Royal College of Emergency Medicine

Annual Quality Report 2020–2021

v3 March 2022

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Annual Quality Report 2020-2021

Executive Summary

The COVID pandemic has created the most challenging time the NHS has ever seen on a background of limited resources and a recruitment and retention crisis. Emergency Medicine has been at the forefront of highlighting these issues in the last few years. This report identifies ongoing concerns which include staffing shortages, overcrowding, workforce burnout, bullying and harassment, time to train and service reconfiguration. These have a direct impact on the workforce, quality of training and patient care. There is also an opportunity to evidence and learn from great practice and initiatives that have flourished like wellbeing leadership, robust teaching and training, annualised rotas, mentoring and clinical educator time.

RCEM has remained committed in its approach to improve the working lives of its members and it's future workforce. A number of projects have come together to make very real change to the way we support and train the EM workforce; the new curriculum ensures those completing training are able to demonstrate the skills needed to be effective and resilient consultants, the EMLeaders programme supports this to make leadership skills explicit around improving self, teamwork and service development, Clinical Educators in ED research shows benefit to both trainees and trainers in EM and widened flexibility, equality and diversity initiatives ensure inclusion and fairness in the workforce.

The Annual Quality Report (AQR) brings clarity to the current state of training in Emergency Medicine. There remain significant concerns facing the workforce but the launch of the new curriculum, embedding leadership and clinical education show tangible evidence of change. Further recommendations from the report for 21/22 include:

- the start of systematic, systemic, and progressive quality improvement in EM training with annual quality reports.
- sharing of best practice; mandated TSC attendance for Heads of School, shared learning with specialty tutors
- addressing Bullying and Harassment; TSC workshops and regional dissemination
- further work on flexibility and equality in the workforce
- wellbeing schemes and strategies to reduce workforce burnout

It is a credit to RCEM and its members that during the most challenging time the NHS has ever experienced, work is ongoing improve the quality of EM training for trainees, trainers and safety and care for patients.

Introduction

The Royal College of Emergency Medicine (RCEM) Training Standards Committee has responsibility for translating the College's aims for specialty training in Emergency Medicine into working systems throughout the UK. TSC functions are outlined below

- Setting the standards for EM training and assessment within the GMC framework and working with other College committees to develop the curriculum and assessment system.
- Monitoring standards through regional/ national training surveys linking with EMTA survey to address gaps and develop solutions.
- Providing advice to trainees and trainers in the UK on training and assessment and acts as a link between the EM Schools/Deaneries/Specialty Training Committees and the College and the GMC.
- Evaluating EM CESR applications received from the GMC and coordinates the Medical Training Initiative (MTI) on behalf of the College.
- Working with Health Education England and the devolved equivalents to set standards for entry to training and recruitment to training posts.

The aim of this first Annual Quality report (AQR) is to bring greater transparency around the quality of EM training to the wider RCEM membership and to make quality improvement recommendations.

This report is a summation of recent training activity and quality improvement. There have been challenges associated with all RCEM activity during the pandemic and the work published in this first report may span several training years and reflects a huge amount of work from RCEM Committee Members.

The AQR is proposed as the culmination each year of quality improvement work with substantial data and activity transparent to all members. There are aspects this year that we have not been able to include, but there is opportunity for it to be even better next year. It is our intention to publish the report and recommendations in order to make an ongoing annual improvement, to improve training and ultimately care for patients.

Many thanks to Maya Naravi TSC Chair, Committee Chairs and Leads for help compiling this report and to Elizabeth Goldsmith, Associate Director for Training and Lee Sullivan, Training Manager for the data processing, administration and moral support.

Dr Jo Hartley

RCEM TSC Quality Lead

Training Quality Data

i. National Recruitment

This is the report on the 2021 round of recruitment to EM via ACCS, DREEM, ST3 and ST4 routes. First year of virtual interview processes via Teams

ACCS

Level	Applied	Longlisted out	Interviewed	Appointable	Posts
ACCS	1340	(via MRSA) 500	842	461	361 (100%)

MSRA used to shortlist applicants for interview. First use of MSRA for EM recruitment - two papers /set at Foundation level / SJT & clinical paper (covered domains usually used in standard recruitment process).

Interviews over two weeks with one day spare. MSRA and interview used for appointment with RCEM agreed 40:60 weighting. 100% fill rate still 100 appointable candidates available. A quality assurance and lay representative were included to maintain EDI and fairness. One complaint.

Plan for 2022

New ACCS Lead appointed, huge thanks to Mal Jones for all his hard work over several years.

RCEM MSRA writing team contributing to MSRA development to develop and add more EM specific focus in professional dilemma and clinical problem solving.

HEE have confirmed that again for 2022 there will be NO face-to-face interviews. Interview slots of 20 minutes for each candidate with built in capacity to develop questions to allow greater detail of questioning. YouTube videos for panel members and candidates will be distributed as before.

Quality assurance videos planned for panel members with a 'mock interview' to ensure consistency and standard setting. Clinical Leads Team brief planed for one week prior to interview window. New format to application form to allow easier formatting for panel review on the day of interview. Handbook updated to explain differences between core and run-through training.

HST/ST3/DREEM

Level	Applied	Longlisted out	Interviewed	Appointable	Posts	Filled
ST4	138	24	104	84	72	62
ST3	237	15	155	123	14 DRE-EM 23 ST3 ACCS	14 DRE-EM 4 ST3 ACCS (only ones appointable)

Self-assessment form used to long-list which was then verified.

Interviews were one station incorporating the three previous stations (communication, clinical and prioritisation).

No role players were involved and as a result the communication station was less informative than usual.

Plan for 2022

New DREEM Lead appointed, huge thanks also to Nam Tong for all his work in this area alongside Jane Brenchley.

Three days of interviews are planned. Some debate about the platform. We will have role players in each station.

The split of HST / ST3 & DRE-EM will be decided once final applicant and post numbers are available

ii. Regional Training Survey

All 15 regions in UK responded with most data from Head of Schools. Many thanks to all for contributing. This is an opportunity for regional programmes to self-assess against both RCEM quality indicators and other regions in the UK.

i. All ES formally trained and approved

This means that all RCEM educational supervisors have been formally trained and have GMC approval

ii. FRCEM examiners in all training sites

73 % regions have examiners in each training site, one region is unsure.

iii. Regional US lead

All but 1 region has a regional US lead. Most are not funded to do this role except in Y&H and KSS

Their role is around coordination of regional US training/sign off and quality assurance.

iv. Regional QI lead

10/15 of regions have a regional quality improvement lead. Half are funded 1PA usually via EMLeaders.

Their role is to co-ordinate QI regionally, training and benchmark projects.

v. Regional feedback at least annually

Regional feedback on training is collected in 10 deaneries.

vi. Feedback for ES from ARCPs

10 regions always give feedback to Educational Supervisors following ARCP. Most other regions do this sometimes.

vii. Feedback for ES from Trainees

This question was not asked on the survey.

viii. Regional training Programme

All regions had regional training. The median time allocated per month was:

- ACCS – median 6-8 hours (range 2- >8 hours)
- ST3 DREEM – median 6-8 hours (range 2-8 hours)

- HST - > 6 hours in 100% regions, 47 % trainees had more than this
- ACP - training in 2 regions for 4-8 hours although 5 regions stated Deanery supported training.

ix. Regional exam courses

Regional exam courses were delivered in just over half of regions, although another 25% do exam training through regional training days. In the 2018 census 100% ran an FRCEM mock. This might in part be due to virtual working but interesting to look deeper.

x. Regional SIM lead

11/15 regions have a SIM lead. Half of these are funded most 1PA, some through EMLeaders

Their role is around regional co-ordination and faculty development

xi. Shares data with TSC and xii. Provides annual school report to TSC

All regions completed the survey

xiii. Has at least two regional external advisors

4 regions were not aware of this. This is something we can remedy within RCEM.

7 regions know that they have at least two external advisers, who work with RCEM to quality assure the ARCP process. This is of benefit for the region assured, for the sharing or good practice between regions and RCEM.

Other Quality Indicators:

Attendance at TSC by HOS

The work at TSC and number of meetings has increased considerably in recent years.

60% of HOS can attend all the meetings, some have deputies, but this does mean that regions do miss TSC and the opportunity to improving and sharing practice.

Highlighted Training Risks from Regional Training Survey:

New curriculum, SLO 6	consistent PEM provision	Service reconfiguration
ACCS post increase impacting DREEM	Service pressures/ access block	Funding for HOS/TPDs
Sustainability and wellbeing	SL funding LTFT	Workforce limited by fixed training numbers

Highlighted Good Practice from Regional Training Survey:

Regional benchmarking against promoting excellence

Virtual teaching and exam courses.	Doctors with differing needs (DWDN) TPD
Extensive trainee survey	Trainee mentoring
HOS newsletter and updates	Regional quality panel
In house US course free	VR SIM

Every trainee meets HOS and TPD for interim review regarding wellbeing & career

Peninsula EM digital education forum	EM SUCCEED fellows

Transparent regional expectations for all trainers for national recruitment/ARCPs

Summary

Historically RCEM Training Standards Committee (TSC) has collated periodic census data, but without current standards on which to base best training practice. Promoting Excellence in EM Training was developed and published by the TSC in July 2020,to allow transparency and consensus quality indicators for both EM schools and training sites.

This survey is the first completed since publication. It provides a direct comparison and opportunity to self-assess and compare regional patterns. It also highlights areas of training risk and development that the TSC can take forward and an opportunity to share best practice.

Concerns raised are around delivering the new curriculum, service reconfiguration and pressure, sustainability, and wellbeing. Practice highlights include new virtual working, quality leadership in school, mentoring and support for trainees.

Recommendations and Actions

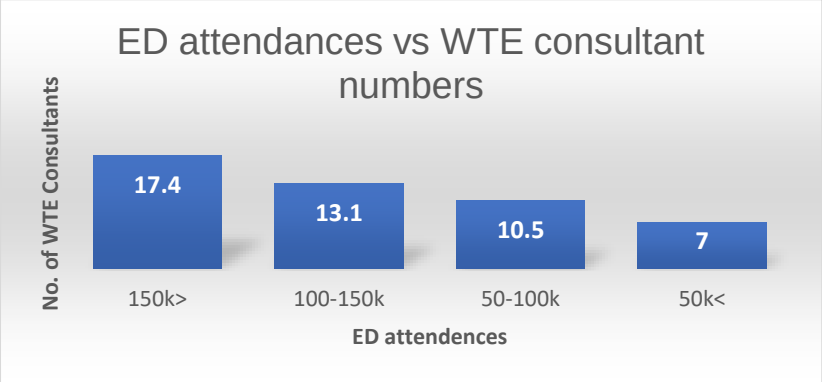
1. Annual survey for HOS; opportunity to see this as quality improvement activity not just data gathering with no expected outcome and encourage improvement each year.
2. Regional representation at all TSC, HOS or a deputy in their place.
3. Incorporate learning and best practice highlighted as regular agenda item for TSC. Opportunity for HOS to discuss something that they do well in detail to allow discussion for learning development and to share challenges
    - Quality panels/lead roles (? share business cases) WM and NW
    - Mentoring NW and NI
    - Regional feedback EoE
    - Regional ACP training Sev/Wx
    - Upskilling regional faculty Wx
4. TSC to take forward other opportunities to drill down data
    a. Does number of examiners/ or exam training link with exam results
    b. Do ARCP outcomes link with ES attendance at ARCPs/ES feedback/External Advisors

iii. Specialty Tutor Training Survey

77 responses from specialty tutors or clinical lead training site survey from Sept 2021. Many thanks to all who completed it. This report is an opportunity for sites to self-assess against RCEM quality indicators and each other.

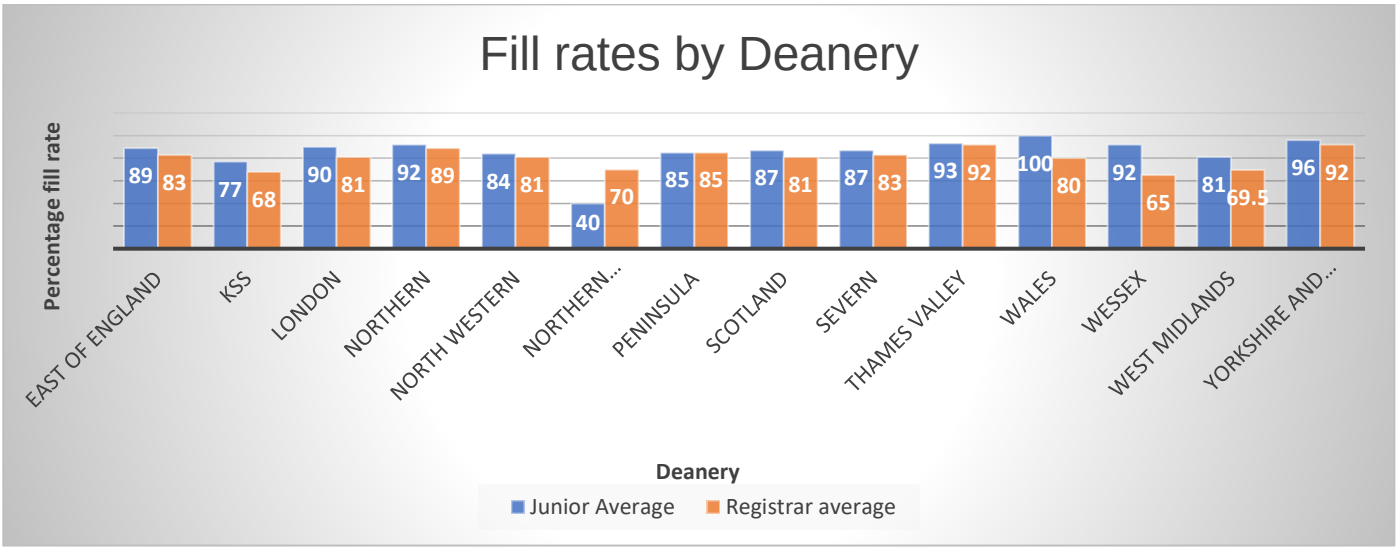
It represents 25% of all training sites (total 304). There was a good spread of responses with larger regions returning more. There was a low rate from East Midlands and Wales, and high from both London and the NW.

ED attendances with average WTE consultant numbers



Average rota fill rate for August 2021:

National average for ACCS is **87%** and for HST is **81%** All regions had trainee ACPs but not all sites.



Quality Indicators

i. 0.25 PA per trainee in ES/NCS job plans

70% sites have 0.25 SPA in job plans; 13% more than half 16% trainers get less than 0.125 PA

Reasons cited for less time were:

- More trainees than time allocated, especially with non-training staff.
- Job plan allocated but not per trainee, trust guidance 0.125,
- Not enough consultants, lack SPA

ii. ES meet required RCEM specifications

88% ES meet RCEM criteria

Reasons cited for not were lack ES courses, not enough trainers otherwise, not up to date,

iii. Number PEM consultants

93% sites saw children, could not drill down exact PEM numbers

All PEM subspecialty sites saw > 18,000 children as recommended

10% ST3 sites saw less children than RCEM would benchmark for ST3 paeds training (16,000)

iv. Access to specialty tutor

96% have specialty tutor which is funded 68% with commonest remuneration being 1 PA

Funding for Specialty Tutor	Av no of trainees
0.125	**8**
0.25	**8.5**
0.5	**9.7**
1	**10.9**
1.5	**14**
2	**32**

v. Local QI lead

This question caused confusion; data was not possible to analyse.

vi. Local US lead

86% have local US lead with 45% getting job plan time for it.

For rest then mix of shared responsibility, SPA, CEED, ad-hoc and good will

vii. FRCEM examiner

13% training sites do not have examiner, this has been an RCEM recommendation for 10 years.

viii. SIM training opportunity

87 % sites do this in local teaching most also do in-situ SIM.60 % run local courses

13% training sites do not provide SIM opportunities.

ix. Representation at regional ARCPs

60% training sites provide trainers to attend local ARCPs most of the time

13% sites do this rarely although it is recommended to upskill ES and support TPD/HOS

x. Local feedback mechanisms

Big variation in response. Needs exploring in more detail.

xi. Comply with EDT recommendations for trainees

All sites know about it, 75% think that trainees will be able to get this with 18% expecting > 75%

6.5 % sites will be providing less than ¾ and 2 sites less than 50%

xii. 50% shifts have direct consultant supervision

96% of sites state their HST shifts have direct consultant supervision 50% time.

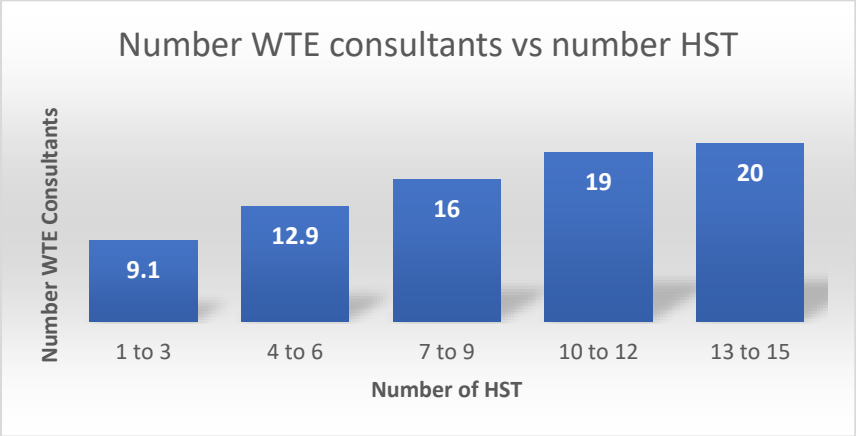
4% do not

13% sites have ST3 on the rota without direct supervision from ST4 or above. This is against RCEM recommendations and HOS have been asked to review as a matter of urgency,

xiii. 2 substantive consultants on specialty register

There are none, although one site only has 2.9 WTE

xiv. 1 consultant per HST and ACP trainee



xv. Local training programme

84% local training programme with 65% providing over 90 minutes per week.

16% sites do not run a local training programme which against recommendations.

Other points noted

70% specialty tutors were at least 'fairly confident' in using EMLeaders resources

67% specialty tutors were at least 'fairly confident' with RCEM curriculum transition

Highlighted Risks - Specialty Tutor Training Survey:

Loss services	**Reduced training exposure to paeds and minors**	**Supervisor SPA**
Lack consultants	**Burnout**	**New curriculum SLO 6**
Shortage courses	**Overcrowding**	**Lack trainees**
Protected time for college roles	**Funding for CEED**	

Highlighted Good Practice - Specialty Tutor Training Survey:

Wellbeing leadership and initiatives	**Robust teaching, remote access, cross site initiatives**	**CEED**
Annualised trainee rota	**Board round hot topics**	**Night lead training**
Insitu SIM	**Governance and education posters, themes, newsletter**	**Training recovery and US fellows**

Summary

This is the first training site survey completed by the training standards committee. It comes one year after the publication of RCEM Promoting Excellence in Emergency Medicine Training Survey objectives included raising specialty tutor awareness of these standards for both training sites and schools. It provides an opportunity for sites to self-assess, understand expectation and work to address areas that fall below RCEM recommendations.

It is reassuring to see that most recommendations are already in place in many training sites but there is opportunity to improve. We intend to monitor these again and specialty tutors are encouraged to raise and discuss ongoing concern with their Head of School. We need to be mindful that SPA, consultant numbers, staffing levels and service provision/flow are all notable risks to both training and trainers.

Recommendations for Training Sites for 21/22

1. There is a wide variation in consultant job plans and SPA time allocated for training. Promoting Excellence make recommendations, this can be used by training sites as evidence to support job planning and business cases to support improvement. Clinical educators in ED (CEED) have proven to be another good opportunity to support trainers and trainees.

2. Sites are not expected to have ST3 on the rota without direct supervision from ST4 +

3. Sites are expected to have an examiner on the training faculty and to participate in the ARCP process.

iv. External Advisor Feedback

The GMC's quality assurance framework requires regions to ensure external scrutiny of their quality management processes. At specialty level this comes from Royal Colleges and is predominantly in the provision of External Advisors for the ARCP and visit process. These External Advisors should be external to the region and have training expertise.

RCEM is required to provide externality for 10% of Emergency Medicine ARCP outcomes (Gold Guide v8). The TSC has been training and providing externality for years, although not in 2020, as COVID derogations released this requirement. For 2021 we chose to update the process and incorporate Academy of Medical Royal College requirements. Learning is brought to TSC for review and recommendations.

A new External Advisor Handbook has been written which includes the job description for interested senior educators. A virtual training day provided upskilling for existing and new External Advisor applicants with a requirement for updates on a three-yearly cycle. For the first time Equality Diversion and Inclusion training was added to the agenda which looked at Differential Attainment.

Reports for 20/21 training year

241 trainee ARCPs were reviewed which were a mix of ACCS and HST. This is 11.7% of the EM and ACCS trainees in programme on 1st August 2021.

Deanery	Percentage of externals
East Midlands	14.91
East of England	11.41
KSS	5.83
London	15.54
Norther Ireland	23.26
North West	12.73
Northern	16.82
Peninsula	28.57
Scotland	**6.92**
Severn	13.27
Thames Valley	25.29
Wales	**0.00**
Wessex	21.78
West Midlands	**4.60**
Yorkshire & Humber	**0.00**

As can be seen two regions were omitted during this cycle (sampling only took place from May-July 2021) and one region has already had subsequent external advisor attendance in October ARCPs.

All ARCPs were of an acceptable standard with most good or outstanding.

Good practice

- Larger panels
- Delegated roles
- Formal panel briefing by the chair
- Support from HOS/AD for complex trainees
- Referral to PSW considered
- SMART objectives for trainees
- ES feedback collated

Practice requiring development

- Each HOS should aim to complete on EA session per training year
- ES not on panel nor allowed to comment on their way out
- ES feedback for all supervisors to aid their learning and development
- Good admin on day
- Access to portfolio for External Advisors to review quality of data
- LTFT calculations done to inform decision making
- Limited panels during COVID meant greater chance that portfolios will not be reviewed in enough depth.

Recommendations for 20/21

1. Update External Advisor Report template to allow closer review of training years reviewed.
2. Ensure all training regions get External Advisor input, aim for process throughout training year rather than bunched towards the summer, which will also give HOS opportunity to attend more as only 6/15 completed this as pre COVID this was RCEM expectation for all HOS.
3. Develop Educational Supervisor feedback template
4. Share learning with External Advisors and work towards standards on defining what acceptable and outstanding ARCP panels look like.
5. Encourage regions to return to larger ARCP panels when COVID allows to improve the quality of the ARCP process.

v. GMC Feedback for trainees and trainers

National response from 76% trainees, survey included 304 ACCS and EM training sites

Data taken from both ACCS (all streams) and EM training programmes

Trainee Survey

Quality of training experience - Overall satisfaction

This was the overall ranking across the regions. Defence deanery didn't have enough respondents to allow calculation for ACCS.

	ACCS	EM
1	Northern Ireland	North Central and East London
2	North East	Wales
3	Wales	North West London
4	Wessex	North East
5	North West	Wessex
6	KSS	Thames Valley
7	North Central and East London	Northern Ireland
8	West Midlands	Scotland
9	East Midlands	West Midlands
10	Scotland	South London
11	Yorks and Humber	South West
12	South West	East of England
13	NW London	Defence Deanery
14	South London	Yorks and Humber
15	Thames Valley	North West
16	East of England	KSS
17		East Midlands

GMC Outliers

There were red outliers in EM, particularly those with lower satisfaction rankings. Feedback is being collated from Heads of School to drill down on any risks identified.

In particular:

- **Feedback -** Red outlier in 6 schools and in the lower quartile for 9 more.
- **Clinical supervision OOH -** Red outlier in 5 schools and lower quartile for another
- **Adequate Experience -** Red outlier in 3 schools and in the lower for 3 more

Specialty Specific Questions (COVID related)

EM trainees (ST1-7) rated similarly to the national benchmark regarding being on track with practical skills and being opportunity to make up competencies, however they had increased concerns regarding relevant courses and passing exams.

Less than Full time (LTFT) working

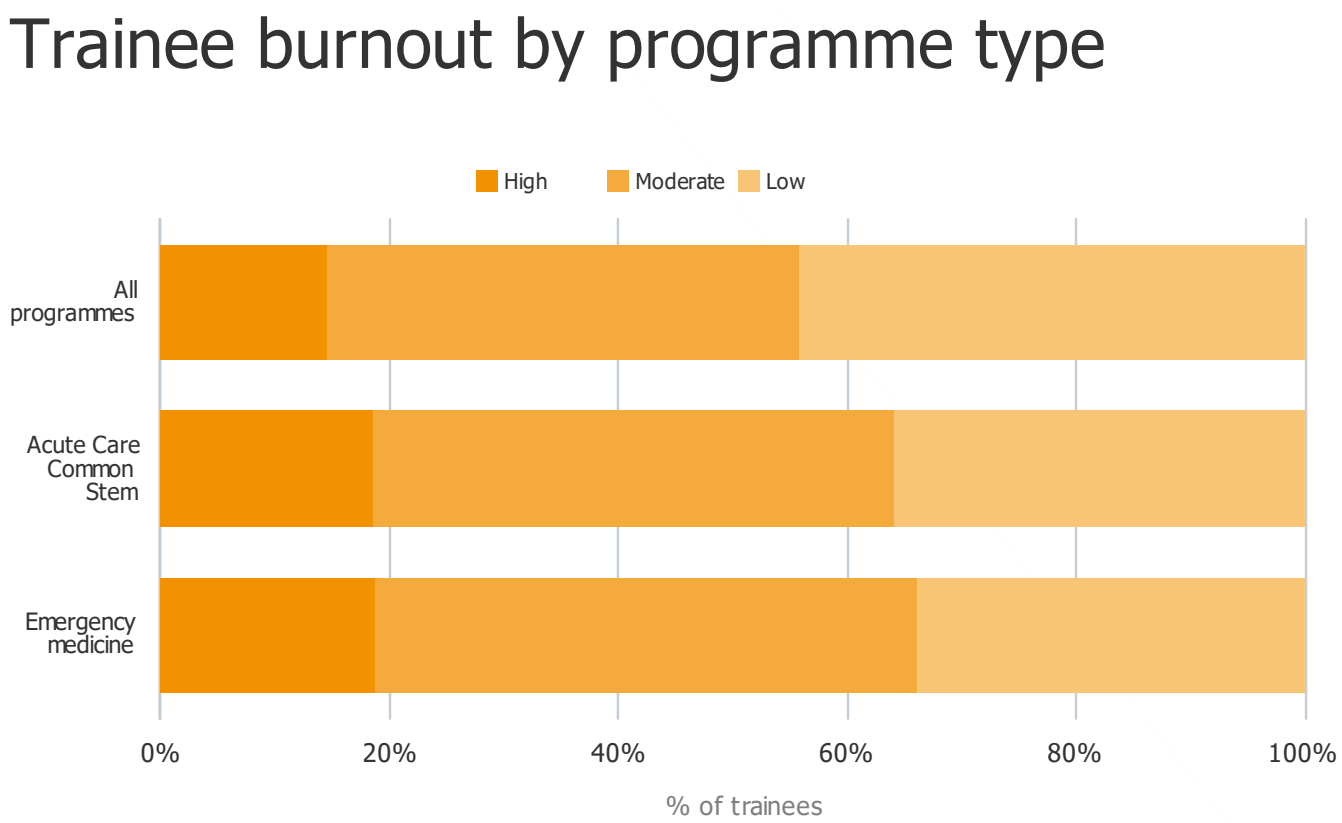
27.4% HST work LTFT which compares to 13.9% in 2015, this percentage increases proportionally over the training years from 6% in ST/CT1 to 56.6% in ST6. This has implications for both trainees and trainers.

Most common in KSS and London North Central and East both at approx. 53% EM trainees, this is less common in Northern Ireland and the Defence Deanery (10% or less).

Wellbeing - Burnout

Both EM and ACCS trainees' rate above the national average for symptoms of burnout.

As with the national picture, this has increased since 2019, particularly for ACCS trainees with an extra 5% reporting higher risk symptoms.



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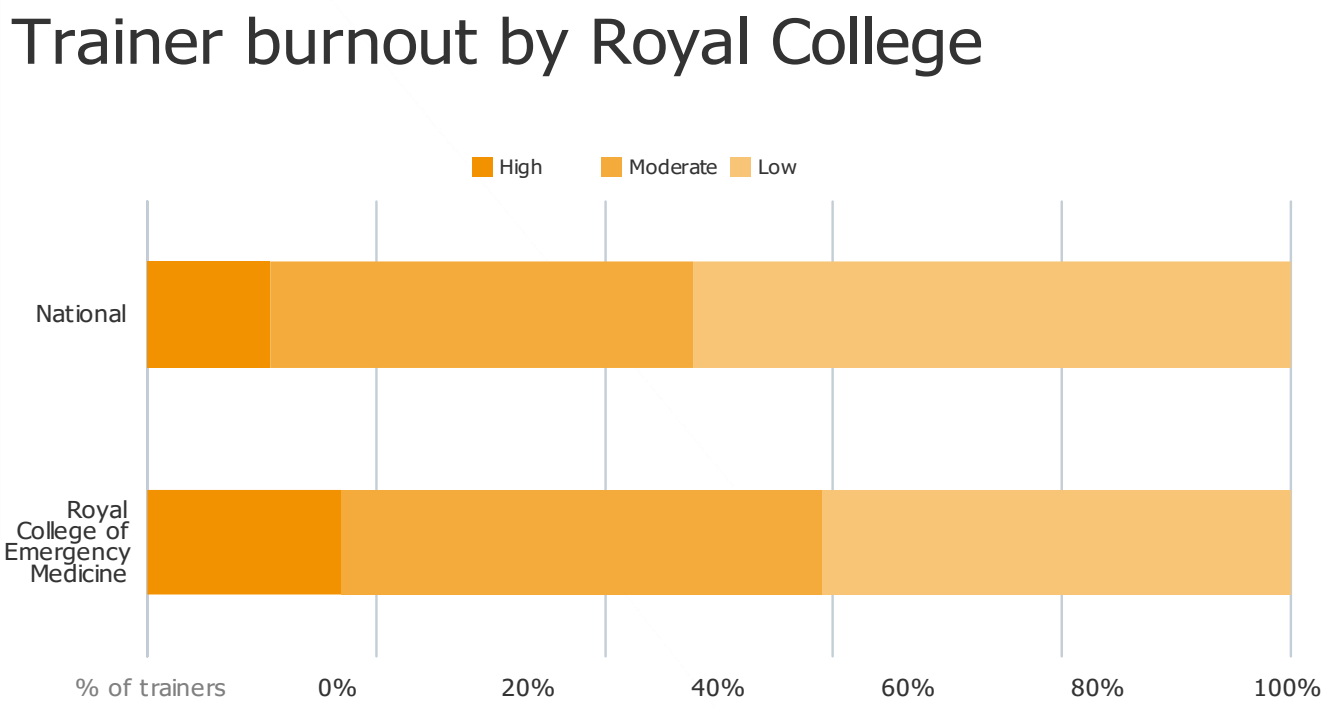
Trainer Survey

The trainer survey had a 39% completion rate.

Overall satisfaction rated the specialty midway of the 13 Colleges, with no red nor green outliers.

The separate burnout survey questions demonstrated that trainers have the **second highest burnout scores of all Colleges**, they remain at similar levels to 2019, with slightly lower scores than trainees.



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Recommendations:

1. RCEM and TSC further work on wellbeing strategies for both trainer and trainees, and to look at the implications of increasing LTFT.
2. Feedback from HOS regarding risks and action plans for their regions to TSC quality lead
3. TSC to focus on aspects of feedback, clinical supervision OOH and adequate experience that are being done well in certain regions to see if there is any shared learning.
4. For 21/22 initiatives like the new curriculum, Educational Development Time, Clinical Educators in Emergency Departments (CEED works for both trainers and trainees) have all been put in place and will be monitored to see whether they address some of these factors.

vi. EMTA survey

TSC welcomed the EMTA 2020 survey completed by 367 trainees which highlighted many good points and issues specifically around

1. Bullying and Harassment

2. confidence in managing paediatric emergencies

3. One third of trainees having no access to SPA time

4. Significant proportion of ST6 lacked confidence in either performing or teaching RSI or clamshell thoracotomy.

5. Around 29% of trainees considering going LTFT under category 3

6. Access to journal club/ research activities

As a result, we will be including bias training for members of TSC and workshops to begin conversations around the bullying and harassment issues raised in the survey. TSC will be linking with the RCEM antibullying Task and Finish group to look at how we can widen awareness and change culture.

The introduction of educational development time (EDT) within the curriculum should aim to draw focus on those aspects for each learner needing attention as part of their personal development plan (PDP). We would encourage where paediatric emergency medicine exposure or minor injuries or resuscitation skills such as RSI are identified as needing a focus the PDP and EDT should link to facilitate this. The outputs from EDT time can be monitored via the kaizen portfolio which means TSC will be able to continue to monitor access to this time. We will also endeavour to ensure the GMC annual survey continues to monitor access to EDT.

TSC has appointed 2 skills leads to ensure there is a comprehensive plan for skills training with the introduction of the new curriculum. We are hoping that the circulation of the AQR to HoS, TPDS and Speciality tutors will continue to highlight issues where gaps exist. For example, access to journal clubs etc will need to be reviewed in 2022.

We recognised the need for maintenance of a healthy work life balance in working in EM. We will work towards continued improvement in supervision and training environments for all trainees. We shall update our LTFT guide in 2022 in response to increasing numbers of less than full time trainees.

Committee Reports

i. Equality, Diversity and Inclusion

Formed in response to the issues of structural racism and inequity that Covid-19 revealed, especially in regard to how staff were not equally affected by Covid-19 within the NHS, the committee is a welcome first step to RCEM acknowledging that structural inequalities and racism exist, and although a daunting task, it needs to be tackled.

In our brief tenure so far, we have been able to act on survey results indicating different rates of access to PPE and risk assessment between staff. We have gathered more information about disparities within the specialty.

We have developed a vision which is aimed at overcoming these disparities. This makes RCEM an exemplar in the way it leads to EM becoming the most inclusive Specialty, in terms of representation, and how it evolves to overcome biases which impact all ED staff and their patients.

These difficult issues will take time to fully unpick, but we endeavour to work hark on “getting it right, not being right”. We will all hopefully grow and progress together on this journey and be better for it.

Key achievements:

- Published a strategy for 2021-2023. This outlines the key objectives, workstreams and success indicators for the Committee.
- Published a report examining PPE, ethnic minorities and occupational risk in Emergency Departments during the COVID-19 pandemic in January 2021. The Committee carried out a follow up survey to examine what was driving the unequal access to appropriate PPE. The report made several recommendations to Government, the NHS, and Trusts.
- Committee members have participated in a range of RCEM events as panellists.
- Committee members contributed to the second iteration of RCEM’s Infection Prevention and Control Guidelines.
- Participated in the College’s Differential Attainment Taskforce.
- Supported the College to profile members on various celebration days.
- Lead on a review of the College’s demographic data collection.

Report of activities and achievements by the EDI representative in the Training Standards Committee (TSC) 2020-2021:

- **Representation in the Training Standards Committee:** EDI committee appointed one of its members to act as a representative in the TSC. This member has engaged with TSC members in and outside of regular TSC meetings to promote EDI in emergency medicine training.

- **External Advisor training**: the EDI representative facilitated a session for the 2021 training workshop focusing on differential attainment in ARCP outcomes. The segment was well received by the workshop attendees. This will be ongoing to raise awareness regarding differential attainment in EM training.

- **Analysing ARCP reports**: gathering data from past ARCP reports for BAME trainees. The analysis is expected to help identify common themes contributing to the differential attainment observed in RCEM ARCP outcomes.

- **Elimination of Differential Attainment**: in line with the GMC's target of 2031 as the end of discrimination in postgraduate training, the EDI representative has formulated a proposal to help eliminate differential attainment in emergency medicine training. The proposal is currently undergoing consultation within the EDI committee.

ii. Curriculum

In August 2021, RCEM implemented a new curriculum providing a framework for training and encouraging the pursuit of excellence in all aspects of practice.

Why redevelop the curriculum?

The GMC published new standards for the development of postgraduate medical curricula in the 2017 document, “Excellence by Design: standards for postgraduate curricula”. RCEM saw this as an opportunity to provide a flexible, attractive training programme, ensuring trainees can develop the knowledge and the full range of skills they need to meet the challenge expected of a day one EM consultant.

How did we do this?

The 2021 RCEM curriculum was the result of 3 years of development work. We had to ensure it met with GMC standards and would achieve our aim to train doctors to be EM Consultants: able to provide urgent and emergency care to all undifferentiated patients attending the Emergency Department AND able to provide strategic leadership, foster a culture of learning, engage in quality improvement, teach, supervise and deliver key administrative tasks. This involved liaising with our key stakeholders: the public, the EM community, our multidisciplinary, specialty and allied professional colleagues. Many clinicians from our community have contributed to this work in various ways and we are extremely grateful.

Implementation was delayed to 2021 for obvious reasons so for the last 12 months we have been actively putting the finishing touches to the document, resources and new e-portfolio. All of this was complimented with regular appearances at relevant national and local events, teaching sessions and general question and answer sessions.

We have been raising awareness both physically and virtually and developing a curriculum website which acts as a reference library for trainees and trainers alike.

We worked very closely with the Training Standards Committee of RCEM and our ACCS colleagues to develop trainer and trainee guides as well as ARCP decision aids and consistent transition guidance regarding exams. All can be on the resources page of the RCEM Curriculum webpage.

Educational Supervisor Guide to RCEM Curriculum 2021

ACCS Curriculum 2021

We clarified who should transition to the new curriculum and how to consistently approach trainees who work less than full time or are out of synch with the standard training year.

What's next?

The 2021 RCEM Curriculum implementation goes beyond August 2021, as we will continue to encounter new scenarios for the first time. The e-portfolio team have provided weekly drop-in sessions to provide support to new users and we have found these exceptionally valuable as a source of feedback, giving us opportunity to make improvements. It is our intention to hold further trainer and trainee Q&As in the coming months to identify further areas for improvement. We will also continue to link closely with the TSC and other groups such as the new POCUS education committee and respond to feedback from local faculty members as the training year progresses.

We have worked closely with our colleagues in Anaesthesia, Internal Medicine, Intensive Care Medicine and Pre-hospital Medicine as our curricula overlap and this cooperation will continue. We will also continue to develop our work on how others use and reference our curricula; this will include CESR candidates, ACPs as well as colleagues around the globe.

Thanks should be given to all those who have helped with the development of the 2021 RCEM Curriculum, especially Ms Jane Knox whose contribution as Project Manager was invaluable.

Dr Russell Duncan, Chair of the RCEM Curriculum Subcommittee.

iii. Exams

The 2020-2021 academic year has been exceptionally challenging for exams, as it has for many. Whilst working on the implementation of the new 2021 exam components we were ensuring the delivery of OSCEs in both remote and hybrid formats to accommodate the many candidates wanting to sit the MRCEM OSCE. Examiners were also tasked with online marking of the last diets of the Intermediate and Final SAQ and Critical Appraisal exams. Remote OSCEs and remote SAQ marking were particularly challenging, and our sincere gratitude goes out to everyone who helped keep these exams running smoothly.

Our candidates were also faced with the challenges posed by a rapid shift to electronic exam delivery across all components and in response to this the College sought GMC approval for a derogation to the counting of examination attempts. This meant that should a candidate be unsuccessful in their first attempt at a remote/electronic delivered exam that this would not count toward their maximum number of attempts.

Key highlights of the 2020-2021 academic year

- Delivery of three remote FRCEM OSCE diets in November 2020, January and May 2021 (22 exam days)
- Development and delivery of two hybrid MRCEM OSCE diets in June and July 2021 with face-to-face components held in London, Chennai and Hyderabad simultaneously (15 exam days)
- Appointment of a full-time psychometrician who has been able to provide detailed statistical analysis on exam performance which was integral to getting GMC agreement for the changes to delivery modes.

Challenges

- 2021 has seen sustained increase in candidate numbers across exams with record numbers sitting the Primary and intermediate exams in 2021.
- Remote exams and increasing use of technology has seen an increase in reports of candidate misconduct allegations and there had been a significant workload associated with this over the summer-autumn in 2021

Exam performance

Since summer 2020, detailed confidential psychometric reports have been produced after each examination and these are routinely shared with the Training Standards Committee for information following sign off from the Examinations Subcommittee. Abridged versions of the reports will be placed on the College website for public access.

Whilst candidate performance has seen some variance, the Examinations Subcommittee has been satisfied that the performance of examinations has not been unduly affected by the change to remote electronic delivery.

Some overall summary detail of candidate performance for the year is presented here but note that trainee/non-trainee proportions are variable so can be a factor in pass rate differences.

FRCEM Primary	Autumn 2020	Spring/Summer 2021
Total candidates	1917	1535
Total pass rate (%)	69.1	61.1
UK trainee pass rate	82.2	60.2
Non trainee pass rate	68.0	73.3

FRCEM Intermediate SAQ	Autumn 2020	Spring/Summer 2021
Total candidates	1061	1155
Total pass rate (%)	64.8%	27.9%
UK trainee pass rate	73.6	57.4
Non trainee pass rate	62.9	18.3

FRCEM Critical Appraisal	Autumn 2020	Spring/Summer 2021
Total candidates	440	199
Total pass rate (%)	53.0	78.9
UK trainee pass rate	60.7	76.4
Non trainee pass rate	43.4	81.7

FRCEM Final SAQ	Autumn 2020	Spring/Summer 2021
Total candidates	381	459
Total pass rate (%)	49.9	51.4
UK trainee pass rate	49.9	49.2
Non trainee pass rate	50.1	50.8

FRCEM Final OCE	Autumn 2020	January 2021	Spring/Summer 2021
Total candidates	182	103	301
Total pass rate (%)	79.7	66.9	79.7
UK trainee pass rate	85.7	62.5	85.9
Non trainee pass rate	54.3	68.4	73.7

2021 – 2022 key activities

- Successful delivery of the first diets of the MRCEM SBA, FRCEM SBA and FRCEM OSCE
- Further piloting of MRCEM OSCE domain-based marking for GMC approval and implementation from August 2022
- Examiner recruitment and training – face to face workshops for new examiners and ½ day online refresher workshops for existing examiners
- Operational exam delivery strategy review
- Differential attainment
    - Research project on evaluating the impact of the question format (SAQ v SBA) on differential attainment
    - Collaborating with TSC on how to support candidates with exam preparation

iv. CESR

2020/21 presented us with the most challenging circumstances we had ever seen due to uncontrollable external influences – a record number of CESR applications compared to any other historical year and extremely limited availability of CESR assessors due to the impact of the pandemic and frontline pressures.

- 53 CESR applications
- 47/53 applications were granted CESR
- 6/53 reviews were successful following recommendations

We held two Assessor Training days (Oct 2020 and April 2021) and an Applicant Training day (March 2021) all of which were well attended.

Work is undergoing to develop the Specialty Specific Guidance (SSG) to align guidance and evidence requirements based on the new 2021 curriculum requirements. The CESR route is becoming more attractive to doctors at SAS level, we need to ensure they are supported through their training-to-application whilst maintaining high standards.

Other Training Initiatives

i. EMLeaders

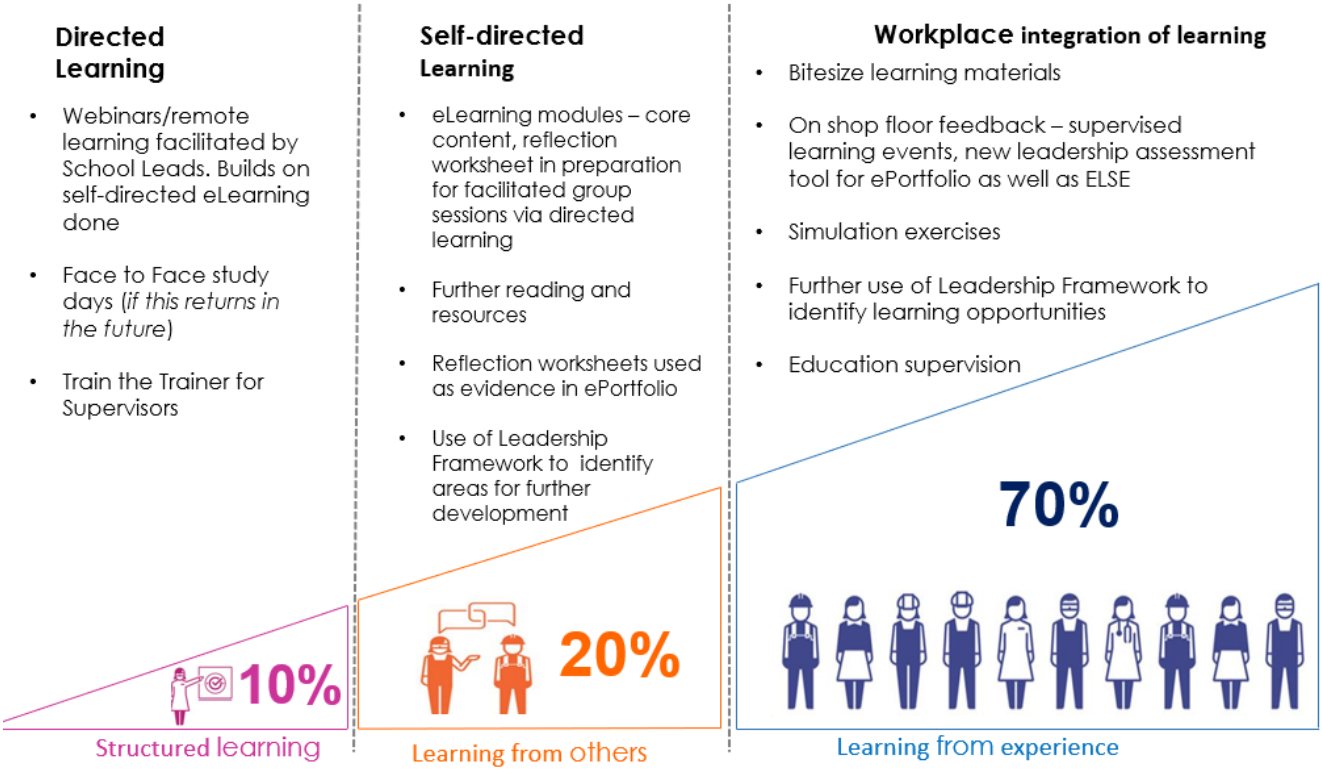
EMLeaders is focussed on developing the leadership skills of those working in the Emergency Department, through an EM-specific training programme. It teaches learners about leadership; what it is and how we can all become better leaders whatever our grade or clinical role. More detail available here:

https://rcem.ac.uk/em-leaders-programme/ and

https://rcemcurriculum.co.uk/wp-content/uploads/2021/07/Educational-Supervisor-Guide-to-RCEM-Curriculum-2021.pdf

This 4-year programme was developed in partnership between RCEM, Health Education England (HEE) and NHS Improvement/England guided by the 2017 Securing the Future Workforce for Emergency Departments in England Strategy

It follows a 10:20:70 learning model as illustrated below:



Over the first three years, the programme focused on the 10% and 20% aspect of the programme along with a suite of training resources, which include a series of EM focussed modules on e-LfH. https://www.e-lfh.org.uk/ It engaged local faculty across the regions in England to deliver the programme. It was paused for 6 months during the first wave of the pandemic which later recommenced in the Summer of 2020.

April 2021 marked the final phase of this four-year initiative, and the focus of the programme supported the implementation and embedding of the programme. This involved the creation and development of three cohorts of trainers who worked with their local EML School Faculty leads to support leadership training on the shopfloor (supporting the 70% aspect of the programme).

The trainer cohorts will attend development days in 2021/22, to improve their leadership knowledge, act as champions to role model the delivery at a local level and to confidently supervise the shop floor implementation of leadership training. These shared experience/lessons learned/best practise will form part of the evaluation work in 2022.

ii. Clinical Educators in Emergency Departments (CEED)

In Jan 2021 we published Clinical Educators in Emergency Departments: Final Report which was commissioned by Health Education England and authored by the combined project evaluation team: University of Aston Academic Practice Unit with DSA Intelligence Ltd, and the Royal College of Emergency Medicine (RCEM).

There were 709 participants across 64 sites.

Summary findings were that Clinical Educators realised the following benefits:

- Quality of patient care improved.
- Clinical decision-making by staff improved.
- Staff morale improved.
- ED staff recruitment and retention improved.
- Patient safety improved.
- Wellbeing at work improved.
- Competence and confidence of clinical staff improved.

Recommendations

- NHS ED's should **appoint Clinical Educators (CEED)** to support development and training of their multi-professional ED clinical staff. CEED should be given sufficient ring-fenced time to fulfil their role. This will need local consideration but a **minimum of 2 PAs** per week realise the benefits identified during the CEED project.
- Include CE as part of a multidisciplinary training team. This team may usefully include ACP's, SAS and include trainees who can demonstrate suitable knowledge and teaching skills. CE should be equipped and encouraged to provide educational support to all ED multi-professional team. This may be focused on trainees and learners. However, benefits to fully qualified staff are also achievable.
- Regional HEE teams in collaboration with multi-professional Deaneries and Schools of Emergency Medicine should support ED teams in enabling the release of time and integration of the CE role. This area of work will be monitored and evaluated through TSC.

iii. Education in Emergency Departments (EnED) Study

In June 2020, RCEM partnered with HEE and the University of Aston and to develop a research proposal on the 'Service Improvement Project to Learn from the Covid 19 Crisis and Plan Resilience for Future Peaks in Service Demand – Education in Emergency Departments – EnED.' This was a 9-month project and completed by 31 March 2021.

This study was designed to identify the educational needs of ED professional staff during the pandemic with the aim of providing guidance to support staff through any similar future events. Part of the study allowed for reflections from a wide range of clinical staff to anonymously record their experiences, opinions and recommendations in relation to education and training needed / provided during the pandemic.

This study will deliver its final report on the range of education and training services relating to Emergency Medicine, Clinical Education, Leadership and Continuing Professional Development at the beginning of 2022.

TSC Statements/Documents

The role of the Training Standards Committee (TSC) is to ensure that transition to the new curriculum is fair across all trainees and that the quality of EM Training is a high as possible.

The main RCEM website offers more training detail. Recent guidance includes:

i. Educational Development Time

Both RCEM Curriculum 2021 and ACCS Curriculum recommend personal development time for trainees to attain their curricular requirements. There is a detailed statement on this published in May 21.

The difference between this and previous SPA time recommendations is that it can be used to meet trainee's personal development plan and will include clinical as well as non-clinical activity.

A letter from Katherine Henderson to Clinical Directors was also written to support this

ii. Training Recovery Plans

For trainees that have been affected by the COVID 19 Pandemic there are recommendations regarding training which aim to minimise the time on a non-progressive outcome (10.2) and facilitate training recovery (10.2). Additional support from the ES and TPD/HoS will be required, and ARCP review dates will be minimised to 3/12 for 10.2 and 6/12 for 10.1.

Note that there is a small amount of additional HEE funding for this available through DMEs as this will affect more trainees than normal.

iii. Shielding

iv. RCEM Promoting Excellence in EM

TSC standards for training placements and rotations - July 2020. This documents the standards RCEM expects for training departments and rotations in EM. Is your department able to deliver the best possible training for your trainees? What does best practice look like and what are the minimum expectations. This is advice for all sites but particularly those struggling to improve training resources, become new training sites or for TPDs who are wishing to drive up training quality.

v. Educational Supervisor Guide to the 2021 Curriculum

vi. ARCP guidance

a. Educational Supervisor Report

Newly named to match ACCS. Work between curriculum committee and TSC to ensure that report was developmental and included everything needed for ARCP.

b. ARCP Panel Decision Checklist and Decision Tool

TSC have developed a checklist and decision aid to support ARCP decision panels reviewing training on the new curriculum so that trainees producing similar evidence to panels will end up with similar outcomes wherever their ARCP takes place.

c. External Advisor Handbook

Standards and support for EA role which includes job description.

Glossary

A

ACCS	Acute Care Common Stem The first two years of training (CT/ST1 to CT/ST2) composed of four six-month rotations in the four acute specialties of EM, Anaesthetics, Acute Medicine and Intensive Care Medicine. The ACCS curriculum is shared between the four specialties.
ACP	Advanced Clinical Practitioner Nurses or Paramedics who are collecting evidence with a view to credentialing.
AM	Acute Medicine
ARCP	Annual Review of Competence Progression A review of a trainee's progress, normally at the end of the training year in June and July.

C

CEED	Clinical Educators in Emergency Departments
CESR	Certificate of Eligibility for Specialist Registration A route to the specialist register for doctors who, although not in training posts, nevertheless feel they have acquired enough evidence (some of which may be on ePortfolio) to prove they have gained all the competences in the EM curriculum. Applications are sent to the GMC who forward to the College for evaluation.
Core Training	CT1 to CT3 For trainees who do not choose run-through training. They have to re- apply for Higher Specialist Training at ST4.
CPD	Continuing Professional Development
CSC	Curriculum Sub Committee

D

Deanery	Regional bodies responsible for delivering training Nomenclature is now formally 'HE regions' within England but 'deanery' is still commonly used.
DRE-EM	Defined Route of Entry to Emergency Medicine A route for trainees to enter EM training at ST3 level. The ST3 'year' on this pathway lasts between 18 to 24 months.

E

EDT	Educational Development Time
EMTA	Emergency Medicine Trainees Association
ES	Educational Supervisor

F

FRCEM	Fellowship of the Royal College of Emergency Medicine (end of training Examination)

G

GMC	General Medical Council The regulatory body who approve curricula and training programmes and keep the medical and specialist registers.

H

HoS	Head of School - A joint RCEM and deanery appointed regional lead for a specialty. EM Heads of Schools sit on the TSC.
HEE	Health Education England
HEIW	Health Education and Improvement Wales
HST	Higher Specialty Training. From ST4 to ST6.

I

IAC	Initial Assessment of Competence A certificate confirming acquisition of Anaesthetics competence at ACCS level.
ICM	Intensive Care Medicine
ICU	Intensive Care Unit

J

JCHST	Joint Committee on Higher Surgical Training
JRCALC	Joint Royal Colleges Ambulance Liaison Committee

L

LTFT	Less than full time training

M

MRCEM	Membership of the Royal College of Emergency Medicine (Mid-training Examination required for entry to ST4).
MTI	Medical Training Initiative Overseas trainees training in the UK for periods between 6 to 24 months. Many Colleges run this scheme. Cf WLR.
MSRA	Multi-Specialty Recruitment Assessment

N

NES	NHS Education for Scotland
NIMDTA	Northern Ireland Medical and Dental Training Agency
NTN	National Training Number. Generated by deaneries/HE regions for RTT and HST trainees.

P

PDP	Personal Development Plan
PEM	Paediatric Emergency Medicine All trainees do PEM in their ST3 year. Some choose to do an additional year for sub-specialty accreditation.

Q

QIP	Quality Improvement Program
QIAT	Emergency Medicine Quality Improvement Assessment Tool

R

RTT	Run-Through Training
	Trainees who progress straight through from Core to HST (providing they receive satisfactory outcomes at ARCPs).

S

SAQ	Short answer question (examination paper)
SAS	Specialty and Association Specialist
SBA	Single Best Answer
SLO	Speciality Learning Outcomes
SPA	Supporting Professional Activity
SpR	Specialist Registrar
StR ST1-6	Specialty Registrar Specialty Trainee year 1 - 6

T

TPD	Training Programme Director. Consultant responsible for a training programme in a deanery.
TSC	Training Standards Committee
	College committee responsible for standards of training in EM and making decisions on related questions.

U

UAT	User Acceptance Testing (new curriculum access)
US	Ultrasound

W

WTE	Whole time equivalent