EXECUTIVE SUMMARY

An AMC Accreditation Team assessed the education, training and maintenance of professional standards programs of the Australasian College for Emergency Medicine (ACEM) during 2007. The review concluded with a program of site visits and meetings with College committees in the weeks of 5 to 16 March 2007.

The AMC Team wishes to thank the Fellows, trainees and the College staff for their hospitality and assistance during this accreditation. It acknowledges the considerable preparatory work undertaken by College Fellows and staff, and hopes that the outcomes of the process assist the College to strengthen its training, assessment and maintenance of professional standards programs.

Summary of report findings

This Executive Summary provides a short summary of the main findings organised according to strengths and areas that require further development. It also lists the commendations and recommendations which have been made in the body of the report.

Main findings concerning strengths of the College's education and training include:

- 1. The College's training program produces high quality specialists in emergency medicine. The effort that the College has put in to the development of the training program is reflected in the quality of the graduates.
- 2. The College is a professional, well-run organisation, which is well supported by its secretariat.
- 3. The goals of the College's education and training program are clearly expressed, relate closely to the nature of the discipline of emergency medicine and are in line with those of comparable emergency medicine training programs internationally. Similarly, the curriculum is extensive, inclusive and comparable with those of similar organisations.
- 4. College Fellows make a commendable contribution to training, supervision and assessment activities, particularly those who act as Directors of Emergency Medicine Training (DEMT) and Censors.
- 5. The College is expanding it educational role, and will be better placed to give greater guidance to the commendable educational efforts of the DEMTS and the accredited hospitals.
- 6. The Trainee Committee has enthusiastic members, who have contributed to a number of policy reviews and to communicating trainee concerns to the College, although despite the efforts of both the College and the Trainee Committee, many trainees who met the Team were uninformed about the Trainee Committee's role.
- 7. The College has a well-established process for accreditation of hospitals for training.
- 8. The College's Maintenance of Professional Standards (MOPS) program is well developed, available online and easy to complete. There is a high rate of compliance by Fellows with program requirements.

Main findings in relation to areas requiring further development include:

- 1. In view of the rapid expansion in the College's activities, including the number of trainees, the Team would encourage the College to consider devolving decision making in relation to training.
- 2. The College has documented clearly its regulations relating to the recognition of prior learning, but there is scope for greater flexibility in this area.
- 3. Whilst the College requirement that all trainees must engage in some way in a research activity is commendable, the College is encouraged to consider the alignment of current research requirements with the learning objectives, particularly the critical appraisal of the literature and understanding of statistical and other research methods and to look at ways to improve the research options for trainees.
- 4. Application of a range of recognised standard setting tools, and statistical methods of reliability would allow the College to demonstrate that exam performance is consistent from exam to exam.
- 5. The process for in-training assessment of trainee performance, which the College is planning to review.
- 6. In general, the College has constructive relationships with health departments, but communication between the departments and the College could be further improved, for example in the area of communication about changes to the accreditation guidelines.
- 7. About 30 per cent of ACEM trainees have completed their primary medical training outside Australia and New Zealand. Whilst recognising this to be a heterogeneous group, the College should consider the specific training and support needs of this large group of trainees.
- 8. The Team encourages the College's moves to develop a systematic method to gain trainee feedback on the quality of their training positions including the adequacy of their supervision. The College needs prospective and formal evaluation plans, related to the Board of Censors' Strategic Plan, which can be reported and used to drive quality improvement.

A list of the commendations and recommendations follows, in the order in which they appear in the Report.

Commendations

- A The contribution of College Fellows, and in particular the members of Council and the Board of Censors to the development and management of education and training programs.
- B The thorough, detailed and comprehensive work which went into the most recent revision of ACEM's curriculum.
- C The clarity and scope of the Training and Examination Handbook.
- D The College's requirement that all trainees must engage in a research activity.
- E The efforts of the Directors of Emergency Medicine Training to provide education and teaching activities.

- F The integrity and thoroughness with which the examination and assessment processes are designed and applied.
- G The College's responsiveness to feedback as the examinations process has evolved.
- H The College's clearly documented selection process and requirements.
- I The College's decision to establish and support the Trainee Committee.
- J The College's support for flexible training.
- K The environment for training and teaching provided by the ACEM and the hospitals at which the trainees are employed is suitable for high quality training in emergency medicine.
- L The College's support for DEMTs including the DEMT Course and clear specification of DEMT roles and responsibilities.
- M The enthusiastic contribution by Regional Censors and DEMTs to education, training, and assessment of trainees.
- N Attempts to establish a mentoring system and encourage its uptake.
- O The College's processes for selection and training of examiners.
- P The College's sound and rigorous approach to assessment of the skills and qualifications of overseas-trained specialists.
- Q The clear information about the steps in the assessment process.
- R The College's appointment of a Director of Education.
- S The College's MOPS program, which is well developed, available online and easy to complete, and has a high rate of compliance by Fellows with program requirements.

Recommendations

That the ACEM:

- 1 Consider devolving some of the training-related decision-making.
- 2 Take forward the work completed on the curriculum by:
 - embedding the CanMEDS structure in the new trainee assessment forms, and in any future re-writing of the syllabus to ensure that it is structured to emphasise these core competencies
 - more clearly expressing the needs of the Australian Aboriginal and Torres Strait Islander peoples and New Zealand Maori within the curriculum
 - reviewing the list of procedural skills in the Fellowship curriculum.
- 3 In annual reports to the AMC, provide information on the development of joint training program in paediatric emergency medicine and the joint FACEM/JFICM program.

- 4 Consider a plurality of ways for trainees to demonstrate that they have met the learning objectives of regulation 4.10, including formal education activities and presentation of independent work.
- 5 Report on the progress made to increase the number of rural training sites, particularly in the major regional base hospitals.
- 6 Consider giving greater direction to the educational efforts of the Directors of Emergency Medicine to ensure their educational relevance.
- 7 Consider establishing regional training committees as an initial step to facilitate regionalisation of training and to lessen the workload of the Board of Censors.
- 8 Address in annual reports to the AMC its plans to develop a more structured set of learning and training experiences for trainees, which give greater guidance to trainees on what is required in their learning and which relate to core learning requirements.
- 9 In annual reports to the AMC, report on the outcomes of the review of the Trainee Evaluation Form.
- 10 Consider DEMTs' approaches to identifying and documenting trainee remediation requirements and remediation plans and to following up on outcomes, with a view to developing guidelines.
- 11 Take forward the work completed on the College's examination processes by:
 - applying standard setting and reliability confirming tools to both the Primary and Fellowship examinations
 - more formal embedding of the CanMEDS structure in the Trainee Evaluation Form and other assessment processes
 - providing greater direction on examination performance feedback to ensure a more consistent approach, for example by providing written guidelines for those involved in examination feedback.
- 12 Work with health departments and teaching hospitals to ensure a working environment which will remain attractive for those interested in making emergency medicine a career.
- 13 Streamline the process for approving selection into advanced training, particularly for those applicants with supportive structured references.
- 14 Consider greater flexibility in recognition of prior learning.
- 15 Consider the following mechanisms to strengthen the Trainee Committee:
 - update the College organisational chart to show which staff member has overall responsibility for supporting the committee
 - develop strategies to retain corporate knowledge within the Trainee Committee, such as a policy of staggered elections
 - extending the categories of trainees eligible to serve on the Trainee Committee
 - mechanisms for local engagement of trainees to support the national Committee.

- 16 Consider a role in promoting trainee health and welfare issues.
- 17 Actively investigate regionalisation of the training program with the goal of establishing networks to increase the ability of smaller regional and rural hospitals to be accredited.
- 18 As part of a networking arrangement, encourage links aimed at improving the educational opportunities available to trainees working in smaller hospitals.
- 19 Refocus its communication with the jurisdictions (health departments) about the accreditation of hospitals for training including:
 - involving jurisdictions in all communications in relation to accreditation of hospitals
 - engaging jurisdictional representatives on accreditation teams.
- 20 Identify areas of need and provide additional support for Regional Censors and DEMTs.
- 21 Implement a system for trainees to provide confidential feedback on the quality of their supervision.
- 22 Based on the education and training needs of trainees, define the maximum number of trainees under the oversight of a Director of Emergency Medicine Training, and develop a more formal structure for sharing the load of the DEMT, either through a deputy or assistant DEMT for additional support
- 23 Further define the role of mentors, as distinct from supervisors, and its expectations of mentors, and the support necessary to fulfil this role.
- 24 In reviewing the ways in which trainees may satisfy the regulation 4.10 requirement, also consider the learning needs of overseas-trained emergency physicians.
- 25 Consider the special training needs of registrars who completed their primary medical training outside of Australia and New Zealand.
- 26 Consider appointing a jurisdictional representative to interview panels and an overseastrained emergency physician to the Overseas Credentials Committee.
- 27 Establish mechanisms for the timely monitoring and evaluation of all parts of the training process to ensure it is delivering the required outcomes in an effective, efficient and high quality manner.
- 28 Consider other methods for obtaining feedback from trainees on the training program.
- 29 Undertake a gap analysis of the training program.
- 30 Develop an approach to competency testing of procedural skills for Fellows, using simulation where possible.
- 31 In considering the issue of retraining, develop a policy that can be used to guide retraining or remediation of Fellows, should this need arise.

Council decision on accreditation

The AMC Guidelines for Accreditation provide four options for the AMC in making its decision on accreditation:

- (a) Accreditation for six years subject to satisfactory annual reports from the college during the period of accreditation, with the possibility of the AMC extending the accreditation by a further four years subject to a satisfactory annual report in the fifth year of accreditation.
- (b) Accreditation for six years with conditions on the accreditation subject to satisfactory annual reports from the college during the period of accreditation, with the possibility of the AMC extending the accreditation by a further four years subject to a satisfactory annual report in the fifth year of accreditation.
- (c) Accreditation for shorter periods of time with conditions, where significant deficiencies are identified. A shorter period of accreditation may also be granted where the college is making major changes to its education and training programs, and the AMC wishes to review the implementation of plans.
- (d) Accreditation may be refused where the AMC considers that the deficiencies are so serious as to warrant that action.

The Specialist Education Accreditation Committee recommends:

- (i) That the AMC grant accreditation of the education and training program and the maintenance of professional standards programs of the Australasian College for Emergency Medicine for six years, until 31 July 2013, subject to satisfactory annual reports.
- (ii) That, subject to a satisfactory report from the College in its fifth year of accreditation (i.e. 2012), the Specialist Education Accreditation Committee recommend that the AMC grant the College a further period of accreditation, up to a maximum of four years, before a new accreditation review.