Australasian College for Emergency Medicine

acem.org.au

Training Handbook

Associateship Emergency Medicine Training Programs

June 2026

About

The Australasian College for Emergency Medicine

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

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

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

Contacts

Administration, training and examination queries

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Trainee in difficulty and trainee welfare

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Your training handbook

This handbook is designed to help you navigate your way through the ACEM Emergency Medicine Associateship Training Programs from the day you enrol to the day you complete all the training and assessment requirements. The information in this handbook outlines the training and assessment requirements for trainees commencing the Associateship Training Programs.

It outlines your training and assessment requirements, how to complete them, where to find more information and who to contact. The handbook also provides important information about College policies as well as how to access Trainee Support and Wellbeing resources.

This handbook is a 'living' document and will be updated from time to time as regulations, policies and processes change, so it is important that you regularly check you have the latest version particularly if you have a printed copy. We suggest you bookmark the handbook online.

The handbook is divided into various sections providing general information about the College and Program administration before outlining the different training and assessment requirements of the three programs.

- Associateship in Foundational Emergency Medicine
- Associateship in Intermediate Emergency Medicine
- Associateship in Advanced Emergency Medicine

The Training Handbook should not be your only resource to help you through the program.

- Regulation D outlines the rules of each program. It is essential that trainees are familiar with these regulations.
- ACEM Emergency Medicine Associateship Training Programs curricula outlines the learning outcomes and everything a trainee needs to learn, and importantly what a trainee will be assessed and examined on.
- Individual assessment forms, which are accessed via the Online Assessment portal, provide detailed information on how to complete each assessment and the assessment criteria.
- To facilitate learning and to prepare for assessments, including examinations, it is expected that trainees utilise a variety of resources in addition to the online modules. For each training program, there are recommended texts and additional resources specified for each theme, details of which may be found on the ACEM Educational Resources website. The examinations align to the learning objectives of the curricula.
- The Associateship Training Team are available to assist you should you have any questions or need to discuss your training. Contact details are included in this handbook.

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Abbreviations and acronyms

ACEM	Australasian College for Emergency Medicine
AEMTP	Advanced Emergency Medicine Training Program
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
ASGC-RA	Australian Statistical Geography Standard Remoteness Areas
CAPP	Council of Advocacy, Practice and Partnerships
CICM	College of Intensive Care Medicine
COE	Council of Education
CPD	Continuing Professional Development
ED	Emergency Department
EM	Emergency Medicine
EMC	Emergency Medicine Certificate
EMD	Emergency Medicine Diploma
EMAD	Emergency Medicine Advanced Diploma
EMET	Emergency Medicine Education and Training
FACEM	Fellow of the Australasian College for Emergency Medicine
FEMTP	Foundational Emergency Medicine Training Program
FTE	Full Time Equivalent
GP	General Practitioner
IEMTP	Intermediate Emergency Medicine Training Program
MBA	Medical Board of Australia
MCNZ	Medical Council of New Zealand
MO	Medical Officer
NPSC	National Program Steering Committee
PSO	Program Support Officer

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Terminology

Approved Site

Used in relation to specific training placements that meet the training supervision requirements of the relevant Associateship Training Programs.

ACEM Board

The governing body of the College; the members of which are the company directors. The Board has delegated some of its decision-making authority to the Council of Advocacy, Practice and Partnerships and the Council of Education.

Certified

Used in relation to training (at an approved site or placement), which results in time being accrued towards completion of training time requirements.

Council of Education

The educational governing body of the College, which is responsible for educational governance, direction, delivery and promotion of improvements in education and has oversight of all facets of the College's educational activities, including examination and election to Fellowship, accreditation and continuing Professional Development programs.

EMATP Committee

An entity of the Council of Education responsible for monitoring and reviewing the operation of the Associateship training programs.

Full-Time Equivalent

Full-time Equivalent (1.0 FTE) is determined by reference to the hours and conditions applicable in the relevant jurisdiction; '0.5 FTE' refers to half those full-time hours.

Leave within training

Any leave taken during a training period within a placement; the maximum amount of leave that may be taken in a placement is prescribed in the College regulations.

Paediatric Patient

Means a patient who has not yet reached their 16th birthday (e.g. aged up to 15 years and 364 days)

Paediatric Patient Encounter

For the purposes of the WBA Assessments an 'encounter' includes attending a patient for all of the following purposes: taking a history; physical examination; participation in management and disposition decisions and documenting the encounter in the patient's medical record by the trainee.

Placement

A placement is a period of training undertaken at a designated site.

Primary Supervisor

A Primary Supervisor has oversight of a trainee's progression through the program and is responsible for helping trainees meet training requirements by assisting with access to education and assessments.

Relevant site

A relevant site is the site at which a trainee is training and not another site or host emergency department within an ED network or linked ED.

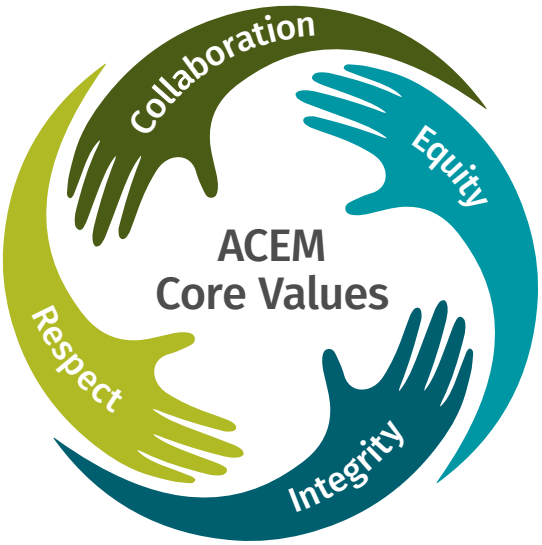
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1. Introduction

1. Introduction

1.1 The College

The Australasian College for Emergency Medicine (ACEM; 'the College') is accredited by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) to train and accredit doctors throughout Australia and Aotearoa New Zealand as specialist emergency medicine physicians. The College sets the standards for clinical practice in emergency medicine in Australia and New Zealand. It is responsible for delivering and managing the training, education and professional development programs that serve to ensure the provision of emergency medicine care at the standard and quality expected by the Australian and New Zealand public.

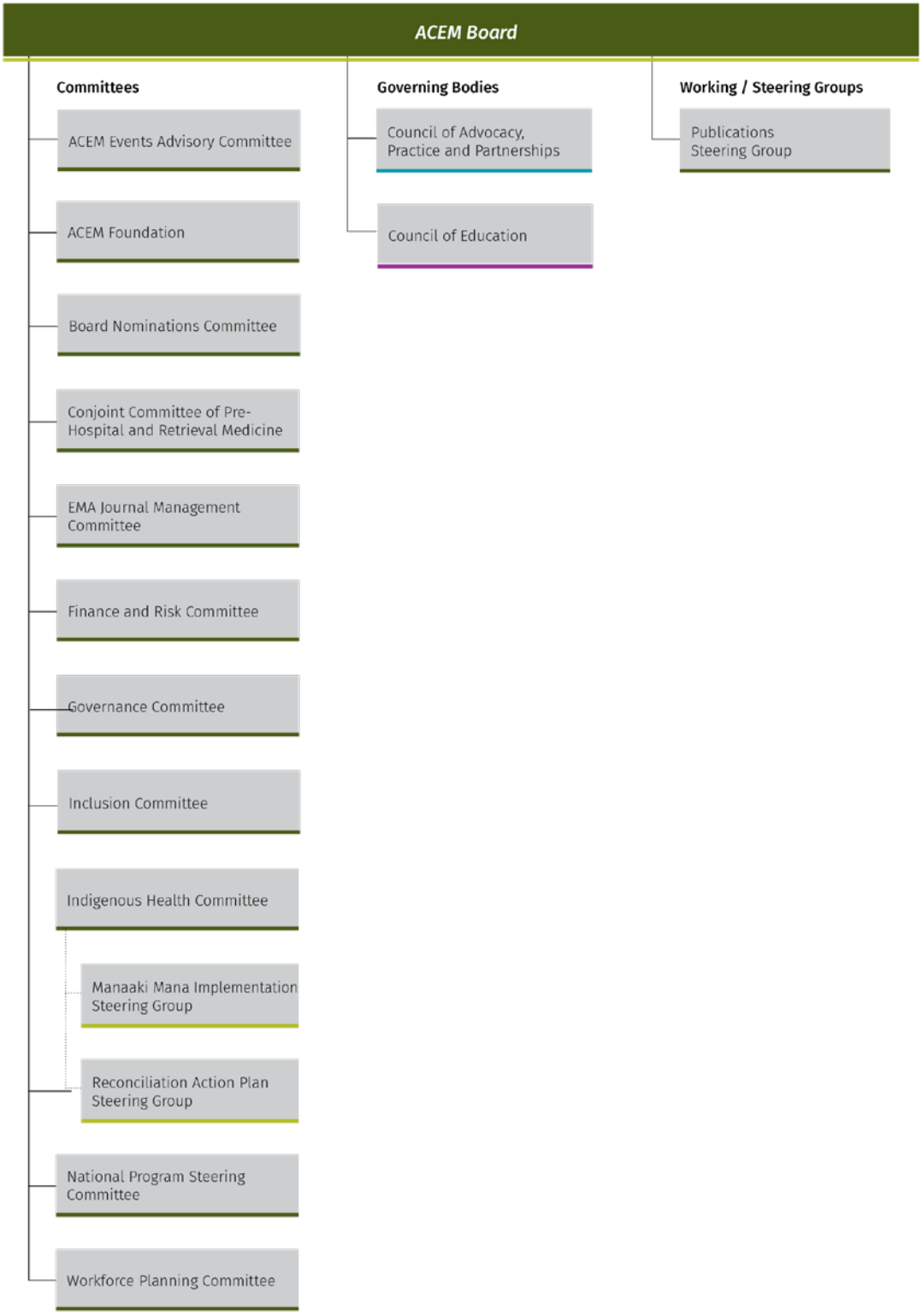


1.2 ACEM governance

ACEM is governed by a Board, the members of which are the company directors. In addition to standing and ad hoc committees that report directly to it, the Board delegates some powers to its two councils, the Council of Advocacy, Practice and Partnerships (CAPP) and the Council of Education (COE), and their subordinate entities. The general nature of the arrangements is outlined in Figure 1 below.

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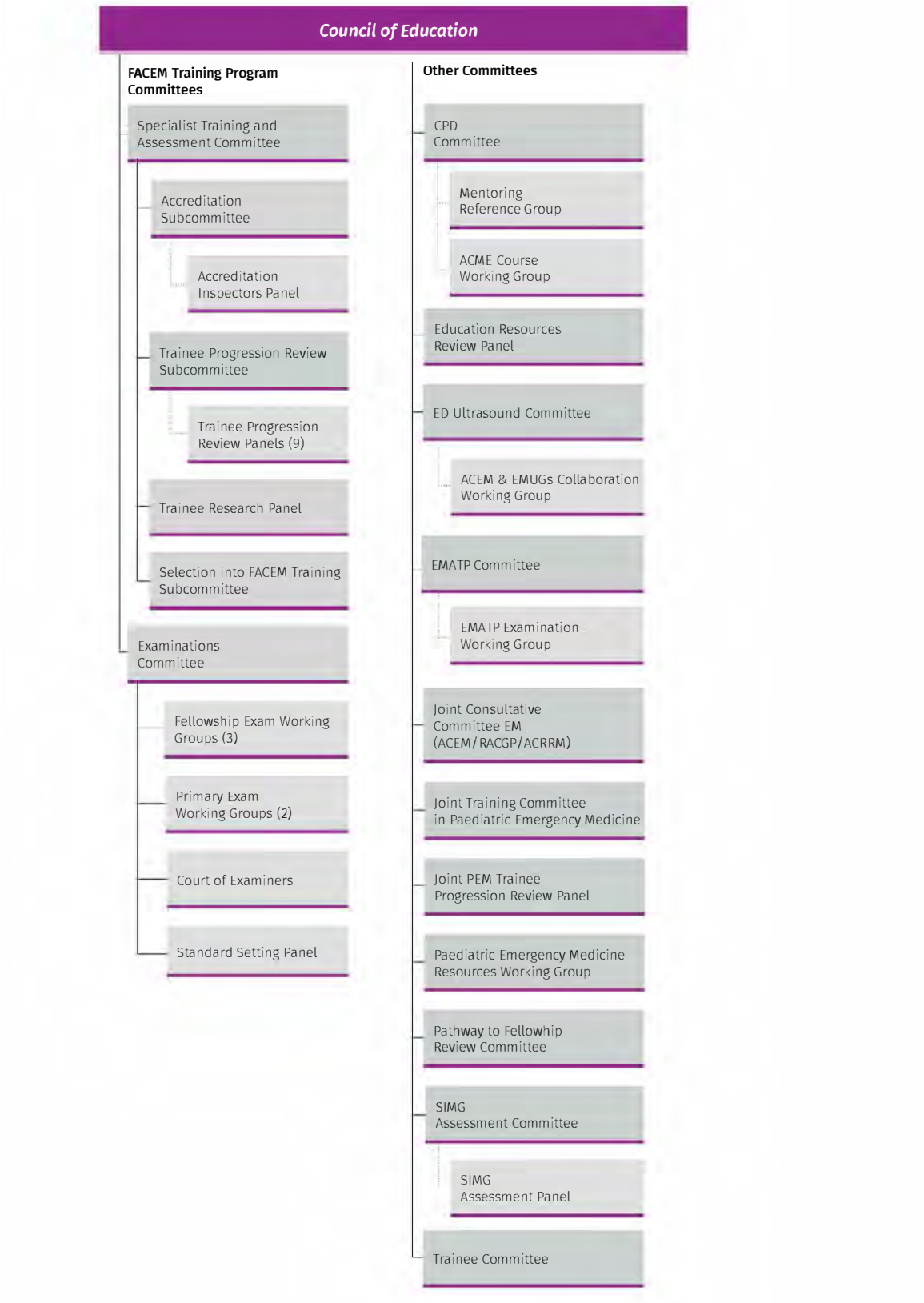
Figure 1. ACEM governance structure



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The **Council of Education** (COE) is the educational governing body of the College and has been delegated responsibility for all facets of the College's educational activities by the ACEM Board. This includes the requirements of the training programs, conduct of examinations, election to Fellowship, accreditation of training sites and placements, and ongoing professional development requirements. The membership of all COE entities (Figure 2) is set out in formal Terms of Reference.

Figure 2. ACEM Council of Education Structure 2022



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1.3 ACEM training programs

ACEM offers five training programs:

1. Specialist training in emergency medicine (leading to Fellowship)
2. Associateship in Foundational Emergency Medicine
3. Associateship in Intermediate Emergency Medicine
4. Associateship in Advanced Emergency Medicine
5. Associateship in Pre-Hospital and Retrieval Medicine

1.4 A brief history of the EMATP programs

The ACEM EMC and EMD programs were developed in 2010 to help achieve the College's strategic goal of improving the quality of emergency medical care across Australasia and to provide skills development opportunities for those providing emergency medical care in rural and remote areas. The EMC started taking enrolments in 2011 and the EMD in 2012.

The ACEM EMC and EMD programs underwent a review in 2019 and 2020 and together with the development of an Emergency Medicine Advanced Diploma program, these new programs were introduced from the start of the 2021 Medical Training Year. ACEM revised and developed the new programs by a working group that also included representatives from RACGP, ACRRM and the DRHM of the RNZCGP with specific scope of practice in mind for each program to help medical practitioners working in emergency medicine align their stage of professional development.

In March 2024, in line with the Tertiary Education Quality and Standards Agency (TEQSA) legislation, the training programs undertook a name change and will be known as Foundational, Intermediate and Advanced Emergency Medicine Training Programs.

1.5 EMATP Committee

The Emergency Medicine Associateship Training Programs Committee are a Committee of the College's Council of Education and are responsible for oversight of the training requirements and examination development for the FEM, IEM and AEM Training Programs.

All matters relating to training and those of the Emergency Medicine Associateship Training Programs are usually considered by this committee. Any changes to program structure, regulations or training program policy are then approved by the Council of Education and ACEM Board.

1.6 EMATP Regulations

The FEM, IEM and AEM Training Programs are governed by Regulation D. These regulations outline the requirements by which trainees must meet to complete the relevant program. It is essential that all Primary Supervisors, and trainees, of the FEM, IEM and AEM Training Programs read and are familiar with Regulation D.

It is important to note that if there are inconsistencies between regulations and other documents, policies, handbooks or communications, Regulation D is the document that will be applied.

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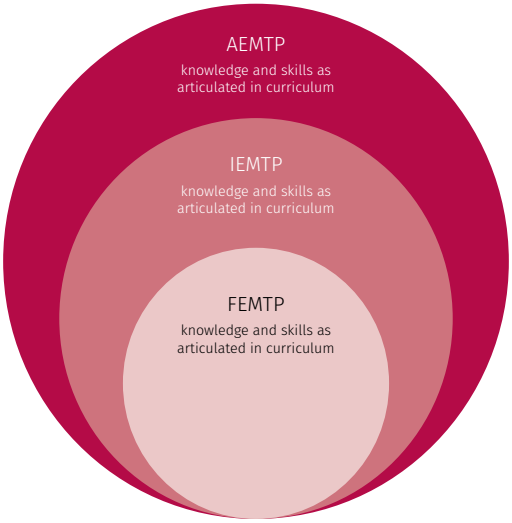
2. Program overview

2. Program overview

The structure of the training programs follows a three-tiered format, with the Foundational Emergency Medicine Training Program (FEMTP), Intermediate Emergency Medicine Training Program (IEMTP) and the Advanced Emergency Medicine Training Program (AEMTP) as *nested* curricula; that is, the knowledge and skills of the three programs progressively build upon each other from one training program to the next.

Each program has a specific scope of practice in mind and depending on previous qualifications, skills and experience can be undertaken as stand alone training programs, however the nested structure of the three training programs is reflective of the progressive increase in knowledge and skills required for decision makers of increasing seniority who fill many important roles within the emergency care system.

Figure 1. The three-tiered nested structure of the FEM, IEM and AEM Training Programs



2.1 Entry Pathways

There are a number of entry pathways into the different programs. Entry pathways enable prospective trainees who have the relevant experience and meet the eligibility criteria to enter into a program at a certain point.

Depending on which entry pathway a trainee is eligible for will determine the training and assessments that are required to be completed to successfully complete the training program. This handbook outlines the training and assessment requirements depending on your entry pathway. Your entry pathway will be confirmed on your confirmation letter of enrolment however information on entry pathways and eligibility requirements can be found on the ACEM website.

Example:

A doctor who wants to obtain the IEM with no previous qualifications will enter under IEM Entry Pathway 1 and be required to complete the FEM and IEM training and assessment requirements. These requirements can be completed sequentially (FEM requirements before IEM) or concurrently, with some restrictions. However, the training site, assessor and supervision requirements of the IEM apply to the completion of all training requirements. The trainee will only have successfully completed the Associateship in Intermediate Emergency Medicine Training Program.

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2.2 Training and assessment requirements

Summary of Training and Assessment Requirements

The training and assessment requirements for trainees undertaking the IEMTP or AEMTP vary depending on the entry pathway. Trainees should refer to the **Training Handbook** for further details regarding entry pathways.

Entry pathway	FEMTP	IEMTP	AEMTP
1	Must complete all training and assessment requirements of the FEMTP (6 FTE months)	Must complete all training and assessment requirements of the FEMTP and IEMTP (12 FTE months)	Must complete all training and assessment requirements of the FEMTP, IEMTP and AEMTP (18 FTE months)
2		Must complete all training and assessment requirements of the IEMTP (6 FTE months)	Must complete all training and assessment requirements of the IEMTP and AEMTP (12 FTE months)
3			Must complete all training and assessment requirements of the AEMTP (6 FTE months)

Assessments

Unit	FEMTP	IEMTP	AEMTP
Meetings with Primary Supervisor	Start of placement meeting Reflection meetings every three calendar months	Start of placement meeting Reflection meetings every three calendar months	Start of placement meeting Reflection meetings every three calendar months
Workplace based Assessments (WBAs)	**Five Mini-CEX** • Paediatric • Trauma with primary survey • Chest pain presentation • Abdominal pain presentation • Mental state examination **Six DOPS** • Suture wound • Bag valve mask • Safe Defibrillation • C-spine manoeuvre, including 3-person log roll • Plaster upper limb • Plaster lower limb **Two CbD**	**Five Mini-CEX** • Obstetrics and Gynaecological • Multi-trauma • Neurology • Toxicology • Renal / endocrine / metabolic **Four DOPS** • Non-invasive ventilation • Procedural sedation • Rapid sequence induction (RSI) plus ventilator set up • Joint or fracture reduction – major/ extremity **Two CbD**, of which one must be paediatric (either Mini-CEX or CbD)	**Three Mini-CEX** • high complexity presentations relating to the themes of the FEMTP, IEMTP or AEMTP as measured using a complexity calculator **Three DOPS** • Ventilator- assessment, adjustment and troubleshooting (e.g. alarms) • eFAST or AAA or FELS • Central venous access **One Quality Improvement Activity** M&M meeting presentation or Audit or clinical pathway/guideline/policy update or development **One Direct observation of communication skills** (DOCS) **Two Clinical lead shift reports** (CLSR)
Procedural checklist	Procedures as specified for FEMTP	Procedures as specified for IEMTP	Procedures as specified for AEMTP
Examinations	Multiple choice examination (MCQ)	Multiple choice examination (MCQ)	Multiple choice examination (MCQ)

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Workshops

The required workshop for the **FEMTP** is:

- Advanced Life Support (ALS) Level 2, or an equivalent workshop for trainees based in Aotearoa New Zealand.

The required workshops for the **IEMTP** are:

- Advanced Paediatric Life Support (APLS); and
- Early Management of Severe Trauma (EMST) or Emergency Trauma Management (ETM).

The required workshop for the **AEMTP** is:

- ACEM EMATP Supervisor Course.

Online learning module requirement

All trainees regardless of program are required to complete the ACEM *Indigenous Health and Cultural Competency Modules*. Additionally, AEMTP trainees are required to complete the ACEM Ultrasound online modules. The *Indigenous Health and Cultural Competency Modules* are as follows:

1. Introduction to Culturally Competent Care in the ED
2. Culturally Competent Communication in the ED
3. Understanding Health Literacy and Diversity of Health Beliefs
4. Understanding Language Diversity and Working with Interpreters
5. Improving ED Access and Experiences for Aboriginal and Torres Strait Islander Patients
6. Collaborative Practice: Understanding the Role of Aboriginal Liaison Officers and Families in ED care
7. Culturally Competent Discharge Planning
8. Culturally Competent End of Life Care
9. A Culturally Competent Approach to Challenging Presentations: Aboriginal and Torres Strait Islander Patients
10. A Culturally Competent Approach to Challenging Presentations: Refugee and Migrant Patient
11. Māori and Pacific Island Health

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2.3 Procedural skills checklist

The following table lists the minimum number of procedural skills for each training program to be performed by a trainee and 'signed-off' by an approved assessor. The Primary Supervisor must sign off the completed procedural skills checklist. The number in brackets indicates the minimum to be performed on a real patient. For example '4 (1)' indicates a minimum of four procedures, of which at least one of the four must be performed on a real patient. The remainder may be performed as a simulation. In the case of '1 (1)', the trainee must perform a minimum of one procedure, and this procedure must be performed on a real patient. Where the procedure is also a DOPS*, the number indicated to be done in a real patient includes that which is done as a DOPS*.

	FEMTP	No.	IEMTP	No.	AEMTP	No.
Resus	Insert oropharyngeal airway	**1 (1)**	Emergency intubation (e.g., RSI)	**5 (3)**	Complex RSI (adult)	**2 (2)**
	Insert nasopharyngeal airway	**1 (1)**	Other endotracheal intubation (insertion of ETT)	**10 (7)**	Emergency intubation (e.g., RSI)	**5 (2)**
	Insert laryngeal mask	**1**	Other airway procedures (either Insertion of laryngeal mask or endotracheal intubations)	**10 (5)**	Endotracheal intubation (insertion of oral ETT) with c-spine immobilisation	**5 (2)**
	Basic airway manoeuvres	**2 (2)**	Set up a ventilator for an adult in the ED	**5 (1)**	Other endotracheal intubation (insertion of ETT)	**10**
	Use bag valve mask* (both one and two handed)	**2 (1) adult (1) paed**	Non-invasive ventilation including BiPAP and CPAP	**4 (1)**	CICO or eFONA	**1**
			Insertion of intercostal catheter	**1**	Other airway procedures (either Insertion of laryngeal mask or endotracheal intubations)	**10 (5)**
			RSI plus set up ventilator*	**1 (1)**	Set up a ventilator, including adjustments and troubleshooting (e.g. alarms) for an adult*	**5 (1)**
					Insert intercostal catheter	**(1)**
Analgesia / pain relief	Intranasal analgesia (adult or paediatric)	**1 (1)**	Procedural sedation*	**2 (1) adult (1) paed**		
	Digital nerve block	**1 (1)**	Femoral nerve block / fascia ilaca block	**2 (1)**		
	Infiltration of local anaesthetic	**1 (1)**				
Musculo-skeletal	Plaster upper limb*	**1 (1)**	Fracture or joint reduction* (major/extremity)	**1 (1)**		
	Plaster lower limb*	**1 (1)**				

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Procedural skills checklist (continued)

	FEMTP	No.	IEMTP	No.	AEMTP	No.
Trauma	Pelvic splinting / binder	**1**	Chest decompression	**1**	Management of complex trauma special sub-populations in two out of the following three: • Geriatric • Paediatric • Pregnant	**2 (2)**
	Close wound with tissue adhesive	**1 (1)**				
	Suture wound*	**1 (1)**				
	C spine manouver*, including 3-person log roll	**1 (1)**				
Burns	Assess burn (size and depth)	**1 (1)**			Fluid calculations and replacement	**2 (1) adult (1) paed**
Wounds	Incision and drainage of abscess	**1 (1)**			Manage complex wound	**1 (1)**
Cardiac	Safe defibrillation* (adult or paediatric)	**1**	Application of external pacemaker	**1**		
			Cardioversion	**1**		
Circulation	IV access - Large bore (16G or larger)	**1 (1)**	Arterial line insertion	**1 (1)**	Central venous access*	**3 (1)**
	Intraosseous access	**1**	Insertion of Rapid infusion catheter (RIC)	**1**		
Neurology	Mini-mental state examination	**1 (1)**	Lumbar puncture	**1**		
Psychiatric/ mental health			Manage acutely behaviourally disturbed patient	**1 (1)**		
Infectious disease			Joint aspiration	**1 (1)**		
Ultrasound					eFAST or AAA or FELS*	**1 (1)**
					US guided peripheral vascular access	**1 (1)**
Gastro-intestinal	Insertion of nasogastric tube	**1 (1)**				

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Procedural skills checklist (continued)

	FEMTP	No.	IEMTP	No.	AEMTP	No.
Paediatrics	Appropriate basic airway techniques (on an infant)	1	Neonate resuscitation	1	RSI in a child	1
	Assess hydration	1 (1)	CPR in the newly born	1		
	Teach use of spacer	1 (1)	Neonate airway management, including use of: • airway suction • Bag ventilation • CPAP device	1		
			Bag ventilation	4 (1)		
			Endotracheal intubation	5		
			Set up ventilator using initial settings	2		
			Septic screening procedure	1 (1)		
			Laryngeal mask	2		
Obstetrics and gynaecological	Speculum vaginal examination and visualisation of the cervical os	1 (1)				
	Assess foetal heartbeat in late pregnancy (foetal doppler)	1 (1)				
Toxicology and toxinology	Pressure bandage with immoilisation (PBI)	1	Interpret ECG in a poisoned patient	1		
ENT			Nasal packing	1 (1)		
			Chemical cautery of epistaxis	1 (1)		
Opthalmo-logical	Removal of foreign body from eye	1 (1)				
Other	Insertion of urinary catheter	2 (1) male (1) female				

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3. Program administration

3. Program Administration

The Emergency Medicine Associateship Training Program (EMATP) team manage all the administrative processes of the training programs. See Section 17 of this handbook for contact details.

3.1 Enrolment

After you have submitted your online enrolment form, the EMATP Team will review your application and determine if you meet the criteria to enrol in the relevant training program. If all information has been received correctly, you will be issued an invoice for the enrolment fee.

Once payment has been received, your enrolment will be finalised. Your confirmation letter of enrolment outlining your training requirements and your username and password will be emailed to you, granting you access to the training program Online Assessment Portal and training resources.

3.2 Training Start Date

Training can commence on any day as the EMATP training programs do not have intakes at specified times of the year, however ACEM does not back date your start date for any ED time completed prior to receiving an application for enrolment.

3.3 Guidance on Dual Training

Should a trainee decide that they wish to undertake another specialty training program at the same time as their ACEM EMATP training program, it is their responsibility to ensure that they are able to maintain and meet all regulations and requirements of the Associate Training program.

Before deciding to undertake dual training, trainees need to consider that;

- completing two training programs simultaneously can make it difficult to meet all regulatory requirements of both programs,
- considerable planning will need to be undertaken,
- delays in progression (e.g. exam failure, additional training time, unexpected leave) can impact the best laid plans,
- trainees will likely need to complete two sets of assessment requirements during the same placements,
- undertaking two training programs simultaneously is not, by itself, grounds for special consideration should a trainee not be able to comply with regulations.

3.4 Training Program Fees

All training program fees are payable at the time of application and enrolments are unable to be processed until your fees have been paid.

Trainees experiencing financial hardship may apply to the College for permission to pay the IEMTP or AEMTP fees through an agreed schedule of instalments. All such applications must be made in writing to the EMATP team prior to enrolment.

Trainees that have received approval to pay by instalments are reminded that training time will not be certified and completion and uploading of assessments is not possible, where any instalment has not been paid by the due date.

All training program fees are to be paid to be eligible to sit an examination.

3.5 Online Assessment Portal

Trainee assessments are managed through ACEM's Online Assessment Portal.

The Online Assessment Portal is where trainees can view a summary and keep track of their assessment requirements. The portal is where Assessors and Primary Supervisors complete assessment forms following

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an assessment such as a shift report, procedure, or reflection meeting. After an assessment has been satisfactorily completed and submitted, this will be recorded on the Assessment Summary Page. Trainees and Supervisors can then view all the assessments that have been completed and those that are still be completed. Trainees are also able to view completed assessments to reflect on the feedback provided by the assessor or supervisor.

Trainees access the portal via a unique username and password that is provided on the confirmation on enrolment.

3.6 Online Modules and Resources

To facilitate learning and to prepare for assessments, including examinations, it is expected that trainees utilise a variety of resources in addition to the online modules. For each training program, there are recommended texts and additional resources specified for each theme, details of which may be found on the ACEM Educational Resources website.

The ACEM Educational Resources website provides trainees with readily accessible learning support resources, including bespoke self-contained eLearning modules that are a series of audio, video, graphics, animations and quizzes that provide up to date information, links and resources and details of recommended texts for the courses. These resources are mapped directly to some of the learning objectives articulated in the three curricula and can be accessed at the trainee's own pace according to their individual needs. The resources are designed to support those undertaking the programs and their supervisors and serve as a highly valuable point of reference for knowledge acquisition, consolidation, and appraisal, as well as preparation for assessment, including examinations.

Details of online learning modules, recommended text and other resources related to each of the themes are available via the ACEM Educational Resources website.

The examinations will align to the learning objectives of the curricula.

Access to the Online Modules and Resources is available through the ACEM Educational Resources site.

3.7 Withdrawal

Trainees can formally withdraw from the programs at any time by completing the withdrawal notification form. However, a refund is only possible within the first 28 days of training from your enrolment date as per the **ACEM Refund Policy**. Once processed, a member of the team will notify the trainee.

Trainees considering withdrawal from the training program are encouraged to first contact the EMATP team to discuss their intentions. It is also recommended that trainees review the College's **Policy on Former FEMTP, IEMTP and AEMTP Trainees Re-entering the FEMTP, IEMTP and AEMTP Training Programs** prior to making any decision.

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4. Foundational Emergency Medicine Training Program

4. Foundational Emergency Medicine Training Program (FEMTP)

4.1 Overview of the FEMTP Program

The FEMTP is a training program that is beneficial for all doctors and is suited to and intended for doctors working:

- in an emergency department with access to off-site advice and rapid access to on-site critical care support; or
- as part of the team in an emergency department with senior assistance available on the floor when needed.

At the completion of training, FEMTP doctors will have the knowledge and skills to manage and treat patients with common emergency presentations. FEMTP doctors will also have basic knowledge and skills relating to:

- Prioritisation
- Risk management.
- Detecting red flags of serious illness.
- Carrying out an initial focused assessment of an undifferentiated patient.
- Delivering safe patient care in a modern emergency care system.

4.2 FEMTP Curriculum

The FEMTP Curriculum consists of three Units:

Foundational		
Unit 1	Fundamental principles of emergency medicine	The practice of emergency medicine is underpinned by the principles of prioritisation, risk management and the ability to detect red flags of serious illness. On completion of Unit 1, the trainee will have acquired basic knowledge and skills in carrying out an initial focused assessment of an undifferentiated patient.
Unit 2	Managing emergency presentations 1	Emergency clinicians manage a wide range of patient presentation types in a time-pressured environment. On completion of Unit 2, the trainee will have acquired the knowledge and skills to manage and treat patients with common emergency presentations.
Unit 3	Understanding the emergency care environment	The practice of emergency medicine involves collaborating with people and organisations within the hospital and wider community. On completion of Unit 3, the trainee will have acquired basic knowledge and skills to deliver safe patient care in a modern emergency care system.

The FEMTP Curriculum is available on the ACEM website.

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The training and assessment requirements of the FEM Training Program are:

Training and Assessment requirements	
Training Time	• 6 FTE months of EM training
Meetings with Primary Supervisor	• Start of Placement Meetings • Reflection Meetings
Workplace Based Assessment	• 5 Mini Clinical Evaluation Exercises (Mini-CEX) • 6 Direct Observation of Procedural Skills (DOPS) • 2 Case Based Discussions (CBD) • Procedural Checklist
Workshops	• ALS2 or NZ equivalent – must be an ARC/NZRC **approved course**
Online Modules	• Indigenous Health & Cultural Competency
Supervision	• Primary Supervisor • 30% of clinical time must be under the supervision of an ACEM Direct Clinical Supervisor
Training Site	• Equivalent of 1 FTE FACEM, one of whom meets the requirements of a Primary Supervisor, or • 0.5 FTE ACEM Advanced Diplomate/Associate or ACEM Diplomate/Associate and 0.5FTE FACEM, who both meet the requirements of a Primary Supervisor
Examinations	• FEMTP Online Multiple Choice Question Exam (MCQ)
Timeframe	• All program components must be completed within two years from enrolment date.

4.3 FEMTP Program Timeframe

Trainees must complete all requirements of the FEM Training Program and be eligible for election to membership of the College as an ACEM Associate member within two (2) years of the date of enrolment as a trainee. This two-year period is inclusive of all leave taken, and any periods of interrupted training

4.4 FEMTP Training Time Requirements

Trainees must complete six (6) FTE months of supervised training in an emergency department that meets the minimum staffing requirements of the FEM Training Program with a Primary Supervisor overseeing and guiding your training.

Training can be undertaken full time (38 hours per week) or part time at a minimum of 0.25 FTE hours per week (9.5 hours per week). You can complete training in blocks of a minimum of six (6) FTE weeks at a time, however you must be able to complete the ED training time requirements within the two (2) year timeframe.

See Section 7 of this handbook, Emergency Medicine Placements, for further information

4.5 FEMTP Training Site Requirements

FEMTP trainees must complete emergency medicine training at sites that meet the minimum staffing requirements for the FEM Training Program.

The minimum staffing requirements for FEMTP training sites are:

- Equivalent of 1 FTE FACEM, one of whom meets the requirements to be a Primary Supervisor

  or

- 0.5 FTE ACEM Advanced Diplomate/Associate or ACEM Diplomate/Associate and 0.5 FTE FACEM, who both meet the requirements to be a Primary Supervisor

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If the site you would like to work at does not meet FEMTP Training Site Requirements, you still may be eligible to complete your training at the site. You will need to show how you will meet the supervision requirements of the FEM training program while undertaking training at the site. You may also be required to complete two FTE weeks of training at an FEMTP training site that meets the minimum staffing requirements. Virtual emergency departments are not suitable to meet training requirements.

Example

Fiona works at Western District Health Service – Hamilton Hospital in Victoria. Hamilton has a part time FACEM at the site who is an approved EMATP supervisor. Fiona can complete some of her training at Hamilton Hospital because the part time FACEM can assess her workplace-based assessments and training requirements. However, she must go to work at a site with a minimum of 1 FTE (full time equivalent) FACEM staffing for two FTE weeks of direct clinical supervision as part of her training.

Fiona contacted the EMATP Training Team to discuss her training requirements before enrolling. She was able to show that she could complete the two FTE weeks of emergency medicine training time at University Hospital Geelong and her enrolment was approved. The additional two FTE weeks are included in her overall 6 FTE months (26 weeks) of emergency medicine training time.

Please contact the **EMATP team** to discuss your situation.

4.6 FEMTP Training Program Supervision

FEMTP Primary Supervisor

Each trainee must have a Primary Supervisor who oversees their training throughout the program. A Primary Supervisor is responsible for helping you to meet your training requirements by assisting you to gain access to education and assessments. You will meet with your Primary Supervisor to discuss goals and progress throughout your emergency medicine training time.

An FEMTP Primary Supervisor is:

	FEMTP Primary Supervisor
FACEM	• completed EMATP Supervisor Course • works at least 0.5 FTE at the same site or Health Network as the trainee.
ACEM Advanced Diplomate/ Associate	• completed EMATP Supervisor Course • has at least 2 FTE years of ED experience since completing the program • works at least 0.5 FTE at the same site or Health Network as the trainee.
ACEM Diplomate/ Associate	• completed EMATP Supervisor Course • has at least 2 FTE years of ED experience since completing the program • works at least 0.5FTE at the same site or Health Network as the trainee.

It is the trainee's responsibility to organise a Primary Supervisor prior to commencing the training program.

If you change training sites, and the new site isn't part of the same health service that you were previously training at, you must organise a new Primary Supervisor. Inform the College of the change of supervisor by completing a new FEMTP Primary Supervisor form.

Example A

Vijay works at Mount Druitt Hospital in Sydney. His Primary Supervisor, Mark, works at Blacktown and Mount Druitt Hospitals. As Blacktown and Mount Druitt Hospitals are in the same Health service Mark can be Vijay's Primary Supervisor.

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Example B

Ashley has moved from Bankstown-Lidcombe hospital to Westmead Hospital and her Primary Supervisor, Dalini still works at Bankstown-Lidcombe Hospital. As Westmead and Bankstown-Lidcombe Hospitals are not in the same health service Ashley must organise a new Primary Supervisor at Westmead hospital and send the new FEMTP Primary Supervisor form to the EMATP team at the College.

FEMTP Direct Clinical Supervision

30% of your emergency medicine training time must be under the supervision of a Direct Clinical Supervisor or your Primary Supervisor. They must work in the same health service or site as the trainee.

A Direct Clinical Supervisor for the FEM training program can be:

	FEMTP Direct Clinical Supervisor
FACEM	• YES • They must work in the same health service or site as the trainee.
ACEM Advanced Diplomate/ Associate	• YES if they have completed EMATP Supervisor Course • They must work in the same health service or site as the trainee.
ACEM Diplomate/ Associate	• YES if they have completed EMATP Supervisor Course • They must work in the same health service or site as the trainee.

Other Registered Specialist Medical Practitioners

Registered Specialist Medical Practitioners working at your hospital whose area of specialty relates to the applicable area of clinical practice undertaken by the trainee can assess some FEMTP assessments.

For example, a Specialist GP Practitioner with their Advanced Skills Training in Anaesthetics can assess an anaesthetics procedure for an FEMTP trainee.

4.7 FEMTP Assessments

FEMTP assessments are completed throughout your training. Assessments are completed on the relevant online form accessed through the ACEM Online Assessment Portal. Each form includes instructions on how to complete the assessment. These forms can be printed from the portal and on the ACEM Website and filled out by the relevant assessor at the time of completing the assessment, but the official record of assessment must be submitted on the online form.

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4.8 FEMTP Approved Assessors

FEMTP assessments have specific requirements regarding who can assess each type of assessment. This information is outlined in the FEMTP Assessor Matrix below:

FEMTP Approved Assessor Matrix

Assessment type	FEMTP Primary Supervisor	FEMTP Direct Clinical Supervisor	Other Specialist Medical Practitioner
Meetings	✓	✘	✘
Mini-CEX	✓	✓	✘
DOPS	✓	✓	✓*
CbD	✓	✓	✘
Procedural Checklist	✓	✓	✓*
Workshops	✓	✘	✘

* If procedure is in the area of specialty

4.9 FEMTP Assessment Entry

At the time of assessment, the trainee may decide to print out the online assessment form and give it to the relevant assessor to complete, or the assessor may access the online form shortly after the assessment has taken place to enter the assessment information.

FEMTP trainees are unable to upload paper assessments to their Online Assessment Portal. Trainees are however able to enter some information into the online Start of Placement and Reflective meetings assessment forms.

The assessment entry process is completed by your Primary Supervisor, an FEMTP Direct Clinical Supervisor at your site, or a Program Support Officers (PSO - for sites that have funding through the ACEM EMET Program) who are linked to your online assessment portal. They can transcribe the information from the physical assessment forms onto the trainee's online assessment form.

Keep track of all your assessments by keeping a copy of your physical assessment forms. It is important that all assessments are regularly entered on your Online Assessment Portal so that ACEM staff can determine if you have met the assessment requirements of the FEMTP training program.

Trainees and Primary Supervisors will be able to access an Assessment Summary page to view the trainee's progress.

4.10 FEMTP Workplace-based Assessments (WBA) Requirements

Every shift in an ED provides encounters that offer many rich learning experiences that may contribute to valid assessment opportunities. The purpose of Workplace-based Assessments (WBAs) is to assess trainees, whenever possible, at the time of performing tasks, in real patient scenarios during normal daily work. When a trainee is involved in a clinical encounter or performing a procedure that may be assessed, an approved assessor utilises the relevant tool to assess the trainee's performance against each criterion.

WBAs are tools that provide trainees with feedback on their performance when completing activities and procedures that are essential for an emergency medicine clinician.

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4.11 FEMTP WBA Assessments

FEMTP trainees are required to satisfactorily complete the following WBAs:

FEMTP WBA Assessments

FEMTP WBAs
5 Mini-CEX
6 DOPS
2 CbD
FEMTP Procedural Checklist

Start of Placement and Reflection meetings, some DOPS and CbD may be completed by real time video conference.

4.12 FEMTP Mini-Clinical Evaluation Exercises (Mini-CEX)

Mini-Clinical Evaluation Exercise (Mini-CEX) involves a trainee being directly observed and assessed by an approved assessor whilst performing a focused clinical task during a specific patient encounter, including; History taking, examination, clinical synthesis (in relation to prioritisation, investigations, diagnosis and management plans) communication, professionalism and organisation and efficiency.

Mini-CEX are to be observed by an approved assessor on one of each of the following presentations:

FEMTP Mini-CEX

FEMTP Mini-CEX
5 Mini-CEX • Paediatric • Trauma with primary survey • Chest pain presentation • Abdominal pain presentation • Mental state examination

Mini-CEX assessments usually take 15-20 minutes per assessment to complete

Trainees follow the instructions on the Mini-CEX Assessment form to complete Mini-CEX assessments. Assessment forms are found on your Online Assessment Portal and on the ACEM website.

FEMTP Mini-CEX Assessors

Mini-CEX WBAs must be assessed by

- A Direct Clinical Supervisor at your site, or
- Your Primary Supervisor.

4.13 FEMTP Direct Observation of Procedural Skills (DOPS)

DOPS are integral to the practice of Emergency Medicine. In these tasks a trainee is observed by an approved assessor whilst performing a specific clinical procedure. Trainees are assessed and receive feedback on their performance, from the technical part of performing the procedure to post-procedure management and discharge advice. For all training programs the procedures required for DOPS are specified. For any DOPS where the assessor is a registered medical specialist whose areas of specialty relates to the applicable area of clinical practice, the Primary Supervisor must also approve the completed assessment.

Trainees follow the instructions on the DOPS Assessment form to complete DOPS assessments. Assessment forms are found on the Assessment Summary Page of the Online Assessment Portal and on the ACEM website.

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The below six (6) DOPS are to be completed and observed by an assessor who assesses your ability to perform core procedures safely and appropriately. These must be completed on a real patient, except Safe Defibrillation, which is acceptable as a simulation:

FEMTP DOPS

FEMTP DOPS
6 DOPS • Suture wound • Bag valve mask • Safe Defibrillation • C-spine manoeuvre, including 3-person log roll • Plaster upper limb • Plaster lower limb

FEMTP DOPS Assessors

FEMTP DOPS must be assessed by:

- A Direct Clinical Supervisor at your site, or
- Your Primary Supervisor, or
- A registered specialist medical practitioner working at your site whose area of specialty relates to the applicable are of clinical practice.

4.14 FEMTP Case-based Discussions (CbD)

A Case-based discussion (CbD) is a structured interview designed to explore professional judgement exercised in a clinical case.

For the FEMTP two (2) CbDs are required.

FEMTP CbD

FEMTP CbD
2 CbDs • should have a clinical focus which must be indicated by the trainee and should relate to the FEMTP Curriculum both of which can be of low complexity.

A CbD is conducted between the trainee and the approved assessor after the clinical encounter has taken place. The approved assessor selects from three (3) sets of case notes presented by the trainee and provides ratings and feedback based on the trainee's assessment, management, clinical reasoning and decision making, and accuracy of documentation on one of those cases. The trainee is also assessed on their reflection of the selected case during a discussion with the approved assessor.

For information on the process of completing a CbD, follow the instructions on the CbD Assessment Form. Assessment forms are found on your Online Assessment Portal and on the ACEM website.

See Section 19 of this guide for information regarding complexity.

FEMTP CbD Assessors

A CbD must be assessed by:

- A Direct Clinical Supervisor at your site, or
- Your Primary Supervisor.

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4.15 FEMTP Procedural Skill Checklist

Procedural Skills are to be completed by trainees in the emergency department.

The FEM Training Program requires trainees to complete 32 Procedural Skills. The procedures include the following areas of focus (see the procedural checklist on the e-learning site for a complete list):

- Resuscitation
- Analgesia / Pain Relief
- Musculo-Skeletal
- Trauma
- Cardiac
- Burns
- Wounds
- Circulation
- Neurology
- Paediatrics
- Obstetrics and Gynecological
- Gastro-Intestinal
- Toxicology and Toxinology
- Ophthalmological

Trainees follow the instructions on the Procedural Checklist to complete procedures. The Procedural Checklists are found on your Online Assessment Portal and on the ACEM website. It may be useful for trainees to print this form and carry it around with them for easy reference as you never know when a procedure may present itself.

A number of Procedural Skills are to be completed on real patients (where indicated on the Procedural Checklist – refer to Curriculum document), otherwise the procedure can be completed via simulation. The Procedural skill must be observed by the assessor at the time the procedure took place.

FEMTP Procedural Skill Assessors

FEMTP Procedural Skills can be assessed by:

- A Direct Clinical Supervisor at your site, or
- Your Primary Supervisor
- A registered specialist medical practitioner working at your site whose area of specialty relates to the applicable are of clinical practice.

4.16 FEMTP Meetings

FEMTP trainees are required to complete Start of Placement and Reflection Meetings with their Primary Supervisor during their six (6) FTE months of emergency medicine training. These meetings are designed to set goals and actions for each placement and then reflect on them as the placement continues to ensure they are being met and discuss any areas of concern or additional learning required.

See Section 8 of this handbook for more information about the required meetings.

4.17 FEMTP Emergency Skills Workshop

Trainees are required to satisfactorily complete the Advanced Life Support 2 (ALS2) workshop, or equivalent for trainees based in New Zealand or overseas or attain exemption from this requirement.

ALS 2 workshops must be accredited by the **Australian Resuscitation Council** (ARC). The **ARC website** includes upcoming course dates and locations. Trainees are required to pay for all costs associated with completing this workshop. Please refer to the **FEMTP EM Skills Workshops document** for a list of approved ALS2 workshops.

Once you have completed the workshop, show your certificate of completion to your Primary Supervisor or PSO (if applicable) and they will transcribe the certificate details onto your online assessment portal.

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Previous Workshop Completion

If at the time of enrolment, you have completed in the last five (5) years an approved ALS2 course, you are able to use this towards the ALS2 requirement for the FEMTP. You can provide the certificate at the time of enrolment or show it to your Primary Supervisor or PSO (if applicable) to transcribe the certificate details onto your online assessment portal.

4.18 FEMTP Online Modules

See Section 9 of this handbook for more information on the completion of the online modules.

4.19 FEMTP Examination and Eligibility

The FEMTP Online Examination is a 90-minute exam with 80 multiple choice questions based on the content of the FEMTP Curriculum. The exam is held three times per year in March, June and September. Exact dates will be advertised on the College website.

To be eligible to sit the FEMTP exam you must have:

- Completed four (4) FTE months of your six (6) FTE months of emergency medicine training time, and
- Have no outstanding debts with ACEM

For information on exams, see Section 10 of this handbook.

4.20 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.

Please review the policy for **Recognition of Prior Learning Towards Training** in the ACEM Associateship Training Programs. The policy outlines what documentation/evidence is required to be included in your application.

Applications for RPL must be made using the online application form found on the College website.

4.21 Completion of the Foundational Emergency Medicine Training Program

Upon successful completion of all training requirements, a trainee is eligible to receive the Associateship in Foundational Emergency Medicine. An FEMTP graduate is eligible to become an Associate member of ACEM.

More information on becoming a Associate member is available in Section 14 of this handbook.

Trainees who believe they have completed all training requirements to receive the Associateship must notify the College using the Notification of Completion form. It is essential that all assessments have been uploaded to your Online Assessment Portal before this form is submitted as only assessments that are uploaded can be considered as completed.

On receipt of the form, ACEM staff will check your record and if eligible you will receive a certificate of completion.

FEMTP graduates are also eligible for entry into the IEMTP or AEMTP. Further information about those programs is outlined in this handbook.

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5. Intermediate Emergency Medicine Training Program

5. Intermediate Emergency Medicine Training Program (IEMTP)

5.1 Overview of the IEMTP Program

The IEM is a training program that builds upon the knowledge and skills gained during the Foundational Emergency Medicine Training Program. This training program is suited to and intended for doctors who will work:

- in an emergency department with access to offsite support, but without rapid access onsite critical care support; or
- as part of the team in an emergency department where they are a senior decision maker (SDM).

At the completion of training IEMTP doctors will have the knowledge and skills to independently manage and treat a range of higher complexity emergency presentations. In addition to those of the FEMTP, they will also have the fundamental knowledge and skills necessary to:

- stabilise critically ill and injured patients;
- provide safe sedation for emergency procedures.

IEMTP doctors will also have the knowledge, skills, and attributes to communicate and collaborate effectively with patients and families from different cultures, members of their local healthcare team, and clinicians from other services.

5.2 IEMTP Curriculum

The IEMTP Curriculum consists of three Units:

Intermediate		
Unit 1	Critical care in emergency medicine	Critically unwell patients can present to any emergency department at any time. On the completion of Unit 1, the trainee will have acquired the fundamental knowledge and skills to stabilise critically ill and injured patients, as well as provide safe sedation for emergency procedures.
Unit 2	Managing emergency presentations 2	As clinicians increase in seniority, they must manage presentations that are less common and more complex. On completion of Unit 2, the trainee will have acquired the knowledge and skills to independently manage and treat a range of higher complexity emergency presentations.
Unit 3	Professional practice in the emergency care environment	An emergency medicine professional develops approaches that improve the care their patient receives from the emergency care system. On completion of Unit 3, the trainee will have acquired the knowledge, skills, and attributes to communicate and collaborate effectively with patients and families/whanau from different cultures, members of their local healthcare team, and clinicians from other services

The IEMTP Curriculum is available on the ACEM website.

5.3 Entry Pathways

There are two pathways that determine different entry points into the IEMTP. The pathway suitable for you is dependent on your qualification, skills and experience at the time of application. The pathway you are eligible for then determines the training and assessment requirements that need to be completed to successfully complete the IEM training program.

Trainees will be notified of the entry pathway they are enrolled under in their confirmation letter of enrolment. Further information on entry pathway is available on the **College website**.

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IEMTP entry pathways

	Training and Assessment requirements	
	Pathway 1	**Pathway 2**
Training Time	• 12 FTE months of EM training	• 6 FTE months of EM training
Meetings with Primary Supervisor	• Start of Placement Meetings • Reflection Meetings	• Start of Placement Meetings • Reflection Meetings
Workplace Based Assessment	• 10 Mini-CEX • 10 DOPS • 4 CbD • FEMTP Procedural Checklist • IEMTP Procedural Checklist	• 5 Mini-CEX • 4 DOPS • 2 CbD • IEMTP Procedural Checklist
Workshops	• ALS2 or NZ Equivalent • APLS • EMST or ETM	• APLS • EMST or ETM
Online Modules	• Indigenous Health & Cultural Competency	• Indigenous Health & Cultural Competency
Supervision	• Primary Supervisor • 30% of clinical time must be under the supervision of an ACEM Direct Clinical Supervisor	• Primary Supervisor • 30% of clinical time must be under the supervision of an ACEM Direct Clinical Supervisor
Training Site	• Equivalent of 1 FTE FACEM, one of whom meets the requirements of a Primary Supervisor	• Equivalent of 1 FTE FACEM, one of whom meets the requirements of a Primary Supervisor
Examinations	• FEMTP Multiple choice examination (MCQ) • IEMTP Multiple choice examination (MCQ)	• IEMTP Multiple choice examination (MCQ)
Timeframe	• All program components must be completed within four years from enrolment date.	• All program components must be completed within two years from enrolment date.

5.4 IEMTP Timeframe

IEMTP Pathway 1

IEMTP trainees completing Pathway 1 must complete all requirements of the IEM and FEM Training Programs and be eligible for election to membership of the College as an ACEM Associate member within four (4) years of the date of enrolment as a trainee. This four-year period is inclusive of all leave taken, and any periods of interrupted training.

IEMTP Pathway 2

IEMTP trainees completing Pathway 2 must complete all requirements of the IEM Training Program and be eligible for election to membership of the College as an ACEM Associate member within two (2) years of the date of enrolment as a trainee. This two-year period is inclusive of all leave taken, and any periods of interrupted training.

5.5 IEMTP Training Time Requirements

IEMTP Pathway 1 – IEMTP trainees completing Pathway 1 must complete 12 FTE months of emergency medicine training time.

IEMTP Pathway 2 – IEMTP trainees completing Pathway 2 must complete six (6) FTE months of emergency medicine training time.

The required supervised Emergency Medicine training is undertaken in an ED that meets the staffing requirements of the IEMTP, with a Primary Supervisor overseeing and guiding your training.

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Training can be undertaken full time (38 hours per week) or part time at a minimum of 0.25 FTE hours per week (9.5 hours per week). You can complete training in blocks of a minimum of six (6) FTE weeks at a time, however you must be able to complete the ED training time requirements within the applicable program time limit.

Rotation to Theatre, Anaesthetics or ICU

For an IEMTP placement to be counted towards training time, trainees need to complete at least 80% of their time in that placement in an emergency department with the remaining 20% permitted to be spent in theatre, intensive care unit(s) or anaesthetics setting(s). Discussion between the trainee and Primary Supervisor can determine how the trainee may access experience in these departments so that they are able to obtain assessment of critical care procedures with the relevant Specialist Medical Practitioner should these not be accessible in the emergency department.

Trainees can complete terms in ICU or anaesthetics whilst enrolled in the IEMTP, but this cannot be counted towards the ED training time required. These placements may assist with completing critical care procedures.

See Section 7 of this handbook, Emergency Medicine Placements, for further information

5.6 IEMTP Training Site Requirements

IEMTP trainees must complete emergency medicine training at sites that meet the minimum staffing requirements for the IEM Training Program.

The minimum staffing requirements for IEMTP training sites are:

- Equivalent of 1 FTE FACEM, one of whom meets the requirements to be a Primary Supervisor
- 0.5 FTE ACEM Advanced Diplomate or ACEM Associate (Adv) and 0.5 FTE FACEM, who are both EMATP Supervisors.

Please contact the EMATP team for approved IEMTP training sites.

If the site you would like to work at is not an approved IEMTP site, you may still be eligible to complete your training at the site. You will need to show how you will meet the supervision requirements of the IEM training program while undertaking training at the site. You may also be required to complete four (4) weeks of training at a multi-FACEM site (a site staffed by 2.5 FTE FACEM or more). Virtual emergency departments are not suitable to meet training requirements.

Example

Daniel works at Southern Fleurieu Health Service (SFHS) in South Australia. SFHS does not have the equivalent of a full time FACEM at the site, however there is an Advanced Diplomate working at SFHS and FACEM working in the Local Health Network. Daniel can complete most of his training at SFHS because the Advanced Diplomate can assess his workplace-based assessments and procedures.

However, he is required to go to a site with at least 2.5 FTE FACEMs staffing for 4 FTE weeks of direct FACEM supervision as part of his training.

Daniel contacted the EMATP team to discuss his training requirements before enrolling. He was able to show that he could complete 4 FTE weeks of emergency medicine training time at Mount Barker District Soldiers' Memorial Hospital and his enrolment was approved. The 4 FTE weeks training is documented and is included in his overall required months of emergency medicine training time.

Please contact the **EMATP team** to discuss your situation.

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5.7 IEMTP Training Program Supervision

IEMTP Primary Supervisor

Each IEMTP trainee must have a Primary Supervisor who oversees their training throughout the program. A Primary Supervisor is responsible for helping you to meet your training requirements by assisting you to gain access to education and assessments. You will meet with your Primary Supervisor to discuss goals and progress throughout your emergency medicine training time.

An IEMTP Primary Supervisor is:

	IEMTP Primary Supervisor
FACEM	• YES, if they have completed EMATP Supervisor Course • and works at least 0.5 FTE at the same site or Health Network as the trainee.
ACEM Advanced Diplomate/ Associate	• YES if they have completed EMATP Supervisor Course • and has at least 2 FTE years of ED experience post successful completion of the AEMTP training program, or • and works at least 0.5FTE at the same site or Health Network as the trainee.
ACEM Diplomate/ Associate	• No

It is the trainee's responsibility to organise a Primary Supervisor prior to commencing the training program.

If you change training sites, and the new site isn't part of the same health service that you were previously training at, you must organise a new Primary Supervisor. Inform the College of the change of supervisor by completing a new IEMTP Primary Supervisor form.

Example A

Vijay works at Mount Druitt Hospital in Sydney. His Primary Supervisor, Mark, works at Blacktown and Mount Druitt Hospitals. As Blacktown and Mount Druitt Hospitals are in the same Health service Mark can be Vijay's Primary Supervisor.

Example B

Ashley has moved from Bankstown-Lidcombe hospital to Westmead Hospital and her Primary Supervisor, Dalini still works at Bankstown-Lidcombe Hospital. As Westmead and Bankstown-Lidcombe Hospitals are not in the same health service Ashley must organise a new Primary Supervisor at Westmead hospital and send the new IEMTP Primary Supervisor form to the EMATP team at the College.

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IEMTP Direct Clinical Supervision

30% of your emergency medicine training time must be under the supervision of a Direct Clinical Supervisor or your Primary Supervisor.

	IEMTP Direct Clinical Supervisor
FACEM	• YES • They must work in the same health service or site as the trainee.
ACEM Advanced Diplomate/ Associate	• YES if they have completed EMATP Supervisor Course • They must work in the same health service or site as the trainee.
ACEM Diplomate/ Associate	• YES if they have completed EMATP Supervisor Course • They must work in the same health service or site as the trainee.

Other Registered Medical Specialists

Registered Specialist Medical Practitioners working at your hospital whose area of specialty relates to the applicable area of clinical practice undertaken by the trainee can assess some IEMTP assessments.

For example, a Specialist GP Practitioner with their Advanced Skills Training in Anaesthetics can assess an anaesthetics procedure for an IEMTP trainee.

5.8 IEMTP Assessments

IEMTP assessments are completed throughout your training. Assessments are completed on the relevant online form accessed through the ACEM Online Assessment Portal. Each form includes instructions on how to complete the assessment. These forms can be printed from the ACEM Online Assessment Portal and on the ACEM website and filled out by the relevant assessor at the time of completing the assessment, but the official record of assessment must be submitted on the online form.

IEMTP Approved Assessors

Regardless of the IEMTP pathway you are completing, your workplace-based assessments must be assessed by an IEMTP Assessor as outlined in the IEMTP Approved Assessor Matrix below:

IEMTP Approved Assessor matrix:

Assessment type	IEMTP Primary Supervisor	IEMTP Direct Clinical Supervisor	Other Specialist Medical Practitioner
Meetings	✓	✘	✘
Mini-CEX	✓	✓	✘
DOPS	✓	✓	✓*
CbD	✓	✓	✘
Procedural Checklist	✓	✓	✓*
Workshops	✓	✘	✘

* If procedure is in the area of specialty

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IEMTP Assessment Entry

At the time of assessment, the trainee may decide to print out the online assessment form and give it to the relevant assessor to complete, or the Assessor may access the online form shortly after the assessment has taken place to enter the assessment information.

IEMTP trainees are unable to upload paper assessments to their Online Assessment Portal. Trainees are however able to enter some information into the online Start of Placement and Reflection meetings assessment forms.

The assessment entry process is completed by your Primary Supervisor, an IEMTP Direct Clinical Supervisor at your site, or a Program Support Officer (PSO - for sites that have funding through the ACEM EMET Program) who are linked to your online assessment portal. They can transcribe the information from the physical assessment forms onto the trainee's online assessment form.

Keep track of all your assessments by keeping a copy of your physical assessment forms. It is important that all assessments are regularly entered on your Online Assessment Portal so that ACEM staff can determine if you have met the assessment requirements of the IEMTP Training Program.

Trainees and Primary Supervisors will be able to access an Assessment Summary page to view the trainee's progress.

5.9 IEMTP Workplace-based Assessments (WBA) Requirements

Every shift in an ED provides encounters that offer many rich learning experiences that may contribute to valid assessment opportunities. The purpose of Workplace-based Assessments (WBAs) is to assess trainees, whenever possible, at the time of performing tasks, in real patient scenarios during normal daily work. When a trainee is involved in a clinical encounter or performing a procedure that may be assessed, an approved assessor utilises the relevant tool to assess the trainee's performance against each criterion.

WBAs are tools that provide the trainee with feedback on their performance when completing activities and procedures that are essential for an emergency medicine clinician.

IEMTP trainees are required to satisfactory complete the following WBAs

IEMTP WBA Assessments

IEMTP Pathway 1	IEMTP Pathway 2
10 Mini-CEX	5 Mini-CEX
10 DOPS	4 DOPS
4 CbD	2 CbD
FEMTP Procedural Checklist	IEMTP Procedural Checklist
IEMTP Procedural Checklist	-

Start of Placement meetings, Reflection meetings and CbD assessments may be completed by real time video conference.

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5.10 IEMTP Mini Clinical Evaluation Exercises (Mini-CEX)

Mini-Clinical Evaluation Exercise (Mini-CEX) involves a trainee being directly observed by an assessor whilst performing a focused clinical task during a specific patient encounter, including; History taking, examination, clinical synthesis (in relation to prioritisation, investigations, diagnosis and management plans) communication, professionalism and organisation and efficiency. Mini-CEX are to be observed by an approved assessor on one of each of the following presentations:

IEMTP Mini-CEX

IEMTP Pathway 1	IEMTP Pathway 2
10 Mini-CEX • Paediatric • Trauma with primary survey • Chest pain presentation • Abdominal pain presentation • Mental state examination • Obstetrics and Gynaecological • Multi-trauma • Neurology • Toxicology • Renal/ Endocrine/ metabolic	**5 Mini-CEX** • Obstetrics and Gynaecological • Multi-trauma • Neurology • Toxicology • Renal/Endocrine/metabolic

Mini-CEX assessments usually take 15-20 minutes per assessment to complete.

Trainees follow the instructions on the Mini-CEX Assessment form to complete the assessments. Assessment forms are found on the Assessment Summary Page of the Online Assessment Portal and on the ACEM website.

IEMTP Mini-CEX Assessors

Mini-CEX WBAs must be assessed by

- A Direct Clinical Supervisor at your site, or
- Your Primary Supervisor.

5.11 IEMTP Direct Observation of Procedural Skills (DOPS)

DOPS are integral to the practice of Emergency Medicine. In these tasks a trainee is observed by an approved assessor whilst performing a specific clinical procedure. Trainees are assessed and receive feedback on their performance, from the technical part of performing the procedure to post-procedure management and discharge advice. For all training programs the procedures required for DOPS are specified. For any DOPS where the assessor is a registered medical specialist whose areas of specialty relates to the applicable area of clinical practice, the Primary Supervisor must also approve the completed assessment.

Trainees follow the instructions on the DOPS Assessment form to complete DOPS assessments. Assessment forms are found on the Assessment Summary Page of the Online Assessment Portal and on the ACEM website

DOPS are to be completed and observed by an assessor who assesses your ability to perform core procedures safely and appropriately. These must be completed on a real patient, except Safe Defibrillation, which is acceptable as a simulation.

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IEMTP DOPS

IEMTP Pathway 1	IEMTP Pathway 2
10 DOPS • Suture wound • Bag valve mask • Safe Defibrillation • C-spine maneuver, including 3-person log roll • Plaster upper limb • Plaster lower limb • Non-invasive ventilation • Procedural Sedation • Rapid sequence induction (RSI) – plus ventilator setup • Joint or Fracture reduction (major/extremity)	**4 DOPS** • Non-invasive ventilation • Procedural Sedation • Rapid sequence induction (RSI) – plus ventilator setup • Joint or Fracture reduction (major/extremity)

IEMTP DOPS Assessors

IEMTP DOPS must be assessed by:

- A Direct Clinical Supervisor at your site, or
- Your Primary Supervisor, or
- A registered specialist medical practitioner working at your site whose area of specialty relates to the applicable are of clinical practice.

5.12 IEMTP Case-based Discussions (CbD)

A Case-based discussion (CbD) is a structured interview designed to explore professional judgement exercised in a clinical case.

A CbD is conducted between the trainee and the approved assessor after the clinical encounter has taken place. The approved assessor selects from three (3) sets of case notes presented by the trainee and provides ratings and feedback based on the trainee's assessment, management, clinical reasoning and decision making, and accuracy of documentation on one of those cases. The trainee is also assessed on their reflection of the selected case during a discussion with the approved assessor.

For information on the process of completing a CbD, follow the instructions on the CbD Assessment Form. Assessment forms are found on your Online Assessment Portal and on the ACEM website.

IEMTP CbD

IEMTP Pathway 1	IEMTP Pathway 2
4 CbDs • 2 CbDs should have a clinical focus which must be indicated by the trainee and should relate to the FEMTP Curriculum both of which can be of low complexity. • 2 CbDs, both of which must focus on a case of a minimum of medium complexity and should relate to themes of the IEMTP curriculum.	**2 CbDs** • 2 CbDs, both of which must focus on a case of a minimum of medium complexity and should relate to themes of the IEMTP curriculum.

IEMTP CbD Assessors

A CbD must be assessed by:

- A Direct Clinical Supervisor at your site, or
- Your Primary Supervisor.

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5.13 IEMTP Procedural Checklist

Procedural Skills are to be completed by trainees in the emergency department. However, IEMTP trainees can complete Procedural Skills in ICU and/or Anaesthetics departments or in theatre if they are able to organise shifts or placements in these departments. Trainees must not spend more than 20% of their emergency department placement time in these departments.

Example – Jenny is working full time (five days a week) in her emergency department each week for the duration of her emergency medicine training time. As Jenny is working full time, 20% of her emergency medicine training time equates to one day per week that she can spend in Anaesthetics, ICU or theatre.

With the help of her Primary Supervisor, she has organised to spend one day per week of her emergency medicine training time in theatre and in the Anaesthetics department. Working in these departments will enable her to complete some critical care procedures on her Procedural Checklist that she may not be able to complete in the emergency department. As Specialist Anaesthetists are approved assessors, they can assess her for the relevant critical care procedures that relate to their area of clinical practice.

Trainees follow the instructions on the Procedural Checklist to complete Procedures. The Procedural Checklists are accessed on the Assessment Summary Page of the Online Assessment Portal and on the ACEM website. It may be useful for trainees to print this form and carry it around with them for easy reference as you never know when a procedure may present itself.

Entry Pathway 1

IEMTP trainees completing Entry Pathway 1 are required to complete 32 FEMTP Procedural Skills and of 69 IEMTP Procedural Skills on real patients or via simulation. A total of 101 Procedural Skills are to be completed for IEMTP Entry Pathway 1 that include the following areas of focus (see the procedural checklist on the Online Assessment Portal and ACEM Website for a complete list):

- Resuscitation
- Analgesia / Pain Relief
- Musculo-Skeletal
- Trauma
- Cardiac
- Burns
- Wounds
- Cardiac
- Circulation
- Neurology
- Psychiatric/Mental Health
- Infectious Disease
- Paediatrics
- Obstetrics and Gynaecological
- Gastrointestinal
- Toxicology and Toxinology
- ENT
- Ophthalmological

Entry Pathway 2

IEMTP trainees completing Entry Pathway 2 are required to complete 69 Procedural Skills on real patients or via simulation. The procedures include the following areas of focus (see the procedural checklist on the Online Assessment Portal and ACEM Website for a complete list):

- Resuscitation
- Analgesia / Pain Relief
- Musculo-Skeletal
- Trauma
- Cardiac
- Circulation
- Neurology
- Psychiatric / Mental Health
- Infectious Disease
- Paediatrics
- Toxicology and Toxinology
- ENT

A number of Procedural Skills are to be completed on real patients (where indicated on the Procedural Checklist – refer to Curriculum document), otherwise the procedure can be completed via simulation. The Procedural skill must be observed by the assessor at the time the procedure took place.

IEMTP Procedural Checklist Assessors

IEMTP Procedural Skills can be assessed by:

- A Direct Clinical Supervisor at your site, or
- Your Primary Supervisor
- A registered specialist medical practitioner working at your site whose area of specialty relates to the applicable are of clinical practice.

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5.14 IEMTP Meetings

IEMTP trainees are required to complete Start of Placement and Reflection Meetings with their Primary Supervisor during their six (6) or twelve (12) FTE months of emergency medicine training. These meetings are designed to set goals and actions for each placement and then reflect on them as the placement continues to ensure they are being met and discuss any areas of concern or additional learning required.

See Section 8 of this handbook for more information about the required Meetings.

5.15 IEMTP Emergency Skills Workshop

IEMTP Entry Pathway 1

IEMTP trainees completing Entry Pathway 1 are required to complete three (3) courses:

- Advanced Life Support 2 (ALS2) workshop, or equivalent for trainees based in New Zealand.
- Advanced Paediatric Life Support (APLS) workshop
- Early Management of Severe Trauma (EMST) workshop or Emergency Trauma Management (ETM) workshop.

ALS 2 workshops must be accredited by the **Australian Resuscitation Council** (ARC). The **ARC website** includes upcoming course dates and locations.

Review the **APLS Australia**, **APLS New Zealand** and **EMST** and **ETM** websites for further information on courses. Please also review the **ACEM IEMTP EM Workshop document** for approved workshops.

IEMTP Entry Pathway 2

IEMTP trainees completing Entry Pathway 2 are required to complete two (2) courses:

- Advanced Paediatric Life Support (APLS) workshop
- Early Management of Severe Trauma (EMST) workshop or Emergency Trauma Management (ETM) workshop.

ALS 2 workshops must be accredited by the **Australian Resuscitation Council** (ARC). The **ARC website** includes upcoming course dates and locations.

Review the **APLS Australia**, **APLS New Zealand** and **EMST** and **ETM** websites for further information on courses. Trainees are required to pay for all costs associated with completing these workshops. Please also review the **ACEM IEMTP EM Workshop document** for approved workshops.

Once you have completed each workshop, show your certificate of completion to your Primary Supervisor or PSO (if applicable) and they will transcribe the certificate details onto your online assessment portal.

Previous Workshop Completion

If at the time of enrolment, you have completed in the last five (5) years an approved ALS2 or ETM/EMST course, you are able to use this towards the ALS2 and ETM/EMST requirements for the EMD. You can provide the certificate at the time of enrolment or show it to your Primary Supervisor or PSO (if applicable) to transcribe the certificate details onto your online assessment portal.

5.16 IEMTP Online Modules

IEMTP trainees are required to complete the ACEM Indigenous Health and Cultural Competency Modules

See Section 9 of this handbook for more information on the completion of the online modules.

5.17 IEMTP Examination and Eligibility

The IEMTP Online Examination is a 90-minute exam with 80 multiple choice questions based on the content of the IEMTP Curriculum. The exam is held two times per year in April and October. Exact dates will be advertised on the **College website**.

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For trainees on IEMTP entry pathway 1, the IEMTP Online Examination is a 90-minute exam with 80 multiple choice questions based on the content of the FEMTP Curriculum. The exam is held three times per year in March, June and September. Exact dates will be advertised on the **College website**.

IEMTP Entry Pathway 1 Eligibility

IEMTP trainees completing Entry Pathway 1 will be required to sit the FEMTP and IEMTP examinations.

To be eligible to sit the FEMTP exam you must have:

- completed four (4) FTE months of your twelve (12) FTE months of emergency medicine training time, and
- Have no outstanding debts with ACEM.

To be eligible to sit the IEMTP exam you must have:

- Successfully completed the FEMTP examination, and
- Completed ten (10) FTE months of your twelve (12) FTE months of emergency medicine training, and
- Have no outstanding debts with ACEM.

IEMTP Entry Pathway 2 Eligibility

IEMTP trainees completing Entry Pathway 2 will be required to sit the IEMTP examination only.

To be eligible to sit the exam you must have:

- completed four (4) FTE months of your six (6) FTE months of emergency medicine training time, and
- Have no outstanding debts with ACEM

For information on exams, see Section 10 of this handbook.

5.18 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.

Please review the policy for **Recognition of Prior Learning Towards Training in the ACEM Foundational, Intermediate and Advanced Emergency Medicine Training Programs**. The policy outlines what documentation/evidence is required to be included in your application.

Applications for RPL must be made using the online application form found on the College website.

5.19 Completion of the Intermediate Emergency Medicine Training Program

Upon successful completion of all training requirements, a trainee is eligible to receive the Associateship in Intermediate Emergency Medicine Training Program. An IEMTP graduate is eligible to become a Associate member of ACEM. More information on becoming a Associate member is available in Section 14 of this handbook.

Trainees who believe they have completed all training requirements to receive the IEMTP must notify the college on the Notification of Completion form. It is essential that all assessments have been uploaded to your Online Assessment Portal before this form is submitted as only assessments that are uploaded can be considered as completed.

On receipt of the form, ACEM Staff will check your record and if eligible you will receive a certificate of completion.

IEMTP graduates are also eligible for entry into the AEMTP. Further information about this program is outlined in this handbook.

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6. Advanced Emergency Medicine Training Program

6. Advanced Emergency Medicine Training Program (AEMTP)

6.1 Overview of the AEM Training Program

The AEMTP is a training program that builds upon the knowledge and skills gained during the Intermediate Emergency Medicine Training Program (IEMTP). This training program is suited to and intended for doctors who will be:

- providing clinical support to Emergency Medicine Training Program (FEMTP) and Intermediate Emergency Medicine Training Program (IEMTP)
- qualified doctors and as a Director of a smaller emergency department (not accredited by ACEM for fellowship training); or
- working in an emergency department as a senior decision maker with the ability to be a part of the education and management team.

At the completion of training, AEMTP doctors will have the knowledge and skills to independently manage and treat a wider variety of and higher complexity emergency presentations, with telephone support from emergency specialists within the ED network, when required. AEMTP doctors will also have the knowledge and skills to:

- use ultrasound as appropriate;
- use a wider variety of resuscitative and other emergency techniques;
- improve their practice, the practice of junior team members, and the practice of emergency medicine in their environment.

The AEM Training Program provides the skills for a medical officer to work as the senior decision maker, provide critical care support and be a director of a smaller emergency department. In larger emergency departments (accredited by ACEM for fellowship training) doctors who have successfully completed the AEM Training Program will be equipped to work as a senior decision maker at middle grade (registrar) level.

6.2 AEMTP Curriculum

The AEMTP Curriculum consists of three Units:

Advanced		
Unit 1	Advanced techniques in emergency medicine	Emergency medicine is constantly changing as new modalities become available. On completion of Unit 1, the trainee will have the knowledge and skills to use diagnostic ultrasound and a wider variety of resuscitative and other emergency techniques.
Unit 2	Managing emergency presentations 3	As clinicians increase in seniority, they must manage presentations that are rarer and increasingly complex. On completion of Unit 2, the trainee will have acquired the knowledge and skills to independently manage and treat a wider variety of higher complexity emergency presentations.
Unit 3	Professional leadership in the emergency care environment	A reflective practitioner must maintain clinical abilities and incorporate innovations over a lifetime. On completion of Unit 3, the trainee will have acquired knowledge, skills and attributes to improve their practice, the practice of junior team members, and the practice of emergency medicine in their environment.

The AEMTP Curriculum is available on the ACEM website.

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6.3 Entry Pathways

There are three pathways that determine different entry points into the AEMTP. The pathway suitable for you is dependent on your qualification, skills and experience at the time of application. The pathway you are eligible for then determines the training and assessment requirements that need to be completed to successfully complete the AEM Training Program.

Trainees will be notified of the entry pathway they are enrolled under in their confirmation letter of enrolment. Further information on entry pathway is available on the **College website**.

The table below provides a summary of the training and assessment requirements each AEMTP pathway:

AEMTP entry pathways

	Training and Assessment requirements		
Requirements	**Pathway 1**	**Pathway 2**	**Pathway 3**
Training Time	• 18 FTE months in ED	• 12 FTE months of EM training	• 6 FTE months of EM training
Meetings with Primary Supervisor	• Start of Placement Meetings • Reflection Meetings	• Start of Placement Meetings • Reflection Meetings	• Start of Placement Meetings • Reflection Meetings
Workplace Based Assessment	• 13 Mini-CEX • 13 DOPS • 4 CbD • 1 DOCS • FEMTP Procedural Checklist • IEMTP Procedural Checklist • AEMTP Procedural Checklist • 2 Clinical Lead shift reports • 1 Quality Improvement activity	• 8 Mini-CEX • 7 DOPS • 2 CbD • 1 DOCS • IEMTP Procedural Checklist • AEMTP Procedural Checklist • 2 Clinical Lead shift reports • 1 Quality Improvement activity	• 3 Mini-CEX • 3 DOPS • 1 DOCS • AEMTP Procedural Checklist • 2 Clinical Lead shift reports • 1 Quality Improvement activity
Workshops	• ALS2 or NZ Equivalent • APLS • EMST or ETM • ACEM EMATP Supervisor Course	• APLS • EMST or ETM • ACEM EMATP Supervisor Course	• ACEM EMATP Supervisor Course
Online Modules	• Indigenous Health & Cultural Competency • Ultrasound	• Indigenous Health & Cultural Competency • Ultrasound	• Indigenous Health & Cultural Competency • Ultrasound
Supervision	• Primary Supervisor • 30% of clinical time must be under the supervision of an ACEM Direct Clinical Supervisor • 8 weeks working in a multi-FACEM site	• Primary Supervisor • 30% of clinical time must be under the supervision of an ACEM Direct Clinical Supervisor • 8 weeks working in a multi-FACEM site	• Primary Supervisor • 30% of clinical time must be under the supervision of an ACEM Direct Clinical Supervisor • 8 weeks working in a multi-FACEM site
Training Site	• Equivalent of 1 FTE FACEM, one of whom meets the requirements of a Primary Supervisor	• Equivalent of 1 FTE FACEM, one of whom meets the requirements of a Primary Supervisor	• Equivalent of 1 FTE FACEM, one of whom meets the requirements of a Primary Supervisor
Examinations	• FEMTP MCQ • IEMTP MCQ • AEMTP MCQ	• IEMTP MCQ • AEMTP MCQ	• AEMTP MCQ
Timeframe	• All program components must be completed within six years from enrolment date.	• All program components must be completed within four years from enrolment date.	• All program components must be completed within two years from enrolment date.

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6.4 AEMTP Program Timeframe

AEMTP Pathway 1

AEMTP trainees completing Pathway 1 must complete all requirements of the AEM Training Program and be eligible for election to membership of the College as an ACEM Associate Member within six (6) years of the date of enrolment as a trainee. This six-year period is inclusive of all leave taken, and any periods of interrupted training.

AEMTP Pathway 2

AEMTP trainees completing Pathway 2 must complete all requirements of the AEMTP Training Program and be eligible for election to membership of the College as an ACEM Associate Member within four (4) years of the date of enrolment as a trainee. This four-year period is inclusive of all leave taken, and any periods of interrupted training.

AEMTP Pathway 3

AEMTP trainees completing Pathway 3 must complete all requirements of the AEM Training Program and be eligible for election to membership of the College as an ACEM Associate Member within two (2) years of the date of enrolment as a trainee. This two-year period is inclusive of all leave taken, and any periods of interrupted training.

6.5 AEMTP Training Time Requirements

AEMTP Pathway 1 – AEMTP trainees completing Pathway 1 must complete 18 months of emergency medicine training time.

AEMTP Pathway 2 – AEMTP trainees completing Pathway 2 must complete 12 months of emergency medicine training time.

AEMTP Pathway 3 – AEMTP trainees completing Pathway 3 must complete 6 months of emergency medicine training time.

The required supervised Emergency Medicine training is undertaken in an ED that meets the staffing requirements of the AEM Training Program, with a Primary Supervisor overseeing and guiding your training.

Training can be undertaken full time (38 hours per week) or part time at a minimum of 0.5 FTE hours per week (19 hours per week). You can complete training in blocks of a minimum of six (6) FTE weeks at a time, however you must be able to complete the ED training time requirements within the applicable program time limit.

Rotation to Theatre, Anaesthetics or ICU

For an AEMTP placement to be counted towards training time, trainees need to complete at least 80% of their time in that placement in an Emergency Department with the remaining 20% permitted to be spent in theatre, intensive care unit(s) or anaesthetics setting(s). Discussion between the trainee and Primary Supervisor can determine how the trainee may access experience in these departments so that they are able to obtain assessment of critical care procedures with the relevant Specialist Medical Practitioner should these not be accessible in the emergency department.

Trainees can complete terms in ICU or anaesthetics whilst enrolled in the AEMTP, but this cannot be counted towards the ED training time required. These placements may assist with completing critical care procedures.

See Section 7 of this handbook, Emergency Medicine Placements, for further information.

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6.6 AEMTP Training Site Requirements

AEMTP trainees must complete emergency medicine training at sites that meet the minimum staffing requirements for the AEM Training Program.

The minimum staffing requirements for AEMTP training sites are:

- 1 FTE FACEM, one of whom meets the requirements to be a Primary Supervisor

Please contact the EMATP team for approved AEMTP training sites.

AEMTP Multi-FACEM Site Requirement

AEMTP trainees must complete eight (8) weeks of direct FACEM supervision working at a Multi-FACEM site (a site that is staffed by 2.5FTE FACEM or more). If your training site is already a multi-FACEM site, then the eight (8) weeks training requirement will be calculated whilst you are working at your site.

However, if your site has less than 2.5 FTE FACEM, you will be required to complete eight (8) weeks at a Multi-FACEM site. The eight (8) weeks of training at the Multi-FACEM site can count toward your overall training time requirements. At least one of the FACEMs must have completed the EMATP Supervisor Course. Virtual emergency departments are not suitable to meet training requirements.

Example

Hamid works at Griffith Hospital, a site that meets the 1 FTE FACEM staffing requirement required to be an AEMTP training site. However, Griffith Hospital does not meet the multi-FACEM staffing requirement of 2.5 FTE FACEM at the site. Therefore, Hamid has organised to pick up 8 weeks of emergency medicine shifts at Wagga Wagga Base Hospital. He is enrolled in AEMTP Pathway 3 and is required to complete a total of 6 FTE months of emergency medicine training. His 8 weeks of emergency medicine training at Wagga Wagga Base Hospital can count toward his overall 6 FTE months of training time.

If you are required to complete eight (8) weeks at a Multi-FACEM site away from your home site, you will need to complete the eight (8) weeks Training Requirement form and submit it to the EMATP team at the College once complete.

Please contact the **EMATP team** to discuss your situation.

6.7 AEM Training Program Supervision

Primary Supervisor

Each AEMTP trainee must have a Primary Supervisor who oversees their training throughout the program. A Primary Supervisor is responsible for helping you to meet your training requirements by assisting you to gain access to education and assessments. You will meet with your Primary Supervisor to discuss goals and progress throughout your emergency medicine training time.

An AEMTP Primary Supervisor is:

	AEMTP Primary Supervisor
FACEM	• YES, if they have completed EMATP Supervisor Course • and works at least 0.5 FTE at the same site or Health Network as the trainee.
ACEM Advanced Diplomate/ Associate	• No
ACEM Diplomate/ Associate	• No

It is the trainee's responsibility to organise a Primary Supervisor prior to commencing the training program.

If you change training sites, and the new site isn't part of the same health service that you were previously training at, you must organise a new AEMTP Primary Supervisor. Inform the College of the change of supervisor by completing a new AEMTP Primary Supervisor form.

Example A

Vijay works at Mount Druitt Hospital in Sydney. His Primary Supervisor, Mark, works at Blacktown and Mount Druitt Hospitals. As Blacktown and Mount Druitt Hospitals are in the same Health service Mark can be Vijay's Primary Supervisor.

Example B

Ashley has moved from Bankstown-Lidcombe hospital to Westmead Hospital and her Primary Supervisor, Dalini still works at Bankstown-Lidcombe Hospital. As Westmead and Bankstown-Lidcombe Hospitals are not in the same health service Ashley must organise a new Primary Supervisor at Westmead hospital and send a new AEMTP Primary Supervisor form to the EMATP team at the College.

AEMTP Direct Clinical Supervision

30% of your emergency medicine training time must be under the supervision of a Direct Clinical Supervisor or your Primary Supervisor.

	AEMTP Direct Clinical Supervisor
FACEM	• YES • They must work in the same health service or site as the trainee.
ACEM Advanced Diplomate/ Associate	• YES if they have completed EMATP Supervisor Course • They must work in the same health service or site as the trainee.
ACEM Diplomate/ Associate	• No

Other Registered Specialist Medical Practitioners

Registered Specialist Medical Practitioners working at your hospital whose area of specialty relates to the applicable area of clinical practice undertaken by the trainee can assess some AEMTP assessments

For example, a Specialist Anaesthetist can assess an anaesthetics procedure for an AEMTP trainee.

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6.8 AEMTP Assessments

AEMTP assessments are completed throughout your training. Assessments are completed on the relevant online form accessed through the ACEM Online Assessment Portal. Each form includes instructions on how to complete the assessment. These forms can be printed from the ACEM Online Assessment Portal and the ACEM website and filled out by the relevant assessor at the time of completing the assessment, but the official record of assessment must be submitted on the online form.

AEMTP Assessors

Regardless of the AEMTP pathway you are completing, your workplace-based assessments must be assessed by an AEMTP Assessor as outlined in the AEMTP Approved Assessor Matrix below.

AEMTP Approved Assessor Matrix:

Assessment type		AEMTP Primary Supervisor	AEMTP Direct Clinical Supervisor	Other Specialist Medical Practitioner
	Meetings	✓	✘	✘
	Mini-CEX	✓	✓	✘
	DOPS	✓	✓	✓*
	CbD	✓	✓	✘
	Procedural Checklist	✓	✓	✓*
Quality Assurance Activity	M&M Meetings	✓	✓	✘
	Audit	✓	✘	✘
	Clinical Pathway/ Guideline Policy update or development	✓	✘	✘
	DOCS	✓	✓	✘
	Clinical Lead Shift Report	✓	✓	✘
	Workshops	✓	✘	✘

* If procedure is in the area of specialty

AEMTP Assessment Entry

At the time of assessment, the trainee may decide to print out the online assessment form and give it to the relevant Assessor to complete, or the Assessor may access the online form shortly after the assessment has taken place to enter the assessment information.

AEMTP trainees are unable to upload paper assessments to their Online Assessment Portal. Trainees are however able to enter some information into the online Start of Placement and Reflection meetings assessment forms.

The assessment entry process is completed by your Primary Supervisor, an AEMTP Direct Clinical Supervisor at your site, or a Program Support Officers (PSO - for sites that have funding through the ACEM EMET Program) who are linked to your online assessment portal. They will transcribe the information from the physical assessment forms onto the trainee's online assessment form.

Keep track of all your assessments by keeping a copy of any physical assessment forms. It is important that all assessments have been entered on your Online Assessment Portal so that ACEM staff can determine if you have met the assessment requirements of the AEM Training Program. Trainees and Primary Supervisors will be able to access an Assessment Summary page to view the trainee's progress.

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6.9 AEMTP Workplace-based Assessments Requirements

Every shift in an ED provides encounters that offer many rich learning experiences that may contribute to valid assessment opportunities. The purpose of Workplace-based Assessments (WBAs) is to assess trainees, whenever possible, at the time of performing tasks, in real patient scenarios during normal daily work. When a trainee is involved in a clinical encounter or performing a procedure that may be assessed, an Assessor utilises the relevant tool to assess the trainee's performance against each criterion.

WBAs are tools that provide the trainee with feedback on their performance when completing activities and procedures that are essential for an emergency medicine clinician.

AEMTP WBA Assessments

AEMTP Pathway 1	AEMTP Pathway 2	AEMTP Pathway 3
13 Mini-CEX	8 Mini-CEX	3 Mini-CEX
13 DOPS	7 DOPS	3 DOPS
4 CbD	2 CbD	-
1 DOCS	1 DOCS	1 DOCS
2 Clinical Lead Shift Reports	2 Clinical Lead Shift Reports	2 Clinical Lead Shift Reports
1 QA Activity	1 QA Activity	1 QA Activity
FEMTP Procedural Checklist	IEMTP Procedural Checklist	AEMTP Procedural Checklist
IEMTP Procedural Checklist	AEMTP Procedural Checklist	-
AEMTP Procedural Checklist	-	-

Start of Placement meetings, Reflection meetings and CbD assessments may be completed by real time video conference.

6.10 AEMTP Mini Clinical Evaluation Exercises (Mini-CEX)

Mini-Clinical Evaluation Exercise (Mini-CEX) involves a trainee being directly observed and assessed by an approved assessor whilst performing a focused clinical task during a specific patient encounter, including; history taking, examination, clinical synthesis (in relation to prioritisation, investigations, diagnosis and management plans) communication, professionalism and organisation and efficiency.

Mini-CEX are to be observed by an approved assessor on each one of each of the following presentations:

AEMTP Mini-CEX

AEMTP Pathway 1	AEMTP Pathway 2	AEMTP Pathway 3
13 Mini-CEX • Paediatric • Trauma with primary survey • Chest pain presentation • Abdominal pain presentation • Mental state examination • Obstetrics & Gynaecological • Multi-trauma • Neurology • Toxicology • Renal/endocrine/metabolic • 3 high complexity presentations*	**8 Mini-CEX** • Obstetrics & Gynaecological • Multi-trauma • Neurology • Toxicology • Renal/ endocrine/ metabolic • 3 high complexity presentations*	**3 Mini-CEX** • 3 high complexity presentations*

***To determine the complexity of a case the trainee can access the Complexity Calculator via the online assessment forms.**

To determine the complexity of a case the trainee can access the Complexity Calculator via the online assessment forms or review Section 19 of this handbook.

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Mini-CEX assessments usually take 15-20 minutes per assessment to complete.

Trainees follow the instructions on the Mini-CEX Assessment form to complete Mini-CEX assessments. Assessment forms are found on the Assessment Summary Page on the Online Assessment Portal and on the ACEM website.

AEMTP Mini-CEX Assessors

Mini-CEX WBAs must be assessed by

- A Direct Clinical Supervisor at your site, or
- Your Primary Supervisor.

6.11 AEMTP Direct Observation of Procedural Skills (DOPS)

DOPS are integral to the practice of Emergency Medicine. In these tasks a trainee is observed by an approved assessor whilst performing a specific clinical procedure. Trainees are assessed and receive feedback on their performance, from the technical part of performing the procedure to post-procedure management and discharge advice. For all training programs the procedures required for DOPS are specified. For any DOPS where the assessor is a registered medical specialist whose areas of specialty relates to the applicable area of clinical practice, the Primary Supervisor must also approve the completed assessment.

Trainees follow the instructions on the DOPS Assessment form to complete DOPS assessments. Assessment forms are found on the Assessment Summary Page on the Online Assessment Portal and on the ACEM website.

DOPS are to be completed and observed by an assessor who assesses your ability to perform core procedures safely and appropriately. These must be completed on a real patient except Safe Defibrillation, which is acceptable as a simulation.

AEMTP DOPS

AEMTP Pathway 1	AEMTP Pathway 2	AEMTP Pathway 3
13 DOPS • Suture wound • Bag valve mask • Safe Defibrillation • C-spine maneuver, including 3-person log roll • Plaster upper limb • Plaster lower limb • Non-invasive ventilation • Procedural Sedation • Rapid sequence induction (RSI) – plus ventilator setup • Joint or Fracture reduction (major/extremity) • Ventilator – assessment, adjustment and troubleshooting (e.g. alarms) • eFAST or AAA or FELS (only one (1) is required) • Central venous access	**7 DOPS** • Non-invasive ventilation • Procedural Sedation • Rapid sequence induction (RSI) – plus ventilator setup • Joint or Fracture reduction (major/extremity) • Ventilator – assessment, adjustment and troubleshooting (e.g. alarms) • eFAST or AAA or FELS (only one (1) is required) • Central venous access	**3 DOPS** • Ventilator – assessment, adjustment and troubleshooting (e.g. alarms) • eFAST or AAA or FELS (only one (1) is required) • Central venous access

AEMTP DOPS Assessors

AEMTP DOPS must be assessed by:

- A Direct Clinical Supervisor at your site, or
- Your Primary Supervisor, or
- A registered specialist medical practitioner working at your site whose area of specialty relates to the applicable are of clinical practice.

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6.12 AEMTP Case-based Discussions (CbD)

A Case-based discussion (CbD) is a structured interview designed to explore professional judgement exercised in a clinical case.

A CbD is conducted between the trainee and the approved assessor after the clinical encounter has taken place. The approved assessor selects from three (3) sets of case notes presented by the trainee and provides ratings and feedback based on the trainee's assessment, management, clinical reasoning and decision making, and accuracy of documentation on one of those cases. The trainee is also assessed on their reflection of the selected case during a discussion with the approved assessor.

For information on the process of completing a CbD, follow the instructions on the CbD Assessment Form. Assessment forms are found on your Online Assessment Portal and on the ACEM website.

AEMTP CbD

AEMTP Pathway 1	AEMTP Pathway 2	AEMTP Pathway 3
4 CbDs • 2 CbDs should have a clinical focus which must be indicated by the trainee and should relate to the FEMTP Curriculum both of which can be of low complexity. • 2 CbDs both of which must focus on a case of a minimum of medium complexity and should relate to themes of the IEMTP curriculum	**2 CbDs** • 2 CbDs, both of which must focus on a case of a minimum of medium complexity and should relate to themes of the IEMTP curriculum.	**None** • Case-based Discussions are not required for trainees undertaking AEMTP Entry Pathway 3

AEMTP CbD Assessors

A CbD must be assessed by:

- A Direct Clinical Supervisor at your site, or
- Your Primary Supervisor.

6.13 AEMTP Procedural Checklist

Procedural Skills are to be completed by trainees in the emergency department. However, AEMTP trainees can complete Procedural Skills in ICU and/or Anaesthetics departments or in theatre if they are able to organize shifts or placements in these departments. Trainees must not spend more than 20% of their emergency department placement time in these departments.

Example – Jenny is working full time (five days a week) in her emergency department each week for the duration of her emergency medicine training time. As Jenny is working full time, 20% of her emergency medicine training time equates to one day per week that she can spend in Anaesthetics, ICU or theatre.

With the help of her Primary Supervisor, she has organised to spend one day per week of her emergency medicine training time in theatre and in the Anaesthetics department. Working in these department will enable her to complete some critical care procedures on her Procedural Checklist that she may not be able to complete in the emergency department. As Specialist Anaesthetists are approved assessors, they can assess her for the relevant critical care procedures that relate to their area of clinical practice

Trainees follow the instructions on the Procedural Checklist to complete Procedures. The Procedural Checklists are accessed on the Assessment Summary Page of the Online Assessment Portal and on the ACEM website. It may be useful for trainees to print this form and carry it around with them for easy reference as you never know when a procedure may present itself.

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Entry Pathway 1

AEMTP trainees completing Entry Pathway 1 are required to complete 32 FEMTP Procedural Skills, 69 IEMTP Procedural Skills and 50 AEMTP Procedural Skills on real patients or via simulation. A total of 153 Procedural Skills are to be completed for AEMTP Entry Pathway 1 that include the following areas of focus (see the procedural checklist on the Online Assessment Portal and ACEM website for a complete list):

- Resuscitation
- Analgesia / Pain Relief
- Musculo-Skeletal
- Trauma
- Burns
- Wounds
- Cardiac
- Circulation
- Neurology
- Psychiatric/Mental Health
- Infectious Disease
- Ultrasound
- Paediatrics
- Obstetrics and Gynaecological
- Gastrointestinal
- Toxicology and Toxinology
- ENT
- Ophthalmological

Entry Pathway 2

AEMTP trainees completing Entry Pathway 2 are required to complete 69 IEMTP Procedural Skills and 50 AEMTP Procedural Skills on real patients or via simulation. A total of 121 Procedural Skills are to be completed for AEMTP Entry Pathway 2 that include the following areas of focus (see the procedural checklist on the Online Assessment Portal and ACEM Website for a complete list):

- Resuscitation
- Analgesia / Pain Relief
- Musculo-Skeletal
- Trauma
- Burns
- Wounds
- Cardiac
- Neurology
- Psychiatric / Mental Health
- Infectious Disease
- Ultrasound
- Paediatrics
- Toxicology and Toxinology
- ENT

Entry Pathway 3

AEMTP trainees completing Entry Pathway 3 are required to complete 50 AEMTP Procedural Checklist by on real patients or via simulation that include the following areas of focus (see the procedural checklist on the Online Assessment Portal and ACEM Website for a complete list):

- Resuscitation
- Trauma
- Burns
- Wounds
- Circulation
- Ultrasound
- Paediatrics

A number of Procedural Skills are to be completed on real patients (where indicated on the Procedural Checklist – refer to Curriculum document), otherwise the procedure can be completed via simulation. The Procedural skill must be observed by the assessor at the time the procedure took place.

AEMTP Procedural Checklist Assessors

AEMTP Procedural Skills can be assessed by:

- A Direct Clinical Supervisor at your site, or
- Your Primary Supervisor
- A registered specialist medical practitioner working at your site whose area of specialty relates to the applicable are of clinical practice.

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6.14 AEMTP Direct Observation of Communication Skills (DOCS)

A Direct Observation of Communication Skills (DOCS) is an assessment designed to provide feedback to the trainee on essential communication skills pertaining to the clinical handover and/or referral of a patient. Trainees carry out a patient referral and are assessed by the supervisor who observes the process. Trainees are assessed on criteria, which include outlining identifying details, details of the situation, providing background of the presentation, assessment of the current clinical state of the patient, recommendations and readback and communication and consultation with staff.

AEMTP trainees are required to complete one (1) DOCS assessment.

Trainees follow the instructions on the DOCS Assessment form to complete the DOCS assessment. Assessment forms are found on the Assessment Summary Page on the Online Assessment Portal and on the ACEM website

AEMTP DOCS Assessors

DOCS Assessments must be assessed by:

- A Direct Clinical Supervisor at your site, or
- Your Primary Supervisor

6.15 Clinical Lead Shift Reports (CLSR)

A Clinical Lead Shift Report (CLSR) involves an approved assessor for the task assessing the trainee and providing structured feedback on a trainee's performance during a specific shift where the trainee is the clinical lead, based on direct observations. In order to ensure a complete assessment, the assessor also seeks feedback about the trainee's performance from other ED and non-ED staff (doctors, nurses, administration and support staff) with whom the trainee has interacted with during the shift. Trainees are assessed on criteria including leadership, prioritisation and safe decision making, communication and, where applicable, on emergency health care in a rural and remote setting, patient care including transfer and retrieval, and teaching on the run.

AEMTP trainees are required to complete two (2) Clinical Lead Shift Reports and it is recommended that these are completed towards the end of the required emergency medicine training time.

Trainees follow the instructions on the Clinical Shift Report Assessment form to complete the assessment. Clinical Lead Shift Report Assessment forms are found on the Assessment Summary Page on the Online Assessment Portal and on the ACEM website

AEMTP Clinical Lead Shift Report Approved Assessors

The Clinical Lead Shift Report must be assessed by:

- A Direct Clinical Supervisor at your site, or
- Your Primary Supervisor

6.16 Quality Improvement Activity

AEMTP trainees need to complete one (1) Quality Improvement Activity. This can be either;

- a Morbidity and Mortality Meeting Presentation, or
- a Clinical Pathway/Guideline/ Policy Update or Development, or
- an Audit.

6.17 Morbidity and Mortality (M&M) Meeting Presentations

Morbidity and Mortality (M&M) Meeting Presentations provide an opportunity for discussion about adverse outcomes. As well as being an important education process, they are also designed to lead to improvements in patient care and safety and improved patient outcomes. The M&M meeting presentation requires the trainee to prepare and present at the meeting, including providing a case summary, outcomes, contributing factors, recommendations, and the integration of evidenced-based literature.

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Trainees follow the instructions on the M&M Meeting Presentation Assessment form to complete the assessment. M&M Meeting Presentation Assessment forms are found on the Assessment Summary Page on the Online Assessment Portal and on the ACEM website

AEMTP M&M Meeting Presentation Approved Assessors

The M&M Meeting Presentation must be assessed by:

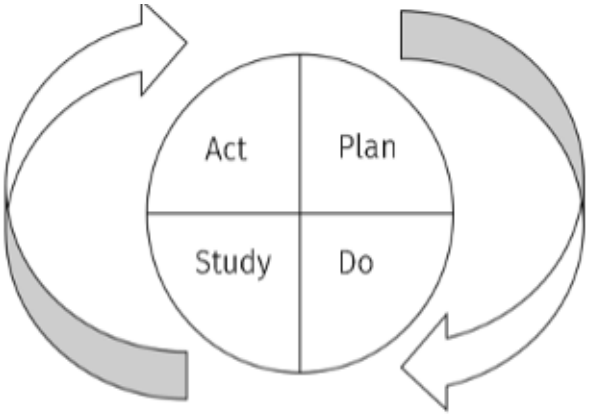
- A Direct Clinical Supervisor at your site or
- Your Primary Supervisor

6.18 Clinical Pathway/Guideline/Policy Update or Development

A Clinical pathway, guideline or policy update or development (Clinical Pathways) task provides the trainee with an opportunity to demonstrate their capacity for reviewing evidence and adapting this to their organisation/department.

Clinical Pathways map out the sequence, options, timing and expected outcomes of care for patients who either have a similar diagnosis or who are undergoing a similar procedure. Clinical Pathways allow for standardised care so that all patients receive the same care that is evidence based, high-quality, safe, timely and cost-effective. The clinical pathways also allow for documentation of changes in care as a result of the patient's health status.

One example of an approach to develop a clinical pathway is the Plan-Do-Study-Act (PDSA) approach for learning and improving.



Resources

The following links provide some resources and information that may assist trainees in completing the Clinical Pathway activity:

- Australian Clinical Practice Guidelines (NHMRC)
- Resources for guideline developers (NHMRC)
- Guide to the development, evaluation and implementation of clinical practice guidelines (NHMRC)
- Guidelines for Guidelines (NHMRC)
- Model for Improvement & PDSA cycles (NSW Health)

The above is not an exclusive list of resources. Each site and jurisdiction will have their own information on clinical pathway and guideline development. The online modules refer to the LEAN approach for example. Trainees are encouraged to discuss the various approaches with their supervisor and decide which will work best to address the assessment criteria.

Trainees follow the instructions on the Clinical Pathway Assessment form to complete the assessment. Assessment forms are found on the Assessment Summary Page on the Online Assessment Portal and on the ACEM website.

AEMTP Clinical Pathway / Guideline / Policy Update or Development Approved Assessors

The Clinical Pathway / Guideline / Policy Update or Development must be assessed by:

- Your Primary Supervisor

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6.19 Audit

An Audit assessment task allows the trainee to learn the process of conducting a clinical audit and to analyse a relevant issue as part of an audit of the emergency department. Trainees are assessed on their performance in relation to elements of the audit cycle, including preparation, selection of audit criteria, measurement of performance, plan for improvements and sustainability of improvements.

An outline of the audit cycle is shown in the diagram below:



Source: http://www.hse.ie/eng/

Each hospital has a process for conducting audits – talk to your Primary Supervisor about the process before you begin.

Trainees are required to discuss with their Primary Supervisor a suitable focus for the audit on an issue within the emergency department. The trainee undertakes the audit and develops an audit report of up to 1200 words to submit to their Primary Supervisor for review.

Trainees follow the instructions on the Audit Assessment form to complete the assessment. The Audit Assessment form is found on the Assessment Summary Page on the Online Assessment Portal and on the ACEM website.

AEMTP Audit Approved Assessors

The Audit must be assessed by:

- Your Primary Supervisor

6.20 AEMTP Meetings

AEMTP trainees are required to complete Start of Placement and Reflective Meetings with their Primary Supervisor during their six (6), twelve (12) or eighteen (18) FTE months of emergency medicine training. These meetings are designed to set goals and actions for each placement and then reflect on them as the placement continues to ensure they are being met and discuss any areas of concern or additional learning required.

See Section 8 of this handbook for more information about the required Meetings.

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6.21 AEMTP Emergency Skills Workshops

AEMTP Entry Pathway 1

AEMTP trainees completing Entry Pathway 1 are required to complete four (4) workshops:

- Advanced Life Support 2 (ALS2) workshop, or equivalent for trainees based in New Zealand.
- Advanced Paediatric Life Support (APLS) workshop
- Early Management of Severe Trauma (EMST) workshop or Emergency Trauma Management (ETM) workshop.
- ACEM EMATP Supervisor Course

AEMTP Entry Pathway 2

AEMTP trainees completing Entry Pathway 2 are required to complete three (3) workshops:

- Advanced Paediatric Life Support (APLS) workshop
- Early Management of Severe Trauma (EMST) workshop or Emergency Trauma Management (ETM) workshop.
- ACEM EMATP Supervisor Course

AEMTP Entry Pathway 3

AEMTP trainees completing Entry Pathway 2 are required to complete one (1) workshop:

- ACEM EMATP Supervisor Course

Once you have completed each workshop, show your certificate of completion to your Primary Supervisor or PSO (if applicable) and they will transcribe the certificate details onto your Online Assessment Portal.

ALS 2 workshops must be accredited by the **Australian Resuscitation Council (ARC)**. The **ARC website**. Includes upcoming course dates and locations.

Review the **APLS Australia**, **APLS New Zealand** and **EMST** and **ETM** websites for further information on courses.

Trainees are required to pay for all costs associated with completing these workshops.

ACEM EMATP Supervisor Course

AEMTP trainees are required to complete the EMATP Supervisor Course to prepare them for training staff, and to supervise FEMTP and IEMTP trainees in their workplace. The course is made up of two elements:

- Clinical Supervision Online Modules – a set of eLearning modules, quizzes, videos and collected research articles, organised into five topics to support supervisors and assessors preparing to supervise trainees in the Foundational Emergency Medicine Training Program or Intermediate Emergency Medicine Training Program.
- EMATP Supervisor Workshop – a full day workshop aimed at orientating the supervisor to the FEMTP and IEMTP training programs.

There is no fee for AEMTP trainees to complete the EMATP Supervisor Course, however trainees must fund their own travel if required to attend the workshop. Please contact the EMATP team for workshop dates.

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Previous Workshop Completion

If at the time of enrolment, you have completed in the last five (5) years an approved ALS2 or ETM/EMST course, you are able to use this towards the ALS2 and ETM/EMST requirements for the AEMTP. You can provide the certificate at the time of enrolment or show it to your Primary Supervisor or PSO (if applicable) to transcribe the certificate details onto your online assessment portal.

No exemption is available for the EMATP Supervisor Course.

6.22 AEMTP Online Modules

AEMTP trainees are required to complete the ACEM Indigenous Health and Cultural Competency Modules. See Section 9 of this handbook for more information on the completion of the ACEM Indigenous Health and Cultural Competency Modules. Additionally, AEMTP trainees are required to complete the ACEM Ultrasound online modules.

6.23 AEMTP Examination and Eligibility

The AEMTP Online Examination is a 60-minute exam with 50 multiple choice questions based on the content of the AEMTP Curriculum. The exam is held two times per year in May and November. Exact dates will be advertised on the College website.

For trainees on AEMTP Entry Pathway 1 or 2, the IEMTP Online Examination is a 90-minute exam with 80 multiple choice questions based on the content of the IEMTP Curriculum. The exam is held two times per year in April and October. Exact dates will be advertised on the College website.

For trainees on AEMTP Entry Pathway 1, the FEMTP Online Examination is a 90-minute exam with 80 multiple choice questions based on the content of the FEMTP Curriculum. The exam is held three times per year in March, June and September. Exact dates will be advertised on the College website.

For information on exams, see Section 10 of this handbook.

AEMTP Entry Pathway 1

AEMTP trainees completing Entry Pathway 1 will be required to sit the FEMTP, IEMTP and AEMTP examinations.

To be eligible to sit the FEMTP exam trainees must have:

- completed four (4) FTE months of their eighteen (18) FTE months of emergency medicine training time, and
- Have no outstanding debts with ACEM.

To be eligible to sit the IEMTP exam trainees must have:

- Successfully completed the FEMTP examination, and
- Completed ten (10) FTE months of their eighteen (18) FTE months of emergency medicine training, and
- Have no outstanding debts with ACEM.

To be eligible to sit the AEMTP exam trainees must have:

- Successfully completed the IEMTP examination, and
- Completed sixteen (16) FTE months of their eighteen (18) FTE months of emergency medicine training, and
- Have no outstanding debts with ACEM.

AEMTP Entry Pathway 2

AEMTP trainees completing Entry Pathway 2 will be required to sit the IEMTP and AEMTP examinations.

To be eligible to sit the IEMTP exam trainees must have:

- completed four (4) FTE months of their twelve (12) FTE months of emergency medicine training time, and
- Have no outstanding debts with ACEM.

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To be eligible to sit the AEMTP exam trainees must have:

- Successfully completed the EMD examination, and
- Completed ten (10) FTE months of their twelve (12) FTE months of emergency medicine training, and
- Have no outstanding debts with ACEM.

AEMTP Entry Pathway 3

AEMTP trainees completing Entry Pathway 3 will be required to sit the AEMTP examination only.

To be eligible to sit the AEMTP exam trainees must have:

- Completed four (4) FTE months of their six (6) FTE months of emergency medicine training, and
- Have no outstanding debts with ACEM.

6.24 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.

Please review the policy for **Recognition of Prior Learning Towards Training in the Foundational, Intermediate and Advanced Emergency Medicine Training Programs** . The policy outlines what documentation/evidence is required to be included in your application.

Applications for RPL must be made using the online application form found on the College website.

6.25 Completion of the Advanced Emergency Medicine Training Program

Upon successful completion of all training requirements, a trainee is eligible to receive the Associateship in Advanced Emergency Medicine Training Program. An AEMTP graduate is eligible to become an Associate member of ACEM. More information on becoming an Advanced Diplomate member is available in Section 14 of this handbook.

Trainees who believe they have completed all training requirements to receive the AEMTP must notify the college on the Notification of Completion form. It is essential that all assessments have been uploaded to your Online Assessment Portal before this form is submitted as only assessments that are uploaded can be considered as completed.

On receipt of the form, ACEM Staff will check your record and if eligible you will receive a certificate of completion.

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7. Placement requirements

7. Emergency Medicine Placements

As part of the training program requirements, trainees are required to organise employment in an emergency department that will enable them to meet the training time and assessment requirements of the program they are enrolled in. The emergency department must meet the site requirements for the relevant program you are enrolled in.

Trainees must provide this information to the College at the time of enrolment. However, if a trainee can't confirm all their training placements when they enrol, they must inform the EMATP team as soon as they have organised other placements, until they have completed the required training time. If the trainee commences the placement without informing the EMATP team first, the placement time will not be certified toward the training time requirements.

Training can commence on any day of the year as the training programs do not have intakes at specified times of the year.

7.1 Minimum Placement Duration

Training can be completed at a minimum of six (6) FTE weeks at a time and must be undertaken at a single training site. If your emergency medicine placement is less than six (6) FTE weeks in duration it will not be counted toward your emergency medicine training time.

Trainees who complete training in blocks of time must still complete all their training time and assessment requirements within the maximum limits allowed for completion of the training program they are enrolled in.

Trainees working casually or locum should consider securing at least 6-week blocks of work and/or contracts before enrolling into an Associateship training program.

7.2 Full Time and Part Time Emergency Medicine Training

Trainees can work full time (1 FTE)* or part time at the following minimum ratios per training program:

- FEMTP – a minimum of 0.25FTE (9.5 hours per week)
- IEMTP – a minimum of 0.25FTE (9.5 hours per week)
- AEMTP – a minimum of 0.5FTE (19 hours per week)

Trainees who work part-time must complete all their training time and assessment requirements within the maximum limits allowed for completion of the Training Program they are enrolled in.

For health and safety reasons, the College will not count excess work hours above 38 hours per week toward the trainee's emergency medicine training time.

* For the purposes of determining full time hours, ACEM considers 1 FTE to be 38 hours per week.

7.3 Leave during a placement

Trainees training full-time (1FTE) are permitted up to three (3) weeks' leave for every six (6) FTE months of training time they are required to complete. If a trainee is working part-time, they are eligible for pro-rata leave entitlements.

Leave is inclusive of, but not limited to, annual, personal, compassionate, parental, study, examination, conference, strike and carers leave.

For example – Tim is working part-time at 0.5FTE (19 hours) per week for six (6) months. This equates to three (3) months of full-time training. He can take one and a half weeks of leave during his placement without impacting his overall training time.

If you have a question about leave within your training time please contact the **EMATP team**.

Trainees who need to take Parental Leave should contact the **EMATP team** for advice.

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8. Meetings

8. Meetings

8.1 Start of Placement Meetings

When trainees commence an emergency medicine placement, they are required to complete a Start of Placement Meeting with their Primary Supervisor. Start of Placement Meetings must occur within the first two weeks of training. Trainees that complete more than one (1) emergency medicine placement will need to complete a Start of Placement Meeting for every new placement they commence.

If all emergency medicine placement information is provided to the EMATP team at the time of enrolment, trainees will be provided with a Start of Placement Meeting due date(s).

However, if the trainee does not have an emergency medicine placement organised for the full period of their required training time when they enrol, they must advise the EMATP team at the College as soon as possible once they have organised another training placement so that their Start of Placement Meeting due date can be calculated. If a trainee doesn't provide this information to ACEM prior to commencing the training placement, and a Start of Placement Meeting assessment has not been submitted to the assessment area of the Online Assessment Portal within two weeks of commencing the placement, their training time for that placement will be forfeited.

8.2 Start of Placement Meetings Process

At the Start of Placement Meeting the trainee and their Primary Supervisor discuss the learning outcomes, potential challenges and strategies for training, and outline goals for the trainee to work towards throughout the placement.

Trainees follow the instructions on the Start of Placement Meeting assessment form to complete the assessment. Assessment forms are found on the Assessment Summary Page on the Online Assessment Portal and on the ACEM website.

- The trainee organises a time to meet with their Primary Supervisor within the first two weeks of commencing their emergency medicine placement.
- Trainees complete the first stage (Component 1) of the assessment form prior to meeting with their Primary Supervisor, entering the information on the assessment area of the Online Assessment Portal. This step enables the trainee to set out goals and learning outcomes that they anticipate over the duration of their placement. It's also an opportunity for the trainee to reflect on their strengths and weaknesses relating to emergency medicine, and possible challenges that they may face during their placement.
- The trainee and the Primary Supervisor meet and discuss the trainee's goals and learning needs, adjusting the goals where necessary. The Primary Supervisor may suggest other goals or learning needs that they recommend the trainee aim for. The trainee and Primary Supervisor agree to the goals and learning needs for the duration of the placement.
- The Primary Supervisor records the details of the meeting and completes the assessment form submitting it via the assessment area of the Online Assessment Portal by the due date.
- The trainee can add post meeting comments to the form prior to the Primary Supervisor submitting the form.

As Start of Placement Meetings are a requirement of the training programs, failure to submit the assessment on time may result in the trainee's emergency medicine placement not being counted toward their training time requirement.

8.3 Reflection Meetings

A Reflection Meeting is an opportunity for trainees to reflect on their training, learning and performance, gain formative feedback from their Primary Supervisor and establish further learning goals.

Reflection Meetings are required every three calendar months from the start date of the trainee's emergency medicine placement. The minimum number of Reflection Meetings required will depend on the length of the emergency medicine placement and whether they are being completed full time or part time

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For a trainee completing their six (6) month required training at 1.0 FTE in a single block of training, a minimum of two reflection meetings would be required, once each 3 calendar months.

For a trainee completing their six (6) month required training at 0.5 FTE, they are completing 12 calendar months of training and therefore would be required to complete a minimum of four reflection meetings, one each 3 calendar months.

If all emergency medicine placement information is provided to the EMATP team at the time of enrolment, trainees will be provided with a list of estimated Reflection Meeting due dates.

However, if the trainee does not have an emergency medicine placement organised for the full period of their required training time when they enrol, they must advise the EMATP team at the College as soon as possible once they have organised another training placement so that their Reflection Meeting due dates can be calculated. If a trainee doesn't provide this information to ACEM prior to commencing the training placement, and Reflection Meeting assessments have not been submitted to the assessment area of the Online Assessment Portal by the required dates, their training time for that placement will be forfeited.

8.4 Reflection Meetings Process

Trainees follow the instructions on the Reflection Meeting Assessment form to complete the assessments. Assessment forms are found on the Assessment Summary Page on the Online Assessment Portal and the ACEM website.

The trainee's Primary Supervisor must upload the Reflection Meeting Assessments to the trainee's Assessment Summary Page by the due date.

- The trainee organises a time to meet with their Primary Supervisor within two weeks of the Reflection Meeting due date.
- Trainees complete the first stage (Component 1) of the assessment form prior to meeting with their Primary Supervisor, entering the information on the assessment area of the Online Assessment Portal. Trainees are asked to reflect on the progress toward their goals and learning needs as initially set out and agreed to in the Start of Placement Meeting. They should also identify any challenges encountered and strategies to overcome them. For trainees completing the AEM Training Program, they will also be asked to reflect on their skills in leadership, management and professionalism during their placement.
- The trainee and the Primary Supervisor meet and discuss the trainee's reflection on their progress, identifying any new goals and learning needs. If the trainee and their Primary Supervisor are meeting for their last scheduled Reflection Meeting for a particular placement, they do not need to add any new goals.
- The Primary Supervisor records the details of the meeting and completes the assessment form submitting it via the assessment area of the Online Assessment Portal by the due date.
- The trainee can add post meeting comments to the form prior to the Primary Supervisor submitting the form.

As Reflection Meetings are a requirement of the training programs, failure to submit the assessment on time may result in the trainee's emergency medicine placement not being counted toward their training time requirement.

8.5 Resources

The **Reflective Practice Toolkit** may be of value in helping you to gain an understanding of reflective practice.

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9. Online modules

9. Online modules

9.1 Indigenous Health and Cultural Competency Module

The ACEM Indigenous Health and Cultural Competency Module is a comprehensive course exploring key knowledge and skills in providing high quality care to Aboriginal, Torres Strait Islander and other culturally diverse patients in the emergency department context. The course contains video interviews with FACEMs and other doctors, allied health staff, and Indigenous and other cultural experts. It uses case studies that reflect the real-life challenges of emergency medicine practice and encourage reflection and extrapolation of the core principles of cultural competency to all your patients.

All FEMTP, IEMTP and AEMTP trainees are required to complete these modules.

The Indigenous Health and Cultural Competency Modules are as follows:

1. Introduction to Culturally Competent Care in the ED
2. Culturally Competent Communication in the ED
3. Understanding Health Literacy and Diversity of Health Beliefs
4. Understanding Language Diversity and Working with Interpreters
5. Improving ED Access and Experiences for Aboriginal and Torres Strait Islander Patients
6. Collaborative Practice: Understanding the Role of Aboriginal Liaison Officers and Families in ED care
7. Culturally Competent Discharge Planning
8. Culturally Competent End of Life Care
9. A Culturally Competent Approach to Challenging Presentations: Aboriginal and Torres Strait Islander Patients
10. A Culturally Competent Approach to Challenging Presentations: Refugee and Migrant Patient
11. Māori and Pacific Island Health

Trainees can access the modules on the relevant training program section of the ACEM Educational Resources site.

9.2 Ultrasound Modules

The ACEM Foundation Online Learning Modules provide an introduction to the use of ultrasound.

All AEMTP trainees are required to complete these modules.

The Ultrasound Modules are as follows:

1. Introduction to ED POCUS
2. AAA (Abdominal Aortic Aneurysm)
3. EFAST (Extended Focused Assessment with Sonography in Trauma)
4. Foundation Physics
5. Foundation Thoracic/Lung
6. Foundation FELS – Anatomy and Views
7. Procedural Guidance – Vascular Access

Trainees can access the modules on the relevant training program section of the ACEM Educational Resources site.

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10. Examinations

10. Examinations

For each Training Program there is an online multiple-choice question (MCQ) examination.

10.1 Format

- The FEMTP examination is a 90 minute online exam with 80 MCQ questions
- The IEMTP examination is a 90 minute online exam with 80 MCQ questions
- The AEMTP examination is a 60 minute online exam with 50 MCQ questions

The examination questions align with the learning objectives of the curricula.

10.2 Online Examinations Schedule

FEMTP exams are held three (3) times per year. Both IEMTP and AEMTP exams are held two (2) times per year. Each exam has approximately one month between them, so that a trainee in a training program who wants to complete more than one exam will have time to prepare for the next exam should they be eligible to do so.

- The FEMTP exams are usually held in March, June and September each year
- The IEMTP exams are usually held in April and October each year
- The AEMTP exams are usually held in May and November each year

Examination dates can be found on the College website.

10.3 Eligibility

Eligibility for each individual exam will be assessed at the time of the examination application closing date, not the examination date. Trainees can apply for an exam before completing their required training time or an exam as long as they meet the training time requirement or successfully complete any required exams at the time of the application closing date.

View the Examination and Eligibility section of the relevant program to determine your eligibility to sit:

FEMTP Eligibility

IEMTP Eligibility

AEMTP Eligibility

10.4 Exam location

Each exam is held at the trainee's hospital, and in conjunction with their Primary Supervisor, the trainee organises an appropriate space with a computer where the exam is to be held. The exam space must be in a quiet location where the trainee will not be interrupted during the exam.

Trainees that have left their emergency department can arrange to sit the exam in another location provided they can organise an appropriate exam space and an invigilator. Please contact the EMATP team to discuss your situation.

10.5 Organising an Invigilator

Trainees must organise an appropriate invigilator to supervise them during their exam. An invigilator must be appointed by the trainee's Primary Supervisor and be available for the full duration of the exam being undertaken. An invigilator cannot supervise a trainee remotely using technology – they must physically be in the same room as the trainee while the exam is being undertaken. If there is more than one trainee at a site, the site may require an additional invigilator depending on the room configuration. No more than five trainees per one invigilator is recommended.

If the trainee is organising an alternative location other than the emergency department where they completed their emergency medicine training, then they must contact the EMATP team to discuss their invigilator requirements.

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An invigilator can be:

- A trainee's Primary Supervisor
- A FACEM
- An ACEM Advanced Diplomate
- A Program Support Officer (PSO) (where applicable)
- A Specialist Medical Practitioner

The EMATP team at the College will determine if the invigilator is an appropriate person to supervise you for the exam.

Exam instructions will be sent to the invigilator and trainee one week prior to the exam. These instructions will outline the exam preparation and procedure on the day of the exam for the invigilator to follow.

10.6 How to Register for an exam

Exam registration will open six weeks prior to the date of exam and close three weeks before the exam (application closing date). Once you have confirmed that you will be eligible you can register for the exam by completing the Online Exam Registration form. Applications will not be accepted after the closing date under any circumstances. You must include the following information on your application form:

- Your name and ACEM ID
- Which exam you would like to sit
- Where your exam will be held
- Who your invigilator will be.

The EMATP team will confirm your eligibility to sit the exam after the application closing date. This confirmation will also include details on the conduct of the examination.

10.7 Preparing for the exam

The examinations questions align to the curriculum learning objectives.

To facilitate learning and to prepare for assessments, including examinations, it is expected that trainees utilise a variety of resources in addition to the online modules. For each training program, there are recommended texts and additional resources for each theme, details of which may be found on the ACEM Educational Resources website.

ACEM provides some learning support resources on the Education Resources website which are mapped to the learning outcomes in the curricula. However, this should not be the only resource trainees should utilise to prepare for the examination. Trainees should also consult the Studying for Examinations guide as this details question types and suggested studying steps when preparing for the examination.

All of the supervised training and feedback you have received during your placements, including your assessment tools are valuable in building your skills and knowledge and understanding. This is also the case with the required workshops.

Self- directed learning is also important. In line with principles of adult learning, self-directed learning encompasses the undertaking of independent learning activities. It requires you to first identify your learning needs through a combination of both self-reflection and discussion with Supervisors, mentors, peers and others with whom you've worked and who can provide you with informed feedback. Once your specific needs are identified, you may then read recommended texts and journal articles, research specific topics online, complete the recommended online modules on the ACEM Educational Resources site, and participate in targeted simulation-based training. Self-directed learning is carried out to further develop and enhance your understanding of the concepts covered in the curricula and to consolidate the required knowledge and skills as they relate to the learning objectives, particularly as part of your exam preparation.

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10.8 Number of attempts

Trainees in all training programs can attempt each exam three (3) times. For instance, if a trainee is required to complete the FEMTP, IEMTP and AEMTP exams, they can attempt each exam three times (subject to meeting the eligibility requirements of each exam).

There is no cost to sit the exam on the first attempt. If a trainee is unsuccessful at an examination each subsequent attempt will require payment of the examination re-sit fee. To re-sit an exam, the trainee must organise an appropriate location to sit the exam and an invigilator and apply on the Online Exam Registration. The re-sit fee must be paid prior to sitting the exam.

After three (3) failed attempts at an exam, the trainee will be considered for removal from the training program for failure to meet the requirements of the training program.

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11. Recommended resources

11. Recommended Resources

As part of self-directed learning, trainees may access recommended texts and other resources to facilitate the development of their knowledge and skills to apply to daily practice and in preparation for assessments. No single text or resource addresses the entire knowledge base required for the practice of Emergency Medicine. The most recent edition of the following texts should be used. If the most recent edition has been available for less than 12 months, the previous edition may also be used.

11.1 Training Handbook

- *Emergency Medicine Associateship Training Programs Training Handbook*
- *Emergency Medicine Associateship Training Programs Supervisor Handbook*

11.2 Recommended texts

FEMTP, IEMTP and AEMTP

- Cameron P, Little M, Mitra B, Deasy C. (eds) *Textbook of Adult Emergency Medicine*. Elsevier
- Dunn RJ, Borland M, O'Brien D. *The Emergency Medicine Manual*. Venom Publishing.
- Murray L, Little M, O. Pascu, Hoggett KA. *Toxicology Handbook*. Elsevier.

Additional texts for FEMTP only

- Schaide JJ, Hayden SR, Wolfe RE, Barkin R, P Shayne P, Rosen P. *Rosen & Barkin's 5-Minute Emergency Medicine Consult*. Lippincott Williams & Wilkins.
- Hoffman RJ, Wang VJ, Scarfone RJ (eds) *Fleisher and Ludwig's 5 Minute Pediatric Emergency Medicine Consult*. Lippincott Williams & Wilkins.

11.3 Recommended Online Sources

- UpToDate
- Life in the Fast Lane
- Royal Children's Hospital Paeds Clinical Guidelines/Paediatric Improvement Collaborative
- Starship Clinical Practice Guidelines'

11.4 Recommended ACEM Policies and Publications

ACEM–endorsed standards, statement, policies and guidelines align with at least one of the three entrustable areas of emergency medicine practice: patient care, departmental function, and career longevity. These documents are available on the ACEM website (https://acem.org.au/Search-Pages/Policy-And-Regulation-Search) and include, but not limited to, the following:

- P51 Care of older persons in the emergency department
- P44 Provision of emergency medical telephone advice to the general public
- P181 Provision of emergency medical telephone support to other health professionals
- G26 Reducing the spread of communicable infectious disease in the emergency department
- G125 Pathology Testing in the Emergency department
- G126 Guidelines on diagnostic imaging
- Te Rautaki Manooki Mana: Excellence in Emergency Care for Māori
- ACEM Innovative Reconciliation Action Plan

11.5 ACEM Educational Resources

Trainees are encouraged to review the resources available on the ACEM Educational Resources website:

www.elearning.acem.org.au

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12.Removal and suspension

12. Removal and Suspension from the Training Program

12.1 Removal due to failure

Trainees who fail to meet the requirements of the Associateship Training Programs or who fail to comply with College regulations, policies and procedures may be removed from the training program.

Trainees will be considered for removal in the following circumstances:

- Failure to complete the requirements of the relevant training program within the timeframe
- Failure to pass examinations within the maximum three attempts
- Failure to pay all applicable fees by the date on which they are due
- Failure to maintain medical registration
- Engage in conduct contrary or derogatory to or inconsistent with the principles, ethics, dignity, standards and purposes of the College.

The EMATP Committee considers trainees for removal under the first four grounds described above. Where the grounds for removal relate to professional conduct, a trainee's status in the training program will be considered by the ACEM Board. Trainees who are to be considered for removal will be advised in writing of the ground(s) and the date on which they are to be considered for possible removal from the training program.

Trainees are entitled to provide a written submission to the EMATP Committee to remain in the program should there be grounds under the College's Exceptional Circumstances and Special Consideration Policy (TA79). Any information a Trainee wishes the EMATP Committee to consider must be provided in writing to the College at least 14 days prior to the date at which they are to be considered by the EMATP Committee for possible dismissal.

Where the EMATP Committee accepts that there are exceptional circumstances that warrant a granting of special consideration for a trainee, the EMATP Committee will determine the revised training and assessment requirement(s), due dates and other requirements that are applicable to that trainee. Where the EMATP Committee does not accept there are exceptional circumstances to warrant special consideration, the trainee will be removed from the training program.

Trainees removed from the training program should review the **Policy on Former FEMTP, IEMTP and AEMTP Trainees Re-entering the FEMTP, IEMTP and AEMTP Training Programs** to determine if they are eligible to apply again following a sit out period.

12.2 Removal due to medical registration termination

A trainee who has their medical registration terminated or cancelled by a regulatory body shall automatically be removed from the training program. If a trainee is terminated this decision is not able to be reconsidered under the College's reconsideration, review or appeal policy or other College processes.

12.3 Suspension from training

If a trainee's medical registration is suspended for any reason, or has conditions applied that restricts their ability to undertake fully the requirements of the training program, or if a trainee fails, for whatever reason, to maintain registration with the MBA, MCNZ or other relevant regulatory body as applicable they shall automatically be suspended from the training program. During a period of suspension, a trainee is unable to:

- undertake any assessments
- accrue or be credited with any training undertaken
- hold themselves to be a trainee of the training program
- access any benefits or entitlements under the training program.

The Board or Council of Education will make the decision to lift a trainee's suspension from the training program, this is decided upon application by the trainee. If a trainee is suspended, the timeframe for completion of the training program is not altered.

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13. ACEM Membership

13. ACEM Membership

13.1 Associate Membership

Once an EMATP trainee has successfully completed all the requirements of the FEMTP, IEMTP or AEMTP and have been awarded the qualification, they are eligible to apply for ACEM Associate membership of the College. Graduates will be invited to complete the ACEM Associate Membership Application form.

To become an ACEM Associate member, graduates must:

- Have successfully completed the FEMTP, IEMTP or AEMTP
- Declare any restrictions or conditions relating to their medical registration
- Have no financial debts outstanding with ACEM.

Applicants that meet the requirements will have their membership approved by the Council of Education as an Associate member of ACEM. This process takes between two to three weeks following application and applicants will be notified via email.

Benefits of ACEM Associate membership include:

Use of the Postnominal relevant to the Associateship Training Program completed:

- AACEM (Foundational)
- AACEM (Intermediate)
- AACEM (Advanced)
- Optional enrolment in the ACEM Continuing Professional Development (CPD) Program
- Ability to become a supervisor for trainees in the FEMTP and IEMTP for those awarded the AACEM (Advanced) post nominal
- Ability to become a supervisor for trainees in the FEMTP for those awarded the AACEM (Intermediate) post nominal
- Ability to contribute to committees and roles of the College
- Access to a range of Member Benefits.

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14. Wellbeing and support

14. Wellbeing and support resources

14.1 Wellbeing and Support Resources

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

Trainees and members can also contact the ACEM Membership and Wellbeing Unit (**wellbeing@acem.org.au**) to be connected with an appropriate support service or the ACEM Trainee Support team (**trainee.support@acem.org.au**).

The **My Wellbeing** page on the ACEM website also offers several resources, advice links and contacts to help address issues such as stress, burn out, conflict, mental and physical ill health, dependency issues, coping with mistakes and/or unexpected events. It is important to recognise, acknowledge and seek advice as early as possible to obtain any support needed.

14.2 ACEM Assist

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

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

You can access up to four sessions per issue in any 12-month period.

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

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

All members and trainees can access ACEM Assist **here**.



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15. College policies

15. College policies

In addition to the support resources outlined in the previous section, and policies and guidelines specific to individual components and/or requirements of the Emergency Medicine Associateship Training Programs, ACEM has a number of policies and guidelines that are or may be applicable to trainees in the course of their training and assessment.

15.1 Code of Conduct

The ACEM Code of conduct establishes a common understanding of the standards of behaviour expected of all members and trainees of ACEM, and represents a broad framework against which the actions, professional conduct and behaviour of trainees and members can be assessed.

The **Code of conduct** is available on the College website.

15.2 Exceptional Circumstances and Special Consideration

From time to time, trainees may experience situations that are beyond their control that impact their training progression, completion of assessments or ability to meet training regulations.

The Exceptional Circumstances and Special consideration Policy applies to a range of individuals, and outlines the criteria and processes by which those subject to ACEM regulations and/or policies may apply for special consideration on the grounds of exceptional circumstances, and the grounds on which such applications may be made.

Applications for special consideration, supported by relevant documentation, must be made on the appropriate College form, and submitted within the specified timeframe. An application fee applies. It is important that all appropriate and relevant supporting documentation is provided with the application so that the relevant decision making entity has all the information available to them to be able to make a decision on the application. Information on what supporting documentation should be submitted is outlined in the policy.

The **Exceptional Circumstances and Special consideration Policy** is available on the College website.

15.3 Reconsideration, Review and Appeal of Decisions

The Reconsideration, Review and Appeals Policy enables three layers of redress for individuals who are dissatisfied with a College decision and who are able to demonstrate one or more of the specified grounds of appeal.

- At the first level the policy offers reconsideration by the original decision maker.
- The second level involves consideration by a panel of three individuals who are approved by the governing body of the original decision maker and who had no involvement in the original decision or otherwise have a conflict of interest.
- The third level of the policy offers the avenue of formal appeal, with an Appeals committee chaired by a non-College member, with equal numbers of College members and non-College members forming the remainder of the committee.

There are strict timeframes within which applications for reconsideration, review and appeal must be lodged with the College. These are set out in the policy.

Applications for reconsideration or review should be made using the appropriate College form and include all information on which a trainee intends to rely. If a payment fee is required, this should be provided at the time of application. An application under this policy should be lodged in writing directly with the College Chief Executive Officer.

The **Reconsideration, Review and Appeals Policy** is publicly available on the College website.

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15.4 Conflict of Interest Policy

The College is committed to high standards of ethical conduct and to providing a governance structure that is transparent and robust. In this context, the Conflict of Interest Policy provides guidance in identifying and managing conflicts of interest involving the College and its activities.

Acknowledging that conflicts of interest may be actual, potential or perceived, members and staff of the College are obligated to avoid and disclose ethical, legal, financial or other conflicts of interests involving the College and remove themselves from a position of decision-making authority with respect to any conflict situation involving the College.

All College entities are expected to maintain a current register of the interests declared by its members and for conflicts of interest to be appropriately recorded in meetings and the making of decisions.

Failure to disclose a conflict of interest is taken seriously by the College and may constitute a breach of duties, including duties under the Corporations Act (CTH 2001).

The **Conflict of Interest Policy** is available on the College website.

15.5 Discrimination, Bullying and Sexual Harassment (DBSH)

The Discrimination, Bullying and Sexual Harassment Policy affirms the College's commitment to equality of opportunity and ensuring that the working and training environment is free from discrimination, bullying and sexual harassment. It sets out the behaviour expected of all persons involved in College activities within the various workplaces and training environments in which they are located.

Issue resolution for discrimination, bullying and sexual harassment should occur in the local workplace as an employment issue. A trainee's employer's human resources department can provide advice on the complaints and resolution process in addition to counselling and support, and this should be a trainee's first port of call.

The College does have a formal complaints mechanism that can be activated. However, this has limited investigative power for issues in the primary place of employment due to jurisdictional considerations. Complaints arising out of conduct at official College activities (e.g. Meetings of the College Board, council(s) and other entities) may be lodged with the College.

The **Discrimination, Bullying and Sexual Harassment Policy** is publicly available on the College website.

15.6 Complaints Policy

Separate to matters involving DBSH, the College's Complaints Policy provides a process to address and resolve complaints against members of the College where the complaint relates to professional or ethical standards of conduct or conduct affecting the reputation or work of the College.

The **Complaints Policy** should be read alongside the College's **Procedures for Submission and Resolution of Complaints** both available publicly on the College website.

15.7 Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy

The College has responsibilities to its trainees and also a responsibility to act in the public interest where concerns during training arise that may compromise the provision of safe, high-quality patient care.

The Reporting of Patient Safety concerns Arising from Trainee Assessment Policy describes a process to address matters of significant concern arising from assessments of trainees and which may be sufficient to warrant those concerns being communicated to a regulatory authority (e.g. MBA MCNZ) or other statutory authority, whether the concerns relate to an aspect of professional performance or relate more to the effective domains of professional practice, such as communication, relationships and ethics.

The **Reporting of Patient Safety concerns Arising from Trainee Assessment Policy** is available on the College website.

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