General Medical Council

Emergency medicine – August 2025 curriculum update

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Emergency medicine. You will also need to read the Emergency medicine curriculum.

This document was last updated on 20/10/2026

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Introduction

- You can contact us and ask to speak to the GMC Specialist Applications team for advice before you apply. The GMC will support you in starting an application and throughout the process, particularly in terms of how to upload your evidence onto the online portal.
- You are strongly advised to contact the Royal College of Emergency Medicine (RCEM) for guidance **before** you apply. The RCEM has an information and resources page for Portfolio applicants and can be contacted at cesr@rcem.ac.uk.

Standard of assessment

- The path towards Specialist registration demands becoming a reflective practitioner, broadening and deepening skills and knowledge of Emergency Medicine (EM). Those entering the Specialist register are expected to demonstrate the knowledge, skills and experience (KSE) required by the high-level learning outcomes (Specialty Learning Outcomes (SLOs)) in the curriculum.
- The framework for assessment is demonstration of the KSE required for specialist practice in the UK, and evidence is structured against the SLOs in the curriculum, of which there are 12 for EM and two for core training. These progress from a clinical focus towards managerial and supervisory skills required for a senior clinician.
- Children make up approximately 25% of emergency department attendances in generic all age Emergency departments. Applicants must also demonstrate knowledge, skills and experience in managing children who present to an Emergency Department setting.

Currency of evidence

- Evidence of your competence should be recent. In general, evidence of skills or experience from the last six years of recent working practice (WTE, does not need to be consecutive) is acceptable, as typically it demonstrates that competences have been recently maintained. It is necessary for the evaluators to feel confident in an applicant's abilities to conduct themselves at an independent level and that their experience reflects current specialist practice. Any evidence outside of this timeframe should be supported by evidence of current and maintained practice.
- If you have worked less than full time (LTFT) or have had a break in practice in the last six years, evidence can be provided from additional years or whole-time equivalence (WTE). In this situation, you must clearly explain any gaps, such as a career break/maternity leave/long-term sick leave, as part of your application. It should be made explicit to the evaluators from the outset, the time your evidence has been drawn over.

Tips for a successful application

In our experience, Portfolio Pathway applications fail because they provide inadequate or poor evidence of current capability. A successful application would typically include:

1. **Complete FRCEM** or a portfolio of evidence demonstrating the same standard of knowledge.
2. **KSE in the specific areas expected in independent EM practice**, particularly the core specialties, as listed below:
    - Emergency Medicine (EM)
    - Internal Medicine (IM)
    - Intensive Care Medicine (ICM)
    - Anaesthetics (AN)

- Paediatric Emergency Medicine (PEM)

3. **Evidence of ongoing CPD** across the EM curriculum SLOs, including a substantial and meaningful reflective component (see point 7) as well as a list of courses and lectures, any other relevant activity etc. CPD activity must cover a period of the **last three years clinical practise (WTE)** covering a broad range of activities evenly spread out, include a contemporary personal record to confirm learning opportunities for each session (reflective log or notes), and you must demonstrate that you have broadly covered the CCT curriculum in your CPD activity.
4. **Evidence of service improvement** through QIATs and other management projects to align with recent guidance (e.g. AOMRC) and to facilitate a broad range of QI activities as per the RCEM curriculum
5. **ESLEs**

    - You need at least six ESLEs in total, completed and spread evenly within the last three years (WTE, does not need to be consecutive).
    - At least one of these must be a PEM ESLE, ideally carried out by a PEM consultant (all other ESLEs must be by EM consultants). However, if the PEM component of your department does not have a PEM consultant providing clinical leadership, it is acceptable for your PEM ELSE to be undertaken by an EM consultant.
    - At least three ESLEs must be completed within your last 12 months of practice, evenly spread out (WTE, does not need to be consecutive).

6. **Adult and Paediatric Reflective case histories**

    - You must demonstrate 150 reflective case histories, evenly spread out, per year, over the last three years of clinical practice (WTE, does not need to be consecutive). This is a total of 150 cases (120 Adults and 30 Paediatric EM).
    - 20–25% must be PEM cases (at least 30 PEM cases in total).
    - Cases should cover the full range of EM presentations: resus, majors, minors, and paediatrics.

- They should be spread evenly across the last three years, showing both:
    - Maturity of approach in EM practice.
    - Ability to reflect on your clinical work.

7. **In addition to the above 150 reflective case histories, please provide 10 (including two PEM cases) in depth case studies** from your career to demonstrate the complexity of independent practice. These would typically be cases in which medicolegal, PALS (Patient Advice Liaison Service), coroner, family liaison, safeguarding, Recommended Summary Plan for Emergency Care Treatment (ReSPECT), and other professional colleagues are involved, due to the complexity of the case.

8. **Medical Reflective case histories (total of 20 cases)**

   Total number: 20 reflective case histories specifically from **medical patients**.

   Distribution: Should be **spread across your rotation**, not clustered.

   Purpose: Must demonstrate learning from managing **complex medical and allied cases**.

   These **20 medical cases may be included within** the total of **150 reflective cases** required in Point 6.
   Please ensure they are clearly separated from the other case types and submitted under SLO2

9. **Evidence of higher specialist training (HST) workplace base assessments (WPBAs)** signed off by a consultant, ideally on the specialist register or a recognised GMC educational or clinical supervisor (ES/CS).

10. **Submission of in-date evidence of all advanced life support courses** (ALS, ATLS and APLS, or recognised equivalents) and any other courses.

11. **It is recommended, to have a supervisor** to support you through your application.

Professional Qualifications

FRCEM

- The FRCEM exam is the key summative assessment of the knowledge, skills, and experience (KSE) required to work as a specialist in the UK and to join the specialist register.
- **We strongly recommend that you obtain the FRCEM** before you apply to guarantee that the knowledge aspect of the curriculum is demonstrated.

If you do not hold the FRCEM or an accepted, comparable qualification, you can demonstrate the same level of knowledge by providing:

- A detailed, thorough and succinct cross-referencing mapping exercise, demonstrating how each FRCEM competency has been covered in your own qualifications and evidence. It will then be at the evaluators' discretion to determine whether what has been provided is comprehensive enough to demonstrate the same level of knowledge as the FRCEM.
- You will also need to provide evidence of completing objective summative assessments across the breadth and depth of the SLOs to demonstrate your KSE to the required standard of FRCEM.

Alternative Qualifications

- Other EM specific qualifications will be considered as evidence towards the curriculum specialty learning outcomes (SLOs). Applicants with alternative qualifications may use evidence from those achievements to identify competencies against the SLOs. It is the responsibility of the applicant to identify and highlight these areas.

- The MRCEM does not demonstrate comparable knowledge to the FRCEM. Aspects of its content and methods of assessment do not adequately assess the curriculum or the real-life exchanges of a UK consultant role in Emergency Medicine.

Training and experience related to EM

- You are expected to have completed key knowledge, skills, and experience in posts in Internal Medicine (IM), Intensive Care Medicine (ICM) and Anaesthesia (AN).

Anaesthetics and Intensive Care Medicine

- Provision of the Initial Assessment of Competence (IAC) including Entrustable Professional Activities (EPA) 1 and 2 in Anaesthesia is mandatory.
- The indicative time-period for attaining the relevant evidence in ICM and Anaesthesia is between 3 to 6 months (whole time equivalent WTE) for each of the two posts - as an immersive experience it's unlikely that outcomes would be demonstrated in less time, although as the assessment is outcomes based, the outcome is the focus.
- The indicative number of WPBAs required is expected to be at least 24 (12 in each specialty) spread evenly over time. These should include an equal number of CBDs, DOPS and Mini CEXs as per the RCEM curriculum.
- Where you've undertaken the recommended three-month placement/experience, you are required to submit an 'End of Placement' educational/clinical supervisor (ES/CS) report

Internal Medicine

- You must complete an indicative **minimum of three months (WTE)** in internal medicine gaining experience in managing medical patients beyond what is seen in the Emergency Department.
- These competencies should be achieved mainly by working in **AMU and** some evidence from **Same day emergency care (SDEC)**. Time in SDEC alone is not sufficient.
- You must provide **at least 20 reflective case histories** from medical patients, spread across your rotation, demonstrating learning from managing complex medical and allied cases. These 20 medical cases should be **separate from** the 50 reflective cases per year (150 over three years) described in point 6.

- The indicative number of WPBAs required is expected to be at least 12 spread evenly over time. These should include an equal number of CBDs, DOPS and Mini CEXs as per the RCEM curriculum.
- You must also submit a minimum of two ACATs from your IM rotation
- A **MCR (Multi-Consultant Report)** is also required.

Paediatric Emergency Medicine (PEM)

- Children make up somewhere between 20 and 25% of emergency department attendances in generic all age E.Ds.
- You must demonstrate HST level of competence in managing children who present to an emergency department setting.

- You must demonstrate a level of knowledge, skills and experience in paediatrics consistent with the curriculum higher specialist training (HST) key capabilities. We recommend you have recent exposure to HST level paediatrics within the last three years, to ensure you demonstrate a high level of paediatric competence. If you don't have current HST level paediatric competence with evidence of ongoing PEM experience along with adult experience, then your application will not be successful.
- To achieve sufficient exposure, you should spend at least **three months (WTE)** in a **Paediatric Emergency Department/Paediatrics**, or in the PEM section of a mixed-age ED that:
    - sees **more than 16,000 paediatric attendances per year**, and
    - has at least **one PEM consultant**.
- You must provide **30 reflective case histories from the last three years (WTE)**, showing learning from complex cases.
- Evidence of paediatric competence must cover **all areas of the PEM curriculum and all paediatric age groups**, including:
    - child protection and safeguarding
    - medicine cases of all acuities
    - trauma
    - mental health
    - neonatology
    - community paediatrics

- These **30 paediatric cases may count towards your 50 cases per year** (150 over three years) but must be **within the last three-year period (WTE) and demonstrate HST level skills and experience**. The cases do not all necessarily need to originate from your three-month paediatrics placement.
- Provide evidence of WPBAs signed off at entrustment level 3 or 4. The indicative number of Paediatric WPBAs required is expected to be at least 12 – all at HST level. These should include an equal number of CBDs, DOPS and Mini CEXs as per the RCEM curriculum.

Submitting your evidence

- As a member of the College, you can obtain e-portfolio access. However, this is not a requirement for your application. Members may use the College online e-portfolio, which has been specifically designed to assist a Portfolio Pathway applicant in the collation of their evidence. Applicants can log their evidence on the e-portfolio. The e-portfolio is a mechanism to organise your evidence; however, you will need to download this evidence and upload it to the GMC Online Portfolio Pathway application as the GMC cannot directly access your evidence in the e-portfolio.
- Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our user guide when doing so.

You will need to make sure your evidence meets our requirements; this includes:

- Anonymising (redacting) identifiable information
- Verifying your evidence to confirm its authenticity
- Authenticating overseas qualifications
- Translating any documents not in English

It is important that you read and follow our guidance. If your evidence does not meet these requirements, it may not be included in your application.

How much evidence to submit

- As a general guide, most applications contain around-**1000 pages of evidence – a maximum of 100 electronic uploads.**
- **Please amalgamate your documents into as few electronic uploads as possible, against the SLOs, for example WBPAs and case histories.**
- 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 descriptors. If you do not have all the evidence listed here, we recommend that you delay applying until you are able to gather it.
- 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.

You must ensure you follow our guidance on how to present and group your evidence in the online application

Structured reports

- We strongly recommend that your referees 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.
- You need to provide the names of **four referees** as part of your application, who should be working at consultant level in Emergency Medicine. We would advise that **at least two** of your referees has carried out an ESLE with you within the last 12 months of clinical practise (WTE) prior to your submission of application.

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. You should submit your evidence electronically under the correct section of your online application.

- **Background Evidence**
  - Current CV
  - Primary and subsequent examinations and qualifications
  - Evidence of recent specialist training
  - Departmental statistics and your personal annual caseload statistics
  - Appraisal documentation
- **12 Specialty Learning Outcomes (SLOs)**
  - Evidence demonstrating competence and experience in the 12 intermediate and higher SLOs and two additional ACCS curriculum SLOs.

You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's CV guidance. You will also be asked to nominate referees to provide structured reports.

You should provide sufficient evidence in respect of each SLO, or 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.** Instead, include one copy and list it in your application under each relevant area, stating that the evidence is located elsewhere, and you would like to cross-reference it.

Where we ask in our guidance, please group your evidence together to keep the number of individual electronic uploads manageable. This will need to be done prior to uploading on the GMC application. There are many software solutions widely available that can be used for converting documents/excel sheets/PowerPoint presentations and images to PDFs and combining PDF documents.

Evidence of training, qualifications, and employment

You can see below the evidence you must submit in these general areas. Substantial primary evidence for any previous training towards a medical qualification should **only** be submitted if the training is directly relevant to your Portfolio application **and** dates from the past six years of clinical practise. Otherwise, certificates of completion are sufficient evidence of training.

Evidence of training and qualifications	
CV	• You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website.
	• **Please include a clear statement indicating which curriculum update version you are applying against** – March 2021 or August 2025
Primary medical qualification (PMQ)	• **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. • If you do not hold registration, you will need to have your PMQ independently verified before we can grant you full registration with a licence to practise. • You can find out more about primary source verification on our website. • You only need to get your PMQ verified by our provider. The rest of your evidence should be verified in line with our guidance.
Specialist medical qualification(s)	• Please provide a copy of all specialist medical qualifications you hold. • Applicants must demonstrate knowledge to that required by the CCT curriculum. The test of knowledge in the curriculum is the **Fellowship of the Royal College of Emergency Medicine (FRCEM)**

Qualifications considered and accepted as comparable to the FRCEM are as follows:

Fellowship of the Australasian College for Emergency Medicine (FACEM)

- **If you do not hold FRCEM, or a comparable qualification listed above**, you should provide robust evidence of having passed a substantial examination (e.g., a nationally or internationally recognised postgraduate examination in EM) that demonstrates your knowledge and skills to a similar standard as the FRCEM. If evidence of another specialist qualification is being provided, it must be supported by the authenticated certificates and the curriculum/syllabi or standards for its award, plus details of the scope and format of the exam.

- If you do not hold a specialist medical qualification, you can demonstrate the same level of knowledge by providing:
    - A detailed, thorough and succinct cross-referencing mapping exercise, demonstrating how each FRCEM competency has been covered in your own qualifications and evidence. It will then be at the evaluators' discretion to determine whether what has been provided is comprehensive enough to demonstrate the same level of knowledge as the FRCEM. Applicants must be aware that this will be assessed on a case-by-case basis and will require the applicant to produce an extensive portfolio of evidence.
    - You will need to show how the individual elements of your portfolio combine to demonstrate knowledge appropriate for specialist practice in EM in the UK.

- 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.

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 six years, please provide an **authenticated copy in English** 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 in Emergency Medicine in the UK in the past six years, you should provide a copy of your ARCPs. Should you wish to provide evidence obtained within your UK specialty training, this evidence should have **been reviewed and signed off through an ARCP from completed years in training.**

Evidence of professional experience	

Departmental statistics/presentations
 	
AND
 	
Your personal annual caseload statistics **(continued under SLO1)**
	• You can use departmental statistics to demonstrate:
	  ○ the size and type 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 is undertaken by your department.
	  ○ Evidence should cover the **last six years of practice** (WTE, does not need to be consecutive).
	  ○ Your personal caseload statistics should reflect all range of presentations with reasonable proportion presenting in emergency department with all range of complexity (cases seen in resus, majors, minors, PEM)
	
	  ○ You can use your personal annual caseload statistics to demonstrate your coverage of Adult vs Paediatric medicine and also to demonstrate your coverage of resus, majors and minors patients (please see SLO1).

Appraisal/Annual review	• You should provide evidence of ongoing evaluation of your performance for the **last three years** of practice (WTE, does not need to be consecutive). This can be in the form of FEGs (Faculty educational governance statements), annual reviews, ES report. • 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.

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, WBPAs can be used to demonstrate competence in most SLOs – therefore, you can use the same evidence to demonstrate the required capability across several SLOs. This is described further below.
- 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.
- Some of your evidence will cover very different clinical aspects of Emergency Medicine though presented in a similar format e.g. DOPS, Reflective Case Histories.

Workplace Based Assessments (WPBAs) • 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)	• These include three non-EM ACCS specialties (IM/ICM/AN). • The indicative number of WPBAs required is likely to equal or exceed 36 in non-EM ACCS specialties (Anaesthetics, ICM and IM) with a balance of evidence of ACCS and HST level sign off spread evenly over time and specialties. Ideally, there should be balance in evidence in the form of CBDs, DOPS and Mini-CEXs.

curriculum competences	• These WPBAs must be signed off by a consultant or HST level trainee. There should be a proportionate number if being signed off by both consultants and HSTs.

Higher specialty training (HST) competences	• All HST WPBAs should be signed off by a consultant ideally on the specialist register or a recognised GMC educational and clinical supervisor.
	• WPBAs should reflect the breadth and depth of this part of the Emergency Medicine and contain a consistent depth of reflection to evidence mature progression of learning from these encounters. We do not specify minimum numbers for these, though it is unlikely that competence could be demonstrated for the EM curriculum with fewer than:
	  ○ 36 WPBAs (12 CbDs, 12 DOPS and 12 Mini-CEXs) for Adult EM
	  ○ 12 WPBAs for PEM – all at HST level
	• This number excludes those WPBA undertaken for IM, ICM and Anaesthetics.
	• These should be supervised mainly by consultants. In addition, please indicate on the WPBA form the specialty of the consultant assessing you, e.g., PEM, EM, ICM etc. If you do not submit these WPBAs, you should submit alternative evidence of assessment of your competences.
	• ASAT (ACCS sedation assessment tool) in last three years

ESLEs	• 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 your application. • **Six** ESLEs from the last three years with at least one PEM (WTE, does not need to be consecutive) - **three** of these ESLEs need to be completed in the last 12 months of practice (WTE, does not need to be consecutive).

360˚ and multi-source feedback (MSF) (Colleagues & Patient Feedback)	• The RCEM has adopted MSF. Details may also be found in the RCEM trainees' e-portfolio www.nhseportfolios.org. • Alternative systems, used within the UK or overseas, based on similar methodology will be considered and will be evaluated individually. • A **minimum of one** MSF (colleague & patients) should be provided as part of your evidence; these should have been collated in the **last 12 months** of clinical practice preceding your application. • Your MSF must be of good quality and include your reflection on the feedback. • The requirement for the number of clinical and non-clinical colleagues, and patients must be consistent with that required for GMC revalidation requirements. • If areas for development were highlighted in your MSF, you will need to provide evidence to demonstrate that you have subsequently addressed them; in this scenario, one MSF is unlikely to be sufficient. • 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.

Records of clinical practice	
Reflective case histories	• **A Reflective case histories template** • **Your record of reflective learning should include 50 patients per year, evenly spread over a minimum of the last three years of clinical practise (total number of 150 cases including 30 PEM cases)** and should cover the breadth and depth of the EM curriculum. This may include your 20 case reflections in Internal medicine. 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. • 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.

In depth Case Studies	• It is necessary to demonstrate your ability to maturely manage complex clinical and managerial problems. Good quality case studies can provide sufficient depth of evidence, and it is likely that a minimum of 10 (with at least two complex PEM scenarios) in depth good studies would be required to demonstrate this depth and breadth of KSE.
	• These should include:
	  ○ Dates
	  ○ Diagnosis
	  ○ nature of your involvement in the management of the case which curriculum competences were involved
	
	These would typically be cases in which medicolegal, PALS (Patient Advice Liaison Service), coroner, family liaison, safeguarding, Recommended Summary Plan for Emergency Care Treatment (ReSPECT), and other professional colleagues are involved, due to the complexity of the case.
	
	• You can use these to demonstrate:
	  ○ 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 Reflective case histories information
Courses relevant to the curriculum	● Skills in ultrasound as listed in the core CCT curriculum for EM. ● Safeguarding to Level 3 (Children) and Adults as per Trust mandatory guidelines. ● Good Clinical Practice (GCP) course ● ATLS or ETC/ ALS/ EPLS / MIMMS etc ● Generic Instructors course OR ATLS instructors' course

RCEM would suggest dividing certain evidence in the following manner:

(Please note this is not extensive and each SLO below will hold more information on what is expected)

SLO1

- All EM CBDs, Mini-CEX
- Reflective case histories
- Personal annual case load statistics

SLO2

- All IM related evidence, including WBPAs, 20x IM reflective cases

SLO3

- All ICM related evidence, including WBPAs, reflective cases

SLO4

- All Anaesthetics related evidence, including WBPAs, reflective cases and patient log. Including IAC, EPA1 and 2.

SLO5

- All PEM related evidence, including WBPAs, 30 reflective cases and patient log, two PEM in depth case histories, one PEM ESLE.

SLO6

- All procedural skills including DOPS, EM logbook.

SLO7

- 8x In depth case histories (please note, two will be submitted in SLO5 under Paediatrics)

SLO8

- FEG/ES report, 5x adult ESLEs (1x ESLE will be in SLO5 for paediatrics) and MSF.

SLO9

- All teaching related evidence, teaching observation tools, timetables, STR, feedback forms, CS/ES Training, Appraisals for others, lectures, communication with colleagues and patients, appraisals, MSF and 360 Feedback, Complaint and complaint responses, letters from colleagues, thank you letters.

SLO10

- GCP certificate, any publications, critical appraisal
- Literature reviews, journal club presentation, participation in trials, research papers, CPD, courses related to curriculum, poster presentation.

SLO11

- QIP, QIAT, Clinical governance, audits and publications. Health and safety awareness, involvement in infection control, health declaration and probity.

SLO12

- Handling a complaint, involvement in PSII (Patient safety incident investigation), management of a staff rota, represent the ED in inter speciality meetings.

Specialty Learning Outcomes (SLOs)

- There are several EM learning outcomes, which together form the RCEM Learning requirements. Your SLOs need to demonstrate progression to the **highest level of entrustment**, consistent with operating at level of a doctor on the specialist register (consultant).
- Applicants are expected to provide **a minimum** of 48 (HST) WPBAs, in the form of DOPS (12), Mini-CEX (12) and CBDs (12), and 12 PEM (as detailed below) which should be provided throughout the application, demonstrating a range of knowledge, skills and experience. This minimum does not include ESLEs, or other assessment formats and does not include the WPBAs associated with the following related specialties; Anaesthetics, ICM and Internal Medicine.
- EM ACCS evidence should be provided as a minimum of 36 WBPAs in the form of DOPS, Mini-CEX and CBDs separate from HST evidence over the last three years.
- Separate PEM HST competencies are required of 12 WBPAs including 4x DOPS, 4x Mini-CEX and 4x CBDs.
- **Please avoid duplication of any evidence**, though we understand some evidence may overlap through different sections.
- Obtaining FRCEM will underpin each of the following SLOs.

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

Key capabilities:

- **Being an 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**

Recommended evidence	
• FRCEM. **Without FRCEM, applicants will need to provide** substantial evidence, either through an alternative qualification or a large, robust, and comprehensive portfolio of additional evidence mapped against the RCEM curriculum to support your application. • **EM ACCS** CBDs • EM ACCS Mini-CEX • EM ACCS DOPS	
Personal Annual caseload statistics **(Continuation from page 15)**	• Personal annual caseload statistics for different areas of the department showing a good spread of the curriculum. • Personal annual caseload statistics should be done yearly to demonstrate work rate, work patterns and coverage of patients from different areas of Emergency Medicine. • Your data should demonstrate the area of department e.g., majors, minors, resus for both paediatrics and adults, for at least the last three years. This evidence needs only to be supplied in SLO1. • 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.

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

Key capabilities:

- **An ability 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.**
- **Make safe clinical decisions, appropriate to the level of experience, knowing when and how to seek effective support.**
- **Awareness of when it is appropriate to review patients remotely or directly and able to teach these principles to others.**
- **understanding how to apply clinical guidelines.**
- **understanding 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**
- **being aware of the human factors at play in clinical decision making and their impact on patient safety**

Recommended evidence
• FRCEM. **Without FRCEM, applicants will need to provide** substantial evidence, either through an alternative qualification or a large, robust, and comprehensive portfolio of additional evidence mapped against RCEM curriculum to support your application. • IM CBDs • IM 20x Reflective cases • ACAT, minimum 2-3 • MCR (IM) - Multiple Consultant Report (Acute Medicine) • IM Mini-CEX

SLO 3: Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop (including any experience gained during an ICM secondment)

Key capabilities:

- **providing airway management & ventilatory support to critically ill patients**
- **being an expert in fluid management and circulatory support in critically ill patients (will need training)**
- **managing all life-threatening conditions including peri-arrest & arrest situations in the ED**
- **being an 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.**

Recommended evidence
• FRCEM. **Without FRCEM, applicants will need to provide** substantial evidence, either through an alternative qualification or a large, robust, and comprehensive portfolio of additional evidence mapped against RCEM curriculum to support your application. • ICM CBDs • ICM Mini-CEX • ICM DOPS • MCR (ICM) – Multiple Consultant Report

SLO 4: Care for acutely injured patients across the full range of complexity (including any Anaesthetic experience gained during your Anaesthetic rotations)

Key capabilities:

- **Being an expert in assessment, investigation and initial management of patients attending with all injuries, regardless of complexity**
- **providing 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.**
- **Providing urgent or emergency anaesthesia to ASA 1E and 2E patients requiring uncomplicated surgery including stabilization and transfer**
- **Providing safe procedural sedation for ASA 1E and 2E patients**
- **Provide evidence of IAC for anaesthesia**

Recommended evidence
• FRCEM. **Without FRCEM, applicants will need to provide** substantial evidence, either through an alternative qualification or a large, robust, and comprehensive portfolio of additional evidence mapped against RCEM curriculum to support your application. • Anaesthetics CBDs

- Anaesthetics Mini-CEX
- Anaesthetics DOPS
- IAC including EPA 1 and 2
- **Anaesthetics logbook - a list of cases you have been involved in - with diagnoses, procedure and the anaesthesia used. An Excel template is available on the RCEM website (https://rcem.ac.uk/wp-content/uploads/2026/06/Logbook-Template.xlsx)**

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

Key capabilities:

- **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 and support a multidisciplinary paediatric resuscitation including trauma**
- **Be able to provide airway management & ventilatory support to critically ill paediatric patients**
- **Be expert in fluid management and circulatory support in critically ill paediatric patients**
- **Be able to manage all life-threatening paediatric conditions including periarrest & arrest situations in the ED**
- **Be able to assess and formulate a management plan for children and young adults who present with complex medical and social needs**

Recommended evidence
• FRCEM. **Without FRCEM, applicants will need to provide** substantial evidence, either through an alternative qualification or a large, robust, and comprehensive portfolio of additional evidence mapped against RCEM curriculum to support your application. • **Paediatric related Reflective case histories – 30** • **2 in depth case histories related to PEM** • Assessment of simulated practice • **1x PEM ESLE** • **12x PEM WPBAs – all at HST level (4x DOPS, 4x Mini-CEX, 4x CbDs with entrustment scale 3 or 4).** • **PEM Procedural Log**

SLO 6: Deliver key procedural skills

Key capabilities:

- **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.**

Recommended evidence	
	• FRCEM. **Without FRCEM, applicants will need to provide** substantial evidence, either through an alternative qualification or a large, robust, and comprehensive portfolio of additional evidence mapped against RCEM curriculum to support your application. • Assessment of simulated practice • **ACCS EM Procedural Skills Log** • **HST EM Procedural skills log** • **PEM Procedural skills Log** • **ASAT (ACCS sedation assessment tool)** • **US Cases and logbook** • **RCEM eLearning Modules** • **US DOPS** • **US Reflections** • **POCUS**
Procedural logbook	• **You should demonstrate capabilities in the procedures listed in the following link**

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

Key capabilities:

- **having expert communication skills to negotiate manage complicated or troubling interactions**
- **behaving professionally in dealings with colleagues and team members within the ED**
- **working professionally and effectively with those outside the ED**

Recommended evidence
• FRCEM. **Without FRCEM, applicants will need to provide** substantial evidence, either through an alternative qualification or a large, robust, and comprehensive portfolio of additional evidence mapped against RCEM curriculum to support your application. • **8 Adult in-depth reflective case studies** Please ensure the Key capabilities above are met within the reflective case histories.

SLO 8: Lead the ED shift

Key capabilities:

- **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.**

Recommended evidence
• All Adult EM **ESLEs** • MSF

SLO 9: Support, supervise and educate

Key capabilities:

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

Recommended evidence	
• FRCEM. **Without FRCEM, applicants will need to provide** substantial evidence, either through an alternative qualification or a large, robust, and comprehensive portfolio of additional evidence mapped against RCEM curriculum to support your application. • Teaching Observation (TO) • Relevant training courses • Educational Supervisor's STR • Advanced Life Support Instructor • Training the Trainers Course • Peer review assessments of teaching	
Teaching timetables	• Where you have undertaken several 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 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** • Complaints and responses to complaints

	• 360° feedback / MSF

SLO 10: Participate in research and managing data appropriately

Key capabilities:

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

Recommended evidence	
• Good Clinical Practice (GCP) certification • Formulating a research question and designing a project • Evidence of literature search and critical appraisal of research, including ACAF • 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 (if available)**	
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.
CPD certificates, workshops, and 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 three years (WTE)** 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**. UK based applicants, should be registered for CPD activity with the RCEM, or if from overseas, with an equivalent body. • Applicants must have achieved the RCEM required standard of annual return or demonstrate evidence of the required standard from the relevant college. (Which may be over one year or averaged out over several years).

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

Key capabilities:

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

Recommended evidence	
• **Quality Improvement Activity Tool (QIAT)** to align with recent guidance (e.g., AOMRC) and to facilitate a broader range of QI activities • **Educational Supervisor's STR (if available)**	

Quality improvement (QI)	• You are expected to provide evidence of in-depth personal involvement with Quality Improvement (QI) **including practice change.**
	• As well as quality improvement aspects, QIP demonstrates ability to work as a team, manage a project, and **reflect on actions and personal effectiveness.**
	• QIP provides applicants a good opportunity to demonstrate their maturity and ability to implement change at an independent level. **The evaluators therefore expect that applicants demonstrate a deep understanding of how to implement projects in their departments and integration with colleagues in other fields and demonstrate the good working relations gained over time in one hospital.**
	• 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 governance activities ○ guidelines produced to reflect lessons learned within audit ○ notes from self-reflective diaries ● Please follow the RCEM QIAT trainees' guidance before providing evidence.
Service Improvement and clinical governance meetings	● This can be demonstrated by: ○ evidence of involvement in Service Improvement Projects ○ records of attendance at meetings and minutes demonstrating participation in meetings
Health and safety awareness and following requirements	● This can be demonstrated by: ○ attendance at appropriate course ○ involvement in infection control (membership of committees etc) ○ Reflective case histories information on infections ○ audit on infections and subsequent changes in activity

SLO 12: Lead and Manage

Key capabilities:

- **be able to demonstrate their involvement in a range of management activities and show an understanding of the relevant medicolegal directives (elements not completed in intermediate)**
- **be able to investigate a patient safety 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**
- **demonstrate an understanding of how effective Emergency Medicine Leadership positively impacts on standards of patient care and patient safety whether through leading Resuscitation Teams, leading the Shift or leading in the Trust and wider Healthcare System**
- **demonstrate a positive impact on the culture of the Emergency Department through attitudes and behaviours that impact positively on colleagues, patients and their relatives**

Recommended evidence
• FRCEM. **Without FRCEM, applicants will need to provide** substantial evidence, either through an alternative qualification or a large, robust, and comprehensive portfolio of additional evidence mapped against RCEM curriculum to support your application. • (If you do not hold any summative assessment you will need to provide evidence of completing objective summative assessments across the breadth and depth of your KSE)

• **Management portfolio – to cover the curriculum key capabilities and descriptors** • **Educational Supervisor's STR (if available)**	

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 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	• This can be demonstrated by: ○ minutes of meetings demonstrating your attendance and participation in the meeting
Management and leadership experience	○ Rota management ○ Recruitment with interview ○ 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 months ○ 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
Chairing meetings and leading projects	● This can be demonstrated by: ○ minutes of meetings demonstrating your attendance and participation in the meeting ○ job plans which indicate this as a duty ○ appraisals which include this information
Equality and diversity	● This can be demonstrated by: ○ evidence of attendance at relevant courses ○ feedback from patients and colleagues ○ statements from your referees

Data protection	• This can be demonstrated by:
	  ○ evidence of attendance at relevant courses
	  ○ feedback from patients and colleagues
	  ○ your application and evidence being appropriately anonymised