP and EMP recently completed, the College is confident that the range of training experiences able to be provided will still be wide-ranging, with rural and remote placements as well as private hospital placements prioritised, in consultation with the jurisdictions.

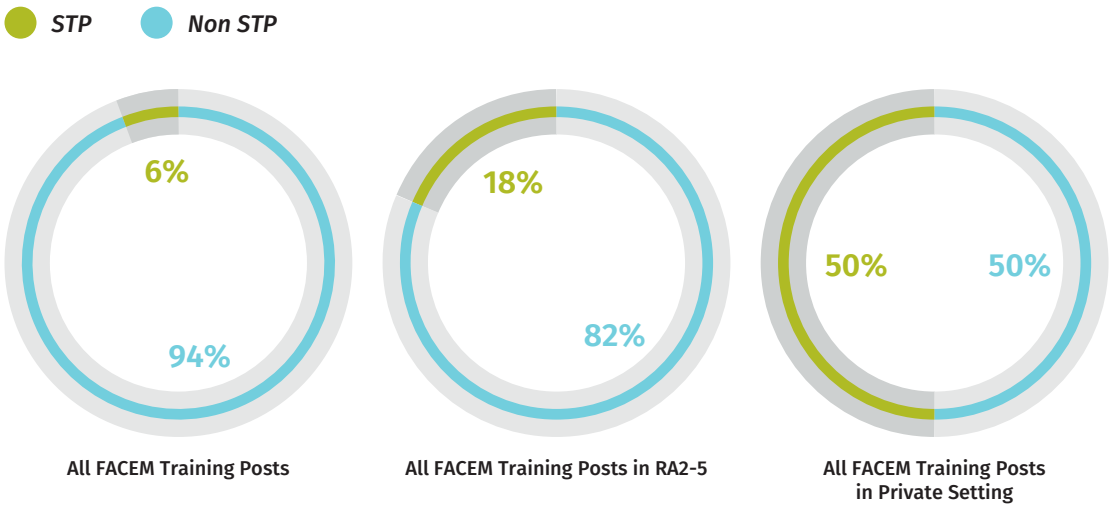
Figure 8.2.7 captures the spread of posts by geographic remoteness and subsequent area of specialisation.

Figure 8.2.7 2016 EMP and STP posts by RA rating and specialty (%)



Analysis undertaken in 2016 showed that 6% of all FACEM training positions were funded through the STP program. Reflecting the intent of the STP, this proportion increased threefold for FACEM training positions in rural locations (18%) and rose to 50% for positions in private settings.

Figure 8.2.8 FACEM training post percentages by STP and non-STP, overall, RA2 – 5 and private settings, 2016



A large focus of the STP and EMET programs has been integrating FACEM Training Program positions and FACEM-led education into rural areas, including locations with high Indigenous populations.

In 2016 over 50% of the ACEM STP positions were located in non-metropolitan settings, including two based in "Very Remote" ASGS Classification locations – Tennant Creek, Northern Territory and Palm Island, Queensland.

In 2016 the EMET program provided FACEM led education to 336 sites across Australia, including 38 "Remote" and 32 "Very Remote" ASGS Classification locations, including Gove, Northern Territory and Thursday Island, Queensland.

Approval of Training Sites for the Emergency Medicine Certificate and Diploma

Sites seeking to conduct the Emergency Medicine Certificate and Diploma are not *accredited* as such. Rather, they are *approved*, providing they meet the requirements as described in Regulation D1.7.5 and Regulation D2.7.5 (refer **Appendix 1.1.22**).

Sites are approved by the College where the site meets the minimum FACEM and Diplomate staffing/supervision requirements as described in Regulation D1.7.5 and D2.7.5.

As per Regulation D1.7.5.2 and D2.7.5.2, where a prospective trainee wishes to train at a site that does not meet the minimum staffing/supervision requirements, the trainee is required to demonstrate how they will obtain the required supervision. The trainee must complete and return documentation, provided by the College, for approval prior to being registered in the program or commencing training.

Sites and supervisors are not currently monitored; however, on notification of a site no longer meeting the minimum staffing requirement their approved status is withdrawn.

Summary of strengths and challenges in relation to Standard 8

The College considers that it has implemented robust processes to ensure that trainees receive effective clinical supervision and support in their training. The College is, however, aware of the need to examine the mechanism by which DEMTs are selected, and to be more systematic with the way in which it evaluates the effectiveness of its supervisors, including DEMTs. Accordingly, this is an activity that the College is intending to give priority to addressing.

The training of DEMTs and others to effectively conduct WBAs continues and will be refined over time, while the training of examiners to ensure the best quality examination processes possible is appreciated as one of the main priority activities for the College at this time and considerable efforts are being directed to this aspect of College activity.

Ensuring that there is adequate participation in supervision and assessment activities is an ongoing challenge for ACEM, as it is for any other of the specialist colleges and the College realises its responsibilities in ensuring that adequate succession planning is in place.

ACEM considers that it has robust processes in place for the accreditation of sites to conduct FACEM training, with new accreditation requirements having been recently developed following wide internal and external consultation. The requirements are such that they fully encompass the structure resulting from the AHMAC/HWPC Accreditation of Specialist Medical Training Sites Project, and will be progressively implemented. This implementation and transition from site accreditation under the current requirements will be an important activity for the College over the short- to medium-term.

The College harnesses accreditation of sites by other providers for the purposes of FACEM training in disciplines other than emergency medicine, and is involved with initiatives to expand the range and location of sites accredited for FACEM training. A challenge for the College is to ensure that rural and remote sites are increasingly utilised for FACEM training; however, involvement in Australian government initiatives such as STP and the IRTP will aid in this endeavour.

9 Continuing professional development, further training and remediation

9.1 Continuing professional development

Accreditation Standards	
9.1.1	The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).
9.1.2	The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.
9.1.3	The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.
9.1.4	The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.
9.1.5	The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
9.1.6	The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
9.1.7	The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.
9.1.8	The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

Summary of ACEM Response	
9.1.1	The requirements of the ACEM Continuing Professional Development (CPD) Program are published and readily accessible.
9.1.2	ACEM monitors closely and actively the requirements of both the MBA and the MCNZ in relation to CPD, and the ACEM CPD Program is designed to meet the requirements of both regulatory bodies, and modified as needed in response to changing requirements of either authority.
9.1.3	The ACEM CPD Program requires participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in Emergency Medicine, and which meet the requirements of the MBA and MCNZ, including enabling activities relating to cultural competence, professionalism and ethics. Future developments in the program, anticipated to be made in conjunction with enabling requirements introduced as a result of current consultations and deliberations by the MBA and the MCNZ, will likely involve increased explicit alignment to the domains of the ACEM Curriculum Framework and mandating of activities associated with some domains of practice.
9.1.4	ACEM encourages and enables participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty. ACEM also encourages and enables specialists to complete a cycle of planning and self-evaluation of learning goals and achievements, with an element of goal setting and reflection mandated from 1 July 2017.
9.1.5	ACEM provides a CPD program and a range of educational activities that are available to all specialists in the specialty.

9.1.6	The criteria for assessing and crediting activities for the purposes of acceptance as activities under the ACEM CPD Program are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
9.1.7	ACEM provides a system for participants to document their CPD activity through the ACEM Member Portal. The portal gives guidance to participants on the records to be retained and the retention period.
9.1.8	ACEM actively monitors participation in its CPD program and regularly audits CPD program participant records. ACEM undertakes an annual audit of 10 per cent of participants and counsels participants who fail to meet annual and cycle CPD requirements, and has clear regulations that specify the possible consequences of failing to complete the requirements of the program.

Additional MCNZ Criterion

The following elements need to be defined:

- The categories of practitioner and the number of practitioners undertaking their recertification programme.
- Any categories of practitioner that are not enrolled in recertification programmes.
- Confirmation that recertification programme is available for practitioners registered within a vocational scope of practice who are non-members.
- Details of the hours per year that members are required to spend on recertification activities and how it is comprised.
- Details of the process that is in place for evaluating whether practitioners participating in the programme are meeting the requirements.
- Whether the education provider collects information about:
  - the numbers of and outcomes for practitioners who undertake regular practice reviews
  - whether their practitioners have undertaken a credentialing process and if so whether there are checks in place to ensure those practitioners are doing CPD appropriate for their clinical responsibilities.
- How the educational provider has respect for cultural competence and identifies formal components of the recertification programme that contributes to the cultural competence of fellows and affiliates.

The recertification programme must provide a process for maintaining and improving competence and performance (at least 50 hours minimum) and should cover the Council's domains of competence:

- Clinical expertise
- Communication
- Collaboration
- Management
- Scholarship
- Professional attributes.

CPD programmes must include:

- Medical Audit
- Peer Review

CPD programmes may include:

- Examining candidates for College examinations
- Supervision, mentoring others
- Teaching
- Publications in medical journals and texts
- Research
- Committee meetings that have an educational content, such as guideline development
- Providing expert advice on clinical matters
- Presentations to scientific meetings
- Working for MCNZ as an assessor or advisor
- Regular practice review.

Summary of ACEM Response

The ACEM CPD program affords significant flexibility for participants in New Zealand to meet the recertification requirements of the MCNZ, and it is expected that all participants are undertaking CPD appropriate for their clinical responsibilities. Thus, whilst accepting that the ACEM CPD Program does not currently assess the outcomes of Regular Practice Review activities undertaken as part of the Quality Enhancement requirements of the ACEM CPD Program, nor does ACEM currently collect information regarding the credentialing of individual participants enrolled in the ACEM CPD Program, the ACEM CPD Program is considered to meet the current requirements of participants registered in the vocational scope of Emergency Medicine with the MCNZ. The College has also followed closely recent discussions and consultations of the MCNZ in relation to likely changes to recertification requirements, and considers the organisation well-placed to respond to these changes.

Background

The ACEM CPD Program is a compulsory requirement for all ACEM Fellows in active clinical practice. This requirement is supported by relevant clauses of the *ACEM Constitution*, as well as relevant regulations. The program is not compulsory for *Retired Fellows*, nor is it required of *Honorary Fellows*.

In addition to being a requirement for ACEM Fellows in active clinical practice, participation in the program is available to medical practitioners who are recognised by relevant bodies as 'specialists' in Emergency Medicine, but who are not ACEM Fellows (e.g. those who are registered in the vocational scope of Emergency Medicine by the MCNZ, but who do not hold FACEM[62]). It is also available to medical practitioners practising in the field of emergency medicine, but who may not, necessarily, be doing so at 'specialist' registration standard (e.g. SIMGs who have not yet completed the requirements for election to FACEM).

Based on a three-year cycle with annual requirements, the program has been operating in its current format since 2014, and is on occasion still referred to as the 'updated' CPD Program. When introduced, the program involved enhancements to the then existing program to render it more simple, flexible and responsive to the individual needs of both Fellow and non-Fellow participants practising emergency medicine across Australia and New Zealand.

As outlined in previous Progress Reports[63], the major changes to the program were:

- revised categories of CPD activity;
- introduction of a second intake of Fellows, at the mid-point of the CPD year;
- activities recorded in hours, rather than weighted points; and
- all participants' progress through the same three-year cycle (reduced from five years).

A record of the evolution of the ACEM CPD Program over time is provided as **Appendix 9.1.1**.

Program Governance and Administration

The *ACEM CPD Program* is overseen by the *CPD Committee* (refer to **Appendix 1.1.19** for Terms of Reference), which is supported by ACEM staff to administer the program and to review policies, procedures and processes in response to initiatives of external stakeholders, with the overall aim of continuous improvement of the program.

Upon election to Fellowship, individual FACEMs receive a 'welcome email', which outlines details of the CPD program, online platform, web page, eLearning resources and networking opportunities, and contact information of the College's CPD staff. A suite of *'How To'* guides is readily available to all CPD Program participants. The **CPD Updates page** of the College website includes information regarding program changes and regulatory requirements, and is revised monthly. Communication of this update is distributed via the *ACEM eBulletin* and Faculty newsletters, with an auto-signature also attached to emails from College CPD staff.

62 At the time of writing this was understood from MCNZ registration information to be a relatively small number of practitioners

63 ACEM Annual Update Report to the Australian Medical Council and the Medical Council of New Zealand – March 2015, pp. 55-57

Communication with targeted groups, such as members undergoing CPD audit, are sent via email, post and/or SMS. College CPD staff are responsible for the ongoing promotion of the CPD Program and its requirements for FACEMs and other registered participants.

ACEM CPD Online, the member-facing side of the College database (portal), provides access for participants to:

- plan their CPD, set goals, link completed activities to goals and reflect on the learning outcomes;
- align their CPD activities with the eight domains of the ACEM Curriculum Framework;
- access ACEM online learning activities including IHCC, mentoring and leadership modules;
- record activities, attach evidence and link to goals;
- monitor annual and cycle progress;
- reflect and report on their CPD activities;
- submit annual returns and access annual and cycle certificates; and
- submit audit returns and access certificates of compliance.

The *ACEM CPD Online platform* enables participants to attach evidence electronically to each activity in their online record. The **Provision of Evidence Guidelines** provide guidance on the nature and type of documentation that must be provided for the purpose of meeting CPD requirements. Participants are required to retain evidence for a minimum of three years in order to meet the requirements of both AHPRA/MBA and the College.

Feedback received to-date indicates that the platform is a significant improvement on the previous system, and that it is efficient and effective for both users and College staff. This notwithstanding, in the first half of 2017, the CPD Online platform was further upgraded to enable participants to record details of procedural skills in a mobile-friendly log book, upload multiple pieces of evidence to one or more activities, and edit or delete multiple activities in the one transaction. The platform also enables College CPD staff to attach evidence of ACEM activities to multiple CPD participants' CPD records and record both ACEM activities and accredited external activities on behalf of CPD participants.

Program Structure

The requirements of the ACEM CPD Program are readily available on the ACEM **website**, and within the *ACEM Member Portal* (refer *Program Governance and Administration*, later this standard).

At its core, the ACEM CPD Program requires a minimum of 50 CPD hours of activities be completed every year. The core requirements of the program are shown in Table 9.1.1.

The ACEM CPD 'year' commences on 1 July. Members who achieve Fellowship from July through December (inclusive) commence CPD on 1 January, with program requirements for that CPD year completed on a 'pro-rata' basis. Pro-rata requirements are also applied for participants who enrol part of the way into the three-year cycle.

All CPD participants progress through the same three-year cycle, which requires a minimum of 150 hours, with at least 30 hours in the *Quality Enhancement* category and not less than 30 hours in at least two of the other three categories shown in Table 9.1.1, excluding *Procedural Skills*.

Participants may be eligible for a partial exemption from program requirements based on their scope of practice, including non-clinical, dual-Fellowship with CICM and/or RACP (Paediatrics), or temporary absence from practice on grounds including parental/carers leave and prolonged illness.

Table 9.1.1 Core requirements of the ACEM CPD Program

ACEM CPD Program	2017 CPD Cycle	2020 CPD Cycle
Annual requirements	50 hours	50 hours
	3 core procedural skills by performance, teaching or supervision: • 1 Airway skill • 1 Breathing skill • 1 Circulation skill	3 core procedural skills by performance, teaching or supervision: • 1 Airway skill • 1 Breathing skill • 1 Circulation skill
	No requirement for planning and evaluation	Record and reflect on 1 goal
	For doctors registered in New Zealand: • 1 Audit of Medical Practice • 10 hours of Peer Review • 20 hours of Continuing Medical Education	For doctors registered in New Zealand: • 1 Audit of Medical Practice • 10 hours of Peer Review • 20 hours of Continuing Medical Education
Cycle requirements	All annual requirements	All annual requirements
	30 hours in Quality Enhancement	30 hours in Quality Enhancement
	30 hours in 2 of: • Self-directed Learning • Group Learning • Teaching, Research and Educational Development	30 hours in 2 of: • Self-directed Learning • Group Learning • Teaching, Research and Educational Development
	• 3 core skills by *performance*: — 1 Airway skill — 1 Breathing skill — 1 Circulation skill	• 3 core skills by *performance*: — 1 Airway skill — 1 Breathing skill — 1 Circulation skill
	10 different Scope of Practice skills by performance, teaching or supervision	12 different Scope of Practice skills by performance, teaching or supervision

The program contains five categories of CPD activity:

1 Group Learning;

2 Quality Enhancement Activities;

3 Self-directed Learning;

4 Teaching, Research and Educational Development; and

5 Procedural Skills.

The *CPD Procedural Skills* List is available on the ACEM **website**. The *Procedural Skills* requirements for a CPD year are the performance, teaching or supervising of each of the *core skills* (airway, breathing and circulation). The requirements for a CPD cycle currently involve the additional performance, teaching or supervising of ten *different* Scope of Practice skills.

The most recent changes to the CPD Program, to take effect for the new CPD year and cycle commencing 1 July 2017, were proposed by the CPD Committee at its meeting on 7 March 2017 and approved by the Council of Education at its meeting of 26 April 2017. These are as follows:

- the introduction of a cycle of mandatory planning and self-evaluation; and
- increasing the quantity of different Scope of Practice skills from 10 to 12.

Participants in the Specialist CPD Program will be required to record one goal each CPD year, including a corresponding activity and reflection on how this impacted their practice. There will be no pro-rata for participants who are enrolled for the January intake.

Regular practice review (RPR) contributes towards the *Quality Enhancement* requirements of the ACEM CPD Program; however, the College does not currently assess the outcomes of these activities. Similarly, ACEM does not currently collect information regarding the credentialing of individual participants enrolled in the ACEM CPD Program. Due to the flexible nature of the program, it is expected that all participants are undertaking CPD appropriate for their clinical responsibilities.

Participants practising in New Zealand must also complete an annual *Audit of Medical Practice* (AMP), 10 hours of *Peer Review* (PR) and 20 hours of *Continuing Medical Education* (CME) to meet MCNZ requirements.

As well as being intended to ensure the maintenance and improvement of knowledge, skills and attitudes associated with a specialist practitioner of emergency medicine, at a pragmatic level, the ACEM CPD Program is intended also to enable participants to meet the annual requirements of both the MBA and the MCNZ for ongoing registration. The College monitors activities of both bodies for changes to their requirements in relation to CPD/recertification and makes adjustments accordingly.

The College understands that the ACEM CPD Program meets the current requirements of both the MBA and the MCNZ in terms of aspects such as minimum participation requirements (hours, activities; including the completion of an annual AMP, PR and CME as mandatory requirements of the program for New Zealand registrants), as well as structure (e.g. the domains of the ACEM Curriculum Framework cover the MCNZ's *domains of competence*).

The College is a signatory to the Memorandum of Understanding between the MCNZ and its recognised VEABs that covers matters pursuant to the *Health Practitioners Competence Act 2003 and the regulation of doctors* in New Zealand. The College also subscribes to the *New Zealand Medical Register* to ensure all New Zealand practising doctors are enrolled in the CPD program accordingly.

As indicated above, the College monitors closely the work of both regulatory bodies to ensure it is aware of any developments that may impact on the requirements on participants in the CPD program, and attempts to be proactive in this regard. The College is of the view that it has strong, positive relations with both regulatory bodies and that positive two-way collaborative communication exists, in addition to that arising through meetings/forums/consultations organised by the two bodies.

Recent activity in relation to the proposed introduction of revalidation for medical practitioners in Australia, as well as activity of the MCNZ during this time, has been closely followed and the College has attended any forums and other meetings available during this time, including those organised with the specialist colleges generally, as well as ACEM specifically.

In October 2016, the College convened a *Medical Revalidation Project Working Group* under the auspices of the College Board to guide ACEM's activities in this area, and the Working Group informed the College response to the MBA EAG interim report on revalidation. ToR for the Working Group are supplied as **Appendix 9.1.2**; the College response to the consultation paper of the EAG is provided as **Appendix 9.1.3**.

CPD Activities and ACEM Resources

Activities accredited for the purposes of the ACEM CPD Program, including all external and ACEM resources, are aligned to the learning domains of the ACEM Curriculum Framework and program participants are able to record and review by CPD year the spread of their CPD activities against that framework[64].

As such, the program enables and encourages participants to engage in CPD activities that cover the full range of contemporary specialist practice in emergency medicine, including those relating to all aspects of practice considered to be encompassed by the wider considerations of medical professionalism, including ethics and cultural competence.

64 This alignment is an area to be strengthened by being more formally addressed at a structural level in the near future; refer to Strengths and Challenges at the end of this Standard for further discussion

ACEM has developed a range of learning resources that are aligned to the emergency medicine scope of practice and the domains of the ACEM Curriculum Framework. Notwithstanding that, this is recognised as an area that ACEM will be devoting considerable time and resourcing to in the short- to medium-term for all classes of membership in order to increase the number and breadth of online resources available. ELearning resources in a range of areas are freely available to all CPD participants. These include, mentoring, leadership, teaching critical care (airway management), WBAs and Indigenous health and cultural competency.

ACEM has developed a number of eLearning modules relating to cultural competence, including the **IHCC program** and the new *Assessing Cultural Competence* modules (refer Standard 5.3). '**Best of Web EM**' also includes *Cultural Competency* as a theme by which trainees and members can search for and access resources.

In 2016 – 2017 the College developed a suite of eLearning modules on how to assess, supervise and support trainees in cultural competencies. Funded through the National Program, the modules support FACEMs involved with supervision, examinations and WBAs to assess and provide meaningful feedback to assist trainees with developing their cultural competence skills.

The College has also developed a *New Fellows Program* with the aim of assisting early career FACEMs to successfully transition from trainee to consultant. The program unites existing ACEM eLearning resources such as those outlined above with more in-depth information regarding the ACEM CPD Program, along with an online network where new FACEMs can share experiences. The program was designed and delivered in full consultation with both new and experienced FACEMs.

In 2016 ACEM delivered the highly successful *Accelerated Patient Safety Course*, and *Rural and Regional Leadership Course*. The Accelerated Patient Safety Course was a four-day course covering a range of patient safety topics, co-delivered by the Institute for Healthcare Improvement and FACEMs. The course was attended by 69 FACEMs, 26 senior emergency department nurses and one intensive care paramedic; a total of 96 participants. Both formal and informal feedback conveyed the value of such a course in supporting FACEMs in their endeavours to provide the best possible patient safety practices.

The Rural and Regional Leadership Course was offered to 30 emerging and existing FACEM leaders who work across Australian rural and regional emergency departments to:

- enhance their leadership skills and capacity; and
- promote connectivity and group networking.

The program incorporated a 360° feedback process, online pre-learning materials, two-day workshop and online networking forum. The two-day workshop was delivered by FACEMs with the support of an external educator. The content was delivered though a range of styles, including storytelling, role-playing, action learning, videos and group activities. The external educator worked one-on-one with each facilitator/presenter to help them explore experiential and non-didactic methods of teaching. A comprehensive evaluation of each activity was undertaken to inform the future delivery of similar professional development courses.

ACEM '**Best of Web EM**' provides a large number of FACEM-reviewed online resources that have been assessed for educational merit and information quality. Funding from the Department of Health enabled the user-experience to be improved in 2017, with the introduction of advanced-search criteria, including target audience, domains of the ACEM Curriculum Framework, clinical specialty, themes and media type. All Best of Web EM resources completed are recognised as contributing to a FACEM's CPD requirements.

The development and provision of further educational materials under the auspices of the ACEM CPD Program is planned through 2017 and onward in order to provide participants with access to quality CPD activities and the ability to meet the requirements of regulatory bodies.

ACEM offers CPD accreditation of face-to-face, online and blended learning activities by external providers. Applications are assessed according to the following criteria:

- Activities align to one or more domains of the ACEM Curriculum Framework
- Educational activities and learning outcomes are clearly stated
- Participants' needs are taken into consideration
- Activities are evidence-based
- Clinical and ethical standards are maintained throughout
- Face-to-face activities include adequate time for interaction and discussion
- Participants evaluate and provide feedback on the accredited activity

- Participants are issued with a certificate of completion/attendance, which clearly states the name of the participant along with the name and date/duration of the activity.

External providers are required to provide participants with an *ACEM Accredited Activity Evaluation form* (**Appendix 9.1.4**) at the time of the activity, and to provide the College CPD unit with a participant attendance list within ten working days of the accredited activity. The CPD Committee reserves the right to revoke accreditation should an external provider fail to provide this information or feedback from CPD participants identifies that the required elements of the activity were not met.

In addition, ACEM also offers recognition of Ultrasound courses that align to the ACEM policies and guidelines on the use of ultrasound in emergency medicine. Applications are processed by the CPD staff, utilising the subject matter expertise of members of the *Emergency Department Ultrasound Subcommittee*.

Monitoring CPD compliance and program auditing

There are currently 2,329 participants registered in the ACEM CPD Program.

Table 9.1.2 Membership category of CPD Program participants

Participants	Total
Fellows	2,257
Diplomates	3
Certificants	3
SIMGs	18
Other	48
Total	**2,329**

At the close of the 2016 CPD Year on 31 August 2016, 99.4% of participants were compliant with the annual requirements of the ACEM CPD Program. This can be attributed to changes in policy over time that have resulted in any participants who were non-compliant at the close of the previous CPD year being selected for audit on 1 September 2016.

Table 9.1.3 demonstrates the rates of compliance with the ACEM CPD program over the last six years, upon completion of compliance audits, while Table 9.1.4 demonstrates compliance and exemption statistics for the 2016 CPD year, by region. Compliance audits of the 2016 CPD Year are still in progress and it is expected that the final compliance rate will be higher than that provided in Table 9.1.3.

Table 9.1.3 Annual CPD participant compliance rates, 2011 – 2016

ACEM CPD Year	Participant compliance rates (%)
2016	99.5
2015	99.9
2014	98.9
2013	99.2
2012	98.1
2011	96.6

Table 9.1.4 Annual compliance and exemptions by region for the ACEM 2016 CPD Year

	Australia									New Zealand	Other	Total
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total			
Compliant												
n	35	460	28	446	116	47	476	217	**1,825**	**252**	60	**2,137**
%	100	99.8	100	99.6	100	100	99.6	99.5	**99.7**	**98.8**	96.8	**99.5**
Non Compliant												
n	-	1	-	2	-	-	2	1	**6**	**3**	2	**11**
%	-	0.2	-	0.4	-	-	0.4	0.5	**0.3**	**1.2**	3.2	**0.5**
Ongoing Exemption												
n	-	5	-	4	1	-	3	1	**14**	**5**	15	**34**
%	-	1.1	-	0.9	0.9	-	0.6	0.5	**0.8**	**2**	24.2	**1.6**
Temporary Exemption												
n	-	9	1	8	-	-	7	1	**26**	**1**	-	**27**
%	-	2	3.6	1.8	-	-	1.5	0.5	**1.4**	**0.4**	-	**1.3**
Annual Exemption												
n	-	5	-	8	1	1	6	3	**24**	**9**	3	**36**
%	-	1.1	-	1.8	0.9	2.1	1.3	1.4	**1.3**	**3.5**	4.8	**1.7**
Procedural Skills Exemption												
n	1	7	-	4	-	-	10	5	**27**	**5**	-	**32**
%	2.9	1.5	-	0.9	-	-	2.1	2.3	**1.5**	**2**	-	**1.5**
Total	**35**	**461**	**28**	**448**	**116**	**47**	**478**	**218**	**1,831**	**255**	**62**	**2,148**

The CPD audit process is conducted via the CPD Online platform whereby auditees upload their evidence and submit their audit return. Auditees are required to provide evidence of only the minimum requirements of the CPD Program. The **CPD Provision of Evidence Guideline** is available from both the ACEM website and the *CPD Online* platform. ACEM staff continue to manually verify that all evidence supplied meets the guidelines set by the CPD Committee.

On an annual basis, ACEM audits ten per cent of both Fellow and Non-Fellow CPD participants. Auditees have two months from the date of selection in which to submit evidence of having met the minimum CPD requirements. The procedure for audit automatically selects:

- any participant who is non-compliant with CPD requirements at the close of the CPD year;
- those who were deferred from, failed or failed to comply with the previous audit; and
- those who alter their CPD record after submission of their annual return and are non-compliant as a result of the alteration.

The remaining auditees are randomly selected.

Of the 192 auditees for the 2015 CPD year (refer Table 9.1.5), three deferred and five failed to comply; all eight were therefore automatically selected for audit of the 2016 CPD Year. Five of the remaining 2015 auditees were excused due to retirement or resignation of Fellowship of the College. For the 2015 CPD Year only one auditee had an outcome of fail as a result of refusing to provide sufficient evidence of his activities. College staff are continuing to work with this Fellow with the aim of supporting him to regain compliance.

Table 9.1.5 Audits for the ACEM 2015 CPD year

Auditee Selection	
Non-compliant CPD participants	11
Deferred from previous audit	2
Altered CPD record after receipt of annual certificate	1
Random selection	178
Total Auditees	**192**

Current auditees (215 for the 2016 CPD year; refer Table 9.1.6) were selected in September 2016, and processing of these is not yet complete.

Table 9.1.6 Audits for the ACEM 2016 CPD year

Auditee Selection	
Failed to comply with previous audit	5
Non-compliant CPD participants	12
Deferred from previous audit	3
Altered CPD record after receipt of annual certificate	-
Random selection	195
Total Auditees	**215**

In April 2016 the College Board approved *Fellowship Recertification Regulations* that make absolutely clear that satisfactory completion of College-mandated CPD is required to maintain Fellowship of the College. Ongoing Fellowship is contingent upon satisfactory participation in a CPD program approved by the Board and meeting of the requirements of that program, including satisfactory completion of a compliance audit as applicable. The regulations apply to both Australian and New Zealand Fellows (refer **Appendix 1.1.22**, **Regulation E1**).

Broadly, the regulations stipulate that where, after due process, a FACEM is found to be non-compliant with the requirements of the ACEM CPD Program at the conclusion of a three-year cycle, they will be referred to COE to be considered for recommendation to the Board that Fellowship be suspended or removed.

The regulations also provide that where Fellowship is suspended or removed, the College may convey this information to any relevant Authority in its absolute discretion or as required by any relevant law or College policy.

All FACEMs were informed in writing by the President in April 2016 of the introduction of these regulations that directly link the ongoing certification of ACEM Fellowship for Fellows in active practice, to compliance with requirements of the ACEM CPD Program. Fellows who are non-compliant with annual requirements of the ACEM CPD Program have been informed of the potential consequences of non-compliance with the three-year CPD cycle that ends in June 2017 and will be audited accordingly.

College staff and members of the CPD Committee continue to work with non-compliant participants, with the aim of achieving 100% compliance. Non-compliant FACEMs are reported to COE at the end of the audit process and are reminded in writing of the risk of suspension or termination of Fellowship by the ACEM Board for those who fail to achieve compliance.

In 2015 the College signed the Memorandum of Understanding with the MCNZ and thereby responds to enquiries from the MCNZ regarding New Zealand doctors' compliance with the ACEM CPD Program.

CPD (Recertification) Requirements and the ACEM Certificate and Diploma

The EMC and EMD are aimed at providing doctors with adequate knowledge and sufficient clinical experience to be safe, efficient practitioners within the scope of practice relevant to the qualification in question.

As previously outlined (refer p. 4), a total of 1,135 candidates have enrolled in the EMC since its introduction in 2012; 600 of these have completed the program, 60 have withdrawn and 475 are in progress. There have been 102 enrolments in the EMD; 30 of these have completed the program, two have withdrawn and 70 are in progress. Prior to 2015, there were no requirements for holders of either the EMC or EMD to recertify their qualification through participation in any ongoing CPD or similar requirements. That is, once the relevant programs were completed, practitioners were able to use the associated postnominals on an ongoing basis.

In 2015 the ACEM membership approved amendments to the *ACEM Constitution* to enable recognition of holders of the EMC and holders of the EMD as formal members of the College as Certificants and Diplomates, respectively, with associated regulations subsequently enacted by the Board (**Appendix 1.1.22**; Regulations A1.4 and A1.5).

The regulations make clear that the rights and privileges associated with ACEM membership as a Certificant or a Diplomate (including the use of the relevant postnominals) are contingent upon meeting ongoing recertification requirements. All those who had previously completed either qualification since their inception were offered membership in the relevant category and the guarantee of an automatic, ongoing right to use the relevant postnominals under conditions prescribed by the College.

In October 2016 a *Non-Specialist CPD Working Group* was formed to develop the associated recertification requirements for Certificants and Diplomates. The Working Group submitted a proposal in March 2017 for the consideration of COE (refer **Appendix 9.1.5**). The proposal outlined a CPD program structured on annual requirements, involving the completion of 50 hours of CPD activities based upon four categories that replicate those of the ACEM CPD Program, as well as a procedural skills requirement, with provision for exemption from the hours component for participants who complete requirements of the RACGP or ACRRM CPD programs, or BPAC requirements in New Zealand.

The program will be known as the *ACEM Non-Specialist CPD Program*, requiring a change in name of the current ACEM CPD Program to the ACEM Specialist CPD Program to delineate between the scopes of practice envisaged for participants registered in the two programs. Work is now underway to transition relevant individuals to the ACEM Non-Specialist CPD Program from 1 July 2017, with all current non-FACEM participants in the ACEM CPD Program, of which there are currently 72, envisaged to be subject to this transition.

CPD Requirements, SIMGs and Educational Affiliates

The approval by the ACEM Board early in 2017 of a new category of membership, Educational Affiliate, was described in the Introduction of this submission. The ACEM Board is considering regulations relating to the membership of Educational Affiliates that will bring with it attendant College CPD requirements in order for membership as an Educational Affiliate to be renewed on an ongoing basis.

Given the characteristics of medical practitioners eligible for membership as an Educational Affiliate (non-FACEMs with registration in the vocational scope of Emergency Medicine in New Zealand, Substantially Comparable SIMGs working toward Fellowship), these requirements are likely to involve the requirement of participation in the *ACEM CPD Program* and the meeting of associated requirements.

The requirements described above are considered appropriate in order to afford greater certainty that CPD relevant to the local health care context is being undertaken by the doctors admitted as Educational Affiliates. To date, SIMGs have been able to meet CPD requirements through participating in the ACEM CPD Program as a non-Fellow participant, or through another program that meets the requirements of regulatory authorities; typically that of an overseas specialist college with which they are affiliated.

The College understands that SIMGs who have been assessed as Partially Comparable to an Australian-trained specialist or 'as satisfactory as' in New Zealand, and who are therefore undertaking a period of supervised training, meet the requirements of regulatory authorities in relation to CPD participation. As such, this cohort of SIMGs is not currently being considered for inclusion in the mechanism outlined.

Renewal of Fellowship Declaration

In June 2016 the Board approved the introduction from 2017 of an *Annual Fellowship Declaration*, which will be completed by Fellows at the time of payment of their annual College membership subscription, and will involve Fellows making declarations on the status of their current medical registration in respect of matters such as any known disciplinary action. The declaration is provided as **Appendix 9.1.6**, with associated regulations contained in **Appendix 1.1.22** (Regulation E1.4). It is anticipated that a similar initiative will be introduced for completion by Certificants and Diplomates on an annual basis once the process for Fellows is embedded in College processes.

With effect from 1 January 2017, a corresponding declaration for FACEM Training Program trainees and SIMGs being considered for election to Fellowship has also been introduced. That declaration is provided as **Appendix 9.1.7**, with the associated regulations being Regulation B6.2 and Regulation C1.5.8, C1.6.13 and C2.3 respectively (refer **Appendix 1.1.22**).

9.2 Further training of individual specialists

Accreditation Standards	
9.2.1	The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

Summary of ACEM Response	
9.2.1	ACEM has a policy and associated processes to respond to requests for further training of individual specialists in its specialty(ies).

The College provides a pathway for re-entry to practice that demonstrates its commitment to:

- ensuring the highest standard of safe and comprehensive care for the community through excellence in emergency medicine education, training, professional development and support;
- the strength and integrity of the ACEM CPD Program, in ensuring all participants have the capacity to fully engage with the program after a period of absence from the program and/or clinical practice; and
- supporting ACEM Fellows and participants in resuming practice and compliance with the requirements of the CPD program after a period of absence from practice.

The **Policy on Re-Entry to Practice Following a Period of Absence** (**Appendix 9.2.1**) was revised in August 2016 to align to the revised MBA Recency of Practice standard, which came into effect in October 2016.

Very few formal Re-entry to Practice applications are received by the College. Indeed, there have been no formal requests in the time since submission of the 2016 Progress Report in May 2016. Currently, however, the College is assisting three FACEMs who have been absent from practice for a period of greater than 12 months, but less than three years, to return to practise by providing advice regarding their CPD obligations, coordination of the assessment of procedural skills and facilitation of support through College liaison with Faculty Chairs, the Censor-in-Chief, the Chair of the CPD Committee and College staff.

9.3 Remediation

Accreditation Standards	
9.3.1	The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.

Summary of ACEM Response	
9.3.1	ACEM has processes to respond to requests for remediation of specialists in Emergency Medicine who have been identified as underperforming in a particular area.

Additional MCNZ Criterion

The response to this standard should encompass details of:

- A process for reporting to the MCNZ, for the purposes of the MCNZ's audit of recertification, those who are not participating in the recertification programme and whether they are complying or not.
- A system for identifying and managing compliance with recertification programmes, and where appropriate to refer the doctor to the MCNZ.
- A system for informing the MCNZ if the provider becomes aware of performance/competence concerns on the part of the practitioner.

Summary of ACEM Response

As outlined clearly in relation to Standard 9.1, the College has a detailed system for managing compliance of participants with the requirements of the ACEM CPD Program. The College is also aware of its responsibilities in regard to advising the MCNZ of practitioners who do not meet the requirements of the program, or in relation to whom there are performance/competence concerns.

The College has a documented program for remedial management for a Fellow who is identified as performing poorly in their role as an EM specialist. This procedure exists to provide:

- collegiate support for the poorly performing practitioner;
- a process for improving the clinical skills of the Fellow to the standard expected of a FACEM under an appropriate degree of supervision;
- a process to assess that the required standard has been achieved; and
- a process to report on the successful completion or otherwise of this process to appropriate parties including the practitioner, the referring body, COE and the ACEM Board.

As with requests for re-entry to practice under the relevant policy, the College receives few requests pursuant to this area, and no formal referrals have been made to the College since the 2016 Progress Report.

As outlined in Section 9.1, the College is a signatory to the Memorandum of Understanding between the MCNZ and its VEABs and thereby responds to enquiries from the MCNZ regarding New Zealand doctors' compliance with the ACEM CPD Program. Accordingly, the College will also advise the Council of any doctors who have, in two consecutive years, failed to meet the requirements of the ACEM CPD Program.

The College also recognises its responsibilities in regard to informing the MCNZ if it becomes aware of performance and/or competence concerns on the part of a medical practitioner.

Summary of strengths and challenges in relation to Standard 9

The ACEM CPD program has evolved to meet the requirements of regulatory bodies in Australia and New Zealand. The College is conscientious in ensuring that developments in either jurisdiction that may affect members and, therefore, the requirements of the program, are understood and the program adjusted as necessary.

The College has clear requirements relating to recertification of the College Fellowship, which are dependent on participation in and completion of requirements of the program and participants are audited annually. Compliance rates are extremely high, and recently introduced requirements will mandate similar participation in CPD for Certificants and Diplomates who wish to hold ongoing membership of the College in these membership categories.

In the short- to medium-term, the College aims to become more proactive in the range of CPD activities that it offers to Fellows, and will consider a possible revision of the program *framework* to align with the ACEM Curriculum Framework, thus enabling the use of one underlying conceptual, practice-based framework with both the FACEM Training Program and the ACEM Specialist CPD Program. This will provide a mechanism to ensure that participation in practice domains related to areas such as cultural competence can be mandated and monitored in a straight forward manner by the College. Given the likely timeframe involved, this consideration will also incorporate developments arising from work currently underway by both the MBA and the MCNZ in relation to this area of activity. This includes the possible removal of mandated hours of activities and an increasing emphasis on the nature of activities undertaken, including those associated with identified areas of practice.

10 Assessment of specialist international medical graduates

10.1 Assessment framework

Accreditation Standards	
10.1.1	The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
10.1.2	The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
10.1.3	The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

Summary of ACEM Response	
10.1.1	ACEM's processes for conducting the assessment of specialist international medical graduates is understood to satisfy fully the guidelines of the MBA and the MCNZ.
10.1.2	ACEM bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand-trained specialist in the same field of practice, based on the specialist medical program outcomes as outlined in the ACEM Curriculum Framework.
10.1.3	The requirements and procedures for all phases of the ACEM SIMG assessment process, such as paper-based assessment, interview, supervision, examination and appeals are documented and easily accessible.

Additional MCNZ Criterion

The education provider is required to have a process for:

- Assessing the relative equivalence of the IMG's qualifications, training and experience (QTE) against the prescribed New Zealand or Australasian Fellowship, Diploma or Certificate qualification (depending on the relevant vocational scope).
- Notifying the MCNZ in writing if any significant concerns about competence become apparent during the assessment of QTE and thereafter.
- Clearly identifying differences between the IMG's qualifications, training and experience, and the prescribed qualification (Fellowship), whether there are any deficiencies or gaps in training, and whether subsequent experience has addressed these, and if not, what type of experience, supervised practice and assessment would address the deficiencies or gaps in training, to inform MCNZ in making a decision.
- Advising the MCNZ of any requirements the IMG would need to complete during the provisional vocational period of registration, toward obtaining registration in a vocational scope of practice, together with comprehensive reasons.
- Ensuring reports meet administrative law obligations, Privacy Act principles and principles by providing well reasoned advice directly supported by the paper documentation and information obtained at interview.
- Advising the MCNZ on the content of vocational practice assessments.

Summary of ACEM Response

ACEM is confident that its processes for assessing IMGs in New Zealand as a VEAB meet fully the requirements and expectations of the MCNZ.

ACEM assesses SIMGs in Australia and New Zealand who are seeking recognition of their qualifications, training and experience for the purposes of recognition as a specialist practitioner in emergency medicine by the MBA or the MCNZ.

The process is overseen by the *SIMG Assessment Committee*, a standing committee of COE, reporting directly to that body. The Terms of Reference of the Committee have been provided as **Appendix 1.1.18**, recent revisions seeing the formal delegating of authority for decisions on the comparability/equivalence of SIMG applicants to the committee by COE (August 2016)[65], and the addition of a jurisdictional representative to the committee membership (April 2017).

Assessment of Comparability/Equivalence

The MBA *Good practice guidelines for the assessment of specialist international medical graduates* took effect in November 2015. The College Chief Executive Officer was a member of the MBA Working Group that developed the Guidelines. In this context, as outlined in the 2016 Progress Report to the AMC, ACEM undertook a systematic review of its processes and requirements for SIMGs seeking recognition by the MBA or MCNZ, as applicable, as a specialist Emergency Medicine physician in Australia or New Zealand.

The review was further informed through the attendance of representatives of the MBA at a meeting of the SIMG Assessment Committee to address members and discuss any matters that required further clarification when revisions arising from the review were being considered.

This review was additional to that conducted by the College evaluation unit in relation to the assessment process that was in operation at the time (refer Standard 6.2, **Appendix 6.2.8** for further information) and resulted in the following:

- Regulations were revised to clearly articulate the College's expectations, requirements and assessment outcomes and ensure alignment with MBA and MCNZ requirements and guidelines. The regulations (Regulation C of the ACEM Regulations) are available on the College **website** (refer also **Appendix 1.1.22**).
- Revision of ACEM guidelines informing the assessment process to reflect the differences between assessment of SIMGs in Australia and New Zealand, where the College provides advice as a VEAB to the MCNZ.
- The two central guidelines on the assessment of SIMGs in Australia and New Zealand were revised further in 2017 and, given their nature, are now designated as College policy documents, rather than guidelines.

The policies are provided as **Appendix 10.1.1** and **Appendix 10.1.2**, and are available on the ACEM **website**. Also available through this address is all other information associated with the assessment process. This includes information regarding the MBA *Specialist Pathway* (as well as the *Specialist in Training* and *Area of Need* (AoN) pathways), the requirements for recognition in New Zealand by the MCNZ, the ACEM assessment process (including interview dates and fees), and the *First Shift in the ED* resource.

The *First Shift in the ED* resource provides IMGs and SIMGs with information regarding the requirements and expectations of working as a doctor in Australia. First shift in the ED was developed through funding under the National Program to support SIMGs in adjusting to Emergency Medicine practice in Australia, and provides information on the following topics:

- Living in Australia
- The Australian Health Care Systems
- Communication in the Emergency Department
- Emergency Care in Australia
- Clinical and Professional Practice.

ACEM continues to promote this resource to SIMGs, in particular, to those invited to attend for assessment at interview in Australia and those approved to work in a designated AoN position.

65 For clarity, this relates to the outcome of the initial/interim assessment, not the decision to elect to Fellowship

The College assessment processes reflect the requirements of both the MBA and the MCNZ that the specialist colleges assess the qualifications, training and experience of each individual applicant and their comparability/equivalence to a locally-trained specialist in the same field of practice, with the ACEM Curriculum Framework forming the basis of the assessment process. Further information in relation to the assessment processes is provided in Standards 10.2 and 10.3.

Area of Need Assessment

Consistent with the requirements of the pathway, AoN assessments conducted by ACEM assess an applicant's ability to safely and competently undertake the requirements of a specific AoN position according to the role description associated with the position. The assessment is ordinarily conducted as a paper-based process undertaken by the Chair of the SIMG Assessment Committee. Where the Chair is unable to make a determination on the information submitted, the applicant will be invited to attend an assessment interview.

The College's *Guidelines for Area of Need Assessment* (provided as **Appendix 10.1.3**) were also revised in 2016 and make clear that the College assesses the suitability of the individual SIMG for the specific AoN position that they are intended to fill. These guidelines, along with other information relevant to the AoN process, including a link to the current assessment fee, are available on the College **website**.

As the AoN assessment process is, ordinarily, paper-based, while AoN and specialist assessment applications may be progressed at the same time, the College does not offer a formal 'concurrent specialist/AoN assessment' as a matter of course in the manner of some other specialist medical colleges.

Reconsideration, Review and Appeal of Decisions

ACEM informs applicants that any decisions made by the College in relation to SIMG assessment are subject to the College's *Reconsideration, Review and Appeals Policy* (**Appendix 1.3.1**). This applies irrespective of the 'stage' of the process that the decision applies to (e.g. paper-based, interview, completion of pathway to Fellowship requirements, etc.).

Accordingly, at the time of notification of the outcome of their assessment in Australia and at the time of notification of the requirements an applicant in New Zealand needs to complete in order to become eligible for election to Fellowship of the College, applicants are advised of the avenues of reconsideration, review and appeal available to them and where further information in relation to each can be obtained[66].

The number and nature of requests for reconsideration, review and appeal specific to SIMG decisions since July 2015 are included in Standard 1.3 (refer Table 1.3.1), with a summary presented for ease of access in Table 10.1.1. It should be noted that requests for reconsideration and/or review may relate to decisions concerning the assessment of level of comparability, or the specific requirements associated with a comparability assessment. For example, an applicant may accept a decision of partial comparability, but request a reconsideration of specific requirements associated with that outcome.

Table 10.1.1 SIMG reconsideration, review and appeal applications and outcomes, July 2015 – May 2017

Level	Received	Upheld	Dismissed
Reconsideration	6	3	3
Review	2	2	-
Appeal	-	-	-

66 Note that the decision regarding the requirements for attaining Vocational Registration with the MCNZ is a decision of the MCNZ, not the College. As such, these decisions are subject to review and/or appeal through the processes of the MCNZ, not the specialist college that has provided advice as a VEAB.

10.2 Assessment methods

Accreditation Standards	
10.2.1	The methods of assessment of specialist international medical graduates are fit for purpose.
10.2.2	The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

Summary of ACEM Response	
10.2.1	The methods of assessment of SIMGs used by ACEM are considered fit for purpose. In the short- to medium-term, the College will be next considering ways of further developing and optimising the methodologies currently employed, as well as exploring new avenues of assessment.
10.2.2	ACEM has documented procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

The College's processes for the assessment of SIMGs involve a paper-based consideration of their qualifications, training and experience, followed by an interview component to make a judgement regarding comparability/equivalence to a locally trained specialist. The College is very clear that for applicants assessed in New Zealand ACEM provides advice to the MCNZ in regard to equivalence to a New Zealand trained doctor registered in the vocational scope, with an assessment in relation to comparability to a FACEM a separate matter, with separate requirements and advice communicated after the MCNZ decision.

As described in Standard 10.1, the assessment of SIMGs for comparability/equivalence is based on the domains and associated outcomes contained in the ACEM Curriculum Framework. This provides clarity and transparency about the assessment standard, which can be clearly communicated to all concerned and is based on the expectations for specialist practice in Australia and New Zealand.

Applicants are expected to be able to provide evidence of the required knowledge, skills and other attributes associated with each of the eight domains of the ACEM Curriculum Framework, and it is the task of the Interview Panel to assess this.

Revisions introduced into the assessment interview since 2016 have been guided by the requirements and expectations of the MBA and the MCNZ, and a clear understanding that applicants are assessed on the basis of their individual qualifications, training and experience, not on the basis of previous applicants and any implied 'precedent' or similar approach.

The time devoted in each interview to explore and assess an SIMG against the domains and learning outcomes of the ACEM Curriculum Framework is intended to enable Interview Panels to make assessments in relation to all aspects of practice associated with the expectations of an entry level FACEM practitioner in the ACEM Curriculum Framework, including, for example, cultural competence, awareness of disadvantaged groups in society, and advocacy for the needs of patients and Emergency Departments. Through this, an assessment is made of the SIMG's ability to practise in a safe manner, and to contribute to the effectiveness and efficiency of the health care system and of their cultural competency for practice in Australia or New Zealand as applicable. Further information is provided in Standard 10.3.

The paper-based and interview components of the SIMG assessment process are now generally 'standard' within the sector, with the evaluation of the 'success' of these processes somewhat reliant on feedback from employers on the performance of individual SIMGs through assessments undertaken following the assessment outcome; that is, during the period of peer review or upskilling/training that an applicant is required to undertake.

It is acknowledged that further initiatives in relation to systematic evaluation of SIMG assessment outcomes will need to be developed and incorporated into the ACEM Education and Training Evaluation Framework.

The two sections that follow outline the assessments undertaken in the workplace by the College following the initial/interim determination of a comparability/equivalence assessment when SIMGs are on a 'pathway to Fellowship', as well as the steps that may be taken when those assessments indicate issues with the performance of an individual SIMG.

Assessment in the Workplace

As foreshadowed in the 2015 Progress Report and subsequent to the submission of the 2016 Progress Report, work was undertaken to consider the applicability and suitability of WBAs utilised in the FACEM Training Program and their possible adoption in SIMG assessment. Currently ACEM assessment tools include Case-based Discussion, Direct Observation of Procedural Skills, Mini-Clinical Evaluation Exercise and Shift Reports, with the choice of assessment tool determined by the different assessment outcomes and pathways to eligibility for election to Fellowship (refer Standard 10.3 for further discussion).

In the 2016 Progress Report, the College outlined the planned introduction of *ACEM Work Performance Reports* that were to incorporate all aspects of the *MBA Work Performance Report* for IMGs undertaking supervised practice, with additional further requirements linked to the domains and learning outcomes of the *ACEM Curriculum Framework*.

With the introduction of WBA requirements for SIMGs on a pathway to Fellowship, the Committee determined that a modified version of the ITA utilised in the FACEM Training Program would, instead, be more appropriate to ACEM's needs in assessing Partially Comparable SIMGs working towards eligibility for election to Fellowship. The document is provided as **Appendix 10.2.1**. Potential changes to ITAs for trainees enrolled in the FACEM Training Program referred to elsewhere in this document (refer Standard 5.2), will be considered for incorporation into the documents used with SIMGs once the review of FACEM trainee ITAs is complete.

Cognisant that those assessed as Substantially Comparable are not 'in-training', the performance of SIMGs assessed as Substantially Comparable and who are working towards eligibility for election to Fellowship is assessed by means of the *SIMG Performance Assessment Report*. These assessment reports are provided to applicants when their position is approved for the purposes of specialist practice under peer review. The document is provided as **Appendix 10.2.2**.

The *SIMG Assessment, Supervision, and Upskilling Project*, funded under the National Program, was outlined in the 2016 Progress Report to the AMC and, following the extension of the project funding, a second round of funding applications under the upskilling arm of the project was issued in April 2017. Under this initiative, SIMGs working toward ACEM Fellowship can apply for funding to undertake targeted professional development activities to assist with completing their requirements. While not anticipated to be offered beyond the current duration of the project funding, this has been a valuable means by which the College has been able to support SIMGs working towards Fellowship and specialist registration with the MBA.

Reclassification and Reporting

The regulations that govern the assessment of SIMGs by ACEM clearly articulate the ability for the College to 'reclassify' an SIMG if any assessment(s) indicate that the SIMG is unable to function at the level of the original assessment without further training, or cannot function to the standard required to complete the requirements of their pathway to Fellowship within the timeframe permitted.

The revised regulations also state that the College will notify the MBA of any change in the status of an SIMG by means of a revised 'interim assessment' or a 'final assessment' as applicable. Additionally, under the new arrangements, concerns arising from regular assessments required throughout a period of supervised specialist practice, particularly those that the SIMG Assessment Committee assesses as 'unsatisfactory', will be communicated directly back to the SIMG's designated supervisor.

The College is a signatory to the Memorandum of Understanding between the MCNZ and individual colleges, which places obligations on both parties in regard to this and other aspects of College activity. The College is cognisant of these requirements and firm in its commitment to meeting them.

The College's *Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy,* has been discussed elsewhere (refer Standard 5.3.4). While allowing for exceptions where the context implies otherwise, for the purposes of that policy, the definition of 'trainee' is broad and includes 'any specialist or non-specialist trainee undertaking an ACEM training program, including SIMGs who are completing requirements of a pathway to qualify for Fellowship of the College'. To-date, the College has not had any occasion to enact the processes set out therein in either jurisdiction in which it conducts its FACEM training.

10.3 Assessment decision

Accreditation Standards	
10.3.1	The education provider makes an assessment decision in line with the requirements of the assessment pathway.
10.3.2	The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
10.3.3	The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.
10.3.4	The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

Summary of ACEM Response	
10.3.1	Decisions in relation to assessment of SIMGs by ACEM are congruent with the requirements of the assessment pathway, according to the requirements of the MBA or the MCNZ, as relevant.
10.3.2	ACEM grants exemption or credit to specialist international medical graduates towards completion of requirements based on the outcomes of the FACEM Training Program.
10.3.3	ACEM documents clearly any additional requirements, such as peer review, supervised practice, assessment or formal examination required to be completed by individual SIMG applicants, and the timelines for completing them.
10.3.4	ACEM communicates assessment outcomes to the applicant and the registration authority in a timely manner and is working actively to further reduce the timeframes over which it has control.

Assessment Outcomes and Additional Requirements

The comprehensive review of the ACEM SIMG assessment processes undertaken in 2016 was predicated on the MBA *Good practice guidelines for the assessment of specialist international medical graduates*, and the expectations of the MCNZ in this area for VEABs.

As such, the College has adopted the definitions set by the MBA for 'Substantially Comparable', 'Partially Comparable' and 'Not Comparable' and by the MCNZ in relation to 'equivalent to' or 'as satisfactory as' with regard to the amount of peer review, upskilling or training an SIMG might require in order to reach the standard expected of a locally-trained specialist in emergency medicine.

An important aspect of the revised SIMG assessment processes is the emphasis on assessing SIMG applicants against the domains and outcomes of the ACEM Curriculum Framework, rather than against the completion of specific components or requirements of the FACEM Training Program. By way of example, the *Guidelines for Assessing SIMG Research Experience* (**Appendix 10.3.1**), states:

> *It must be noted that, in addition to the three (3) avenues associated with the FACEM Training Program, attainment of the learning outcomes associated with research, as set out in the Scholarship and Teaching domain within the ACEM Curriculum Framework, may also be demonstrated through other avenues ...*
>
> *Thus, it is incumbent on assessors to assess the capacity of the SIMG to demonstrate the possession of the learning outcomes expected of a FACEM in regard to research, rather than determine whether, or not, the individual has met one of the specific requirements prescribed for ACEM trainees in the FACEM Training Program Regulations.*

SIMGs assessed as Partially Comparable, for example, will be required to complete requirements unique and appropriate to their circumstances. Credit will be given for components such as the Trainee Research Requirement where the applicant is judged to be able to demonstrate the outcomes that are the purpose of completing the requirement. Other requirements will be set as considered appropriate, based on the applicant's qualifications, training and experience.

In addition, SIMGs who are assessed as 'not comparable' to a locally-trained specialist in Emergency Medicine and who join the FACEM Training Program are able to apply for recognition of prior learning in accordance with the provisions of that policy (Refer Standard 3.3, **Appendix 3.2.1**).

The relevant regulations and the SIMG assessment policies discussed in Standard 10.1 clearly set out the requirements that an SIMG may have to complete in order to become eligible for election to Fellowship. The specific requirements an individual SIMG needs to complete are determined by the SIMG Assessment Committee following consideration of the report of the Interview Panel. They are communicated to the SIMG in writing as part of the notification of their assessment outcome. Generalised information regarding the various requirements associated with each outcome and which may, therefore, be required of an individual SIMG, is also provided on the College website.

As indicated in Standard 10.1, relevant WBA requirements employed in the FACEM Training Program are now also used for SIMGs working towards attaining eligibility for election to Fellowship. Applicants assessed as 'Partially Comparable' may, in addition to those WBAs, be required to complete other assessment requirements of the FACEM Training Program. These include the Fellowship Written Examination, Fellowship Clinical Examination (OSCE), Trainee Research Requirement, the Paediatric Requirement and/or the Critical Care Requirement.

The need for the College and other stakeholders to have confidence in the cultural competence of an SIMG working in the Australian or New Zealand setting, as applicable, is acknowledged. While each applicant is assessed on an individual basis and Substantially Comparable SIMGs may, where considered appropriate, not be required to undertake any period of practice under peer review, any such period does provide an opportunity for the SIMG to become familiar with the Australian health care system while under review by a specialist Emergency Medicine physician and for the College to receive feedback from the clinical setting of their cultural competence for practice in Australia. It is acknowledged that in New Zealand, by virtue of the MCNZ requirements for those with provisional vocational registration, this opportunity is, necessarily, already assured.

While not the only reason a period under peer review might be required, this was a consideration in the requirements of the 13 SIMGs assessed as Substantially Comparable to an Australian-trained specialist in emergency medicine in 2016, all of whom were required to undertake a period of between three and 12 months of specialist practice under peer review.

This is readily acknowledged, with the *SIMG Assessment Guidelines for Determining Duration of Oversight or Training* (**Appendix 10.3.2**), which is publicly available on the College **website**, providing the following guidance on the length of assessment:

- Substantially Comparable: 'generally expected three (3) or six (6) FTE months depending upon previous experience, including comparability of jurisdiction health care system with Australia/New Zealand'
- Partially Comparable: 'a minimum of three (3) months if needing to complete research requirement but otherwise substantially comparable', and 'longer times in other circumstances where training and experience is not considered substantially comparable'

Shift Report WBAs at prescribed rates are required for SIMGs undertaking a period of practice under peer review or upskilling/training and, amongst other aspects, provide a mechanism by which the College can assess an SIMG's ability to contribute to the effectiveness of the health care system in terms of prioritisation and decision making skills, leadership and management, and health advocacy.

The opportunity for feedback from the SIMG's supervisor regarding these, and the remaining domains of the ACEM Curriculum Framework, is another mechanism by which the College assesses the extent to which the SIMG meets the College's expectations of a new FACEM and, in turn, their ability to deliver safe, high quality care, to contribute to the effectiveness and efficiency of the health care system, as well as their cultural competence for practice.

Assessment Outcomes and Timeframes

Summary data for assessment outcomes for SIMGs assessed by the College in both Australia and New Zealand in 2016 is provided in **Table 10.3.1**.

Table 10.3.1 SIMG assessment outcomes, 2016

	Australia	New Zealand
Applications Received[67]	**23**	**11**
Preliminary Advice	N/A	5
Vocational Assessment	N/A	9
Initial Assessment Decisions	**27**	**11**
Not Eligible for Interview	2	-
Eligible for Interview	24	11
Specialist Assessment Decisions (following interview)	**24**	**10**
Not Comparable/Equivalent	2	-
Partially Comparable	8	N/A
Assessment Pathway	N/A	9
Substantially Comparable	14	N/A
Supervision Pathway	N/A	1
Area of Need Assessment	**4**	**N/A**
Not Suitable for Position	-	N/A
Suitable for Position	4	N/A

The College is cognisant of the expectations of the MBA and the MCNZ regarding the timeframes for completion of the various stages of the assessment process. Relevant College regulations clearly set out timeframes for completion of certain stages of the pathway that reflect the expectations of the MBA and the MCNZ.

Summary data on timeframes for assessment outcomes for SIMGs assessed by the College in Australia and New Zealand in 2016 is provided in Table 10.3.2, with further information available from the data submitted to the MBA as required in February 2017 (refer **Appendix 10.3.3**).

67 Some applications received may not have been progressed to the stage where any decision has been made at the time of writing, due to the date of receipt of application

Table 10.3.2 SIMG assessment timeframes, 2016

	Australia	New Zealand
Time between receipt of complete application and outcome of initial assessment	**24**	**9**
0 – 3 months and 14 days	24	9
3 months and 15 days – 6 months	-	-
>6 months	-	-
Time to first available assessment interview	**22**	**13**
0 – 3 months	22	5
>3 months – 6 months	-	8
>6 months	-	-
Time between receipt of complete application and assessment at interview	**24**	**9**
0 – 3 months and 14 days	14	1
3 months and 15 days – 6 months	15	5
>6 months – 9 months	5	3
>9 months	-	-
Time between assessment at interview and notification of assessment outcome	**22**	**9**
0 – 14 days	-	-
15 – 28 days	5	-
>28 days	17	9
Time taken to complete requirements of pathway	**8**	**17**
Partially Comparable/As satisfactory As	7	16
0 – 3 months	-	1
>3 months – 6 months	-	1
>6 months – 12 months	3	4
>12 months – 24 months	3	7
>24 months – 48 months	1	3
Substantially Comparable/Equivalent To	1	1
0 – 3 months	1	1
>3 months – 6 months	-	-
>6 months – 12 months	-	-
>12 months – 24 months	-	-
>24 months – 48 months	-	-

Internally, the SIMG unit has dedicated staffing of 1.7 FTE and, in Australia, the College uploads Interim (Report 1) and Final (Report 2) assessment reports to the AMC portal as they are finalised and amended reports as and when they are required. The College strives to ensure advice is provided to the MCNZ as soon as practicable within its assessment processes.

In the context of the 2016 data contained in **Appendix 10.3.3**, the *SIMG Assessment Committee* is currently considering mechanisms to improve areas of the College's compliance with the MBA benchmarks. The initial focus concerns the provision of advice of the assessment outcome to applicants within 14 days of the date on which they are interviewed.

All associated with this aspect of College activity are aware of the diversity of factors that can affect the timeframes associated with assessment outcomes for SIMG assessment. The College is, however, aware that some of these factors are determined by the applicants (e.g. deferment of interview offers), while some are influenced by College factors (e.g. administrative arrangements). The recent delegation of authority by COE for assessment decisions to the SIMG Assessment Committee is expected to further reduce the average time from the date of receipt of a complete application for an assessment decision (Australia) or the provision of advice to the MCNZ.

The College has regulations that enable a connection to be made between the MCNZ processes and vocational registration, with eligibility for Fellowship (refer College Regulations C2.2). These regulations recognise the autonomy of the MCNZ in regard to the granting of vocational registration, and are intended to facilitate the process of enabling SIMGs who attain vocational registration to attain College Fellowship, rather than put in place unnecessary bureaucratic impediments.

10.4 Communication with specialist international medical graduate applicants

Accreditation Standards	
10.4.1	The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
10.4.2	The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

Summary of ACEM Response	
10.4.1	ACEM provides clear and easily accessible information about SIMG assessment requirements and fees, and any proposed changes to them.
10.4.2	ACEM provides timely and correct information to SIMGs about their progress through the assessment process and is actively developing increased infrastructure to further assist in this regard.

As indicated, the Regulations, policies, guidelines, forms and other information relating to the College's assessment of SIMGs in Australia and New Zealand are available on the College website and updated as required.

ACEM typically schedules six interview dates each year in both Australia and New Zealand. These dates are published on the **website** and available dates are also communicated to applicants at the time they are advised that they are eligible to proceed to interview.

Similarly, the assessment fees payable for each stage of the assessment process are available on the **website**. In order to ensure the necessary infrastructure is available to support the processes associated with initial and ongoing assessment of SIMGs, the College is intending to introduce an annual supervision and assessment fee for SIMGs working towards eligibility for election to Fellowship of the College. This will be communicated to SIMGs following the setting of the College budget for the 2017 – 2018 financial year by the ACEM Board at its meeting in June 2017.

In addition, applicants are provided with information as they progress through the stages of the assessment process and ultimately through to eligibility for and election to Fellowship. This, necessarily, includes occasions when changes in existing processes are implemented. For example, recognising the implications of the introduction of the PFRC process for SIMGs seeking to attain eligibility for election to Fellowship, as well as FACEM Training Program trainees (refer Standard 1.3), SIMGs were provided with the same Memorandum regarding its purpose and processes.

While acknowledging that much of the content of the *ACEM Trainee Monthly Bulletin* is specific to the administration and requirements of the FACEM Training Program, since April 2017, SIMGs working towards eligibility for election to Fellowship have also received this Bulletin as a means of ensuring they are alerted to and receive information from the College, particularly any revisions to regulations and matters progressed by COE, such as revisions to policies.

Currently, SIMGs working towards eligibility for election to Fellowship do not use the training portal through which FACEM Training Program trainees register and log training placements, and through which their assessments are conducted and submitted. SIMGs receive regular email correspondence from the College regarding matters such as the dates when applicable assessment reports are due, and reminders regarding the time available to them in which to complete outstanding requirements.

With the extension until February 2018 for the expenditure of National Program funding for the *SIMG Assessment, Supervision, and Upskilling Project*, and in the context of greater certainty as to the requirements of the SIMG pathways to attaining Fellowship, throughout the remainder of 2017 the College is intending to develop an SIMG Portal to facilitate online completion of associated assessments in the manner of the Training Portal. In the interim, the number of SIMGs working towards eligibility for election to Fellowship is such that the College is confident its existing mechanisms of communicating with this cohort of SIMGs adequately ensure they are informed of any proposed changes to processes and policies that may have implications for their ability to attain eligibility for and election to Fellowship. As with those who complete the FACEM Training Program, SIMGs elected to Fellowship are invited to participate in the Annual College Ceremony and are provided with the same information as all new Fellows regarding their recertification requirements.

Summary of strengths and challenges in relation to Standard 10

Recent revisions to relevant processes and policies have resulted in ACEM being confident that its processes for the assessment of SIMGs in both Australia and New Zealand meet all requirements of relevant bodies in both jurisdictions. As is the case for CPD and associated issues (e.g. recertification), the College actively monitors both jurisdictions for any developments in regard to this area of activity and considers it has positive relationships with both regulatory bodies that enable it to clarify any matter necessary in a short timeframe. The College has clear assessment processes and requirements and all relevant information is readily available to all concerned.

In the immediate term, future work will be focussed on refinement of administrative processes, ensuring the training of assessors is rigorous and decisions consistent against identified benchmarks, as well the collection of data in relation to SIMG outcomes over time following the assessment process.

Australasian College for Emergency Medicine
34 Jeffcott Street
West Melbourne VIC 3003

t +61 3 9320 0444
f +61 3 9320 0400
e admin@acem.org.au

acem.org.au