

Emergency Medicine

Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Emergency Medicine. You will also need to read the [Emergency Medicine CCT curriculum](#)

Introduction

The path towards CESR demands becoming a reflective practitioner, broadening and deepening skills and knowledge of the Emergency Medicine curriculum, so being able to demonstrate performance as an Emergency Medicine Consultant equal to that of colleagues who have passed through the Emergency Medicine CCT training scheme.

2021 Curriculum

The new Emergency Medicine curriculum (in line with GMC requirements for all medical specialties' curricula):

- Introduces Generic Professional Capabilities (GPCs)
- Is structured around a number of 'Specialty Learning Outcomes' - activities that describe the work of an independent clinician in each particular discipline – there are 14 for Emergency Medicine, comprising 12 EM Specialty Learning Outcomes (SLO) and two additional ACCS curriculum Specialty Learning Outcomes (SLO). The SLOs move from a clinical focus towards managerial and supervisory skills required for a senior clinician.
- Reduces the assessment burden and avoids a 'tick-box' approach, while requiring greater participation from trainees in their work-based assessments and reflective learning.

Can I get advice before I submit my application?

You can [contact us](#) and ask to speak to the GMC Specialist Applications team for advice before you apply. You are strongly advised to contact the Royal College of Emergency Medicine (RCEM) for guidance **before** you submit your application. The RCEM has an [information and resources page](#) for CESR applicants and can be contacted at cesr@rcem.ac.uk.

Curriculum Framework

The Emergency Medicine curriculum is divided into 12 Specialty Learning Outcomes (SLOs) incorporating ACCS SLOs mapping to the GMC's Generic Professional Capabilities domains. You will need to ensure that the different types of evidence you provide cover all learning outcomes. You need to gather your evidence by Specialty Learning Outcome in the curriculum, and then upload to the relevant section in your online application.

The clinical knowledge and understanding outlined in the **Syllabus** are applied in a setting of varying demands, interspersed with rare and challenging situations, needing overview and leadership from the EM specialist. The requirements of an EM specialist in this setting are articulated in the **Specialty Learning Outcomes**. These outline what an EM specialist at the end of training will be expected to be able to do independently.

The **Knowledge, Skills, Behaviours and Attitudes** section gives examples and further guidance for trainees and assessors about what is required. The **Specialty Learning Outcomes** are designed to support the development of trainees in all dimensions needed to deliver expert EM care effectively.

An in-depth knowledge of the structures of the NHS and evidence of experience gained within these is essential to demonstrate a capability to work at consultant level in the UK. It is therefore strongly advised that applicants with experience gained elsewhere should consolidate this within the NHS prior to submitting their application.

You will not be able to compensate for shortfalls in your evidence of training and experience in a particular area, by providing extra evidence in other areas.

What is the indicative period of training for a Certificate of Completion of Training (CCT) in Emergency Medicine?

The indicative period of training for a CCT in Emergency Medicine is six years and it is unlikely that you would achieve all the learning outcomes required for a CCT in a shorter period of time. The evidence you collect for your CESR application should reflect this period of training.

The structure of the formal training programme is two years in the Acute Care Common Stem (covering the areas of EM, Anaesthetics, Intensive Care Medicine and Acute Medicine usually with a one year in Anaesthetics /Intensive Care Medicine and six months in each of

EM and Acute Medicine) followed by four years of training in EM (covering the areas of Paediatric EM (approximately 25%), EM and EM ultrasound). Therefore, CESR doctors you need to demonstrate that they have achieved the competences in each of these areas.

For complete details please refer to the [Emergency Medicine Curriculum](#) documentation.

Submitting your evidence

Do not submit original documents.

All your evidence, other than qualifications you're getting authenticated, **must** be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do this in our [important notice about evidence](#).

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

Your evidence **must** be accurate and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You must remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted.
- This includes:
 - Names (first and last)
 - Addresses
 - Contact details such as phone numbers or email addresses
 - NHS numbers

- Other individual patient numbers
- GMC numbers

The following details do not need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](#).

How much evidence to submit

As a general guide, most applications are expected to include around 100 electronically uploaded documents. You must ensure that you follow our guidance on how to present and group your evidence in the online application.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated capabilities. We recommend that you delay submitting an application until you are able to gather it.

Your evidence **must** cover the knowledge, skills and qualifications to demonstrate the required learning outcomes and capabilities in all areas of the [Emergency Medicine Curriculum documentation](#). If evidence is missing from any area of the curriculum, then the application may fail.

If you have a piece of evidence that is relevant to more than one area, do not include multiple copies in your evidence. Provide the evidence in one area and link this or cross-reference this for another relevant area under each relevant area, stating that the document is located elsewhere, and you would like to cross-reference it.

It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

Evidence of your competence should be recent. In general, evidence of skills or experience more than five years old should not be submitted, as typically it does not demonstrate that the competences have been recently maintained.

Please amalgamate your documents into as few uploads as possible on GMC connect, against the SLOs, for example WBPAs and case histories.

Our [guidance](#) on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.

Tips for a successful application

In our experience, CESR applications fail because they provide inadequate or poor evidence of current capability covering the entire curriculum. Particularly in relation to the following areas:

1. Failure to demonstrate knowledge of the full breadth and depth of the EM curriculum.
2. Failure to demonstrate knowledge and experience in a specific part of the EM curriculum, in particular the core specialties, as listed below:
 - Emergency Medicine
 - Acute Medicine
 - Intensive Care Medicine
 - Anaesthetics
 - Paediatric Emergency Medicine
3. Failure to submit evidence of ongoing CPD across the whole EM curriculum, including a personal diary of learning achievements as well as a list of courses and lectures, etc.

4. Failure to provide adequate reflection to demonstrate maturity of approach in Emergency work.
5. Failure to demonstrate skill in the interpretation of published evidence, either by a record of involvement in published research or by evidence of training and/or practice in critical appraisal of literature.
6. Failure to provide evidence of service improvement through QIPs and Audit cycle or other management projects.
7. Failure to submit in-date evidence of all advanced life support courses (ALS, ATLS and APLS, or recognised equivalents).
8. Failure to provide an adequate number or adequate quality of ESLEs.

We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.

We also strongly recommend that your referees can provide detailed support for your competences across all or most areas and understand the requirements for specialist training in Emergency Medicine and Specialist Registration in the UK. We would advise that at least one of your referees has recently carried out an ELSE with you.

Do I have to gain FRCEM in order to obtain a CESR?

It is strongly advised that CESR applicants work towards completing all parts of the [FRCEM exam](#), as these are adapted to the curriculum and form basic tests of knowledge considered essential for an EM consultant. FRCEM will highly support your evidence portfolio. Thus, FRCEM is strongly recommended; those applicants without the Fellowship examination rarely provide adequate alternative evidence. Alternative evidence could be in the form of (but not limited to) extensive research, presentations, teaching and training, audits and QIPs, in- depth management experience and extensive CPD learning, to demonstrate full coverage across the entire breadth and depth of the Emergency Medicine Curriculum.

What types of experience do applicants need to demonstrate?

Examples of evidence are listed under Section specialist medical qualifications and should also include:

- evidence of success in a relevant UK, Ireland or overseas specialty examination (for areas covered by the specialty examined only)
- evidence of teaching medical students, doctors and allied professionals of all levels with confirmation of quality and content of teaching you have delivered. Topics covered by teaching confirmed to be of high quality will be expected to cover the broad framework of the CCT curriculum. If only part of the curriculum is covered by teaching you have delivered, then alternative proof of your knowledge will be required for the rest of the curriculum
- evidence of CPD activity, including a contemporary personal record to confirm learning opportunities for each session (reflective log or notes). Records of CPD activity **must** cover a minimum period of five years and you **must** demonstrate that you have broadly covered the CCT curriculum in your CPD activity. You are likely to need more than the minimum amount of CPD required by the RCEM to demonstrate an acceptable level of knowledge in this way
- evidence of research relevant to EM may also be used to confirm knowledge of part of the curriculum. This evidence may take the form of publication(s) in a peer-reviewed journal (copy of first page only required), thesis for higher degree (evidence as before), clinical topic review or best practice review (whole document to be submitted). Overseas applicants may submit alternative forms of evidence within the research field, which will be assessed individually.

You are strongly advised to obtain FRCEM before submitting your CESR application as this will strengthen your application considerably.

Do I need to demonstrate experience or training in specialties related to EM?

Anaesthetics and Intensive Care Medicine

You are expected to have either completed posts of a minimum of three months (full time equivalent) in each of these specialties, or a combined Anaesthetics/ICM post of a minimum of six months' (full time equivalent) duration, comprising three months aggregated time in anaesthetics and ICM. Provision of the Initial Assessment of Competence (IAC) in Anaesthesia is mandatory.

Acute Medicine

You are required to demonstrate that you have spent some time in this specialty and that you have acquired knowledge of the treatment of medical patients beyond that given in the Emergency Department. While these competencies could be achieved from within the Emergency Department working with medical colleagues, it is preferable to have worked in areas outside ED in order to demonstrate this. A logbook of medical cases must be provided.

Paediatric Emergency Medicine

In order to achieve sufficient exposure to paediatric patients, you are recommended to have spent a minimum of three months (full time equivalent) in a Paediatric Emergency Department, or a General ED with more than 16K Paediatric attendances a year. A logbook of paediatric cases must be provided, and the majority of paediatric evidence must demonstrate input from PEM or paediatric specialists.

Organising your evidence

Your evidence will need to be presented broadly following the format below. This is so your evidence is organised to reflect the structure of the online application.

As a member of the College **you can obtain e-portfolio access**, [click here to apply](#). Applicants are strongly advised to use the College online e-portfolio, which has been specifically designed to assist a CESR applicant in the collation of their evidence.

Please refer to our [user guide](#) for information on grouping and uploading your evidence.

Overview of the structure of your application

- **Background Evidence**
 - Current CV
 - Primary and subsequent examinations and qualifications
 - Evidence of recent specialist training
 - Details of posts held (Employment letters, job descriptions, job plans, rotas, timetables, etc.)
 - Appraisal documentation
 - CPD documentation

- **Learning Outcomes (LOs)**
 - Evidence demonstrating competence and experience in the 12 EM SLOs and additional ACCS curriculum LOs

Evidence of qualifications and training

Substantial primary evidence for any previous training towards a medical qualification should **only** be submitted if the training is directly relevant to your CESR capabilities **and** dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

CV	You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website .
Primary medical qualification (PMQ)	<p>If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.</p> <p>If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise.</p> <p>You can find out more about primary source verification on our website.</p> <p>You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with our guidance.</p>
Specialist medical qualification(s)	<p>Please provide an authenticated copy of any specialist medical qualifications you hold.</p> <p>If your specialist medical qualification(s) was awarded in the UK, please provide a copy</p> <p>There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.</p> <p>Please see above guidance re. the FRCEM – you are strongly advised to obtain this before applying.</p>

Recent specialist training

If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an **authenticated copy** of the curriculum or syllabus that was in place when you undertook your training.

If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.

You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.

If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.

If you have undertaken approved specialty training towards a CCT or CESR(CP) in Emergency Medicine in the UK in the past five years, you should provide a copy of your ARCPs.

Specialist registration outside the UK

Please provide an **authenticated copy** of details of the registration requirements of that authority.

Other relevant qualifications and certificates

You may also include postgraduate qualifications in other areas if they are relevant to associated capabilities e.g. teaching, management, research methodology.

Please provide **copies** of certificates. Please provide these certificates in the relevant SLOs in the application.

Evidence of employment in posts and duties (including training posts)

<p>Employment letters and contracts of employment</p>	<p>The information in these letters and contracts must match your CV. They will confirm the following:</p> <ul style="list-style-type: none"> ▪ dates you were in post ▪ post title, grade, training ▪ type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)
<p>Job descriptions</p>	<p>These must match the information in your CV. They will confirm the following:</p> <ul style="list-style-type: none"> ▪ your position within the structure of your department ▪ your post title ▪ your clinical and non-clinical commitment ▪ your involvement in teaching or training.
<p>Departmental (or trust) workload statistics and annual caseload statistics</p>	<p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> ▪ the size of the hospital in which you work ▪ the volume of work undertaken within your trust and the percentage that you undertake ▪ the range of work that you undertake and that is undertaken within your trust ▪ triangulation with logbook information
<p>Rotas, timetables and job plans</p>	<p>Where you have undertaken a number of roles, provide details for each post or role. You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> ▪ the main duties and responsibilities of the post

- your out of hours responsibilities, including rota commitments
- that you have covered for colleagues' periods of leave
- any professional supervision and management of junior medical staff that you have undertaken
- your responsibilities for carrying out teaching, examination and accreditation duties
- your contribution to postgraduate and continuing medical education activity, locally and nationally
- any responsibilities you had that relate to a special interest
- requirements to participate in medical audit and in continuing medical education
- your involvement in research
- your managerial, including budgetary, responsibilities where appropriate
- your participation in administration and management duties.

Appraisal

For non-training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).

In the UK, a revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).

If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.

Alternative evidence may include letters (written at the time) commenting on your performance. In addition, where no formal appraisal or assessment forms are available you must provide validated information on the method of career review or progression.

You **must** also provide evidence of review of your PDP at appraisal. PDPs normally form part of your annual appraisal system and you should submit them with your appraisal documentation.

CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences

Membership of professional bodies and organisations

You should provide evidence of CPD activity including a contemporary personal diary (with reflective notes) to confirm learning opportunities for each session. CPD activity must cover a period of the last five years and you must demonstrate that you have broadly covered the CCT Curriculum in your CPD activity.

The generic requirements will be enhanced by evidence of completion of the RCEM e-learning modules which are available via the RCEM E-learning website- <https://www.rcemlearning.co.uk/>. Copies of certificates generated in this programme must be submitted.

You should provide a variety of CPD to cover all aspects of your work and to demonstrate the breadth of your practice with a mixture of internal and external CPD. Where you have specialised the provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills.

Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc).

You must provide evidence of having achieved the required standard of an average of 50 CPD hours per year. Most applicants for CESR, based in the UK, should be registered for CPD activity with the RCEM, or if from overseas, with an equivalent body. Applicants must have achieved the required standard of annual return agreed with the relevant college (which may be over one year or averaged out over several years).

How your evidence can be used to demonstrate key capabilities in different SLOs

Your evidence can be split as you wish under the SLOs. The table below provides a breakdown of key types of evidence. This evidence can be submitted to directly address the relevant key capabilities in relation to the SLOs of your choosing.

Further guidance has been provided under each individual SLO as to what evidence is expected - it is by no means exhaustive, and you are encouraged to submit a variety of evidence.

You will notice that some of the suggested evidence is listed more than once. This is because these documents are relevant to more than one SLO. For example, MSF can be used to demonstrate competence in most SLOs – therefore, you can use the same MSF to demonstrate the required capability across several SLOs.

If you have a document that is relevant to more than one SLO, don't include multiple copies of it. Instead, provide one copy and list it in your application under each relevant SLO, stating that the document is located elsewhere, and you'd like to cross reference it.

Workplace Based Assessments (WPBAs)

Non-trainees are able to apply to use the RCEM e-Portfolio to record assessments which may be uploaded to the GMC online system for their CESR application. Further details can be found [here](#). RCEM has produced a Subsection of the e-portfolio for CESR applicants in order to simplify collection and presentation of evidence.

All your assessments should have been carried out within six years of your CESR application. If you do not submit WPBA, you should submit alternative evidence of assessment of your competences across the breadth of the curriculum.

Acute care common stem (ACCS) curriculum competences

You should review the ACCS requirements of the curriculum and provide similar evidence to demonstrate your experience and competence. Experience and knowledge beyond the Emergency Department are required to demonstrate continuing care in the three non-EM ACCS specialties and include a minimum of 12 CBDs, 12 Mini-CEX and 12 DOPS.

<p>Higher specialty training (HST) curriculum competences</p>	<p>WPBAs should reflect the breadth and depth of this part of the curriculum and contain a consistent depth of reflection to evidence mature learning from these encounters.</p> <p>We do not specify minimum numbers for these, though it is unlikely that competence could be demonstrated with fewer than 12 CBDs, 12 Mini-CEX and 12 DOPS collated during the last five years excluding those competences gained in acute subspecialties, e.g., anaesthetics.</p> <p>The majority of these WPBA should be assessed by consultants. If you do not submit these WPBAs, you should submit alternative evidence of assessment of your competences.</p>
<p>ESLEs</p>	<p>ESLEs should provide an insightful and honest assessment of performance on the shopfloor and are of great value both as a learning experience and also for evaluators assessing the CESR application. A minimum of two Extended Learning Supervised Learning Events (ESLE) per year for three years before submission is advised.</p>
<p>360° and multi-source feedback</p>	<p>The RCEM has adopted MSF. Details may also be found in the RCEM trainees' e-portfolio www.nhseportfolios.org.</p> <p>Alternative systems, used within the UK or overseas, based on similar methodology will be considered and will be evaluated individually.</p> <p>You should supply evidence of feedback completed at the time from colleagues of all levels (peers, nursing, auxiliary staff, management) as well as patients. In addition to MSF, evidence may include letters, references for posts applied for etc.</p>
<p>Logbooks, records of daily clinical practice</p>	
<p>Logbooks</p>	<p>Photocopies of operating lists and theatre record books are not satisfactory evidence of procedures. If you did not complete a logbook at the time you undertook the procedures, you should create a logbook from the information you have. It should contain the following information:</p> <ul style="list-style-type: none"> ○ only procedures that you were personally involved in ○ age and gender

- date of the procedure
- full name of the procedure
- your role in the procedure (assisted, performed personally, performed under direct supervision of someone more senior, supervised a junior)
- any critical incidents
- name of the hospital or clinic where procedure was performed
- outcomes data.

A Logbook template can be found on the RCEM website.

Your logbooks should include 50 patients per year over a minimum of three years and should cover the breadth and depth of the EM curriculum. They **MUST** be enhanced by highly developed reflective entries of learning points.

It is not acceptable to show extensive exposure to one area of EM practice, e.g. minor injuries to the detriment of other areas of EM practice, without evidence of steps taken to attain experience in deficient areas.

Logs of clinical experience are enhanced by reflective entries and learning points.

It would also be acceptable to show a 'grouped' exposure to clinical cases such as would be demonstrated in an ACAT (see assessment section above) as part of this evidence.

Medical reports

You should provide **at least three** examples of these across the breadth of your practice following the Academy of Medical Royal Colleges and NHS agreed format.

You can use these to demonstrate:

- Your ability to analyse and provide a second opinion
- your involvement or role in cases
- the types and complexity of cases you are involved in
- your handling of patient paperwork

	<ul style="list-style-type: none"> ○ your respect and protection of confidential information ○ triangulation with logbook information
<p>Case histories</p>	<p>You should provide at least ten in-depth case-histories as evidence of your reflective learning on a range of clinical cases spread across the curriculum, to demonstrate your maturity in clinical and managerial approach to more complex cases. These should include:</p> <ul style="list-style-type: none"> ○ dates ○ diagnosis ○ nature of your involvement in the management of the case ○ which curriculum competences were involved <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> ○ your involvement or role in cases ○ the types and complexity of cases you are involved in ○ your handling of patient paperwork ○ your respect and protection of confidential information ○ triangulation with logbook information
<p>Referral letters discussing patient handling</p>	<p>Please provide at least three letters which cover all aspects of your work and demonstrate the breadth of your practice. This may include examples of letters:</p> <ul style="list-style-type: none"> ○ requesting a second opinion ○ advising clinical colleagues or answering particular questions regarding patient management ○ from clinical colleagues regarding applicant's involvement in patient management <p>The letters should be sufficiently detailed to demonstrate:</p> <ul style="list-style-type: none"> ○ your involvement or role in cases ○ the types and complexity of cases you are involved in ○ your relationship, or ability to communicate with your colleagues in other disciplines

- your handling of patient paperwork
- your recognition of the limits of your professional competence
- your respect and protection of confidential information

Patient lists/caseload statistics

Patient lists/caseload statistics for different areas of the department showing a good spread of the curriculum.

Patient lists should be done yearly in order to demonstrate work rate, work patterns and coverage of patients from different areas of Emergency Medicine.

Your data should demonstrate the following categories:

	Number of Adults	Number of Children
Resus		
Majors		
Ambulatory		
Blue calls		
Admitted (%)		

You can use these to demonstrate:

- your involvement or role in cases
- the types and complexity of cases you are involved in
- your participation in teaching and training (where you are supervising a junior colleague)
- the volume of cases you undertake
- triangulation with rota, timetable and job plan information
- triangulation with logbook information

Courses relevant to the curriculum

- Skills in ultrasound as listed under Level 1 in the CCT Curriculum for EM.
- Safeguarding to Level 3 (Children and Adults) as per Trust mandatory guidelines.
- Good Clinical Practice (GCP) course
- ATLS/ ALS/ EPLS / MIMMS etc

Curriculum Speciality Learning Outcomes (SLOs)

There are **11 ACCS Learning Outcomes** and **12 EM SLOs** incorporating the ACCS learning outcomes. Together, these form the RCEM Learning requirements. In each of the SLOs your evidence needs to demonstrate progression to the highest level of entrustment, consistent with operating at consultant level.

Applicants are expected to provide **a minimum** of 36 WBPAs, in the form of DOPS (12), Mini-CEX (12) and CBDs (12), which should be provided throughout the SLOs according to the Curriculum. This minimum does not include ESLEs, or other assessment formats and does not include the WBPAs associated with the following related specialties; Anaesthetics, ICM, Acute Medicine and Paediatrics. Please refer to the table on page 16 for further details.

Please avoid duplication of any evidence, though we understand some evidence may overlap through different sections.

SLO 1: Care for physiologically stable adult patients presenting to acute care across the full range of complexity

Key capabilities:

At completion of this LO a CESR applicant will be expected to demonstrate:

- Be expert in assessing and managing all adult patients attending the ED. These capabilities will apply to patients attending with both physical and psychological ill health

Suggested documentation:

- ACAT
- CbD
- ESLE
- Logbook of cases
- Mini-CEX
- MSF
- MCR (AM) – Multiple Consultant Report (Acute Medicine)

SLO 2: Support the ED team by answering clinical questions and making safe decisions

Incorporating ACCS LO 2: Make safe clinical decisions, appropriate to level of experience, knowing when and how to seek effective support

Key capabilities:

At completion of these LOs a CESR applicant will be expected to demonstrate:

- able to support the pre-hospital, medical, nursing, and administrative team in answering clinical questions and in making safe decisions for discharge, with appropriate advice for management beyond the ED.
- aware of when it is appropriate to review patients remotely or directly and able to teach these principles to others.
- understand how to apply clinical guidelines
- understand how to use diagnostic tests in ruling out key pathology, and be able to describe a safe management plan, including discharge where appropriate, knowing when help is required
- be aware of the human factors at play in clinical decision making and their impact on patient safety

Suggested documentation:

- CbD
- ESLE
- FEG
- ACAT
- MCR (AM) - Multiple Consultant Report (Acute Medicine)
- Mini-CEX
- MSF

SLO 3: Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop

Incorporating ACCS LO 8: Manage patients with organ dysfunction and failure

Key capabilities:

At completion of these LOs a CESR applicant will be expected to demonstrate:

- provide airway management & ventilatory support to critically ill patients
- be expert in fluid management and circulatory support in critically ill patients (will need training)
- manage all life-threatening conditions including peri-arrest & arrest situations in the ED
- be expert in caring for ED patients and their relatives and loved ones at the end of the patient's life
- to effectively lead and support resuscitation teams
- Will be able to provide safe and effective care for critically ill patients across the spectrum of single or multiple organ failure
- Will be able to plan and communicate effectively with patients, relatives and the wider multi-professional team when attending to the clinical and holistic needs of patients

Suggested documentation:

- CbD
- ESLE
- FEG
- Mini-CEX
- MCR (AM) - Multiple Consultant Report (Acute Medicine)
- MSF
- Reflection

SLO 4: Care for acutely injured patients across the full range of complexity

Incorporating ACCS LO 5: Provide safe basic anaesthetic care including sedation

Key capabilities:

At completion of these LOs a CESR applicant will be expected to demonstrate:

- be expert in assessment, investigation and initial management of patients attending with all injuries, regardless of complexity
- provide expert leadership of the Major Trauma Team
- Pre-operatively assess, optimise and prepare patients for anaesthesia
- Safely induce, maintain and support recovery from anaesthesia including recognition and management of complications
- Provide urgent or emergency anaesthesia to ASA 1E and 2E patients requiring uncomplicated surgery including stabilization and transfer
- Provide safe procedural sedation for ASA 1E and 2E patients

Suggested documentation:

- CbD
- ESLE
- FEG
- Mini-CEX
- MSF
- HALO in Sedation
- IAC
- MCR
- DOPS
- Logbook of cases
- Simulation training with assessment

SLO 5: Care for children of all ages in the ED, at all stages of development and children with complex needs

Key capabilities:

At completion of this LO a CESR applicant will be expected to demonstrate:

- Be expert in assessing and managing all children and young adult patients attending the ED. These capabilities will apply to patients attending with both physical and psychological ill health and include concerning presentations that could be manifestations of abuse
- Be able to lead a multidisciplinary paediatric resuscitation including trauma
- Be able to assess and formulate a management plan for children and young adults who present with complex medical and social needs

Suggested documentation:

- Assessment of simulated practice
- CbD
- ESLE
- FEG
- Mini-CEX
- MSF

SLO 6: Deliver key procedural skills

Key capabilities:

At completion of this LO a CESR applicant will be expected to demonstrate:

- the clinical knowledge to identify when key EM practical emergency skills are indicated
- the knowledge and psychomotor skills to perform EM procedural skills safely and in a timely fashion
- Will be able to supervise and guide colleagues in delivering procedural skills

Suggested documentation:

- Assessment of simulated practice
- ACCS Logbook
- DOPS
- EM Logbook
- ESLE
- FEG
- IAC
- MCR

SLO 7: Deal with complex and challenging situations in the workplace

Key capabilities:

At completion of this LO a CESR applicant will be expected to demonstrate:

- have expert communication skills to negotiate manage complicated or troubling interactions
- behave professionally in dealings with colleagues and team members within the ED
- work professionally and effectively with those outside the ED

Suggested documentation:

- Assessment of simulated practice
- CbD
- ESLE
- FEG
- Mini-CEX
- MCR

SLO 8: Lead the ED shift

Key capabilities:

At completion of this LO a CESR applicant will be expected to demonstrate:

- Will provide support to ED staff of all levels and disciplines on the ED shift
- Will be able to liaise with the rest of the acute / urgent care team and wider hospital as shift leader
- Will maintain situational awareness throughout the shift to ensure safety is optimised
- Will anticipate challenges, generate options, make decisions and communicate these effectively to the team as lead clinician

Suggested documentation:

- ESLE
- MSF
- FEG

SLO 9: Support, supervise and educate

Key capabilities:

At completion of this LO a CESR applicant will be expected to demonstrate:

- be able to undertake training and supervision of members of the ED team in the clinical environment
- be able to prepare and deliver teaching sessions outside of the clinical environment, including simulation, small-group work and didactic teaching
- be able to provide effective constructive feedback to colleagues, including debrief understand the principles necessary to mentor and appraise junior doctors

Suggested documentation:

- MCR
 - MSF
 - Teaching Observation (TO)
 - Relevant training courses
 - Educational Supervisor's STR
 - Advanced Life Support Instructor, Training the Trainers Course and peer review assessments of teaching would be useful additional specialty specific evidence.
- Teaching timetables
 - Where you have undertaken a number of roles provide details for each post or role, indicate the level of the teaching. Where teaching is not formal (timetabled) indicate how you participate in teaching.
- Lectures
 - Please include evidence showing the audience and topics covered, such as posters advertising event, educational timetable from trust education centre, letter from education centre indicating your involvement in specialty trainee formal education programme.

- Feedback/evaluation forms from those taught
- Participation in assessment or appraisal of others such as redacted WPBAs as an Assessor
- Communication
 - Communication is a vital ingredient in Emergency medicine and evidence of proficiency will be demonstrated in all of the SLOs. However, we advise demonstrating your experience of communication in its different forms in SLO9, comprising examples as noted below.
 - Communication with colleagues
 - Please provide evidence to support your communication with colleagues, both within your immediate team and the wider team (including non clinical). This can be demonstrated by:
 - letters from colleagues (examples of shared cases)
 - letters of correspondence between you and your colleagues, demonstrating collaboration over management of patient care across multidisciplinary teams
 - management – including organising staff rotas
 - presentations
 - copies of appraisals or references written for colleagues (these must be anonymised with relation to colleague data).
 - Communication with patients
 - thank you letters and cards from patients
 - letters from colleagues (examples of cases shared or “To whom it may concern letters” / testimonials)
 - complaints and responses to complaints.
 - 360° feedback / MSF

SLO 10: Participate in research and managing data appropriately

Key capabilities:

At completion of this LO a CESR applicant will be expected to demonstrate:

- be able to appraise, synthesise, communicate and use research evidence to develop EM care
- be able to actively participate in research

Suggested documentation:

- MCR
 - MSF
 - Good Clinical Practice (GCP) certification
 - Formulating a research question and designing a project
 - Evidence of literature search and critical appraisal of research
 - A review article on a clinical topic, having reviewed and appraised the relevant literature
 - Participation in trials within the Trust e.g. being named on the delegation log
 - Teaching Observation (TO)
 - Educational Supervisor's STR
- Research papers
 - Please include any research relevant to your current practice.
 - If the research is published - please submit the first page of the published paper.
 - If the research is not published - please provide a summary or abstract of the research.
- Publications within specialty field
 - Include a copy of the front page of each publication.
- Presentations, poster presentations

- You may supply invitations to present at national or international meetings to demonstrate your recognition within your specialty. You may also supply feedback from presentations or meeting agendas or programmes that show your participation.

SLO 11: Participate in and promote activity to improve the quality and safety of patient care

Key capabilities:

At completion of this LO a CESR applicant will be expected to demonstrate:

- be able to provide clinical leadership on effective Quality Improvement work
- be able to support and develop a culture of departmental safety and good clinical governance

Suggested documentation:

- MCR
 - MSF
 - QIPAT
 - Educational Supervisor's STR
-
- Audit and QIP
 - You are expected to provide evidence of involvement with audit or Quality Improvement Project (QIP) every year **covering the five years before your CESR application, and you should include at least one complete audit cycle i.e.** covering all the five stages:
 1. Definition of criteria and standards
 2. Data collection
 3. Assessment of performance against criteria and standards
 4. Identification of changes (alterations to practice)
 5. Re-evaluation
 - QIP should also cover all the above five stages.
 - As well as quality improvement aspects, QIP demonstrates ability to work as a team, manage a project, and reflect **on actions and personal effectiveness.**

Evidence you could supply includes:

- audit reports (collections of data alone are not considered as a full clinical audit)
- publications
- submissions to ethics committee (not satisfactory alone)
- presentations of audit work (see above for details required for presentations)
- letter from audit or clinical governance lead confirming participation in audit or governance activities
- guidelines produced to reflect lessons learned within audit
- notes from self-reflective diaries.

- Service Improvement and clinical governance meetings. This can be demonstrated by:
 - evidence of involvement in Service Improvement Project
 - records of attendance at meetings and minutes demonstrating participation in meetings

- Health and safety awareness and following requirements. This can be demonstrated by:
 - declaration of health on your application form
 - attendance at appropriate course
 - involvement in infection control (membership of committees etc)
 - logbook information on infections
 - audit on infections and subsequent changes in activity.

- Testimonials and reference letters from colleagues

- Thank you, letters, cards from colleagues and patients

SLO 12: Manage, Administer and Lead

Key capabilities:

At completion of this LO a CESR applicant will be expected to demonstrate:

- have experience of handling a complaint, preparing a report for the coroner, preparing a report for the trust legal department, and be aware of the relevant medico-legal directives (elements not completed in intermediate)
- Be able to investigate a critical incident, participate and contribute effectively to department clinical governance activities and risk reduction projects
- Be able to manage the staff rota, being aware of relevant employment law and recruitment activities including interviews and involvement in induction
- Be able to effectively represent the ED at inter specialty meetings

Suggested documentation:

- MSF
 - Management portfolio
 - Educational Supervisor's STR
 - Complaints and responses to complaints
 - Your evidence in this section is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application.
 - You may include complaints received against the department within which you worked or one against a colleague where you have been involved in the resolution.
 - You may provide a reflective diary of how you would handle a hypothetical complaint.
- Your evidence should demonstrate your ability to provide:
- Timely and accurate written responses to complaints when required
 - Leadership in the management of complaints

- Working in multidisciplinary teams
 - minutes of meetings demonstrating your attendance and participation in the meeting

- Management and leadership experience. This area could be demonstrated in a number of ways including:

- Rota management
- Recruitment with interview
- Appraisal
- Write a business case
- Contribute to a cost improvement plan
- Introduce a guideline or new equipment
- Develop a new service
- Write a coroner or solicitor report
- Review a guideline
- Teach data protection
- Review departmental risk register
- Contribute to CG meetings over 6/12
- Produce or review a procedure to reduce risk
- Introduction & implementation of induction programme
- Management courses with reflective notes
- Leadership courses with reflective notes
- Equality & diversity training

Your evidence should demonstrate your ability to:

- Providing effective leadership to the ED, even at the most challenging times
- Developing team working between ED middle grade staff, including non-trainees and part-time staff
- Managing and improving the service, and setting direction

- Charing meeting and leading projects
 - minutes of meetings demonstrating your attendance and participation in the meeting
 - job plans which indicate this as a duty
 - appraisals which include this information

- Honesty and integrity
 - the declarations on your application form
 - statements from your referees
 - appraisal forms
- Equality and diversity
 - evidence of attendance at relevant courses
 - feedback from patients and colleagues
 - statements from your referees
- Data protection
 - evidence of attendance at relevant courses
 - feedback from patients and colleagues
 - your application and evidence being appropriately anonymised