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.


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 May 2018 meeting of the Specialist Education Accreditation Committee recommends:

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

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)

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

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

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)

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

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:

- Implement actions arising from the ACEM Reconciliation Action Plan (RAP). (Standard 1.6.4)
- Develop a clearly defined paediatric emergency medicine curriculum that integrates the relevant aspects of both FACEM and FRACP curricula. (Standard 3.2)
- 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)
- Define curriculum content that is specific to rural emergency medicine in order to improve rural learning and recruitment. (Standard 3.2.6)
- 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)
- Ensure that all examiners, simulated patients and actors have robust and regular calibration. (Standard 5.4)
- Ensure that there is appropriate standard setting and that greater transparency is utilised in publishing examination pass/fail statistics. (Standard 5.4)
- Develop, document and implement resources and processes to enable calibration of 'just at standard' for assessed domains. (Standard 5.4)
- 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)
- 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:

<table>
<thead>
<tr>
<th>Standard</th>
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<tbody>
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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.

<table>
<thead>
<tr>
<th>1. The context of education and training</th>
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<tbody>
<tr>
<td>(governance; program management; reconsideration, review and appeal processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal)</td>
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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)
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)**

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<tr>
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**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)**

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

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

Conditions that also relate to EAG Recommendations

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

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)

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)

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

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

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

Recommendations for improvement

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

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.

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

Conditions to satisfy accreditation standards

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)

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

<table>
<thead>
<tr>
<th>7. Trainees</th>
<th>This set of standards is SUBSTANTIALLY MET</th>
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<tbody>
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<td>(admission policy and selection; trainee participation in education provider governance; communication with trainees, trainee wellbeing; resolution of training problems and disputes)</td>
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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)