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Annual Quality Report 2021-2022

Incorporated by Royal Charter, 2008
Registered Charity Number: 1122689
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Scottish Charity Number: SC044373

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2021-2022 Quality Report Executive summary

The academic year 2021 – 2022 has been yet another year full of challenges. The new curriculum was introduced at the start of the academic year and a huge amount of work had been put in by the curriculum committee and TSC to ensure a smooth transition. Only a few months later the omicron variant appeared creating havoc at work and at home as huge numbers of staff became unwell, needing to isolate whilst the workload in EDs kept increasing. As in all specialities the work of the training standards committee (TSC) at RCEM continued at a furious pace to adapt in order to support EM training and training progression as much as possible. As we finally emerged from the winter spike in covid-19 cases into spring, RCEM and TSC were faced with the challenges that occurred during the marking of the spring diet of the FRCEM SBA exam. The attention and focus of TSC and RCEM during this academic year has rightly been on supporting those affected, ensuring a timely opportunity to resit the exam and a thorough investigation into process. This is discussed within the exams committee report. Despite these challenges we have had another successful year of EM training which has been confirmed by the quality survey results.

The quality survey results were extremely positive, confirming that the new curriculum has been well accepted and embedded in the majority of regions and training departments. A small number of areas that would benefit from further focused support from the curriculum committee and TSC were identified. The survey highlighted a range of standards within schools and departments for equality, diversity and inclusion, including differential attainment. Despite many schools providing a wealth of wellbeing support for postgraduate doctors in EM training, many supervisors identified their own burnout and exhaustion affecting their ability to deliver both good educational and clinical supervision whilst maintaining safe clinical care.

This report on EM training in the UK includes training quality data from the quality survey from Heads of School, TPDs in Scotland and from the Trust Specialty Training Leads (previously known as college tutors). The report also brings together reports on EM training from national recruitment, GMC survey feedback, ARCPs, and EMTA. RCEM committees including the curriculum, exams, CESR and EDI have also contributed reports.

Over the year ahead the Training Standards Committee have agreed to focus on the following areas

- Leadership training across all four nations
- Clinical Educators in ED (CEED), promoting and supporting schools and departments to invest in this education opportunity.
- Support for Educational Supervisors and Educational Leaders by sharing best practice between schools and through education events. We recognise the importance of appropriate job planning for our educators and will continue to promote this with clinical leaders.
- Close working with the Equality, Diversity and Inclusion committee to raise awareness and to develop and improve standards within schools and training departments.
- Refocus on the training quality standards set out in Promoting Excellence in Emergency Medicine Training, encouraging schools and training departments to self-assess and then benchmark themselves against others. Sharing good practice at TSC meetings will help to help to drive quality in EM training.

Dr Tamsin Dunn 2023

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Introduction

The Royal College of Emergency Medicine (RCEM) Training Standards Committee (TSC) has responsibility for translating the College's aims for specialty training in Emergency Medicine into working systems throughout the UK. The terms of reference for TSC include:

- It sets the standards for EM training and assessment within the GMC framework and works with other College committees to develop the curriculum and assessment system.
- It provides advice to trainees and trainers in the UK on training and assessment and acts as a link between the EM School/Deaneries/Specialty Training Committees and the College and the GMC.
- It evaluates EM CESR applications received from the GMC and coordinates the Medical Training Initiative (MTI) on behalf of the College.
- It works with Health Education England and the devolved equivalents to set standards for entry to training and recruitment to training posts.

This is the second annual quality report of EM training and the aim was to evaluate the delivery of the new curriculum from the trainers perspective and highlight any areas requiring additional support. It also reviews areas identified in the previous survey that required further assessment after regions had the opportunity to reflect and intervene as required. The report spans all areas of training from recruitment, curriculum coverage to ARCPs & exams.

The scope and content of the quality report will continue to be reviewed and revised to ensure that all areas of EM training are evaluated, including the support received by doctors in training and their supervisors, to ensure that they are able to enjoy a fulfilling and sustainable career in Emergency Medicine.

Dr Tasmin Dunn

RCEM TSC Quality Lead

National Recruitment

This report focuses on the 2021 - 2022 national recruitment to EM via ACCS, DRE-EM, ST3 and ST4

ACCS

Dr Nandita Parmar, ACCS EM RCEM Clinical lead

National recruitment in Emergency Medicine is delivered by Health Education England, supported by the EM Heads of Schools who sit on the RCEM Training Standards Committee. The lead deanery for ACCS EM recruitment is London and the South East.

For the last two years, interviews have been virtual as stipulated by the Medical and Dental Recruitment Selection Committee (MDRS) in October 2020 using a combination of MSRA and interview.

MSRA

The MSRA (Multi Speciality Recruitment Assessment) (40% weighting) and Virtual Interview (60% weighting) option will continue to be used for ACCS recruitment as this has been considered the best option for recruitment .

Longlisted trainees sit the MSRA paper as a shortlisting tool for interview.

The MSRA which is a computer-based tool developed and analysed by the Work Psychology Group and delivered by Pearson VUE via centre or On Vue (Pearson VUE's remote proctoring service) contains two elements- the Clinical problem-solving test (CPS 75 minutes) and the Professionals dilemmas (Situational judgement test -SJT – 95 minutes) both of which are aimed at Foundation level and suitable for ACCS recruitment.

Other specialties that use MSRA are Primary Care, Clinical Radiology, Obstetrics and Gynaecology. Applicants are advised to prepare via reading widely and using Situational Judgement tests aimed at Foundation level trainees.

The Work Psychology group have analysed data from previous trainees who undertook MSRA for other specialty entry and were subsequently interviewed. The results have shown they performed well at interview therefore there is a clear correlation of the MSRA score to support the application and recruitment process.

2022 Recruitment Results:

Level	Posts	Applied	Longlisted out (via MSRA)	Interviewed	Appointable	Fill rate
ST1 & CT1	361	1600	526	847	797	100%

DRE-EM Report 2021-2022

Dr Pawan Gupta ST3 & DRE-EM Clinical Lead

In 2022 the self-assessment forms were used to long list. This long listing was completed by a number of consultant colleagues in EoE region. There were some variations in the standard in this process which became apparent when dealing with the appeals.

Interviews were conducted 15 to 17 March 2022. Each candidate faced the same panel covering 3 stations on communication, clinical scenario, and prioritisation. Scenarios from previous interview stations were included in the interviews. Role players were used for the communication station.

2022 Recruitment results:

Level	Posts	Applied	Candidates Interviewed	Posts Filled
DRE-EM	20	242	139	20

Plan for 2023:

The person specifications and self-assessment forms have been updated.
The interview format will change to 3 individual stations meaning a candidate may have the opportunity to face 3 different sets of panel members rather than one panel team. This will provide opportunities for a wider assessment by a variety of panellists. The interviews will once again be conducted over two days on a virtual platform.

HST Report 2021-2022

Dr Jane Brenchley HST Clinical Lead

Recruitment for HST and DRE-EM continues as a combined process. We had three days of interviews in 2022 1½ for ST4 and 1½ for DRE-EM / ST3. The interviews were run on Teams with each candidate having a three part interview with one panel. We had an actor in each panel for the communication part which was a great improvement on the previous year.

HST recruitment numbers 2022:

Submitted	133
Longlisted	118
Interviewed	110
DNA	1
Unappointable	23
Number of posts	65

Accepted ST4	63

Some confusion with posts at ST3 / DRE-EM level led to ST3 posts not being filled and DRE-EM applicants not being offered posts which were mistakenly badged as ST3 rather than DRE-EM. For 2023 ST3 and DRE-EM applications will be separate, we are hopeful there will be less confusion.

CCT applications

We are running a hybrid system currently with some applications coming though Kaizen eportfolio and some coming the traditional way via a separate CCT application form. The Kaizen process appears satisfactory. This means the heads of schools will no longer need to sign off applications.

Bringing forward CCT in HST

The agreed process for shortening training time in HST has been agreed by TSC and has been published as a TSC statement, which is available of the RCEM website.

There have been a few requests to shorten training time outwith the agreed process.

Regional Training Survey

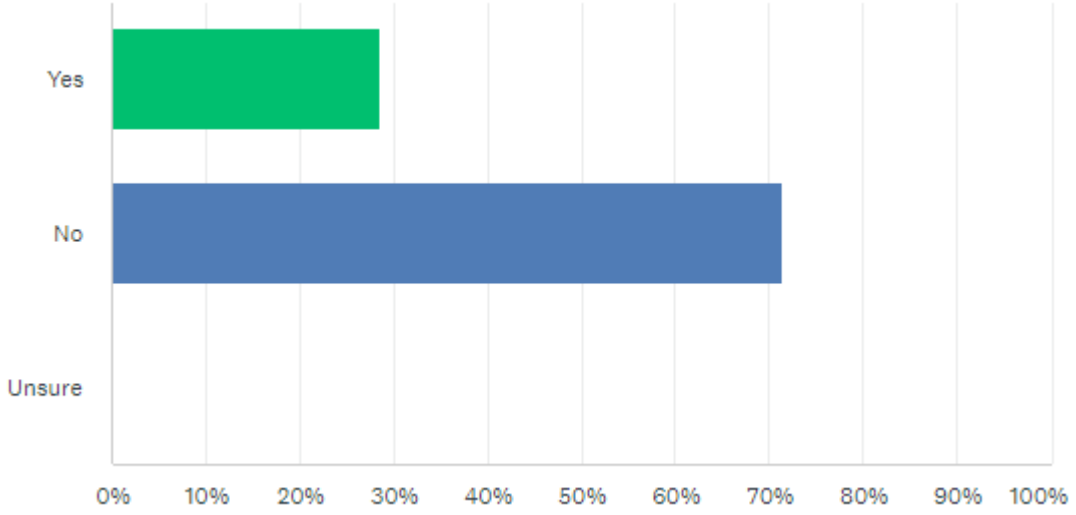
The annual TSC quality survey has 2 distinct arms, the first is a survey designed for Heads of Schools and TPDs in Scotland to complete. The second survey is sent to the trust specialty training leads (or ED training leads) in all training EDs across the country. This year we saw a good return rate with 14 out 16 schools submitting data, and a similar response rate from the ED training leads to the previous quality survey. This means that the data is directly comparable to the 2020-2021 survey data and is representative of the majority of regions and engaged Emergency Departments.

This is the second quality survey and builds on the wide-ranging data from last year. The focus of this survey was on the new curriculum one year on and specific areas identified from last year requiring further review and development.

The overall data regarding EM training is reassuring and positive with no major concerns identified. The new curriculum appears to have been embraced by our trainers with only a few areas identified that would benefit from further guidance and support. This should be recognised and celebrated as a successful implementation of the new EM curriculum.

Heads of School Survey

1. **ST3s without supervision by ST4+**



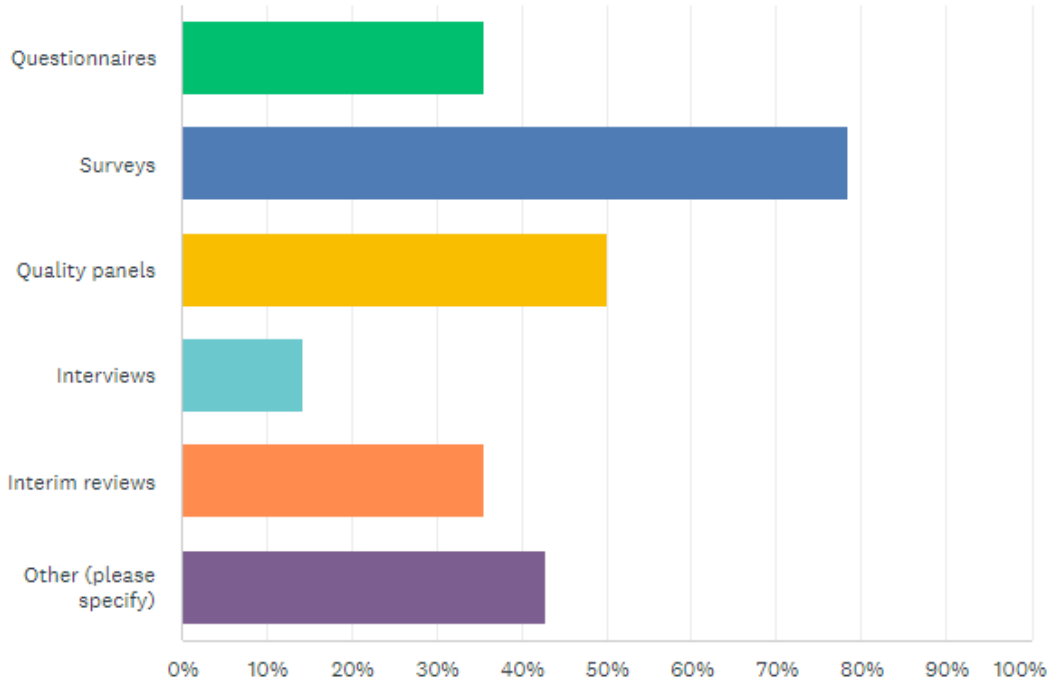
Although Heads of School are reporting a few sites with unsupervised ST3s overnight the majority are moving towards ST4+ cover 24 hours a day during 2023 which demonstrates progress from the last quality survey. When this data is compared with the site leads survey, 12% of sites stated they did not have ST3 supervision overnight, 11% was due to sickness or staff shortages (unforeseen gaps).

2. **How is QI managed and quality assured since the introduction of the new curriculum?**

Schools have taken a varied approach to assessing QIPs. Most schools have a QI lead / expert who leads regional training. Some schools are assessing QIPs at a regional panel, others hold a regional panel if required. Most schools are developing local expertise through training sessions for educational supervisors. In comparison some regions only assess QIPs through the QIAT form submitted to the ARCP panel.

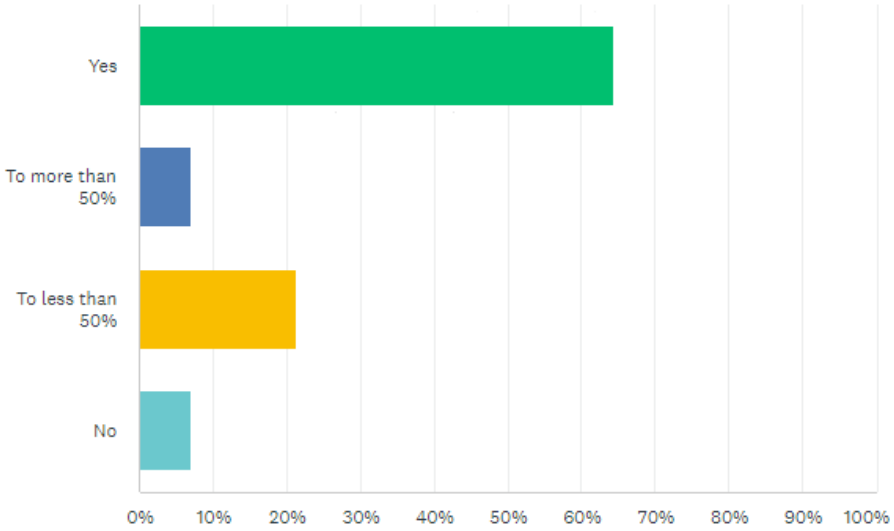
Future quality assurance of QIPs also varies greatly around the country. Some regions plan to review a snapshot of QIPs, others will continue with regional panels. In some regions QI leads are delivering training to upskill leads at each site with the hope of future independent local QIP assessment. A minority of regions are using the ARCP panel as the only QIP assessment tool.

3. **Ways in which EM Post Graduate Doctor in Training feedback is collated**



All schools are collecting EM Post Graduate Doctor in Training (PGDiT) feedback in a variety of formats which is extremely positive. Feedback from EM PGDiT can then be triangulated with GMC & NETs survey data to inform regional quality data and benchmarking.

4. **Is feedback provided to all Educational Supervisors from ARCPs?**



Last year's quality survey identified that feedback was an area requiring further exploration. Whilst EM PGDiT feedback is gathered by all, ES feedback is less consistent. Two regions give feedback to less than 50% of ES, another region doesn't feedback at all.

All regions cite multiple barriers to giving ES feedback which include a lack of admin support for the ARCP panels (85%), remote panels making it more difficult to enforce (36%). Heads of School have also cited reluctance to give educational supervisors feedback as do not want to disincentivise potentially burnt-out educational supervisors.

5. **Educational Development Time (EDT)**

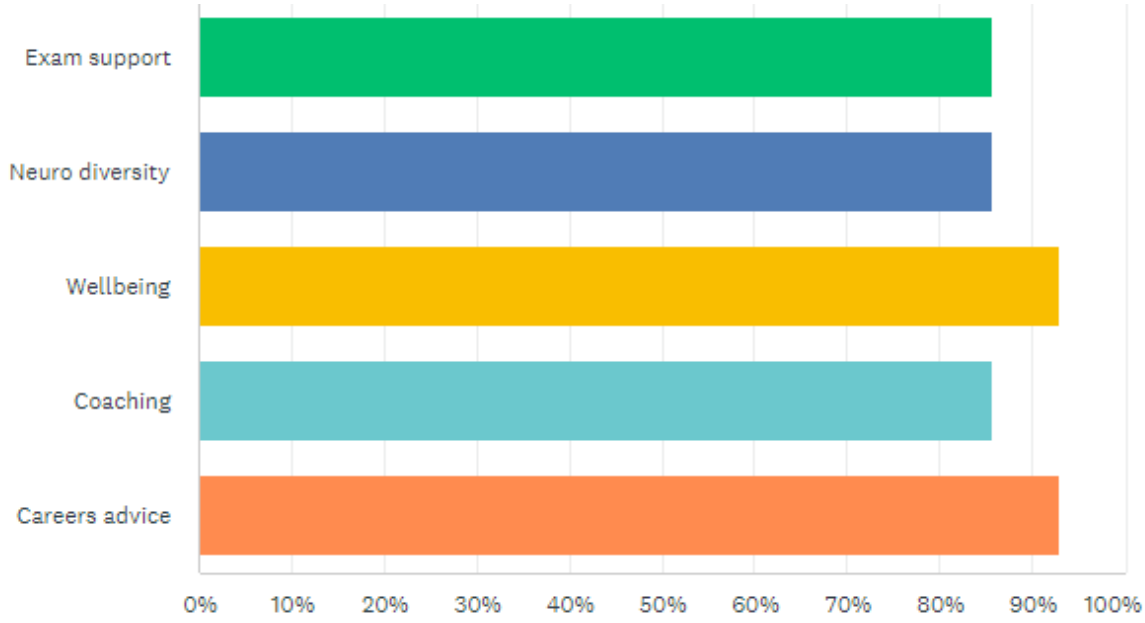
Both surveys asked about allocation of EDT to EM PGDiT at each stage of training, the responses were extremely positive with all PGDiT working in Emergency Departments receiving the required amount of time and only 12% of ACCS PGDiT in acute medicine falling below the required amount of time each week.

6. **Practical skills training for SLO6**

All regions reported actively delivering practical procedural skills training via school run courses, departmental simulation, and support to attend external courses.

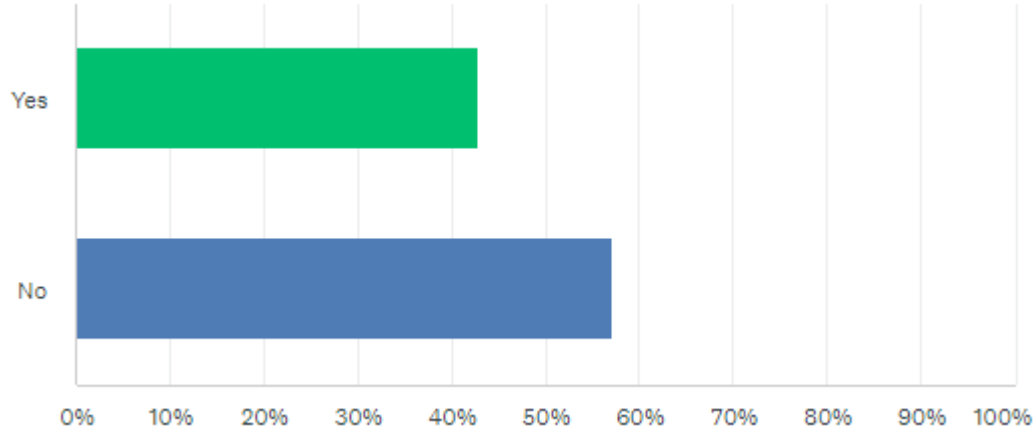
7. **Regional support on offer for EM PGDiT**

This series of questions identified that there is already a wealth of support available for EM PGDiT within region covering a wide range of areas.



There is good support for EM PGDiT around exams, all regions offer mock exams, both SBA and OSCEs. There is also comprehensive range of support on offer for those that fail exams. Access to support varies between regions, some use a Professional Support Unit, others access support through the school education team – TPD, ES and direct referral to educational psychologists.

8. Schools that have wellbeing polices and standards



Specific questions about wellbeing and monitoring of adherence to standards were less well answered. Some schools reported appointment of wellbeing TPDs & departmental leads, some schools include wellbeing within their regional teaching programme. The limited responses to these questions has identified it as an area that would benefit from further work which could include sharing of best practice at TSC.

9. Covid recovery funding

84% of English schools received covid recovery funding. The funding has been used in a variety of ways including TPD time, wellbeing leads and wellbeing sessions, skills courses, bootcamps, simulation, ultrasound skills, CEED (Clinical Educator in ED) time.

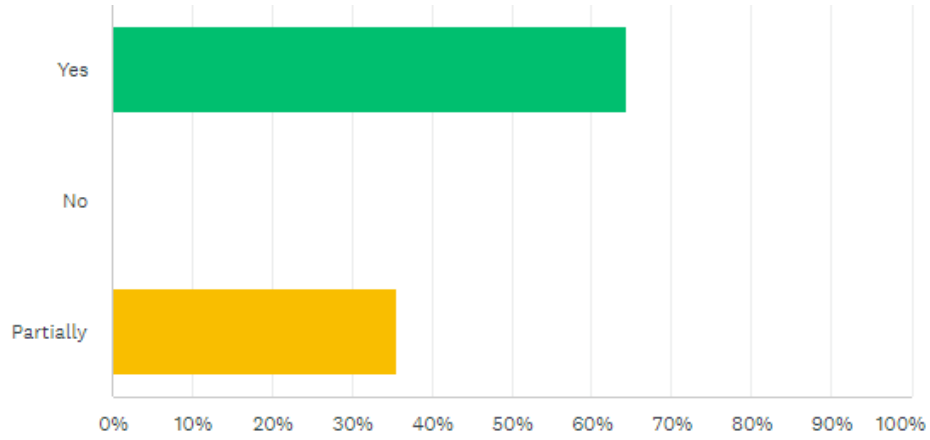
10. Externality

All HoS have received ARCP externality training. Unfortunately, due to the lack of administration and IT support there was minimal ARCP externality during this academic year. This is an area of focus for the quality team with an automated booking system and electronic data capture planned for 2023.

11. Equality, Diversity and Inclusion

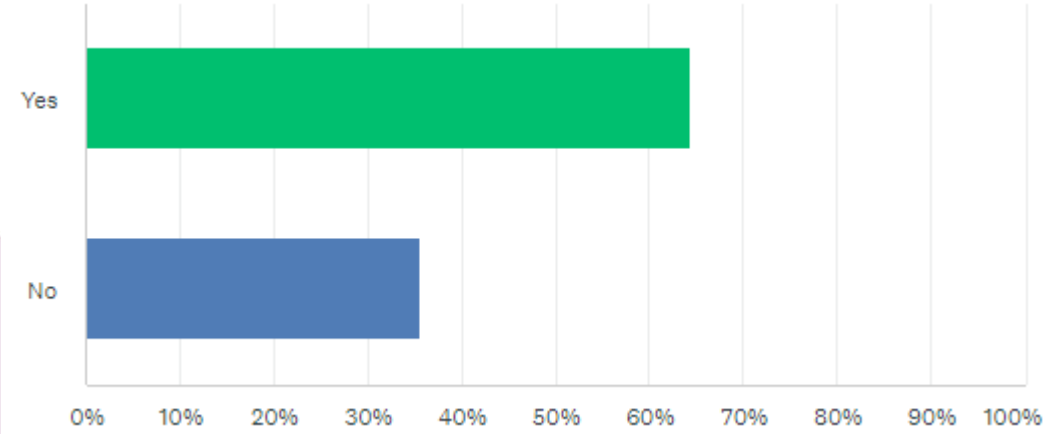
This group of questions revealed variation in progress across deaneries to support EM PGDiT with Differential Attainment (DA) and to ensure diversity and inclusivity within their schools. TSC plans to work closely with the EDI committee to support development in all schools.

Is your school board diverse?



Is your department inclusive, diverse and representative of protected characteristics? This question was asked in the ED training leads survey and 83% responded that they were, 16% were partially diverse and remaining 1% not diverse.

Do you have an EDI lead?

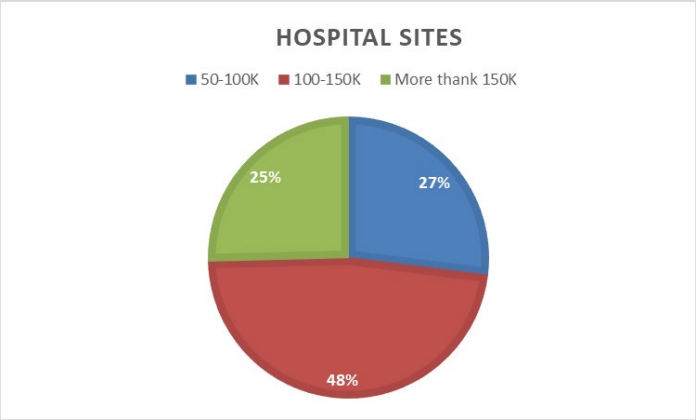


Differential attainment

Of the 50% of schools that responded to this question all had extensive DA support, this is mostly cross specialty at deanery level. DA is promoted and discussed at board level and at ES training days, one region has a DA lead and others refer to PSU for further support.

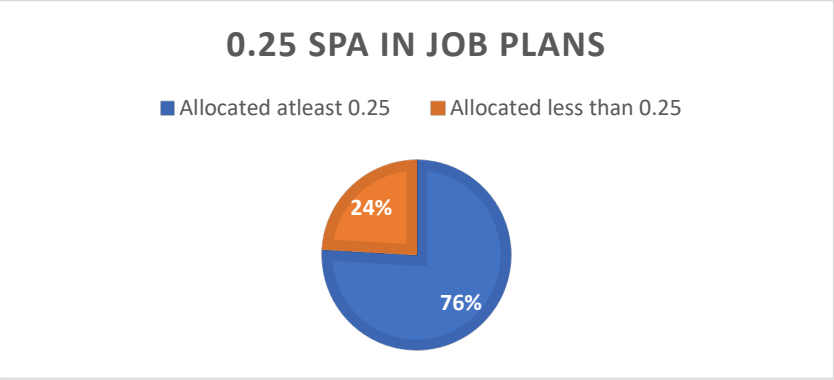
Specialty Tutor Training Survey

1. **Variety of EDs responding to survey**



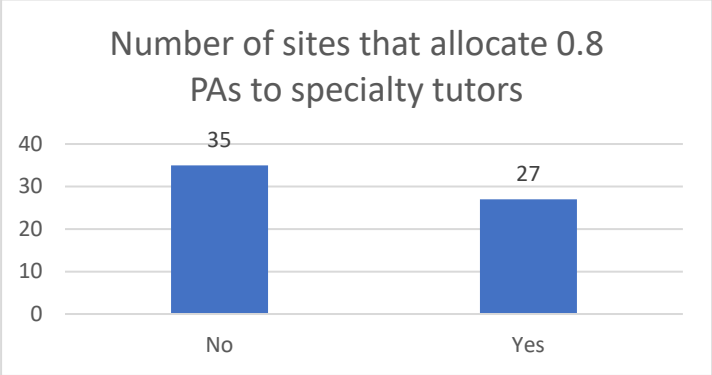
2. **Educator job plans**

Educational Supervisor Job Plans



24% of sites responding to the survey still have Educational Supervisors with less than 0.25PA allocated per trainee despite having raised this with the trust.

Trust Specialty Training Leads Job Plan



EM Training leads continue to be encouraged to work with their Director of Medical Education to ensure medical education is prioritised and its importance reflected in job plans. HEE standards and GMC survey results are useful tools for use when negotiating with trusts.

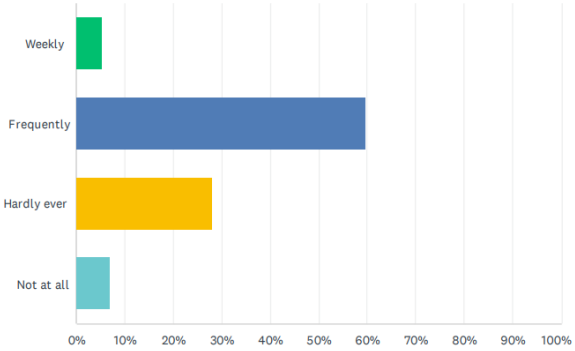
3. Procedural skills

Ultrasound: 90% departments deliver ultrasound training and sign off, 10% of departments are not yet confident to train & sign of ultrasound skills

Simulation: All sites provide regular insitu simulation, 67% is multidisciplinary, one site is unable to deliver due to current site pressures.

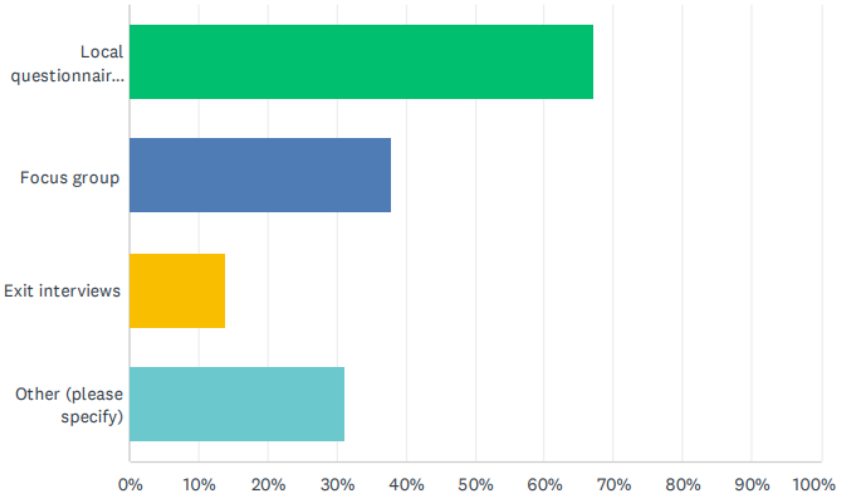
4. Leadership training

87% of sites have leadership training available and there is a range of its frequency of use.



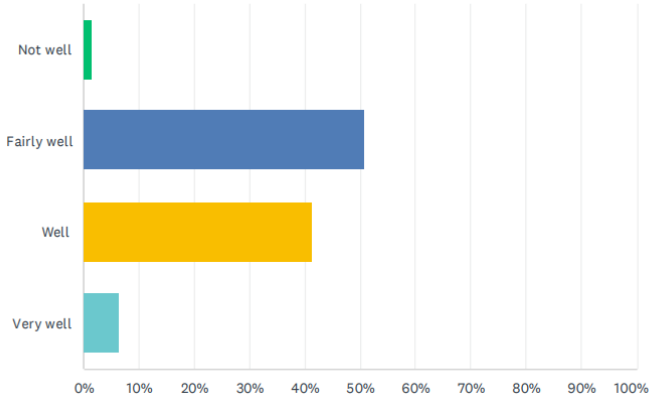
13% of sites stated there was no leadership training available. EM leaders is only available in England with devolved nations accessing alternative leadership training.

5. PGDiT feedback



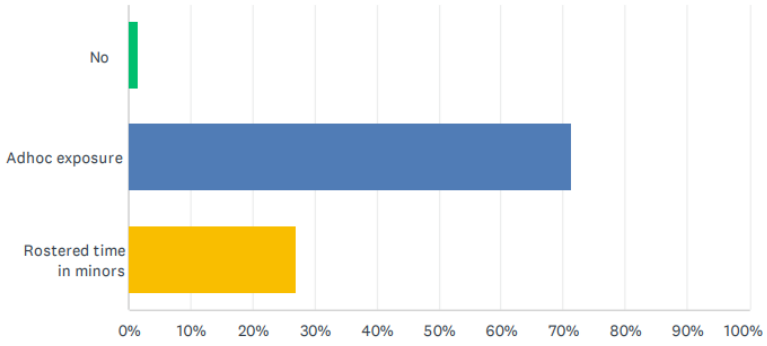
All sites collect trainee feedback via a wide range of methods including local faculty group meetings throughout the year, junior doctors forums, 'you said we did' at regular departmental teaching sessions, reverse FEGs for consultants and quality panels.

6. New curriculum adaptation



The vast majority of sites have adapted well to the new curriculum which is extremely encouraging.

7. Minors experience



All but 1 site enabled EM PGDiT to spend time in minors.

Risks and Challenges for EM training

The major challenge for EM training cited by heads of school and ED training leads is wellbeing and the risk of burnout.

EM Consultant trainers, Educational Supervisors, TPDs & HoS all report increased workload and expectation of training. Numbers of LTFT PGDiT have gradually increased which also contributes to increased supervision and ARCP requirements.

Service pressures, overcrowding of EDs and rota gaps meaning consultants have to act down to cover night gaps all contribute to increasingly exhausted & burnt-out EM consultants.

Wellbeing of EM PGDiT is under threat as they continue to work in overcrowded & under resourced departments. The workload pressures also impact on the ability of EM consultants to deliver training.

Training programme management with the loss of anaesthetic ACCS posts, lack of HST posts to accommodate core ACCS PGDiT, difficulty accessing MTC, and paediatric placements is a risk for many regions.

All schools & training EDs have raised their concerns locally and with RCEM and are working hard to mitigate the risks to EM training.

Highlighted Good Practice

Summary

This quality survey builds on the data from last year enabling the training standards committee to understand the reality of EM training from the perspective of the Heads of School and TPDs in Scotland and the EM training leads in EDs around the country.

There is overwhelming evidence that the new EM curriculum has been well embedded and accepted by EM trainers and is being delivered successfully. The survey data has also enabled TSC to identify areas to prioritise, focus on and support over the year ahead. TSC also plans to work more closely with EMTA to share data and capture a more comprehensive understanding of the delivery of EM training.

Quality Survey Recommendations

- Further QI guidance requested from curriculum team
- Externality training to promote ES feedback as part of the ARCP panels
- External Advisor ARCP sign up process to become automated
- Work with EDI committee to increase promotion within regions
- Raw survey data shared with TSC skills leads to ensure all sites receiving appropriate support
- Further focus on wellbeing of trainers and trainees through RCEM & TSC
- Regions to share best practice through TSC, creating opportunity to drive standards

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External Advisor Feedback

External Advisors are senior members of RCEM, with extensive educational experience who act as representatives of the RCEM Training Standards Committee (TSC).

The GMC Quality Assurance Framework (QAF) advises that the role of the External Advisor (EA) is to provide expert impartial advice and scrutiny of all processes of delivery, assessment and evaluation of specialty training. The QAF advises that the host Deanery/HEE Local Office must be able to confirm the independence of EAs.

The Gold Guide, the refence guide for postgraduate foundation and specialty training in the UK, sets out the arrangements agreed by the four UK health departments for specialty training programmes.

These arrangements include the provision of a formal Annual Review of Competency Progression (ARCP) process to assess trainee progress towards demonstrating the knowledge, skills and behaviours for the year of training through the collection of evidence as defined by the relevant specialty curriculum and the curriculum's decision aid. The panel should have input from a lay member and an External Advisor who should review a minimum random 10% of the outcomes and evidence supporting these and any recommendations from the panel about concerns over performance and training progression.

RCEM TSC sets out to supply External Advisors to support ARCP panels and capture a minimum of 10% of the ARCPs completed. This enables RCEM TSC to quality assure EM ARCP panels across the 4 nations. Annual Externality training & update is provided for current and new External Advisors by the TSC quality lead & manager.

Unfortunately due to a shortfall in RCEM staffing and conflicting workstreams, the matching process of ARCP dates and external assessor availability did not occur in 2021 – 2022 resulting in very few EAs attending panels across the country.

As a result the External Advisor process has been reviewed and redesigned for 2022-2023. An automated booking system and electronic form completion has been introduced ready for the summer 2023 ARCPs with the plan to roll this out to cover more ARCP panels throughout the year. As increasing numbers of trainees choose to work flexibly, there is a resultant need for more frequent ARCP panels throughout the academic year. To ensure equitable experience for trainees and panel members across the 4 nations and to continue to quality assure the ARCP process, the aim is to provide External Assessor expert advice and support to panels throughout the academic year.

Dr Tamsin Dunn 2023

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GMC Survey

The National Training Survey Summary Report 2022 by the General Medical Council (GMC) presents the findings and recommendations of the annual survey of doctors in training and trainers in the UK. The survey was conducted online from 22 March to 18 May 2022 and received responses from 63,657 doctors in training and 48,066 trainers.

The report highlights the impact of the COVID-19 pandemic on medical education and training, as well as the challenges and opportunities for improvement. The report also covers topics such as workload, wellbeing, supervision, feedback, bullying and undermining, and equality, diversity and inclusion.

The main recommendations of the report are:

- To support doctors in training and trainers to cope with the ongoing effects of the pandemic and to recover from its impact on their health and wellbeing.

- To ensure that doctors in training and trainers have access to high-quality learning opportunities and resources that are aligned with their curriculum and learning outcomes.

- To promote a positive and supportive culture in medical education and training, where doctors in training and trainers feel valued, respected and empowered.

- To enhance the engagement and involvement of doctors in training and trainers in the design, delivery and evaluation of medical education and training.

- To foster a collaborative and coordinated approach to medical education and training across different organisations, sectors and regions.

vi. EMTA Report for Quality Report

878 EM Trainees completed the 2021 EMTA Survey, this represents 46% of all trainees.

There were areas of best practice and areas causing concern which included:

- Regional / departmental variation in provision of teaching, with access limited for those working LTFT / fixed days
- Regional variation in access to journal clubs, with half of respondents almost never / never attending JC.
- Variable levels of supervision for ultrasound between departments
- Significant proportion of trainees at all grades are not getting minor injury experience
- Bullying and incivility continue to be a problem both in ED and in ACCS rotations
- Female trainees are more likely to report burnout then male trainees
- It was highlighted that the majority of trainees found the RCEM exams ran smoothly and that only 72% of trainees requested study leave.
- 33% of female trainees and 22% of male trainees work LTFT
- Scottish variation – over half work 1 in 2 weekends, 67% cite OOH working as the reason for not attending teaching and only 31% felt they have appropriate work life balance

The Scottish TPDs were invited to respond to the feedback from the EMTA survey. They explained that the school structure is different in Scotland under NES with no head of school,

but 4 TPDs. Scottish trainees remain on the 2004 contract which allows high weekend frequency. Workforce and training numbers remain low in Scotland and departments are struggling to meet demand. A National SIM lead has been appointed to address some of the issues raised. Work is going on to increase staffing - An increase of 18 trainees per year is being requested and a workforce review is currently being undertaken.

A workforce census will be repeated in Autumn to create another source of data

The regional variation in access to teaching, journal club and ultrasound supervision is a concern for TSC and this will continue to be a focus for discussion and review with the heads of school. The skill leads and the detailed quality survey results will help to support development in these areas. Best practice examples will be shared, progress will be monitored.

The quality survey has focused on the provision of educational development time (EDT) and has found that there is good allocation around the country. EDT should be used to enhance and support training by allowing trainees to focus on clinical and generic skills experience they may find lacking in their routine work. Minors exposure has been highlighted as an issue this year, last year paediatrics experience and specific procedural skills were highlighted. Trainees are encouraged to use their PDP and subsequent EDT to focus on clinical and generic skills requiring more exposure and time.

TSC recognise that wellbeing is an important area to focus on. Future work will encompass bullying and harassment issues.

Committee reports

i. Equality, Diversity and Inclusion

The EDI Committee's vision is to ensure that Emergency Medicine is an inclusive, fair and equitable speciality for all by identifying and addressing structural and systemic inequity within the College and wider specialty. The EDI Committee's strategy is broadly split between two areas of accountability:

For the College

- Foster and facilitate a culture of open honest communication relating to equity, diversity, and inclusion issues.
- Commit to continuous self-reflection and (un)learning at both individual and institutional level.
- Provide guidance to ensure that College processes are both inclusionary and equitable.
- Encourage diverse representation at all College committees.
- Where appropriate, respond to requests for comments from Council, its Boards, Committees and Members.

For the Membership

- Increase awareness of issues surrounding intersectional equity, diversity and representation within the College, the Specialty and wider NHS by collating and sharing staff disparity data.
- Construct and implement solutions to mitigate the negative consequences of conscious and unconscious bias, with the aim of improving the experiences of our members, and consequently, our patients.
- Dismantle and re-design structures, systems and policies that may be upholding inequity within training, curriculum, and examinations.
- Develop and implement evidence-based strategies to promote wellness, career sustainment, and career progression of minoritized staff.

The EDI Committee's focus for 2022 was centred around re-prioritising EDI within the College.

Key achievements in 2022:

- Leading on review of the College's membership demographic data via the 'Count Me In' campaign and using it to evaluate how we improve the diversity of those in key leadership positions at the College to more closely reflect the diversity of our membership.

- Collaborating with the College's Differential Attainment Taskforce to analyse, formulate and deliver a strategy to eliminate differential attainment in accordance with the GMC's recommendations.

- Supporting the College to promote inclusion and multiculturalism in EM by recognising our diverse membership and marking key celebrations and awareness events.

- Inviting greater EDI engagement and commitment across Council, Board and Committees.

- Improving EDI awareness of members by delivering training and education at ASC, EMTA and TSC events.

Report of activities and achievements by the EDI representative in the Training Standards Committee (TSC) 2021-2022

- **Representation in the Training Standards Committee:** engaged with TSC members in and outside regular TSC meetings to promote EDI in Emergency Medicine.

- **External Advisor Training**: facilitated an EDI session for the train the trainers' workshop focusing on differential attainment in ARCP outcomes. The segment was well received by the workshop attendees. This will be ongoing annually to educate on differential attainment in EM training.

- **Elimination of Differential Attainment**: continued to work collaboratively with the TSC to identify and dismantle structural inequities leading to differential attainment, in line with the GMC's target of 2031 as the end of discrimination in postgraduate training.

Curriculum

RCEM Curriculum 2022 review.

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

During 2022 the new curriculum has been implemented nationally and the first season of ARCP has been completed. By now the vast majority of trainees have fully migrated to the new curriculum. Challenges in the delivery of the new curriculum persist although feedback from trainees and trainers has been largely positive. Of course operation of a new curriculum will force problems to surface but these have been minimal and the training and eportfolio teams have tried to be as responsive as possible.

What's next?

The implementation period continues as for the next 12-18 months we will encounter new scenarios for the first time and feedback received from trainers and trainees will prompt review of areas within the programmes of learning and assessment that can be improved.

Working with partners in Training Standards, Quality Improvement and Assurance, Equality, Diversity and Inclusion as well as special interest groups such as the POCUS Education Committee aims to improve the consistency and equity of delivery of the curriculum across the 4 nations and we support RCEM efforts to gather information on this through surveys such as the annual quality and EMTA surveys.

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We will continue to work closely with our colleagues in Anaesthesia, Internal Medicine, Intensive Care Medicine, Pre-hospital Medicine and Paediatric Emergency Medicine as our curricula overlap and interface.

One of life's only constants is the presence of change and this is no different in Emergency Medicine. The Emergency Medicine clinical team continues to develop and the contribution of fellow clinicians such as ACPs, PAs as well as ANPs and ENPs continues to grow. We will need to continue to develop our work on how others use and reference our curriculum to ensure consistency, fairness and equity for all.

Post-graduate medical curricula are regulated by the GMC and this year we will be required to provide some evidence of the progress and success of implementation.

On a personal note I wish to thank all of those who have helped with the development and implementation of the 2021 EM curriculum and especially those Curriculum Subcommittee members who have worked tirelessly to bring this project to fruition on top of their commitment to local emergency departments. Special thanks go to Dr Will Townend for driving the project onward from the front. The Curriculum Subcommittee Chair has now been taken on by Dr Dan Becker and I trust he will continue to enjoy the support of the RCEM and wider UK EM team.

Dr Russell Duncan

Chair of Curriculum Subcommittee 2020-22

Exams

On 13 April 2022, candidates who had undertaken the March 15 FRCEM 2022 SBA MCQ exam were given their assessment results. Subsequently candidates got in touch with RCEM to query the addition of marks on their feedback and an investigation found there had been an error in the processing of the results. This meant that 50 candidates had been informed that they had passed the assessment when, in fact, they had failed. A significant internal investigation and an external review in the matter was conducted.

The review – which was undertaken by Professor John C McLachlan – was extremely comprehensive and involved speaking with more than 60 individuals, including a number of college staff and officers, as well as representatives from other groups such as the Emergency Medicine Training Association and the Emergency Medicine Speciality and Specialist Doctors. Anyone from our membership, and those who were directly affected, were also invited to contact Professor McLachlan if they wished to take part. The review involved a close examination of the processes and procedures which had been in place at the time the error occurred, albeit many had already been subsequently improved.

As a result of the external review 17 recommendations have been made, which have been accepted by us in full. They complement our own internal review, which was undertaken immediately after the error and made 11 recommendations. All 28 recommendations now form part of an extensive work plan being implemented, aimed at improving our procedures and processes within examinations.

We recognise that this was a very difficult time for everyone involved; we were very sorry that this issue happened and the impact it had in particular for those directly affected. While the review has taken some time, we felt it was important to be thorough and we remain

committed to ensuring we are doing all we can to prevent this happening again. We feel confident that the recommendations, along with our programme of improvement work, will help us to achieve this. Those directly affected have been informed of the outcome of the review.

We would like to extend our thanks to Professor McLachlan for his work and to all those who gave up their valuable time to contribute to the review. We are now focused on the future and in delivering our workplan for the benefit of all our members.

CESR

Following on from the deadline of 01st August 2022, for submitting CESR applications under the old 2015 (revised 2016) EM Curriculum, the GMC has been receiving an influx of applications from CESR applicants who wished to apply under the old curriculum. Consequently, the College has had to keep up with this influx of applications and seek to meet the SLAs given by the GMC.

At the end of last year, 2022, the GMC predicted 57 new applications to be sent to the College under the 2015 (revised 2016) curriculum, between January and May 2023, where 5 of these applications are Review applications and 52 of those are Initial applications.

An initial or full evaluation is referent to any full application that has been submitted to the GMC where the applicant has to demonstrate competency across all areas of the curriculum. Whereas, a review is an application that has been submitted to the GMC within 90 days of a full application or re-application that has previously been rejected. In this instance, an applicant will be responding to specific recommendations set out in their previous unsuccessful application and will not be expected to demonstrate maintenance of competency in areas that were previously deemed acceptable. Moreover, there are also applications re-submitted for evaluation. This refers to any instance when the GMC sends an application back to the college for further work on the evaluation.

New Standard

The burden of the CESR process is well documented. The GMC have long argued for legislative change in this area in order to make the CESR process more accessible and proportionate. In due course, to enable the development of new pathways to allow doctors to join the specialist register. This would increase access to the register for appropriate doctors and have a positive impact on current workforce pressures.

RECM are in the process of creating a Task and finish group to work on this new standard. A communications plan is also in progress and will be shared in due course.

Other training Initiatives

i. EMLeaders

An Evaluation of the Emergency Medicine Leadership Programme was conducted.

Based on economic analysis EMLeaders is likely to offer a financial return on investment when compared with previous leadership training undertaken by EM physicians. The survey results indicate that EMLeaders training has a positive impact on doctors' confidence in their knowledge of, and application of leadership skills resulting in feeling empowered to make decisions and influence the EM workplace. Since e-learning resources can easily be updated, are specific to EM, and can be accessed at no cost to clinicians, the programme can create support for lifelong leadership learning and development. Doctors who had engaged in the EMLeaders programme identified advantages and benefits of it, and cited behavioural changes likely to improve teamwork, communication, self-care and compassionate practice. These factors could improve intention to remain in EM and ability to role model positive leadership behaviours. Further evolution is needed for the full potential of the programme to be reached. It will be important to engage a wider range of consultant supervisors to support work-based learning and build skills, knowledge and leadership confidence. More people need to be engaged in the communities of practice, and face-to-face elements of the programme should be retained where possible.

The evaluation set out the following recommendations:

• It was ascertained that EMLeaders has been highly valued by consultants, Faculty and trainees and consensus agreement exists on the need to sustain and further refine the programme.

• A comparative evaluation of how the EMLeaders programme is delivered between schools would elaborate on strengths, weaknesses, and costs of different delivery models.

• It may be more effective to align specific modules with particular job roles and grades.

• Module data could be more sophisticated, so it is clearer when modules are completed, reasons for non-completion and relative value and use of content.

• Specific study is needed in relation to EM workforce attrition to understand impact of push-pull factors.

• To improve the experience of programme delivery respondents suggest reducing the reliance on e-learning modules, increasing face to face contact, building in social interaction, increasing experiential learning activities, and increasing involvement of registrars and consultants in work-based learning.

• To ensure the EMLeaders programme is fully embedded in the curriculum, map the content to the curriculum, reduce the volume of learning materials, and establish mandatory and optional elements.

ii. Clinical Educators in ED

The national Clinical Educators in ED project ended in 2020 and the final report was published in January 2021. The recommendations from this report included:

1. NHS ED's should appoint Clinical Educators to support the development and training of their multidisciplinary ED clinical staff.
2. Clinical Educators should be given a minimum of 8 hours (2 PAs) per week in order to realise the benefits of the role identified through the CEED project.

3. Clinical Educators should form part of a multidisciplinary training team.
4. Regional NHSE Education 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 Clinical Educator role.

The new EM curriculum was launched in August 2021 and the focus of TSC has rightly been focused on supporting and embedding this. There is currently little available data on the prevalence of clinical educators working in EDs since the national funding ended. Informal feedback indicates that many sites have been unable to maintain funding for this role despite its proven benefits.

TSC supports the Clinical Educator role in ED and recognises its importance to the multi-disciplinary learners working within ED. The role also has wider benefits to the educators and learners beyond education, it supports wellbeing, improves staff morale, it can also provide pastoral support and careers guidance. There is some evidence from the CEED study that the presence of a clinical educator also improves recruitment and retention. TSC will continue to promote the value of Clinical Educators in ED and ensure that it remains on the agenda as a marker of quality in education and training in EM.

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TSC Statements & Documents

TSC position on bringing forward CCT applicable to HST
Jane Brenchley HST lead, Maya Naravi Chair TSC
22nd sept 2022

Training Standards Committee recognise that transparency, fairness and equity across EM training in the UK is required for the process on bringing forward CCTs.

The document outlines the guidance to Heads of School/ TPDS/ Educational supervisors.

The EM 2021 curriculum Training time is 24 months at ACCS and between 12 and 24 months at intermediate level (CT3/ST3 or DREEM) & 36 months at HST (6 years in total).

Experiential learning in Emergency Medicine is enabled through adequate time spent to allow for exposure to the depth and scope of practise. Reflection through this journey is vital. Any shortening of training time would have to be done on a case-by-case basis at Higher Specialist Training level and the motivations of an acceleration would need to be clearly documented.

Summative evidence required in the portfolio should include

- The documentation of successful FRCEM examination results
- Final ELSE at ST4 should be at H
- Final ESLE by the end of ST5 all graded to a level C.
- All procedural competences signed off as achieved.
- Faculty governance statement level 4 in SLOs 1-8 by the end of ST5
- ESR to confirm SLOs 9 to 12 all excellent at ST5.
- ESR in ST4 to confirm excellence and a discussion of shortening of training time
- ESR at ST5 to support the shortening of training time of up to 6 months WTE.
- ARCP commentary at ST5 to support bringing forward CCT

There should be demonstrated exceptional performance documented at ARCP in year 4 and 5 before CCT can be recommended to be brought forward at the ST5 ARCP. A maximum of 6/12 WTE at ST6 year shortening will be given.

Following agreement and documentation at ST5 ARCP the ARCP Chair should notify the RCEM training team to indicate this intention.

Promoting Excellence In Emergency Medicine Training: Describing what good EM training looks like:

https://res.cloudinary.com/studio-republic/images/v1634658352/Promoting_Excellence_in_Emergency_Medicine_Training/Promoting_Excellence_in_Emergency_Medicine_Training.pdf?_i=AA

The remit of RCEM Training Standards Committee (TSC) is to assure, provide feedback, and to improve the quality of training in Emergency Medicine in the UK.

Promoting Excellence In EM Training was published in July 2020. It replaced previous training standards guidance 'Educational recognition of specialty training posts and programmes in Emergency Medicine' which was out of date.

In developing the guidance, the best evidence available at the time was used to ensure that EM training is of the highest quality. The RCEM TSC used both the GMC Promoting Excellence and HEE Quality Framework to form the basis of the standards for training sites, training programmes and postgraduate schools. The guidance and standards are based on current RCEM and other national guidance, EMTA feedback, GMC training survey data and other quality assurance processes. Whilst aspiring for excellence in EM training in the UK, the standards are considered reasonable and realistic by the Training Standards Committee. They should form part of the quality assurance and management of EM training.

The guidance provides quality indicators for use by individual training EDs and schools of EM & devolved nations. These quality indicators can be used to benchmark against others or to monitor individual progress. TSC support the premise that these indicators describe what good EM training looks like.

Quality Indicators for Training EDs 2020-23

i. 0.25 PA per trainee in ES/NCS job plans
ii. ES meet required specifications
iii. Number PEM consultants
iv. Access to specialty tutor
v. Local QI lead
vi. Local US lead / access to ultrasound opportunities
vii. FRCEM examiner
viii. Regular SIM training opportunity
ix. Representation at regional ARCPs
x. Local feedback mechanism
xi. Comply with EDT recommendations for trainees
xii. 50% shifts have direct consultant supervision

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xiii. 2 substantive consultants on specialty register

xiv. 1 consultant per HST and ACP trainee

xv. Local / departmental training programme

Quality Indicators for EM Schools & Devolved Nations 2020-23

i. All ES formally trained and approved

ii. FRCEM examiners in all training sites

iii. Regional US lead

iv. Regional QI lead

v. Regional feedback at least annually

vi. Feedback for ES from ARCPs

vii. Feedback for ES from Trainees

viii. Regional training Programme

ix. Regional exam courses

x. Regional SIM lead

xi. Shares data with TSC

xii. Provides annual school report to TSC

xiii. Has at least two regional external assessors

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