



FACEM Training Program Handbook

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1. Introduction

The Australasian College for Emergency Medicine (ACEM; 'the College') is accredited by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) to train and accredit doctors throughout Australia and New Zealand as specialist emergency medicine physicians. The College sets the standards for clinical practice in emergency medicine in Australia and New Zealand. As such, ACEM 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.

The College's specialist level (FACEM) Training Program occurs primarily within hospitals; these hospitals provide the teaching and learning opportunities, and clinical experience necessary for trainees to train towards Fellowship of the College. As such, training is a partnership between training sites, specialist trainees, Fellows and the College. In delivering the FACEM Training Program this partnership should support the provision of patient centred care that is respectful of, and responsive to, the preferences, needs and values of patients.

1.1 ACEM vision

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

1.2 ACEM mission

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

1.3 ACEM training programs

ACEM offers three training programs. A specialist training program that leads to the award of Fellowship of the Australasian College for Emergency Medicine (FACEM), which confers eligibility for registration as a medical practitioner in the specialty of emergency medicine and use of the specialist title, specialist emergency physician by the MBA, as well as registration within the vocational scope of emergency medicine by the MCNZ.

The College also offers training programs that lead to the awarding of a Certificate in Emergency Medicine (Cert EM (ACEM)) and Diploma in Emergency Medicine (Dip EM (ACEM)). These do not, however, result in a specialist qualification and are not recognised by the MBA or the MCNZ for the purposes of attaining specialist registration. Information in relation to the [Emergency Medicine Certificate \(EMC\) and Emergency Medicine Diploma \(EMD\) Training Programs](#) is available on the College website.

1.4 A brief history of ACEM

The first full-time Director of a 'Casualty Department' in Australia was appointed in Geelong, Victoria in 1967. Other hospitals followed and in 1981, the Australasian Society for Emergency Medicine was established. After three years of discussions with the major specialist training colleges, it was decided that the optimum pathway to improving standards and training in emergency medicine would be via a separate, new college and in 1984, the Australasian College for Emergency Medicine was incorporated by 67 Foundation Fellows.

A curriculum and training program was developed with a structure, duration and examination system similar to the other specialist medical colleges at the time. The first Primary Examination, (testing the basic sciences of Anatomy, Pathology, Physiology and Pharmacology), was conducted in 1984. The first Fellowship Examination, (a six part clinical exit examination) was held in 1986, with seven of 14 candidates successful.

Recognition as a specialty

In July 1991, ACEM submitted an application to the National Specialist Qualification Advisory Committee for recognition as a principal specialty. After wide consultation with the profession and health regulatory agencies, the Commonwealth Minister for Health approved the recognition of emergency medicine as a principal specialty, effective 8 August 1993.

In New Zealand, Emergency Medicine was recognised as a medical specialty in November 1995.

The growth of Emergency Medicine

Emergency Medicine has grown rapidly since then and is incorporated throughout the hospital systems in Australia and New Zealand. Emergency departments in the Australasian region see over seven million attendances per annum. There are now more than 100 emergency departments accredited for specialist training.

While the majority of emergency attendances occur in public sector hospitals, fee-for-service emergency medicine is practiced in a growing number of private hospitals, the first having been established at the Gold Coast in 1987. There are now private hospital emergency departments in all capital cities giving Australians genuine choice in how they access emergency care.

Academic emergency medicine has been developing since the first appointment at Senior Lecturer grade was established at the Christchurch School of Medicine in 1992, and the first full Professor of Emergency Medicine appointed to the University of Western Australia in 1996. Many emergency physicians today hold clinical academic roles and emergency departments play a significant part in undergraduate and postgraduate training.

ACEM's role in emergency medicine

The Australasian College for Emergency Medicine and the Australasian Society for Emergency Medicine co-publish a scientific journal, *Emergency Medicine Australasia*. The first issue was in 1989.

ACEM established the Emergency Medicine Research Foundation in 1993 to receive donations and benefactions directed to basic and applied research in the discipline.

ACEM is a full foundation member of the International Federation for Emergency Medicine (IFEM) together with the American College of Emergency Physicians, the British Association for Emergency Medicine and the Canadian Association of Emergency Physicians. Three scientific assemblies of the IFEM have been held in Australia; in 1988 (Brisbane), 1996 (Sydney), and in 2004 (Cairns). Since its formation, there has been an ongoing increase in members of the IFEM, which now includes over 20 member organisations.

1.5 ACEM governance

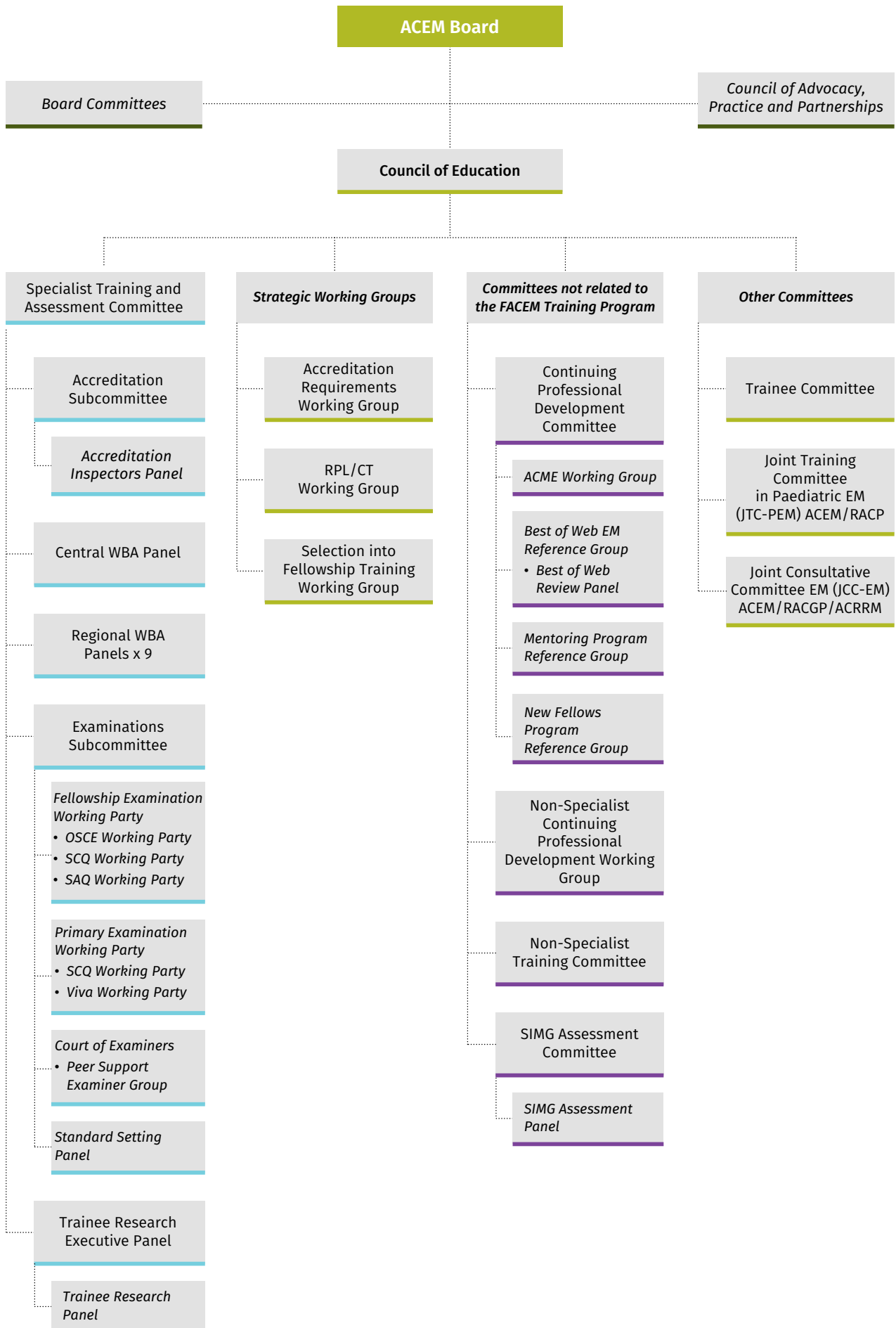
ACEM is governed by a Board, the members of which are the Company Directors. In addition to standing and ad hoc committees that report directly to it, the Board delegates some powers to its two Councils, the *Council of Advocacy, Practice and Partnerships (CAPP)* and the *Council of Education (COE)*,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

Figure 1 ACEM governance structure, 2017



The Council of Education 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 is set out in formal Terms of Reference. The governance structure of COE is outlined in Figure 2 on the next page.

Figure 2 Council of Education governance structure



Trainee Committee

While trainees are voting members of a number of the committees, subcommittees and working groups, the Trainee Committee provides formal representation for all ACEM trainees, representing trainees' interests in education and training policies. The Committee is also involved in forums to share and gather information, provide support networks and promote the needs of trainees.

Specialist Training and Assessment Committee

The Specialist Training and Assessment Committee (STAC) has oversight of the FACEM Training Program including assessments, examinations and accreditation of training sites. A member of the Trainee Committee, usually the Deputy Chair, is a member of STAC to provide the trainee perspective on the operational matters relating to the FACEM Training Program.

More information about the [Committee](#), including contact details for regional representatives is available on the College website.

2. The FACEM Training Program: A Brief Overview

The ACEM Specialist (FACEM) Training Program is for medical practitioners who wish to pursue a career in emergency medicine. Successful completion qualifies for independent practice as a consultant in emergency medicine in Australia and New Zealand and the award of Fellowship (FACEM).

The FACEM Training Program is a structured five-year training program, which includes satisfactory completion of:

- 12 months of Provisional Training; and
- 48 months (four years) of Advanced Training,

along with formal structured assessments throughout the course of training, examinations and other requirements prescribed by the College. Trainees work in emergency departments for the majority of their training and must also undertake training in anaesthesia and/or intensive care, as well as additional placements in non-emergency posts and/or areas of special skill such as toxicology, retrieval, medical education and research.

Training placements must be in emergency and other departments that have been accredited and approved by the College to provide the required training or special skills. Some non-ED placements will require prior approval to be recognised in the Training Program. In addition, some training site limits apply. Hospitals may be accredited by ACEM for 6, 12, 18 or 24 months of ED training, paediatric EM training, critical care and/or anaesthetics, and/or as part of a training network.

When planning placements to meet training requirements, it is important to refer to the [list](#) of accredited training sites on the website.

The FACEM Training Program is underpinned by the [ACEM Curriculum Framework](#), which outlines the knowledge, skills and attributes required at each stage of training and, ultimately, for independent practice as an emergency physician.

The requirements of the Training Program are set out in ACEM Regulation B—Specialist Training Program. Regulations are updated from time to time and trainees should ensure they consult the latest version available on the College website. In addition to the regulations, there are a series of College policies and guidelines that relate to specific aspects of the FACEM Training Program, as well as more broadly to College activities.

3. FACEM Training Program: Structure and Stages

3.1 Provisional and Advanced Training

Provisional Training comprises satisfactory completion of:

- six FTE months core emergency medicine training;
- six FTE months training in an accredited/approved placement(s) (either in emergency medicine or non-Emergency Department (ED));
- prescribed Workplace-Based Assessments (WBAs);
- Structured References;
- Primary Examination (Written); and
- Primary Examination (Viva).

Where applicable, 'maintenance' and/or Time Complete requirements may also be necessary.

The minimum placement duration for Provisional Training is two months full-time equivalent at a single training site.

Following satisfactory completion of all requirements of Provisional Training, a trainee progresses to **Advanced Training**, which comprises:

- 30 FTE months of core emergency medicine training;
- six FTE months critical care training (intensive care and/or anaesthesia);
- six FTE months non-ED training;
- six FTE months 'Discretionary' training;
- prescribed Workplace-based Assessments (WBAs);
- paediatric requirement;
- research requirement;
- Fellowship Examination (Written); and
- Fellowship Examination (Clinical; OSCE).

Where applicable, 'maintenance' and/or Time Complete requirements may also be necessary.

The minimum placement duration for Advanced Training is three months full-time equivalent at a single training site.




The Core Advanced Training comprises two phases. Early phase requires the completion of 12 FTE months of emergency medicine Advanced Training. Late phase requires the completion of the remaining 18 FTE months of emergency medicine Advanced Training.

3.2 Stages of training

As set out in the *ACEM Curriculum Framework*, the FACEM Training Program comprises the following stages of training:

- **Provisional Training:** commences upon enrolment as a Provisional Trainee and continues until completion of all requirements of Provisional Training.
- **Advanced Training Stage 1:** commences upon progression into Advanced Training and continues until completion of all of the 'early phase' emergency medicine requirements. Non-ED placements may be undertaken during this phase.
- **Advanced Training Stage 2:** commences upon progression into 'late phase' emergency medicine training and continues until commencement of Stage 3. It is not necessary to complete all 'late phase' EM requirements during this period.
- **Advanced Training Stage 3:** commences when the trainee completes 36 FTE months Advanced Training and continues until the trainee is elected to Fellowship. This stage is of particular significance for Fellowship Exam (Clinical) eligibility. Any 'late phase' EM requirements not completed in Stage 2 must be completed during this stage.

Figure 3 Overview of the assessment requirements of the FACEM Training Program

Stages of Training	FTE Training Time Requirements		Assessment Requirements	
	<p>12 months training in accredited/ approved placements being:</p> <ul style="list-style-type: none"> • 6 months ED training • 6 months other training (ED or Non-ED) 		<ul style="list-style-type: none"> • Satisfactory completion of In-Training Assessments • 3 Satisfactory Structured References based on a 6 month ED placement • ACEM Primary Examination 	
	<p>12 months in an accredited ED placement</p>	<p>The following may be completed at any stage of Advanced training:</p> <p>6 months Critical Care in either ICU or Anaesthetics</p>	<ul style="list-style-type: none"> • Satisfactory completion of In-Training Assessments • Minimum of 12 Emergency Medicine Workplace-Based Assessments (EM-WBAs) 	<p>The following may be completed at any stage of Advanced training:</p>
	<p>18 months in an accredited ED placement</p> <p><i>(Within the 30 months of ED time, both urban/rural regional and major referral requirements apply)</i></p>	<p>6 months in an accredited/ approved Non-ED placement</p> <p>6 months discretionary time (ED or Non ED) <i>Discretionary time spent in an ED setting is subject to site accreditation limits</i></p>	<ul style="list-style-type: none"> • Satisfactory completion of In-Training Assessments • Minimum of 18 EM-WBAs • Fellowship Written Examination (<i>eligible to sit after successful completion of Early Phase EM-WBAs which includes completion of 12 months of accredited ED training</i>) • Fellowship Clinical Examination (<i>eligible to sit after successful completion of 36 months of training, trainee research requirement and Fellowship Written Examination</i>) 	<ul style="list-style-type: none"> • Paediatric requirement • Trainee Research Project or Coursework

3.3 Timeframe for completion

The maximum timeframe for the completion of the requirements of the FACEM Training Program is 12 years. Of the 12 years, the maximum allowable time for the completion of the requirements of Provisional Training is five years, while the maximum allowable time for the completion of the requirements of Advanced Training is 10 years.

4. ACEM Curriculum Framework

The FACEM Training Program is underpinned by the *ACEM Curriculum Framework*, which outlines the knowledge, skills and attributes required at each stage of training and, ultimately, for independent practice as an emergency physician for each of the eight Domains.

These Domains comprise:

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

The [ACEM Curriculum Framework](#), together with a user guide, is available on the ACEM website as a single download and as a searchable online resource.

4.1 Stages of training

The *ACEM Curriculum Framework* is divided into stages of training and should be used by a trainee to guide their learning. Whilst trainees should ensure they refer to the complete curriculum document for learning outcomes associated with each stage of training, the top level descriptors set out the expected level of mastery for each Domain and each stage of training. These are available on the website.

5. Planning and Managing Your Training

5.1 Member portal

All details of placements and assessments in the Training Program are required to be recorded in the ACEM Online Training Portal. It is important for trainees to check their portal regularly. Instructions are available on the ACEM website.

5.2 Supervision of training (DEMTs)

Once accepted onto the FACEM Training Program, trainees are under the supervision of a Director of Emergency Medicine Training (DEMT). The DEMT is the FACEM who has been formally appointed to the role of supervisor at an ACEM-accredited hospital. Some sites will have more than one DEMT. For trainees completing non-ED training, the DEMT will typically be the applicable Deputy Censor for the region in which the site is located.

Trainees to acquaint themselves with their DEMT

Trainees are responsible for ensuring that the DEMT at the hospital at which they are working, knows of their presence in the hospital, whether in an ED or a non-ED post and is aware that they are an ACEM trainee. Should any difficulties arise during a non-ED term, the DEMT at that hospital will be able to assist.

Often the DEMT may already be acquainted with a trainee and their training status and activity. However, there are often circumstances where this will not be the case—for example, where a trainee:

- is sent on an ED rotation from one hospital with an accredited ED, to another;
- has been sent on a non-ED rotation from an accredited hospital to one which is not accredited for EM; and
- has independently organised the post (whether this post be an ED or non-ED one).

The above also applies where the 'notional' DEMT is the Deputy Censor. All DEMTs have online access to their trainees' previous Workplace-Based Assessments for the purpose of assisting with their progress in the Training Program.

5.3 Finding and registering a placement

Trainees are required to secure employment that will enable them to meet the training requirements applicable to their stage and phase of training and to enter their placement details in the ACEM Member Portal. Placements must be entered on or before commencing in the position. Some placements require prior approval from the College and must be submitted six weeks prior to commencement of training.

Placements for Provisional and Advanced training must:

- be approved for training;
- meet minimum term duration requirements; and
- ensure any planned leave does not exceed the maximum permitted (either for a single period or the Training Year).

Trainees should ensure they refer to the relevant regulations applicable to their training.

Placement types for emergency medicine (EM) training, paediatric EM, linked emergency department training, non-Emergency Department training in other specialties or special skills, in general practice, medical administration, overseas etc all have eligibility criteria, [accreditation requirements](#) and time limits. These can be found on the website.

5.4 Part-time training

Training may be undertaken either full-time or part-time. Trainees working part-time must advise the FTE fraction when registering their placement. Part-time work may be considered pro-rata, provided that:

- training is undertaken at not less than 50% (0.5 FTE);
- the placement overall meets minimum duration requirements;
- it does not exceed site accreditation limits (e.g. the maximum amount of training time for which the site is accredited by the College).

For example, the minimum duration of a Provisional Training placement is two FTE months, so a trainee working 0.5 FTE must have a placement duration of at least four months. Similarly, the minimum duration of an Advanced Training placement is three FTE months, so a trainee working 0.5 FTE must have a placement duration of at least six months.

5.5 Leave during a placement and interruption of training

Leave during a placement

Trainees may take up to 10 weeks leave per training year while in a placement. This leave is inclusive of combined annual, personal, compassionate, parental, study, examination, conference and carer's leave.

Limits also apply to the maximum amount of leave that can be taken in any single ITA period. Any leave taken during a placement must be recorded in the online portal for the applicable placement entry.

Interruption of training

Trainees may also interrupt training for up to 24 months (two years) in the course of the FACEM Training Program; however, only 52 weeks of absence can be approved at any one time. Applications for interruption of training must be submitted online via the member portal.

An interruption of training is any period of time within the FACEM Training Program which is:

- a post(s) not accredited for training purposes (e.g. ED work in a non-accredited ED);
- spent in an approved training post but which does not meet minimum requirements with regard to duration; and/or
- taken out of the workplace as extended leave.

Interruptions to training that meet the below criteria must be recorded in the online portal. Applications are submitted online via the member portal with any additional information specified.

Interruption of training requires review and approval for:

- a period of six months or longer;
- a continuation of an existing interruption;
- parental leave that will exceed 24 months of total interruption of training time across the FACEM Training Program; and/or
- a period starting within nine months or less of a trainee's Provisional or Advanced Training due date.

The following factors will be taken into consideration when determining whether to approve or deny an interruption of training application. The amount of interruption of training approved may also be adjusted from that requested taking into account:

- the length of the proposed interruption of training;
- previous interruption of training applications granted;
- the reason for the proposed interruption of training;
- the likely overall effect on a trainee's progression to fellowship;
- the ability of the trainee being able to complete their training program within the required time limits;
- previous engagement in the training program and training requirements completed;
- any exceptional circumstances provided relevant to the interruption of training application; and/or
- any other circumstances relevant to the application.

5.6 Time complete trainees

Time complete trainees are those who have completed the minimum time requirements for training and have yet to satisfactorily complete all relevant assessment requirements.

Provisional Trainees who are Time Complete must, in each 12 calendar month period:

- complete three FTE months continuous training in an accredited emergency medicine placement in Australia or New Zealand; and
- continue working in accredited/approved training placements throughout the remaining months of the 12 calendar month period.

Advanced Trainees who are 'time complete' must, in each 12 calendar month period:

- complete three FTE months continuous training in an accredited emergency medicine placement;
- continue working in accredited/approved training placements throughout the remaining months of each such period; and
- satisfactorily complete all assessments and review requirements associated with these placements.

5.7 Trainee Placement Feedback Survey

At the end of each training year the Emergency Department Trainee Placement Feedback Survey is conducted, which is a chance for FACEM trainees to give feedback on their placement experience. Trainee feedback ensures ACEM's accredited training sites provide training, and a training environment, which are appropriate, safe and supportive of FACEM trainees. The confidential data collected helps inform the decision making of Council of Education entities.

The feedback survey also aligns with AMC standards that Colleges ensure trainees are surveyed about the quality of supervision, training and clinical experience.

To ensure a full complement of data is received, the Council of Education has agreed that the annual trainee placement survey should be completed by all active trainees who are in a placement at, or close to, the time of the survey. To reflect the importance of this, the Council of Education recently approved a new regulation making the completion of the survey a mandatory part of training. (Regulation 1.5)

The new regulation has recently been published and is now in place for the current round of surveys which have been sent to New Zealand trainees and will be sent to Australian trainees in late January 2018.

Trainees will receive up to three reminders to complete the annual survey.

6. Provisional Training: Training and Assessment Requirements

6.1 Training time

Provisional Training comprises satisfactory completion of six FTE months Core emergency medicine training and six FTE months training in an accredited/approved placement(s). Core training must be undertaken in a single accredited ED in Australia or New Zealand. The remaining six FTE months can be undertaken in an ED or other approved placement, known as Discretionary training. In the first 12 FTE months of provisional training, trainees are required to complete at least 6 FTE months training in an accredited emergency medicine placement in Australia or New Zealand.

6.2 In-Training Assessments

An In-Training Assessment (ITA) is an ACEM Workplace-Based Assessment (WBA) that involves the trainee being assessed by their DEMT/Supervisor at a point in time during their placement.

In-Training Assessments:

- occur every three calendar months, regardless of trainee's FTE status;
- are completed online by the DEMT for ED training or the Supervisor for non-ED training;
- are automatically generated two weeks prior to the ITA due date relevant to the trainee's training placement date, which occurs every three calendar months; and
- can be manually created however can only be submitted two weeks prior to the due date.

6.3 Structured References

A set of three Structured References (SRs) are completed by a trainee's DEMT and two FACEMs who have supervised the trainee using an online Structured Reference assessment form. SRs are based upon a six FTE month ED training period completed at a single training site within a 12 month period. Where training is undertaken at networked sites, a set of Structured References based on two training sites that total six FTE months may be submitted.

The assessment identifies strengths and weaknesses in a number of areas of practice and serves as an indicator of the trainee's suitability to progress into Early Phase Advanced Training. Structured References are confidential and are not made available to the trainee.

Structured References are valid for 12 months from the end of the training period on which they are based. It is recommended that trainees request a set of Structured References upon completion of six months ED training time at the same hospital. SRs must be requested no later than the second six months of core ED and ideally before passing the Primary Examination so as to avoid potential delay in progressing into Advanced Training.

Where Structured References have expired, second and subsequent sets must be requested on the next three month (FTE) ED placement (instead of six months) completed at a single site provided the first set were assessed as satisfactory.

If the first set of SRs were assessed as not satisfactory then the new set must be based upon the trainee's next six FTE month period of ED training.

Requests for SRs to be completed by the DETM

Three weeks prior to the conclusion of the trainee's ED training period in Provisional Training, the trainee must:

- 1 Log onto the ACEM Member Portal on the ACEM website.
- 2 From the **'Training Portal'** tab located to the top of the page, select **'Structured Reference'** from the drop-down menu.
- 3 A summary of any SR request(s) will be listed towards the end of the page.
- 4 From the drop-down menu to the right of the identified training period, **select your DEMT, and two FACEM referees.**
- 5 Select the green **'submit'** button when you have completed the selection.
- 6 Confirm your request by selecting **'OK'** in the final verification to submit pop-up box.

6.4 Primary written examination

The Primary Written Examination consists of two three-hour papers, each comprising 180 select-choice questions (SCQs), which are made up of multiple-choice and extended-matching questions. It assesses the trainee's knowledge and understanding of the four basic sciences of anatomy, pathology, physiology and pharmacology, in order to ensure an adequate base for further learning and development towards a career as an emergency medicine physician. To pass

the examination, candidates are required to reach a pre-defined level of performance, rather than a fixed percentage of candidates being successful.

The Primary Written Examination is conducted online at regional centres, twice per year on dates set by the College. Further information relating to the content, structure and format of the examination, including withdrawal from the examination, is available on the College website.

Eligibility

The Primary Written Examination may be attempted at any time during Provisional Training. It is not necessary to have completed Provisional Training before attempting the examination.

Applications

Applications to sit the examination must be received by the date and time specified by the College for the examination in question.

Applications to sit the examination may be accepted from trainees conditionally enrolled in the FACEM Training Program; however, these candidates must have currently completed PGY2 and met the eligibility requirements of the examination by the date on which the examination is held. From 30 September 2017, the College will no longer be accepting conditional enrolments.

Number of attempts

With effect from 2018, trainees have a maximum of three attempts at the Primary Written Examination. Attempts prior to the commencement of the 2018 Training Year will not be counted. Trainees who are unsuccessful on their third attempt will be considered for removal from the FACEM Training Program.

6.5 Primary examination (Integrated Viva)

The oral examination comprises four integrated Vivas that assess the four basic science subjects of anatomy, pathology, physiology and pharmacology. To pass the examination, candidates are required to obtain a scaled score of five or greater out of 10 in at least two of the four integrated Vivas and have a total score of 20 or greater out of 40.

The Examination is held over one to two days at the AMC National Test Centre, in Melbourne, twice per year on dates set by the College. Further information relating to the content, structure and format of the examination, including withdrawal from the examination, is available on the College website.

Eligibility

The viva may be attempted at any time during Provisional Training following successful completion of the Primary Written Examination.

Applications

Applications to sit the examination must be received by the date and time specified by the College for the examination in question.

Applications to sit the examination may be accepted from trainees conditionally enrolled in the FACEM Training Program; however, these candidates must have completed PGY2 and met the eligibility requirements of the examination by the date on which the examination is held.

Number of attempts

With effect from 2018, trainees have a maximum of three attempts at the Primary Viva. Attempts prior to the commencement of the 2018 Training Year will not be counted. Trainees who are unsuccessful on their third attempt will be considered for removal from the FACEM Training Program.

Information about the [Primary Examination](#) can be found on the College website.

7. Advanced Training: Training and Assessment Requirements

7.1 Training time

Advanced Training comprises satisfactory completion of 48 FTE months approved training, comprising:

- 30 FTE months core emergency medicine training;
- six FTE months critical care training;
- six FTE months non-ED training; and
- six FTE months 'Discretionary' training.

Core emergency medicine training

Of the 30 FTE months of core emergency medicine training, at least 12 FTE months must be undertaken in an adult emergency department and at least six FTE months must be undertaken in an emergency department(s) in a major referral hospital and at least six FTE months must be undertaken in an emergency department(s) in an urban district hospital or a regional/rural base hospital.

Training sites are accredited by the College for the purposes of accredited training, with sites accredited for a maximum amount of Advanced Training time that may be undertaken by trainees at that site. Sites are accredited for 6, 12, 18 or 24 months' Advanced Training time. Trainees should ensure they are familiar with the accreditation limits of any site at which they train and ensure they do not exceed the applicable maximum.

Critical care training

In addition to the experience and skills gained from working in EDs, there are recognised areas in which all FACEM Training Program trainees need to acquire additional in-depth skills, with one such area being critical care. The required six FTE months of critical care training is designed to further develop the trainee's knowledge and skills in treating critically ill and injured patients and can be undertaken in the disciplines of anaesthetics or intensive care medicine.

The placement in which this is undertaken must either be accredited by the applicable specialist College (ANZCA for an anaesthetics placement; CICM for an intensive care placement) or by ACEM for the purposes of critical care training.

Trainees should note that the ITA applicable to a critical care placement(s) is different to that which is used to assess EM and discretionary training placements.

Non-ED training

The practice of emergency medicine is very broad and encompasses aspects of every other medical and surgical discipline, albeit with defined limits on where and when care begins and ends. Accordingly, trainees are required to undertake training outside the ED. Strict limits apply to the amount of non-ED training that may be undertaken in particular disciplines. [More information](#) on the disciplines in which non-ED training may be undertaken and the limits that apply is available on the College website.

Where the non-ED training is a special skills placement, trainees are required to complete the learning portfolio within the Learning Needs Analysis.

Discretionary training

The six FTE months of Discretionary Training may be undertaken in either approved ED placements or non-ED placements. ED placements are subject to the site-specific accreditation limits that apply to core emergency medicine training. Non-ED placements are subject to the certification limits that apply to the applicable non-ED discipline.

Dual-site ED placements

Trainees may choose to work part-time across two ED sites; however, must complete a continuous block of 6-month placements at both sites. This ensures the trainee accrues the minimum 0.5 FTE for each placement, enabling valid assessments to be undertaken.

Dual-site ED trainees are required to complete half the minimum required EM-WBAs at both sites. To ensure trainees

obtain feedback from a range of assessors and are assessed across a range of knowledge, skills, and attributes at each site, the EM-WBA requirements include:

- being assessed by a minimum of two assessors per site; and
- completing a minimum of two EM-WBA instruments per site.

7.2 In-Training Assessments

An In-Training Assessment (ITA) is an ACEM Workplace-Based Assessment (WBA) that involves the trainee being assessed by their DEMENT/Supervisor at a point in time during their placement.

In-Training Assessments:

- occur every three calendar months, regardless of trainee’s FTE status;
- are completed online by the DEMENT for ED training or the Supervisor for non-ED training;
- are automatically generated two weeks prior to the ITA due date relevant to the trainee’s training placement date, which occurs every three calendar months; and
- can be manually created however can only submitted two weeks prior to the due date.

7.3 Emergency Medicine Workplace-Based Assessments (EM-WBAs)

EM-WBAs involve periods of observation of performance and/or discussion with a trainee in clinical practice, followed by structured feedback to the trainee and a rating of the trainee’s performance during the specified period. EM-WBAs can be conducted by any FACEM.

Case-based Discussion (CbD)

The assessor engages the trainee in discussion of a selected case that the trainee managed, to assess and provide feedback on the trainee’s clinical reasoning and decision making.

Direct Observation of Procedural Skills (DOPS)

The trainee is directly observed whilst performing a specific clinical procedure, to assess and provide feedback on trainee performance of the procedure.

Mini Clinical Evaluation Exercise (Mini-CEX)

The trainee is directly observed whilst performing a focused clinical task during a specific patient encounter to assess and provide feedback on trainee performance in the patient encounter.

Shift report

The trainee is observed for the duration of a clinical shift to assess and provide feedback on trainee performance during a discrete time period of clinical work.

EM-WBA completion requirements

EM-WBAs are only completed in relation to periods of training that are core emergency medicine training and the rate and complexity required varies according to the stage of training. In Early Phase Advanced Training, CbD, DOPS and Mini-CEX are required; in Late Phase Advanced Training, all four types of EM-WBA are required. All Advanced trainees are encouraged to complete at least one EM-WBA per month while they work in an ED placement and to complete more than the minimum prescribed number.

In any 6-month period at a single site, trainees are required to have EM-WBAs assessed by a minimum of two different assessors. [EM-WBAs](#) are completed on the member portal, with instructions for this process available on the College website. Instructions to download completed WBA forms to Excel can be found [here](#).

Table 1 EM-WBA requirements for Early Phase Advanced Training

Minimum Early Phase EM-WBAs requirements (12 FTE months ED time)

Type of EM-WBA	Minimum number requirement	Minimum complexity requirement
CbD	4	2 medium complexity*
DOPS	4	+
Mini-CEX	4	2 medium complexity*

Table 2 EM-WBA requirements for Late Phase Advanced Training

Minimum Late Phase EM-WBAs requirements (18 FTE months ED time)

Type of EM-WBA	Minimum number requirement	Minimum complexity requirement
CbD	6	3 high complexity*
DOPS	6	+
Mini-CEX	3	2 high complexity*
Shift Report	3	1 in-charge in 7-12 months of LP~ 1 in-charge in 13-18 months of LP~

Table 3 EM-WBA requirements for Maintenance Pathway

Minimum Late Phase Maintenance EM-WBAs requirements (6 FTE months ED time)

Type of EM-WBA	Minimum number requirement	Minimum complexity requirement
CbD	2	1 high complexity; 1 medium or high complexity*
DOPS	2	+
Mini-CEX	1	Medium or high complexity*
Shift Report	1	Must be an in-charge shift report~

* Refer to Appendix B (extracted from the ACEM Curriculum Framework) for information on levels of complexity

+ Trainees are expected to complete five unique core DOPS by the time they have completed Advanced Training. Refer to Core DOPS Procedure List as set out in the ACEM Curriculum Framework

~ Refer to the in-charge guidelines published on the ACEM website

Trainees progressed to the Maintenance Pathway in Late Phase Advanced Training are required to complete the 'Late Phase' EM-WBAs until elected to Fellowship.

EM-WBA submission and expiry

DOPS, mini-CEX and Shift Reports must be entered online within seven days of the date on which the assessment took place. CbDs may be entered within the four-week period immediately following the date on which the assessment case occurred. Only the Assessor can enter the ratings and comments in an EM-WBA form and the assessment needs to be completed in full. Assessors have five days from when the assessment form was started to verify and submit the assessment form online. Trainees have two days from when the Assessor submits the form to provide their evaluation.

There is one opportunity per EM-WBA submission to extend the applicable submission date in order to enter an evaluation rating. Requests for an extension must be made in writing to the College within 72 hours of the form expiry date and can be made by either the trainee or the Assessor. Extension requests should be sent to: wba@acem.org.au

Extension requests received more than 72 hours after the form expiry date will not be considered.

Core DOPS requirement

In addition to the frequency requirement, trainees must also complete a minimum of five unique procedures from the 10 core DOPS Procedures List, as [outlined](#) on the website.

The five core DOPS can be completed over the course of Early and Late Phase Advanced training, and trainees are encouraged to complete the core DOPS requirement as they progress throughout their training (i.e. not front-load or back-load all core DOPS requirements in Early Phase or Late Phase Advanced Training).

7.4 Learning Needs Analysis

The Learning Needs Analysis (LNA) is separate to the assessment process of the FACEM Training Program and focusses on the learning needs and goals of the individual trainee. An LNA is mandatory for trainees undergoing formal Remediation. However, all trainees are encouraged to create, regularly review and update their LNA as it provides a framework for discussions between a trainee and their DEMENT/Supervisor to better inform a trainee's areas for development and growth as they progress through training.

While there is flexibility in timing of LNA meetings, the following process is suggested:

- Meeting at the beginning of placement: What are the goals and how will they be achieved?
- Meeting in the middle of placement: Review of progress towards meeting the goals
- Meeting at the end of the placement: Review of progress. What is the focus for the next placement?

More information, including the [LNA template and LNA resource module](#) is available on the College website.

7.5 Trainee Research Requirement

The Trainee Research Requirement is aligned to the learning outcomes of the Scholarship and Teaching Domain of the *ACEM Curriculum Framework* and seeks to ensure trainees have developed the necessary skills to be able to critically appraise and apply the best evidence and academic knowledge to their practice of emergency medicine.

The Trainee Research Requirement can be satisfied by either coursework or completion of a trainee research project. Specific information in relation to the requirement is set out in the [Trainee Research Requirement Policy](#), with more information available on the [College website](#).

7.6 Paediatric Requirement

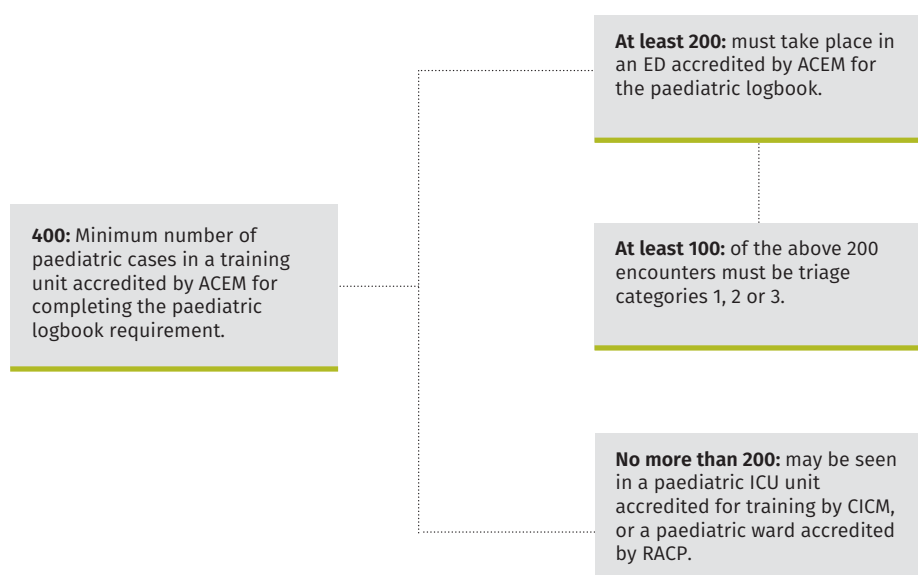
The Paediatric Requirement serves to ensure all trainees have completed adequate minimum training in paediatric emergency medicine. The requirement can be met by satisfactory completion of:

- six FTE months in a paediatric emergency department accredited by ACEM for the purposes of this requirement;
- the paediatric logbook whilst working in an ED approved by ACEM for the purposes of this requirement; or
- a combination of a paediatric placement and the logbook.

Where a combination of a paediatric placement and the logbook is approved, trainees are required to complete at least three FTE months ED training in an ACEM-accredited paediatric ED and record at least 200 cases via the online paediatric logbook.

Trainees should note that Paediatric Logbook cases can only be logged and submitted for DEMENT/Supervisor approval whilst in a current ED term, an ICU paediatric term or a medicine paediatric placement. They cannot be entered more than seven days after the applicable placement has concluded.

Figure 4 Paediatric logbook requirements



7.7 Fellowship Written Examination

The Fellowship Written Examination consists of two three-hour papers, one comprising 120 select-choice questions (SCQs) that is made up of multiple-choice and extended-matching questions, and the other comprising up to 30 short-answer questions (SAQs). This examination is designed to assess the trainee's knowledge, and application of knowledge and understanding at the level of a junior consultant. To pass the examination, candidates are required to obtain the passing score that has been determined using a criterion-referenced method of standard setting.

The Fellowship Written Examination is conducted online at regional centres twice per year on dates set by the College. Further information relating to the content, structure and format of the examination, including withdrawal from the examination, is available on the College website. Example examination questions are available.

Eligibility

To be eligible to sit the Fellowship Written Examination, trainees must have satisfactorily completed and been credited with at least 12 FTE months core emergency medicine Advanced Training. This is net of any remediation time completed or in progress.

Applications

Applications to sit the examination must be received by the date and time specified by the College for the examination in question.

Number of Attempts

With effect from 2018, trainees have a maximum of three attempts at the Fellowship Written Examination. Attempts prior to the commencement of the 2018 Training Year will not be counted. Trainees who are unsuccessful on their third attempt will be considered for removal from the FACEM Training Program.

7.8 Fellowship Clinical Examination (OSCE)

The Fellowship Objective, Structured, Clinical Examination (OSCE), comprises sets of clinical examination stations, with candidates moving through each of the stations in turn. Examination stations may include standardised patients, observation stations, clinical scenarios, communication scenarios and simulations of management of critically ill patients. There may be one or two examiners per stations.

The majority of stations are 10 minutes' duration; however, there may also be 'double length' stations that address more complex competencies through a simulated resuscitation station or sequential management aspects of one clinical scenario.

The Examination is currently held over two to three days at the AMC National Test Centre, in Melbourne. Further information relating to the content, structure and format of the examination, including withdrawal from the examination, is available on the College website.

Eligibility

To be eligible to sit the Fellowship OSCE, trainees must have:

- successfully completed the Fellowship Written Examination;
- satisfactorily completed and been credited with at least 36 FTE months of Advanced Training time (net of any remediation time completed or in progress); and
- satisfactorily completed the Research Requirement.

Applications

Applications to sit the examination must be received by the date and time specified by the College for the examination in question.

Number of attempts

With effect from 2018, trainees have a maximum of three attempts at the Fellowship OSCE. Attempts prior to the commencement of the 2018 training year will not be counted. Trainees who are unsuccessful on their third attempt will be considered for removal from the FACEM Training Program.

Information relating to the [Fellowship Examinations](#) can be found on the College website.

8. Progression in the FACEM Training Program

Trainee progress through the FACEM Training Program is reviewed regularly at defined progression points. The progression points are prescribed in the regulations and comprise the following:

- 12 FTE months Provisional Training time (+/- Structured References);
- 12 FTE months Early Phase ED time in Advanced Training;
- 18 FTE months Late Phase ED time in Advanced Training;
- six FTE months Critical Care time in Advanced Training;
- six FTE months Non-ED time in Advanced Training;
- six FTE months Discretionary time in Advanced Training;
- end of any remediation period (as relevant);
- end of each six months FTE period in Maintenance Pathway, for each stage of training (as relevant); and
- upon completion of all outstanding requirements of Maintenance prior to election to Fellowship.

8.1 Regional WBA Panel progression review

Progression reviews are conducted by Regional WBA Panels and once a trainee reaches a progression point, and has had their training time verified, they are reviewed at the next meeting of the relevant Regional Panel (refer to Figure 5). The Regional WBA Panel reviews, in de-identified form, the following:

- In-Training Assessments (ITAs) completed on the trainee for the stage of training
- EM-WBAs completed by the trainee (ED reviews only)
- Learning Needs Analysis (LNAs) completed by the trainee
- Structured References (Provisional trainees only)

Progression points

Progression points are the date on which trainees accrue the minimum training time for the applicable phase and all WBAs associated with the phase are due on that date. Due to the flexibility of the FACEM Training Program, these dates are different for individual trainees and do not necessarily align to term dates. Figure 5 below shows the key progression points for phases of training. Figure 6 on the next page shows the minimum required assessments and WBAs associated with each phase of training.

Figure 5 Progression points

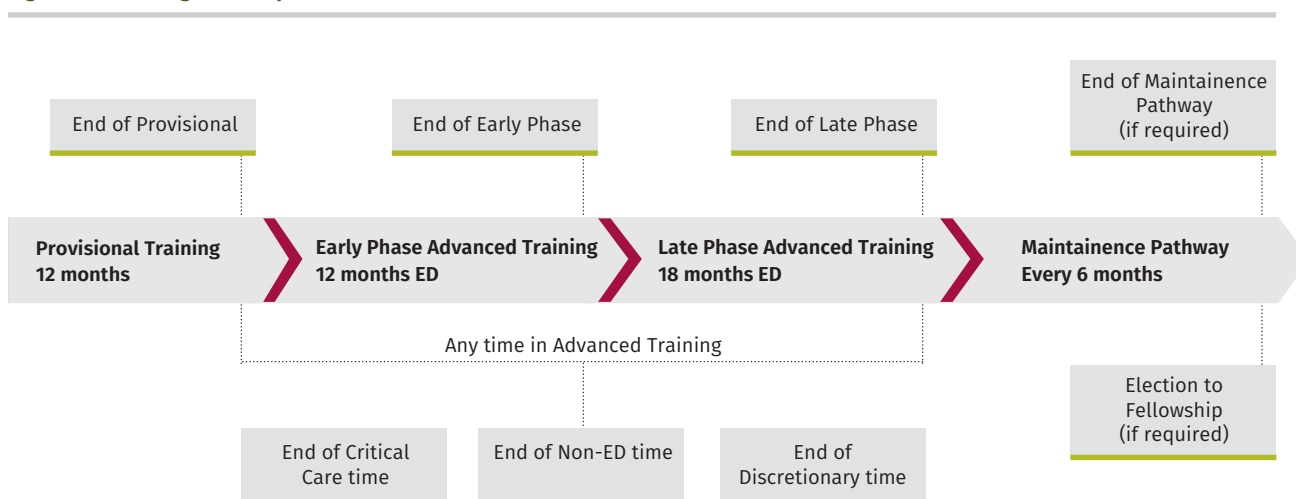


Figure 6 Progression points and minimum required assessments

Key Milestone Review Points	FTE Training Time Requirements	Minimum Assessment Requirements	Other Requirements
Provisional Training 12 FTE Months	12 months accredited/approved placements: • 6 months ED training • 6 months other training (ED or Non-ED)	<ul style="list-style-type: none"> • 4 In-Training Assessments (1 per 3 calendar months) • 3 satisfactory Structured References based on a 6 FTE months ED term 	Primary Exam
..... End of Provisional Training			
Advanced Training	Non-core ED can be completed anytime in Advanced Training		The following may be completed at any point in Advanced Training:
6 months Critical Care training	6 months Critical Care in either ICU or Anaesthetics	2 In-Training Assessments (1 per 3 calendar months)	<ul style="list-style-type: none"> • Paediatric requirement
6 months Non-ED training	6 months in a accredited Non-ED placement	<ul style="list-style-type: none"> • 2 In-Training Assessments (1 per 3 calendar months) • Logbook if required 	<ul style="list-style-type: none"> • Trainee Research or Coursework
6 months FTE discretionary training	6 months discretionary time (ED or Non-ED) Note: discretionary time spent in ED is subject to site accreditation limits	<ul style="list-style-type: none"> • 2 In-Training Assessments (1 per 3 calendar months) • Advance Late Phase EM-WBAs if completing an ED term 	
..... Completion of Non-core ED			
Early Phase 12 FTE months ED	12 months accredited ED training	<ul style="list-style-type: none"> • 4 In-Training Assessments (1 per 3 calendar months) • Minimum of 12 Emergency Medicine Workplace-Based Assessments (EM-WBAs) <p><i>See table Table 1 EM-WBA requirements for early-phase Advanced Training on page 15</i></p>	Within the 30 months of ED time: <ul style="list-style-type: none"> • both urban/rural regional and major referral requirements apply • 12 months FTE undertaken in adult ED <p>Fellowship Written (eligible to sit after successful completion of Early Phase EM-WBAs)</p>
..... End of Early Phase Advanced Training			
Late Phase 18 FTE months ED	18 months accredited ED training	<ul style="list-style-type: none"> • 6 In-Training Assessments (1 per 3 calendar months) • Minimum of 18 Emergency Medicine Workplace-Based Assessments (EM-WBAs) <p><i>See Table 2 EM-WBA requirements for late-phase Advanced Training on page 15</i></p>	Fellowship Clinical (eligible to sit after successful completion of the Fellowship Written, trainee research and 36 months of Advanced Training)
..... End of Late Phase Advanced Training			
Maintenance Pathway (if required)	Trainees who are Time Complete must during each subsequent 12 calendar month period, commencing from the date on which the trainee became Time Complete, complete at least three (3) FTE months of continuous training in an accredited ED placement and the related assessment requirements.		

8.2 Outcome of a progression review

Following each progression review, a trainee is provided with a report from the relevant Regional WBA Panel. This report provides individualised feedback referencing the learning outcomes of the applicable stage of training for each Domain of the *ACEM Curriculum Framework* in order to assist the trainee.

The outcome of a progression review is either:

- Eligible to progress: The trainee can progress to the next stage of training, or is placed in the Maintenance Pathway (if applicable); or
- Not eligible to progress: A period of remediation is required.

8.3 Remediation in training

Trainees may be required to undertake a period of remediation for either or both of the following:

- Failure to meet the required standard for the applicable stage of training as outlined in the *ACEM Curriculum Framework* ('competence');
- Failure to meet the applicable assessment or other program requirement (e.g. the required number or complexity of EM-WBAs).

Trainees are permitted a maximum of two periods of remediation in any one or more of the following areas:

- Provision Training;
- Advanced Training: early phase;
- Advanced Training: late phase;
- Critical Care;
- Non-ED training; and
- Discretionary training.

The specific requirements, including setting, that a trainee needs to complete in any remediation period will be determined by the relevant Regional WBA Panel. That Panel will also determine the duration of the period of remediation. The minimum remediation periods are as follows:

- Remediation for compliance: minimum of three FTE months.
- Remediation for competence: minimum of six FTE months.
- Remediation for compliance and competence: minimum of six FTE months.

Completion of a LNA is a mandatory requirement for a trainee undertaking a period of remediation.

9. Removal from the FACEM Training Program

Trainees who fail to meet the requirements of the FACEM Training Program and/or the College may be removed from the Training Program and the pathway to Fellowship.

9.1 Grounds for removal from the Training Program

Trainees will be considered for removal in the following circumstances:

- failure to achieve progression into Advanced Training or election to Fellowship within the specified timeframe;
- failure to pay the annual training fee or late fees;
- failure to maintain medical registration;
- fail to comply with any regulation(s) or policy/ies relating to the FACEM Training Program in circumstances prescribed by the College;
- failure to successfully complete a second period of remediation in the same area of training and in the same stage of training as the first period of remediation;
- conduct contrary or derogatory to, or inconsistent with, the principles, ethics, dignity, standards or purposes of the College.

9.2 Consideration for removal from the Training Program

Reflecting the general principles of natural justice and the College Policy on Procedural Fairness (COR140), trainees who invoke one or more of the grounds for removal from the FACEM Training Program will receive written correspondence from the College and be advised:

- of the grounds on which they may be removed from the Training Program;
- that unless STAC accepts that there are exceptional circumstances that warrant a granting of special consideration, they will be referred to the Pathway to Fellowship Review Committee (PFRC) for consideration for removal from the Training Program in accordance with Regulation A5;
- of the date on which their removal from the Training Program is to be considered;
- that they are entitled to provide a written submission for consideration by STAC; and
- that information they wish STAC to consider must be provided in writing to the College not less than 14 days prior to the meeting at which their removal from the Training Program is to be considered.

Where the ground for removal relates to professional conduct, the trainee will be considered by the ACEM Board rather than STAC.

9.3 Consideration by STAC

At the applicable meeting, STAC will consider all the available information, including any written submission from the trainee. STAC may:

- resolve that on the basis of the information presented, the trainee will be permitted to remain in the Training Program; or
- recommend to PFRC that, on the basis of the materials presented, the trainee will be removed from the Training Program.

Where STAC determines to permit the trainee to remain in the FACEM Training Program, it will also determine the revised EM-WBA requirement(s) that are applicable to the trainee.

9.4 Consideration by PFRC

Trainees referred to PFRC for consideration for removal from the FACEM Training Program are considered by a committee comprising individuals not previously involved in the matter. Trainees have the opportunity to provide a written and/or oral submission to PFRC. At its meeting, PFRC will consider all the available information.

PFRC will make one of the following recommendations to COE:

- that, on the basis of the materials presented to it, the trainee may be permitted to remain in the FACEM Training Program, subject to any specific conditions; or
- that, on the basis of the materials presented to it, the trainee be removed from the FACEM Training Program.

Trainees are advised within three weeks of the date of the meeting of the PFRC, of the decision of COE.

10. Election to Fellowship

10.1 Eligibility for election to Fellowship

To be eligible for election to Fellowship of the College (FACEM), trainees must have met all requirements of the FACEM Training Program as set out in College regulations. To apply for election to Fellowship a trainee must:

- hold current medical registration with the MBA or MCNZ;
- have no outstanding fees payable to the College; and
- have been reviewed by the relevant Regional WBA Panel and assessed as having satisfactorily completed all requirements of Advanced Training.

While awaiting a WBA Panel outcome, trainees continuing in ED placements are required to continue to complete 'Late Phase' EM-WBAs at the prescribed rate and complexity.

10.2 Election to Fellowship process

Once an eligible trainee has been assessed by the relevant Regional WBA Panel as having achieved the standard of a new Fellow and satisfactorily completed all requirements of Advanced Training, trainees must formally apply to the College for election to Fellowship. Trainees are required to submit the following documents to the College:

- Application for Election to Fellowship (TA 168); and
- Election to Fellowship Declaration (COR 529).

The application is reviewed by the College to establish that the trainee has satisfied all training and assessment requirements of the FACEM Training Program. An application for election to Fellowship will not proceed to the Council of Education for consideration until a completed Election to Fellowship Declaration has also been returned to the College and reviewed.

Trainees are formally advised in writing as soon as possible following the decision of the Council of Education; however, the process takes, on average, between six and eight weeks from the time of the submission of the completed application and declaration forms.

10.3 Specialist/vocational recognition

Australia

Once elevation to Fellowship has been finalised, the College notifies Medicare Australia. Trainees may then apply for registration as a specialist with the Australian Health Practitioner Regulation Agency (AHPRA). In most instances specialist recognition will be granted if Medicare Australia is satisfied that eligibility requirements have been met. Once recognition has been granted, Medicare Australia and AHPRA will notify the new Fellow by mail of his or her recognition and the date that recognition became effective.

New Zealand

Trainees in New Zealand need to formally apply to the Medical Council of New Zealand for vocational registration in the scope of emergency medicine. To assist in the vocational registration process, the College notifies the MCNZ of the names and addresses of newly elected Fellows resident in New Zealand and verifies the award of the specialist qualification.

10.4 Continuing professional development

The Australasian regulatory authorities of Australian Health Practitioner Regulation Agency (AHPRA) and the Medical Council of New Zealand (MCNZ) require all medical practitioners to continue their medical education throughout their professional life. Following election to Fellowship, trainees are enrolled in the ACEM Continuing Professional Development (CPD) Program and will receive correspondence from the ACEM CPD Unit regarding the program requirements.

11. Support Resources: Trainees, Supervisors and Co-ordinators

11.1 Well-being 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 or supervision issues, trainees should contact their DMT and/or their DEM in the first instance. If an issue remains unresolved or the trainee feels uncomfortable in doing this, they can contact the ACEM Trainee Advocate who is available to provide advice and/or escalate as appropriate.

The [Member Well-being](#) page on the ACEM website, also offers a number of 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.

11.2 Trainee in difficulty support

The *Supporting Trainees in Difficulty Policy* (TA545) provides guidance on the identification and support of trainees who encounter difficulties during their training. The policy sets out what 'in difficulty' means in the context of the FACEM Training Program, defines the principles applicable to the trainee, the DMT and the College when a difficulty is identified, and sets out the role and responsibilities of the parties involved.

The [policy](#) is publicly available on the College website.

11.3 Mentoring program guide

The Mentoring Program relates to the mentoring of trainees in the FACEM Training Program who request assistance from the College in finding an appropriate mentor.

The purpose of the Program is to ensure appropriate processes are in place for the mentoring of trainees in accordance with the College's commitment to providing trainees, with appropriate support in the workplace throughout their training.

Details about the [mentoring program and implementation guidelines](#) are available on the College eLearning site.

12. College Policies and Guidelines

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

12.1 Code of Conduct

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

The [Code of Conduct Policy](#) is publicly available on the College website.

12.2 Special Consideration Policy on the Grounds of Exceptional Circumstances

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.

Importantly, the Policy applies to trainees undergoing assessments or examinations where exceptional circumstances arise prior to, or during, an assessment.

The Policy does not apply once a result/outcome for an assessment has been determined and/or communicated.

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.

The [Exceptional Circumstances and Special Consideration Policy](#) is publicly available on the College website.

12.3 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 approved by the governing body of the original decision maker, and who had no involvement with the original decision. The third level of the policy offers the avenue of formal appeal, with an Appeal Committee chaired by a non-College member, with equal numbers of College members and non-College members forming the remainder of the committee, such that, in total, an Appeal Committee is formed with a majority of non-College members.

There are strict timeframes within which applications for reconsideration, review and appeal must be lodged with the College and 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. Where applicable, payment of the appropriate fee should be provided at the time of application. An application for appeal 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.

12.4 Conflict of Interest

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*.

The [Conflict of Interest Policy](#) is publicly available on the College website.

12.5 Discrimination, Bullying and Sexual Harassment

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. The policy is supported by the *Procedures for Resolving Discrimination, Bullying and Sexual Harassment Complaints*.

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](#) and the [Procedures for Resolving Discrimination, Bullying and Sexual Harassment Complaints](#) are publicly available on the College website.

12.6 Reporting of Patient Safety Concerns Arising from Trainee Assessment

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 (e.g. MBA, MCNZ) or other statutory authority, whether the concerns relate to an aspect of professional performance or is more related to the affective Domains of professional practice, such as communication, relationships and ethics.

The [Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy](#) is publicly available on the College website.

13. Program Administration

13.1 Training program fees

An annual registration fee is payable each and every year from the time of registration as a trainee through to election to Fellowship. Invoices for the annual training fee for the following Training Year are issued in November, with the fee due by 1 January. Late fees apply and where the annual training fee, late fees, or any portions thereof remain outstanding by 1 April, trainees are automatically removed from the FACEM Training Program.

Further information is set out the [Annual Training Fee Policy](#) publicly available on the College website.

Financial hardship

Trainees experiencing financial hardship may apply to the College for permission to pay the annual training fee through an agreed schedule of instalments. All such applications must be made in writing to the College (via training@acem.org.au) and submitted prior to 1 January for the year in question. Trainees should refer to the Annual Training Fee Policy for further details, including specific requirements.

Concessions

Trainees granted approval to interrupt training for an entire Training Year may apply for a 50% concession on the annual training fee payable for that year. When applying for a concession, payment of 50% of the full amount of the annual registration fee must accompany the application, and the application and payment must be received by the College by 1 January. If an application for concession is not approved, trainees will be asked to submit payment of the balance and advised of the date on which this must be received by the College.

Trainees should refer to the [Annual Training Fee Policy](#) for further details, including specific requirements. The Training Annual Fee Concession Form is also available on the College website.

13.2 Recognition of Prior Learning and Credit Transfer

Prospective and newly enrolled trainees are able to apply to the College for the purpose of obtaining recognition or credit for requirements in the FACEM Training Program. The *Policy on Recognition of Prior Learning and Credit Transfer* sets out the principles and processes by which applications for recognition of prior learning (RPL) and credit transfer will be assessed.

Applications for recognition of prior learning must be received prior to, or within six months of, commencement in the FACEM Training Program, taken from the date of the commencement of the initial training term undertaken. Applicants should note that the training that forms the basis of the application must have been completed within the five-year period immediately prior to the date of application for recognition of prior learning.

The [Policy on Recognition of Prior Learning and Credit Transfer](#) is publicly available on the College website.

13.3 Withdrawals

Trainees can formally withdraw from the FACEM Training Program at any time and should do so by completing the online notification of withdrawal. Once processed, a member of the Trainee Records team will notify the trainee. Trainees considering withdrawing from the Training Program are encouraged to first contact the Trainee Advocate or Training Records team to discuss their intentions. It is also recommended that trainees review the College's Policy on Former Trainees Seeking to Re-enrol prior to making any decision.

14. Contacting the College

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15. Terminology

15.1 Definition of Terms

Accreditation

The process by which sites in Australia and New Zealand are accredited by ACEM to offer specialist training. Refer Accreditation Requirements for Emergency Medicine Specialist Training Providers.

Accreditation-placement Duration

The period of time for which a site is accredited for the purposes of Advanced Training time pursuant to the College's Accreditation Requirements for Emergency Medicine Specialist Training Providers and thus the maximum amount of credited training that an Advanced trainee is able to complete at a site e.g. for six [6], 12, 18 or 24 months.

Accredited

A term used in relation to training sites in Australia and New Zealand that have successfully completed and maintained:

- ACEM Accreditation—in relation to emergency medicine placements and Category 'A' special skills placements; or
- Accreditation by one of the specialist medical colleges specified as appropriate to the discipline—non-ED specialist placements.

Approved Site

A term used in relation to specific training placements that require the prior approval of the Council of Education/ approved delegate on an individual basis.

Advanced Training

The second component of the FACEM Training Program undertaken following successful completion of Provisional Training.

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

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

Council of Education (COE)

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.

ACEM Curriculum Framework

The *ACEM Curriculum Framework* describes the level of performance expected of FACEM trainees at each of the four Stages of Training within the FACEM Training Program, mapped across the eight Domains of the framework.

Director of Emergency Medicine Training

The Director of Emergency Medicine (DEMT) plays an important educational role within the College and provides support to trainees within their site in relation to the requirements and in the delivery of the FACEM Training Program, as well as supervising and assessing all Provisional and Advanced trainees at their site.

Domains

The areas of professional competence established and set out in the *ACEM Curriculum Framework*. Specifically: Medical Expertise; Prioritisation and Decision Making; Communication; Teamwork and Collaboration; Leadership and Management; Health Advocacy; Scholarship and Teaching; and Professionalism.

Emergency Medicine Training Network (EMTN)

An approved group of hospital emergency departments that have formally agreed to provide a co-ordinated education and training program for emergency medicine trainees within the network.

Full-Time Equivalent (FTE)

Full-time work (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. Any reference to minimum term duration requirements is a reference to the FTE duration.

Host emergency department

An emergency department with standard accreditation, irrespective of the level, that provides education and training resources not otherwise available at the site to which it is formally linked, and which may form part of an emergency medicine network.

Interruptions

An 'interruption of training' is any period of time which:

- is spent in any post not accredited for training purposes (e.g. work in an unaccredited ED);
- is spent in an approved training post but does not meet minimum requirements with regard to duration; and
- is taken out of the workforce as extended leave (whether parental leave, non-annual leave or otherwise).

In-Training Assessment (ITA)

ITAs are completed by Supervisors of training, and provide a holistic assessment of the trainee's development towards Fellowship. ITAs are completed at the conclusion of a training term.

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.

Leave from training

The leave granted to a trainee by their employer for the purpose of parental leave or sick leave.

Linked emergency department

A department that does not meet the minimum requirements for six months standard accreditation, but which is formally linked to a 'host site'.

Local WBA Coordinators

The Local WBA Coordinator provides oversight and coordination of the WBA system at the local level. At least one Local WBA Coordinator must be appointed within the ED of each ACEM-accredited hospital; however, the role may be shared between two FACEMs.

Maintenance pathway

Refers to the time spent in ED training whereby the trainee has been assessed by COE or the approved delegate as being at the required standard, but who has not yet completed all training and assessment requirements of the phase.

Trainees remain in the maintenance pathway until all training and assessment requirements of the phase are complete.

Mentor

A Mentor provides direct access to expert knowledge and skills in an environment that promotes rapid learning. A Mentor's role does not include performance management, which is the role of the DEMENT. The mentoring relationship is confidential and any information disclosed during mentoring meetings is not used as part of a performance appraisal process.

Paediatric Patient

Means a patient aged 15 years or less but, for the purposes of the minimum Paediatric Requirement, does not include neonatal patients unless:

- they were attended during a placement in an accredited dedicated paediatric intensive care medicine unit; or
- they were attended during a general paediatric medicine placement which routinely included the care of special care paediatric patients as part of its overall workload.

Paediatric Patient Encounter

For the purposes of the minimum paediatric requirement, 'encounter' includes attending a patient for all of the following purposes: taking a history; physical examination; and participation in management and disposition decisions.

Placement

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

Placement, Category 'A'

A placement that has been accredited by COE/approved delegate following an inspection by an ACEM accreditation team (e.g. Retrieval medicine, hyperbaric medicine etc.). For this purpose, 'accredited' includes 'provisionally accredited', where an initial review of documentation supports the interim accreditation of the placement pending a formal accreditation inspection.

Placement, Category 'T'

A placement which has been approved by the COE/approved delegate as a 'one-off' training placement for an individual trainee who has applied for and obtained prior approval to undertake the placement and to have it considered for certification in due course (e.g. Research).

Provisional Training

The first component of the FACEM Training Program (comprising 12 FTE months of clinical, educational and assessment requirements in approved ACEM training), following which trainees progress to Advanced Training.

Regional Workplace-Based Assessment Panel

The role of each Regional WBA Panel is to work with ACEM staff:

- to review the results of WBAs completed by trainees to determine whether or not trainees undertaking the FACEM Training Program have satisfied the requirements of WBAs applicable to a stage of training;
- to communicate the outcomes of WBA reviews to individual trainees and their DEMENT;
- to advise STAC of trainees who have not satisfied the WBA requirements of the FACEM Training Program, following appropriate periods of remediation, in order for STAC to initiate the process of consideration for dismissal from the FACEM Training Program;
- to participate in, and contribute to, quality assurance and/or quality improvement activities to ensure the consistency and quality of WBA reviews across all regions, including advising the Central WBA Panel, where applicable, on the performance of training sites and/or specific WBA assessors deemed not meeting expected levels of conduct in WBAs; and
- to advise STAC or other relevant entities in relation to other WBA matters as they arise.

Relevant Site

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

Remediation

The process by which a trainee is identified as not performing to the standard required, whether through failure to complete a specified requirement(s) of the FACEM Training Program by the relevant timeframe or frequency, or failure to meet or maintain the standard required of a trainee at the relevant stage or phase of training, and the trainee is reviewed and afforded further opportunity to achieve the required standard.

Selection into Training

A formal process of selection applying to all prospective applicants intending to undertake FACEM Training Program. From 2018, this will occur once per year and will involve prospective trainees applying to join the training program in the year prior to commencement.

Site

A site is the location at which a trainee may complete credited ED and non-ED training for the purposes of meeting the requirements of the FACEM Training Program.

Site Limits

The maximum amount of time for which a site is accredited for the purposes of Advanced Training time pursuant to the College's Accreditation Requirements for Emergency Medicine Specialist Training Providers and thus the maximum amount of credited training that an Advanced trainee is able to complete at a site.

Special Skills Term (SST)

A placement in a non-ED sub/specialty that is not a recognised sub/specialty for the purposes of registration with the MBA, or type of vocational scope for the purposes of registration with the MCNZ.

Specialist Training and Assessment Committee (STAC)

The committee that oversees all aspects of the FACEM Training Program and to which entities such as the Accreditation and Examination subcommittees report. STAC exercises delegated authority of the Council of Education in relation to routine and administrative matters; strategic matters are referred to the Council of Education for decision.

Structured Reference (SR)

A document in which a FACEM attests to the character and competency of a trainee at the completion of six FTE months emergency medicine training in a single placement in Provisional Training.

Term

A term is a period of time during which a trainee undertakes training in an accredited or approved site. There is a minimum term duration of two months for placements in Provisional Training placements, and three months in Advanced Training placements.

Time Check

Time Checks occur every six to seven weeks at specified dates across the Training Year. The ACEM online training system is updated automatically at each Time Check based on the training time completed by the trainee according to the trainees' placement details.

Time Complete

Trainees who are Time Complete have completed the minimum time requirements for training and are yet to satisfactorily complete all relevant assessment requirements.

Training Agreement

A document signed by the prospective trainee and two supervisors which contains undertakings, commitments and responsibilities when commencing the FACEM Training Program.

Training Year

The 12 consecutive months commencing 1 December for trainees in New Zealand and 1 February for trainees in Australia.

15.2 Commonly used acronyms

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

EM	Emergency Medicine
EMA	Emergency Medicine Australasia (Journal)
EMC	Emergency Medicine Certificate
EMD	Emergency Medicine Diploma
EMER	Emergency Medicine Events Register
EMET	Emergency Medicine Education and Training (Program)
EMS	Emergency Management Systems
EMST	Early Management of Severe Trauma (Course)
FACEM	Fellow of the Australasian College for Emergency Medicine
FTE	Full-time Equivalent
FY	Financial Year
GMC	General Medical Council
GP	General Practitioner
HETI	Health Education & Training Institute
HIQ	Hospital Information Questionnaire
HWPC	Health Workforce Principal Committee
ICEM	International Conference on Emergency Medicine
ICM	Intensive Care Medicine
ICT	Information and Communications Technology
ICU	Intensive Care Unit
IFEM	International Federation for Emergency Medicine
IHCC	Indigenous Health & Cultural Competence
IHPA	Independent hospital Pricing Authority
ITA	In-training Assessment
JTP	Joint Training Program
LNA	Learning Needs Analysis
MBA	Medical Board of Australia
MCNZ	Medical Council of New Zealand
MCQ	Multiple Choice Question
MedSAC	Medical School Accreditation Committee
NMTAN	National Medical Training Advisory Network
NPSC	National Program Steering Committee
NRAS	National Registration and Accreditation Scheme
NSTC	Non-Specialist Training Committee
NSW	New South Wales
NT	Northern Territory
NTC	National Test Centre
NZ	New Zealand
OSCE	Objective Structured Clinical Examination
OTS	Overseas Trained Specialist
PEM	Paediatric Emergency Medicine
PGY	Post Graduate Year
PHRM	Pre-hospital and Retrieval Medicine

PMU	Project Management Unit
PSE	Peer Support Examiner
PSO	Program Support Officer
PT	Provisional Training
QLD	Queensland
RACGP	Royal Australian College of General Practitioners
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCR	Royal Australian and New Zealand College of Radiologists
RAP	Reconciliation Action Plan
RHCE	Rural Health Continuing Education
RPL	Recognition of Prior Learning
RPR	Regular Practice Review
SA	South Australia
SAQ	Short Answer Question
SCQ	Select Choice Question
SEAC	Specialist Education Accreditation Committee
SEM	Standard Error of Measurement
SIFT	Selection Into Fellowship Training
SIG	Special Interest Group
SIMG	Specialist International Medical Graduate
SLT	Senior Leadership Team
SR	Structured Reference
SST	Special Skills Term
STAC	Specialist Training and Assessment Committee
STP	Specialist Training Program
TARWG	Training and Assessment Review Working Group
TAS	Tasmania
THAP	Tasmanian Health Assistance Program
ToRs	Terms of Reference
TSC	Trainee Selection Committee
VAQ	Visual Aid Question
VEAB	Vocational and Educational Advisory Body
VMO	Visiting Medical Officer
VIC	Victoria
WA	Western Australia
WBA	Workplace-Based Assessment(s)

Document review

Timeframe for review: Every two years, or earlier if required

Responsibilities

Document authorisation Council of Education

Document implementation Specialist Training and Assessment Committee

Document maintenance Manager, Standards

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