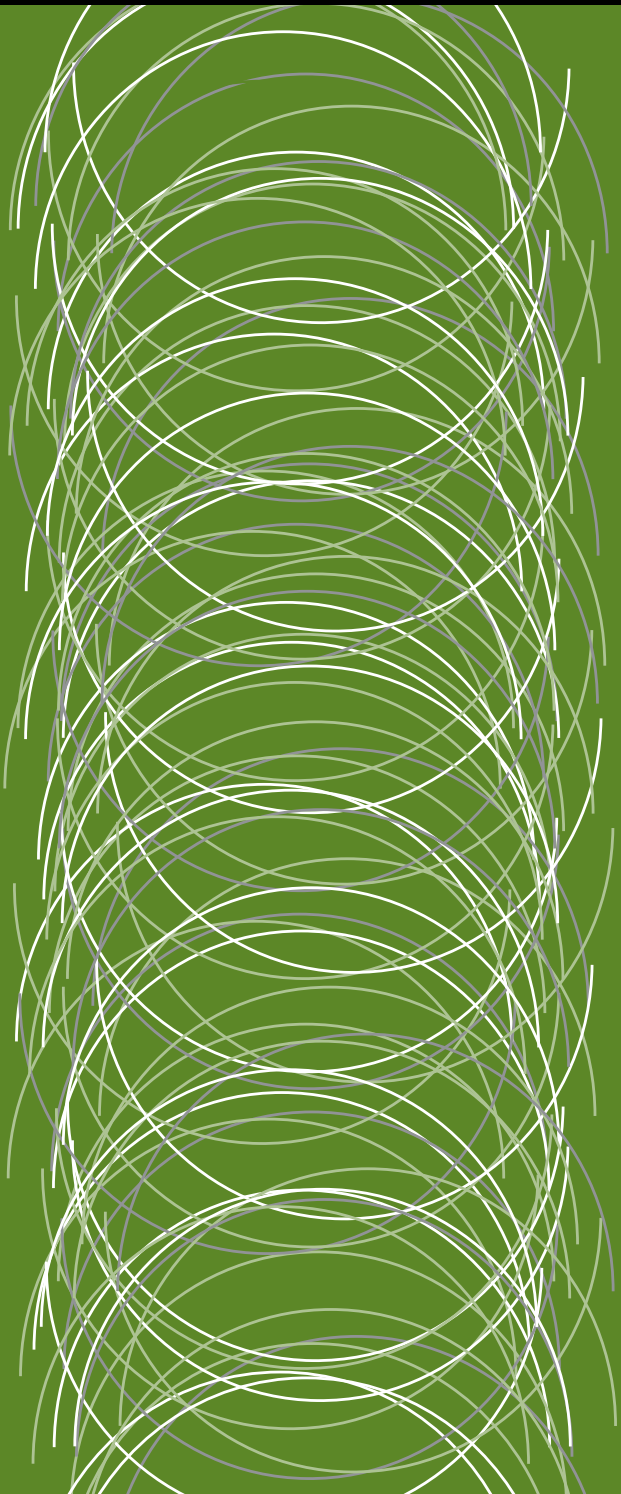Australian Medical Council Limited

Accreditation Report: The Training and Education Programs of the Australasian College for Emergency Medicine

AMC

Contents

Executive Summary: Australasian College for Emergency Medicine

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2018,* describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The AMC first assessed the Australasian College for Emergency Medicine (ACEM) in 2007. The 2007 assessment resulted in accreditation of ACEM for the maximum period of six years, until December 2013.

In October 2013, the AMC assessed the College's comprehensive report for extension of accreditation. On the basis of this report, the AMC found that the College substantially met the accreditation standards. It did not meet the requirements of Standard 5 (assessment of learning), and in particular standard 5.4 (assessment quality). The AMC Directors extended the accreditation of the College by two years until 2015, subject to satisfactory progress reports from the College, and satisfactory reporting on the implementation of processes that would satisfy standard 5.4 and the related curriculum developments. As requested by the AMC, the College provided a supplementary report in November 2013. The AMC found the College to be progressing with its work on standard setting.

In 2015, the College's progress report was assessed for extension of accreditation. The AMC confirmed that standard setting and reliability confirming tools were applied to both the Primary and Fellowship Examinations. On the basis of the report review, the AMC found that the College met the accreditation standards. The AMC Directors agreed to extend the accreditation of the College's programs by two years, to 31 March 2018.

Due to the timing of the 2017 reaccreditation visit, the AMC Directors in November 2017 agreed to an administrative extension of the accreditation of the College's programs to allow the reaccreditation process to be completed.

In November 2017, an AMC team completed a reaccreditation assessment of the specialist medical programs and continuing professional development programs of the Australasian College for Emergency Medicine, which leads to the award of fellowship of the Australasian College for Emergency Medicine (FACEM).

In the period January 2017 to March 2018, the AMC received a number of complaints by current trainees about the College and its training program. The AMC considered these submissions under its complaints process. Where it determined that the complaint was a systemic matter, likely to evidence some systemic matter that could signify a failure of a program or provider to meet accreditation standards, the AMC addressed the matter in the accreditation assessment.

The team is reporting to the 22 May 2018 meeting of the Specialist Education Accreditation Committee. The Committee will consider the draft report and make recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures.

This report presents the Committee's recommendations to the 25 July 2018 meeting of AMC Directors, and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of

Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

The AMC's finding is that it is reasonably satisfied that the training, education and the continuing professional development programs of the Australasian College for Emergency Medicine substantially meet the accreditation standards.

The team found that the College's training program delivers specialist emergency medicine training of high quality that equips its trainees to undertake independent specialist practice.

The College has undergone significant change and faced significant challenges over the past few years. These include: implementation of a new governance structure, an extensive curriculum review, resulting in a new curriculum with the implementation of workplace-based assessments and redesigned examinations; and significant ongoing workforce issues.

In early 2017, the College received an anonymous group allegation of racial bias in the new Objective Structured Clinical Examination (OSCE) that led to the formation, in February 2017, of an Expert Advisory Group (EAG) on Discrimination, comprising external and internal members. In October 2017, the EAG presented its Final Report to the ACEM Board (Appendix Four). The EAG identified that the impact experienced by the complainants was multifactorial. The report included recommendations in three main areas – remedies for complainants, dealing with legacy issues and continuous improvement of the examination processes.

Subsequent to the team's assessment visit in November 2017, the College developed and finalised its EAG Action Plan, February 2018. This document provides the College's responses to all 60 recommendations outlined in the EAG Final Report and is available at Appendix Five. The EAG findings relate principally to AMC accreditation standards 1, 5, 7 and 8.

The College is commended for its commitment to ensuring sufficient resources and management capacity to sustain and deliver its training and education functions, noting the significant recent investment in growing this capacity. The team also considers that the College has the necessary leadership and governance to address its challenges in a professional and transparent way.

The AMC has applied conditions to the training, education and continuing professional development programs under the accreditation standards that must be addressed by the College and has provided timelines for their completion. The AMC will monitor that the College is meeting the conditions on its accreditation through progress reports and a follow-up review in line with AMC processes, particularly to review the outcomes of the EAG Action Plan and the new selection process.

The July 2018 meeting of the Directors resolved:

(i)   That the Australasian College for Emergency Medicine's specialist medical programs and training and continuing professional development programs in the recognised medical specialty of emergency medicine be granted accreditation for four years, until 31 March 2022, subject to satisfying AMC monitoring requirements including progress reports and addressing accreditation conditions.

(ii)   That this accreditation is subject to the conditions set out below:

   a)   By the 2018 progress report, evidence that the College has addressed the following conditions from the accreditation report:

      9   Improve the responsiveness of the trainees' online portal system, to provide timely (real time) and correct information to trainees and supervisors about their training status to facilitate their compliance with and progress through training requirements, with the aim of minimising remediation for workplace-based assessment (WBA) non-compliance. (Standards 5.3.1 and 7.3.3)

      10   Inform Directors of Emergency Medicine Training (DEMTs) of the examination performance of the trainees for whom they are responsible. (Standard 5.3.2)

12   Finalise the review and implement the revised In-Training Assessment form. (Standard 5.2.1)

23   Implement processes to ensure better prioritisation of communication to trainees to ensure appropriate clarity and importance is attached to communication involving assessments and their timeframes for completion. (Standard 7.3)

25   Review and revise the Complaints Policy to ensure that the process is transparent, and adequately acknowledges potential outcomes and resolution processes. (Standard 7.5)

30   Review and revise the examiner recruitment and selection processes in order to enable participation of a greater diversity of examiners. (Standard 8.1.5)

33   Develop a policy applicable to specialist international medical graduates, separate to that applicable to trainees, which outlines the process to address and report patient safety concerns arising from assessments of specialist international medical graduates. (Standard 10.2.2)

b) By the 2019 progress report, evidence that the College has addressed the following conditions from the accreditation report:

1   Finalise arrangements for, and make appointments to, the community and jurisdictional positions on training and education committees. (Standard 1.1.3 and 1.1.5)

2   Finalise and implement the new structure of entities reporting to the Council of Advocacy Practice and Partnerships (CAPP). (Standard 1.2.1)

18   Further explore options for ensuring completion of the Trainee Placement Survey in conjunction with the Trainee Committee, as exclusion from the training program is considered a disproportionate penalty for failure to respond. (Standard 6.1.3)

21   Provide evidence of reporting relevant evaluation results to internal and external stakeholders on a regular basis. (Standard 6.3.2)

26   Implement processes that demonstrate the College's commitment to enabling trainees to raise issues and resolve disputes during training without jeopardising their ongoing participation in the training program. (Standard 7.5)

27   In the selection processes for Directors of Emergency Medicine Training (DEMTs) ensure those who are selected demonstrate appropriate capability for their roles. (Standard 8.1.3)

31   In the assessment interview process, include confirmation of the continuing professional development activities completed by the specialist international medical graduate. (Standard 10.2.1)

32   Develop and implement skills-based training for the SIMG Panel of Assessors, with particular consideration to interviewer skills training, to ensure the assessment and interview processes meet the principles outlined in the Medical Board of Australia Guidelines. (Standard 10.2.1)

c) By the 2020 progress report, evidence that the College has addressed the following conditions from the accreditation report:

3   Develop and implement a program of work with jurisdictions on workforce oversupply/maldistribution, including the implementation of the pilot models of care project. (Standard 1.6.1)

5   Finalise and implement the review of the structure of and curriculum for the specialist training program. (Standards 3.1 and 3.4)

11 Monitor and improve the calibration of supervisors undertaking workplace-based assessments (WBAs). (Standard 5.4)

13 Finalise and implement a clear, stepwise process detailing the support available for trainees in difficulty and communicate to trainees, Directors of Emergency Medicine Training (DEMTs) and fellows. (Standard 5.3)

20 Monitor and evaluate how graduates of the FACEM Training Program are meeting the needs of both consumers and employers. (Standard 6.2.1)

24 Develop and implement the DBSH Action Plan which will result in actions to support cultural change and trainee wellbeing. (Standard 7.4)

28 Develop a formal process for providing feedback to individual Directors of Emergency Medicine Training (DEMTs) and Local WBA Coordinators on their performance and effectiveness in the role including feedback from trainees. (Standard 8.1.4 and 8.1.6)

29 Provide additional examiner training in cultural awareness and examination marking. (Standard 8.1.5)

34 Develop and implement additional assessment methods, policies, procedures and external validation to eliminate the influence of bias in the current process for structured references for partially and substantially comparable specialist international medical graduates. (Standard 10.2.1 and 10.3.1)

d) By the 2021 review, evidence that the College has addressed the following conditions from the accreditation report:

4   Implement actions arising from the ACEM Reconciliation Action Plan (RAP). (Standard 1.6.4)

6   Develop a clearly defined paediatric emergency medicine curriculum that integrates the relevant aspects of both FACEM and FRACP curricula. (Standard 3.2)

7   Expand the FACEM curriculum to better describe the knowledge, skills and practices necessary to deliver high-quality care in observational medicine. (Standard 3.2.3)

8   Define curriculum content that is specific to rural emergency medicine in order to improve rural learning and recruitment. (Standard 3.2.6)

14 Clearly articulate, prior to the examination, the standard required for a pass in every station. This should extend to all domains, with priority given to standardising an agreed standard expected in the domains of communication, leadership and management, and scholarship and teaching. (Standard 5.4)

15 Ensure that all examiners, simulated patients and actors have robust and regular calibration. (Standard 5.4)

16 Ensure that there is appropriate standard setting and that greater transparency is utilised in publishing examination pass/fail statistics. (Standard 5.4)

17 Develop, document and implement resources and processes to enable calibration of 'just at standard' for assessed domains. (Standard 5.4)

19 Finalise the evaluation of the ACEM Curriculum Framework and FACEM Training Program, including details of internal and external stakeholder consultation, any resulting plans for change and their implementation. (Standard 6.2)

22 Evaluate the new selection process and the tools/methods used for each stage to ensure effectiveness, validity, reliability and feasibility in selecting appropriate candidates to become emergency medicine physicians. (Standard 7.1.2)

The accreditation conditions in order of standard are detailed in the following table:

Standard	Condition:		To be met by:
Standard 1	1	Finalise arrangements for, and make appointments to, the community and jurisdictional positions on training and education committees. (Standard 1.1.3 and 1.1.5)	2019
	2	Finalise and implement the new structure of entities reporting to the Council of Advocacy Practice and Partnerships (CAPP). (Standard 1.2.1)	2019
	3	Develop and implement a program of work with jurisdictions on workforce oversupply/maldistribution, including the implementation of the pilot models of care project. (Standard 1.6.1)	2020
	4	Implement actions arising from the ACEM Reconciliation Action Plan (RAP). (Standard 1.6.4)	2021
Standard 2	Nil		
Standard 3	5	Finalise and implement the review of the structure of and curriculum for the specialist training program. (Standard 3.1 and 3.4)	2020
	6	Develop a clearly defined paediatric emergency medicine curriculum that integrates the relevant aspects of both FACEM and FRACP curricula. (Standard 3.2)	2021
	7	Expand the FACEM curriculum to better describe the knowledge, skills and practices necessary to deliver high-quality care in observational medicine. (Standard 3.2.3)	2021
	8	Define curriculum content that is specific to rural emergency medicine in order to improve rural learning and recruitment. (Standard 3.2.6)	2021
Standard 4	Nil		
Standard 5	9	Improve the responsiveness of the trainees' online portal system, to provide timely (real time) and correct information to trainees and supervisors about their training status to facilitate their compliance with and progress through training requirements, with the aim of minimising remediation for workplace-based assessment (WBA) non-compliance. (Standard 5.3.1 and 7.3.3)	2018
	10	Inform Directors of Emergency Medicine Training (DEMTs) of the examination performance of the trainees for whom they are responsible. (Standard 5.3.2)	2018
	11	Monitor and improve the calibration of supervisors undertaking workplace-based assessments (WBAs). (Standard 5.4)	2020

Standard	Condition:	To be met by:
	12 Finalise the review and implement the revised In-Training Assessment form. (Standard 5.2.1)	2018
	13 Finalise and implement a clear, stepwise process detailing the support available for trainees in difficulty and communicate to trainees, Directors of Emergency Medicine Training (DEMTs) and fellows. (Standard 5.3)	2020
	14 Clearly articulate, prior to the examination, the standard required for a pass in every station. This should extend to all domains, with priority given to standardising an agreed standard expected in the domains of communication, leadership and management, and scholarship and teaching. (Standard 5.4)	2021
	15 Ensure that all examiners, simulated patients and actors have robust and regular calibration. (Standard 5.4)	2021
	16 Ensure that there is appropriate standard setting and that greater transparency is utilised in publishing examination pass/fail statistics. (Standard 5.4)	2021
	17 Develop, document and implement resources and processes to enable calibration of 'just at standard' for assessed domains. (Standard 5.4)	2021
Standard 6	18 Further explore options for ensuring completion of the Trainee Placement Survey in conjunction with the Trainee Committee, as exclusion from the training program is considered a disproportionate penalty for failure to respond. (Standard 6.1.3)	2019
	19 Finalise the evaluation of the ACEM Curriculum Framework and FACEM Training Program, including details of internal and external stakeholder consultation, any resulting plans for change and their implementation. (Standard 6.2)	2021
	20 Monitor and evaluate how graduates of the FACEM Training Program are meeting the needs of both consumers and employers. (Standard 6.2.1)	2020
	21 Provide evidence of reporting relevant evaluation results to internal and external stakeholders on a regular basis. (Standard 6.3.2)	2019
Standard 7	22 Evaluate the new selection process and the tools/methods used for each stage to ensure effectiveness, validity, reliability and feasibility in selecting appropriate candidates to become emergency medicine physicians. (Standard 7.1.2)	2021

Standard	Condition:	To be met by:
	23 Implement processes to ensure better prioritisation of communication to trainees to ensure appropriate clarity and importance is attached to communication involving assessments and their timeframes for completion. (Standard 7.3)	2018
	24 Develop and implement the DBSH Action Plan which will result in actions to support cultural change and trainee wellbeing. (Standard 7.4)	2020
	25 Review and revise the Complaints Policy to ensure that the process is transparent, and adequately acknowledges potential outcomes and resolution processes. (Standard 7.5)	2018
	26 Implement processes that demonstrate the College's commitment to enabling trainees to raise issues and resolve disputes during training without jeopardising their ongoing participation in the training program. (Standard 7.5)	2019
Standard 8	27 In the selection processes for Directors of Emergency Medicine Training (DEMTs) ensure those who are selected demonstrate appropriate capability for their roles. (Standard 8.1.3)	2019
	28 Develop a formal process for providing feedback to individual Directors of Emergency Medicine Training (DEMTs) and Local WBA Coordinators on their performance and effectiveness in the role including feedback from trainees. (Standard 8.1.4 and 8.1.6)	2020
	29 Provide additional examiner training in cultural awareness and examination marking. (Standard 8.1.5)	2020
	30 Review and revise the examiner recruitment and selection processes in order to enable participation of a greater diversity of examiners. (Standard 8.1.5)	2018
Standard 9	Nil	
Standard 10	31 In the assessment interview process, include confirmation of the continuing professional development activities completed by the specialist international medical graduate. (Standard 10.2.1)	2019
	32 Develop and implement skills-based training for the SIMG Panel of Assessors, with particular consideration to interviewer skills training, to ensure the assessment and interview processes meet the principles outlined in the Medical Board of Australia Guidelines. (Standard 10.2.1)	2019

Standard	Condition:	To be met by:
	33 Develop a policy applicable to specialist international medical graduates, separate to that applicable to trainees, which outlines the process to address and report patient safety concerns arising from assessments of specialist international medical graduates. (Standard 10.2.2)	2018
	34 Develop and implement additional assessment methods, policies, procedures and external validation to eliminate the influence of bias in the current process for structured references for partially and substantially comparable specialist international medical graduates. (Standard 10.2.1 and 10.3.1)	2020

This accreditation decision relates to the College's continuing professional development programs and its specialist medical programs in the specialty of emergency medicine.

By March 2022, before this period of accreditation ends, the College will undergo a follow-up review. The AMC will consider if the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of two years (to March 2024).

By March 2024, the College may submit a comprehensive report for extension of accreditation. The report should address the accreditation standards and outline the College's development plans for the next four years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years (to March 2028), taking accreditation to the full period which the AMC may grant between assessments, which is ten years. At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC team.

Overview of findings

The findings against the 10 accreditation standards are summarised below. Only those sub-standards which are not met or substantially met are listed under each overall finding.

Conditions imposed by the AMC so the College meets accreditation standards are listed in the accreditation decision (pages 2 to 8). The team's commendations of areas of strength and recommendations for improvement are given below for each set of accreditation standards.

1. The context of education and training (governance; program management; reconsideration, review and appeal processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal)	This set of standards is SUBSTANTIALLY MET

Standard 1.1.3 (relevant groups represented in decision-making), standard 1.1.5 (collaborates with relevant groups), standard 1.2.1 (program management structures), standard 1.6.1 (effective relationships with government), standard 1.6.4 (Indigenous health partnerships) are substantially met.

Commendations

A   The implementation of the new governance structure that has resulted in a skills-based Board and the appointment of a trainee as a director.

B   The College's commitment to ensuring sufficient resources and management capacity to sustain and deliver its training and education functions, noting the significant recent investment in growing this capacity.

C   The College's outward focus shown through the development of relationships and collaboration with international stakeholders, other specialist medical colleges, and with the jurisdictions in relation to health advocacy and workforce planning, including a commitment to non-specialist training to address rural and regional workforce deficiencies.

D   The College's strong relationships with Indigenous health groups in both Australia and New Zealand and the development of the ACEM Innovate Reconciliation Action Plan (RAP), launched in March 2017, and the Manaaki Mana.

Conditions to satisfy accreditation standards

1   Finalise arrangements for, and make appointments to, the community and jurisdictional positions on training and education committees. (Standard 1.1.3 and 1.1.5)

2   Finalise and implement the new structure of entities reporting to the Council of Advocacy Practice and Partnerships (CAPP). (Standard 1.2.1)

3   Develop and implement a program of work with jurisdictions on workforce oversupply/maldistribution, including the implementation of the pilot models of care project. (Standard 1.6.1)

4   Implement actions arising from the ACEM Reconciliation Action Plan (RAP). (Standard 1.6.4)

Recommendations for improvement

AA   Develop a systematic approach to ensuring diversity in governance structures. (Standard 1.1.1)

BB   Implement, monitor and evaluate the implementation of all recommendations detailed in the Expert Advisory Group on Discrimination Action Plan. (Standard 1.3 and 6)

9

CC   Review the Reconsideration, Review and Appeals Policy to ensure that it clearly describes the parameters of review for examination candidates. (Standard 1.3)

2. The outcomes of specialist training and education (educational purpose; program outcomes; graduate outcomes)	This set of standards is MET

Commendations

E   The observable and measurable outcomes of the ACEM training programs that are focused on optimal patient care.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

DD   Explicitly state the College's commitment to improving the health of Aboriginal and Torres Strait Islander and Māori communities in both the Constitution and the next Strategic Plan. (Standard 2.1.2)

EE   Finalise the development of clear graduate outcomes that integrate the key aspects of professional behaviour (currently expressed in separate domains), in order to realise the College's vision of competency-based training. (Standard 2.3.1)

3. The specialist medical training and education framework (curriculum framework; content; continuum of training, education and practice; structure of the curriculum)	This set of standards is SUBSTANTIALLY MET

Standard 3.1 (curriculum framework), standard 3.2 (content of the curriculum), standard 3.3.1 (curriculum horizontal and vertical integration), standard 3.4 (structure of the curriculum) is substantially met.

Commendations

F   The clear and logical framework of the curriculum, which is highly regarded by both trainees and supervisors as providing a meaningful guide to training, including the gradation of the program outcomes, allowing clear descriptions of the competence level required at each training stage. This in turn assists the reliable assessment of trainees at each stage.

G   The curriculum's focus on all the domains of specialist practice including elements of prioritisation and decision making unique to emergency medicine, and embedding the role of the emergency medicine specialist as a teacher and supervisor of other health professionals, including pre-hospital practitioners and paramedics.

Conditions to satisfy accreditation standards

5   Finalise and implement the review of the structure of and curriculum for the specialist training program. (Standards 3.1 and 3.4)

6   Develop a clearly defined paediatric emergency medicine curriculum that integrates the relevant aspects of both FACEM and FRACP curricula. (Standard 3.2)

7   Expand the FACEM curriculum to better describe the knowledge, skills and practices necessary to deliver high-quality care in observational medicine. (Standard 3.2.3)

8   Define curriculum content that is specific to rural emergency medicine in order to improve rural learning and recruitment. (Standard 3.2.6)

FF   Make the completion of further training in contextualised cultural competence a priority for emergency physicians throughout their learning lifetime. (Standard 3.2.9, 3.2.10 and 9.1.3)

GG   Incorporate specific outcomes relating to the prevention of discrimination, bullying and sexual harassment in the relevant curriculum domains. (Standard 3.2.4)

4. Teaching and learning (teaching and learning approach; teaching and learning methods)	This set of standards is MET

Commendations

H   The introduction of a suite of workplace-based assessments (WBAs) which has improved the frequency and efficacy of one-to-one clinical teaching and learning in emergency departments.

I   The introduction of the shift report which has systematised the teaching and learning of non-technical skills necessary for the safe and efficient running of emergency departments.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

HH   Introduce a systematic approach to the delivery of curriculum-specific ultrasound training. (Standard 4.2.2)

II   Develop and implement a policy that clarifies the role and use of simulation during FACEM training. (Standard 4.2.2)

5. Assessment of learning (assessment approach; assessment methods; performance feedback; assessment quality)	This set of standards is SUBSTANTIALLY MET

Standard 5.2.1 (assessment methods that are fit for purpose), standard 5.3 (performance feedback), standard 5.4 (assessment quality) are substantially met.

Commendations

J   The clear alignment of assessment methods with the curricular learning objectives.

K   Competencies in addition to 'medical expertise' are tested through workplace-based assessment (WBA) and in examinations. The competencies are included on all the marking rubrics for these assessments.

L   Workplace-based assessments (WBAs) are now embedded as mandatory activities that regularly inform progression decisions.

Conditions to satisfy accreditation standards

9   Improve the responsiveness of the trainees' online portal system, to provide timely (real time) and correct information to trainees and supervisors about their training status to facilitate their compliance with and progress through training requirements, with the aim of minimising remediation for workplace-based assessment (WBA) non-compliance. (Standards 5.3.1 and 7.3.3)

10   Inform Directors of Emergency Medicine Training (DEMTs) of the examination performance of the trainees for whom they are responsible. (Standard 5.3.2)

11   Monitor and improve the calibration of supervisors undertaking workplace-based assessments (WBAs). (Standard 5.4)

Conditions that also relate to EAG Recommendations

12   Finalise the review and implement the revised In-Training Assessment form. (Standard 5.2.1)

13   Finalise and implement a clear, stepwise process detailing the support available for trainees in difficulty and communicate to trainees, Directors of Emergency Medicine Training (DEMTs) and fellows. (Standard 5.3)

14   Clearly articulate, prior to the examination, the standard required for a pass in every station. This should extend to all domains, with priority given to standardising an agreed standard expected in the domains of communication, leadership and management, and scholarship and teaching. (Standard 5.4)

15   Ensure that all examiners, simulated patients and actors have robust and regular calibration. (Standard 5.4)

16   Ensure that there is appropriate standard setting and that greater transparency is utilised in publishing examination pass/fail statistics. (Standard 5.4)

17   Develop, document and implement resources and processes to enable calibration of 'just at standard' for assessed domains. (Standard 5.4)

Recommendations for improvement

JJ   Expand the use of multiple examiners, where possible, to increase the number of observations to re-establish the integrity and validity of examinations with external stakeholders. (Standard 5.4)

6. Monitoring and Evaluation (monitoring; evaluation; feedback, reporting and action)	This set of standards is SUBSTANTIALLY MET

Standard 6.1.3 (trainees' contribution to monitoring), standard 6.2 (evaluation), standard 6.3.2 (evaluation results are made available) are substantially met.

Commendations

M   The College's comprehensive education and training evaluation framework and its thorough approach to the regular collection of meaningful data from trainees, supervisors, those withdrawing or being withdrawn from the training program, training sites and new graduates.

N   The commitment to monitoring and evaluation capacity through the ACEM Policy and Research Unit.

Conditions to satisfy accreditation standards

18   Further explore options for ensuring completion of the Trainee Placement Survey in conjunction with the Trainee Committee, as exclusion from the training program is considered a disproportionate penalty for failure to respond. (Standard 6.1.3)

19   Finalise the evaluation of the ACEM Curriculum Framework and FACEM Training Program, including details of internal and external stakeholder consultation, any resulting plans for change and their implementation. (Standard 6.2)

20   Monitor and evaluate how graduates of the FACEM Training Program are meeting the needs of both consumers and employers. (Standard 6.2.1)

21   Provide evidence of reporting relevant evaluation results to internal and external stakeholders on a regular basis. (Standard 6.3.2)

Recommendations for improvement

Nil

7. Trainees	This set of standards is
(admission policy and selection; trainee participation in education provider governance; communication with trainees, trainee wellbeing; resolution of training problems and disputes)	SUBSTANTIALLY MET

Standard 7.1.2 (processes for selection), standard 7.1.5 (monitor application of selection policies), standard 7.3 (communication with trainees), standard 7.4 (trainee wellbeing), standard 7.5 (resolution of training problems and disputes) are substantially met.

Commendations

O   The development of a new selection process undertaken in consultation with stakeholders to ensure those candidates selected into training have the capacity to become emergency physicians.

P   The utilisation of a Trainee Advocate to support trainees and provide advice on College structure and policy.

Q   The establishment of the Discrimination, Bullying and Sexual Harassment (DBSH) Working Group which is a positive step in addressing a major issue that requires a sensitive and comprehensive approach.

Conditions to satisfy accreditation standards

22   Evaluate the new selection process and the tools/methods used for each stage to ensure effectiveness, validity, reliability and feasibility in selecting appropriate candidates to become emergency medicine physicians. (Standard 7.1.2)

23   Implement processes to ensure better prioritisation of communication to trainees to ensure appropriate clarity and importance is attached to communication involving assessments and their timeframes for completion. (Standard 7.3)

Conditions that also relate to EAG Recommendations

24   Develop and implement the DBSH Action Plan which will result in actions to support cultural change and trainee wellbeing. (Standard 7.4)

25   Review and revise the Complaints Policy to ensure that the process is transparent, and adequately acknowledges potential outcomes and resolution processes. (Standard 7.5)

26   Implement processes that demonstrate the College's commitment to enabling trainees to raise issues and resolve disputes during training without jeopardising their ongoing participation in the training program. (Standard 7.5)

Recommendations for improvement

KK   Report regularly to the College Board on activities to support increased recruitment and selection of Aboriginal and Torres Strait Islander and Māori trainees. (Standard 7.1.3)

LL   Implement processes to enhance the two-way communication between the Trainee Committee and the trainee body. (Standard 7.2.1)

MM   Expand the role of trainee advocacy within the College education structure. (Standard 7.4)

8. Implementing the program – delivery of educational and accreditation of training sites (supervisory and educational roles; training sites and posts)	This set of standards is SUBSTANTIALLY MET

Standard 8.1.3 (supervisor selection), standard 8.1.4 (evaluation of supervisor effectiveness), standard 8.1.5 (assessor selection, training and support), standard 8.1.6 (evaluation of assessor effectiveness) are substantially met.

Commendations

R   The commitment demonstrated by many fellows to the supervision, support, and education of trainees.

S   The application of the WBA program in ensuring clinical supervisors are aware of the goals and requirements for trainees within the program. Particular note is made of the value of including non-technical domains to assist supervisors in preparing trainees for independent specialist practice.

T   The development and introduction of the new Specialist Training Program Site Accreditation – Requirements and their linkage with Trainee Placement Survey data.

Conditions to satisfy accreditation standards

27   In the selection processes for Directors of Emergency Medicine Training (DEMTs) ensure those who are selected demonstrate appropriate capability for their roles. (Standard 8.1.3)

Conditions that also relate to EAG Recommendations

28   Develop a formal process for providing feedback to individual Directors of Emergency Medicine Training (DEMTs) and Local WBA Coordinators on their performance and effectiveness in the role including feedback from trainees. (Standard 8.1.4 and 8.1.6)

29   Provide additional examiner training in cultural awareness and examination marking. (Standard 8.1.5)

30   Review and revise the examiner recruitment and selection processes in order to enable participation of a greater diversity of examiners. (Standard 8.1.5)

Recommendations for improvement

NN   Develop greater definition of the capabilities required of Directors of Emergency Medicine Training (DEMTs) and Local WBA Coordinators, and how these capabilities are assessed during the appointment process. (Standard 8.1.3)

OO   Develop more effective supervisor and trainee feedback from non-ED attachments. (Standard 8.1.4)

PP   Further develop regional and rural training opportunities, for example, through increased linked attachments and training networks. (Standard 8.2.2)

9. Continuing professional development, further training and remediation (continuing professional development; further training of individual specialists; remediation)	This set of standards is MET

Commendations

U   The CPD program, including the online system, which is comprehensive, accessible and easy for fellows to access and understand. Its requirements have been determined in consultation with relevant stakeholders.

V   The wide range of educational experiences available on the website, available to all practitioners working in emergency medicine, including the ACEM Best of Web EM resources.

W   The development of the Manaaki Mana – Māori Equity in New Zealand Emergency Department Project.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

QQ   Promote vertical integration of the training and CPD programs, by developing guidance for fellows on continuing development of non-technical skills in areas such as leadership and people management, workplace wellbeing and cultural competence. (Standard 9.1.3)

RR   In relation to the requirements of the CPD program:

    (i)   Consider introducing cultural competence refresher programs (using ACEM's cultural competence module) on a regular (for example three-yearly) basis. (Standard 9.1.3)

    (ii)   Integrate discrimination, bullying and sexual harassment prevention into CPD requirements for FACEMs, and consider whether this should be mandatory. (Standard 9.1.3)

    (iii)   Promote the completion of the online mentoring program. (Standard 9.1.3)

SS   Consider the development and provision of CPD educational resources/modules which:

    (i)   Incorporate skills relating to observational medicine. (Standard 9.1.3)

    (ii)   Promote skills in quantitative and qualitative research. (Standard 9.1.3)

TT   Introduce clearer criteria around the differing levels of CPD educational offerings on the website given that these offerings vary in their level of complexity and challenge. (Standard 9.1.5)

UU   Improve the audit system to make it clearer how to document experiences such as individualised, reflective practice where the evidentiary requirements are not so clear cut. (Standard 9.1.7)

10. Assessment of specialist international medical graduates (assessment framework, assessment methods; assessment decision; communication with specialist international medical graduate applicants)	This set of standards is SUBSTANTIALLY MET

Standard 10.2.1 (assessment methods are fit for purpose), standard 10.2.2 (patient safety concerns in assessment), standard 10.3.1 (assessment decisions made in line with pathway requirements) are substantially met.

Commendations

X   The College's commitment to ensuring specialist international medical graduate applications are assessed in a timely fashion and that the ethos of the assessment is to ensure the standards of emergency medicine practice are maintained.

Y   The College's effective interaction via the New Zealand Faculty with the Medical Council of New Zealand on issues related to assessment of applications from international medical graduates for vocational assessment.

Conditions to satisfy accreditation standards

31   In the assessment interview process, include confirmation of the continuing professional development activities completed by the specialist international medical graduate. (Standard 10.2.1)

32   Develop and implement skills-based training for the SIMG Panel of Assessors, with particular consideration to interviewer skills training, to ensure the assessment and interview processes meet the principles outlined in the Medical Board of Australia Guidelines. (Standard 10.2.1)

33   Develop a policy applicable to specialist international medical graduates, separate to that applicable to trainees, which outlines the process to address and report patient safety concerns arising from assessments of specialist international medical graduates. (Standard 10.2.2)

34   Develop and implement additional assessment methods, policies, procedures and external validation to eliminate the influence of bias in the current process for structured references for partially and substantially comparable specialist international medical graduates. (Standard 10.2.1 and 10.3.1)

Recommendations for improvement

VV   Implement the online SIMG portal to facilitate specialist international medical graduates' online completion of assessment forms. (Standard 10.4)

Introduction: The AMC accreditation process

Responsible accreditation organisation

In Australia, the Health Practitioner Regulation National Law Act 2009 (the National Law) provides authority for the accreditation of programs of study in 14 health professions, including medicine. Accreditation of specialist programs is an essential element of the process and is required before the Board established for the health profession can consider whether to approve a program of study for the purposes of specialist registration. Under the National Law, an accreditation authority is authorised to accredit programs in each profession against approved standards.

Programs and their providers are assessed against accreditation standards, which the National Law defines as standards used to assess whether a program of study and its education provider provide graduates with the knowledge, skills and professional attributes necessary to practise the profession in Australia.

In New Zealand, accreditation of all New Zealand prescribed qualifications is conducted under section 12(4) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The Australian Medical Council (AMC) is the accreditation authority for medicine under the National Law. Most of the providers of specialist medical programs, the specialist medical colleges, span both Australia and New Zealand. The AMC accredits programs offered in Australia and New Zealand in collaboration with the Medical Council of New Zealand (MCNZ). The AMC leads joint accreditation assessments of binational training programs and includes New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders in these assessments. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the binational colleges to provide additional New Zealand-specific information. The AMC and the MCNZ make individual accreditation decisions, based on their authority for accreditation in their respective country.

Accreditation standards applicable to the accreditation of specialist medical programs

The approved accreditation standards for specialist medical programs are the *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015.*

These accreditation standards are structured according to key elements of the model for curriculum design and development and focus on the specific context and environment in which specialist medical programs are delivered. These standards are followed by two standards relating to processes undertaken by the providers of specialist medical training programs on behalf of the Medical Board of Australia.

In 2015, following a period of consultation, the AMC completed a review of the accreditation standards for specialist medical programs and continuing professional development programs. The Medical Board of Australia approved new accreditation standards which apply to AMC assessments conducted from 1 January 2016. The relevant standards are included in each section of this report.

The following table shows the structure of the standards:

Standards	Areas covered by the standards
1: The context of training and education	Governance of the education provider; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

Standards	Areas covered by the standards
2: Outcomes of specialist training and education	Educational purpose of the provider; and program and graduate outcomes
3: Specialist medical training and education framework	Curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure
4: Teaching and learning	Teaching and learning approaches and methods
5: Assessment of learning	Assessment approach; assessment methods; performance feedback; assessment quality
6: Monitoring and evaluation	Program monitoring; evaluation; feedback, reporting and action
7: Issues relating to trainees	Admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes
8: Delivery of educational resources	Supervisory and educational roles and training sites and posts
9: Continuing professional development, further training and remediation	Continuing professional development programs; further training of individual specialists; remediation
10: Assessment of specialist international medical graduates	Assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

Assessment of the programs of the Australasian College for Emergency Medicine

The AMC first assessed the training, education and continuing professional development programs of the Australasian College for Emergency Medicine (ACEM) in 2007. In 2007, the AMC granted accreditation to the College and its programs for the maximum period of six years, until December 2013.

In October 2013, the AMC assessed the College's comprehensive report for extension of accreditation. On the basis of this report, the AMC found that the College substantially met the accreditation standards. It did not meet the requirements of Standard 5 (assessment of learning), and in particular standard 5.4 (assessment quality). The AMC Directors extended the accreditation of the College by two years until 2015, subject to satisfactory progress reports from the College, and satisfactory reporting on the implementation of processes that would satisfy standard 5.4 and the related curriculum developments. As requested by the AMC, the College provided a supplementary report in November 2013. The AMC found the College to be progressing with its work on standard setting.

In 2015, the College's progress report was assessed for extension of accreditation. The AMC confirmed that standard setting and reliability confirming tools were applied to both the Primary and Fellowship Examinations. On the basis of the report review, the AMC found that the College met the accreditation standards. The AMC Directors agreed to extend the accreditation of the College's programs by two years, to 31 March 2018.

Between accreditation assessments, the AMC monitors developments in education and training and professional development programs through progress reports. The College has provided progress reports since its accreditation in 2007. These reports have been reviewed by a member of the AMC team that assessed the program in 2007, and the reviewer's commentary and the progress report is then considered by the AMC progress reports working party. Through these reports the AMC has been informed of developments in the College's educational strategy, and education and training policies and programs. The AMC has considered these reports to be satisfactory.

In 2016, the AMC began preparations for the reaccreditation assessment of the College's programs. On the advice of the Specialist Education Accreditation Committee, the AMC Directors appointed Dr Lindy Roberts to chair the 2017 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

Due to the timing of the 2017 reaccreditation visit, the AMC Directors in November 2017 agreed to extend the accreditation of the College's programs from 31 March 2018 to 30 September 2018 to allow for an accreditation decision to be made before the expiry date.

The AMC assesses specialist medical education and training, specialist international medical graduate (SIMG) assessment and continuing professional development (CPD) programs using a standard set of procedures.

A summary of the steps followed in this assessment follows:

- The AMC asked the College to lodge an accreditation submission encompassing the three areas covered by AMC accreditation standards: the training pathways to achieving fellowship of the Australasian College for Emergency Medicine; College processes to assess the qualifications and experience of overseas-trained specialists; and College processes and programs for CPD.

- The AMC appointed an assessment team (called 'the team' in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the team is provided at Appendix One.

- The team met on 28 and 29 September 2017 to consider the College's accreditation submission and to plan the assessment.

- On 29 September 2017, the AMC gave feedback to the College on the team's preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College committees.

- The AMC surveyed trainees and Directors of Emergency Medicine Training (DEMTs). The AMC also surveyed specialist international medical graduates whose qualifications had been assessed by the College in the last three years.

- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups, and health consumer organisations to comment on the College's programs.

- The team met by teleconference on 2 November 2017 to finalise arrangements for the assessment.

- The team conducted site visits in Queensland, Western Australia, New South Wales, Victoria and New Zealand in November 2017. The team held teleconferences with trainees and supervisors from South Australia, Tasmania and Northern Territory.

The assessment concluded with a series of meetings at the College's Annual Scientific Meeting in Sydney with the College office bearers and committees from 21 to 24 November 2017. On the final day, the team presented its preliminary findings to College representatives.

Appreciation

The team is grateful to the fellows and staff who prepared the accreditation submission and managed the preparations for the assessment. It acknowledges with thanks the support of fellows and staff in Australia and New Zealand who coordinated the site visits, and the assistance of those who hosted visits from team members.

The AMC also thanks the organisations that made a submission to the AMC on the College's training programs. These are listed at Appendix Two. Summaries of the program of meetings and visits for this assessment are provided at Appendix Three.

1 The context of training and education

1.1 Governance

The accreditation standards are as follows:

- The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.

- The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.

- The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.

- The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.

- The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.

- The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

The Australasian College for Emergency Medicine (ACEM) is the specialist medical college that provides the training, education and CPD programs for specialist registration in Australia allowing use of the title 'specialist emergency physician' and in New Zealand for registration within the vocational scope of emergency medicine (EM).

ACEM also conducts a joint training program in paediatric emergency medicine with the Royal Australasian College of Physicians (RACP) and a dual training pathway in emergency medicine and intensive care medicine with the College of Intensive Care Medicine of Australia and New Zealand (CICM). Additionally, the College runs non-specialist Emergency Medicine Certificate (EMC) and Emergency Medicine Diploma (EMD) programs for other medical graduates.

The discipline of emergency medicine arose in the 1950s and 1960s, in response to experiences during the Korean and Vietnam wars that demonstrated the differences made by coordinated responses to emergent critical illness. The specialty currently is uniquely placed in the health sector at the interface between community-based care and hospital medicine.

The College was formed in 1983 and emergency medicine was recognised as a principal specialty in 1993 (in Australia). The College is incorporated in Australia under the *Corporations Act 2001* as a company limited by guarantee with its registered office in West Melbourne. It is registered with the Australian Charities and Not-for-profits Commission and in New Zealand with the New Zealand Companies Office. It has 72 full-time equivalent (FTE) staff.

The College's mission is to 'promote excellence in the delivery of quality emergency care to the community through our committed and expert members'.

At the time of the 2007 AMC accreditation, the College was governed by Articles of Association with a governing Council of 20 fellows. The College's governance is defined now by its Constitution (adopted on 15 November 2009 and most recently amended in August 2016) and Regulation A 'Governance'. Following a governance review over the period 2012-2013, the College now has a smaller Board of Directors comprising six FACEM members, one trainee (elected by the trainee body for a term of two years) and two non-FACEM members selected on

the basis of skills (currently these appointees have skills in legal and financial matters, respectively).

The six FACEM members are:

- The President

- President-Elect (elected by current ACEM fellows for a one-year term, following which s/he becomes President) or Immediate Past President (in the year in which there is no President-Elect)

- Chairs and deputy chairs of the Council of Advocacy, Practice and Partnerships (CAPP) and the Council of Education (COE).

Under the constitution, these Board members are all officers of the College. There is an additional requirement that the FACEM members include at least one appointee resident in New Zealand and at least one resident in Australia, so additional members may be appointed to fulfil this requirement. Terms for these resident members, along with the trainee and non-FACEMs are two years with a limit of not more than three consecutive terms.

The Board charter outlines its roles and responsibilities, relationship with the CEO, separation of the roles of the Board and CEO, councils and Board committees, delegations, reporting, and conduct including interest reporting and conflict management.

The current strategic plan 'Into the future … ACEM Strategic Plan 2015-2018' outlines six strategic priorities: education; member support; advocacy; standards; awareness; and college operations. The current vision is to 'be the trusted authority for ensuring clinical, professional and training standards in the provision of quality, patient-focused emergency care'.

College membership categories are:

- Fellows in active practice. At 31 March 2017, these numbered 2,308, 1,974 in Australia, 269 in New Zealand and 65 elsewhere. Their average age is 46 years and 35% are female.

- Retired fellows (n=20)

- Honorary fellows (n=5)

- Diplomates (n=16)

- Certificants (n=61).

In May 2017, the College had 2,384 FACEM trainees (70% in the Advanced Training [AT] stage), 475 certificate trainees and 70 diploma trainees. Trainees are not college members. Regulations for two additional membership categories (International Affiliate and Educational Affiliate) have been approved but admittance under these has not yet commenced.

Major entities that report directly to the Board of Directors are:

- the Council of Advocacy, Practice and Partnerships (CAPP)

- the Council of Education (COE)

- other Board committees including the ACEM Foundation, Emergency Medicine Australasia (EMA) Journal Management Committee, Finance and Risk Committee, Governance Committee, History Project Steering Committee, National Program Steering Committee and Reconciliation Action Plan Steering Committee.

In 2016, the College commenced a review of the structure of entities reporting to the Council of Advocacy, Practice and Partnerships (CAPP). The review report was initially considered by CAPP in March 2017. The College reported that further work is being undertaken by the CAPP working group to consider the recommendations.

The College has established regional faculties in New Zealand and each Australian state and territory, each with a faculty board that reports to the CAPP. Their broad role is to 'target local issues and strive to raise awareness of emergency medicine care on behalf of their communities' (noting that their involvement in training and education is limited e.g. the Regional Workplace-Based Assessment Panels report centrally). Membership includes those resident in the region who are ACEM Board members, CAPP members, regional censors and deputy censors, the trainee committee member for the region and up to four FACEMs elected from and by those resident in the region. Administrative support is from Melbourne, apart from the New Zealand Regional Faculty Board, which has an office with staff support locally.

The **ACEM Trainee Committee** reports to the COE and provides formal representation for all ACEM trainees. Its membership comprises one trainee from New Zealand and each Australian state and territory, along with the trainee member of the ACEM Board. The chair and deputy chair are elected from and by the members, with the former a member of CAPP and COE, and the latter on the Specialist Training and Assessment Committee (STAC) and the Central Workplace-Based Assessment (WBA) Panel. Non-voting attendees at trainee committee meetings include the Censor-in-Chief, Deputy Censor-in-Chief, Executive Director of Education and Training, General Manager of Education, General Manager of Training and Accreditation, relevant unit manager and trainee advocate. Trainees are represented across the organisation. This is further discussed under standard 7 of this report.

The College is in the process of appointing community and jurisdictional representatives to the COE, Accreditation Subcommittee, Non-Specialist Training Committee, SIMG Assessment Committee, STAC and Selection into Training Working Group.

College regulatory and policy documents include:

- the Constitution
- the Regulations, organised into five sections (A. Governance, B. FACEM Training Program, C. Specialist International Medical Graduate Assessment, D. Certificate and Diploma Training Programs, E. Recertification)
- policies
- guidelines
- standards.

These documents are reviewed on a cyclical basis, or, more frequently as required by internal or external factors. Recent revisions include the specialist international medical graduate assessment policies and regulations to align with the MBA requirements, and complaints and discrimination, bullying and sexual harassment documents.

Terms of reference for all bodies include purpose, membership, appointment and period of service, roles and responsibilities, authority (including delegations and limitations on authority), standards of conduct, meeting conduct, finances (for regional faculties) and the process for document review.

External collaboration includes:

- the Australian College of Rural and Remote Medicine (ACRRM) for development of the Pre-hospital and Retrieval Medicine (PHRM) Diploma and through the Joint Consultative Committee on Emergency Medicine (JCCEM)
- the Australian and New Zealand College of Anaesthetists (ANZCA) for development of the Pre-hospital and Retrieval Medicine (PHRM) Diploma
- the CICM for the Dual Training Program and PHRM Diploma
- the Royal Australian College of General Practitioners (RACGP) through the Joint Consultative Committee on Emergency Medicine (JCCEM)

- the Royal Australasian College of Physicians (RACP) through the Joint Training Program in Paediatric Emergency Medicine (JCT PEM) and PHRM Diploma

- the Royal Australasian College of Surgeons (RACS) for initiatives regarding the prevention of discrimination, bullying, and sexual harassment (DBSH)

- the MBA and the MCNZ for specialist international medical graduate assessment

- training sites and jurisdictions for FACEM training site accreditation

- jurisdictional and consumer appointments to FACEM committees

- Indigenous organisations in both countries through the Reconciliation Action Plan (RAP) and Manaaki Mana.

In addition, the College is seeking external stakeholder input to the ongoing review of the curriculum framework.

Conflict of interest is managed by two policies – Conflict of Interest Policy and ACEM Examinations – Conflict of Interest Policy. Conflict of interest is also part of the Board charter. 'Interests' registers are maintained for the Board, CAPP, COE and other College entities. All participants in College activities are required to submit a 'Declaration of Conflict of Interest' and are also provided with relevant policies on confidentiality and privacy, intellectual property, member-staff relations.

1.1.1 Team findings

The College is a mature organisation that has undergone significant change and faced significant challenges over the past few years. These include: an extensive curriculum review, resulting in a new curriculum with the implementation of WBAs and revised examinations; significant ongoing workforce issues; and the development of a Reconciliation Action Plan and the Manaaki Mana. Discrimination, bullying and sexual harassment is prevalent in emergency medicine and the most prominent complaint that the College has received is an anonymous group complaint about racial discrimination in the 2016.2 Objective Structured Clinical Examination (OSCE). These are concerning issues that have been reported in a number of specialist medical colleges and in the health sector more broadly. The College has the necessary leadership and governance to address these challenges in a professional and transparent way.

Following a governance review, the College now has a constitution and smaller Board with non-ACEM members appointed for their specialist skills (legal and financial) and stakeholder origin (director elected from the trainee body). It was mentioned by the College at the AMC assessment that, at some future stage, the College might give consideration to making a consumer appointment to the Board. Whilst there is good gender diversity on committees, it is noted that the current Board members are all men. The team recommends that the College consider a systematic approach to ensuring diversity in its governance, in line with modern corporate governance initiatives and to reflect the College's broader membership.

While the College has a large committee structure, the functions and delegations are clearly outlined in the terms of reference documents and appear to be understood by the members of the various committees. Over recent years, the College has invested significantly in growing its staff capacity and is to be commended for this.

The College has made significant investment in external collaborations in many parts of the health sector. These reflect its current strategic priorities, particularly in education, advocacy and standards.

The College takes conflicts of interest seriously, with a 2017 audit and return of updated 'interests' declarations. Failure to participate in this process led to one fellow being removed from a College role.

1.2 Program management

The accreditation standards are as follows:

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

The ACEM governance structure includes committees responsible for specialist training, CPD and specialist international medical graduate assessment, each with terms of reference, as follows:

The **Council of Education (COE)** provides educational strategic direction and advice to the Board in four main areas: risk management and compliance; strategy and planning; performance monitoring; and Council processes and policies. It advises and reports to the ACEM Board on all College educational functions, oversees all educational activities, assesses candidates for election to fellowship on examination, and oversees fellows' involvement in activities that enhance professional competence (including the CPD program).

COE membership includes: the Censor-in-Chief (chair); Deputy Censor-in-Chief (deputy chair); regional censors (Australia and New Zealand); a community member and jurisdictional member (appointment process in progress). Five ex officio members are the President, President-Elect or Immediate Past President (as appropriate; non-voting, when the President is in attendance), ACEM Trainee Committee chair, and two non-voting staff members (CEO and Executive Director Education and Training).

The **Specialist Training and Assessment Committee (STAC)** reports to the COE and is responsible for the oversight of the training program, including monitoring of trainee performance, assessment, including examinations, and accreditation of training sites. It has a number of subcommittees including: the Accreditation Subcommittee; Central WBA Panel; Examination Subcommittee; and Trainee Research Executive Panel.

STAC membership includes: Censor-in-Chief; Deputy Censor-in-Chief (STAC chair); regional deputy censors (Australia and New Zealand); deputy chair ACEM Trainee Committee; chair Central WBA Panel; chair Examinations Subcommittee; chair Accreditation Subcommittee; chair Trainee Research Executive Panel; community member (in the process of appointment) and jurisdictional member (in the process of appointment). Staff attend meetings (CEO, Executive Director Education and Training, General Manager (GM) Education, relevant unit managers) and are non-voting.

The **Continuing Professional Development (CPD) Committee** reports to the COE and is responsible for working with staff on CPD program operation, providing CPD advice to the COE and the Board, monitoring CPD compliance, recommending CPD program amendments to the COE, and providing advice to inform CPD communication with external bodies. It has delegated responsibility for accreditation of activities for CPD, management of up-skilling and re-entry programs, CPD program audit, granting CPD exemptions, and communications with non-compliant program participants.

Membership includes: a chair; up to 12 other FACEMs (2 New Zealand, 2 Queensland, 2 NSW/ACT, 2 Vic/Tas, 1 WA, 1 NT/SA; Censor-in-Chief and Deputy Censor-in-Chief ex officio); one new fellow (within three years of fellowship); and a community member (appointment process underway).

The CEO, Executive Director Education and Training, GM Education and relevant unit manager attend meetings.

The **Specialist International Medical Graduate (SIMG) Assessment Committee** reports to the COE and is responsible for specialist international medical graduate assessment (bi-nationally) and the area of need (AON) process (Australia). It has delegated authority to appoint FACEMs to the SIMG Assessment Panel, consider recommendations of the SIMG Interview Teams, approve completed assessments, determine additional criteria for those requiring further assessment, and approve recommendations on suitability for AON positions.

Membership includes: the chair; up to other 12 FACEM members (at least two resident in New Zealand, at least two from Australian Remoteness Areas 2 to 5, at least two who have been through the specialist international medical graduate assessment process); one community member (yet to be appointed); one jurisdictional representative (yet to be appointed); and the Censor-in-Chief and Deputy Censor-in-Chief ex officio. The CEO, Executive Director Education and Training, GM Education and the relevant unit manager attend meetings.

The **Non-Specialist Training Committee (NSTC)** reports to the COE and is responsible for the Emergency Medicine Certificate (EMC) and the Emergency Medicine Diploma (EMD), working with College staff on operations, providing advice to the COE and the Board, monitoring, recommendations to the COE on relevant policies, providing training to supervisors, promotion of these programs, and advice to inform external College communications about these programs.

Membership includes: the Chair; up to 12 other FACEMs; one ACEM diplomate; a community representative; a jurisdictional representative; and the Censor-in-Chief and Deputy Censor-in-Chief ex officio. The CEO, Executive Director Education and Training, and the relevant unit manager attend meetings.

The **Joint Consultative Committee on Emergency Medicine (JCCEM)** is a tripartite arrangement with ACRRM and the RACGP. It consists of two members from each of the three colleges, and is an advisory committee on wider matters relating to training, workforce and service delivery outside ACEM specialist training.

1.2.1 Team findings

The College has a committee structure that reflects its education and assessment activities, with clear functions and delegations. This includes enthusiastic participation by fellows, appropriate trainee representation and collaboration with other specialist medical colleges.

The College is commended for creating community and jurisdictional positions on committees and notes that appointment to these roles is currently in progress. Additionally, the College is currently reviewing the structure of entities reporting to the CAPP. Progress reports to the AMC should include updates on both these areas.

1.3   Reconsideration, review and appeals process

The accreditation standards are as follows:

- The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.

- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem

The College has a 'Reconsideration, Review and Appeals Policy', publicly available on the website, which allows for reconsideration by the original decision maker, review by a three-member panel approved by the governing body of the original decision maker, and a formal appeals process. All applications are made to the CEO and must be made within timeframes specified. The Appeals

Committee comprises a chair and two persons who are not College members, along with two college members who have expertise in the subject matter of the appeal.

The College has an overarching Policy on Procedural Fairness which outlines the principles of natural justice and is intended to provide guidance to all decision makers in the College (members, trainees and staff).

The Protocol for Dealing with Complaints outlines how complaints are managed via the CEO.

Since the start of 2017, the College also has a Pathway to Fellowship Review Committee (PFRC) that is convened on an ad hoc basis whenever a trainee or specialist international medical graduate is referred for consideration for removal from the relevant College process (training or specialist international medical gradate assessment). This provides an 'independent review' which includes consideration of the individual trainee's/specialist international medical graduate's written and/or oral submissions. Membership of the PFRC includes a trainee and a community representative. In the case of a specialist international medical graduate, one of the two FACEM members has come via the specialist international medical graduate pathway to fellowship. PFRC decisions are forwarded as recommendations to the COE and can be disputed under the Reconsideration, Review and Appeals Policy.

The College maintains a record of all matters considered in these processes. From April 2015 to May 2017, the College has undertaken 55 reconsiderations, eight reviews and one appeal. Thirty-six reconsiderations concerned WBAs, of which 24 were dismissed, 11 were upheld and one was pending. Some of these reconsiderations related to the transition to the current training program. From January to May 2017, the PFRC considered five trainees, with two decisions upheld, two overturned and one pending.

The most prominent complaint that the College has received is the anonymous group allegation of racial bias in the 2016.2 OSCE, received in early 2017. This led to the formation, in February 2017, of an **Expert Advisory Group (EAG) on Discrimination**.

EAG membership was:

- Dr Helen Szoke (chair), external appointee
- Professor Ron Patterson (deputy chair), external appointee
- Professor Kichu Nair AM, external appointee
- Dr Simon Judkins, FACEM President-Elect (President from November 2017)
- Dr Yusuf Nagree, FACEM, chair CAPP
- Dr Mahesh Gangadharaiah, recently qualified FACEM
- Dr Hussain Kadim, FACEM Training Program trainee
- Dr Danika Thiemt, FACEM Training Program trainee.

The EAG released an interim report in June 2017 that included a 'preliminary view that the introduction of the OSCE Fellowship Examination in 2015 may have unintentionally given rise to a systemic racial discrimination effect, principally through the mechanism of potential unconscious bias of examiners as outlined below. There is a culture, perceived or real, within the College, which does not encourage transparent and fair hearing of views of trainees and this compounds the experience of trainees who are unsuccessful in the Fellowship Examinations.'

Subsequently, the EAG commissioned two external pieces of work as follows:

- statistical analysis: Review and advice regarding the ACEM Fellowship OSCE results from 2016.2 by Professor Lambert Schuwirth, Flinders University
- literature review: Success rates and examiner bias in the testing of international medical graduates on high-stakes postgraduate clinical examinations by Professor Liz Farmer.

In October 2017, the EAG presented its Final Report to the ACEM Board. The report identified that the impact experienced by the complainants was multifactorial. The Executive Summary identifies the following factors (reproduced from the Final Report):

- The College did not appropriately manage the transition to and introduction of the new Fellowship Examinations (OSCE specifically), with concessions made by the College that the process lacked information, clarity of expectations and support for candidates preparing for and attempting the examination.

- Since the introduction of the OSCE, unsuccessful candidates have not been provided with adequate feedback to enable them to understand the basis for their marks and identify areas for future improvement and practice.

- Deficiencies in the examination process (such as a lack of 'at standard' criteria setting of the domains of communication, leadership and management, teaching, and suboptimal calibration of marking criteria) coupled with comparative low examiner diversity can give rise to the risk of subjectivity and culturally laden assessments of 'at standard', which may disadvantage a culturally diverse candidate group.

- Prior to 2014, the College did not have entry requirements to training thereby permitting trainees to enrol with limited registration. It has been suggested to the EAG that some unsuccessful trainees may not have been sufficiently prepared for the OSCE and fellowship.

- The College currently permits unlimited attempts at the College's examinations. From 2018, trainees will be permitted three attempts and if they do not pass, will be considered for removal from the training program. It is possible that this change may have precipitated trainees taking the examination before they are ready.

- The uncoupling of the Fellowship Examinations, and the poor reliability of the 2015.1 Written Examination, may have resulted in more trainees attempting the OSCE repeatedly in succession in the last few years.

- Demands for doctors in Emergency Departments and the competitiveness of Consultant positions may have impacted workforce supply demand and may have impacted trainee preparedness, influencing premature attempts at the OSCE.

- Some submissions expressed the view that the current WBA process may be flawed in that workforce pressures influence DEMTs and Supervisors' decisions to pass trainees during these assessment despite poor performance, resulting in these assessments being 'rubber-stamped' despite trainees not being clinically competent. This reluctance to accurately mark trainees may influence trainees' perception they are ready to attempt the OSCE. The EAG however notes that the WBAs do not impose a requirement on DEMTs/Supervisors to confirm a trainee's competency to undertake Fellowship Examinations. This issue requires the College's further consideration.

- The College has conceded that inadequate supervision and training of candidates in the workplace has possibly led to candidates who were not ready and/or not competent attempting the examination or continuing in the training program.

- Training is to be completed within 12 years from the time of enrolment as a trainee. Accordingly, candidates who are not otherwise ready to undertake examinations are nevertheless taking them to attempt to finish their training within the required period or else be subject to removal from training.

- There may be a true difference in performance based upon the source of a candidate's primary medical degree; that difference in their medical training can result in some candidates not being up to the examination pass standard required due to non-comparable training and assessment methods. This issue requires the College's further consideration."

The EAG Final Report included principal recommendations for College consideration and is available at Appendix Four of this report. The full details of EAG establishment and the Final Report are publicly available on the College website. The recommendations were in three main

areas: remedies for complainants; dealing with legacy issues; and continuous improvement of the examination processes. The latter included recommendations about examination conduct, examiner support, trainee preparation, examination feedback, review of results, associated College processes, complaints policy, In-Training Assessments (ITA) and WBAs, in-training supervision, support for trainees and the culture of the College (pages 46-50 of the Final Report).

The EAG made a number of recommendations regarding remedies for the complainants. These recommendations included a direct apology from the College, as well providing additional examination support and feedback, and extra time for completion of the training program.

Subsequent to the team's assessment visit in November 2017, the College developed and finalised its Expert Advisory Group on Discrimination Action Plan, February 2018. This document provides the College's response/action to all 60 recommendations outlined in the EAG Final Report and is available at Appendix Five of this report. The College has also created the EAG Implementation Steering Group which will operate under the auspices of the College Board and whose remit is to ensure, as far as possible, the Action Plan is implemented in the timeframes articulated. The Immediate Past President will chair the EAG Implementation Steering Group.

1.3.1 Team findings

Information about the processes for revisiting College decisions is publicly available. The Reconsideration, Review and Appeals Policy includes timeframes, grounds for each process, conduct, potential outcomes, notification and fees. The five-member appeals committee comprises three people (including the chair) who are not College members and two College members with knowledge and expertise relevant to the subject of the appeal. The appellant is able to challenge this membership.

The College maintains a register of all decisions and uses these to identify systems problems. This has led to changes, for example in the WBA process.

At site visits, it was clear that trainees and their supervisors were well aware of the EAG and the issues that led to its establishment. Those with whom the team spoke were universally positive about the College's response. However, given that the complaint was anonymous, it was unclear whether the AMC team had the opportunity to meet with any of the complainants.

At the end of February 2018, during the team's drafting of this report, the team was provided with and considered the Expert Advisory Group on Discrimination Action Plan February 2018 in the context of its overall assessment.

The team notes EAG findings and recommendations are relevant to the AMC accreditation findings. The EAG findings relate principally to AMC accreditation standards 1, 5, 7 and 8. The team notes that the College Action Plan specifies that many of its responses to the recommendations are to be implemented by mid-2018. The team considers that many recommendations are, appropriately so, highly specific, and more detailed than conditions that might be formulated by the AMC in the context of the AMC's accreditation process.

In relation to accreditation standard 1.3, the EAG Report highlighted the Reconsideration, Review and Appeals Policy as an area for review [EAG recommendation 8.28]. The EAG found that while the policy is in place, it is not examination specific and does not clearly articulate what applicants can expect from a review. The team supports the EAG recommendation and recommends that the College review and revise its Reconsideration, Review and Appeals Policy to ensure it clearly describes the parameters for review of examination results.

1.4 Educational expertise and exchange

The accreditation standards are as follows:

- The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.

- The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

There is considerable internal educational expertise amongst staff and fellows and this is further discussed under standard 1.5.

The College collaborates both formally and informally with Australasian and international specialist colleges on its training and education activities including:

- it is a member of the Council of Presidents of Medical Colleges (Australia) and Council of Medical Colleges (New Zealand)

- the most recent curriculum review included review of comparable international training programs including the International Federation of Emergency Medicine (IFEM) statement for postgraduate emergency medicine training', the curriculum of the American Board of Emergency Medicine (ABEM), the curriculum for the Royal College of Emergency Medicine (RCEM), and the curriculum of McMaster University Canada

- international networks, facilitated by hosting the IFEM secretariat

- exchange between the UK College and ACEM through attendance at each other's examinations and meeting at international conferences. This includes ongoing work aimed at recognition of the FACEM qualification by the General Medical Council, UK.

1.4.1   Team findings

The College is commended for its collaborations with other specialist medical colleges in relation to its training and education activities.

Significant collaboration in relation to the training program is also evident through the College's international collaborations. The recent EAG work, particularly the external statistical analysis and literature review, are further examples of the College using external educational expertise.

1.5   Educational resources

The accreditation standards are as follows:

- The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.

- The education provider's training and education functions are supported by sufficient administrative and technical staff.

Education is listed as the first of six strategic priorities in the current College Strategic Plan as follows:

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

The College's approach to resourcing its educational functions is reflected in the ACEM Educational Resources Strategic Plan 2017-2018. This refers to the four ACEM-managed online platforms:

- ACEM eLearning website (a Moodle learning management system (LMS))

- ACEM exams website (Moodle LMS used for online exams since 2011, including the Primary Examination, the Fellowship Examination, EMD and EMC)

- ACEM Digital Media site (a Vimeo site hosting ACEM videos, some of which are public)

- ACEM Best of Website (a collation of online emergency medicine resources for training and CPD, released November 2016).

The ACEM website and hard copy materials are out of scope of the strategic plan. The plan recognises that 'the provision of high-quality online educational resources is one way in which ACEM can particularly support doctors in rural and regional areas'.

College management is centred on five organisational units: Office of the CEO; Education and Training; Operations; Communications and Engagement; and Policy and Research. Four executive directors report directly to the CEO and these five form the Executive Leadership Team. Staffing has grown from eight employees in 2007 to approximately 90 employees (72 FTE) in 2017. Much of this growth has occurred over the past three years.

Whilst many functions (such as IT development) are in-house, some functions are outsourced (on the basis of the requirement of additional resourcing or specific expertise).

The College has a 'Member/Staff Relations Policy' which includes its expectations of trainees, specialist international medical graduates and fellows in their interactions with management. This refers to partnerships, mutual trust and respectful behaviour, along with the need for members to respect the reporting and employment responsibilities of the staff, and mechanisms for reporting concerns about staff performance.

1.5.1   Team findings

The College is commended for its commitment to ensuring sufficient resources and management capacity to sustain and deliver its training and education functions, noting the significant recent investment in growing this capacity.

The College has undergone a tremendous amount of growth over the past decade. The current CEO has been in post for approximately 18 months and has overseen a management restructure, along with significant recent expansion of staff capability.

The College has invested significant resources into growing its staff capacity in ways that further facilitate its educational functions, with many of its current staff involved directly in the College's training, CPD and specialist international medical graduate assessment functions. There is considerable educational expertise amongst these staff, as evidenced at AMC assessment meetings involving staff members.

Fellows (including those who have come through the specialist international medical graduate assessment process) and trainees are also extensively involved in College educational functions. The recent CAPP review and meetings of committees with the AMC team reveal strong engagement of fellows and trainees with the College.

The risk of pro bono contributions by fellows and trainees is recognised on the College's risk register. Efforts are focused on defining how fellows and trainees work with College staff (Member/Staff Relations Policy) and ensuring that staff capacity is effectively utilised at their interface with fellow contributions.

The College has also invested in IT platforms to support its learning resources and records systems. The eLearning modules on cultural competence and the CPD recording platform were demonstrated to the AMC team and showed outcomes from this investment. The team had limited opportunity to access the physical facilities of the College in Melbourne, due to the decision to conduct interviews alongside the College's Annual Scientific Meeting in Sydney. However, no issues with these were identified.

1.6   Interaction with the health sector

The accreditation standards are as follows:

- The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.

- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.

- The education provider works with training sites and jurisdictions on matters of mutual interest.

- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

The College has ongoing and developing relationships with the health sector and government including with:

- jurisdictions, healthcare services and training sties

- Indigenous populations and groups

- health consumers including community groups

- the Australian Government Department of Health (e.g. in relation to the Emergency Medicine Program, known in the College as the 'National Program').

During 2015-2016, ACEM provided 90 external submissions relating to emergency medicine practice, education and training to government and the health sector in Australia and New Zealand. Examples include state reviews of training arrangements and the future of health care, public health issues such as alcohol consumption, clinical practice standards, review of the national registration and accreditation scheme, specialist international medical graduate assessment, and revalidation and recertification.

The College administers the federally-funded National Program with oversight by the National Program Steering Committee, reporting to the ACEM Board. The three components of this program are:

- The Emergency Medicine and Education Training (EMET) Program was established to improve emergency medicine care, especially for rural Australia. Three quarters of Australian hospital Emergency Departments (EDs) have no FACEMs; these hospitals are typically located in rural areas. The College contracts with a 'hub' hospital to deliver EMET activities to hospitals within their region or network, including supervision of EMC and EMD trainees, and other emergency medicine education. Since 2012, this has delivered in excess of 8,000 training sessions to at least 350 regional, rural and remote hospitals, involving 67,000 attendances, with over 360 EMC/EMD graduates at these sites.

- The Specialist Training Program funds 112 FTE training program positions in expanded settings (an additional six are funded via the Tasmanian Health Assistance Program and four in 2017 through the Integrated Rural Training Pipeline initiative), across 67 sites mainly in regional, rural and private hospitals. In 2019 and 2020, this funding will support only 57 positions.

- The Support Projects include workforce sustainability, cultural competence assessment, leadership and specialist international medical graduate support.

The National Program has, to date, involved 109 funding agreements with 79 healthcare services and/or jurisdictions. The College has been advised that the National Program will be consolidated with the STP program and further funded from 2018 to 2020.

As part of its strategic engagement, the College has jurisdictional meetings with Australian federal, state and territory, and New Zealand governments. Senior College office bearers and staff have been involved with the Australian Government Department of Health's Workforce Data, Analysis and Planning Team regarding workforce modelling arising from the National Medical Training Advisory Network (NMTAN) workforce report. This includes collaboration on developing supply and demand workforce models that include non-specialist doctors (through

the certificate and diploma programs). The modelling to date shows workforce oversupply along with maldistribution. The College, with involvement of its regional faculties, is seeking collaboration with jurisdictions to ensure that the emergency medicine 'training pipeline' is appropriately aligned to future workforce and community needs. An initial round of meetings with all Australian departments, along with Health Workforce New Zealand and the Workforce Strategy Group (under the auspices of the District Health Boards) has occurred.

The College has also recently consulted externally about its proposed selection process (this is discussed under standard 7.1 of this report) and its new training site accreditation guidelines, revised to align with the new Australian Health Ministers' Advisory Council's (AHMAC) standards (this is discussed under standard 8.2). It has also consulted on its professional standards relating to end-of-life and palliative care in EDs, and standards for hospital-based emergency care services. The College has more than 80 representatives on external bodies, with some examples including:

- partnership with Deakin University on 'Driving Change – Last Drinks' project

- collaboration with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) on the interface between mental health services and EDs

- liaison and expert advice to the Victorian and Australian Governments on the impact of methamphetamine-affected patients on frontline emergency clinicians

- collaboration with the Foundation for Alcohol Research (FARE) on activities related to reducing alcohol-related harm

- ongoing collaboration with the Independent Hospital Pricing Authority (IHPA) on the Emergency Care Costing and Classification Project

- consultation with the Office of the Chief Medical Officer, Queensland, on the Medical Practitioner Workforce Plan for Queensland (MPWP4Q)

- liaison with the Western Australian Minister for Health on the introduction of ambulance surge capacity units in EDs and concerns about long stays for mental health patients presenting to EDs

- consultation with the Victorian Auditor General regarding audit of the efficiency and effectiveness of emergency care provided in public hospitals

- liaison with the New South Wales Minister and Director General of Health on concerns with the implementation of nurse release teams as a means to improve ambulance turnaround and ongoing need for whole-of-hospital reforms to improve patient care in EDs.

The College interacts with training sites through its accreditation processes, as well as on advocacy issues, professional standards and through workforce surveys. It also provides educational opportunities for its fellows, especially its supervisors.

Most recently, training site liaison has included the Discrimination, Bullying and Sexual Harassment (DBSH) Project. This is occurring in two phases: phase 1 is data collection and member consultation; and phase 2 will involve development and implementation of solutions arising out of phase 1. Phase 1 has included surveys of trainees, specialist international medical graduates, fellows and hospital management to assess DBSH prevalence and organisational responses and initiatives. The College has committed significant resources to this project.

In the Indigenous health sector, the College has been active in both countries. This work is under the auspices of the Indigenous Health Subcommittee (IHS) and the ACEM Foundation. A major outcome of recent work is the development of the (Australian) ACEM Innovate Reconciliation Action Plan (RAP) launched in March 2017. This plan was developed with Federal Government funding under the National Program, and supported by a Reference Group of ACEM fellows and trainees, Indigenous community representatives and organisations, and senior ACEM staff. The group included representation from the CAPP, the COE and the ACEM Foundation. The plan went

through a process of internal consultation followed by in-principle support by Reconciliation Australia. Responsibility for implementation and operation has been transferred to the RAP Steering Group, reporting to the ACEM Board.

A key aspect of the RAP is promoting awareness of and respect for Aboriginal and Torres Strait Islander cultural needs in EDs. This has led to inclusion of these issues in the curriculum framework, and online resources (including the Indigenous Health and Cultural Competence program which won the Diversity category in the 2015 Australia and New Zealand Internet Awards). Funding from the Australian Government has assisted with the development of three modules on the assessment of cultural competence (Foundations of assessing cultural competence; Assessing cultural self-awareness and cultural adaptability; and Assessing cultural literacy and cultural bridging). A teaching resource for New Zealand Directors of Emergency Medicine Training (DEMTs) includes four 10-minute modules exploring Māori history, Tikanga (Māori culture), Māori health inequities, and engaging with Māori patients. These were developed with input from Te ORA and two Māori emergency medicine trainees. They include links to external resources.

Associated activities include encouragement of Aboriginal, Torres Strait Islander and Māori members and trainees to self-identify in the ACEM database. The RAP and Manaaki Mana also inform the Selection into Fellowship Training (SIFT) Working Group, which has as two of its aims to support the recruitment of Indigenous medical graduates to the training program, and to provide support for these doctors during emergency medicine training.

The New Zealand Faculty, in collaboration with Te ORA has developed the Manaaki Mana, Equity in our Emergency Departments program. The plan of work for the coming year includes: increasing the number of Māori emergency medicine trainees and FACEMs; ensuring high-quality ethnicity data are captured on program entry; providing a culturally safe working environment for all Māori staff in EDs; and providing a culturally safe place for patients and their families achieved by the education of all staff including trainees.

One of the three activity pillars of the ACEM Foundation is support for Australian and New Zealand Indigenous doctors to become emergency physicians. Initiatives include:

- the ACEM Foundation Conference Grant: Promoting future Indigenous leaders in Emergency Medicine (inaugural grant in 2015, awarded annually)

- the Joseph Epstein Scholarship for Indigenous Advanced Emergency Medicine Trainees (ongoing support, new award, awarded annually)

- ACEM Foundation lecture (awarded annually)

- support for conferences - Australian Indigenous Doctors' Association (AIDA), Te ORA, the Pacific Region Indigenous Doctors Conference (PRIDoC) and Leaders in Indigenous Medical Education (LIME).

As discussed under standard 1.2, the College is in the process of appointing additional consumer and jurisdictional representatives to some of its educational committees including the COE, the Accreditation Subcommittee, the Non-Specialist Training Committee, the SIMG Assessment Committee, the STAC and the SIFT Working Group. Prior to this, consumer representation was limited to the COE (this individual was involved in the curriculum review process and the development of the RAP). A December 2016 Board paper, Health Consumer and Jurisdictional Representation on ACEM Entities, indicated that this might progress to the formation of an ACEM Consumer Reference Group as part of the entities under the ACEM Board (a model employed by the Royal College of Emergency Medicine, UK).

ACEM also has a Patient Safety Working Group, which includes a patient advocate. The working group's aim is to identify how the College can best address patient safety issues in emergency medicine. As part of National Program funding, the College is trialling consumer reporting of incidents and experiences in EDs to inform quality improvement processes. Since this was

introduced in 2016, about 10% of the 300 reports have come from consumers. These are reviewed by a reference group on a bimonthly basis and reported to the membership through a program of alerts and summaries in the weekly ACEM newsletter. It is anticipated this will transition to a core activity of ACEM.

1.6.1   Team findings

The College is commended for its outward focus shown through the development of relationships and collaboration with international stakeholders, other specialist medical colleges, and with the jurisdictions in relation to health advocacy and workforce planning. These interactions include a focus on trainee wellbeing (discussed under standard 7.4), the Indigenous health sector, health services, training sites and jurisdictions. There is also growing consumer and jurisdictional representation on College committees. Major ongoing work streams are activities of the DBSH Working Group, the RAP in Australia and the Manaaki Mana in New Zealand, and ongoing work on workforce planning and models of care. The AMC look forwards to updates on each of these areas in progress reports.

The College is commended for its strong relationships with Indigenous health groups in both Australia and New Zealand. In Australia, this has included partnering with AIDA. The College, in collaboration with Te ORA, has developed the Manaaki Mana program. The AMC requests regular updates in progress reports on the outcomes of the actions arising from the RAP and the Manaaki Mana.

The College is commended for its commitment to non-specialist training and education through the EMD and EMC programs. The work by the central College and the regional faculties to develop and maintain effective relationships with the jurisdictions on workforce oversupply/maldistribution through NMTAN, Australian state and territory governments, and Health Workforce New Zealand is also commended. The AMC requests regular updates on the outcomes of this work, including the pilot models of care project.

1.7   Continuous renewal

The accreditation standards are as follows:

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

Since its first AMC accreditation in 2007, the College has been on a pathway to greater professionalisation of its core activities through investments in staff capacity and infrastructure including information and communications technology (ICT). Additionally, there has been growth in College capability around strategic planning and research and evaluation.

Recent changes to staff capability include appointments of:

- an Executive Director of Education and Training, recognising the need to adapt to changing needs and develop priority activities for the short- to medium-term

- an Executive Director of Communications and Engagement. The responsibilities of the newly formed Communication and Engagement Unit will include additional support for regional faculties to enable greater coordination of local and central activities

- a new Executive Director of Policy and Research with a strong background in the government and not-for-profit sectors.

Evaluation of the current training program indicates that its structure is relatively complex, with some incongruity between the underpinning framework and the program in operation (also discussed under standards 3 and 6.1). Groups operating under the COE are considering further refinements to ensure the program structure and requirements are coherent and consistent, that

they are easily understood by relevant stakeholders, and so the program can be administered in an effective and efficient manner.

The intention is to ensure that the program presents a logical structure, and that all information about each trainee's progress, including eligibility for examinations, is readily available to trainees, their supervisors and other assessors in real-time.

Foundations for more effective administration of the program were laid in 2014 with the development of the College's online portal. In 2017, enhancements to incorporate reporting and monitoring will enable functionalities such as reporting of WBA completion rates. Recent developments to support the administration of WBA completion, compliance and reporting have been highly successful and have aided considerably in achievement of the overall aim of the trainees' online portal system.

1.7.1 Team findings

The College is in a strong position in terms of its demonstrated capacity to respond to changing needs and evolving best practice. It has in place the vision, commitment, demonstrated experience and mechanisms to evaluate, review and make more gradual changes to its curriculum and components. The legacy issues arising from transition to the 2015 curriculum will be addressed through the EAG Action Plan. One of the challenges inherent in the College's work around the new selection process (SIFT) is that the College's trainee numbers are likely to fall and this will lead to a decline in the College's resource base, which may require further prioritisation.

Commendations

A   The implementation of the new governance structure that has resulted in a skills-based Board and the appointment of a trainee as a director.

B   The College's commitment to ensuring sufficient resources and management capacity to sustain and deliver its training and education functions, noting the significant recent investment in growing this capacity.

C   The College's outward focus shown through the development of relationships and collaboration with international stakeholders, other specialist medical colleges, and with the jurisdictions in relation to health advocacy and workforce planning, including a commitment to non-specialist training to address rural and regional workforce deficiencies.

D   The College's strong relationships with Indigenous health groups in both Australia and New Zealand and the development of the ACEM Innovate Reconciliation Action Plan (RAP), launched in March 2017, and the Manaaki Mana.

Conditions to satisfy accreditation standards

1   Finalise arrangements for, and make appointments to, the community and jurisdictional positions on training and education committees. (Standard 1.1.3 and 1.1.5)

2   Finalise and implement the new structure of entities reporting to the Council of Advocacy Practice and Partnerships (CAPP). (Standard 1.2.1)

3   Develop and implement a program of work with jurisdictions on workforce oversupply/maldistribution, including the implementation of the pilot models of care project. (Standard 1.6.1)

4   Implement actions arising from the ACEM Reconciliation Action Plan (RAP). (Standard 1.6.4)

Recommendations for improvement

AA   Develop a systematic approach to ensuring diversity in governance structures. (Standard 1.1.1)

BB   Implement, monitor and evaluate the implementation of all recommendations detailed in the Expert Advisory Group on Discrimination Action Plan. (Standard 1.3 and 6)

CC   Review the Reconsideration, Review and Appeals Policy to ensure that it clearly describes the parameters of review for examination candidates. (Standard 1.3)

2   The outcomes of specialist training and education

2.1   Educational purpose

The accreditation standards are as follows:

- The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.

- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.

- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

ACEM is the body that oversees the training of emergency physicians, and sets and promotes the standards of medical practice in the specialty of emergency medicine in Australia and New Zealand.

The College's purpose as an education provider is declared in its Constitution.

> The objects for which the College is established are to:
>
> - promote and encourage the study, research and advancement of the science and practice of emergency medicine
>
> - promote excellence in healthcare services and cultivate and encourage high principles of practice, ethics and professional integrity in relation to emergency medicine practice, education, assessment, training and research
>
> - determine and maintain professional standards for the practice of emergency medicine in Australia and New Zealand
>
> - advocate on any issue which affects the ability of College members to meet their responsibilities to patients, the profession and to the community
>
> - establish the status of fellowship of the College and to admit appropriately qualified members of the College to that status
>
> - conduct and support programs of training and education leading to the issue of fellowship or other certification attesting to the attainment or maintenance of appropriate levels of skills, knowledge and competencies commensurate with practice in emergency medicine in Australia and New Zealand
>
> - disseminate information and to advise on any course of study and training designed to promote and ensure the fitness of persons who wish to qualify for recognition by the College
>
> - conduct and coordinate examinations and other assessment processes and to grant registered medical practitioners recognition in emergency medicine, either alone or in cooperation with other relevant bodies or institutions
>
> - hold or sponsor meetings, lectures, seminars, symposia or conferences, within or outside of Australia and New Zealand, to promote understanding in emergency medicine and related subjects and professional relations among members of the College, members of other health professions, scientists and the community in general
>
> - facilitate the advancement of specialist education and training in emergency medicine through the support of projects and research
>
> - ensure College members undertake CPD and participate in effective, ongoing professional activities

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

- advance public education and awareness of the science and practice of emergency medicine

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

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

- facilitate medical education and medical aid support to developing nations

- monitor issues affecting the interests of the College or the professional interests of its members and to take all such actions as may be deemed necessary for the protection of those interests

- provide advice and support to members to assist them in establishing and maintaining an appropriate work/life balance and to meet effectively the challenges of their professional life.

As detailed under standard 1, the ACEM Strategic Plan 2015-2018 articulates the vision and mission of the College. The current vision is to 'be the trusted authority for ensuring clinical, professional and training standards in the provision of quality, patient-focused emergency care.' The mission is to 'promote excellence in the delivery of quality emergency care to the community through our committed and expert members.'

Within this strategic plan, the College provides six strategic priorities in order to realise its vision and deliver on its mission:

- Education: Facilitate and support the education, training and CPD of emergency medicine professionals.

- Member Support: Represent, support and protect the interests of members in their professional life.

- Advocacy: Lead the policy debate as the trusted, authoritative source of advice and research.

- Standards: Set, monitor and maintain standards for the provision of quality emergency medical care in Australia and New Zealand.

- Awareness: Promote emergency medicine as a specialised practice, body of knowledge and career.

- College Operations: Ensure ACEM is a sustainable organisation.

The key activities, programs and projects relating to the first strategic priority, 'Education' that the College intends to undertake are:

- develop and implement training programs effectively with clear priorities and appropriate resourcing.

- evaluate/prioritise CPD program maintenance and enhancement.

- ensure programs balance community needs and professional needs.

- within the ACEM overall quality framework, design, develop and implement a quality framework (including resources, systems and evaluation) for education.

- develop an enhanced 'teacher training' program based on audience needs, effective methods and delivery options.

- ensure ease of access to education resources and robustness/reliability of delivery systems.

- identify key issues and undertake preliminary planning for revalidation.

The College's commitment to Aboriginal and Torres Strait Islander and Māori health is outlined in its RAP and Manaaki Mana. The RAP describes plans for closer engagement with current and prospective Indigenous trainees and members, and actions including: 'to enhance and maintain mutually beneficial relationships with Aboriginal and Torres Strait Islander peoples, communities and organisations to support positive outcomes'. The Manaaki Mana is a strategy to achieve equity for Māori patients, their whanau and staff in emergency departments in New Zealand.

The educational purpose of ACEM was formulated through consultation with internal stakeholders in relation to community requirements, with external stakeholders increasingly becoming a source of reference. It also describes consideration of increasing the involvement of community members in developing and enabling College policies and processes.

2.1.1 Team findings

The team noted that the College has a well-developed set of documents describing its purpose as an education provider. On examining these documents, the team concluded that the College's role as an educational provider is prominently featured within them and that the College's commitment to this specific role is clearly stated.

The team heard from a number of stakeholders that the College is clearly regarded as the authoritative source of standards for the practice of emergency medicine in Australia and New Zealand, and in the setting and promoting of high standards for education and training in this field. Significantly, the College's WBA and ITA processes were described to the team as being effective and worthwhile. The team also noted that the College's role in maintaining standards in emergency medicine through CPD is widely recognised by those who were consulted. As discussed under standard 1, the College is commended for its plans to further engage external stakeholders in its processes by appointing community and jurisdictional representatives to the COE, Accreditation Subcommittee, Non-specialist Training Committee, Specialist International Medical Graduate Assessment Committee, the STAC and Selection into Fellowship Training (SIFT) subcommittee.

The team did note that, while its RAP was well-drafted, the College's commitment to improving Aboriginal and Torres Strait Islander and Māori health was not explicitly stated as part of its Constitution nor embedded in its Strategic Plan, to which the RAP is linked. The team recommends that the College considers stating its commitment to improving the health of Aboriginal and Torres Strait Islander and Māori communities in both the Constitution and the next Strategic Plan.

2.2 Program outcomes

The accreditation standards are as follows:

- The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.

- The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

The College's accreditation submission describes the program outcomes of the training program as being '... grounded in the educational purpose of the College within the context of community need for medical practitioners who can deliver safe, effective, patient-centred care in the discipline of emergency medicine at 'specialist' level.' The program outcomes for the College's training program are well described in its curriculum framework, being primarily based on the well-understood domains of the CanMEDS framework. Outcomes are described as specific

learning outcomes, as well as what a trainee should be able to be seen doing in order to be considered competent to move to the next stage of the training program. The accreditation submission describes the wide consultation that took place between 2011 and 2015 to develop the curriculum. Consultation with similar specialist medical colleges and associations internationally assisted in creating program outcomes that are contemporary and globally relevant.

The curriculum framework includes a specific eighth domain in addition to the seven outlined in the CanMEDS framework: that of the emergency physician as a health professional who engages in prioritisation and decision making. The College is currently undertaking a review in consultation with internal and external stakeholders of the curriculum framework to ensure it remains fit for purpose.

Currently the eight domains of the curriculum framework are:

- Medical Expertise

- Prioritisation and Decision Making

- Communication

- Teamwork and Collaboration

- Leadership and Management

- Health Advocacy

- Scholarship and Teaching

- Professionalism.

While it is generally understood that a College will set program outcomes for medical expertise that are specific to its discipline, the domain of 'Prioritisation and Decision Making' was noted to appropriately include outcomes relating to the ability to make timely and appropriate decisions when time is limited and information is emerging. The team also noted that the 'Communication' domain acknowledged the ED as a unique and busy working environment within which communication skills need to be highly developed. The connection between effective teamwork and the role of communication in ensuring best patient outcomes is clear in the program outcomes, including being part of a team under stress.

Preparing fellows of the College for leadership and management roles are expressed through a broad range of outcomes, from managing human resources through to responding to patient complaints, advocating for the health of the community, and ensuring appropriate care at the end-of-life. This domain also includes further outcomes describing the requirement to be able to perform significant managerial tasks when 'running the floor'.

Cultural competence is given as an outcome of the training program, including the ability to '…care for patients of any cultural background without prejudice, assumptions or judgement of cultural differences and with respect to culturally-mediated priorities and choices.' The role of the FACEM in demonstrating health advocacy through protecting and advancing the health and wellbeing of individual patients, communities and populations is described, as is the role of the graduate in demonstrating professional responsibility to themselves, their patients, their colleagues and the community.

The ACEM curriculum includes specific program outcomes that relate to a lifelong commitment to education and research. The requirement to be research-literate receives focus through a program requirement to either undertake a research project or to complete approved postgraduate subjects in research. The latter is more commonly chosen. The skills of both learning and teaching are well described, including the deliberate and reflective planning of CPD, the teaching of practical procedures, and the use of all types of simulation. The vital skills of imparting effective feedback and receiving it appropriately are highlighted.

As discussed under standard 1, the College also provides the Joint Training Program in Paediatric Emergency Medicine, which is overseen by the Committee for Joint College Training in Paediatric Emergency Medicine (CJCT PEM). This Committee reports to both the RACP Paediatric & Child Health Division Education Committee and the ACEM COE. The program outcomes for paediatric emergency medicine overlap considerably with those for adult emergency medicine, and the College has acknowledged that work is required to better align the program of assessments with the outcomes required of each curriculum (further discussed under standards 3 and 5).

Similarly, the College allows joint training with the CICM in critical care medicine with each college mandating and assessing components of their individual training program.

The College offers a modular Emergency Medicine Certificate (EMC) and Emergency Medicine Diploma (EMD) to medical practitioners who wish to gain skills in the discipline of emergency medicine without committing to becoming a recognised specialist in the field. The EMC is a six-month competency-based training program conducted in the workplace under the supervision of an approved supervisor, while the EMD is an 18-month program. The curricula for each course describe a suitable range of program outcomes aimed at increasing efficiency and safety in its graduates.

2.2.1 Team findings

The team found that the stated program outcomes for the College's vocational training activities are clearly expressed and relate to the current health needs of patients and communities.

In its meetings with current trainees and recent graduates, the team heard that the curriculum provides clear guidance on program outcomes which are realistic, achievable and measurable. Importantly, there is evidence of careful blueprinting of assessment items against these outcomes and the assessments in place provide trainees (and their supervisors) with confidence that the trainee has achieved these outcomes.

Nevertheless, the team did hear the view that many leadership and managerial skills are only acquired after FACEM status had been achieved, and that professional development activities could be better tailored to acquiring these skills during the early years of being a specialist emergency physician.

While the overlap in program outcomes between emergency medicine and paediatric emergency medicine were seen to be significant, the team noted the College's commitment to ensuring that assessment items undertaken by trainees in each program would be closely relevant to the stated learning outcomes of that program. The better alignment of these curricular elements will be of interest in progress reports to the AMC.

As discussed under standard 1, the College is collaborating with the Commonwealth, state and territory governments, in relation to emergency medicine workforce supply and demand modelling and planning, recognising that current modelling indicates a workforce oversupply along with maldistribution.

2.3 Graduate outcomes

The accreditation standards are as follows:

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

As discussed above under standard 2.2, the curriculum framework has clear learning and program outcomes for its eight domains. Each domain also includes a description of what the

graduate of the program should be able to be observed doing in order to be considered competent. The top-level descriptors that graduates should display are:

- Medical expertise: A FACEM will use their medical knowledge and skills to deliver safe and effective care to any patient in the emergency medical setting.

- Prioritisation and decision-making: A FACEM will be able to independently prioritise and make decisions regarding the care of any patient with any level of case complexity, whilst working in dynamic circumstances.

- Communication: A FACEM will establish optimal rapport and be able to communicate effectively in complex circumstances, with speed and accuracy.

- Teamwork and collaboration: A FACEM will be effective at both managing and participating in an interprofessional team, particularly at times of high stress and medical emergency.

- Leadership and management: A FACEM will be able to lead, supervise, and manage care within the emergency medical setting to ensure optimal patient safety and outcomes.

- Health advocacy: A FACEM will be able to use their expertise and influence to protect and advance the health and well-being of any individual patients, communities and populations.

- Scholarship and teaching: A FACEM will be able to make sound judgements regarding the creation, translation, application and dissemination of medical knowledge. They will be committed and able to independently advance and maintain their own professional skills and knowledge, as well as contributing to teaching others.

- Professionalism: A FACEM will express, through application of learned professional attributes, a responsibility to themselves, their patients, their colleagues, and to the community as a whole.

As the College's certificate and diploma programs do not result in specialist qualifications, their graduate outcomes are beyond the scope of the team's assessment and were therefore not considered.

2.3.1   Team findings

The team found that the graduate outcomes of the training program are clearly defined and expressed in the curriculum framework and are publicly available on the College's website. They are appropriately supported by end-of-stage statements that provide trainees, their clinical supervisors and their DEMTs with clear descriptors of the level of competence required before transitioning to the next stage of training, and also before being entrusted with increased levels of responsibility, such as supervising a shift overnight while there is no on-site consultant.

The team noted the College's intent to do more work on competency-based training and acknowledges that, whilst challenging, the formulation of such statements can provide greater clarity as to the level at which a trainee is functioning. Combining several observable behaviours that are currently described discretely within the top level of each domain (as listed above) into concise yet comprehensive competencies may be a way for the College to make its graduate outcomes more holistic. The College is encouraged to progress the development of clear graduate outcomes that integrate the key aspects of professional behaviour, in order to realise the College's vision of competency-based training.

The team's meetings with senior hospital staff (including nurses and other health professionals) and community stakeholders revealed general satisfaction with the graduates of the training program. It was reported that newly qualified FACEMs are considered fit for purpose and to be prepared for their future role.

Commendations

E   The observable and measurable outcomes of the ACEM training programs that are focused on optimal patient care.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

DD   Explicitly state the College's commitment to improving the health of Aboriginal and Torres Strait Islander and Māori communities in both the Constitution and the next Strategic Plan. (Standard 2.1.2)

EE   Finalise the development of clear graduate outcomes that integrate the key aspects of professional behaviour (currently expressed in separate domains), in order to realise the College's vision of competency-based training. (Standard 2.3.1)

3 The specialist medical training and education framework

3.1 Curriculum framework

The accreditation standards are as follows:

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

The training program is a five-year program divided into 12 months of Provisional Training (PT), followed by 48 months of Advanced Training (AT), with progression dependent on a set of defined assessment requirements.

The PT component requires the completion of six months of training in a site accredited for the provision of core emergency medicine training. Trainees must also complete six months of training, either in a site accredited for the provision of core emergency medicine (EM) training, or in a site approved for the provision of training in an area of medicine other than emergency medicine (non-EM).

The PT and AT training time requirements are summarised in the figure below.

Progression from PT to AT requires completion of 12 months accredited training through satisfactory ITAs, along with the completion of satisfactory Structured References, and passing of the written and clinical components of the Primary Examination.

The AT component is broken into two 'phases': Early Phase AT and Late Phase AT. Early Phase AT requires the completion of twelve months of training in a site accredited for the provision of core emergency medicine training.

Late Phase AT requires the completion of:

- eighteen months of training in a site(s) accredited for the provision of core emergency medicine training

- six months of training in Critical Care (either through an Anaesthesia term undertaken at a training site accredited for that purpose by either ANZCA or ACEM, or a term in an Intensive Care Unit at a training site accredited for that purpose by CICM or ACEM)

- six months of training in a site accredited for the provision of other, non-EM training

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

Additionally, all advanced trainees are required to complete the paediatric requirement by completing either:

- six months of training in a paediatric ED accredited by ACEM; or

- the paediatric logbook by recording cases using the online logbook, whilst working in an ED approved for the purposes of completing this requirement.

The outcomes associated with the end of Late Phase AT are articulated in the curriculum framework, designated as the end of Stage 3 of AT. The curriculum framework also describes outcomes associated with Stage 2 of AT. Conceptually, Stage 2 of AT is considered to equate to completion of a period of training midway through Late Phase AT. In practice, however, there is no specific point that is formally recognised as trainees progress through AT and there is significant flexibility available to trainees in terms of the order in which they are able to complete the training requirements listed above.

The graduate outcomes at each stage in the training program are articulated in the curriculum framework. The current curriculum framework and curriculum were developed between 2011 and 2015 and the revised curriculum commenced in December 2014.

As noted under standard 2, the curriculum framework is arranged around the seven CanMEDS domains with the addition of an extra domain that recognises the unique role of the emergency physician in prioritising and decision making at times of high stress and urgency.

Within each domain, there are clear outcomes which describe the expectations of a trainee, prior to being considered competent to advance to the next stage of training. The framework also provides discrete topics and sub-topics within each domain with specified learning objectives to assist users in ensuring that the topic has been adequately covered.

The framework is presented both as a web-based document and also in a filtered search format that allows users to view the range of curriculum statements that relate to a particular topic or patient group. The curriculum is publicly available online.

3.1.1 Team findings

The College is commended for its curriculum framework. Trainees, clinical supervisors and DEMTs regard the curriculum framework as being logical and easy to navigate. The team noted that the framework allows for the rapid identification of the expected level of performance within a domain and relating to specific topics.

Supervisors reported that the framework provides them with a clear structure on which to base their teaching and their expectations of trainees. Similarly, trainees reported that the structure of the framework assists them in clarifying what is expected of them at each stage of training.

As previously noted, the College has recently commenced a review of the structure of its specialist training program as well as its curriculum framework. The review is intended to ensure that the framework remains fit for purpose from the perspective of internal stakeholders, as well as external stakeholders, including jurisdictions and consumers. The AMC requests updates from the College on the progress of this review and its outcomes in progress reports.

3.2 The content of the curriculum

The accreditation standards are as follows:

- The curriculum content aligns with all of the specialist medical program and graduate outcomes.

- The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.

- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.

- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.

- The curriculum prepares specialists for their ongoing roles as professionals and leaders.

- The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.

- The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.

- The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.

- The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).

- The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

- Additional MCNZ criteria: Cultural Competence: The Training Program should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training program that contribute to the cultural competence of trainees.

As outlined under standard 2.3, the curriculum framework describes the practice of emergency physicians in Australia and New Zealand through eight domains of practice, each of which is further composed of topics and sub-topics. Each sub-topic has specific learning outcomes listed for each program stage.

There are also lists of specific investigations, procedures and presentations in which trainees should gain a defined level of mastery relevant to their stage of training. These are followed by a list of 'modifiers' that add complexity to cases, increasing the challenge for trainees to manage the patient's presentation competently.

Scientific foundations of emergency medicine

The scientific foundations of the practice of emergency medicine are focused on the four sciences of anatomy, pathology, physiology and pharmacology. A significant focus of the initial component of FACEM training (PT) is on the acquisition and consolidation of the necessary knowledge in these four disciplines, along with the ability to utilise this knowledge in emergency medicine practice.

Clinical and communication skills

The eight domains cover the clinical and communication skills necessary to provide quality care, as well as addressing issues relating to advocacy and wellbeing of populations that are relevant to this accreditation standard.

Advocacy and effectiveness of the healthcare system

Patient-centred care is explained in the Health Advocacy domain (examples include the vulnerable patient, including paediatric patients, and end-of-life care). Community and population wellbeing is also addressed through the domains of Health Advocacy (public health), Medical Expertise (regular clinical work), and Professionalism (knowledge of the standard of ethical practice, behaviour and adherence to the profession's regulatory requirements).

Effectiveness and efficiency of the healthcare system is addressed under the Leadership and Management domain, with all topics of that domain specifically covering all relevant areas.

Teaching and supervision

In addition to evidence-based medicine and research, the Scholarship and Teaching domain of the curriculum framework contains topics and sub-topics about ongoing learning and teaching. The associated outcomes require that trainees develop an appreciation of the different approaches to teaching and learning applied in the practice of specialist medicine, identifying teaching opportunities and an appreciation that individuals may respond differently to these opportunities due to different learning styles.

Professionalism and leadership

The curriculum framework includes three domains applicable to the development of professional and leadership skills in emergency medicine: Teamwork and Collaboration; Leadership and Management; and Professionalism.

The topics, sub-topics and outcomes associated with these domains describe the need for emergency physicians to demonstrate the necessary ethical behaviours that enable effective interdisciplinary, team-based care, and to display appropriate leadership.

Evidence-based practice and research

The scholarly basis of emergency medicine is addressed both in the Medical Expertise domain and more explicitly in the Scholarship and Teaching domain, with relevant topics and sub-topics described at each of the stages of training.

Research skills include: finding the evidence; reviewing the evidence; critical appraisal; statistical analysis; applying evidence-based medicine and guidelines; research design and analysis; academic writing; patient consent to research; and participation in research.

Cultural competence and Indigenous health

Aboriginal and Torres Strait Islander and Māori health is addressed under the Health Advocacy domain. Expectations of trainees regarding the wider aspect of the relationship between culture and health, including the influence of their own cultural beliefs on practice, are also covered primarily under this domain, and assessed through ITAs and the Fellowship Examinations.

The stages of training are described above under standard 3.1.

On completion of PT, the trainee will be able to:

- routinely ask patients about Indigenous status
- recognise an Indigenous person as someone who identifies themselves as Indigenous, and is accepted as Indigenous by their community

- identify and utilise resources that are locally available for Indigenous patients, including local Indigenous primary healthcare services
- list the health disparities commonly experienced by the Indigenous populations of Australia and New Zealand.

On completion of AT Stage 1, the trainee will be able to:

- recognise the common characteristics of Indigenous populations, including self-identification as a distinct cultural group, historical continuity with pre-colonial societies, strong links to ancestral territories and non-dominant status in Australia and New Zealand
- display general knowledge about the social and political history of the Indigenous populations of Australia and New Zealand.

On completion of AT Stage 2, the trainee will be able to:

- incorporate knowledge about medical conditions known to affect local Indigenous populations disproportionately when formulating a diagnosis for an Indigenous patient
- integrate emergency care with the involvement of appropriate Indigenous support services to provide holistic care for an Indigenous patient
- explain the socio-economic and colonial context that contributes to health disparities within Indigenous populations.

On completion of AT Stage 3, the FACEM will be able to:

- advocate for the provision of appropriate resources for Indigenous patients within the ED, hospital and community
- promote and sustain relationships with external organisations to improve the delivery of health care to Indigenous patients.

Cultural competence as a broader concept is addressed throughout the curriculum with appropriate inclusions in the Communication, Leadership and Teamwork and Health Advocacy domains.

The College is currently developing a training program in the area of pre-hospital and retrieval medicine that will lead to a diploma qualification awarded conjointly by a consortium of colleges, hosted by ACEM and including the ANZCA, ACCRM, CICM and the RACP.

3.2.1 Team findings

The College is commended for the range of domains encompassed by its curriculum, including the elements of prioritisation and decision making that are unique to emergency medicine. The team considered that the content of the curriculum adequately covers the breadth and depth of the specialty of emergency medicine. The framework structure facilitates the mapping of content across domains and stages of training, with the topics and sub-topics being expressed in appropriate detail.

The team noted that the non-technical skills of the emergency physician are given prominence within the curriculum alongside medical and procedural expertise. The embedding of the role of the emergency medicine specialist as a teacher and supervisor of all health professionals, including pre-hospital practitioners and paramedics is to be commended. The inclusion in the curriculum of research skills that are relevant to the practice of emergency medicine and that may be attained by various means is also commended. The College is also commended for framing its descriptors so that patient-centeredness, goal orientation and cost effectiveness are emphasised.

One curriculum content area considered to be lacking by the team was observational medicine competencies necessary to manage patients in Short Stay Units, with possibly emergent problems

requiring a different approach to emergency presentations. The College is encouraged to consider expanding its curriculum to better describe the knowledge, skills and practices necessary to deliver high-quality care in observational medicine.

The team also noted that a review of the curriculum is currently under way to ensure that it remains 'fit for purpose'. A project is also underway to define a specific curriculum for the Joint Training Program in Paediatric Emergency Medicine (JTP PEM), which is intended to map overlaps between the two colleges' curricula and to ensure that assessments are appropriately linked to the learning outcomes of the joint program. The College should work through the JTP PEM to develop a clearly defined paediatric emergency medicine curriculum that integrates the relevant aspects of both FACEM and FRACP curricula. The AMC requests updates on the progress of this work.

The College is commended for its curriculum that allows trainees to build expertise in cultural competence in Indigenous health across several of its domains and in a spiral fashion. However, the College should consider making the completion of further training in contextualised cultural competence a priority for emergency physicians throughout their learning lifetime. This is also discussed under standard 9.

The team considered that discrimination, bullying and sexual harassment (DBSH) issues are under-represented in the curriculum. Although the team did not hear directly from any trainees that they lacked sufficient training, active DBSH prevention is an important competency for all clinicians. The team recommends that the College incorporate specific outcomes relating to the DBSH prevention under the relevant curriculum domains in its various training programs to more deeply embed this topic.

The curriculum framework does not make specific reference to training in regional and rural hospitals. The team acknowledges the views expressed by members of the College's Rural, Regional and Remote Committee that there are unique learning opportunities in these clinical placements. The College is encouraged to better define curriculum content that is specific to rural emergency medicine so as to improve learning in and recruitment to these settings.

The team noted the College's intention to develop a Diploma in Pre-hospital and Retrieval Medicine as the leader of a consortium of colleges. The team also met with members of the Pre-hospital and Retrieval Medicine Committee during the assessment visit. It was reported that Committee has commenced the development of the curriculum for the diploma. The AMC requests that the College reports on ongoing progress with this initiative.

3.3 Continuum of training, education and practice

The accreditation standards are as follows:

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

The vertical progression of the curriculum over four clearly defined stages (PT, AT Stage 1, AT Stage 2, and AT Stage 3) and the clear descriptors of behaviours expected within each of the domains and related to each of the topics provides a functional framework for curriculum integration. Although there is little integration of trainee performance between the domains, conceptual integration is achieved through the current structure. There is a clear progression in the level of mastery of the trainee as they advance through their training program, and well-defined descriptors to aid in their assessments at each level. Skills gained at one level are built on at the next, and the addition of modifiers allows a patient presentation, in which the trainee has already demonstrated competence, to become more complex and therefore a more appropriate challenge as the trainee advances.

The College's accreditation submission states that: 'It is acknowledged that the linkage to the CPD stage of practice could be strengthened through a restructuring of the CPD Program Framework to mirror the curriculum framework, thus enabling a refocus of CPD to areas of practice, as well as types of activities.' This opportunity is being considered as part of the College's review of its curriculum and its engagement with strengthened CPD.

The College has a clear policy and process in relation to recognition of prior learning (RPL) and credit transfer (CT) for trainees entering the training program (for example, from emergency medicine in other jurisdictions or from training programs in other specialties). The training program is articulated with the College's Emergency Medicine Diploma (EMD) in that up to six months of FACEM training time may be credited for work done in approved jobs before enrolling in the training program.

The applications for RPL/CT by year and outcome, 2014-2016 are provided in the following table:

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

3.3.1 Team findings

The College is commended for the vertical integration of its curriculum. As previously acknowledged, the team found widespread satisfaction with the design of the curriculum framework and the structure it provides to trainees and FACEMs who are involved in the training program. The team could see that the descriptors associated with each stage and the progressive achievement of competency combined to provide users with a satisfactory degree of integration.

Some participants in the EMD who were considering enrolling in specialist training were interviewed by the team and expressed their satisfaction with the possibility of RPL should they decide to enter the program. At the same time, the team noted the College's intent to recognise time spent within the training program as credit towards its Emergency Medicine Certificate (EMC) or EMD for those who leave the training program.

While the College's curriculum is well designed to lead trainees in a step-wise fashion towards competence, there is little guidance for CPD beyond the maintenance of specified procedural skills. Although it is not specified in the FACEM curriculum, the framework and content may be useful for consultants who are maintaining and improving their skills through CPD. The top-level

descriptor of the curriculum, by definition, is set at the standard expected of the new FACEM and so it stands as an entry-level benchmark for the practising FACEM who wishes to review his/her performance beyond maintaining competence in a list of specified procedures. This forms the basis of a recommendation for improvement under standard 9.1.

3.4 Structure of the curriculum

The accreditation standards are as follows:

- The curriculum articulates what is expected of trainees at each stage of the specialist medical program.

- The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.

- The specialist medical program allows for part-time, interrupted and other flexible forms of training.

- The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

As discussed under standard 3.1, the curriculum framework clearly articulates what is expected of trainees at each stage of the training program.

The College's submission notes two broad perspectives on flexibility within the training program:

- flexibility regarding the nature and order in which components of the program can be completed

- flexibility regarding the FTE allowable and the overall time in which the program can be completed.

Flexibility regarding nature and order of program components

As indicated above, the training program has requirements for both PT and the AT components. The PT component requires the completion of six months of core ED training, as well as six months of either core ED or non-ED training, which enables trainees flexibility in regard to the nature of the training experience they undertake. Furthermore, these two training periods may be undertaken in any order.

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

The requirements of Late Phase AT may also be completed in any order. There is considerable flexibility in the structure of the required 36 months of training in core ED training, non-ED time, critical care and paediatric EM training. The College's current review of the structure of the training program will ensure flexibility is retained for trainees, while ensuring that the program is also simpler, and more easily and effectively administered.

Flexibility allowable FTE and overall time to complete requirements

The five-year training program must be completed within 12 years (from the date of enrolment as a trainee); PT must be completed within five years and AT within ten years. Fractional training (minimum 0.5 FTE) is available to all trainees and trainees can interrupt their training.

The numbers of trainees undertaking these flexible options is shown in the following table of ACEM trainees' training status, 2014-2016:

	Full-time	Part-time	Interrupted	Other	Total
2014	1817	391 (17%)	58	33	2299
2015	1807	361 (15.5%)	143	10	2321
2016	1795	294 (12.5%)	255	6	2350

Those who require additional time than allowed can apply via the College's Exceptional Circumstances and Special Consideration Policy or via the process associated with the Pathway to Fellowship Review Committee (see standard 5.1).

3.4.1 Team findings

The team considered that the FACEM program provides a high degree of flexibility for trainees, described by one trainee to the team as 'choose your own adventure'. The ACEM program is seen to provide trainees with substantial choice with regard to what they wish to do within the program and where and when to do it. The required placements are seen as being logically associated with the cognate discipline of emergency medicine and the provision of six months of elective training is appropriate.

Several trainees commented to the team that they found the College's policies on part-time and interrupted training to be satisfactory, including the opportunity to take up to two years' (non-parental) leave within the program. The team noted the College's Exceptional Circumstances and Special Consideration Policy which may provide trainees with additional time to complete the training program should their circumstances require it. Parental leave is treated differently from other leave, in that the College allows additional parental leave, as required, above the specified maximum time period for training completion.

The team noted that a rural placement is not a compulsory part of the training program and members of the College's Rural, Regional and Remote Committee informed the team that there are unfilled accredited training posts in rural areas, where learning opportunities may complement those obtained in larger centres. As discussed under standard 3.2, the College is encouraged to better define curriculum content that is specific to rural emergency medicine so as to improve learning in, and recruitment to, rural settings.

Commendations

F   The clear and logical framework of the curriculum, which is highly regarded by both trainees and supervisors as providing a meaningful guide to training, including the gradation of the program outcomes, allowing clear descriptions of the competence level required at each training stage. This in turn assists the reliable assessment of trainees at each stage.

G   The curriculum's focus on all the domains of specialist practice including elements of prioritisation and decision making unique to emergency medicine, and embedding the role of the emergency medicine specialist as a teacher and supervisor of other health professionals, including pre-hospital practitioners and paramedics.

Conditions to satisfy accreditation standards

5   Finalise and implement the review of the structure of and curriculum for the specialist training program. (Standards 3.1 and 3.4)

6   Develop a clearly defined paediatric emergency medicine curriculum that integrates the relevant aspects of both FACEM and FRACP curricula. (Standard 3.2)

7	Expand the FACEM curriculum to better describe the knowledge, skills and practices necessary to deliver high-quality care in observational medicine. (Standard 3.2.3)
8	Define curriculum content that is specific to rural emergency medicine in order to improve rural learning and recruitment. (Standard 3.2.6)
	Recommendations for improvement
FF	Make the completion of further training in contextualised cultural competence a priority for emergency physicians throughout their learning lifetime. (Standard 3.2.9, 3.2.10 and 9.1.3)
GG	Incorporate specific outcomes relating to the prevention of discrimination, bullying and sexual harassment in the relevant curriculum domains. (Standard 3.2.4)

4   Teaching and learning

4.1   Teaching and learning approach

The accreditation standards are as follows:

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

The training program is a hybrid model based on time in training and outcomes-based assessment. The curriculum framework articulates the learning outcomes for each domain and level of training. In order to achieve these outcomes trainees engage in learning through both formal and informal activities in a range of environments.

The College's Accreditation Requirements for Emergency Medicine Specialist Training Providers set out the education program requirements for training sites. Learning occurs in the clinical environment where trainees work as team members in a variety of roles: treating patients; administration; and acting as role models, teachers and supervisors for junior staff. DEMTs arrange a variety of learning sessions that trainees are expected to attend including seminars, lectures, tutorials, role plays, simulation, case presentations and discussions, and trial examinations.

Trainees participate in a range of activities, including: inter-professional patient-centred care teams; handover and shift administration; bedside teaching; and the conduct of WBAs and the associated feedback.

Trainees attend short courses, either face-to-face or online, and access other educational resources, provided by both the College and external providers. The College has plans to increase its online resources as detailed in the ACEM Education Resources Strategic Plan 2017-2018. This is further discussed under 4.2.

The training program places significant emphasis on WBAs, which trainees are required to complete during each clinical rotation. The WBA suite includes:

- In-training Assessment (ITAs)
- EM-WBAs – Case-based discussion (CbD), Mini-Clinical Evaluation Exercise (Mini-CEX), Direct Observation of Procedural Skills (DOPS) and Shift Reports
- Learning Needs Analysis (LNA).

The WBAs are described in further detail under standard 5.

4.1.1   Team findings

The team found that a structured training program, overseen by the DEMTs was provided in all training sites visited by the team. Trainees reported that these programs were delivered using a range of educational approaches, and were engaging and beneficial to their training.

There are a myriad of clinical teaching and learning opportunities available in EDs due to the number of patients attending and the wide range of patient presentations. The trainees interviewed reported that they appreciated this – and this finding was reinforced by the AMC trainee survey which found that 84% of trainees agreed or strongly agreed that they had access to an appropriate patient case load in their current training post. Only 9% of trainees disagreed or strongly disagreed that they were able to obtain the required clinical experience during rostered working hours.

The College is commended for its introduction of a suite of formative and summative WBAs which has improved the frequency and efficacy of one-to-one clinical teaching and learning in EDs. Trainees reported that they felt that the presence of senior clinical staff allowed for guided experiential learning and that the introduction of WBAs had formalised this process. The team

found that there was general support for the WBA process from both trainers and trainees, and further found that both groups valued its educational worth. In particular the Shift Report for Late Phase advanced trainees was seen as a valuable learning tool and several trainees commented that this provided useful education and learning in departmental management that had not been addressed in the previous curriculum.

The College provides an increasing number of educational resources online and trainees and trainers appreciated these. In particular, the Cultural Competency and Safety eLearning resource was singled out for praise.

The College does not mandate that trainees attend particular short courses; however many trainees reported that they found attending such courses to be beneficial for their training. In general trainees reported to the team they are given leave to attend such courses.

The College has addressed the research component of the scholar domain of the curriculum by allowing trainees to either undertake, and present or publish, acceptable research, or to attend and pass accredited higher educational courses that address the curricular requirements. The team found that the vast majority of trainees are taking the second option and that both trainees and trainers felt that this had increased both the relevance and applicability of the learning. Several trainees and academic trainers commented that this approach had increased the quality of submitted research in the specialty. The College is commended on this approach which is both fit for purpose and has the potential to increase research quality and scholarship in emergency medicine.

4.2   Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.

- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.

- The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and inter-professional teams.

- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

The training program requires the acquisition of the knowledge, skills and attitudes necessary for safe, independent FACEM practice through a series of stages, each of which is associated with defined learning outcomes across multiple domains and associated topics and sub-topics (i.e. program and graduate outcomes).

The training program is practice-based and conducted in training sites (predominantly public hospital EDs) that are accredited according to the Accreditation Requirements for Emergency Medicine Specialist Training Providers. The accreditation requirements reflect the nature of training to be undertaken and describe the ability for trainees to attain the requisite amounts of practice-based clinical training.

As befits the nature of the specialty, trainees work with emergency medicine colleagues to experience peer-to-peer learning, as well as in interdisciplinary and inter-professional teams to deliver high-quality patient-centred care. The College requires trainees to train outside of the ED to gain a better appreciation of the integration of emergency medicine in the hospital system, to collaborate with other hospital-based clinical teams and to further develop specific skills required for emergency medicine practice (e.g. airway management, management of critically ill patients).

Consistent with the curriculum framework and associated assessments, as the requisite knowledge, skills and attributes of trainees develop through the program, independence and

responsibility grow. This is clear from the outcomes listed in the curriculum framework and is reflected in the expectations of trainees from employers, as well as the College through assessments.

The College is embarking on a range of initiatives that will provide additional and revised or updated online education materials for trainees that are intended specifically to support the training program, and which may also be used with the non-specialist certificate and diploma programs.

These initiatives include a suite of Critical Care (airway) eLearning modules released in mid-2017. The suite includes five modules, one theoretical and four scenario-based, ranging from uncomplicated to more challenging airway management. The modules are designed for trainees to complete within the first two years of training, thus better preparing them for successful completion of their critical care requirement, which occurs outside the ED.

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

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

4.2.1   Team findings

FACEM training is predominantly practice-based with high levels of teaching and learning. During site visits, trainees reported that they were personally involved in patient care at all phases of training, and that educational and clinical supervision was available to them.

The introduction of WBAs is, as previously noted, seen as a positive change in that the requirement has formalised the educational supervision of learning. Several trainees and trainers suggested that this change has increased the educational contact time between trainees and their trainers which is viewed positively.

Trainees value the time spent in other specialties (especially critical care and anaesthesia) during their emergency medicine training. Both emergency medicine trainees and specialty trainers reported that training during specialty training placements was predominantly practice-based and adequately supported.

The College is investing into increasing and improving the range of eLearning resources that it offers to both trainees and trainers.

Emergency medicine relevant ultrasound skills must be obtained during training and their acquisition is tested in the FACEM examinations. The team found that the approach of different training sites to this requirement varied. Some sites offered three- or six-month fellowships, while others offered unstructured training or none at all. This variation seemed to depend on whether a member of the consulting staff had a special interest and qualification in medical ultrasonography. Trainees commented that this important (and assessed) curricular component is not always taught in a structured manner. The eLearning modules to assist in the acquisition of emergency medicine ultrasound skills are a welcome development in this regard, and the College is encouraged to continue to develop structure around the teaching of specialty-specific ultrasound skills.

The principal devolved adjunct to learning in EDs was reported to be patient simulation training (both low- and high-fidelity). While the provision of simulation equipment and facilities is a

requirement for ACEM site accreditation, there is no guidance from the College about the role of simulation in training. The team found that all visited departments complied with the ACEM requirements for provision. However trainees and trainers reported that the use of simulation in training differed from site to site. Some sites offered structured high-fidelity simulation training in dedicated simulation suites, as well as formal and structured simulation training, while others offered unstructured and ad hoc simulation only. The team found that trainees liked and appreciated simulation training but were unable to clearly articulate either its role or value to their training. The College is encouraged to develop and implement a policy that clarifies the role and use of simulation during fellowship training.

As previously noted the team found that the delivery of training used a range of approaches. These included self-directed learning – with trainees reporting that they were encouraged to reflect and learn both during and after clinical case exposure. The program is referenced to the standard expected of a newly appointed fellow of the College, and holders of the FACEM are role models for both knowledge and practice learning. By its nature emergency medicine is a collaborative specialty and the team heard many examples of both interdisciplinary and interprofessional teamwork. The educational value of this was commended by trainees and trainers alike.

The structure of the training program with its clear progression from Provisional Training (PT) to Advanced Training (AT), and the use of ITAs to assess and control progression from early to late phase AT facilitates the development of increasingly independent practice during training. The team found that there was clear, regulated progression throughout training and trainees reported that they felt that they were given more responsibility and scope to practise 'independently' as their seniority increased.

Commendations

H   The introduction of a suite of workplace-based assessments (WBAs) which has improved the frequency and efficacy of one-to-one clinical teaching and learning in emergency departments.

I   The introduction of the shift report which has systematised the teaching and learning of non-technical skills necessary for the safe and efficient running of emergency departments.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

HH   Introduce a systematic approach to the delivery of curriculum-specific ultrasound training. (Standard 4.2.2)

II   Develop and implement a policy that clarifies the role and use of simulation during FACEM training. (Standard 4.2.2)

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5 Assessment of learning

5.1 Assessment approach

The accreditation standards are as follows:

- The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.

- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.

- The education provider has policies relating to special consideration in assessment.

The training program requires that trainees progressively complete a broad range of formative and summative assessment activities to ensure the continuous development of knowledge, skills and attributes.

As part of the revised 2015 training program described under standard 3, a number of significant revisions had been made to the assessment requirements. These included:

- the development of an outcomes-based curriculum framework which has been blueprinted to all components of the assessment program

- the introduction in 2015 of a formal program of WBAs in Advanced Training (AT) to ensure continuous progressive assessment across the training program

- introduction of an Integrated Primary Written Examination from 2017

- revision of the Fellowship Examination, involving changes to both the written and oral components from 2015.

An overview of the assessment requirements of the current training program is summarised below.

Under each of the domains in the curriculum framework are learning objectives aimed at achievement from novice through to master levels. Information about the assessment and completion requirements for each assessment activity is clearly documented and accessible to all trainees, supervisors and staff via the College's website, handbooks and the online training portal.

The College has an Exceptional Circumstances and Special Consideration Policy which applies to all ACEM training programs and education programs. It enables consideration to be given when circumstances beyond a trainee's control hinder her/his ability to perform an assessment optimally or in a timely manner. It also acts as a means of facilitating alternative assessment arrangements being put in place for trainees, as required.

5.1.1 Team findings

The College is commended for the clear alignment of assessment methods with the curricular learning objectives. The methods are applied in a progression learning model requiring mastery of tasks prior to advancement in the program. Knowledge, skills and attitudes are assessed formatively with frequent, standardised observation and feedback activities, and summatively, both in workplace activities and in standardised written and oral examinations.

All details of assessments in the training program are recorded in the online training portal. The team heard that the College has further developed the College's online portal to improve its functionality. In 2016 a forward-planning tool ('the WBA run-rate dashboard') was released. The tool calculates a trainee's exact EM-WBA requirements based on their placement information, due dates for each instrument, and updates in real time. Trainees reported to the College that the tool is useful and easy to understand.

The team heard during site visits that the assessment requirements are well understood by Directors of Emergency Medicine, trainees, clinical supervisors, DEMTs and jurisdictional faculty members. The information is clearly documented.

In the College's accreditation submission, at site visits and with College officers, it was noted that grievances had been raised by trainees and supervisors in 2015 and 2016 concerning the communication processes for the 'new' WBA program and the changes to the Fellowship Examination. Amongst those interviewed by the team at site visits, there was overall praise for the time taken to ensure that trainees and supervisors were fully informed, that there was widespread consultation and a general feeling that formalising the demonstration of progress in the workplace was a positive change. Increasing the accountability and having the evidence available for quarterly ITAs made them more meaningful.

Several supervisors and trainees described 'glitches' in the online training portal that had inadvertently identified trainees for remediation and who were not, in fact, in that category. The subsequent frustration involved in rectifying their progress was seen as a flaw in the system. College officers made assurances that this issue had been resolved with updates to the system and administrative processes.

The team noted that the Expert Advisory Group on Discrimination (EAG) made a number of findings that directly relate to accreditation standard 5. The team considers that the College's response to the EAG recommendations, as outlined in its EAG Action Plan, is appropriate. These recommendations are discussed in further detail under standards 5.2, 5.3 and 5.4.

5.2   Assessment methods

The accreditation standards are as follows:

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.

- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.

- The education provider uses valid methods of standard setting for determining passing scores.

The ACEM Training Program contains a range of methods that are fit for purpose and include assessment of the trainee's performance in the workplace. Each stage of training is assessed for satisfactory trainee progression using ITAs, regular WBAs, structured references, and two sets of written and clinical examinations, as described in further detail below. The overall assessment program is aligned to the eight domains of the curriculum framework. It is blueprinted to the top-level descriptors for each phase of training, as shown in the College's Global Blueprint of Assessment Activities to the curriculum framework. Further blueprinting maps graduate outcomes to individual assessment requirements.

The assessment program summarised under standard 5.1 consists of the following:

In-Training Assessments (ITAs)

ITAs must be completed every three months (FTE) throughout the training program. The DEMT or clinical supervisor assesses the trainee based on their cumulative knowledge of the trainee, collated during the trainee's placement. The DEMT or supervisor rates and provides structured feedback on the trainee's overall performance during the placement, applying the appropriate learning outcomes of the curriculum framework.

The ITA form is currently undergoing some minor changes to align it to the stage of training of the trainee rather than the comparison of the trainee's expertise compared with a graduating fellow. The ITA forms are also being adjusted for specific terms, such as critical care and anaesthesia.

Structured References (SRs)

This 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 AT. A set of three SRs must be completed using an online form by a DEMT and two FACEMs who have supervised the trainee. SRs are confidential and not made available to the trainee. SRs are based on a six-month ED training period (FTE) completed at a single training site within a 12-month period. Where training is undertaken at networked sites, a set of SRs based on two training sites that total six months (FTE) may be submitted.

Trainee Research Requirement

Research knowledge and experience is assessed during AT stages. The Trainee Research Requirement is overseen by the Trainee Research Executive Panel (TREP), an entity that reports directly to the STAC. The Trainee Research Requirement can be achieved by:

- coursework pathway (where the trainee successfully completes postgraduate university units that have been reviewed by members of TREP and determined to have suitable content and assessments)

- completing a thesis as part of a university qualification by research that meets the research requirements

- completing the Trainee Research Project (TRP). This can be either: a published research paper in a recognised peer-reviewed journal; or research project presentation, either orally or as a poster, to the satisfaction of the TREP at either the ACEM annual scientific meeting or the winter symposium. The TRP is adjudicated by three FACEMs approved by the College for this purpose.

Completion of the Trainee Research Requirement by coursework is the preferred pathway for the majority of trainees.

Workplace-based assessments (WBAs)

In 2015, the College introduced a comprehensive suite of EM-WBAs for AT enabling trainees to receive regular formative feedback. WBAs also perform a summative function, assisting the College to identify those who are experiencing difficulty in meeting the required standards for their stage of training.

The WBAs include:

- **Direct Observation of Procedural Skills (DOPS)** – The trainee is directly observed whilst performing a specific clinical procedure, assessed and provided with feedback on their performance.

- **Mini-Clinical Evaluation Exercise (Mini-CEX)** – The trainee is directly observed whilst performing a focused clinical task during a specific patient encounter, assessed and provided with feedback on their performance.

- **Case-based Discussion (CbD)** – The assessor engages the trainee in discussion of a selected case, which the trainee managed, to assess and provide feedback on the trainee's clinical reasoning and decision making.

- **Shift Report** – The trainee is observed for the duration of a clinical shift, assessed and provided with feedback on their performance during a discrete time period of clinical work. It is a holistic assessment of how the trainee performs in relation to all factors impacting on the ED as a whole.

The EM-WBAs are currently optional for provisional trainees as learning activities. In 2015, 21% of provisional trainees undertook EM-WBAs; this proportion increased to 25% in 2016.

The program identifies the skills that must be demonstrated and their level of complexity, as well as the times in training at which they must be assessed.

The rubrics which have been developed for use in the assessment processes address medical expertise and professional role competencies. All EM-WBAs are directly recorded in the College's online training portal by the assessors (clinical supervisors).

The EM-WBA requirements for Early Phase AT are as follows:

Minimum Early Phase EM-WBAs Requirements (12 Months ED Time)					
Instrument	Minimum Rate of Completion	Total	Minimum Complexity Requirement		
			Low	Medium	High
Mini-CEX	1 every 3 months	4	Any	2	Any
CbD	1 every 3 months	4	Any	2	Any
DOPS	1 every 3 months	4	Any	Any	Any

The EM-WBA requirements for Late Phase AT are as follows:

Minimum Late Phase EM-WBAs Requirements (18 Months ED Time)					
Instrument	Minimum Rate of Completion	Total	Minimum Complexity Requirement		
			Low	Medium	High
CbD	1 every 3 months	6	Any	Any	3
DOPS	1 every 3 months	6	Any	Any	Any
Mini-CEX	1 every 6 months	3	Any	Any	2
Shift Report	1 every 6 months	3	Any	Any	2 in charge

Examinations

The training program requires trainees to pass the Primary Examination to progress from Provisional Training (PT) to Advanced Training (AT). Trainees must pass the Fellowship Examination to achieve eligibility for election to fellowship. Both examinations consist of a written and an oral/clinical component.

From the 2018 training year, the number of attempts at each examination is limited to three. If a trainee does not pass an examination within the three attempts, they will be considered by the STAC for possible removal from the training program, in conjunction with the Pathway to Fellowship Review Committee process described previously in Standard 1.3.

Current training time limits continue to apply. PT must be completed within five years, AT must be completed within ten years, and all training requirements must be completed within 12 years from the time of enrolment as a trainee.

Primary Examination

The written and oral components of the Primary Examination cover the required level of knowledge and understanding of the four basic sciences, anatomy, pathology, physiology and pharmacology.

The written component is delivered online via Moodle, the College's eLearning platform. Since 2017, the four subject areas of the Primary Written Examination have been integrated into a single examination, with trainees sitting one Select Choice Question (SCQ) examination. The examination contains up to 360 SCQ items, multiple choice questions (MCQs) and extended matching questions (EMQs), in total. The examination is split across two three-hour papers of up to 180 questions, with each of the four basic science subjects comprising approximately 25% of the questions.

Since 2013, the Primary Oral Examination, integrated viva voce (viva) has consisted of four stations, each presenting a clinical scenario covering the four basic science subjects. Candidates are examined by a pair of examiners for 10 minutes per station. The stations are designed to assess the required depth and application of knowledge, problem solving, clinical reasoning and judgment, and analytical skills.

Fellowship Examination

The Fellowship Examination assesses trainee knowledge, skills and attributes through a written component comprising SCQs and short answer questions (SAQs), and an objective structured clinical examination (OSCE). The Fellowship Examination is undertaken by trainees in the late stage of AT.

The structure of the current Fellowship Examination is summarised below.

Fellowship Examination	Item Format	Total Testing Time	Number of Items
Written	SCQs: • MCQs • EMQs	180 minutes	Up to 120 questions
	SAQs	180 minutes	Up to 30 questions
Clinical	OSCE	180 minutes	Up to 16 stations

In 2015, the Fellowship Examination was revised and consists of an un-coupled written and a clinical component as detailed below. The previous iteration of the Fellowship Examination format also consisted of a written and clinical component, however the requirements of each component differed from those that currently operate.

Fellowship Written Examination

Prior to 2015, the written component of the Fellowship Examination consisted of three separate papers; MCQs, SAQs and Visual Aid Questions (VAQs). Trainees were required to pass two of the three papers to be invited to sit the clinical examination; and required to gain sufficient marks in order to be awarded an overall pass in the Fellowship Examination.

Since 2015, the written component of the Fellowship Examination consists of two elements, each involving the completion of an examination paper of 180 minutes duration. The written examination is held on a single day, with the two 180 minutes papers administered separately, with a break in-between.

Fellowship Clinical Examination

Until 2015, the clinical component consisted of a long case, four short cases and a set of six structured clinical examinations.

The current Fellowship Clinical Examination is an OSCE which focuses on the application of knowledge, skills and other professional attributes. This comprises up to 16 clinical stations and may include the use of standardised patients, observation stations, clinical scenarios and simulations of management of critically ill patients. Stations are ten minutes, (three minutes for reading, seven minutes for interaction). There may be 'double length' stations, which allow assessment of more complex scenarios, such as a simulated resuscitation or sequential management aspects of the same clinical scenario. With regard to marking, one or two examiners are present for each station. Where two examiners are present, separate marks from each examiner are now used. This therefore provides greater capacity for the College to analyse the examination psychometrically for reliability and validity for the purposes of ongoing quality improvement. The Fellowship Clinical Examination is conducted across multiple days, with different candidate cohorts. Different stations are used for each cohort, and the examinations are standard set separately and treated as different examinations in terms of pass mark determination.

The format was changed to allow increased ability to assess other skill-based domains of the curriculum framework, for example, communication, teamwork, and the teaching component of scholarship and teaching.

Standard setting

All components of the Primary Examination are set at the standard of a trainee entering AT, and all components of the Fellowship Examination are set at the standard of a graduating fellow. The passing standard for each examination is set using currently accepted methods.

For the written examinations, the College employs a modified Angoff standard setting method, whereby a panel of trained standard setters collaborate, at a workshop, to make a judgement of the expected performance of a 'just at standard' candidate for each examination item. These judgements are then combined to arrive at a preliminary cut score for each paper. For a criterion-referenced examination involving such a standard setting process, there is a process post-examination for identifying an overall internal consistency measure and this is used to establish the standard error of measurement. One standard error of measurement is added to the estimated cut score to arrive at the examination pass mark.

As with the written examinations, there is no pre-determined passing score for the OSCE, and there is also no specified number of stations that trainees need to 'pass'. Candidates are required to reach the passing score as determined by the borderline regression standard setting method, which uses the data from candidate performance (scores in addition to examiners' global assessments of performance). In summary, individual cut scores are calculated for each station, for each cohort. After adjustment for domain weightings, all trainees' raw scores for each station, and their corresponding global ratings, are regressed to a line of best fit. The 'just at standard'

global rating is used to identify the corresponding station score from the line of best fit. Station cut scores are then combined to arrive at the 'raw' cut score for the examination cohort. As with the Fellowship Written Examination, the raw cut score has one SEM added to arrive at the pass mark for the examination.

5.2.1 Team findings

The team met with trainees, new fellows, supervisors, examiners and ACEM staff involved with assessment. The team took note of examples of examination papers and one team member observed the Fellowship Clinical Examination (OSCE) at the AMC's National Test Centre in Melbourne.

The team found that the assessment framework of multiple formative assessment opportunities for learning in the workplace, and staged, binational, comprehensive, written and oral examinations is well developed and is now well accepted by trainees and supervisors. The blueprint for assessment at each stage of learning is clear, and accessible to trainees and supervisors.

There is a solid commitment to constructive alignment of methods for assessment, with the learning objectives in the curriculum domains relating to medical expertise, scholarship, professionalism and leadership. Competencies in addition to medical expertise are tested through WBAs and in the OSCE. The competencies are included on all the marking rubrics for these assessments.

WBAs are now embedded as mandatory activities that regularly inform progression decisions.

The College reported that the value of EM-WBAs has been validated by trainees and supervisors since their introduction. The College is recommending their introduction to the PT component of the training program. At a practical level, introduction from the 2019 training year would appear to be the most suitable time for this introduction to coincide with the commencement of trainees selected through a standards-based process.

As discussed above, the ITA form is undergoing some minor changes to align it to the stage of training of the trainee. The EAG process also recommended that the College consider using the ITA process as a method to determine preparedness to undertake the Fellowship Examination [EAG recommendation 8.34.1]. The ITA for Advanced Training Stage 3 will be revised to include a tick box for completion as to whether the trainee's preparedness to sit the OSCE has been discussed with the DEMT. The team recommends that the College finalise the review of the ITA form taking into consideration the EAG recommendations.

The College's examinations underwent change in 2015, to incorporate assessment of clinical reasoning (in the Primary Written Examination integrated SCQ component) and professional performance (in the Fellowship Clinical Examination (OSCE) simulating case-based tasks).

Best practice processes in standard setting and calibration is evident in all assessments. The standard setting techniques used for examinations are consistent with those used in universities and specialist medical colleges throughout Australia and New Zealand. The number of trainees presenting for each examination, and the number of items being assessed are sufficient for statistical analyses to be valid and reliable.

5.3 Performance feedback

The accreditation standards are as follows:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.

- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.

- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

The provision of timely and informative feedback on assessments to trainees was central to the development and implementation of a full suite of workplace-based assessments into the training program.

Workplace-based assessments

For each WBA, the supervisor gives immediate feedback to the trainee about the procedure, task, case or shift observed. Regional Panels review all WBA data (ITAs, SRs and EM-WBAs) for each trainee and make decisions about progression at milestones in the training program. Following this review, each trainee receives a report on their progress.

After each meeting of a Regional WBA Panel, an overview of trainee outcomes, including progression and remediation information about all trainees reviewed, is provided to the DEMT(s) and Local WBA Coordinator at each site.

For those trainees whose outcome is to undertake a remediation period, the Regional WBA Panel chair communicates this outcome and relevant information to the trainee's DEMT and Local WBA Coordinator to ensure appropriate support and feedback is provided to each affected trainee. DEMTs are then encouraged to speak to the trainee prior to them receiving the panel report from the College.

Examinations

Examination reports are made available to all trainees and fellows via the College website.

All candidates receive individual written feedback and are encouraged to discuss this feedback with their DEMT. The College is continuing to refine the processes for the provision of feedback on performance in the revised Fellowship Examination.

With the introduction of a maximum of three attempts at any examination from 2018, the importance of providing targeted feedback to trainees following a second failed examination attempt is recognised as a significant issue. Trainees are advised to discuss the report with their supervisor to enable further context of the information contained in the feedback.

Trainee Research Requirement

For research projects that are assessed by two or more adjudicators as not meeting the minimum criteria, trainees are given one opportunity to submit a revised manuscript addressing the outstanding items. The Trainee Research Executive Panel provides written feedback to the trainee, outlining the minimum criteria that were not met and any other relevant information. This information is provided to the trainee, their DEMT and/or the project supervisor. The College aims to provide this information within one month of adjudication.

Giving feedback

The College's eLearning module on 'Giving Effective Feedback' provides guidance for assessors and supervisors to assist them in providing effective feedback. As detailed under standard 8.1, the College is developing a face-to-face workshop for all fellows, especially DEMTs, to complement the online materials.

In addition to the suite of Indigenous Health and Cultural Competency modules, in 2016, ACEM commenced the development of a series of eLearning modules to guide fellows through the appropriate processes for giving trainees feedback about these issues.

Identification of trainees in difficulty

The College's Supporting Trainees in Difficulty Policy provides guidance on the identification and support of trainees who encounter difficulties during their training. Such difficulties may relate to: clinical performance; examination preparation and/or performance; completion and/or performance in WBAs and other training requirements.

A trainee may be required to undertake a period of remediation on the basis of:

- performance issues identified through assessments, or

- compliance issues where they have not met requirements of the training program, for example, the non-completion of the requisite number (and/or complexity) of EM-WBAs, which results in inadequate data to make a valid progression decision.

Trainees may have no more than two remediation periods in each of the following components/requirements of training: PT; early phase AT; late phase AT; critical care training; non-ED training; and discretionary training. Trainees undertaking a period of remediation are required to complete a formal LNA. This is developed by the trainee, assisted by the DEMT, for use during the subsequent training time.

Remediation options may include, but are not limited to, completion of specified courses, shadowing team members, video-recording to facilitate self-review and increased observation and feedback opportunities.

From 2014 to 2016, there were 93 trainees dismissed from the training program. A total of 680 withdrew voluntarily over the period from 2012 to 2016.

The College introduced a voluntary Withdrawal from Training Survey in 2013 to ascertain the reasons why trainees withdrew from the training program. The voluntary nature of the survey reflects the number of responses, relative to the number of trainees who withdrew from training. Most of the voluntary withdrawals from 2014 to 2016 occurred during PT, and of these most were for career (63%) or family reasons (15%). This is also discussed under standard 6.2.

Patient safety concerns

The College has a Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy which sets out how the College will notify the employer and/or a regulatory authority of any possible patient safety concerns that have arisen during one or more College assessments. The policy provides for patient safety concerns that may arise across any domain of the curriculum framework.

The policy applies to trainees undertaking any ACEM training program, including joint training programs, as well as specialist international medical graduates who are completing requirements associated with a pathway to qualify for fellowship of the College. To date, there have been no circumstances that have necessitated the College enacting this policy.

5.3.1   *Team findings*

The team confirmed that regular and frequent feedback is provided to trainees following WBAs, research assessments and examinations. In response to the EAG recommendations, the College has revised its examination feedback processes to assist unsuccessful candidates to understand their specific areas of underperformance and identify areas for improvement [EAG recommendations 8.22 and 8.23]. Since 2017, the College has focused on improving the information contained in its published examination reports to better enable candidates to understand how they performed in comparison to other candidates attempting the same OSCE [EAG recommendation 8.24].

The team confirmed that the College provides feedback to DEMTs and WBA Coordinators on workplace activities and research outcomes, but does not directly provide DEMTs with

examination outcomes. The College must inform its DEMTs of the examination performance of the trainees for whom they are responsible.

The team found that the training program has processes for early identification of trainees who are underperforming or not compliant with the WBA program. Identification of trainees who are not suited to the specialty of emergency medicine as early as possible is encouraged. Ongoing education of DEMTs and other FACEMs concerning the appropriate use of College assessments and provision of feedback is seen as a critical adjunct to enabling this, along with the introduction of a more standards-based approach to selection into the training program.

In relation to accreditation standard 5.3, the EAG recommended that the College considers developing and implementing a process to further support advanced trainees who are struggling in the training program. In particular, implementing or contracting a specific training program to assist trainees who have experienced difficulties with the Fellowship Examination [EAG recommendations 8.20 and 8.35.1]. The College is reviewing examination preparation programs available through a range of providers for possible use. In addition, it has stated that the policies, processes and resources available to trainees in difficulty will be communicated to trainees, DEMTs and fellows. The College also indicated it will develop a clear, stepwise process detailing the support available for trainees in difficulty. The team is supportive of the College's plans and looks forward to updates on progress.

With the introduction of the WBA suite, the College has implemented a formal process of identifying and acting on unsatisfactory trainee performance, either through trainees being required to undertake remediation periods or, ultimately, through removal from the program. This process is reliant on flagging issues in the online portal. The team was told of several instances of trainees being disadvantaged in recent years by an apparent glitch in the online portal. The team was reassured that this issue is being rectified for the 2018 training year. As discussed under standard 7.3, it is recommended that the College improves the responsiveness of the online training portal, to provide timely and correct information to trainees and supervisors about their current training status to facilitate their compliance with and progress through training requirements, with the aim of minimising remediation for WBA non-compliance.

It is anticipated that the number of dismissals from the training program will increase over the next few years, due to the ten-year timeframe introduced in 2008 for trainees to complete the requirements of AT. The College reported that there are a number of trainees for whom the timeframe will expire on 1 January 2018.

The team considers that the remediation options are relevant and valid. The team notes that up to 12 months FTE remediation per progression point is possible, which means a trainee can have up to six years FTE in remediation in the current training program. The College is considering whether to reduce this so that it becomes, for example, a maximum of three or four years FTE that may be spent in remediation throughout the program. The AMC looks forward to updates of the outcome of this review in progress reports.

The team considers that the Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy is clear. As discussed under standard 10, the team recommends development of a separate policy for specialist international medical graduates.

5.4   Assessment quality

The accreditation standards are as follows:

- The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.

- The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

The College monitors its training and education programs, including its assessments, using both formal and informal processes (see also standard 6).

As described in the ACEM Education and Training Evaluation Framework, the College gathers feedback formally from trainees, Directors of Emergency Medicine, DEMTs, WBA Coordinators, examiners and examination candidates regarding assessments conducted in the training program.

Informally, issues identified by ACEM staff and members of relevant College entities, are dealt with accordingly. Feedback is also received through meetings, correspondence, emails and online forums.

In-Training Assessments (ITA)

As part of the 2012-15 training program review process, the ITA form was revised to better match the domains of the curriculum framework, using an entrustability scale to better measure performance.

However, trainees and DEMTs expressed concerns with the ITA scale used for rating trainees. In response, the College has recently formed a small working group. The task of the ITA working group is the revision of the ITA form to clearly reflect trainee performance against the outcomes expected from the domains of the curriculum framework at the stage of FACEM training to which the assessment pertains. It is expected that an enhanced ITA will be available from 2018.

EM-Workplace-based Assessments (EM-WBA)

Since the introduction of the WBA suite in 2015, continuous feedback has been collected from trainees, fellows and others involved in the training program. Continuous improvements have been made to ICT systems, administrative processes and resources in response to this feedback.

Examples include: rationalisation of the frequency of WBA Panel reviews; development and publication of a case complexity descriptors tool; inclusion of a mandatory free-text box about case complexity in all EM-WBA forms; development and provision of an EM-WBA requirements table; and inclusion of a simulated WBA Panel activity at training workshops.

The College provides ongoing communication and support to trainees and their DEMTs/supervisors via College media to aid in the understanding and implementation of any changes.

Examinations

Evaluation data is collected on completion of the Primary and Fellowship Examinations. Qualitative collection methods include examiner surveys, candidate and staff feedback. Quantitative methods include psychometric measures of examinations as a whole, as well as individual items.

Examination reports are reviewed by the Examination Subcommittee and by the COE. These reports are used to inform ongoing examination development and are available to fellows and trainees.

Improvements to the Primary Examination have included: enhanced technical quality of the items achieved via bank review processes and ongoing writer training; inclusion of EMQs from 2015 and Integrated MCQs from 2017; and continuity of conducting the Primary Oral Examination at the AMC National Test Centre in Melbourne in response to trainee and examiner feedback.

Improvements to the Fellowship Written Examination have included: swapping the order of the papers so that the SAQ paper is completed first, to minimise candidate fatigue; enhanced production quality of the SAQ paper so that images are of optimal quality; and increasing the number of EMQs in the SCQ paper.

To assess item quality, psychometric analysis is performed on individual examination items. ExamDeveloper™ was licensed to the College in 2016 and was to be implemented by the end of 2017.

For the Fellowship Clinical Examination, the following changes were instituted in 2016: examiner and candidate fatigue was further addressed by reducing continuous blocks of examining from 100 minutes to 60 minutes; lengthening of the examination from two to three days, thus reducing the number of candidate cohorts from three to two in a six-day examination period; different stations designed for each individual cohort of candidates; and introduction of quarantine to further improve the security of the examination.

Comparability across training sites

The College collects comparative data through the Regional WBA Panels including feedback on incongruent assessor ratings, how WBAs are completed, whether site assessors understand the difference in EM-WBA tools, what they are used to assess, and the quality of narrative comments.

The Central WBA Panel is responsible for the quality analysis of the WBA system, including inter-panel reliability (i.e. of the Regional WBA Panels) and validity of the WBA system. In October 2016, an inter-panel audit was conducted, with analysis suggesting that inter-panel reliability is good within the current system (concordance rate >90%). Ongoing auditing of WBA Panels is intended to take place twice per year, in the second and fourth quarters.

The WBA Panel is currently developing a site feedback matrix to determine the key intervals required for site follow-up. Information about site performance, based on feedback from the Regional WBA Panel meetings, will be used in conjunction with other information to follow up any performance issues at individual sites.

5.4.1   Team findings

The team members were impressed by the efforts made by the College to provide a consistent up-to-date approach to both formative and summative assessment review. It was particularly notable that the WBA program was undergoing further analysis and continuous improvement.

The written examination processes are also undergoing continuous improvement in standard setting, and calibration, that are consistent with current best practice.

The team found that considerable effort is being expended on implementing the Central WBA Panel policies and protocols across all regions in Australia and New Zealand. It is recommended that the calibration of supervisors undertaking WBAs be monitored and improved.

The team acknowledges the work already underway with respect to the EAG recommendations that relate to the quality of assessment processes [EAG recommendations 8.10, 8.11, 8.16, 8.18 and 8.19.2]. These include general measures aimed at defining 'just at standard' candidates and tackling unconscious bias.

Measures in relation to the written examinations include improving questions used in the Fellowship Examination and improving marking processes for that examination. Measures for the OSCE include assigning unique identifiers to examination candidates, expanding the use of multiple examiners where possible, using calibration processes before and throughout the examination to ensure standardisation, modifying the examination marking sheet, improving candidate feedback processes, providing examiners with written feedback about their marking performance and considering video recording of OSCE stations for auditing purposes. The team supports the EAG recommendations that relate to accreditation standard 5.4 and looks forward to updates on the College's implementation of relevant actions.

Commendations

J   The clear alignment of assessment methods with the curricular learning objectives.

K   Competencies in addition to 'medical expertise' are tested through workplace-based assessment (WBA) and in examinations. The competencies are included on all the marking rubrics for these assessments.

L   Workplace-based assessments (WBAs) are now embedded as mandatory activities that regularly inform progression decisions.

Conditions to satisfy accreditation standards

9   Improve the responsiveness of the trainees' online portal system, to provide timely (real time) and correct information to trainees and supervisors about their training status to facilitate their compliance with and progress through training requirements, with the aim of minimising remediation for workplace-based assessment (WBA) non-compliance. (Standards 5.3.1 and 7.3.3)

10   Inform Directors of Emergency Medicine Training (DEMTs) of the examination performance of the trainees for whom they are responsible. (Standard 5.3.2)

11   Monitor and improve the calibration of supervisors undertaking workplace-based assessments (WBAs). (Standard 5.4)

Conditions that also relate to EAG Recommendations

12   Finalise the review and implement the revised In-Training Assessment form. (Standard 5.2)

13   Finalise and implement a clear, stepwise process detailing the support available for trainees in difficulty and communicate to trainees, DEMTs and fellows. (Standard 5.3)

14   Clearly articulate, prior to the examination, the standard required for a pass in every station. This should extend to all domains, with priority given to standardising an agreed standard expected in the domains of communication, leadership and management, and scholarship and teaching. (Standard 5.4)

15   Ensure that all examiners, simulated patients and actors have robust and regular calibration. (Standard 5.4)

16   Ensure that there is appropriate standard setting and that greater transparency is utilised in publishing examination pass/fail statistics. (Standard 5.4)

17   Develop, document and implement resources and processes to enable calibration of 'just at standard' for assessed domains. (Standard 5.4)

Recommendations for improvement

JJ   Expand the use of multiple examiners, where possible, to increase the number of observations to re-establish the integrity and validity of examinations with external stakeholders. (Standard 5.4)

6   Monitoring and evaluation

6.1   Monitoring

The accreditation standards are as follows:

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.

- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.

- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

The College monitors its training programs (including FACEM, Emergency Medicine Certificate (EMC) and Emergency Medicine Diploma (EMD) programs), CPD program and specialist international medical graduate assessment process, both formally and informally.

The formal aspects of this work are undertaken through the Policy and Research Unit, in consultation with the Education Unit. For example, in September 2016, this unit undertook a formal review of the EMC and EMD programs introduced in 2011 and 2012, respectively. This included online surveys and qualitative interviews with trainees, graduates, supervisors, hospital administrators, FACEMs and program support officers. This is further discussed under standard 6.2.

The College undertakes monitoring and evaluation using a range of tools, as follows:

- **Annual FACEM Trainee Placement Survey**. This survey collects data on: the health, welfare and interests of trainees; knowledge, skills and supervision; and education and training opportunities; with different versions for ED and non-ED placements, and for Australia and New Zealand. From late 2016, this survey has been reintroduced as compulsory for all trainees (2016 response rate was 86% for ED placements and 83% for non-ED placements). Censure for non-completion may include removal from the training program (after at least three warnings). Data for individual sites is used to inform the new accreditation process (piloted in 2017 for implementation in 2018, refer standard 8.2).

- **Annual DEMT Survey**. Commenced in late 2016, this is a voluntary survey (2016 participation rate was 85%), with different versions for Australia and New Zealand. It consists of similar sections to the trainee placement survey, along with demographic information and support for the DEMT role.

- **Annual Site Census**. Commenced in 2016, this is mandatory for ongoing accreditation (2016 response rate was 98%). It includes data on staffing, case-mix, ED resources (including supervision and assessment capacity), and hospital services.

- **New FACEM Early Career Survey**. Undertaken bi-annually, this targets all FACEMs elected to fellowship in the preceding six to 12 months. Data includes current career pathway, future career plans, mentoring, CPD, College support (New Fellows Program) and College involvement. It is voluntary and the response rate for the October 2016 survey was 50.3%.

- **Withdrawal from Training Survey**. This was implemented in 2013, is voluntary and includes information about reasons for withdrawal, feedback on the training program, and information about finalising withdrawal.

- **Workforce Sustainability Survey**. This was conducted in 2016 as part of the Workforce Sustainability Project that considered sustainability of the emergency medicine specialist workforce, mechanisms to promote physical and emotional wellbeing of fellows and trainees, and resources and support strategies to support wellness and retention. It is a general survey of FACEMs, specialist international medical graduate applicants, FACEM trainees and others, and includes questions on working hours, job satisfaction, personal support mechanisms, work stressors (including burnout), work-life balance, personal health and the role of the College. Data collected is being used to inform future decision making and work.

Informal feedback from trainees and DEMTs (outside formal surveys) has informed development of the 'WBA run-rate dashboard', the case complexity tool (assists selection of appropriate WBA cases for more senior trainees), the review of the critical care component of FACEM training, and the introduction of discretionary time in the current training program.

Feedback from trainees and input to College decision making also occurs through trainee representatives on Regional WBA Panels, the Trainee Committee and other committees of the College. This is discussed in further detail under standard 7.

6.1.1   Team findings

The College has a comprehensive approach to the regular collection of qualitative and quantitative data from supervisors, trainees, those withdrawing or being withdrawn from training, training sites and new graduates. College surveys address curriculum content, teaching and learning, supervision and trainee progress. The surveys are high quality and the response rates indicate a commitment by respondents to provide data.

There has been a substantial commitment to monitoring and evaluation capacity through the ACEM Policy and Research Unit.

The annual Trainee Placement Survey, the results of which will be linked to the new site accreditation processes (see standard 8), is now compulsory for all trainees. Sanctions will be applied to those who do not respond. The proposed penalty (implemented but not yet applied) is that failure to respond to the survey, following written notification from the College on three separate occasions of the requirement and the date by which the survey will be completed, will lead to consideration for removal from the training program. This has been considered at the COE in October 2017, the Trainee Committee in October 2017, with the relevant regulation considered out of session by the ACEM Board and endorsed.

Senior members of the College and staff view the completeness of this information as critical to the provision of safe, supportive and effective learning environments in the various ED and non-ED sites in which training occurs. As such, they view it as of direct benefit to trainees. From the accreditation supplementary submission to the AMC, the College reported that:

> It was universally accepted that, notwithstanding the moral responsibility of the College to ensure this occurs as a routine part of its activities, the process is intended to facilitate all training sites providing effective training and education in a supportive and safe environment. That is, the primary beneficiaries of the information obtained are the trainees who are being asked to contribute to that process.

Other mechanisms to ensure the survey's completion have been explored, and the College is of the view that these are not feasible. To ensure that trainees know that this is expected of them, the team understands that the College intends that this requirement and the non-compliance sanction will be included in the Trainee Agreement, signed at the time of enrolment in the training program (the August 2016 version provided to the team did not include this information).

The Trainee Committee is of the view that other options (carrying a less significant penalty) have not been fully explored. Following discussion with trainees and further careful consideration, the team is of the view that the penalty is excessive. The team considers that the College must further

explore options for ensuring completion of the FACEM Trainee Placement Survey, as exclusion from the training program is a disproportionate penalty for failure to respond.

6.2 Evaluation

The accreditation standards are as follows:

- The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.

- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.

- Stakeholders contribute to evaluation of program and graduate outcomes.

The curriculum framework underpins the training program and provides the standard by which program and graduate outcomes are evaluated. This is further discussed under standard 3. The curriculum framework is currently undergoing wide-ranging stakeholder consultation to ensure that it is fit for purpose.

The College is also currently in the early stages of assessing the structure and requirements of the training program. Again, wide stakeholder consultation is planned, with resultant changes to be implemented in the 2019 training year.

The ACEM Education and Training Evaluation Framework underpins formal curriculum monitoring and evaluation and includes the following principles:

- Evaluation is informed by best practice with combinations of qualitative and quantitative methods.

- Methods should consider feasibility and cost.

- A wide range of stakeholders should be included.

- The purpose of each tool should be clear.

- Evaluation should follow a recurrent quality cycle.

The document includes who should be involved, how often, what is being evaluated and which groups should receive reports.

Recent survey outcomes are summarised in the following table:

Tool	Response rate	Selected findings
Trainee Placement Survey (ED) 2016	86%	92% training needs met >80% rosters equitable shift exposure, supported site service & ensured safe hours 87% learning requirements met 81% structured education sessions 81% leadership & 91% teaching others opportunities 42% participating in governance of workplace 88% satisfied with DEMT support & 87% availability 95% know from whom to get help 67% agree processes in place for trainees in difficulty

Tool	Response rate	Selected findings
Trainee Placement Survey (non-ED) 2016	83%	94% training needs met >80% satisfied with rosters & case-mix 59% structured education sessions 89% satisfied quality & 89% availability supervisor 96% know from whom to get help 62% agree processes in place for trainees in difficulty
DEMT Survey 2016	85%	89% supported in role as DEMT 72% sufficient time rostered for role >75% able to meet role requirements 85% routinely rostered on clinical shifts with trainees 55% rostered on non-clinical shifts with trainees 93% agreed trainee needs being met 90% trainee in difficulty processes in place 90% environment is supportive & safe 78% trainees can participate in QI 45% trainees can participate in decision-making 82% DEMT role rewarding
Annual Site Census 2016	98%	34% Australia and 33% New Zealand had current FACEM vacancies
New FACEM Early Career Survey August 2016	50%	83% had a consultant position, 11% VMO/locum, 6% not working 21% would like to increase hours
Withdrawal from Training Survey 2016	Not reported	Voluntary withdrawal – 65% satisfied with training program, 24% neutral, 11% dissatisfied Results include satisfaction with specific training components and resources

Responses to the New FACEM Early Career Survey have informed the ACEM New Fellows Program. The College has longitudinal data (2014 onwards) about those withdrawing from FACEM training.

Recent examples of specific evaluation activities include:

- The 2017 stakeholder consultation plan and list for further input on proposed revisions to the training program critical care requirement. The review outcomes and proposed changes, approved by the COE, included development of guidelines for ACEM accreditation of suitable non-EM anaesthesia and ICM placements, learning outcomes aligned to the curriculum framework, a learning plan, revised ITA form, and a procedural skills and educational activity logbook, each specific for the critical care requirement of FACEM training. Stakeholders consulted included other specialist medical colleges, ACEM entities, fellows and trainees (including dual fellows, DEMTs), non-ED supervisors and training sites (ACEM-accredited and those seeking accreditation). These materials were tested through a critical care pilot in 2016 in seven sites across Australia and New Zealand.

- The 2016 Review of the EMC and EMD programs, under the auspice of the Non-Specialist Training Committee. The report included the review purpose and scope, methodology, data

analysis and findings, recommendations, limitations and conclusions. Stakeholders involved included current trainees, those who did not complete the programs, graduates, supervisors, hospital administrators (employers) and ACEM fellows.

Implementation is in progress for the following recommendations:

- o   pathways for transition between the training program, EMC and EMD programs

- o   possibility of direct entry into the EMD program with a more formal eligibility assessment process

- o   review of EMC and EMD online modules

- o   revision of EMC and EMD procedural checklists

- o   alternative pathway for completion of the Critical Care Requirement for the EMD (piloted in 2016 and implemented from January 2017).

- The 2015-2016 Emergency Medicine Education and Training (EMET) Program interim and final evaluation reports. The EMET Program, implemented in 2012, is the Australian Government-funded program designed to improve capacity in regional and rural hospital networks (including linking to FACEM-staffed hubs at larger hospitals and ensuring professional development opportunities for staff in rural and remote facilities). The evaluation scope was the delivery modes used in the EMET program, according to FACEMs, program support officers and staff at more than 300 peripheral hospital participating sites (including clinicians and senior hospital administrative staff). Data included pre- and post-surveys. The results showed improvement in the knowledge and skillsets of participants, as well as improved confidence in providing safe and appropriate emergency care. Additionally, there were improved relationships between the hub hospitals and the peripheral sites.

- The 2015 Overseas Trained Specialist Assessment Pathway Evaluation Report, under the auspices of the OTS Subcommittee (now the SIMG Assessment Committee). In this report, overarching evaluation goals included whether the process was effective and whether those completing the overseas trained specialist (OTS) assessment pathway had comparable practice to ACEM-trained fellows. Findings included the need to better align the OTS process, guidelines and policies to those of the training program to ensure greater transparency and comparability. Recommendations included a range of changes to the process to ensure greater transparency and consistency, training for panel members, and further exploration of potential additional 'advanced standing' countries. The structure of the evaluation report conformed to that of the EMC and EMD programs evaluation report as detailed above. Stakeholders involved were primarily internal. Changes were implemented from the start of 2016. Further details are provided under standard 10.

6.2.1   Team findings

The College is commended for its comprehensive education and training evaluation framework. Those who use the framework consider that it is a 'living' document which meaningfully guides evaluation approaches. The team was provided with examples of monitoring and evaluation activities (listed above) that demonstrate this. Qualitative and quantitative data are being collected, analysed and used to inform training program and specialist international medical graduate assessment process evolution.

As discussed under standard 3, the curriculum framework underpins most of the College's educational activities. The framework and the training program are currently undergoing review with the anticipated timeframe for implementation of any changes being the 2019 training year. The College is asked to provide updates on this review, including details of internal and external stakeholder consultation, and consequent framework and program changes and their implementation.

Internal stakeholder input, including from training sites, is comprehensive. Hospital administrators are included in some evaluation activities. However, there is no input from jurisdictions and health consumers. Input from these stakeholders would triangulate the College's assessment that its graduates are of a standard commensurate with community expectations. As noted in the College's accreditation submission, this is an area for development:

> An area for development in regard to evaluation activities is increased mechanisms for obtaining data from employers and consumers of emergency medicine care and their families on a regular basis.

The team recommends that the College specifically monitor and evaluate how graduates of the training program are meeting the needs of both consumers and employers.

6.3 Feedback, reporting and action

The accreditation standards are as follows:

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.

- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).

- The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

The ACEM Education and Training Evaluation Framework includes internal stakeholder reporting requirements including frequency. Examples include:

- The curriculum framework and training program are subject to initial two-year and then five-yearly reviews that are reported to the STAC and the COE.

- Placement surveys are reported annually to the STAC, the COE and the Board of Directors.

- Examination surveys are reported to the Examinations Subcommittee (ESC) after each examination and examiner performance annually to the ESC and the COE.

- The Graduate Outcome Survey is reported initially at two years to the STAC and the COE, and then five-yearly to the STAC, the COE and the CAPP.

- The CPD program review occurs five-yearly and is reported to the CPD Committee and the COE.

- Specialist international medical graduate assessment evaluation is 'ongoing' and is reported annually to the SIMG Assessment Committee and the COE.

The College provides some feedback to external stakeholders. An example is collating summary documents of its workforce surveys to feed these back to jurisdictional and other interested stakeholders.

If a matter is identified as representing a significant risk to the College, there is a process of prioritisation. The College maintains a risk register and many of the risks currently on this register relate to educational and training functions (for example, revised specialist training program not adequately implemented due to suboptimal administrative arrangements, currency of eLearning resources, OSCE capacity, security of examination database, DEMT training).

6.3.1 Team findings

Internal reporting and action is well established and thorough. At the AMC site visits, trainees, DEMTs and clinical supervisors were aware of changes that had been made in relation to feedback to the College. This was particularly the case for what is perceived as necessary change following the introduction of the current training program in 2015.

The College recognises that it needs to improve its external reporting. In its accreditation submission the College acknowledges the need to evaluate whether or not graduates are meeting the needs of both consumers and employers. The College's submission highlights some of the difficulties in consumers providing feedback on FACEM graduate outcomes that may impact on their reliability, including confounders created by access issues and team-based care. The College is considering semi-structured qualitative interviews as a means of addressing this complexity. Plans are underway to look at survey methodology for both consumers and employers and the College should provide updates on the development and implementation of these. In its submission, the College commits to reporting these data both internally and externally. The College is asked to provide evidence of relevant reporting to stakeholders on a regular basis.

The risk register is constructed along recognised corporate governance lines with inherent and residual risks, control effectiveness and ownership.

Commendations

M   The College's comprehensive education and training evaluation framework and its thorough approach to the regular collection of meaningful data from trainees, supervisors, those withdrawing or being withdrawn from the training program, training sites and new graduates.

N   The commitment to monitoring and evaluation capacity through the ACEM Policy and Research Unit.

Conditions to satisfy accreditation standards

18   Further explore options for ensuring completion of the Trainee Placement Survey in conjunction with the Trainee Committee, as exclusion from the training program is considered a disproportionate penalty for failure to respond. (Standard 6.1.3)

19   Finalise the evaluation of the ACEM Curriculum Framework and FACEM Training Program, including details of internal and external stakeholder consultation, any resulting plans for change and their implementation. (Standard 6.2)

20   Monitor and evaluate how graduates of the FACEM Training Program are meeting the needs of both consumers and employers. (Standard 6.2.1)

21   Provide evidence of reporting relevant evaluation results to internal and external stakeholders on a regular basis. (Standard 6.3.2)

Recommendations for improvement

Nil

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7   Trainees

7.1   Admission policy and selection

The accreditation standards are as follows:

- The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.

- The processes for selection into the specialist medical program:

    o   use the published criteria and weightings (if relevant) based on the education provider's selection principles

    o   are evaluated with respect to validity, reliability and feasibility

    o   are transparent, rigorous and fair

    o   are capable of standing up to external scrutiny

    o   include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.

- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.

- The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.

- The education provider monitors the consistent application of selection policies across training sites and/or regions.

According to the College's accreditation submission, the current number of trainees in the FACEM program is 2,384, with 70% in the Advanced Training (AT) stage of the FACEM program.

The College is currently transitioning from an open, deregulated process of admission and selection into emergency medicine training to a more rigorous selection process. The College established a Selection into Fellowship Training (SIFT) Working Group in June 2016 to progress this work.

The purpose of the change is to better select trainees who have the capacity to successfully complete the program. This aligns with more contemporary methods of admission to training programs.

Two key factors, cited within the accreditation submission, driving this new approach are:

- the projected workforce numbers suggesting an oversupply of the FACEM workforce

- concern that a proportion of current trainees may be unable to complete training program requirements.

Since the introduction of a time limit to complete training in 2008, there is a cohort of trainees who will not comply with the 12-year timeframe. Currently, the College is transitioning some of these trainees into the Emergency Medicine Diploma (EMD) program to provide formal recognition/certification of their emergency medicine training.

In the current open, deregulated, selection process, trainees employed at accredited sites who submit an application to the College are admitted into the training program. The first process of 'selection' therefore occurs at the end of Provisional Training (PT) where satisfactory completion of requirements (including ITAs, 12 months of training in accredited placements, structured references and the Primary Examination) is required to progress to AT.

The key planned changes to the selection process are:

- undertaking 'selection' prior to training and maintaining 'progression' within training

- using a selection tool (or tools) as part of trainee registration for the purpose of selection into training

- forming a selection panel to provide oversight and undertake decision making for the selection process.

The new selection process, SIFT, will commence for those prospective trainees planning to start training on or after 1 December 2018. This new process will require trainees to have general AHPRA/MBA/MCNZ registration. The new changes add minimum entry requirements: prior ED experience, selection references from DEMTs or other FACEMs, weighted scoring of the curriculum vitae (CV), and application forms. Employment in an accredited site will no longer automatically translate to being in approved training.

As at November 2017, the College has seven Aboriginal and Torres Strait Islander trainees and 10 Māori trainees in training. Together with AIDA and Te Ora, the College has done considerable work to develop its Reconciliation Action Plan (RAP) and the Manaaki Mana. This includes promoting increased recruitment of Aboriginal, Torres Strait Islander and Māori trainees. The new selection policy incorporates weighting to help facilitate Aboriginal, Torres Strait Islander and Māori admission into training.

The upcoming change in the selection process has been widely communicated to key stakeholders including prospective applicants. The process is also clearly outlined on the College website.

7.1.1 Team findings

The College is commended for its development of a new selection process undertaken in consultation with stakeholders to ensure that those selected into training have the capacity to become emergency physicians. The team notes that the Expert Advisory Group (EAG) process also highlighted a need for a review of the requirements and selection for entry into the training program [EAG recommendation 8.6.1].

The new selection process represents a major change from the previous open, deregulated process. It places greater emphasis on the College to base entry on an identified minimum standard, and the SIFT subcommittee will be responsible for implementing the process across the College for all jurisdictions.

Whilst some weighting criteria are available on the College website with regards to the relative contributions of the CV, selection references and institutional references, it was reported to the team that there is some lack of transparency about how each of these documents are weighted in the selection process. The skills that the new selection process seeks to identify include prioritisation and decision making, communication, teamwork and collaboration, scholarship and professionalism. The main concerns with this new process is how it will be consistently applied across the training sites and/or regions to ensure it maintains a transparent, rigorous and fair process. The SIFT subcommittee will assess multiple domains but it is unclear how these domains will be assessed and scored to ensure they can withstand external scrutiny. The College will need to monitor the consistent application of selection policies across training sites and/or regions and report on the outcomes of such monitoring.

The team notes that the implementation of the SIFT process will add a further workload for DEMTs with endorsement of prospective trainee applications via selection references. The team recommends that the College continues to monitor the workload for DEMTs. This is also discussed under standard 8.1.

Further to this, the College's monitoring of the selection process lacks some clarity regarding when the process will be reviewed and how the success of its implementation will be assessed; including what benchmarks will be used to determine that the selection process is identifying the

best candidates for FACEM training. The selection process, tools and methods will require evaluation for effectiveness, validity, reliability and feasibility in selecting the most appropriate candidates to become emergency physicians.

It is noted that throughout the development and implementation of the new selection process, the College has reassured trainees admitted into training prior to the commencement of the SIFT program that they will not be impacted by the new selection changes.

The College is commended for the positive work in promoting strategies in the area of cultural competence including looking at practical ways to increase recruitment of Aboriginal and Torres Strait Islander and Māori trainees. The team acknowledges the College's positive work with AIDA and Te Ora and the development of the RAP and Manaaki Mana. The College should develop processes to report regularly to the College Board on its activities in relation to its support for increased recruitment and selection of Aboriginal and Torres Strait Islander and Māori trainees.

7.2 Trainee participation in education provider governance

The accreditation standards are as follows:

- The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

As discussed under standard 1, the College's governance restructure provided an opportunity to expand the number of trainee representatives on College committees. The ACEM Board includes a trainee representative elected by the trainee body for a term of two years. There is also a wide distribution of trainee representatives in voting positions on College committees including the COE, the CAPP, Regional WBA Panels, the Standards Committee and the DBSH Working Group.

The ACEM Trainee Committee provides formal representation for all ACEM trainees and reports directly to the COE. Its membership comprises one trainee from New Zealand and each Australian state and territory, along with the trainee member of the ACEM Board. Non-voting attendees at trainee committee meetings include the Censor-in-Chief, Deputy Censor-in-Chief, Executive Director of Education and Training, General Manager of Education, relevant unit manager and the Trainee Advocate.

The Censor-in-Chief and Deputy Censor-in-Chief provide additional support to the Trainee Committee, recognising the importance of this group in the College governance. The College also provides appropriate secretariat and financial support to the Trainee Committee.

7.2.1 Team findings

The team commends the changes in the College's governance structure that have led to increased trainee representation on the Board and College committees. The process of trainee election to these groups is clear and transparent, utilising an expression of interest and voting process. The Trainee Committee has suitable autonomy and support from the College. Trainee representatives on College committees are afforded the same rights as other committee members, acknowledging their importance and value on these decision-making groups.

Having a trainee member on the ACEM Board represents a positive step and this trainee also occupies an ex officio position on the Trainee Committee. As this position is elected from the trainee membership, the team considers there is an ongoing role for the College to communicate with the trainee body the valuable role it plays within the College and the support provided to this role; in addition this will promote and maintain strong trainee involvement in the election process.

7.3 Communication with trainees

The accreditation standards are as follows:

- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.

- The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.

- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

The College provides regular communication to trainees in the form of email updates, the trainee section of the College website, a monthly trainee newsletter, a weekly e-bulletin with dedicated education and training information, and a 'trainee focus' section within the College journal, Emergency Medicine Australasia (EMA). Periodic communication is also provided in the Examinations Bulletin which provides information to trainees on the Primary and Fellowship Examinations.

Currently the Trainee Committee communicates with the trainee membership via emails from the College. The membership can approach individual Trainee Committee members directly via the member's email address which is available on the College website.

The College is currently further developing the training portal and dashboard on the College website to provide better access to accurate training information. There has been significant work recently to better align the timelines for completion of training requirements and improve the submission of assessments.

Currently in development is communication of an individual annual summary of training status, including timeframes for completion, assessment requirements and examination timeframes. In light of the major changes in the College's curriculum and training program this is a welcome addition.

The College is expanding its communication into social media.

7.3.1 Team findings

The College provides open and transparent communication of information to all trainees and fellows. The College currently provides extensive communication with the trainee membership in the form of email and electronic media and, especially in light of the recent extensive changes occurring within the curriculum, College structure and assessment.

However, the team heard a consistent concern from trainees regarding a lack of prioritisation of the information in College correspondence. Major training issues or changes were 'buried in' the general communications and not afforded 'critical' weighting, leading to some important communications being missed or not prioritised by trainees. Consequent effects included failure to complete assessments within the required timeframe and non-compliance with the complexity requirement of WBAs. This could potentially lead to remediation for non-compliance with extended training times. Given the large volume of its communications, the College should prioritise its communication to trainees, particularly highlighting critical information.

These issues have been compounded by a lack of standardisation of assessment timelines for trainees and individualisation of the trainee dashboard. The team acknowledges the College's plans to improve these areas of the IT infrastructure and the work of the COE in improving the clarity of timelines. This is a positive response to the concerns and frustrations expressed by trainees. The AMC looks forward to updates from the College on progress in clarifying and standardising the timelines for completion of WBAs.

The Trainee Committee currently communicates with the trainee membership via email and electronic media. This requires the use of College mechanisms to distribute notifications from the Trainee Committee. The potential for direct communication with the trainee membership would enhance trainee advocacy and two-way communication with and between trainees and their committee. This could include other forms of media beyond email to better foster trainee engagement.

The College has been forthcoming in its communication of the EAG's work. The communication with the membership and specifically to trainees has been considered open and transparent.

7.4   Trainee wellbeing

The accreditation standards are as follows:

- The education provider promotes strategies to enable a supportive learning environment.
- The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

The College acknowledges the importance of trainee wellbeing with two central approaches:

- accreditation requirements for training sites including supervision approaches
- College policies, procedures and activities relating specifically to trainee wellbeing.

In its accreditation submission, the College indicates that the new site accreditation standards leverage the implementation of requirements promoting the health, welfare and interests of trainees (see standard 8).

The College has core policies and processes that support trainee wellbeing: Reconsideration, Review and Appeals Policy, Whistleblower Policy, Complaints Policy, Policy on Procedural Fairness; and Supporting Trainees in Difficulty Policy. These undergo a regular review and update process.

When brought to the attention of the College by a trainee, an issue will be handled through one of two College primary 'entry points':

- the Training and Education Unit, with initial consideration by the Trainee Advocate (a staff member), and/or
- the Office of the CEO.

The Trainee Advocate role has two main functions:

- provision of one-on-one advice to trainees in difficulty (and their DEMTs), orientation for new trainees and specialist international medical graduates, and acting as a referral point for information in relation to complaints, special consideration, remediation and reconsideration/review/appeal of decisions
- promotion of trainee and member wellness at ACEM and other conferences/events.

The Trainee Advocate's support processes include:

- direct contact with the trainee to establish whether external support networks are in place for immediate support (i.e. DEMT, Mentor or external source)
- engaging with relevant stakeholders within ACEM administrative units
- liaising with significant individuals involved with ACEM Education and Training at the local level (e.g. DEMT/Regional Censor) to ensure that an appropriate support network is provided and a support plan is in place
- referring the trainee to avenues of ACEM support and resolution.

The College has recently undertaken work in the area of DBSH with the formation of a specific DBSH Working Group. Whilst the working group has examined the prevalence of DBSH, it is still in the early phase of establishing policy and changing practice and culture to reduce the prevalence of DBSH.

The ACEM Mentoring Program was introduced in 2017 and is accessible by all ACEM trainees and members. The program encompasses an online network in which trainees and members can share mentoring program experiences and access experienced FACEM mentors. Online resources include tools, templates, guides and articles, along with a series of eLearning modules, which support the ACEM Mentoring Framework. The program is supported by College staff and a reference group of FACEMs.

The College publishes information on the services available to trainees in the trainee health and wellbeing section of its website.

7.4.1 Team findings

The team found that the College is supportive of improving and maintaining trainee wellbeing. Recent policy documents, trainee pathway structures and the positive culture of mentoring amongst FACEMs are all designed to support this.

The positive steps such as those outlined above have placed a significant requirement on DEMTs to be adequately trained and cognisant of the expertise of FACEMs in their department providing these supportive aspects. The team acknowledges the extensive training of DEMTs, but identifies there is a risk to the College in adding to the already significant workload of the DEMTs.

The work of the Trainee Advocate in providing assistance with trainee issues is commended. However, the increasing number of trainees and the recent changes in the training program have meant an increase in the volume of work. To continue building on this work, the College should consider expanding the role of trainee advocacy within the College office.

The team commends the introduction of the College's Trainee Mentoring Program. The team notes that the expectations regarding the Trainee Mentoring Program are incorporated as part of the revised Specialist Training Program Site Accreditation – Requirements for implementation in 2018.

The establishment of the DBSH Working Group is a positive step in addressing the issue of discrimination, bullying and sexual harassment in the training program. It will require a sensitive and comprehensive approach. The DBSH Working Group is in its early stages in establishing the magnitude of the problem within emergency medicine training. The team notes the EAG made a number of findings and recommendations relevant to this accreditation standard about the culture of the College [EAG recommendations 8.29.1, 8.39.1, 8.39.2, 8.39.3, 8.39.4, and 8.39.5]. The EAG Action Plan indicates that the response to these recommendations will form part of the wider DBSH Action Plan. The team recommends that the College brings about actions that lead to culture change and minimise the prevalence and impact of DBSH. The College must implement measurable actions arising from the work of the DBSH Working Group which are critical for trainee wellbeing and provide regular updates to the AMC on its recommendations.

7.5 Resolution of training problems and disputes

The accreditation standards are as follows:

- The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.

- The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

The College utilises a trainee agreement in which the 'rights' of trainees are described, as well as the expectations they should have of their training, supervision and their DEMT. Part of this agreement involves an understanding of the College structure and how to approach the College on any matters related to training.

As detailed under standard 7.4, currently the College has in place a Trainee Advocate to act as an intermediary to assist trainees in navigating the College structure to identify policy and process to best address their issues.

The College informs trainees of their right to raise concerns regarding training with the DEMT, Regional Censor or the College office itself. Recently the College introduced a policy on the management of underperforming trainees (Supporting Trainees in Difficulty Policy) which clearly outlines the roles of the regional censors in assisting trainees and DEMTs in these circumstances.

With complaints, the College describes a commitment to confidentiality and the legal principle of qualified privilege. Where anonymity is not possible, the College seeks authorisation from the complainant before taking steps that may result in the identity of the individual becoming known.

7.5.1 Team findings

The College has a policy and process of escalation with regard to complaints. The team considers that this policy requires improvement in its transparency and focus on an outcome-directed process as stated in the EAG recommendations 8.31 and 8.32.

The College does not provide a definitive timeframe for resolution of complaints, with the unique nature of each complaint received by the College as the rationale. However, in the examples of complaints provided, the College was forthcoming in its timeframe for resolution. The reconsideration, review and appeal timeframes are stipulated in the College's accreditation submission, but the implications of variable individual deadlines for WBA completion has led to decisions on remediation falling outside of hospital rotations. This issue points to a problem with inconsistent alignment of assessment deadlines and training timeframes; consideration should be made for remediation decision timeframes to align with the above.

The College needs to demonstrate its commitment to having processes in place that enable trainees to raise issues and resolve disputes during training without jeopardising their ongoing participation in the training program. The team notes this links to the EAG report, which has highlighted the Whistleblower Policy as an area for refinement, especially in relation to reducing fears of retribution after making a complaint. The EAG proposes an independent third party be responsible for handling the whistleblowers framework and the team is supportive of this approach [EAG recommendation 8.33].

Commendations

O   The development of a new selection process undertaken in consultation with stakeholders to ensure those candidates selected into training have the capacity to become emergency physicians.

P   The utilisation of a Trainee Advocate to support trainees and provide advice on College structure and policy.

Q   The establishment of the Discrimination, Bullying and Sexual Harassment (DBSH) Working Group which is a positive step in addressing a major issue that requires a sensitive and comprehensive approach.

Conditions to satisfy accreditation standards

22   Evaluate the new selection process and the tools/methods used for each stage to ensure effectiveness, validity, reliability and feasibility in selecting appropriate candidates to become emergency medicine physicians. (Standard 7.1.2)

23   Implement processes to ensure better prioritisation of communication to trainees to ensure appropriate clarity and importance is attached to communication involving assessments and their timeframes for completion. (Standard 7.3)

Conditions that also relate to EAG Recommendations

24   Develop and implement the DBSH Action Plan which will result in actions to support cultural change and trainee wellbeing. (Standard 7.4)

25   Review and revise the Complaints Policy to ensure that the process is transparent, and adequately acknowledges potential outcomes and resolution processes. (Standard 7.5)

26   Implement processes that demonstrate the College's commitment to enabling trainees to raise issues and resolve disputes during training without jeopardising their ongoing participation in the training program. (Standard 7.5)

Recommendations for improvement

KK   Report regularly to the College Board on activities to support increased recruitment and selection of Aboriginal and Torres Strait Islander and Māori trainees. (Standard 7.1.3)

LL   Implement processes to enhance the two-way communication between the Trainee Committee and the trainee body. (Standard 7.2.1)

MM   Expand the role of trainee advocacy within the College education structure. (Standard 7.4)

8   Implementing the program – delivery of education and accreditation of training sites

8.1   Supervisory and educational roles

The accreditation standards are as follows:

- The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.

- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.

- The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.

- The education provider routinely evaluates supervisor effectiveness including feedback from trainees.

- The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.

- The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

The College relies on a robust system of training and accreditation of clinical supervision in accredited training sites to ensure that high-quality training is delivered in a safe and effective way in order to produce a workforce capable of delivering high-quality health care in emergency medicine.

All FACEMs employed at accredited training sites have a role in the supervision and assessment of trainees in the training program. The key roles associated with the program are the DEMT and the Local WBA Coordinator. These roles and their responsibilities are described in the positions descriptions.

Directors of Emergency Medicine Training

A DEMT (or more than one DEMT in some sites) is responsible for the oversight of the training needs of all FACEM trainees employed in a hospital with an ED that is accredited for emergency medicine training. The DEMT is the nominated supervisor of all trainees who are undertaking a placement in their ED. If a trainee is undertaking a non-ED placement, the supervisor of the trainee is a consultant specialist who works in the vocational specialty of that placement (primarily intensive care medicine and anaesthesia).

Local WBA Coordinators

At least one Local WBA Coordinator must be appointed within the ED of each ACEM-accredited hospital. The role of the Local WBA Coordinator relates to operational matters at the accredited training site including the administration of WBAs, local coordination of EM-WBAs and trainee advocacy and support.

DEMT and Local WBA Coordinator training and support

The main form of training and professional development for those performing the roles of DEMTs and Local WBA Coordinators is workshops targeted at both groups. The workshops are run over a full day by the College Deputy Censor-in-Chief and senior College staff.

As at December 2016, 84% (223 of 267) of DEMTs had attended a DEMT workshop, while 89 of 178 (50%) current Local WBA Coordinators have attended a face-to-face training workshop. Local WBA Coordinators who had not yet attended a training workshop were being targeted to attend one of the 2017 workshops as a priority.

Workshop attendees provide feedback through surveys conducted after each workshop. Workshop content is updated in line with changes in the training program, or when internal data from College evaluation activities indicates that some change to the workshop program is required, or when it is perceived to be of benefit.

Workshops in 2014 focused primarily on the imminent changes to the training program assessments, specifically, the introduction of the EM-WBAs and the revised Fellowship Examination. With the implementation of the new program in 2015, simulated WBA Panels were introduced into the training days. From 2016, Local WBA Coordinators have also been invited to the training days. DEMTs and WBA Coordinators attend joint sessions focusing on applying the regulations and provision of advice to trainees, as well as separate, breakout sessions to develop skills specific to their roles.

From March 2017, local FACEMs are also routinely invited to the training days. The combined sessions include application of the training program regulations, the assessment requirements and processes. These training days have been well attended by local FACEMs.

Online resources

The College provides online training modules to educate those involved in the training program about the WBA tools utilised. These resources are available to all fellows via the College website.

The College has developed an online module for DEMTs. This module is designed for use in conjunction with the face-to-face workshop, and includes DEMTs discussing the purpose and responsibilities of the role, and what to expect in and of the role. The further adaption and use of the module for educating DEMTs and others involved in the training of FACEM trainees is being explored.

DEMTs are provided access to a peer-to-peer online support network (forum) through the College's eLearning platform. Several other DEMT resources are available on the College website. Resources include links to supervision and teaching courses, resources on how to give effective feedback, managing underperforming trainees, teaching programs and courses, and the relevant College policies regarding training, assessment and the workplace.

DEMTs and Local WBA Coordinators are also provided with phone support by College staff.

Evaluation of supervisor effectiveness

Supervisor effectiveness is assessed primarily through the accreditation processes for training sites. In addition, trainees and fellows provide direct feedback to the College regarding trainee issues at sites.

Information about potential difficulties at any site that may impact on the delivery of quality training is reviewed by the relevant Regional Censor and, where necessary, referred to the Accreditation Subcommittee for follow up, including possible escalation to a focused inspection. This may, in the first instance involve discussion between the relevant Regional Censor / Regional Deputy Censor and the site about the issues of concern and exploration of possible solutions.

Examiner selection and training

The selection of examiners is reliant on approval by the Examinations Subcommittee and appointments are endorsed by the COE prior to the applicant being appointed to the role. The qualifications for prospective examiners are listed in the Terms of Reference of the Court of Examiners and include being a clinically active fellow who is at least three years post-fellowship.

New examiners are provided with an orientation handbook and an introduction to their role and associated responsibilities, focussing initially on examining in the Fellowship Examinations. Subsequently, newly appointed examiners are trained on assessing in the Primary Examination viva. The Court of Examiners is not involved in the marking of the Primary Written Examination or in the construction of the Fellowship Written Examination paper, the standard setting process being undertaken by a separate group.

Fellowship Written Examination Training - SAQ paper

New examiners are provided with a set of de-identified, examination papers containing candidate answers to a small number of short answer questions (SAQs) from a recent examination and are asked to mark these questions according to the model answer template provided. Their scores are entered into an adjusted version of the scoresheet used for the examination, with the process mimicking actual marking of SAQ papers.

The practice marking data are used at the face-to-face marking orientation, which new examiners attend as part of their examiner training. The new examiners compare their marks with those that were officially given and discuss this with the Peer Support Examiners (PSEs). PSEs are senior examiners who mentor new examiners and provide feedback to examiners on their performance in actual examinations to foster ongoing improvement in examiner skills. They are appointed for this purpose based on their skills and experience.

Primary Clinical Examination (Viva) Examiner Training

Orientation to the Primary Clinical Examination is conducted when the examiner attends their first examination. All examiners participate in a pre-examination workshop, workshopping the examination questions before newly appointed examiners observe the examination process. Newly appointed examiners begin examining candidates in conjunction with a Senior Examiner or PSE.

Fellowship Clinical Examination (OSCE) Examiner Training

The Fellowship Clinical Examination in the current OSCE format has been running for over two years. Examiner training has been reviewed and refined over that time.

From 2017, new examiners participate in a three-day orientation at the Fellowship Clinical Examination which combines calibration, a workshop, structured observation and then examining with a PSE present.

Ongoing Examiner Training

PSEs are present at both the Primary viva and the Fellowship OSCE. Their role is to observe newly appointed examiners during the conduct of the examination and to provide verbal feedback on mark allocation, examiner behaviour and other relevant issues.

The 'Examiners Bulletin' is periodically distributed to all examiners. It highlights new or important process changes and provides advice on examiner best practice derived from the observations of the PSEs.

Evaluation of examiner effectiveness

Data is collected on examiner marking performance to enable examiners to compare their performance to their peers who have marked the same viva or OSCE station.

As discussed under standard 6.1, results of examination surveys are reported to the Examinations Subcommittee (ESC) after each examination and examiner performance annually to the ESC and the COE.

8.1.1 Team findings

The training program is founded on a strong ethos of education, support and supervision, which is well articulated by the Board and College executive. This has materially fostered a culture that aids learning. The program is reliant on the DEMT and Local WBA Coordinators in each training site who are critical to the delivery of training.

The team found DEMT and Local WBA Coordinators were well orientated to the role that they are expected to perform. The roles and responsibilities for DEMT and WBA Coordinators are clearly documented by the College and readily accessible to any fellow. However, the criteria used by the College to select fellows for the roles of DEMT or WBA Coordinator are not defined to the point where the team were assured of consistency in the selection of suitable applicants across training sites. It is recommended that the College outlines more explicitly the capabilities required of DEMTs and Local WBA Coordinators and how these capabilities are assessed in their selection.

Once selected, DEMTs and Local WBA Coordinators reported they feel supported by the College. The College provides training workshops for them. These workshops are held multiple times per year in varying sites to ensure that opportunity is given for all DEMTs and WBA Coordinators to attend. Fellows who do not hold formal training positions can also attend the workshops for WBA Coordinators. These workshops have been invaluable in addressing issues especially relating to WBAs. For example, case complexity has been further clarified, and feedback gathered from the workshops has informed revisions to aspects of the requirements and administration of WBAs. The College seeks and uses feedback from these workshops to inform future workshops and to identify areas where DEMTs or Local WBA Coordinators require additional information or resources. DEMTs were overwhelmingly supportive of the online resources for their role, with particular value placed on the DEMT Forum which allows DEMTs to share ideas or seek solutions to training issues on a day-by-day basis.

The online resources to assist DEMTs and Local WBA Coordinators are highly valued. These resources have also been accessed by many fellows who are conducting WBAs to assist them in gaining a greater understanding of the WBA processes.

The team acknowledges that the College is aware of the need to examine the mechanism by which DEMTs are selected, and to be more systematic in the way in which it evaluates the effectiveness of its individual supervisors, including DEMTs. This is an activity the College has signalled it intends to prioritise.

As also discussed under standard 7.1, the team notes that with significant and ongoing changes within the College, an increasing workload is placed on the DEMTs. The implementation of the Selection into Fellowship Training (SIFT) process adds further workload with endorsement of prospective trainee applications via selection references. The team recommends that the College continues to monitor the workload for DEMTs with the implementation of the SIFT process and other new demands on the role.

The College has significant non-ED training requirements. The processes for gathering feedback from these attachments could be strengthened to allow the relevant DEMT and Censors to have greater knowledge of the learning objectives achieved on these non-ED attachments. Improved feedback from non-FACEM supervisors and trainees from these attachments should also inform DEMTs of the adequacy of non-FACEM supervisors and teachers in non-ED attachments. It is acknowledged that the College is developing specific anaesthesia and ICU resources that will improve the quality of information received by DEMTs and the College from these non-ED attachments. The anticipated changes to the ITA form are expected to assist in obtaining more consistent information from trainees undergoing non-ED attachments.

The team found wide support amongst both fellows and trainees for the introduction of the WBA program. Whilst it is acknowledged that the introduction was not without challenges, including WBA Panels consistently applying the definition of complex cases, the team was impressed by the WBA program. The application of the WBA program highlights the College's effectiveness in

ensuring clinical supervisors are aware of the goals and program requirements of trainees. In particular, the introduction of non-technical domains in assessments such as the Shift Report is seen as a positive step in the development of senior trainees for more independent practice (see also Standard 5).

Feedback on the performance of individual DEMT or Local WBA Coordinator effectiveness is an area requiring more development. Whilst the College has established processes, these rely heavily on reviews carried out as part of the accreditation or reaccreditation of training sites. The team recommends that the College develops more formal processes for evaluating individual supervisor effectiveness including feedback from trainees. This finding also relates to the Expert Advisory Group (EAG) recommendation 8.35.3.

The EAG also identified a number of issues regarding the selection and support of, and feedback to, examiners. The EAG recommended that the College explores ways to develop a more diverse group of examiners (for example, male/female, Caucasian/non-Caucasian, local graduates/IMGs, older clinicians/younger clinicians) across the OSCE processes [EAG recommendation 8.14]. The team supports this recommendation and considers that the College should review its examiner recruitment and selection processes in order to enable participation of a greater diversity of examiners.

The team also acknowledged the EAG process outlined a number of recommendations regarding examiner training and support [EAG recommendations 8.15, 8.19.1, and 8.19.3]. In particular the College should provide examiners with additional training in cultural awareness and unconscious bias in examination marking. The team recommends that the College includes additional training in these areas as part of its examiner training program.

The College in its EAG Action Plan acknowledges that the efficacy of the current examiner feedback processes will be evaluated and improvements considered in line with the Quality Evaluation Framework as detailed under standard 6 [EAG recommendation 8.13]. The team supports this initiative and looks forward to updates on progress in future progress reports.

8.2   Training sites and posts

The accreditation standards are as follows:

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:

  o   applies its published accreditation criteria when assessing, accrediting and monitoring training sites

  o   makes publicly available the accreditation criteria and the accreditation procedures

  o   is transparent and consistent in applying the accreditation process.

- The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:

  o   promote the health, welfare and interests of trainees

  o   ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner

  o   support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand

- o ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

The College's formal processes of accreditation and reaccreditation of training sites across Australia and New Zealand seek to ensure that defined acceptable training and education standards are provided by all sites in which trainees undertake the training program. The revised Specialist Training Program Site Accreditation – Requirements apply to sites seeking accreditation for FACEM training and to those being reaccredited from August 2017 onward.

The current ACEM accredited emergency departments are as follows:

Region	Adult / Mixed ED	Paediatric-only ED	Total
Australia	**118**	**10**	**128**
ACT	2	-	2
NSW	37	3	40
NT	2	-	2
QLD	27	3	30
SA	7	1	8
TAS	3	-	3
VIC	28	2	30
WA	12	1	13
New Zealand	**17**	**2**	**19**
Total	**135**	**12**	**147**

To be eligible for accreditation by the College as a site to conduct FACEM training, a site must first meet the definition of an ED as set out in ACEM Statement S12, Statement on the Delineation of Emergency Departments. Eligible sites can then apply to the College for accreditation.

Recognising the diversity of settings and resourcing of EDs across Australia and New Zealand, the College accredits training sites for maximum periods of training time that advanced trainees may undertake at the site; either six, 12, 18 or 24 months of training time. There are no site limits regarding placements for provisional trainees.

The College accredits three types of training sites:

- adult-only EDs
- paediatric-only EDs
- mixed (adult and paediatric) EDs.

Provided a site fulfils the minimum criteria with regard to paediatric case load, a site accredited as a mixed ED may be used by trainees for the purpose of meeting the paediatric requirement of the training program. This is achieved by the trainee completing the associated paediatric logbook requirement.

Sites accredited as paediatric-only EDs may be used by trainees for the purpose of completing the paediatric requirement of the training program by successful completion of assessments

associated with six-month ED placements (these being the ITAs and EM-WBAs) undertaken in these sites.

Linked EDs

Accreditation allows for rural and smaller sites to be considered for accreditation under the linked ED arrangements. This allows sites that would not independently meet accreditation requirements to be considered for accreditation where they are linked with a site that does meet the accreditation requirements. Sites currently accredited as linked EDs are listed on the College's website.

Networks

The College also accredits sites that wish to be considered as 'networks' whereby resources are shared across hospital sites, and a coordinated education and training program is offered through the network arrangement.

The minimum requirements associated with accreditation for each maximum period of training time are set out in the College guidelines and relate principally to trainee case-mix exposure and the extent of direct FACEM clinical supervision. The former involves consideration of the volume, breadth, acuity and complexity of the case-mix, as well as the frequency of trainee exposure to it; the latter involves the extent of fellow clinical coverage relating to hours per day, days per week and the number of FACEMs providing supervision at any one time.

Accreditation Process

The accreditation process is overseen by the Accreditation Subcommittee, which reviews all hospital accreditation site reports completed by ACEM inspection teams and considers new applications for accreditation. This subcommittee has clear terms of reference.

ACEM conducts site inspections in the following five circumstances:

- Routine inspections are conducted at the end of the five-year review cycle to confirm accreditation for a further five-year term.
- New inspections are conducted in instances when sites applying for accreditation with the College have not been previously accredited.
- Focused inspections are conducted twelve months after a new site is granted accreditation.
- Special focused inspections are conducted, as considered necessary, when specific issues arise at a particular site.
- Accreditation level increase inspections are conducted when a site requests an increase in the duration of Advanced Training (AT) time for which it is accredited.

The Accreditation Guidelines (AC01: Minimum Requirements: Accreditation of Adult and Mixed Emergency Departments and AC05: Minimum Requirements: Accreditation of Paediatric Emergency Departments) are publicly available on the College website, along with information relating to the accreditation process, timelines and avenues for reconsideration, review and appeal of accreditation-related decisions. These remain relevant throughout 2017 for sites already accredited.

From August 2017, sites seeking accreditation with the College for the purpose of conducting FACEM training now need to address the new accreditation requirements.

The revised Specialist Training Program Site Accreditation – Requirements replace the previous guidelines and place a clearer emphasis on the trainee and the training environment. The revised Specialist Training Program Site Accreditation – Process Guide was developed to align with the outcomes of the AHMAC Accreditation of Specialist Medical Training Sites Project (2011-2014).

The College's Process Guide describes both the objectives and the principles of ACEM accreditation. It also provides information on specific aspects of the accreditation process.

New sites and those seeking an increase in their level of accreditation are required to make a written application to the College. The application is initially assessed by the Accreditation Subcommittee. For those applications that meet the initial criteria, the Accreditation Subcommittee approves a site visit. Applications for accreditation of new sites are typically processed within six weeks. If approved for a site inspection, the inspection will usually occur within three to six months.

Following an accreditation inspection, the inspectors submit a report for consideration by the Accreditation Subcommittee, which determines the site's accreditation status and the maximum amount of AT time that may be accumulated by a trainee at the site. The initial accreditation for any successful site is for one year. A subsequent focussed inspection is completed near the end of the first year of accreditation with particular focus on the experience of trainees at the site. This follow-up visit is also an opportunity to determining how the site is maturing as a training site. If considered satisfactory, sites are accredited for a maximum total period of five years.

As discussed under standard 6, the College will be linking the Trainee Placement Survey data with individual training sites.

Accreditation of training sites in specialties other than emergency medicine

Specialist non-ED placements can be undertaken at a site accredited by the relevant specialist medical college for the purposes of specialist training in that specialty.

In addition, the College accredits 'Special Skills Placements' to enable trainees who wish to complete a period of training in a non-EM discipline that is not recognised for the purposes of specialty/subspecialty registration with the MBA or MCNZ. These include (but are not limited to) areas such as: drug and alcohol addiction management; forensic medicine; hyperbaric medicine; medical education; pre-hospital and retrieval medicine; rural/remote health; toxicology; and trauma.

Training sites outside of Australia and New Zealand

Trainees may apply to undertake training in sites located outside of Australia and New Zealand (overseas placements). Applications for training overseas are considered on a case-by-case basis and, as with all training positions, must be prospectively approved. The specific requirements governing overseas placements are set out in the College regulations which are available for trainees and DEMTs.

Diversity of training sites

Most emergency medicine is performed in public hospitals, however a small number of private EDs in Australia are accredited for training. There are no differences in the accreditation processes or standards required of public and private settings.

In New Zealand, the College is actively engaged with the MCNZ on initiatives around cultural competence. This work, in concert with Health Workforce New Zealand, is intended to address, *inter alia*, issues of where training can occur. This work is important to attract and support Māori doctors to/in the training program.

ACEM actively engages with other education providers to support common accreditation approaches and sharing of relevant information. This is particularly so with ANZCA, CICM and RACP with regard to specific aspects of FACEM training, along with the recognition of accreditation by other specialist colleges for training in discretionary terms.

Additional MCNZ requirement

The College has processes to inform the MCNZ with reasonable notice of any intention to limit or withdraw the accreditation of any training site.

8.2.1 Team findings

The College has clear processes and criteria to assess, accredit and monitor training sites. The accreditation requirements and processes are well understood by EDs considering to apply for College accreditation, or who are subject to reaccreditation processes. These criteria are publicly available and the team was satisfied that the criteria are applied consistently across varying sites.

The College is commended for its development and introduction of the new Specialist Training Program Site Accreditation – Requirements. The annual Trainee Placement Survey data for individual sites will inform the new accreditation processes in 2018. The team commends this work.

The team found that as part of the site accreditation process consideration is given to the educational material and resources available in the training site. Increasing use is being made of simulators for training and access to simulator training is explored as part of the site accreditation process. Technology such as video-conferencing is utilised in some sites to aid training, especially where linked ED training is occurring.

A significant aspect of the accreditation process is assessment of trainee wellbeing and supervision. This assessment is effective during formal accreditation processes of EDs, but there is a lack of formal assessment of these attributes in non-ED attachments (insofar as emergency medicine trainees are affected). Whilst the College has close links, especially with the CICM in Australia and New Zealand, the ANZCA, and the RACP, there is a significant reliance on the accreditation processes of non-ED attachments by the relevant non-ED college. Whilst this will satisfy many aspects of the criteria assessed in an ACEM accreditation processes, it is important for trainees to have the ability to feedback on specific aspects of these non-ED attachments to ensure trainees receive the level of support, education, and supervision deemed appropriate by ACEM.

The College has well-established processes to accredit sites under the linked ED processes. The team sees considerable opportunity for the College to develop more regional and rural training by encouraging sites to explore this opportunity. Expansion of these opportunities will likely also give trainees greater exposure to the health needs of Aboriginal and Torres Strait Islander people in Australia and Māori people in New Zealand.

Some regions in both Australia and New Zealand have developed a network approach to ED training between sites that have all individually achieved full accreditation. A clear advantage of these networks is they often make it easier for trainees to obtain the full array of experience necessary to meet the curriculum, as coordination of multiple trainees is performed by a regional training committee that can consider the needs of all trainees in the particular region. The team was impressed by the strength of the network approach for both trainees and DEMTs. The network approach also made allocation of trainees to non-ED attachments more efficient than trainees having to arrange their own non-ED attachments. This has led to fewer trainees finding it difficult to obtain mandatory non-ED attachments. Many DEMTs voiced support for this approach and a number of sites wished to see these opportunities developed in their regions.

Commendations

R   The commitment demonstrated by many fellows to the supervision, support, and education of trainees.

S   The application of the WBA program in ensuring clinical supervisors are aware of the goals and requirements for trainees within the program. Particular note is made of the value of including non-technical domains to assist supervisors in preparing trainees for independent specialist practice.

T   The development and introduction of the new Specialist Training Program Site Accreditation – Requirements and their linkage with Trainee Placement Survey data.

Conditions to satisfy accreditation standards

27   In the selection processes for Directors of Emergency Medicine Training (DEMTs) ensure those who are selected demonstrate appropriate capability for their roles. (Standard 8.1.3)

Conditions that also relate to EAG Recommendations

28   Develop a formal process for providing feedback to individual Directors of Emergency Medicine Training (DEMTs) and Local WBA Coordinators on their performance and effectiveness in the role including feedback from trainees. (Standard 8.1.4 and 8.1.6)

29   Provide additional examiner training in cultural awareness and examination marking. (Standard 8.1.5)

30   Review and revise the examiner recruitment and selection processes in order to enable participation of a greater diversity of examiners. (Standard 8.1.5)

Recommendations for improvement

NN   Develop greater definition of the capabilities required of Directors of Emergency Medicine Training (DEMTs) and Local WBA Coordinators, and how these capabilities are assessed during the appointment process. (Standard 8.1.3)

OO   Develop more effective supervisor and trainee feedback from non-ED attachments. (Standard 8.1.4)

PP   Further develop regional and rural training opportunities, for example, through increased linked attachments and training networks. (Standard 8.2.2)

9 Continuing professional development, further training and remediation

9.1 Continuing professional development

The accreditation standards are as follows:

- The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).

- The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.

- The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.

- The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.

- The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).

- The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.

- The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.

- The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

- Additional MCNZ criteria: Continuing professional development – to meet MCNZ requirements for recertification.

The ACEM CPD program is a compulsory requirement for all ACEM fellows in active clinical practice. This requirement is supported by relevant clauses of the ACEM Constitution, as well as relevant regulations. The program is not compulsory for retired fellows, nor is it required of honorary fellows.

In addition to being a requirement for ACEM fellows in active clinical practice, participation in the program is available to medical practitioners who are recognised by relevant bodies as 'specialists' in emergency medicine, but who are not ACEM fellows (e.g. those who are registered in the vocational scope of Emergency Medicine by the MCNZ, but who do not hold FACEM). It is also available to medical practitioners practising in the field of emergency medicine, such as specialist international medical graduates who have not yet completed the requirements for admission to fellowship.

Based on a three-year cycle with annual requirements, the program has been operating in its current format since 2014. When introduced, the program involved enhancements to the then existing program to render it more simple, flexible and responsive to the individual needs of both

fellow and non-fellow participants practising emergency medicine across Australia and New Zealand. The major changes to the program since the previous AMC accreditation have been:

- revised categories of CPD activity

- introduction of a second intake of fellows, at the mid-point of the CPD year

- activities recorded in hours, rather than weighted points

- all participants progress through the same three-year cycle (reduced from five years).

The ACEM CPD program is overseen by the CPD Committee, which is supported by ACEM staff to administer the program and to review policies, procedures and processes in response to initiatives of external stakeholders, with the overall aim of continuous improvement of the program.

Upon admission to fellowship, individual FACEMs receive a welcome email which outlines details of the CPD program, online platform, web page, eLearning resources and networking opportunities, and contact information of the College's CPD staff. A suite of 'How To' guides is readily available to all CPD program participants. The CPD section of the College website includes information regarding program changes and regulatory requirements. Communication of monthly updates to this section of the website is distributed via the ACEM eBulletin and Faculty newsletters.

Communication with targeted groups, such as members undergoing CPD audit, are sent via email, post and/or SMS. College CPD staff are responsible for the ongoing promotion of the CPD program and its requirements for College fellows and other registered participants.

The requirements of the ACEM CPD program are readily available on the ACEM website, and within the ACEM member portal. They are set out in the table below and over the page.

ACEM CPD Program	2017 CPD Cycle	2020 CPD Cycle
Annual requirements	50 hours	50 hours
	3 core procedural skills by performance, teaching or supervision: 1 Airway skill 1 Breathing skill 1 Circulation skill	3 core procedural skills by performance, teaching or supervision: 1 Airway skill 1 Breathing skill 1 Circulation skill
	No requirement for planning and evaluation	Record and reflect on one goal
	For doctors registered in New Zealand: 1 Audit of Medical Practice 10 hours of Peer Review 20 hours of Continuing Medical Education	For doctors registered in New Zealand: 1 Audit of Medical Practice 10 hours of Peer Review 20 hours of Continuing Medical Education

ACEM CPD Program	2017 CPD Cycle	2020 CPD Cycle
Cycle requirements	All annual requirements	All annual requirements
	30 hours in Quality Enhancement	30 hours in Quality Enhancement
	30 hours in two of: Self-directed Learning Group Learning Teaching, Research and Educational Development	30 hours in two of: Self-directed Learning Group Learning Teaching, Research and Educational Development
	3 core skills by *performance*: 1 Airway skill 1 Breathing skill 1 Circulation skill	3 core skills by *performance*: 1 Airway skill 1 Breathing skill 1 Circulation skill
	10 different scope of practice skills by performance, teaching or supervision	12 different scope of practice skills by performance, teaching or supervision

At its core, the ACEM CPD program requires a minimum of 50 CPD hours of activities be completed every year. The ACEM CPD year commences on 1 July. Members who achieve fellowship from July through December (inclusive) commence CPD on 1 January, with program requirements for that CPD year completed on a pro-rata basis. Pro-rata requirements are also applied for participants who enrol part of the way into the three-year cycle.

All CPD participants progress through the same three-year cycle, which requires a minimum of 150 hours, with at least 30 hours in the Quality Enhancement category and not less than 30 hours in at least two of the other three categories shown in the table above, excluding Procedural Skills.

Participants may be eligible for a partial exemption from specific program requirements based on their scope of practice, including non-clinical, dual-fellowship with CICM and/or RACP (Paediatrics), or temporary absence from practice on grounds including parental/carers leave and prolonged illness. For example, those with no patient contact may seek exemption from procedural skills. All are required to meet the ACEM CPD standard.

The program contains five categories of CPD activity:

- Group Learning

- Quality Enhancement Activities

- Self-directed Learning

- Teaching, Research and Educational Development

- Procedural Skills.

The Procedural Skills requirements for a CPD year are the performance, teaching or supervision of one of each of the core skills (airway, breathing and circulation). The requirements for a CPD cycle currently involve the additional performance, teaching or supervision of ten different Scope of Practice skills.

The most recent changes to the CPD program, to take effect for the new CPD year and cycle commencing 1 July 2017, were proposed by the CPD Committee at its meeting in March 2017 and approved by the COE at its meeting in April 2017. These are as follows:

- the introduction of a cycle of mandatory planning and self-evaluation

- increasing the number of possible Scope of Practice skills from 10 to 12.

Fellow participants in the CPD program will be required to record one goal each CPD year, including a corresponding activity and reflection on how this impacted their practice. There will be no pro-rata requirement for that year for participants who are enrolled for the January intake.

As well as being intended to ensure the maintenance and improvement of knowledge, skills and attitudes of each emergency medicine specialist, at a pragmatic level, the ACEM CPD program is also intended to enable participants to meet the annual requirements of both the MBA and the MCNZ. The College monitors activities of both bodies for changes to their requirements in relation to CPD/recertification and makes adjustments accordingly. The College is of the view that it has strong relations with both regulatory bodies and that positive two-way collaborative communication exists, in addition to that arising through meetings/forums/consultations organised by the two regulatory bodies.

The College is a signatory to the Memorandum of Understanding with the MCNZ and the College functions as the Vocational Education and Advisory Body for Emergency Medicine in New Zealand.

ACEM CPD Online, the member-facing side of the College database, provides access for participants to:

- plan their CPD, set goals, link completed activities to goals and reflect on the learning outcomes

- align their CPD activities with the eight domains of the curriculum framework

- access ACEM online learning activities including cultural competency, mentoring and leadership modules

- record activities, attach evidence and link to goals

- monitor annual and cycle progress

- reflect and report on their CPD activities

- submit annual returns and access annual and cycle certificates

- submit audit returns and access certificates of compliance.

The ACEM CPD Online platform enables participants to attach electronic evidence to each activity in their online record. The Provision of Evidence Guidelines provide advice on the nature and type of documentation that must be provided for the purpose of meeting CPD requirements. Participants are required to retain evidence for a minimum of three years in order to meet the requirements of the MBA and the College.

In the first half of 2017, the CPD online platform was further upgraded to enable participants to record details of procedural skills in a mobile-friendly logbook, upload multiple pieces of evidence to one or more activities, and edit or delete multiple activities in the one transaction. The platform also enables College CPD staff to attach evidence of ACEM activities to multiple participants' CPD records and record both ACEM activities and accredited external activities on behalf of participants.

CPD activities and ACEM resources

Activities accredited for the purposes of the ACEM CPD program, including all external and ACEM resources, are aligned to the learning domains of the curriculum framework and program participants are able to record and review by CPD year the spread of their CPD activities against that framework. As such, the program enables and encourages participants to engage in CPD activities that cover the full range of contemporary emergency medicine specialist practice, including those relating to wider considerations of medical professionalism, such as ethics and cultural competence.

Participants are issued with certificates of completion/attendance, which clearly state the name of the participant along with the activity name and date/duration. External providers are required to provide participants with an ACEM Accredited Activity Evaluation form at the time of the activity, and to provide the College CPD unit with a participant attendance list within ten working days of the accredited activity. Should an external provider fail to provide this information or if feedback from CPD participants identifies that the required elements of the activity were not met, the CPD Committee reserves the right to revoke accreditation. Applications are assessed according to the following criteria:

- activities align to one or more domains of the curriculum framework

- educational activities and learning outcomes are clearly stated

- participants' needs are taken into consideration

- activities are evidence-based

- clinical and ethical standards are maintained throughout

- face-to-face activities include adequate time for interaction and discussion

- participants evaluate and provide feedback on the accredited activity.

In addition, ACEM also offers recognition of ultrasound courses that align to the ACEM policies and guidelines on the use of ultrasound in emergency medicine. Applications are processed by CPD staff, utilising the subject matter expertise of members of the Emergency Department Ultrasound Subcommittee.

The ACEM Best of Web EM provides a large number of FACEM-reviewed online resources that have been assessed for educational merit and information quality. The platform has advanced-search criteria, including target audience, curriculum framework domains, clinical specialty, themes and media type.

ACEM's own in-house developed learning resources are aligned to the emergency medicine scope of practice and the domains of the curriculum framework. The eLearning resources includes mentoring, leadership, teaching critical care (airway management), WBAs and Indigenous health and cultural competence.

The College has also developed the New Fellows Program which is an exciting innovation to assist early career FACEMs to transition successfully from trainee to consultant. The program unites existing ACEM eLearning resources with more in-depth information regarding the CPD program, plus an online network where new FACEMs can share experiences.

ACEM audit activities

The CPD audit process is conducted via the CPD Online platform whereby those chosen for audit upload their evidence and submit their audit return. They are required to provide evidence of only the minimum requirements of the CPD program. The CPD Provision of Evidence Guidelines is available from both the ACEM website and the CPD Online platform.

ACEM staff manually verify that all evidence supplied meets the guidelines set by the CPD Committee. On an annual basis, ACEM audits ten per cent of both fellow and non-fellow CPD participants. Those chosen for audit have two months from the date of selection in which to submit evidence of having met the minimum CPD requirements. The procedure for audit automatically selects:

- any participant who is non-compliant with CPD requirements at the close of the CPD year or cycle

- those who were deferred from, failed or failed to comply with the previous audit

- those who alter their CPD record after submission of their annual return and are non-compliant as a result of the alteration.

The remaining participants for audit are randomly selected.

At the close of the 2016 CPD year on 31 August 2016, 99.4% of participants were compliant with the annual requirements of the ACEM CPD program. This can be attributed to changes in policy over time that have resulted in any participants who were non-compliant at the close of the previous CPD year being selected for audit.

Additional MCNZ criteria

The MCNZ has specific requirements for fellows holding vocational registration and practising in New Zealand.

The recertification program must provide a process for maintaining and improving competence and performance (at least 50 hours minimum) and should cover the MCNZ's domains of competence. In addition, the educational provider must have respect for cultural competence and must identify formal components of the recertification program that contributes to the cultural competence of fellows and affiliates.

To meet MCNZ requirements, participants practising in New Zealand must complete an annual Audit of Medical Practice (AMP), 10 hours of Peer Review (PR) and 20 hours of Continuing Medical Education (CME). The College is actively engaged with the MCNZ regarding consultation on proposed changes to the recertification requirements for vocationally registered doctors in New Zealand.

The College collects data on CPD compliance by New Zealand fellows and actively assists any fellow who has not met the requirements. Furthermore, the College is aware of its responsibilities to notify the MCNZ if a fellow remains non-compliant with their CPD requirements.

The MCNZ does not discriminate between FACEMs with a pure paediatric emergency medicine fellowship and those with the general emergency medicine fellowship. All New Zealand-practising fellows are aware of the requirements of the MCNZ to satisfy the accredited ACEM CPD program.

9.1.1 Team findings

The CPD program is comprehensive, accessible and is easy for fellows to access and understand. The team found that there is near universal uptake of the CPD program by ACEM fellows. The CPD program has been determined in consultation with relevant stakeholders and is designed to meet the current requirements of the MBA and the MCNZ. The program is well placed to meet the forthcoming Professional Performance Framework requirements of the MBA, as it is in New Zealand in relation to recertification changes being considered by the MCNZ. The College is also considering the establishment of a revalidation working group to assist the CPD Committee in incorporating any new requirements.

As detailed under standard 3.4, while the College's curriculum is well designed to lead trainees in a step-wise fashion towards competence, there is little guidance for CPD beyond the maintenance of specified procedural skills. The College should develop guidelines for the continuing development of skills in areas such as leadership and people management, workplace wellbeing, and cultural competence.

The CPD Committee and staff of the College are to be commended for their proactive approach to the CPD program and the vast range of contemporary offerings which are available on the College website. Some resources have been developed by College fellows and others are assessed using the ACEM Best of Web EM process, described above.

The team heard feedback regarding the educational offerings that, while extensive, vary in both complexity and rigour. The team recommends that the College develop clear criteria for assigning a complexity level to each educational offering that would provide fellows with a useful guide when selecting activities appropriate to their individual needs.

The College is commended on its cultural competence module that is considered to be well designed for the specific setting of the ED. The College also includes cultural competence as a search term for resources within the Best of Web EM offerings. The team considers that cultural competence is a life-long learning process and that there is a need for recurrent education in this area. The team recommends the College consider mandating completion of a cultural competence refresher module on a regular (for example three-yearly) basis. The College should consider whether the current cultural competence module is appropriate for this purpose, or whether a range of other educational experiences are required.

As discussed under standard 1, the College has entered into a strategic partnership with key stakeholders including the Māori Doctor's Association, Te ORA, to develop Manaaki Mana- a 'Maori Equity in New Zealand Emergency Departments' program. With respect to CPD, this is designed to gather data on key performance indicators by patient ethnicity with the goal being to identify any areas of inequity in ED practice for Māori patients and to develop strategies to address these inequities. This work will provide opportunities for individual FACEMs to develop their own cultural competence via their CPD program, as well as for departments to address aspects of inequity.

With regard to additional resources that could be offered, some newer fellows raised the issue of incorporating the skills relating to managing a short stay unit (including ward rounds, longer term observation and management). Such an observational medicine module would offer an evidence-based approach to emergency medicine management.

The team noted that there is no module covering quantitative and qualitative research skills. Given that the majority of trainees undertake formal research education to comply with the research component of the training program, the team considers it would be valuable for fellows who did not have that option during their training, to be able to access similar education through an approved CPD module.

The team heard during site visits that there is support for including DBSH prevention as part of the CPD requirements. DEMTs, other FACEMs and trainees suggested it could be a way to enhance and emphasise the positive culture that the College wants to support and promote. The College should consider if DBSH prevention should be integrated into CPD requirements for FACEMs and, if so, whether it should be mandatory.

The team noted that mentoring is well received by both trainees and fellows as a supportive and valued developmental experience. The team heard positive feedback from new fellows who continued receiving mentoring support on becoming a fellow and the College might consider mandating participation in the online mentoring course for all new fellows.

The College is commended for its online system which is easy to use and facilitates participants' recording of activities. The procedures for auditing program participants are clear and the team heard feedback from participants that the evidentiary requirements are straightforward and easy to meet. The team noted however that those being audited are only required to provide evidence of the minimum requirements of the program and there was a sense that those being audited tended to favour more easily available or reproducible evidence, such as conference programs or educational modules. This runs the risk of making it preferable to ensure compliance through those sorts of activities, rather than some of the more reflective activities a FACEM might undertake (for example, case review or analysis of an ethical dilemma). The team recommends that the audit system be made more accessible to document experiences such as individualised, reflective practice where the evidentiary requirements are not so clear cut.

The online system easily caters for the differences in CPD requirements between the MBA and the MCNZ. The team notes some of the current features of the College website mean the College is well-prepared for likely changes resulting from the current MBA and MCNZ consultations on Professional Performance Framework and recertification, respectively.

9.2 Further training of individual specialists

The College provides a pathway for re-entry to practice that has been aligned to the MBA Recency of Practice standard (2016) and the MCNZ requirements.

The Re-entry to Practice following a Period of Absence Policy outlines 'the requirements and recommendations for emergency physicians returning to clinical practice after a period of absence'. In both Australia and New Zealand, these requirements are predicated on the amount of clinical experience the fellow has had prior to leaving practice and the duration of their absence (recency of practice).

A formal re-entry plan must be completed and submitted to the CPD Committee for review by fellows re-entering practice after a period of absence of more than three years. The fellow re-entering practice is appointed a supervisor who oversees the fellow during the re-entry period. The appointed supervisor submits a final report including whether the goals of the program have been achieved and details of any deficiencies identified in the knowledge or practice of the fellow. The CPD Committee reviews this supervisor's report and makes a recommendation to the COE on whether the fellow is competent to return to practice.

9.2.1 Team findings

The team noted that there is a clear policy on re-entry to practice following a period of absence for emergency physicians. Although there had been no formal requests under the policy, the College provided reports of assisting return to practice for two FACEMs who had been absent from practice for a period of greater than 12 months, but less than three years. The CPD Committee and staff provided advice regarding their CPD obligations, coordination of the assessment of procedural skills and facilitation of support. The team was impressed by the efforts of the CPD Committee and CPD staff in dealing with these requests.

9.3 Remediation

The College has a Policy for Managing Remediation and the Poorly Performing Practitioner. The stated purpose of the policy is to provide:

- collegiate support for the poorly performing practitioner

- a process for improving the clinical skills of the member to the standard expected, under an appropriate degree of supervision

- a process to assess that the required standard has been achieved

- a process to report on the successful completion or otherwise of this process to relevant parties including the practitioner, the referring body, the CPD Committee and the COE.

The College also fulfils its responsibilities with regard to advising the MCNZ of practitioners for whom there are performance/competence concerns. Via its role as a Vocational Education and Advisory Board, the New Zealand Faculty can assist with MCNZ processes such as Performance Assessments ordered by the MCNZ. In addition, the College is able to recommend fellows who may be suitable for roles such as that of educational supervisor if the MCNZ were to order an education program for a vocationally registered emergency medicine specialist.

9.3.1 Team findings

The College has a comprehensive policy and process to respond to requests for remediation of specialists who have been identified as underperforming. The College provided the team with comprehensive individual exemplars of cases where the policy had been appropriately applied.

Commendations

U   The CPD program, including the online system, which is comprehensive, accessible and easy for fellows to access and understand. Its requirements have been determined in consultation with relevant stakeholders.

V   The wide range of educational experiences available on the website, available to all practitioners working in emergency medicine, including the ACEM Best of Web EM resources.

W   The development of the Manaaki Mana – Māori Equity in New Zealand Emergency Department Project.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

QQ   Promote vertical integration of the training and CPD programs, by developing guidance for fellows on continuing development of non-technical skills in areas such as leadership and people management, workplace wellbeing and cultural competence. (Standard 9.1.3)

RR   In relation to the requirements of the CPD program:

    (i)   Consider introducing cultural competence refresher programs (using ACEM's cultural competence module) on a regular (for example three-yearly) basis. (Standard 9.1.3)

    (ii)   Integrate discrimination, bullying and sexual harassment prevention into CPD requirements for FACEMs, and consider whether this should be mandatory. (Standard 9.1.3)

    (iii)   Promote the completion of the online mentoring program. (Standard 9.1.3)

SS   Consider the development and provision of CPD educational resources/modules which:

    (i)   Incorporate skills relating to observational medicine. (Standard 9.1.3)

    (ii)   Promote skills in quantitative and qualitative research. (Standard 9.1.3)

TT   Introduce clearer criteria around the differing levels of CPD educational offerings on the website given that these offerings vary in their level of complexity and challenge. (Standard 9.1.5)

UU   Improve the audit system to make it clearer how to document experiences such as individualised, reflective practice where the evidentiary requirements are not so clear cut. (Standard 9.1.7)

10   Assessment of specialist international medical graduates

10.1 Assessment framework

The Accreditation standards are as follows:

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.

- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.

- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

- Additional MCNZ criteria: Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice

The College's Policy on the Assessment of Specialist International Medical Graduates in Australia and Policy on the Assessment of Specialist International Medical Graduates in New Zealand describe the processes for each country and includes the assessment of Area of Need (AON) applicants. The College has specific processes to address the requirements for those specialist international medical graduates applying to practise in New Zealand.

In 2015, the College undertook a systematic review of its processes and requirements for specialist international medical graduates seeking recognition by the MBA or MCNZ, as applicable, as a specialist emergency physician in Australia or New Zealand.

The specialist international medical graduate assessment process is overseen by the SIMG Assessment Committee, a standing committee of the COE, which reports directly to that body. The committee terms of reference were recently revised to include formal delegation of authority for decisions on the comparability/equivalence of specialist international medical graduate applicants to the committee, and the addition of a jurisdictional representative to the committee membership.

Documentation regarding all phases of the assessment process is available on the College's website. This includes information regarding the MBA Specialist Pathway (as well as the Specialist in Training and Area of Need (AoN) pathways), the requirements for recognition in New Zealand by the MCNZ, the ACEM assessment process (including interview dates and fees), and the First Shift in the ED resource. The First Shift in the ED resource provides specialist international medical graduates with information regarding the requirements and expectations of working as an emergency physician in Australia.

Any decisions made by the College in relation to specialist international medical graduate assessment are subject to the College's Reconsideration, Review and Appeals Policy. This applies at every 'stage' of the process at which a decision is made (e.g. initial assessment of applicant's documentation, interview, and completion of pathway to fellowship requirements).

Additional MCNZ criteria

The College acts as the Vocational Education and Advisory Body for emergency medicine, and in this role, it advises the MCNZ on the relative equivalence of the specialist international medical graduate applicant's qualifications, training and experience compared with the ACEM fellowship qualification. The College identifies any deficiencies in the applicant's training and qualifications compared with the ACEM fellowship and advises the MCNZ whether the applicant's subsequent specialist experience mitigates these deficiencies.

The College advises the MCNZ of any requirements that the specialist international medical graduate would need to complete during the period of provisional vocational registration before the applicant could be considered for full vocational registration. The College is aware of its need to comprehensively document reasons for any requirements. When required, the College will provide assessors for a Vocational Practice Assessment.

10.1.1 Team findings

The College is committed to ensuring that specialist international medical graduate applications are assessed in a timely fashion. The ethos of the assessment is to maintain the standards of emergency medicine practice.

The College via the New Zealand Faculty satisfies the MCNZ requirements and interacts effectively on issues related to assessment of applications from international medical graduates on the vocational pathway. Similarly, timelines in New Zealand are set and the College strives to meet them.

The team noted that in 2015, the College had undertaken a systematic review of its processes and requirements for specialist international medical graduates seeking recognition by the MBA or MCNZ as a specialist emergency physician in Australia or New Zealand.

In the immediate term, future work will be focused on refinement of administrative processes, ensuring that assessor training is rigorous and decisions are consistent with identified benchmarks, and that there is data collection on specialist international medical graduate outcomes over time following the assessment process.

The team commends the College for appointing a consumer member to the SIMG Committee and Interview Panels and affirms that this is in line with best practice as detailed in the MBA Guidelines. The AMC looks forward to updates on progress of this appointment.

10.2 Assessment methods

The Accreditation standards are as follows:

- The methods of assessment of specialist international medical graduates are fit for purpose.
- The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

The College's processes for the assessment of specialist international medical graduates involves an initial paper-based assessment of their qualifications, training and experience, followed by an interview to make a judgement regarding comparability/equivalence to a locally-trained specialist.

For applicants assessed in New Zealand, the College provides advice to the MCNZ regarding equivalence to a New Zealand-trained doctor registered in the vocational scope, with an assessment on comparability to a FACEM, a separate matter, with separate requirements and advice communicated after the MCNZ decision.

The assessment of specialist international medical graduates for comparability/equivalence is based on the domains and associated outcomes contained in the curriculum framework as discussed under standards 2 and 3.

The initial assessment is conducted by a member of the SIMG Panel of Assessors, appointed by the SIMG Assessment Committee. To be considered for interview, it is generally expected that the specialist international medical graduate will have completed a specialist training program in emergency medicine that:

- was a structured postgraduate course of at least three years duration, with published standards that are comparable to that of the training program

- contained a documented and systematic in-training assessment system incorporating regular, ongoing formative and summative performance-based assessments, examinations and other assessments comparable to those undertaken by FACEM trainees
- was accredited against published standards by an external body and was subjected to assessment for reaccreditation at regular intervals.

According to the Policy for Assessment of Specialist International Medical Graduates in Australia, the interview panel comprises three FACEM members of the SIMG Panel of Assessors and one community representative, appointed by the SIMG Assessment Committee. A College staff member may attend the interview in an observer capacity.

The interview provides the applicant with an opportunity to expand on their application and involves a detailed discussion of the requirements of their primary medical training, basic and advanced stages of their specialist training, subsequent specialist practice and participation in ongoing CPD.

Following the interview, the interview panel prepares a report with recommendations for consideration by the SIMG Assessment Committee. On the basis of the report, the SIMG Assessment Committee will make one of the following decisions: substantially comparable, partially comparable, or not comparable to an Australian-trained emergency medicine specialist.

Where the recommendation is that the specialist international medical graduate is substantially comparable or partially comparable to an Australian-trained emergency medicine specialist, the Committee's decision will stipulate the specific requirements that the specialist international medical graduate needs to complete in order to become eligible to apply for election to fellowship and thus to attain specialist registration. The College will notify the applicant of this assessment and report this to the MBA through established processes as an 'interim assessment'.

In its accreditation submission, the College provided the below data for the assessment outcomes for specialist international medical graduates assessed by the College in both Australia and New Zealand in 2016.

	Australia	New Zealand
Applications Received	23	11
Preliminary Advice	N/A	5
Vocational Assessment	N/A	9
Initial Assessment Decisions	27	11
Not Eligible for Interview	2	-
Eligible for Interview	24	11
Specialist Assessment Decisions (following interview)	24	10
Not Comparable/Equivalent	2	-
Partially Comparable	8	N/A
Assessment Pathway	N/A	9
Substantially Comparable	14	N/A
Supervision Pathway	N/A	1
Area of Need Assessment	4	N/A
Not Suitable for Position	-	N/A
Suitable for Position	4	N/A

The College is cognisant of the expectations of the MBA and the MCNZ regarding the timeframes for completion of the various stages of the assessment process. College regulations set out timeframes for completion of stages of the pathway that reflect these expectations of the MBA

and the MCNZ. The College endeavours to complete the assessment process within three months of the date of receipt of a complete assessment application.

The SIMG Assessment Committee is currently considering mechanisms to improve areas of the College's compliance with the MBA benchmarks; the initial focus is on the provision of advice of the assessment outcome to applicants within 14 days of the date on which they are interviewed.

The recent delegation of authority for assessment decisions to the SIMG Assessment Committee is expected to further reduce the average time from the date of receipt of a complete application for an assessment decision (Australia) or the provision of advice to the MCNZ.

The College uses the Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy to inform employers, and where appropriate the regulators, where patient safety concerns arise in the assessment of specialist international medical graduates. This policy is also referred to under standard 5.3. To date, the College has not been required to enact these processes in Australia or New Zealand.

10.2.1 Team findings

A member of the assessment team observed the College's specialist international medical graduate assessment interview panel process in November 2017. The interview panel comprised three FACEMs, represented diversity and included FACEMs who had undertaken the specialist international medical graduate pathway. It is noted that neither a jurisdictional representative nor a community representative was present at the interviews observed. The team considered that there was adequate documentation available to the interview panel in both electronic and paper-based formats to support the interview process.

The MBA's Good Practice Guidelines (Section 12) states that 'The aim of the interview is to confirm details of the SIMG's qualification, training, experience, recent practice in the specialty and CPD provided in the written document and if necessary, to seek additional detail.' and 'Good practice in the interview requires that the interview is used to explore in greater details…CPD and non-technical attributes including the SIMG's knowledge or, respect for, and sensitivity towards, the cultural needs of the community, including Aboriginal and Torres Strait Islander people.'

The AMC seeks assurance that the interview process confirms the applicant's CPD and explores their professional attributes. The SIMG Interview Assessment form needs to align to the College policy documents in these areas.

In addition, it is recommended that the SIMG Panel of Assessors receives additional skills-based training, with particular consideration to interviewer skills training, to ensure that the assessment and interview processes meet the principles outlined in the MBA Guidelines (Section 9.2), and that Panel members '…have the necessary attributes, knowledge and skills in the assessment of college trainees and understand their college's training requirements and standards.' The team notes that the College has identified this as an area for development. The inclusion of clinical scenarios in the interview process also raises the matter of skills training and experience of those fellows on interview panels. It is recommended that this matter be considered in the development needs of interviewers.

The team notes that the College has a defined process in its Reporting of Patient Safety Concerns Arising from Trainee Assessment Policy, and that this policy is said to extend to specialist international medical graduates. The team finds that this policy is not appropriate for specialist international medical graduates as they are not trainees. It is recommended that the College develops a separate policy that is applicable to specialist international medical graduates.

10.3 Assessment decision

The Accreditation standards are as follows:

- The education provider makes an assessment decision in line with the requirements of the assessment pathway.

- The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.

- The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.

- The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

The College's review of the specialist international medical graduate assessment processes undertaken in 2015 was predicated on the MBA Good Practice Guidelines for the Assessment of Specialist International Medical Graduates, and the expectations of the MCNZ for Vocational Education and Advisory Bodies.

The College adopted the definitions set by the MBA for 'substantially comparable', 'partially comparable' and 'not comparable' and by the MCNZ in relation to 'equivalent to' or 'as satisfactory as' with regard to the amount of peer review, upskilling or training a specialist international medical graduate might require in order to reach the standard expected of a locally-trained emergency medicine specialist.

The revised specialist international medical graduate assessment processes emphasises the assessment of specialist international medical graduates against the domains and outcomes of the curriculum framework (not against the completion of specific components or requirements of the training program).

As discussed under standard 10.2, the specific requirements that a specialist international medical graduate will need to complete are determined by the SIMG Assessment Committee following consideration of the interview panel report. The SIMG Assessment Guidelines for Determining Duration of Oversight or Training are publicly available on the College's website.

Following the interview, the interview panel will prepare a report, with recommendations, for consideration by the SIMG Assessment Committee. On the basis of the report, the SIMG Assessment Committee will make one of the following decisions:

- If deemed substantially comparable, the applicant will be required to complete up to 12 FTE months of supervised practice/oversight with ACEM Work Performance Reports every three months; specified WBAs; and three structured references at the end of the period of supervised practice.

- If deemed partially comparable, the applicant will be required to complete up to 24 FTE months of supervised training/upskilling with ACEM Work Performance Reports every three months; written and/or clinical examination requirements; specified WBAs; three structured references at the end of the period of supervised practice; and other training and/or assessment requirements as required.

- If deemed not comparable, the applicant will need to enter the training program at the Provisional Training (PT) stage, having met the necessary entry requirements.

Relevant WBA requirements employed in the training program are used to assess specialist international medical graduates eligibility for election to fellowship. The Shift Report WBA enables the College to assess a specialist international medical graduate's ability to contribute to the effectiveness of the healthcare system in terms of prioritisation and decision-making skills, leadership and management, and health advocacy.

Applicants assessed as partially comparable, in addition to WBAs, may be required to complete other assessment requirements of the training program. These include the Fellowship Written Examination, Fellowship Clinical Examination (OSCE), Trainee Research Requirement, the Paediatric Requirement and/or the Critical Care Requirement.

Specialist international medical graduate applicants assessed as substantially and partially comparable must complete three-monthly Work Performance Reports throughout the period of supervised practice. Satisfactory Work Performance Reports are reviewed by the Chair of the SIMG Assessment Committee. Work Performance Reports that are other than satisfactory are reviewed by the SIMG Assessment Committee having regard to the individual specialist international medical graduate's performance to-date and the comments provided by the supervisor on the Work Performance Report. The specialist international medical graduate may be considered for removal from their pathway to fellowship if two Work Performance Reports are assessed as 'not satisfactory'.

Specialist international medical graduates assessed as substantially and partially comparable are also required to complete three structured references. The structured references are provided by three fellows who have directly supervised the specialist international medical graduate for a minimum of 50 hours in the three-month FTE period preceding the date on which the reference is completed. The set of structured references are reviewed by the SIMG Assessment Committee, which determines whether the requirement has been satisfactorily completed.

The College acknowledges that the cultural competence of a specialist international medical graduate working in the Australian or New Zealand setting is important. In Australia, the period of supervised practice is seen as an opportunity for the specialist international medical graduate to become familiar with the Australian healthcare system while under review by a specialist emergency physician and for the College to receive feedback from the clinical setting of the specialist international medical graduate's cultural competence for practice in Australia. It is acknowledged that in New Zealand, due to the MCNZ provisional vocational registration requirements, this opportunity is already assured.

10.3.1 Team findings

The team noted that the assessment of partially and substantially comparable specialist international medical graduates includes WBAs (SIMG Performance Assessment Report) as well as three structured references provided by fellows within the department in which the specialist international medical graduate is employed and completing their period of supervised practice. The team recommends that this method of assessment be broadened to diminish the influence of bias/opinion that may positively or negatively impact on the assessment process. It is noted that alternate methods are being considered by the College including the use of: external reviewers (a team including a FACEM and a trainee) to review the results of the structured references that are not considered to be clearly and fairly in support of the progress in the assessment process; and multi-source feedback. The College should report on its plans to introduce additional assessment methods in progress reports to the AMC.

The team notes that the MBA's Good Practice Guidelines for the Specialist International Medical Graduate Assessment Process require that the specialist medical college make an assessment decision in line with the requirements of the assessment pathway. As stated under 10.2, the contribution of the CPD undertaken by the specialist international medical graduate to the overall assessment of comparability should be made clear to the candidate.

The team recognises the College is clear that in New Zealand, it is the MCNZ that makes the final decision on vocational registration. In New Zealand, a successful application for specialist registration does not equate with the applicant achieving fellowship of the College, and the College advises both the applicant and the MCNZ in writing what additional requirements the applicant needs to achieve in order to obtain fellowship. Once provisional vocational registration

is granted by the MCNZ, the College will allow the specialist international medical graduate to enrol in the College CPD program.

10.4 Communication with specialist international medical graduate applicants

The Accreditation standards are as follows:

- The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.

- The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

The regulations, policies, guidelines, forms and other information, including fees relating to the College's assessment of specialist international medical graduates in Australia and New Zealand, are available on the College's website.

Interview dates are also published on the website and available dates are communicated to applicants at the time they are advised they are eligible to proceed to interview.

Applicants are provided with information as they progress through the stages of the assessment process and ultimately through to eligibility for and election to fellowship.

Further, since April 2017, specialist international medical graduates working towards eligibility for election to fellowship have also received the Trainee Bulletin as a means of ensuring they are alerted to and receive information from the College, particularly any revisions to regulations, policies and matters progressed by the COE. Specialist international medical graduates also receive regular email correspondence from the College regarding matters such as the dates when applicable assessment reports are due, and reminders regarding the time available to them in which to complete outstanding assessment requirements.

The College has plans to develop an online SIMG portal to facilitate online completion of assessments in the manner of the training portal.

Specialist international medical graduates elected to fellowship are invited to participate in the Annual College Ceremony and are provided with the same information as all new fellows regarding their recertification requirements.

10.4.1 Team findings

The team found that the College provides clear and easily accessible information about assessment requirements and fees for the specialist international medical graduate assessment process on its website. The team notes that the College strives to provide timely and targeted information to specialist international medical graduates and any proposed changes are communicated by email if necessary. In New Zealand, much of the information supplied to candidates regarding the processing of their application toward vocational registration is dealt with by the MCNZ.

The team commends the development of the online SIMG portal and looks forward to updates on progress of its implementation.

Commendations

X   The College's commitment to ensuring specialist international medical graduate applications are assessed in a timely fashion and that the ethos of the assessment is to ensure the standards of emergency medicine practice are maintained.

Y   The College's effective interaction via the New Zealand Faculty with the Medical Council of New Zealand on issues related to assessment of applications from international medical graduates for vocational assessment.

Conditions to satisfy accreditation standards

31   In the assessment interview process, include confirmation of the continuing professional development activities completed by the specialist international medical graduate. (Standard 10.2.1)

32   Develop and implement skills-based training for the SIMG Panel of Assessors, with particular consideration to interviewer skills training, to ensure the assessment and interview processes meet the principles outlined in the Medical Board of Australia Guidelines. (Standard 10.2.1)

33   Develop a policy applicable to specialist international medical graduates, separate to that applicable to trainees, which outlines the process to address and report patient safety concerns arising from assessments of specialist international medical graduates. (Standard 10.2.2)

34   Develop and implement additional assessment methods, policies, procedures and external validation to eliminate the influence of bias in the current process for structured references for partially and substantially comparable specialist international medical graduates. (Standard 10.2.1 and 10.3.1)

Recommendations for improvement

VV   Implement the online SIMG portal to facilitate specialist international medical graduates' online completion of assessment forms. (Standard 10.4)

Appendix One   Membership of the 2017 AMC Assessment Team

Dr Lindy Roberts (Chair), MBBS (Hons), BMedSci (Hons), FANZCA, FFPMANZCA, FAICD, GradCertClinEd
Specialist anaesthetist and specialist pain medicine physician, Sir Charles Gairdner Hospital

Dr Andrew Connolly (Deputy Chair), BHB, MBChB, FRACS
Head of Department, Department of General Surgery, Middlemore Hospital. Chair, Medical Council of New Zealand

Professor Elizabeth Mary Chiarella, RN, RM, LLB (Hons), PhD
Professor of Nursing, Sydney Nursing School, University of Sydney

Dr Julian Grabek, MBBS
Haematology Advanced Training, Royal Melbourne Hospital/Victorian Comprehensive Cancer Centre

Dr Lynette Lee, MBBS, PhD, MSc Health Policy, FAFRM (RACP) FRACMA, FPMANZCA
Dean of Education, Royal Australasian College of Medical Administrators

Professor Kevin Mackway-Jones, MA, FRCP, FRCSEd, FRCEM
Consultant Emergency Physician, Manchester Royal Infirmary

Ms Helen Maxwell-Wright, FAICD
President, OzChild. Consumer Member, College of Intensive Care Medicine of Australia and New Zealand Community Advisory Group, Australian and New Zealand College of Anaesthetists International Medical Graduate Specialist Committee

Professor Stephen Trumble, MBBS (Mon), MD (Mon), Dip. RACOG, FRACGP
Head, Department of Medical Education, Melbourne Medical School, University of Melbourne

Ms Jane Porter
Manager, Specialist Training and Program Assessment
Australian Medical Council

Appendix Two   List of Submissions on the Programs of the Australasian College for Emergency Medicine

Australasian Society for Emergency Medicine

Australian Commission on Safety and Quality in Health Care

Australian Indigenous Doctors' Association

Australian Medical Association

Canberra Region Medical Education Council

College of Intensive Care Medicine of Australia and New Zealand

Department of Health NT

Health and Disability Commissioner, NZ

Health and Disability Services Complaints Office, WA

Health Quality & Safety Commission New Zealand

Leaders in Indigenous Medical Education

National Aboriginal Community Controlled Health Organisation

NSW Ministry of Health

Pasifika Medical Association

Postgraduate Medical Council of Victoria

Postgraduate Medical Council of WA

Queensland Health

Royal Australasian College of Physicians

Royal Australasian College of Surgeons

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Royal Australian and New Zealand College of Psychiatrists

SA Health

South Australian Medical Education & Training

Tasmanian Department of Health and Human Service and Tasmanian Health Service

The University of Queensland

University of New South Wales

University of New South Wales

University of Sydney

WA Health

Appendix Three   Summary of the 2017 AMC Team's Accreditation Program

Location	Meeting
AUCKLAND, NEW ZEALAND	
Monday, 13 November 2017 – Dr Andrew Connolly, Dr Julian Grabek, Ms Valencia Van Dyk (MCNZ Staff)	
North Shore Hospital	Senior Hospital Staff
	Director of Emergency Medicine Training
	Supervisors of Training and Clinical Supervisors
	Trainees
	Specialist International Medical Graduates
	Teleconference with Tauranga Hospital trainees
	Teleconference with Tauranga Hospital Directors of Training and Supervisors
Tuesday, 14 November 2017 - Dr Andrew Connolly, Dr Julian Grabek, Ms Valencia Van Dyk (MCNZ Staff)	
Auckland City Hospital	Teleconference with Ministry of Health and Health Workforce New Zealand
	Directors of Emergency Medicine Training
	Supervisors of Training and Clinical Supervisors
	Trainees
	Senior Hospital Staff
	Representatives of Related Health Disciplines
	Specialist International Medical Graduates
	New Zealand Faculty
BRISBANE, QUEENSLAND	
Monday, 13 November 2017 – Professor Steve Trumble, Professor Lynette Lee, Ms Jane Porter (AMC Staff)	
Redland Hospital	Senior Hospital Staff
	Directors of Emergency Medicine Training
	Supervisors of Training and Clinical Supervisors
	Trainees
Royal Brisbane and Women's Hospital	Senior Hospital Staff
	Directors of Emergency Medicine Training
	Supervisors of Training and Clinical Supervisors
	Trainees
	Queensland Faculty

Location	Meeting
PERTH, WESTERN AUSTRALIA	
Tuesday, 14 November 2017 – Dr Lindy Roberts, Professor Kevin Mackway-Jones	
Joondalup Health Campus	Senior Hospital Staff
	Supervisors of Training and Clinical Supervisors
	Directors of Emergency Medicine Training
	Trainees
Royal Perth Hospital	Senior Hospital Staff
	Directors of Emergency Medicine Training
	Supervisors of Training and Clinical Supervisors
	Trainees
	WA Faculty
MELBOURNE, VICTORIA	
Wednesday, 15 November 2017 – Professor Steve Trumble, Ms Helen Maxwell-Wright, Ms Jane Porter (AMC Staff)	
Footscray Hospital	Senior Hospital Staff
	Directors of Emergency Medicine Training
	Trainees
	Supervisors of Training and Clinical Supervisors
Royal Melbourne Hospital	Directors of Emergency Medicine Training
	Senior Hospital Staff
	Supervisors of Training and Clinical Supervisors
	Trainees
	Representatives of Related Health Disciplines
SYDNEY, NEW SOUTH WALES	
Thursday, 16 November 2017 – Professor Mary Chiarella, Professor Lynette Lee, Professor Kevin Mackway-Jones, Ms Juliana Simon (AMC Staff)	
NSW Ministry of Health	Ministry of Health Representatives
Royal Prince Alfred Hospital	Representatives of Related Health Disciplines
	Trainees
	Supervisors of Training and Clinical Supervisors
	Directors of Emergency Medicine Training
	NSW Faculty
	Senior Hospital Staff

Location	Meeting
Friday, 17 November 2017 - Professor Mary Chiarella, Professor Lynette Lee, Professor Kevin Mackway-Jones	
Sydney Children's Hospital	Senior Hospital Staff
	Directors of Emergency Medicine Training
	Supervisors of Training and Clinical Supervisors
	Trainees
	Teleconference Lyell McEwin Hospital Adelaide trainees
	Teleconference Lyell McEwin Hospital Adelaide supervisors
Monday, 20 November 2017 – Dr Lindy Roberts, Professor Kevin Mackway-Jones, Dr Julian Grabek, Ms Jane Porter (AMC Staff), Ms Juliana Simon (AMC Staff)	
Annual Scientific Meeting, International Convention Centre Sydney	Teleconference with VIC, QLD, SA, TAS and WA Health Departments
	New fellows
	Royal Darwin Hospital, Royal Hobart Hospital and Rural Supervisors
	Specialist International Medical Graduates
	Diploma in Pre-hospital Retrieval Medicine

Team meetings with Australasian College for Emergency Medicine Committees and Staff

Tuesday 21 November – Friday 25 November

Dr Lindy Roberts (Chair), Dr Andrew Connolly (Deputy Chair), Professor Elizabeth Mary Chiarella, Dr Julian Grabek, Dr Lynette Lee, Professor Kevin Mackway-Jones, Ms Helen Maxwell-Wright, Professor Stephen Trumble, Ms Jane Porter (AMC staff), Ms Juliana Simon (AMC staff).

Meeting	Attendees
Tuesday, 21 November 2017	
Discrimination, Bullying and Sexual Harassment (DBSH) Working Group	Co-chairs, DBSH Working Group
New Zealand Faculty	Chair Deputy Censor Member
AMC Standard 1 Context of training and education	President Immediate Past President Censor-in-Chief, Chair Council of Education (COE) Chair, CAPP Deputy Censor-in-Chief, Deputy Chair COE Deputy Chair, CAPP National Member (New Zealand) Non-FACEM Board Member (financial expertise) Non-FACEM Board Member (legal expertise) Trainee Representative Chief Executive Officer Executive Director of Operations, Deputy CEO Executive Director of Education and Training Manager of Standards
AMC Standard 2 Outcomes of specialist training and education	President Immediate Past President Censor-in-Chief, Chair COE Chair, CAPP Deputy Censor-in-Chief, Deputy Chair COE Deputy Chair, CAPP National Member (New Zealand) Non-FACEM Board Member (financial expertise) Non-FACEM Board Member (legal expertise) NZ Deputy Regional Censor Trainee Committee Chair Trainee Representative VIC Deputy Regional Censor VIC Regional Censor Chief Executive Officer Executive Director of Operations, Deputy CEO Executive Director, Education and Training Manager of Standards

Meeting	Attendees
Wednesday, 22 November 2017	
AMC Standard 3 The specialist medical training and education framework	Immediate Past President Censor-in-Chief Chair, Central WBA Panel Community Representative Deputy Censor-in-Chief Deputy Chair, Specialist Training and Assessment Committee (STAC) Regional Censor for NSW and ACT Trainee Committee Chair VIC Deputy Regional Censor VIC Regional Censor Executive Director, Education and Training
AMC Standard 7 Trainees	Censor-in-Chief Chair, Central WBA Panel Community Representative Deputy Censor-in-Chief NZ Deputy Regional Censor QLD Deputy Regional Censor QLD Regional Censor TAS Regional Censor Trainee Committee Chair Executive Director, Education and Training
AMC Standard 7 Trainees	Trainee Committee Chair Trainee Representatives
AMC Standard 8.1 Supervisory and educational roles	Censor-in-Chief Chair, Central WBA Panel Community Representative Deputy Censor-in-Chief Deputy Chair, Central WBA Panel NSW Deputy Regional Censor QLD member Central WBA Panel TAS Regional Censor Executive Director of Education and Training
AMC Standard 6 Monitoring and evaluation	Censor-in-Chief Deputy Censor-in-Chief Executive Director of Education and Training NZ Deputy Regional Censor QLD Deputy Regional Censor Regional Censor for NSW and ACT Research Manager Trainee Committee Chair

Meeting	Attendees
AMC Standards 1, 2, 3, 7, 8 Indigenous Health	Chair, Indigenous Health Subcommittee (IHSC) Chair, Mentoring Working Group Community Representative NSW Member IHSC NT Member IHSC NZ Member IHSC NZ Trainee Executive Director of Communications and Engagement Executive Director of Policy and Research Policy Officer
AMC Standard 4 Teaching and learning	Censor-in-Chief Chair, Central WBA Panel Community Representative Deputy Censor-in-Chief Deputy Chair, Central WBA Panel Trainee Committee Chair Executive Director of Education and Training
AMC Standard 1.5 Educational resources	General Manager Education Training Manager Assessment Manager Continuing Professional Development Manager Education Systems Development Manager Educational Resources Manager Education Development Project Lead Accreditation Standards and Quality Coordinator Workplace-Based Assessment Coordinator
AMC Standards 2, 3, 8.2 Rural, Regional, Remote Committee (RRR)	President Immediate Past President Chair, RRR Committee NT Members NZ Member QLD Member VIC Member WA Member Education Development Project Lead Executive Director of Operations Executive Director of Policy and Research
AMC Standards 1 & 2 Community Representatives	Community Representatives on various College committees
AMC Standard 4 Demonstration of CPD and eLearning Resources	CPD Manager Educational Resources Manager Executive Director of Education and Training
VIC Faculty	VIC Faculty Members

Meeting	Attendees
Thursday, 23 November 2017	
AMC Standard 5 Assessment of Learning	Immediate Past President Censor-in-Chief Chair, Central WBA Panel Chair, Examination Subcommittee Deputy Censor-in-Chief Deputy Chair, Central WBA Panel Deputy Chair, Examination Subcommittee QLD member WA Regional Censor NT Member General Manager of Education Education Development Project Lead Executive Director of Education and Training
AMC Standard 9 CPD, further training and remediation	Censor-in-Chief Chair, CPD Committee Deputy Chair, CPD Committee SA Member General Manager of Education CPD Manager
Teleconference with Health Consumer Council WA	Consumer representatives
AMC Standard 7.4 Trainee wellbeing	Executive Director of Education and Training Trainee Advocate
AMC Standard 8.2 Training sites and posts	Acting Chair, Accreditation Subcommittee NSW Member QLD Member Executive Director of Education and Training
AMC Standard 10 Specialist International Medical Graduate (SIMG) Assessment	Censor-in-Chief Chair, SIMG Assessment Committee Deputy Chair, SIMG Assessment Committee QLD Member SA Member Chief Executive Officer General Manager of Education
AMC Standard 1, 2, 3 Joint Consultative Committee on Emergency Medicine (JCCEM) Non-Specialist Training Committee (NSTC)	Censor-in-Chief Chair, Non-Specialist Training Committee (NSTC) Deputy Chair, NSTC WA Member, NSTC Emergency Medicine Certificate (EMC) / Emergency Medicine Diploma (EMD) Representative QLD Member, NSTC & JCCEM Chief Executive Officer

Meeting	Attendees
AMC Standard 1, 2, 3 Joint Training Committee on Paediatric Emergency Medicine (PEM)	Deputy Censor-in-Chief Royal Australasian College of Physicians Representatives Trainee Representative Executive Director of Education and Training
Meeting with representatives of related health disciplines	Director of Trauma Services, Auckland City Hospital
Friday, 25 November 2017	
AMC Team prepares preliminary statement of findings	AMC Team
Team presents preliminary statement of findings	President Immediate Past President Censor-in-Chief, Chair COE Chair, CAPP Deputy Censor-in-Chief; Deputy Chair, COE Non-FACEM Board Member Trainee Representative Chief Executive Officer Executive Director of Communications and Engagement Executive Director of Education and Training Executive Director of Operations, Deputy CEO Executive Director of Policy and Research Manager of Standards

Appendix Four   Expert Advisory Group on Discrimination Final Report

Australasian College for Emergency Medicine, Expert Advisory Group on Discrimination Final Report to the ACEM Board, October 2019

https://acem.org.au/getmedia/2800d443-e5f7-468f-ac0c-8b69bde09e84/EAG_Final_Report.aspx

Appendix Five   Expert Advisory Group on Discrimination Action Plan

Australasian College for Emergency Medicine, Expert Advisory Group on Discrimination Action Plan, February 2018

https://acem.org.au/getmedia/aa765609-5c7b-42f6-9304-6dca1c278288/ACEM_EAG_Action_Plan.aspx