

The College of Emergency Medicine

Higher Specialist Training in Emergency Medicine

Rules for Higher Specialist Training for Specialist Registrars appointed before 1 January 2007

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General Professional Training

Before entering Higher Specialist Training (HST) in Emergency Medicine all trainees must undertake a minimum of two years General Professional Training (GPT). During this time they should obtain a wide range of experience at Senior House Officer (SHO) level in a variety of specialties, of which a minimum of six months must be spent in Emergency Medicine. At least half of the two year period should include responsibility for the management of patients admitted to hospital as emergencies. Registrar experience in specialties other than Emergency Medicine may be counted towards GPT, including General Practice Registrar posts.

Postgraduate Qualifications

All doctors entering HST must hold an appropriate higher qualification. Diplomas accepted are: MCEM, MRCP UK or Ireland, AFRC Ed (A&E Medicine or Surgery in General), AFRCI (Surgery in General), MRCS (Surgery in General) (not the conjoint Board qualification), FRCS part 2 (Surgery in General), FRCA (or Part 2 of the 3 part FRCA examination, now superseded), FFARCSI, MRCP (Paediatrics), MRCPCH.

Higher Specialist Training

Higher Specialist Training in Emergency Medicine should be designed individually according to the previous experience of each trainee, but must fit into a uniform broad framework to ensure that training is completed satisfactorily in every case.

The duration of HST will be five years and will include a procedure for formal review by the Postgraduate Deans and Chairs of Specialty Training Committees/Heads of School. Training will be carried out in the United Kingdom or the Republic of Ireland with the following exceptions:

Periods of training in hospitals recognised for higher training in Emergency Medicine overseas, where prospective approval from the Postgraduate Medical Education and Training Board (PMETB) has been granted.

Periods of training in relevant hospitals overseas where prospective approval from PMETB has been granted.

Specialty Training Committees/Deanery Schools are responsible for ensuring that each trainee is exposed to the full range of Emergency Medicine practice in a balanced rotation. All training rotations must allow experience in at least one teaching centre and one district general hospital emergency department.

Time in posts nominally at Registrar level in EM Medicine but prior to obtaining a postgraduate qualification, cannot be counted towards HST. Experience in non-training grades cannot be counted toward HST.

Retrospective approval of training out of programme will not be granted by PMETB.

Up to an additional year may be required to obtain sub-specialty accreditation in Paediatric Emergency Medicine.

Supervision

There will be a named Programme Director in each programme and during each attachment the trainee will have a named Consultant Educational Supervisor (Trainer).

Maternity Leave and leave due to sickness

During the course of a programme of Higher Training in Emergency Medicine up to three months may be taken as maternity leave or sick leave without delaying the completion of training, subject to the advice and approval of the STC chair and postgraduate dean.

Assessment and appeals

Assessment during higher training

Progress through the training programme will be monitored by regular assessments as laid down by the CEM Training Standards Committee in conjunction with the NHSE Guide to Specialist Registrar Training (the Orange Book). The first review will take place six months after appointment, thereafter following completion of each year of training. The College of Emergency Medicine assessment form will be used as well as the Record of In-training Assessment (RITA) forms issued by the Postgraduate Dean.

Training Records

Trainees will hold a Record of Professional Development (logbook) which will reflect the content of the curriculum and identify the competences to be acquired in the course of training. Trainees will maintain this personal record and trainers will sign it as appropriate to confirm satisfactory achievement. A Record of Professional Development can be obtained from the College of Emergency Medicine.

Trainers must also ensure that trainees receive regular informal appraisal and advice toward career development.

A new workplace based assessment (WPBA) system has been designed for run-through trainees. Although it is not mandatory for specialist registrars to complete WPBA for their RITA assessments the TSC recommends that they do so, as this would help to identify training needs. It would also be helpful to be familiar with WPBA as SpRs are likely to be clinical assessors for more junior emergency department staff and will require assessment themselves with any future revalidation model. Documentation can be found on the CEM website. Hard copies should be kept in the 'Record of Professional Development' folder.

Examination for Fellowship of the College of Emergency Medicine

In addition to the above, all trainees will be required to pass the Fellowship Examination of the College of Emergency Medicine (FCEM) in order to be eligible for a Certificate of Completion of Training. The examination may be taken once the trainee is within fifteen months of completing core EM training and assessed as satisfactory. Successful candidates will be required to complete the rest of the training and undergo final assessment before they can be recommended for CCT.

Appeals

Wherever possible, it is hoped that where differences of opinion arise between trainees and trainers about questions relating to training an acceptable consensus decision can be reached after appropriate dialogue with those responsible for training locally, the College and PMETB however, responsibility for the resolution of problems lies with the postgraduate deanery.

Training Programmes

Training programmes will be organised to provide trainees with broad clinical and management experience. The five year programme can consist of Emergency Medicine, secondments, management training and research.

Emergency Medicine

Clinical experience should be obtained in more than one Emergency Department recognised by PMETB for higher training. In each department one of the Consultants will be identified as having responsibility for coordinating the training of each specialist registrar (the named educational supervisor). Continuing contact with the main base or parent department is encouraged during training rotations. Total duration of experience in Emergency Medicine during HST must be at least three years.

Trainees should become proficient in resuscitation as early as possible during their training and must ensure that competence is maintained by practical experience and by appropriate formal certification wherever possible. Trainees are expected to obtain ALS, ATLS and APLS certification, or certification after equivalent courses.

Protection of minimum time of Emergency Medicine experience as a specialist registrar

A minimum of three years must be spent training in Emergency Medicine. A maximum of one year allowance, for experience in Essential Secondment Specialties is set so as not to excessively shorten the time in a formal specialist registrar post. For the same reason, if research time has been allowed against the training period, it must be limited in such a way as to preserve the minimum three year emergency medicine requirement.

Protection of General Professional Training (GPT)

To ensure an adequate period of General Professional Training the overall duration of training from GMC registration (other than provisional registration) to granting of a CCT in Emergency Medicine must not be less than seven years (Two years GPT plus Five years HST).

The duration and quality of experience at SHO level (prior to entry to formal HST) is more important than the order of its components. Thus time may be allowed towards HST from SHO posts carried out within the first two years after full registration, provided the additional SHO training prior to entry to formal HST makes up the total time, up to eligibility for CCT, to at least seven years from formal registration.

If a trainee has gained experience in essential secondment specialties during time which must be counted as GPT, then they will not have to repeat the secondment during HST, but the time will not be allowed.

Secondments

Essential Secondments

It is recognised that the specialist in Emergency Medicine needs to have an unusually wide knowledge of the practice of many other related specialties. To achieve this, the training programme must provide for approximately one quarter of the trainee's time being spent on full-time working attachments of at least three months duration in the following specialties:

- General Paediatrics
- General Medicine (including Cardiology or at least the care of acute cardiac emergencies)
- Anaesthesia with experience of Intensive Care Medicine
- Trauma & Orthopaedic Surgery
- General Surgery and/or Plastic Surgery, Neurosurgery, Cardiothoracic Surgery (experience in the care of surgical emergencies, including non-orthopaedic trauma)

Allowance for previous experience in Essential Secondment Specialties

The Training Standards Committee recognises that experience in the course of a formal training post, in one or more of the essential secondment specialties, is often more worthwhile than a shorter attachment in the course of HST. Because of this, three months of such experience, usually in educationally approved SHO posts, will be credited towards HST for each post in an essential secondment specialty, up to maximum of one year.

Timing of essential secondments during HST

So far as possible, remaining essential secondments should be arranged prior to the trainee sitting the FCEM examination.

Organisation and content of essential secondments

When organising secondments from HST in the specialties listed above, emphasis should be on experience of assessment and initial management of patients with emergency conditions. The Emergency Medicine trainee should be fully integrated into the specialty with an appropriate level of clinical responsibility.

On-call commitment during secondments

If an on-call commitment to the secondment specialty is appropriate to training, then the trainee must fulfil this commitment and cannot also be on-call to the Emergency Department. In any case, the trainee should maintain links with the 'parent' Emergency Department. This will usually take the form of continuing involvement in teaching, audit and/or research.

Optional secondments

Experience in a wide variety of other specialities is valuable to the specialist in Emergency Medicine. Shorter attachments may be organised, according to previous experience, in relevant specialties, either on a full-time or day release basis. Time spent in clinical secondments out of the Emergency Department should not normally exceed eighteen months in all (including time for essential secondments during HST). Prior PMETB approval should be sought for any post that is not covered by a training number.

Management

During the second half of HST, the trainee will be given increasing responsibility for elements of management. The following list is not exhaustive:

- Supervision of patient care by SHOs
- Organisation and administration of the emergency service
- Clinical audit and risk management
- Educational development of all staff

There should be an emphasis on standard setting, quality monitoring, and on regular in-service continuing education.

Attendance at an appropriate formal management course, during the second half of HST is encouraged.

Research

A period of supervised research of high quality is considered a desirable part of higher training in Emergency Medicine. Research may be undertaken during HST and clinical

responsibilities need not be an essential component. A relevant period of research may contribute, up to a maximum of twelve months, towards the total duration of HST in Emergency Medicine, but it will remain essential for a full balance of supervised clinical experience to be provided during the course of the remaining period of training. Trainees will be expected to work in the practice of Emergency Medicine for at least three years of their HST programme. Prior PMETB approval should be sought by the postgraduate dean for any period of research to count toward CCT.

Acting Consultant appointments

Subject to the agreement of the trainee and his or her trainers a SpR in their final year, who has passed the FCEM examination, may undertake the duties of a consultant for a period of up to three months. They must continue to hold their training number. Arrangements must be in place for them to contact a specialist in Emergency Medicine in the hospital for advice at any time. Also, if there is no other EM specialist in the hospital where they are working (for example if they are covering for a sick colleague) a consultant colleague in another specialty should be available from the same hospital, in addition to the EM specialist available by phone from another site. Documentary confirmation of satisfactory completion of the post will be required at its conclusion. PMETB have said that they do not need to give prior approval to Acting Consultant posts provided the management part of the curriculum will be covered during the post. It is advisable to seek their approval if it is considered that this part of the curriculum will not be covered.

Less than full time training

Emergency Medicine is a specialty which is particularly suited to practice on a part-time or slot/job-share basis. Experience in all aspects of the specialty training programme can be organised within less than full-time (LTFT) hours. Access to LTFT training requires the agreement of the deanery, the Programme Director and employer. Flexible trainees must work at a rate of at least 50% of that worked by full time trainees in their region. Their weekly timetable must allow them to participate in formal teaching and audit programmes. The TSC expects flexible trainees to work out of hours but does not insist on precise pro-rata equivalence with full-time trainees. The exact balance should be agreed locally according to differing training needs and opportunities.

Short term and fixed term appointments to the specialist registrar grades

The rules governing Locum Appointment for Training (LATs), Locum Appointments for Service (LASs) and Fixed term training appointments (FTTAs) in Emergency Medicine do not differ from that in other specialties. They are described in Section 7 of 'A guide to specialist registrar training'.

Training and experience in Emergency Medicine gained outside the UK or Ireland

Since 31 July 2007 it has not been possible for the Training Standards Committee to retrospectively approve experience gained overseas. Retrospective approval granted before this date will, however, be honoured by PMETB.

Trainees who wish to go out of programme to train overseas during the course of their HST may do so where they have the prior approval of PMETB. Overseas specialist training will be expected to be comparable with UK training at a similar stage and documentary confirmation of satisfactory completion of any such training will be required.

Seeking approval from the Postgraduate Medical Education and Training Board (PMETB) for going out of programme

Trainees who wish to go out of programme to complete training and who want the training recognised toward CCT must prospectively apply to PMETB for approval. This is done through the postgraduate deanery. PMETB require a description of the post, support from

the postgraduate deanery and input from the College. PMETB's approval is not needed if the post is not to be counted toward CCT. In this circumstance the approval of the postgraduate deanery and Programme Director is required.

Specialist Registrar training and run-through training

Recruitment to the specialist registrar grade ended on the 31 December 2006 and run-through training began on 1 August 2007. However, those appointed to the specialist registrar grade will continue to hold their current training number, subject to satisfactory progress, under the same arrangements to which they were appointed. They will have the option to switch to the new training programme. Specialist Registrars who choose to transfer to the new programme must elect to do so by 31 December 2008. This must be agreed locally through discussion with their Postgraduate Deaneries who must seek advice from the College.

Additional experience in related specialties

Paediatric Emergency Medicine

Paediatric Emergency Medicine is the only recognised sub-specialty of Emergency Medicine. It is also a recognised sub-specialty of Paediatrics. Trainees in either Emergency Medicine or Paediatrics may register special experience in Paediatric Emergency Medicine in the specialist register when they complete Higher Specialist Training. Not all programmes will be able to offer, or trainees will be able to pursue, subspecialty training. Availability will, in part, be determined by service need and, due to popularity, this may be on a competitive basis at local level.

The duration and format of additional experience required for such registration has been agreed between the College of Emergency Medicine and the Royal College of Paediatrics and Child Health and approved by PMETB. This is set out below:

Paediatric Emergency Medicine with General Emergency Medicine

A doctor holding a CCT in Emergency Medicine with registered sub-specialty experience in Paediatric Emergency Medicine can expect to be able to undertake duties as a Consultant in the emergency department of a general hospital or of a children's hospital.

A trainee in General Emergency Medicine who seeks to register Paediatric Emergency Medicine as a sub-specialty will need to undertake at least one year of training in the care of children, over and above that which is required for General Emergency Medicine HST (see Note B, below) as follows:

6 months in Paediatric Emergency Medicine

This must be in a department approved by PMETB as providing good training and experience in the care of emergencies in childhood. See Note A at the end of this section.

6 months of ward-based Paediatric specialties

At least three months should be in ward-based General Paediatric Medicine, including involvement in the care of emergencies (see Note B, Section 1, below).

Training in the care of unconscious and critically ill children is required. All trainees in Emergency Medicine are required to undertake at least three months training in Anaesthetics & Intensive Care Medicine. Where this attachment has not included training in the care of children, then time must be allowed for this in the course of additional training for Paediatric Emergency Medicine as a sub-specialty.

Paediatric Emergency Medicine, with General Paediatrics

A doctor holding a CCT in General Paediatrics with registered sub-specialty experience in Paediatric Emergency Medicine will be able to undertake the duties of a Consultant in a Paediatric Emergency Department. In a General Emergency Department such a doctor would not normally be able to cover on-call duties for the whole department, including adult patients.

A trainee in General Paediatrics who seeks to register Paediatric Emergency Medicine as a sub-specialty will need to undertake additional training as follows:

One year of Emergency Medicine

Most of this training will be in a specialist children's emergency department but up to three months may be in a general department. This will be beneficial in giving training in the care of emergencies in older children and adolescents.

If there has not been previous adequate experience, at SHO or SpR level, in the essential secondment specialties, a further nine months will be required in the following fields relevant to training in Emergency Medicine:

- Three months Paediatric anaesthetics with intensive care medicine
- Three months Paediatric Orthopaedics
- Three months Paediatric Surgery (including the care of head injuries)

At least five years of HST in Paediatrics and Paediatric Specialties is currently required to obtain a CCT in Paediatrics. Training before entry to a specialist registrar post cannot currently be counted towards it. Certification in Paediatric Emergency Medicine cannot currently be undertaken alone.

Note A

Recognition that an Emergency Department provides good training and experience in the care of emergencies in childhood

Requirements for the recognition of an Emergency Department for Paediatric Emergency Medicine are given in the Training Standards Committee document 'Educational Recognition of run through Specialist Training Posts and Programmes in Emergency Medicine.

Note B

Training which may be counted towards recognised additional training in Paediatric Emergency Medicine (applies to trainees starting General Emergency Medicine only)

- Three months of training in Paediatric Medicine, either at SHO level or as a secondment in the course of Emergency Medicine HST is required for General Emergency Medicine HST. This may not be counted towards additional Paediatric experience as well.
- Trainees seeking recognised additional training in Paediatric Emergency Medicine and coming from a General Emergency Medicine background must complete at least three months training in in-patient General Paediatric Medicine during the course of the SpR programme. Training during the attachment will be appropriate to the SpR grade. Experience of the same duration at Registrar level in General Paediatrics will also be accepted.

- A minimum of three years training in General Emergency Medicine is required in the course of HST in General Emergency Medicine. Even if this takes place in a general department which is approved for Paediatric Emergency Medicine training by PMETB, this time cannot be counted toward Paediatric Emergency Medicine as well.
- Essential secondment experience during General Emergency Medicine HST may be carried out in Paediatric units and may be counted towards Paediatric Emergency Medicine training as experience of ward-based care of children. However all trainees must have at least three months experience in the care of adult General Medicine patients (either as a secondment from Emergency Medicine HST, or in the course of an SHO post prior to entry to HST).

Dual accreditation with ICM

Intermediate & Advanced Level Accreditation in Intensive Care Medicine is also available for Emergency Medicine trainees as regulated by the Intercollegiate Board for training in Intensive Care Medicine. This type of training is only available on a competitive basis and leads to dual CCTs in Intensive Care Medicine and Emergency Medicine but only when both training programmes have been completed. This extends specialist training as guided by the ICM Board.

Additional recognised training in Acute Medicine

The Intercollegiate Board for training in Intensive Care Medicine has drawn up recommended entry criteria and training pathways for specialist trainees in Emergency Medicine, anaesthetics and Intensive Care Medicine who wish to develop an interest in Acute Medicine. Consultants in Emergency Medicine who have successfully completed the additional training would work in teams at an equivalent consultant level to their acute medicine trained colleagues, dealing with the first twenty four hours care of the patient (level two training). It is likely that this would normally take trainees twelve months. Level two competences in Acute Medicine will be 'signed off' but Acute Medicine accreditation will not be recorded on the specialist register.