

RCEM Curriculum Updates - Summary of Changes

July 2025

This document outlines key amendments to the RCEM curriculum, affecting SLO5, SLO6, SLO8, SLO11 and SLO12. These updates aim to ensure the curriculum reflects contemporary clinical practice, regulatory requirements, and leadership development in Emergency Medicine training.

SLO5 – Paediatric Emergency Medicine

Additional Key Capabilities (KC) Added

- Be able to provide airway management & ventilatory support to critically ill paediatric patients
- Be expert in fluid management and circulatory support in critically ill paediatric patients
- Be able to manage all life-threatening paediatric conditions including peri-arrest & arrest situations in the ED

New Descriptors Added

Clinical Assessment

- Identify an acutely ill paediatric patient by taking account of their medical history, clinical examination, vital signs and available investigations
- Integrate clinical findings with timely and appropriate investigations to form a differential diagnosis and an initial treatment plan

Medical, Surgical and Trauma

- Formulate and initiate ongoing treatment plan for a critically ill surgical or medical paediatric patient post resuscitation, including those with sepsis, and institute timely antimicrobial therapy with an aim for ongoing stabilisation
- Recognise a paediatric patient is in danger of deterioration or who requires further treatment and provides explicit instructions regarding an ongoing treatment plan and contact details should a further review be required
- Decide when it is appropriate to end resuscitation, and is cognisant of the specific care needs of patients and their loved ones when this decision has been made

General

- Have an understanding of transition of care to adult services (e.g. "Ready, Steady, Go") and how this may affect management and referrals within the ED
 - Understand the concept of "adulthood" and that older teenagers should be offered developmentally appropriate healthcare irrespective of whether they are seen in a paediatric or adult ED
 - Can make judgements about junior colleagues' competence in this domain
 - Can offer constructive, useful feedback in this domain
 - Whilst assessing and treating a patient is able to maintain optimum safety for the patient by recognising the limitations of the environment, the available equipment and personnel and employing best practice guidelines where these exist
 - Be able to effectively lead the multi-disciplinary team with authority in resuscitation through to disposition regardless of complexity
 - Communicate effectively and in a timely manner with fellow members of the multi-disciplinary team including those from other specialties and completing accurate legible and contemporaneous entries in the medical record
 - Demonstrate effective consultation skills in challenging circumstances
 - Demonstrate compassionate professional behaviour and clinical judgement
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SLO6 – Procedural Sedation and Skills

Clarification of Adult Sedation Requirements

- Adult sedation, already required at Intermediate and Higher levels in SLO6, was omitted from the progression standards table. The change will formally include it, reinforcing existing practice without altering expectations.

Supporting Assessment of Practical Skills

- Doctors in training find it challenging to evidence competency in some SLO6 procedures due to limited assessment options and opportunities.
 - The update expands assessment flexibility by increasing options while maintaining training standards.
 - Updated guidance will be linked directly to the SLO6 section on the RCEM curriculum website to make it more accessible than at present.
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SLO8 – Lead the ED Shift

Revised Descriptors for Intermediate & Higher

The Descriptors have been revised to:

- Demonstrate understanding of:
 - Patient flow management & escalation procedures
 - Clinical Governance: risk management across the ED; corporate responsibilities.
 - Emergency preparedness principles; major incident and HAZMAT/CBRN plans
- Demonstrate effective problem-solving skills
- Manage workload: delegation, time management, task prioritisation
- Manage staff & allocate resources (including staff)
- Demonstrate effective situational awareness
- Communicate effectively
- Manage conflict
- Conduct a 'board round'
- Lead and receive at handover or huddle meetings
- Liaise effectively with the rest of the hospital regarding safety and performance
- Demonstrate contingency planning and risk mitigation skills to maximise departmental safety
- Identify and act upon potential flow or staffing issues
- Provide leadership in a hospital major incident response
- Remain calm and professional at all times
- Demonstrate flexibility and responsiveness
- Demonstrates appropriate assertiveness whilst maintaining professionalism
- Provide an acceptable role model to others
- Looks after staff well-being (management of breaks, fatigue etc)

SLO11 – Quality Improvement

Revised Quality Improvement Assessment Tool (QIAT)

- The existing QIAT is outdated, tied to the now-obsolete FRCM QIP assessment.
 - The revised QIAT form is broader in scope, aligns with recent AOMRC guidance and facilitates capturing a wider range of QI activities.
 - The new form will be added to the ePortfolio.
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SLO12 – Leadership and Management

Title Change

The SLO12 title has been revised from:

“Manage, administer and lead”

to:

“Lead and manage”

to emphasise leadership over administration.

Changes at Intermediate Level

The following KC:

Have experience of handling a complaint or preparing a report, and be aware of the relevant medico-legal directives

has been changed to:

- Be able to demonstrate their involvement in one or more core management activities and show an understanding of the relevant medicolegal directives

Two additional KCs have been added:

- Be able to describe the difference between leadership and management.
- Demonstrate an understanding of how the development of one’s own leadership abilities positively impacts upon one’s own wellbeing and ability to function as an individual and as a leader.

Changes at Higher Level

The following KC:

Have experience of handling a complaint, preparing a report, and be aware of the relevant medico-legal directives (elements not completed in intermediate)

has been revised to:

- Be able to demonstrate their involvement in a range of management activities and show an understanding of the relevant medicolegal directives (elements not completed in intermediate)

Two additional KCs have been added:

- Demonstrate an understanding of how effective Emergency Medicine Leadership positively impacts on standards of patient care and patient safety whether through leading Resuscitation Teams, leading the Shift or leading in the Trust and wider Healthcare System
- Demonstrate a positive impact on the culture of the Emergency Department through attitudes and behaviours that impact positively on colleagues, patients and their relatives

Descriptor Updates

Three descriptors have been revised:

Previous:

Effectively participate, and support others involved, in a serious adverse event investigation and be familiar with some of the tools involved such as RCA/ 5 Whys/Fishbone analysis

Revised to:

- Effectively participates, and supports others involved, in a patient safety incident investigation and be familiar with some of the tools involved such as RCA/ 5 Whys/Fishbone analysis

Previous:

Participate and represent the ED in divisional / inter specialty / CG meetings

and

- Represent the ED on a Hospital Committee (such as resuscitation committee, transfusion committee, trauma committee etc.) and feedback to the ED team

Merged and Revised to:

- Represents the ED in divisional / inter specialty / hospital committee meetings such as clinical governance, resuscitation, transfusion, trauma etc. and feed back to the ED team

New Descriptors Added

- Demonstrates the professional values expected of an Emergency Medicine Doctor including the demonstration of high levels of integrity and trust and the need to demonstrate good time management skills, engagement with lifelong learning and the principles and value of reflective practice
- Possesses self-awareness and how an understanding of one's own core values and beliefs impacts one's behaviour and interactions with others
- Demonstrates emotional intelligence and resilience alongside an awareness of how factors such as tiredness and stress impact on our behaviours and how to mitigate these
- Has an understanding of how teams work and what makes a team function effectively and why teams may not work
- Appreciates the importance of followership and how followership behaviours impact upon an individual's ability to lead and the performance of teams
- Has a basic understanding of health care systems and how they interact with the Emergency Department and start to develop the ability to analyse and understand specific systems and how to influence throughout health care systems
- Demonstrates progression of leadership knowledge, skills and behaviours with understanding of areas of strengths and those needing development
- Appreciates the importance of a positive culture within the Emergency Department and wider health care systems, including civility and the principles of ED&I, and how an individual's leadership behaviour impacts upon culture

- Understands modern (medical) leadership theory to include concepts of compassionate leadership and distributive leadership
- Able to demonstrate an understanding of the differences between feedback, debriefing, mentoring and coaching through an understanding of how to effectively communicate

Evidence to inform decision now includes:

- ESLE
- LAT
- Course/module certificates
- Recording of management activities undertaken
- Reflections