

Core emergency medicine training (Core EMT)

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Introduction

Completion of the RACGP Rural Generalist (RG) Fellowship Core emergency medicine training (Core EMT) Curriculum is a critical component of the training pathway toward achieving the RACGP RG Fellowship. This training enhances core general practice education by providing Rural Generalists with the opportunity to develop advanced skills and clinical expertise in emergency medicine, specifically within rural and remote settings.

Emergency medicine is a diverse and challenging field. It would not be possible for candidates to achieve and maintain a high degree of proficiency in all of the possible areas of emergency medical practice during this training. However, it is vital for candidates to gain (and maintain) a core set of knowledge and skills that are central to the practice of emergency medicine in rural and remote areas.

Requirements

Rural Generalist Fellowship	Core emergency medicine training (Core EMT)
Duration	6 months full time equivalent (FTE)—can be undertaken any time after completing hospital training time and can be completed as extended skills term
Prerequisites	Undertaken any time after the Hospital Training Time component of the FRACGP has been completed Minimum of one emergency skills course within the 24 months before, or during, the emergency medicine training. Please refer to the Core emergency medicine training curriculum for accredited courses.
Location	Accredited emergency medicine facility with appropriate supervision
Assessments	Logbook, random case note analysis, direct observation of procedural skills (DOPS), mini clinical evaluation exercise (Mini-CEX) and supervisor reports
Procedural skills	DOPS include simple wound suturing, reducing large joint dislocation, cardioversion, plaster application, IV procedural sedation, complex airways procedure, nerve block, ultrasound

Workplace-based assessments (WBA)

Satisfactory completion of Core EMT will be assessed by a suite of workplace-based assessments (WBA). The following WBA tools will be used to assess the candidate's competency:

- Names of WBAs
- Mini-CEX mini clinical evaluation exercise
- RCA random case analysis
- DOPS direct observation of procedural skills

WBA requirement	Assessor	Number of assessments/activities	When assessment/ activity should occur*
Mini-CEX	Independent assessor	1 session with 3 observations	Completed during months 4-5
RCA	Supervisor	1 session with 3 case discussions	Completed during months 2-3
	Medical educator or independent assessor	1 session with 3 case discussions	Completed during months 4-5
DOPS	Supervisor	1 session with 3 cases observed	Completed during months 2-3
	Medical educator or independent assessor	1 session with 3 cases observed	Completed during months 4-5
Logbook	Signoff by supervising senior clinician or educator	Listed in logbook	Throughout training
Supervisor reports	Supervisor	1	Middle of training (i.e. at 3 months)
		1	End of training (i.e. at 6 months)

^{*} Timing of when assessments occur is based on 6 months of FTE training

Purpose of the Core emergency medicine training (Core EMT) Logbook

The Core emergency medicine training (Core EMT) Logbook is a structured tool used to track the completion of mandatory procedural skills required for the RACGP Rural Generalist (RG) Fellowship.

The logbook provides a formal record of clinical exposure, skill development, and achievement of competency, supporting both the registrar's learning and the assessment of their progress.

These core requirements are detailed in the following tables. These tables clearly outline the practice areas to be covered during this RACGP RG Fellowship Core emergency medicine training (Core EMT), and the minimum standards that candidates must achieve.

The following content list provides guidelines for the candidate and supervisors regarding procedural skills to be covered during the RACGP RG Fellowship Core emergency medicine training (Core EMT). It is a non-exhaustive list of desirable knowledge and skills to meet the emergency medicine needs of rural and remote communities. It is anticipated that this list may be adapted to address the particular learning goals of candidates and the particular context in which the training is conducted.

For ease of use, the framework is divided into three categories:

- 1. Resuscitation and critical care
- 2. Emergency medical presentations
- 3. Clinical support and education this category will be part of the support structure to compete the logbook

Logbook table headings and descriptors

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications			
Practice areas	, topics and desired knowledge and	skills to achieve							
	tes must achieve all competencies, t lls are divided into three categories:	the requirements for proficiency of the	e listed						
Level II (SupsupervisionLevel III (Opclinical prace	vervised/Simulation ◆): The candidate or has demonstrated their ability to u tional •): Candidates may choose to l	perform the procedure independently. e is able to undertake the procedure undertake the procedure in simulation. Decome proficient in this skill to enhan for completing RACGP RG Fellowship (nce their						
When the indiv	When the individual item is successfully performed the registrar must log the date and the name of supervising clinician								
	Must be a registered medical practitioner, at least a senior registrar or equivalent. Preferably holds a Fellowship or postgraduate qualification in the relevant area. Not required to be the registrar's designated supervisor.								

RACGP Core EMT logbook

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Resuscitation and critical care

Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Structured assessment of the critically ill patient	Primary survey	•			
Recognises clinical features and					
initiates immediate management of critical illness such as anaphylaxis and status epilepticus	Resus team leader	•			
	Emergency management of acute anaphylaxis	•			
	Emergency management of status epilepticus	•			
Clinical assessment of the airway	Basic airway manoeuvres				
 Recognises airway obstruction/ 					
patients at risk	Laryngeal mask airway (LMA)				
Clears the airway using basic manoeuvres	insertion				
Recognises patient requiring airway protection	Rapid sequence intubation	•			
 Protects the airway using a supraglottic airway or endotracheal tube 	Surgical cricothyrotomy	*			
	Structured assessment of the critically ill patient Recognises clinical features and initiates immediate management of critical illness such as anaphylaxis and status epilepticus Clinical assessment of the airway Recognises airway obstruction/patients at risk Clears the airway using basic manoeuvres Recognises patient requiring airway protection Protects the airway using a supraglottic airway or endotracheal	Structured assessment of the critically ill patient Recognises clinical features and initiates immediate management of critical illness such as anaphylaxis and status epilepticus Emergency management of acute anaphylaxis Emergency management of status epilepticus Clinical assessment of the airway Recognises airway obstruction/patients at risk Clears the airway using basic manoeuvres Recognises patient requiring airway protection Protects the airway using a supraglottic airway or endotracheal Primary survey Resus team leader Emergency management of status epilepticus Emergency management of acute anaphylaxis Emergency management of status epilepticus Basic airway manoeuvres Laryngeal mask airway (LMA) insertion Rapid sequence intubation Surgical cricothyrotomy	Structured assessment of the critically ill patient Recognises clinical features and initiates immediate management of critical illness such as anaphylaxis and status epilepticus Emergency management of acute anaphylaxis	Structured assessment of the critically ill patient Recognises clinical features and initiates immediate management of critical illness such as anaphylaxis and status epilepticus Emergency management of acute anaphylaxis Emergency management of status epilepticus Clinical assessment of the airway Recognises airway obstruction/patients at risk Clears the airway using basic manoeuvres Recognises patient requiring airway protection Protects the airway using a supraglottic airway or endotracheal Structured procedural skills Level as competent Primary survey Resus team leader Emergency management of acute anaphylaxis Emergency management of status epilepticus Laryngeal mask airway (LMA) insertion Rapid sequence intubation	Required competencies Required procedural skills Level as competent Structured assessment of the critically ill patient Recognises clinical features and initiates immediate management of critical illness such as anaphylaxis and status epilepticus Emergency management of acute anaphylaxis Emergency management of status epilepticus Clinical assessment of the airway Recognises airway obstruction/ patients at risk Clears the airway using basic manoeuvres Recognises patient requiring airway protection Protects the airway using a supraglottic airway or endotracheal Surgical cricothyrotomy Surgical cricothyrotomy Surgical cricothyrotomy

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Breathing	Clinical assessment of the breathing	Bag/mask ventilation	•			
	 Recognises, diagnoses and immediately manages conditions causing severe respiratory distress 	Arterial blood sampling	•			
	Recognises the patient at risk, treatment of reversible causes	Non-invasive ventilation	•			
	and management of respiratory depression	Pleural aspiration of fluid	•			
	 Interprets blood gases including recognition of patterns for metabolic and respiratory acidosis 	Decompression of tension pneumothorax	•			
	 Identifies indications/ contraindications/complications, settings, procedure for initiating 	Mechanical ventilation	•			
	non-invasive ventilation	Catheter aspiration – spontaneous	•			
	 Identifies indications/ contraindications/complications, setting, procedure for initiating mechanical ventilation 	pneumothorax				

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Circulation	Clinical assessment of the circulation	Intraosseous access	•			
	 Identifies features, causes, emergency management for hypovolaemic, cardiogenic, 	Ultrasound IV access	•			
	vasogenic/distributive shock	Synchronised cardioversion	•			
	Initiates appropriate fluid					
	resuscitation, vasopressors and massive transfusion protocol for management of shock	External cardiac pacing	•			
	 Recognises and uses electrocardiogram (ECG) diagnosis and immediate management of 	Emergency management – STEMI, NSTEMI/unstable angina	•			
	unstable cardia arrhythmia • Clinically assesses the cardiac	Ultrasound guided aspiration in pericardial tamponade	•			
	chest pain Recognises and uses ECG diagnosis and immediate management of ST-elevated myocardial infarction (STEMI/acute coronary syndrome (ACS) - non-ST elevated myocardial infarction (NSTEMI)	RUSH protocol	•			
Disability	Clinical assessment of altered consciousness state	Emergency management of hypoglycaemia	•			
	 Diagnoses and provides emergency management of reversible conditions for altered conscious 	Emergency management of opioid overdose	•			
	state, including: - hypoglycaemia	Emergency management of raised intracranial pressure	•			
	opioid overdoseraised intracranial pressure (RICP)	Emergency management of suspected sepsis	•			
	 suspected sepsis/central nervous system (CNS) infection 					

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Exposure	Clinical assessment of the exposed patient for rash, trauma, bleeding,	Emergency management of hypothermia	*			
	other external signs of disease/ injury	Emergency management of severe	*			
	 Recognises and initiates emergency management for clinically significant hypothermia 	hyperthermia				
	 Recognises and initiates emergency management for life threatening hyperthermia/heat stroke 					
Cardiac arrest	Clinical assessment of the patient with cardiac arrest	Basic CPR	•			
	 Initiates basic cardiopulmonary resuscitation (CPR) using appropriate ratios/rates 	Advanced CPR	•			
	Applies algorithms for shockable and non-shockable arrest	Defibrillation	•			
	for reversible causes • Identifies priorities for post-resuscitation management	Arrest team leader	•			
		Bedside emergency life support (BELS) protocol	•			

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Paediatric critical care	Recognises and initiates management of the child in cardiac	Basic and advanced CPR	•			
	 Initiates management of newborn requiring resuscitation including 	Newborn CPR	•			
	basic and advanced CPR, umbilical vein cannulation and ventilation	Basic airway management	•			
	 using the Neopuff device Performs a structured assessment of the critically ill child 	Insertion of an LMA	•			
	Identifies symptoms/red flags indicative of critical illness in the	Bag and mask ventilation	•			
	 child, infant or neonate Initiates resuscitation in the child, infant or neonate requiring 	Paediatric vascular access	•			
	emergency management/urgent intervention	Rapid sequence intubation and advanced airway management	•			
	 Recognises the major anatomical, physiological, psychological, pathological and pharmacological 	Umbilical vein cannulation	•			
	differences that impact care of the critically ill child with specific reference to assessing/managing the airway, breathing, circulation, disability, exposure (ABCDEs)	Neopuff ventilation	•			
	Provides continuing communication/ support to carers					

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Major trauma	 Identifies trauma red flags indicative of a high risk for 	Cervical spine stabilisation	•			
	serious injury in a child or adult following trauma	eFAST protocol	•			
	Performs a structured assessment of the critically injured child or adult	Torniquet application	*			
	 Initiates urgent management of 					
	immediate life threats in the child or adult presenting with major trauma	Application of femoral traction splint	•			
	 Initiates urgent management in the child or adult with major burns and/ or suspected airway burns 	Open thoracostomy for tension pneumothorax	•			
	Assesses and manages pain	<u>'</u>				
	Performs a comprehensive beside clinical assessment using	Chest tube insertion	•			
	examination, bedside testing, point of-care ultrasound to identify and document injuries	Emergency management of burns in adults and children	•			
	 Assesses the extent, depth of burns and recognises at risk burns (eg location, circumferential burns, aetiology) 					
	 Strategically employs ancillary testing including advanced imaging to identify and rule out injury 					
	 Sets priorities, commences treatment and arranges disposition for the definitive management of injury 					

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Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Behavioural emergencies	Identifies red flags indicative of the patient at high risk of self-harm or violence	Structured approach to managing behavioural disturbance	•			
	Has practical knowledge of legislative requirements in relation	Emergency management – verbal de-escalation	•			
	 to detention and restraint Follows a structured approach to the stabilisation and immediate 	Emergency management – pharmacological sedation	•			
	assessment of the severely agitated patient	Emergency management – physical restraint	*			
	 Appropriately uses verbal, pharmacological and physical techniques for managing severe 	Procedure for medical clearance	•			
	 behavioural disturbance Complies with legislative requirements with respect to physical and pharmacological restraint and detention 	Perform a mental state examination	•			
	 Performs a bedside clinical assessment to identify organic (medical) causes that require urgent treatment, including: 					
	- hypoxia/hypercapnoea					
	- hypotension					
	 hypoglycaemia/electrolyte disorder 					
	 drug toxicity/withdrawal syndrome 					
	- CNS pathology/seizure disorder					
	- sepsis/CNS infection					

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Behavioural emergencies	Strategically arranges ancillary testing to identify and rule out organic (medical) causes					
(Continued)	 Initiates appropriate emergency treatment and arranges definitive management for identified medical causes 					
	 Arranges appropriate referral for the patient in whom medical illness has been excluded or treated adequately, inducing mental health assessment, alcohol/drug counselling, social services 					
	 Ensures continuing explanation to the patient with respect to the nature of their condition and treatment 					
	Seeks to protect the rights of the patient					

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Retrieval/transport	Communicates effectively with referral hospital and retrieval	Insertion of arterial line	•			
	 Prepares patient for transfer, including, where indicated 	Insertion of indwelling urinary catheter	•			
	 definitive airway management/ ventilation 	Insertion of nasogastric tube	•			
	 insertion of lines, indwelling catheter (IDC) and nasogastric tube (NGT) 	Insertion of suprapubic catheter	•			
 infusions – vasopressor, anticonvulsant, magnesiur medical management – antibiotics, bronchodilators 	 infusions – vasopressor, anticonvulsant, magnesium 	Central venous access	•			
	 medical management – antibiotics, bronchodilators, tetanus immunisation, anti-D 					
	 continuing pain management, fascia iliaca nerve block 					
	 emergency management – wounds, burns, fractures 					
	 medical documentation – referral letter, observations, medications, fluids and results of investigations 					
	 Monitors the patient (waiting for retrieval) and appropriately manages changes in the patient's condition 					
	 Notifies the referral hospital/ retrieval services of a significant change in the patient's condition 					
	 Provides appropriate handover to the retrieval team and supports preparation of the patient for transport 					

Emergency medical presentations

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Acute chest pain	Clinical assessment (history, examination, investigation) and initial treatment of the patient with acuts about pair.	Emergency management – STEMI, NSTEMI/unstable angina	•			
	with acute chest painIdentifies clinical findings, diagnostic work-up, emergency	Emergency management – acute pulmonary embolism	•			
	management and definitive treatment for	ECG findings in ischemia	•			
	- STEMI/acute coronary syndrome	Chest X-ray findings: pneumothorax, PE and				
	 acute pulmonary embolism (PE) acute aortic dissection other causes – pneumothorax, pericarditis 	aortic dissection				
		Basic echocardiography	•			
Acute dyspnoea	Clinical assessment (history, examination, investigation) and initial treatment of the patient	Emergency management – severe asthma/COPD	•			
	with acute chest pain Identifies clinical findings,	Emergency management – acute pulmonary oedema				
	diagnostic work-up, emergency management and definitive treatment for	Emergency management – bacterial pneumonia	•			
	acute asthmachronic obstructive pulmonary disease (COPD)	Chest X-ray findings: acute pulmonary oedema and pneumonia	•			
	acute pulmonary oedemapneumoniaother causes (pneumothorax, pulmonary embolism)	Lung ultrasound	•			

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Altered conscious state	, , , , , , , , , , , , , , , , , , , ,	Emergency management – stroke	•			
	initial treatment of the patient with acute confusionIdentifies clinical findings,	Emergency management – meningitis/encephalitis	•			
	treatment for diabetic keep hyperosmo	Emergency management – diabetic ketoacidosis/ hyperosmolar hyperglycaemic state	•			
	(glucose, sodium, calcium) - drugs – poisoning, toxicity, withdrawal					
Syncope	 Clinical assessment (history, examination, investigation) and initial treatment of the patient with syncope Identifies clinical findings, diagnostic work-up, emergency 	Recognition of the ECG findings for common arrythmias Emergency management – SVT	•			
	management and definitive treatment for - cardiac (arrhythmia, acute coronary syndrome) - CNS (stroke, SAH/ICH,	ECG red flags for cardiac syncope (QT, Wolff- Parkinson-White syndrome, bundle branch block, ischaemia)	•			
	seizure) - gastrointestinal tract/ gynaecological (gastrointestinal bleed, abdominal aortic aneurysm, ectopic pregnancy)	Emergency management – stable ventricular tachycardia	•			
	 sepsis, hypoglycaemia, hypotension, dehydration 					

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Acute severe headache	Clinical assessment (history, examination, investigation) and	Emergency management – subarachnoid haemorrhage	•			
	initial treatment of the patient with acute headacheIdentifies clinical findings, diagnostic work-up, emergency	Emergency management – CNS infection				
	management and definitive treatment for	Emergency management – acute migraine headache				
	 subarachnoid haemorrhage CNS infection – bacterial meningitis, encephalitis space-occupying lesion temporal arteritis acute severe migraine 	Lumbar puncture	•			
Acute abdominal pain	Clinical assessment (history, examination, investigation) and initial management of patient	Emergency management – acute abdomen	•			
	with abdominal pain Identifies clinical findings, diagnostic work-up, emergency	Abdominal X-ray: fndings in bowel obstruction	•			
	management and definitive treatment for	Chest X-ray : findings in perforated viscus	*			
	acute mesenteric ischaemiaperforated viscus – acute peritonitis	Ultrasound – abdominal aorta	*			
	acute bowel obstructionappendicitis, diverticulitis, cholecystitis, pyelonephritis	Ultrasound – gallbladder	•			
	acute pancreatitisabdominal aortic aneurysm	Emergency management of DKA	•			
	 other causes – gastritis, biliary colic, renal colic, diabetic ketoacidosis (DKA) 					

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Acute pelvic pain PV bleeding	 Clinical assessment (history, examination, investigation) and initial treatment of the female patient with acute pelvic pain +/- PV bleeding 	Speculum PV exam	•			
		Bimanual PV exam	•			
	Identifies clinical findings, diagnostic work-up, emergency management and definitive	Pelvic ultrasound	•			
	treatment for:	Emergency management				
	- miscarriage	of ectopic pregnancy/ miscarriage – acute resuscitation				
	- ectopic pregnancy					
	- ovarian torsion	resuscitation				
	- ovarian cyst					
	- pelvic inflammatory disease					
Fever systemic symptoms	Clinical assessment (history, examination, investigation) and initial treatment of the patient with fever/systemic symptoms of infection	Emergency management – pyelonephritis				
		Emergency management – cellulitis	•			
	 Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for: 					
	- sepsis					
	 lower respiratory tract infection 					
	- acute pyelonephritis					
	- acute cellulitis					
	- CNS infection					
	 other infections – osteomyelitis, septic joint, sinusitis, influenza, other viral, infections in returned traveller 					

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Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Toxicological	 Clinical assessment and emergency management of the patient with acute poisoning or envenomation 	ECG findings indicative of cardiac toxicity in acute poisoning	•			
	Performs risk assessment and identifies common toxidromes	Emergency management – paracetamol poisoning	•			
	 Performs appropriate diagnostic work-up, emergency management and definitive 	Emergency management – suspected snake bite	*			
	treatment, including - bedside observations/testing including blood glucose level (BGL) and ECG	Emergency management – redback spider bite	•			
	appropriate investigations including paracetamol level					
	 consultation with poisons information 					
	 continuing supportive therapy and monitoring 					
	 administration of antidotes/ anti-venom 					
	 mental health assessment and referral, as appropriate 					

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Mental health/alcohol/drug	Clinical assessment and initial treatment of patient presenting with distributed procedure visible.	Perform a mental health examination	•			
	with disturbed mood, suicidal ideation, thought disorder, alcohol/illicit drug use or social issues	Familiarity with the state specific legal requirements for involuntary	•			
	Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for	treatment orders				
	 major depression mania/hypomania acute psychosis suicidal ideation alcohol withdrawal domestic violence situational crisis 					
Obstetric presentation >20 weeks	 Clinical assessment (history, examination, investigation) and initial treatment of woman >20 weeks presenting with suspected pregnancy-related complication Identifies clinical findings, diagnostic work-up, emergency 	Undertake examination of the pregnant abdomen				
		Foetal Doppler	•			
		Emergency management – unexpected delivery	•			
	management and definitive treatment for - antepartum haemorrhage - preterm premature ROM	Emergency management – severe preeclampsia/ eclampsia	•			
	suspected laboursevere Preeclampsia/	Emergency management – antepartum haemorrhage	•			
	eclampsia - imminent delivery - newborn resuscitation - postpartum complication - bleeding, infection, depression	Emergency management – post partum haemorrhage	•			
		Neonatal resuscitation	•			

Level I (Independent ■), Level II (Supervised/Simulation ◆), Level III (Optional ●).

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Eye emergencies	Clinical assessment (history, examination, investigation)	Perform a structured eye examination	•			
	and initial treatment of the patient with acute red eye, eye pain, trauma or acute	Use of a slit lamp	•			
	visual disturbance • Identifies clinical findings, diagnostic work-up, emergency	Removal of subtarsal or corneal foreign body				
	management and definitive treatment for	Emergency management of acute eye injuries	•			
	 unilateral red eye, including iritis, herpes simplex, corneal ulcer, corneal foreign body, corneal abrasion eye trauma including chemical eye injury, hyphaemia, penetrating eye injury acute visual loss including retinal detachment 					
Ear, nose and throat emergencies	Clinical assessment (history, examination, investigation) and initial treatment of the patient with epistaxis, severe tonsillitis,	Manage acute epistaxis using topical vasoconstrictors, cautery and nasal packing	•			
	 stridor and severe otalgia Identifies clinical findings, diagnostic work-up, emergency management and definitive 	Insertion of wick for management of otitis externa	•			
	treatment for - acute epistaxis	Emergency management – severe tonsillitis	•			
	 severe tonsillitis/quinsy epiglottitis/ supraglottitis otitis media/ mastoiditis otitis externa/malignant otitis externa 	Emergency management of epiglottitis	•			

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Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Paediatric emergencies	, , ,	Assessment of the unwell neonate and infant	•			
	and initial treatment of the unwell child/infant, including children presenting with stridor,	Assessment of respiratory distress in a child	•			
	respiratory distress, fever, abdominal pain, vomiting and injury	Emergency management – croup	•			
	 Identifies symptoms/red flags indicative of serious illness in the child, infant or neonate 	Emergency management – bronchiolitis	•			
	 the child, infant or neonate Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for croup upper airway foreign body bronchiolitis asthma 	Assessment of dehydration in a child				
		Assessment and management priorities in	•			
		suspected NAI				
		Emergency management – airway foreign body	•			
	pneumoniagastroenteritis	Emergency management – paediatric surgical illness	*			
	 surgical disease – pyloric stenosis, malrotation, intussusception, incarcerated hernia, testicular torsion 	Emergency management – diabetic ketoacidosis in a child	•			
	 urinary tract infection/ pyelonephritis 	Emergency management – meningitis/encephalitis	•			
	- diabetic ketoacidosis					
	- meningitis/ encephalitis					
	- non-accidental injury (NAI)					
	 Communicates effectively and appropriately with parents/ carers and addresses parental concerns 					

Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Soft tissue injury, nfection	Clinical assessment (history, examination, investigation) and initial treatment of the nations.	Suturing of simple wound	•			
		Assessment/exploration of complex wound	•			
	 Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for 	Emergency management of minor burns	•			
	- sprain/strain	Incision and drainage of				
	- soft tissue injuries	skin abscess				
	 wounds including lacerations, puncture wounds, abrasions 	Application of regional nerve blocks (refer to	•			
	- minor burn injury	below section on pain				
	- cellulitis/abscess	management)				
	 Controls pain using appropriate analgesia, nerve blocks, splinting and other appropriate techniques Provides local management of simple wounds, including anaesthesia, debridement, exploration, irrigation, wound closure, tetanus immunisation, discharge advice and arranging follow-up care 					
	 Provides local management of minor burns, including liaison with burns services as required, cleaning, debridement and dressing of the burn, tetanus immunisation, discharge advice and follow-up care 					
	 Recognition of complex wounds, initiation of appropriate emergency care, including analgesia, imaging, tetanus immunisation, antibiotic prophylaxis, wound irrigation/ dressing and referral for definitive care 					

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Orthopaedic trauma	 Clinical assessment (history, examination, investigation) and initial treatment of the patient with upper or lower limb orthopaedic injury and/or joint dislocation 	Application of a plaster case for upper/lower limb injury	•			
		Reduction of joint dislocations				
	 Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for 	Emergency reduction of fractures causing limb ischaemia	•			
	 simple fractures hand injuries open fractures joint dislocations Controls pain using appropriate analgesia, nerve blocks Emergency reduction of fractures causing ischaemia Attempts reduction of joint dislocations including shoulder, elbow, ankle/ subtarsal, hip, patella and interphalangeal joint 	Application of regional nerve blocks (refer to below section on pain management)	•			

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Category	Required competencies	Required procedural skills	Level	Date assessed as competent	Certifier's name	Certifier's qualifications
Pain management and sedation	 Clinical assessment of acute pain in diverse patient groups 	Procedural sedation	•			
	(eg adults, children, patients with cognitive impairment)	Digital nerve block				
	 Identifies approaches to managing acute pain in the emergency settings 	Fascia illaca nerve block	*			
	 Knowledge of drugs for providing analgesia in the emergency department 					
	 Identifies strategies for providing sedation/analgesia to facilitate clinical procedures including patient assessment (history and examination), potential risks/complications and their management, assessing levels of sedation and knowledge of relevant pharmacological agents 					

