

Doctors' Guide to

**Certificate of Eligibility of Specialist
Registration (CESR)**

Emergency Medicine

RCEM Curriculum 2021

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Application Checklist

Evidence of Qualifications and Training

Item	Document
CV	
Primary medical qualification(PMQ)	
Specialist medicalqualification(s)	
Recent specialist training	
Specialist registration outside the UK	
Other relevant qualifications and certificates	

Evidence of Employment in Posts and Duties (Including training posts)

Item	Document
Employment letters and contracts of employment	
Job descriptions	
Departmental (or trust) workload statistics and annual caseload statistics	
Rotas, timetables and job plans	

Appraisals	
CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences	
Membership of professional bodies and organizations	

Evidence to Demonstrate Key Capabilities in Different SLOs

Item	Document
Workplace Based Assessments (WPBAs)	(Use evidence in SLO section of this handout)
Acute care common stem(ACCS) curriculum competences	(Use evidence in SLO section of this handout)
Higher specialty training(HST) curriculum competences	(Use evidence in SLO section of this handout)
ESLEs	
360° and multi-source feedback	
ACAT, FEGS (EM)	
MCR (Anaesthetics, ITU, AM)	

Logbooks, Records of Daily Clinical Practice

Item	Document
Logbooks	
Medical reports	
Case histories	

Referral letters discussing patients
handling

Patient lists/case load statistics

Courses relevant to the curriculum

Specialty Learning Outcomes

ACCS LO	RCEM SLO
1. Care for physiologically stable adult patients presenting to acute care across the full range of complexity	1. Care for physiologically stable adult patients presenting to acute care across the full range of complexity
2. Make safe clinical decisions, appropriate to level of experience, knowing when and how to seek effective support	2. Support the ED team by answering clinical questions and making safe decisions
3. Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop	3. Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop
4. Care for acutely injured patients across the full range of complexity	4. Care for acutely injured patients across the full range of complexity
5. Provide safe basic anaesthetic care including sedation	
	5. Care for children of all ages in the ED, at all stages of development and children with complex needs
6. Deliver key procedural skills	6. Deliver key procedural skills
7. Deal with complex and challenging situations in the work place	7. Deal with complex and challenging situations in the work place
8. Manage patients with organ dysfunction and failure	
	8. Lead the ED shift
9. Support, supervise and educate	9. Support, supervise and educate
10. Participate in research and managing data appropriately	10. Participate in research and managing data appropriately
11. Participate in and promote activity to improve the quality and safety of patient care	11. Participate in and promote activity to improve the quality and safety of patient care
	12. Manage, Administer and Lead

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

Key capabilities:

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

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

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

[illegible]

SLO 2: Support the ED team by answering clinical questions and making safe decisions
Incorporating ACCS LO 2: Make safe clinical decisions, appropriate to level of experience, knowing when and how to seek effective support

Key capabilities:

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

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

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

Evidence	Date

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

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

Key capabilities:

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

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

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

Evidence	Date

SLO 4: Care for acutely injured patients across the full range of complexity
Incorporating ACCS LO 5: Provide safe basic anaesthetic care including sedation

Key capabilities:

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

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

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

Evidence	Date

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

Key capabilities:

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

- Be expert in assessing and managing all children and young adult patients attending the ED.

These capabilities will apply to patients attending with both physical and psychological ill health and include concerning presentations that could be manifestations of abuse

- Be able to lead a multidisciplinary paediatric resuscitation including trauma
- Be able to assess and formulate a management plan for children and young adults who present with complex medical and social needs.

(Assessment of simulated practice, CbD, ESLE, FEG, Mini-CEX, MSF)

Evidence	Date

SLO 6: Deliver key procedural skills

Key capabilities:

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

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

Assessment of simulated practice

(ACCS Logbook, DOPS, EM Logbook, ESLE, FEG, IAC, MCR)

Evidence	Date

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

Key capabilities:

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

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

(Assessment of simulated practice, CbD, ESLE, FEG, Mini-CEX, MCR)

Evidence	Date

SLO 8: Lead the ED shift

Key capabilities:

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

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

(ESLE, MSF, FEG)

Evidence	Date

SLO 9: Support, supervise and educate

Key capabilities:

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

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

(MCR, MSF, Teaching Observation (TO), Relevant training courses, Educational Supervisor's ESR, Advanced Life Support Instructor, Training the Trainers Course and peer review assessments of teaching)

Evidence	Date
Teaching Timetables	
Lectures	

Feedback/evaluation forms from those taught	
Participation in assessment or appraisal of others such as redacted WPBAs as an Assessor	
Communication with colleagues	
Communication with patients	

SLO 10: Participate in research and managing data appropriately

Key capabilities:

be able to appraise, synthesise, communicate and use research evidence to develop EM care

be able to actively participate in research. Evidence can include:

MCR

MSF

Good Clinical Practice (GCP) certification

Formulating a research question and designing a project

Evidence of literature search and critical appraisal of research

A review article on a clinical topic, having reviewed and appraised the relevant literature

Participation in trials within the Trust e.g. being named on the delegation log

Teaching Observation (TO)

Educational Supervisor's ESR

Evidence	Date
Research papers	
Publications within specialty field	
Presentations, poster presentations	

Invitation to present at national or international meetings	

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

Key capabilities:

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

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

(MCR, MS, QIA, Educational Supervisor's ESR)

Evidence	Date
Audit and QIP	
Service Improvement and clinical governance meetings	

Health and safety awareness and following requirements	
Testimonials and reference letters from colleagues	
Thank you, letters, cards from colleagues and patients	

SLO 12: Manage, Administer and Lead

Key capabilities:

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

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

(MSF, Management portfolio, Educational Supervisor's ESR)

Evidence	Date
Complaints and responses to complaints	
Investigate a critical incident	

Working in multidisciplinary teams	
Management and leadership experience	
Charing meeting and leading projects	
Honesty and integrity	
Equality and diversity	
Data protection	

Procedural skills

Procedural Skills

For the minimum competency level expected, please refer to RCEM Curriculum 2021, page 80.

([https://res.cloudinary.com/studio-](https://res.cloudinary.com/studio-republic/images/v1633447432/RCEM_Curriculum_2021_Master/RCEM_Curriculum_2021_Master.pdf?i=A)

[republic/images/v1633447432/RCEM_Curriculum_2021_Master/RCEM_Curriculum_2021_Master.pdf?i=A](https://res.cloudinary.com/studio-republic/images/v1633447432/RCEM_Curriculum_2021_Master/RCEM_Curriculum_2021_Master.pdf?i=A)

A)

ACCS

Pleural aspiration of air	
Chest drain: Seldinger and open technique	
Establish invasive monitoring (CVP and Artline)	
Vascular access in emergency -IO, femoral vein	
Fracture/dislocation manipulation	
External pacing	
DC Cardioversion	
Point of care ultrasound- Vascular access and Fascia iliaca block	
Lumbar puncture	

HST

Procedural sedation in adults	
Paediatric sedation	
Advanced airway management	
Non-invasive ventilation	
Open chest drain	
Resuscitative thoracotomy	
Lateral Canthotomy	
DC cardioversion	
External pacing	
Pericardiocentesis	
ED management of life-threatening haemorrhage	
Emergency delivery	

Resuscitative Hysterotomy	
Fracture/dislocation manipulation	
Large joint aspiration	
Point of Care Ultrasound	

A logbook of procedural skills should be provided
(RCEM logbook template: <https://rcem.ac.uk/wp-content/uploads/2021/10/Logbook-Template.xlsx>)

Placements

Anaesthetics and Intensive Care Medicine

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

Acute Medicine

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

Paediatric Emergency Medicine

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

Reference: GMC Specialty Specific Guidance- Emergency Medicine

https://www.gmc-uk.org/-/media/documents/sat---ssg--emergency-medicine-2021-curriculum---dc13727_pdf-87179601.pdf

Anaesthetics

Completion and sign off : IAC EPA 1+2 workbook

(<https://www.rcoa.ac.uk/sites/default/files/documents/2021-06/EPA-1and2-workbook.pdf>)

The following list is recommended:

Assessments in each of the following 5 Anaesthetic-CEX:	
Preoperative assessment	
Management of the spontaneously breathing patient	
Anaesthesia for laparotomy	
Rapid sequence induction	
Recovery	
Assessments in each of the following 8 Anaesthetic CbDs:	
Patient identification	
Post-op nausea & vomiting	
Airway assessment	
Choice of muscle relaxants & induction agents	
Post-op analgesia	
Post-op oxygen therapy	
Emergency surgery	
Failed intubation	
Assessments in each of the following 6 Anaesthetic DOPS:	
Demonstrate function of anaesthetic machine	
Transfer/positioning of patient on operating table	
Demonstrate CPR on a manikin	
Technique of scrubbing up, gown & gloves	
Competencies for pain management including PCA	
Failed intubation practical drill on manikin	
Logbook of cases encountered	

Intensive Care Medicine

The following list is recommended

Assessment in 2 of the following presentations:	
Anaphylaxis	
Cardio-respiratory arrest	
Major Trauma	
Septic patient	
Shocked patient	
Unconscious patient	
Assessments in each of the following 11 Practical Procedures:	
Peripheral venous cannulation	
Arterial cannulation	
ABG sampling & interpretation	
Central venous cannulation	
Connection to ventilator	
Safe use of drugs to facilitate mechanical ventilation	
Monitoring respiratory function	
Managing the patient fighting the ventilator	
Safe use of vasoactive drugs and electrolytes	
Fluid challenge in an acutely unwell patient (CbD)	
Accidental displacement ETT / tracheostomy	
Logbook of cases encountered	

Sign-off

Supervisor

Trainee

Date:

Acute Medicine

The following list is recommended

Assessment in any 1 Major Presentation:	
Anaphylaxis	
Cardio-respiratory arrest	
Major trauma	
Septic patient	
Shocked patient	
Unconscious patient	
Assessments in any 6 Acute Presentations	
Presentation:	
Presentation:	
Presentation:	
Presentation:	
Presentation:	
Presentation:	
Presentation:	
5 Case studies	
Case (1):	
Case (2):	
Case (3):	
Case (4):	
Case (5):	
Logbook of cases encountered	

Sign-off

Supervisor

Trainee

Date:

Paediatric Emergency Medicine

Please refer to RCEM SLO 5

Provide a logbook of cases encountered

Clinical assessment

- Able to interact with children of different stages of development and their families to elicit the history
- Able to undertake a careful, sensitive and flexible examination of children of all ages, at different stages of development and with complex needs
- Aware of the different developmental stages of children and their assessment and how injury and illness can affect this
- Understand the impact of learning disability and chronic complex health needs on acute presentations
- Aware of behavioural and developmental issues and learning disabilities in childhood may impact presentations and clinical assessment in the ED, including infection and NAI.
- Can engage children appropriately in their own decisions and protects the best interests of the child at all times.

Medical, Surgical and Trauma

- Aware that paediatric life-threatening emergencies are infrequent and therefore prior preparation is essential i.e. successful completion of APLS or equivalent is needed
- Able to lead a team debrief following a paediatric resuscitation/trauma
- Acquire the special skills needed to manage the paediatric patient– e.g. airway management, vascular access
- Know that paediatric trauma is different to adult trauma and be able to apply those differences clinically
- Know that the interpretation of vital signs and tests is age dependent e.g. ECG, radiology, bloods
- Be able to safely and appropriately arrange tests such as radiology and blood tests, considering factors such as the ALARA principle and the trauma of unnecessary blood tests.

- Be able to prescribe safely for children
- Know when to utilize distraction techniques and play therapists to manage children in the ED
- able to identify those patients needing urgent specialist attention and know when and how to refer
- Have an understanding of which patients can be safely discharged home and what follow-up they may need
- Able to liaise with Paediatric Critical Care Retrieval Services and plan for a time critical transfer
- Know the local procedure for sudden unexpected death in infants and children (SUDIC)

[illegible]

Evidence	Date

Sign-off

Supervisor

Trainee

Date:

Governance & Audit

(Further evidence)

Evidence	Date

Evidence	Date

Level I Ultrasound

Clinical presentation	Type of scan	Scan outcome	Date

Clinical presentation	Type of scan	Scan outcome	Date

Clinical presentation	Type of scan	Scan outcome	Date

Clinical presentation	Type of scan	Scan outcome	Date

References & Useful Links

RCEM Curriculum 2021



The Royal College of
Emergency Medicine

Curriculum 2021

Implemented 04 August 2021

(https://res.cloudinary.com/studio-republic/images/v1633447432/RCEM_Curriculum_2021_Master/RCEM_Curriculum_2021_Master.pdf?i=AA)

ACCS Curriculum 2021



2021 Curriculum for Acute Care Common Stem Training

20201001 V1.4.3

Implementation August 2021

<https://www.rcoa.ac.uk/sites/default/files/documents/2020-11/2021-Curriculum-ACCS-Training.pdf>

RCEM Logbook

RCEM Patient Logbook									
Date	Time of Day	Age	Gender	Presenting Complaint	Diagnosis	Procedure	Complications	Ref	Notes/Reflections

<https://rcem.ac.uk/wp-content/uploads/2021/10/Logbook-Template.xlsx>

Specialty Specific Guidance

General
Medical
Council

Emergency Medicine

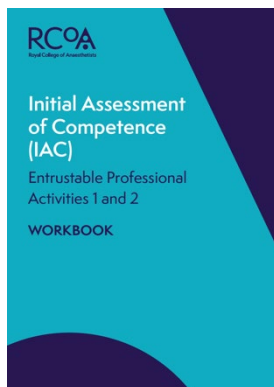
Specialty Specific Guidance

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

https://www.gmc-uk.org/-/media/documents/sat---ssg--emergency-medicine-2021-curriculum---dc13727_pdf-87179601.pdf

IAC Workbook

<https://www.rcoa.ac.uk/sites/default/files/documents/2021-06/EPA-1and2-workbook.pdf>



Acknowledgment

Dr. Saurav Bhardwaj, Emergency Medicine Consultant, SWBH

Dr. Satya Khare, Emergency Medicine Consultant, SWBH

Dr. Virupaksha Sadhunavar, Emergency Medicine Consultant, SWBH