

The Royal College of Emergency Medicine

Patron: HRH The Princess Royal

7-9 Breams Buildings London EC4A 1DT Tel +44 (0)207 404 1999 Fax +44 (0)207 067 1267 www.rcem.ac.uk

Educational Standards Framework for Royal College of Emergency Medicine (RCEM) approved Fellowships in Humanitarian Medicine and Global Health

1. Entry criteria

Candidates should be able to demonstrate ST3 level competencies (i.e. completed Acute Care Common Stem training), or equivalent, in Emergency Medicine (EM). Fellowships may be offered to less experienced EM clinicians provided supervisors and employers can demonstrate adequate supervision and support.

2. Duration

One year minimum to two years maximum (WTE) depending on the educational objectives, requirements of the fellow, and requirements of the employer. The RCEM will not support a fellowship extending beyond two years.

3. Selection

Candidates will undergo the normal NHS Trust or equivalent employer selection process in line with standard NHS and RCEM guidelines.

The RCEM may require an appropriate representative to take part in the selection process.

If the candidate intends to take Out of Programme Experience (OOPE) or Out of Programme Training (OOPT) from an EM training scheme this should have been approved by the relevant regional Training Programme Director (TPD) before attending for interview.

4. Employer responsibilities

The employer is responsible for providing a suitable consultant to act as a named educational supervisor with the following responsibilities:

-Outline the fellowship and its objectives to the RCEM Global Emergency Medicine (GEM) Committee for approval before advertisement.

Excellence in Emergency Care

- -Ensure the fellow gains appropriate clinical experience in line with the objectives of the fellowship. This would normally be agreed by a negotiated job plan at the start of the fellowship.
- -To ensure clinical supervision as appropriate to the level and experience of the fellow is available at all times.
- -To ensure protected time is available (normally one hour per week) to enable the fellow and educational supervisor to review progress and discuss issues. This allocation of time may be used flexibly over the fellowship.
- -To provide at least 6 monthly formal assessments in the form of a Structured Training Report.
- -To ensure a record is maintained of the fellowship to enable continuity of guidance/feedback as appropriate. This would normally use the RCEM eportfolio.
- -To provide annual appraisal in line with the General Medical Council's (GMC) Good Medical Practice framework.
- -To take reasonable precautions to ensure any international placements can be conducted safely and within a reasonable budget.

5. Fellow's responsibility

The fellow is required to:

- -To work with the educational supervisor to develop and demonstrate attainment of the skills/knowledge/attitudes sought from the fellowship in line the GMC's Good Medical Practice within the timeline of the fellowship.
- -Provide satisfactory evidence to the RCEM +/- GMC of progress.

6. Responsibilities of RCEM

The RCEM GEM Committee is required to:

- -Oversee the approval of the fellowship.
- -To seek evidence and assess on an annual basis the appropriateness of the fellowship using evidence provided by the fellow and supervisor.
- -To oversee the individual fellow's performance.

7. Suggested timetable

The fellowship structure should have 50-70% of the post assigned to UK clinical commitments.

The remaining 30-50% of the post should be assigned to attaining fellowship goals either in the UK or on overseas placement.

Where possible clinical time should count towards Certificate of Completion of Training (CCT).

8. Educational content

It is recognised that Global Health has a broad scope and definition inclusive of study, research and practice that prioritises improving health and achieving equity in health for all people worldwide.²

Contextually, fellowship structures should be designed to focus on core elements as well as specific learning outcomes through a selected recommended pathway in either Global Emergency Medicine or Humanitarian Medicine as outlined below.

It is understood that the fellowship pathways will involve partnerships with academic institutions, Non-governmental organisations (NGOs), international institutes and other agencies in order to deliver learning outcomes.³

It is expected that fellows will also complete relevant academic modules contributing or leading towards certification in a relevant discipline such as Public Health, Tropical Medicine, Global Health, Disaster Medicine, etc.

Core Fellowship Skills:

These are aligned to the RCEM Curriculum and support leadership development in global health and humanitarian contexts.⁴ It is envisaged that this core skills will be developed through the chosen fellowship pathway.

- CC4 Time and Workload Management
- CC7 Prioritisation of Patient Safety in Clinical Practice
- CC8 Team Working and Patient Safety
- CC9 Principles of Quality and Safety Improvement
- CC15 Communication with Colleagues and Cooperation
- CC16 Health Promotion and Public Health
- CC20 Ethical Research
- CC21 Evidence and Guidelines
- CC23 Teaching and Training
- CC24 Personal behaviour

Global Emergency Medicine Pathway

Fellowship should include taught as well as experiential elements focusing on but not limited to the following themes:

- Global burden of disease
- Emergency care systems in global settings
- Education and Training as part of emergency care system strengthening
- Health disparities and emergency care access
- Health partnerships to support system strengthening
- Improvement projects to support emergency care delivery
- Research in global emergency care settings

Humanitarian Medicine Pathway

Fellowship should include taught as well as experiential elements focusing on but not limited to the following themes:

- Governing principles, standards and ethics of humanitarian action
- Multiagency roles, approaches and coordination in humanitarian response
- Emergency Medical Teams: Roles, responsibilities, skills and attributes
- Principles of Disaster Management including:

- Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) events
- o Outbreak response
- Natural disasters
- Disaster Risk Reduction
- Research in humanitarian contexts

Further EM specific curriculum for Humanitarian Medicine and Global Heath may be developed at a later stage.

9. Review

The educational supervisor and fellow are expected to undertake ongoing review of the fellowship, at least monthly. This should be a two way process with both the supervisor feeding back to the fellow and an opportunity for the fellow to put forward proposals for their ongoing learning and development.

More formal review will take place through the appraisal process (see point 4).

As with other EM trainees supervisors should normally be allocated 0.25 PA per week to provide this supervision through the employer job planning process.

10. Assessment

To enable the fellow to demonstrate to the RCEM they are meeting the objectives of the fellowship a 6 monthly Structured Training Report (STR) should be completed by the supervisor.

The STR will be scrutinized by a representative(s) of the RCEM GEM Committee who will be responsible for identifying concerns in the fellowship. In the event of concerns being raised regarding the ability of the fellow or the fellowship to meet the required objectives an action plan should be documented to resolve concerns. If this is unsuccessful the RCEM may remove approval for the fellowship.

On completion of the fellowship both the educational supervisor and the fellow should submit a post fellowship report.

On review of the eportfolio evidence and both the fellow and educational supervisors report the RCEM GEM Committee will issue a letter confirming completion of the fellowship.

The **educational supervisors report** should include the following:

- -Name of the educational supervisor, post title, employers address.
- -Title of fellowship.
- -Start and end date of fellowship.
- -Name of fellow.
- -The fellowships objectives.
- -How the performance of the fellow has been assessed and developed against these objectives.

- -The skills, knowledge, and attitudes that have been gained and/or enhanced.
- -The objectives of the fellowship that have not been met with reasons for none completion and mitigations.

The **fellows report** should include the following:

- -Name of fellow, post title, and employers address.
- -Start and completion dates of the fellowship.
- -Name and designation of the educational supervisor
- -Activities that the fellow has done to acquire skills, knowledge, and attitudes in line with the objectives.
- -How the fellows performance has been assessed against the objectives.
- -What benefits, if any, were gained by meeting with the educational supervisor.
- -How the fellowship has helped to plan the future development and career of the fellow.
- -If any objectives of the fellowship have not been met how these could be mitigated against or fulfilled in future fellowships.

11. Exceptional circumstances

In the event the fellowship is interrupted, or is likely to require extension, the educational supervisor should inform the RCEM GEM Committee with a description of the circumstances. Advice will be provided on how to proceed.

12. Appeals process

If the fellow and educational supervisor are unable to satisfy the RCEM GEM Committee that the objectives of the fellowship have been met there will be an opportunity for the fellow and/or educational supervisor to resubmit forms/reports within a 3 month timeframe.

In the event the fellow or educational supervisor is not content with the outcome then they may submit their case to the RCEM Dean, whose decision will be final.

13. Quality Assurance

RCEM approved Humanitarian Medicine and Global Health fellowships will initially be quality assured within the existing RCEM structures. It is hoped a Faculty of Humanitarian Medicine and a subspecialty CCT may be developed in the future.

14. References

- JRCPTB Educational Standards Framework for Post CCT Fellowships Pilot V2.
- Koplan JP, Bond TC, Merson MH, et al. (June 2009). <u>"Towards a common</u> definition of global health". Lancet. 373 (9679): 1993–5
- Redmond T. Establishing Humanitarian Fellowships in Emergency Medicine. Proposal submitted in 2018.
- Rahman N. Is it time to launch International Fellowships to enhance leadership development? Poster presented at 'Leaders in Healthcare Conference', 30th Oct – 1st Nov 2017, Liverpool, UK.