Australian Medical Council (AMC) - Accreditation extension stakeholder submission – Education provider ANZCA response

Provided context

In 2025, the AMC will be assessing the training, education and professional development programs, provided by the Australasian College for Emergency Medicine (ACEM) by way of an accreditation extension submission. The accreditation extension submission is the mechanism the AMC uses for accredited education providers to seek an extension of their accreditation. The AMC recognises that each Education provider has different relationships with each college and may work together to a greater or lesser extent on a range of matters. The questions below are intended, as general prompts only and the AMC would welcome feedback on any matters you consider relevant.

About ANZCA

ANZCA is one of the largest medical colleges across Australia and New Zealand - responsible for the postgraduate training programs of anaesthetists and specialist pain medicine physicians. The college is responsible for the training, assessment, examination, qualification and continuing professional development of specialist anaesthetists and specialist pain medicine physicians, the standards of anaesthesia and pain medicine in Australia and New Zealand, and specialist international medicine graduate (SIMG) assessment.

Anaesthetists apply their knowledge and skills to caring for patients in a variety of clinical contexts, providing anaesthesia and sedation for surgery and other procedures, providing pain management and periprocedural care, working in resuscitation, trauma and retrieval teams and working with specialists in intensive care medicine. There are sub-specialised areas of practice based around patient groups such as paediatric anaesthesia and obstetric anaesthesia, or surgical sub-specialties such as anaesthesia for cardiac surgery, medical perfusion and neurosurgery.

Questions and responses

1. Has your organisation provided input into any of the training, education or planning activities of the college?

Yes, ANZCA accredited training sites provide training in the workplace for ACEM trainees. To our knowledge we have not been involved in direct planning of ACEM training, education or activities. There are however local initiatives for input by anaesthetists into educational sessions for ACEM trainees, particularly in overlapping areas of practice and there are local negotiations on clinical placements, but this is not formalised within ANZCA to my knowledge.

If yes, what was the extent of your organisation's involvement with the college (e.g. membership of planning committees, contribution to focus groups or the like)?

ACEM trainees often spend a portion of their training in ANZCA rotations, supervised by ANZCA supervisors. ACEM trainees may be attached to an anaesthesia or intensive care rotation for six months or more. They learn skills in airway management, vascular access, and basic anaesthesia skills such as administration of anaesthetic and sedative medications. These skills are relevant to procedures carried out in the Emergency Department for the purposes of emergency intubation, or brief procedures such as manipulation of minor fracture. From our understanding, this is not a compulsory attachment for ACEM trainees and varies between different ACEM training locations.

In addition, ANZCA works with ACEM on joint policies such as the pre-hospital retrieval, patient transfer, along with the College of Intensive Care Medicine (CICM) and other joint professional documents.

If you have not had the opportunity to provide such input, would your organisation be interested in doing so?

It would be helpful to have input into the workplace assessments of ACEM trainees while they are on anaesthesia rotations. Ensuring clear written/online guidance for ANZCA Supervisors of Training (SOTs) to ensure they meet FACEM requirements is important. ACEM workplace-based assessments (WBAs) and clinical placement reviews are slightly different from those in ANZCA.

Assessing competence in airway management is extremely challenging for ANZCA SOTs, with ACEM trainees having relatively short clinical placements and the limited number of opportunities for endotracheal intubations – there are fewer intubations performed in clinical practice in current times, and even less that are appropriate for relatively inexperienced learners to perform. Input into a simulation-based practical training module on airway management as preparation to the operating theatre attachment would be of relevance.

2. Has the college involved your organisation in evaluating training outcomes?

Not to our knowledge, though we are routinely invited to provide input into other colleges' evaluations during the AMC process.

If you have not had the opportunity to provide such feedback, would you be interested in doing so?

There are several areas of relevance to ANZCA:

- ANZCA trainees may do a rotation in retrieval medicine at ACEM accredited training sites. Evaluating the outcomes of training in retrieval medicine, and the fitness of the sites that deliver this training would be of interest to ANZCA.
- Anaesthetists are regularly called to the Emergency Department for emergencies, for example trauma calls and airway crises, and anaesthetists would respond in the event of a mass casualty. The ability to work together is important, and involvement in evaluation of ACEM training outcomes for trauma response, airway management and administration of drugs for intubation and anaesthesia are relevant to ANZCA. As mentioned above, when ACEM trainees are undertaking rotations in ANZCA training sites, it is important for supervisors to understand the expected outcomes of the ACEM training programme in order to provide helpful training and workplace assessments.
- Anaesthetists are experts in provision of anaesthesia and sedation. Evaluation of ACEM outcomes of training in conduct of anaesthesia in the Emergency Department would be of relevance to ANZCA.

3. How well developed are interdisciplinary and interprofessional teamwork and learning in college's training and education programs?

To our knowledge this is not well developed and would depend on local initiatives, but it is limited at the college level. However, this presents a major opportunity for interdisciplinary team training where the work of our fellows overlaps and would be an important patient safety initiative.

In New Zealand, there is a national simulation-based team training programme (NetworkZ) of highly realistic trauma simulations run in emergency departments around the country. This involves ED staff, anaesthetists, surgeons, nurses, social workers, radiographers and blood bank. The academic leads are fellows of ANZCA and ACEM. Joint college ownership of this type of training could be a useful consideration.

Interdisciplinary team training could promote common understanding of teamwork and communication including briefings, handovers, recaps, speaking up, clarification of roles when working together in an emergency, shared mental models of protocols for management of trauma, massive haemorrhage, and for example, clot retrieval.

Interdisciplinary patient-centred training could extend broadly, from pre-hospital, through ED and operating theatres / ICU to the ward, involving all those involved in the patient journey, including primary care practitioners and paramedics.

Bullying and harassment, discrimination, and lack of cultural safety can and does occur across professional boundaries and education to address these issues should be interdisciplinary.

4. Comments on any perceived areas where the college's training and education efforts could be improved and/or any particular areas of excellence.

ACEM has made an immense difference to the management of severely ill patients presenting to our hospitals since its establishment. The commitment to a comprehensive competency-based curriculum is impressive.

The challenges facing Australian and New Zealand Emergency Departments are enormous. Further consideration of collaborative simulation training, technology enhanced learning and integrating AI into patient care to increase efficiencies and care quality could be areas for future training efforts.

5. Other Comments

ANZCA is working with CICM on a dual training pathway which offers a mechanism for combining training towards FANZCA and FCICM in less time than it currently takes to complete both training programs sequentially. This qualification is particularly advantageous in rural and regional centres across Australia and Aotearoa New Zealand given the same individual could work in both specialist scopes of practice.

The Dual Training Pathway Guidance Document December 2024 outlines opportunities for cross-college recognition for mandated terms and clinical placements (section 1.5). In relation to emergency management this includes the following:

- Time spent in emergency management will be additional to dual-training minimum requirements.
- All allowable other clinical time within ANZCA training will be accounted for by time spent in intensive care medicine (to complete CICM training requirements).

- Dual trainees require a minimum six-months medicine term in either acute or inpatient medicine (or a combination of these). This term must be accredited by the Royal Australasian College of Physicians (RACP) for basic or advanced training. The experience must be in a registrar position, and no more than three-months of nights or relieving will be approved. This term cannot be completed in diving and hyperbaric medicine, emergency medicine or retrieval medicine.

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