

Sub-specialty Paediatric Emergency Medicine (PEM)

The Paediatric Emergency Syllabus

The second version of the <u>Paediatric Emergency Medicine syllabus</u> came into effect from September 2021. Its first version replaced the PEM sub-specialty curriculum 2010 (revised 2012). <u>See the Syllabus FAQs</u>.

PEM Sub-Specialty Syllabus (August 2018) ARCP checklist

An ARCP checklist for the PEM sub-specialty training year for trainees who started training on 1 August 2018 or after is available here (<u>PEM SS syllabus ARCP checklist</u>).

How can I train to be a Consultant in PEM?

If you plan to train in the UK you will have to decide in your Foundation Programme whether you want to approach this from the Emergency Medicine (EM) route or the Paediatric route. In both cases this would extend training to be a consultant by about a year.

IfyouchoosetotaketheEMroute, Please visit https://www.rcpch.ac.uk/resources/paediatric-emergency-medicine-sub-specialty for further information.

Trainees from an EM background

Subspecialty training for PEM for EM usually requires extension of the predicted CCT date by an extra year. Training comprises one year, which will be spent gaining experience in a PED, and other areas such as PICU and General Paediatrics. This will lead to a CCT in Emergency Medicine, with subspecialty accreditation in PEM. The year's training can be completed in a block, or spread out through higher specialist training. Guidance on the EM PEM sub-specialty training process

Which UK centres offer PEM training?

Click here for a list of <u>PEM training centres</u> and Lead PEM consultants and to see how many places there are for EM registrars, paediatric registrars and the department's profile – the number of paediatric cases seen and whether there is a dedicated Paediatric ED.

RCEM trainers wishing to start a new rotation or become a trainer for Emergency Medicine trainees will find the documents below of use.

- Guidance on how to gain approval for a PEM sub-specialty training rotation
- Application form for PEM sub-specialty training rotation approval
- Guidance on eligibility to be a PEM sub-specialty trainer
 RCEM or RCPCH trainers wishing to start a new "grid" post or become a trainer for Paediatric trainees, please contact the RCPCH.

Do many children come to an ED each year?

Yes – about 5 million attendances each year – which is about one in four children! The vast majority of Emergency Departments in the UK see adults and children. Children make up 20-25% of attendances. Most Emergency Departments in the UK now have a separate area for children, but this varies from just a separate waiting area to a self-enclosed ED.

Children may present with either injury or illness, and the balance varies widely from department to department – each forming 30 to 70% of the total. The commonest presenting complaints of children to an ED are limb injury, head injury, difficulty in breathing, fever, rash, abdominal pain, fitting and dehydration.

Who normally treats these children?

Emergency Departments are staffed by Emergency Medicine (EM) trained doctors and nurses. Many departments have a core group of nurses with paediatric training. In at least half of UK EDs one or more of the EM doctors have sub-speciality training in PEM, usually either in larger EDs, or if there are no on-site paediatricians. Sometimes paediatricians are based in the ED; they are likely to have PEM training. Core training for doctors in general EM training includes six months of PEM, and equips all EM consultants to deal with injuries and illness in children to a reasonable level. Core training for Paediatric training does not usually include specific time in the ED, or cover training in injuries.

Looking at the common presentations it can be seen that there is an overlap of skills needed.

There is evidence that an ED which can provide good clinical treatment for both injury and illness, in the right environment for the child and with staff competent and confident in the range of common presentations, children fare better. A study by Geelhoed showed that an increase in PEM consultants coincided with a decrease in the number of children admitted to hospital, in complaints to the department, and in average waiting times, while also being cost effective (Geelhoed G, 2008).

So what does PEM 'as a sub-speciality interest' mean?

As well as core (general) training, some trainees opt to undergo additional training in PEM, and are able to qualify on the UK Specialist Register at the end of their training for their base speciality "with sub-speciality recognition for PEM". This is possible for both EM and Paediatric consultants. EM (PEM) consultants can see adult and paediatric patients, but Paediatric (PEM) consultants are only qualified to look after children. A similar system exists in Canada, the USA, Australia and New Zealand. It is recommended that in EDs seeing more than 16,000 children per year, there should be at least one EM(PEM) consultant. Larger departments should also have a Paediatric (PEM) consultant (RCPCH, 2007). By the end of 2018 250 EM consultants had undergone additional training in this way, and there are 248 EDs in the UK. Number of EM CCTs with sub-speciality interest in PEM issued since PEM training was recognised in the UK.

EM(PEM) consultants tend to work across the adult and paediatric areas of the ED. Some consultants (of either type) work solely in Paediatric Emergency Departments. Some Paed(PEM) consultant work in other areas too, such as the Paediatric Admissions Unit, or in General Paediatric Wards and Clinics.

PEM Consultant Census Report

In November 2013, the College undertook a census of practising PEM consultants – from both EM and Paediatric backgrounds. There was a 100% return rate and the results can be found in the document below.

• PEM Consultant Census Nov 2013 Report

What are the roles of a Consultant in PEM?

EM (PEM) consultants tend to work across the adult and paediatric areas of the ED. Some consultants (of either type) work solely in Paediatric Emergency Departments. Some Paed (PEM) consultant work in other areas too, such as the Paediatric Admissions Unit, or in General Paediatric Wards and Clinics. Some sample plans are shown below.

In general, their role is to provide clinical ED sessions with senior input into paediatric patient care and ensuring appropriate discharge and hospital admission, along with management and leadership responsibilities for children in the ED.

- Running the paediatric part of the Emergency Department seeing emergency cases, and supervising junior staff and Emergency Nurse Practitioners
- Managerial responsibility for quality improvement, guidelines, department design and process for paediatric patients.
- Establishing audit and research activities within and between departments.
- Ensuring robust PEM teaching and training for all doctors and nurses within the department
- Coordination of paediatric resuscitation courses
 Liaison with other paediatric (medical, surgical, orthopaedic, critical care) departments in
 the hospital and the associated hospitals in the network.
- Liaison with Child and Adolescent Mental Health Services (CAMHS)
- Lead doctor for child protection within the ED.
- ED review clinics in some departments
- Providing a consultant led Urgent Referral / Rapid Access clinics in some hospitals
- Emergency preparedness for a major incident involving children

If I do PEM training, does that mean I have to work in a dedicated Paediatric ED as a Consultant?

Not necessarily. Where you work will depend on the configuration of the ED in whichever Trust employs you.

If I do PEM training as a paediatrician, does that mean I can work in the adult ED? No, only consultants on the Specialist Register for Emergency Medicine can practise adult emergency medicine.

How do I find out more?

Speak to an EM(PEM) or a Paed(PEM) consultant in your area or approach your Training Program Director or Head of School or e-mail training@rcem.ac.uk You'll find more information about Paediatric Emergency Medicine training by using the tabs at the top of this page.