

RCEM TSC Guidance on duration of training for Postgraduate Doctors in Training HoSs / TPDs / Specialty Tutors / ESs

ACCS and Intermediate Training

Core and Intermediate training in Emergency Medicine includes ST1, ST2 and ST3. There is an indicative time period of 3 years to achieve the competencies required to progress to Higher Specialty Training.

Core / ACCS training is shared with anaesthetics, acute medicine and intensive care medicine. At the end of core, trainees will be able to identify sick adult patients and resuscitate and stabilise as part of the wider hospital team.

The aims of intermediate training are twofold. Learners will develop and refine paediatric EM specific skills and knowledge. They will also be supported to start to take a leadership role in the multi-professional resuscitation team and begin to develop the skills and knowledge to lead and support the wider EM team in general. At the completion of intermediate training the postgraduate doctor in training will be entrusted to function safely as the most senior clinician overnight.

There is no scope for accelerating progress through core and intermediate training after prior experience has been considered during the recruitment and post allocation process.

Thus it is expected that the vast majority of postgraduate doctors in training who are working less than full time will require the whole time equivalent of 36 months allocated to core and intermediate training to achieve the competencies required to progress to higher training.

For postgraduate doctors in training working 80%-100% of whole time equivalent hours, an annual ARCP held up to a maximum of 15 months apart may be sufficient to review against critical progression point criteria and assess for revalidation purposes.

Higher Specialty Training ST4 and ST5

During the initial 2 years of HST there is no critical progression point. For trainees working less than 100% of whole time equivalent hours it is likely that an ST4 or ST5 ARCP held within 3 months of the trainees progression date will be sufficient to recommend progress and for revalidation purposes if there is appropriate pro-rata evidence of competency progression and a supportive FEGS and Educational Supervisors Report.

This may decouple the change of placement and progression dates. For example an ST4 trainee may have a positive outcome at ARCP which means they can progress to ST5 in up to 12 weeks time but perhaps they will move to a different placement before, or after that date.

As there is no critical progression criteria during ST4 and ST5 it is not envisaged that evidence of such exceptional development to warrant reduction of this phase to less than 24 months WTE could be demonstrated during these 2 years. Thus it is expected that the vast majority of trainees who are working less than full time will require the whole time equivalent of 24 months allocated to ST4 and ST5 training to progress to ST6.

ST5 ARCP

If a doctor is demonstrating exceptional development and progress after these 2 years they may be considered for accelerated progress during the ST6 year at the ST5 ARCP.

For doctors working less than 100% whole time equivalent consideration should be given to the average number of hours actually worked during ST4 and ST5. This may include additional hours such as locum shifts if these are evidenced and appropriately logged and have taken place in a recognised training department. The progress and development of these doctors should be considered relative to a doctor working 100% of whole time equivalent and if considered equivalent then it may be appropriate to consider accelerating the CCT date during ST6.

Criteria for acceleration of progression to CCT and the RCEM recommended process for this are available in a separate document: "[Reducing Training Time for EM Trainees](#)".

Higher Specialty Training ST6

In the standard UK EM Training Programme ST6 is the final year of training and the post graduate doctor in training needs to demonstrate they have achieved the level of a day one consultant in all Specialty Learning Outcomes and have passed FRCEM be recommended for CCT.

It is possible to accelerate this year by up to a maximum of 6 months but this is an exceptional situation and must be considered at the ST5 ARCP, please see the statement above.

Postgraduate doctors in training on atypical or individualised training pathways

Many UK EM doctors follow a typical training journey from ST1-ST6 as outlined in the [RCEM Curriculum 2021](#).

Other postgraduate doctors in training may have an individualised journey that includes diverse experiences such as prior training in another specialty, out of programme experience or fellowships during which time relevant transferable knowledge, skills and experiences have been acquired.

This experience may be suitable for consideration against specialty learning outcomes which may allow for acceleration of training and early CCT (up to a maximum of 6 months). For this to be assessed the doctor must keep a contemporaneous record of relevant experience in the eportfolio which must include

reflective notes and supervisor or other feedback such as workplace based assessments. This evidence can then be reviewed by a panel of senior faculty including Head of School and Training Programme Director and a recommendation made regarding acceleration of CCT.

It envisaged that doctors with significant additional experience will be demonstrating exceptional performance and progress thus the majority of the above criteria for consideration of early CCT will have been demonstrated in the ST4 and ST5 training portfolio.

Following agreement and documentation at ST5 ARCP the ARCP Chair should notify the RCEM training team to indicate this intention. This will amend the CCT and required ST6 ARCP date. Mandatory evidence for completion of ST6 and an outcome 6 will still be required to progress to recommendation for CCT.