



POLICY FOR RECOGNITION OF PRIOR LEARNING TOWARDS TRAINING IN THE DIPLOMA OF PREHOSPITAL AND RETRIEVAL MEDICINE

1. PURPOSE AND SCOPE

This policy describes the principles and processes by which a prospective Prehospital and Retrieval Medicine (PHRM) trainee may seek recognition of prior learning gained during formal training for the purpose of obtaining credit towards the Diploma in PHRM (DipPHRM).

This policy does not apply to those seeking Recognition of Prior Experience for the direct award of the DipPHRM. Prospective applicants for Recognition of Prior Experience should refer to the Policy for Recognition of Prior Experience for the Diploma of Pre-hospital and Retrieval Medicine.

2. RECOGNITION OF PRIOR LEARNING

Recognition of Prior Learning (RPL) refers to the assessment and acceptance of evidence of relevant knowledge, skills and competencies attained through formal training in another medical education program or jurisdiction as defined by the Committee of Presidents of Medical Colleges (*Statement on Recognition of Prior Learning for Training Programs, 2009*).

RPL may be available in the following situations:

- Prospective trainees wishing to receive recognition of prior learning for evidence of knowledge, skills and competencies obtained from experience or training in a training program in PHRM
- Prospective trainees wishing to transfer from one recognised PHRM training program to another

Applicants may receive credit for their previous training (knowledge, skills, and competencies) in PHRM, in order to be recognised as having partially met the requirements for completion of the DipPHRM.

The RPL process will assess an individual's training against the learning outcomes and assessment of the DipPHRM. This is achieved through a comparison of evidence supplied by the applicant against the requirements of the training program, to determine the extent to which that individual has achieved and maintained required learning and performance outcomes.

RPL granted by another provider is not transferable to ACEM.

3. PRINCIPLES FOR ASSESSMENT

Validity

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

Authenticity

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

Currency

The evidence of knowledge, skills and other competencies obtained should be relevant to the DipPHRM. The application must also contain evidence that these have been maintained and further developed.

Reliability

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

Equivalence

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

4. APPLICATIONS

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

An application submitted under this policy must address the following:

- (a) Predefined and explicit learning outcomes in the curriculum or component of a training program for which RPL is sought that align with the outcomes of the DipPHRM.
- (b) A statement of evidence (defined as assessment data) from the trainee providing details of assessment undertaken that shows the equivalence between the training completed for which the RPL/CT is being sought and the DipPHRM.
- (c) Evidence of equivalent program/course structure and learning environment (clinical) for teaching and learning contained in the RPL application and with the DipPHRM.
- (d) A statement of supervision issued by a specialist doctor at a level equivalent to a PHRM Consultant that confirms the applicant's ability to perform in the role of trainee at a level consistent with the learning outcomes of the DipPHRM.
- (e) Any additional documentation or information that may be specifically required by the Conjoint Committee of PHRM.

4.1 Eligibility

Unless an applicant can demonstrate the existence of exceptional circumstances to the satisfaction of the Conjoint Committee of PHRM, the following criteria must be met for applications to proceed under this policy:

- (a) The applicant must be a trainee or Fellow of ACEM, ACRRM, RACGP, ANZCA or CICM.
- (b) The training and/or experience that forms the basis of this application must have been completed in the past 5 years.
- (c) The applicant must hold current general medical registration with the Medical Board of Australia or Medical Council New Zealand.
- (d) If the applicant is a Fellow, the applicant must be an active participant in the CPD program related to their speciality, including activities directly relevant to PHRM.

4.2 Documentation required

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

- (a) A certified copy of any written in-training assessments relevant to the application, clearly showing the name and signature of the Supervisor of Training, details of the term, and site. If not available, evidence of competency in the learning outcomes as set out in the DipPHRM curriculum and a summary of training undertaken, including relevant dates, supervisors, and sites.
- (b) Details of the relevant training course/program, if applicable, including the objectives, content, and outcomes of the associated curriculum.
- (c) A statement of supervision issued by a specialist doctor at a level equivalent to a PHRM Consultant that confirms the applicant's ability to perform in the role of trainee at a level consistent with the learning outcomes of the DipPHRM.
- (d) A logbook of cases undertaken during the relevant training term/s, using the CCPHRM-approved Excel template.
- (e) Evidence of completed CPD activities that are directly relevant to PHRM.
- (f) The applicant's Curriculum Vitae.
- (g) Any additional documentation or information that may be required by the Conjoint Committee of PHRM (additional documentation required by the Conjoint Committee of PHRM must be received at the College within two weeks of the date of the request being sent to the applicant).

4.3 Notification of outcome to applicant

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

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

4.4 Outcomes

An applicant may be awarded:

- no Recognition of Prior Learning, or
- partial RPL with the requirement to complete an additional supervised placement in a CCPHRM-accredited DipPHRM training site, specific Workplace-based Assessments, Training Supervisor Reports and/or final examination(s)

5. WHEN RECOGNITION WILL NOT BE CONSIDERED

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

- (a) The application is incomplete (e.g., supporting documentation is not provided).
- (b) The recognition being sought does not comply with the necessary eligibility requirements described in this policy.
- (c) The applicant has outstanding fees due for payment to ACEM.

6. ASSOCIATED DOCUMENTS

- ACEM Regulations: Regulation F – Diploma of Pre-Hospital and Retrieval Medicine Training Program
- DipPHRM Curriculum
- *Policy for Recognition of Prior Experience for the Diploma of Pre-Hospital and Retrieval Medicine (PHRM747)*

7. DOCUMENT REVIEW

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

7.1 Responsibilities

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

7.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
v1	Dec-2019	Approved by Board.
V1.1	April 2021	Minor edits, addition of RACGP, addition to 4.4 re supervised placement in CCPHRM-accredited site and Training Supervisor Reports.
V2.1	July 2022	Minor revisions to sections 4.1 and 4.2, and 5.