

Transition to the 2021 RCEM Curriculum – A guide for trainees and trainers

The large majority of Emergency Medicine trainees will transition to the 2021 curriculum on 4th August 2021. Schools of EM, hospitals, Emergency Departments and supervisors will themselves transition from delivering training towards the 2012 ACCS curriculum and 2015 RCEM curriculum to the delivery of training towards the 2021 curricula.

This document has been prepared as a practical guide to outline how this process will occur. The expected transition arrangements for each year of training are described below. However, some trainees will have specific circumstances that are not covered and, in these situations, guidance should be sought from the RCEM.

It should be read in conjunction with the 2021 curriculum in which the Programme of Learning and Assessment for each Specialty Learning Outcome (SLO) are described in detail. Furthermore, there is separate guidance regarding the changes in the FRCER examination suite and so this will only be briefly covered here.

For all trainees, any evidence recorded during training before 4th August 2021 can be used to support entrustment decisions and assessment of the SLOs. The content of the existing curriculum ePortfolio will be transferred to the new ePortfolio. The 2015 curriculum has been mapped to the new SLOs to assist in this process.

As far as possible, trainees will simply move to the requirements of the year of training that they will start in August 2021 (for example, a trainee who has an Outcome 1 for completion of ST3 in Summer 2021 will move to ST4). This is possible because we have always made a prediction at the end of a year of training regarding suitability for progression to the following year. In this example, an entrustment decision is already being made (though not necessarily explicitly) that a trainee who has satisfactorily completed ST3 is now ready to be the most senior doctor in an Emergency Department overnight, with a consultant available from home.

Trainees who are 'out of sync' and therefore not due to move to a new training year in August 2021 will also transition to the new curriculum on that date. Before 25th July 2021, they should have an ARCP assessing progress in the 2015 curriculum and receive an Outcome based upon a pro rata assessment of what they should have achieved in that timescale (this date has been chosen as data capture for the new ePortfolio is on 31st July 2021). They will require clear

guidance from their TPD and ES of what is expected of them before they can move to the next training year in the 2021 curriculum. A subsequent ARCP will be required to assess their readiness to progress to the next year of training.

As much as is possible, trainees will not have to catch up with new skills that have been introduced in a training year that they have already completed. However, there are new requirements that build on practice that they may not have experienced, particularly regarding practical procedures and in the supporting Specialty Learning Outcomes (SLOs 9-12). Where this is the case, during the transition period, Schools of Emergency Medicine, trainers and Emergency Departments will have to consider how the programme of learning and assessment can be delivered to ensure that these trainees are not disadvantaged.

One of the aims of the new curriculum is to make the implicit expectations of training explicit. There are some skills in which trainees will be expected to seek greater feedback than they have been expected to in the past. It is likely that most trainees will have greater amounts of existing evidence covering their experience in caring for physiologically stable patients and resuscitation of unstable patients than they have in answering clinical questions or dealing with challenging situations that occur in the workplace. The initial meeting between Education Supervisor and trainee after transition will be vitally important in identifying skills that need to be developed and evidence that should be sought during the subsequent training period.

Trainees who may remain on the 2015 Curriculum

The only group of trainees who are not expected to move to the new curriculum are trainees who, at the implementation date of 4th August 2021, have less than or equal to 12 months (whole time equivalent) training time remaining before they achieve CCT. These are trainees who will have satisfactorily completed ST5 before the implementation date and will receive their CCT before August 2022 (if working full time) or August 2023 (if working less than full time). However, if their CCT is delayed beyond August 2023, such trainees will be required to migrate to the 2021 curriculum.

Due to the changes in the format of the FRCER exam, if a trainee in their final year of training has not passed their Critical Appraisal or QIP FRCER examinations by the implementation date, they will be required to complete the programme of assessment for Specialty Learning Outcomes 10 and 11 as described in the 2021 curriculum.

Trainees who are not in training in August 2021

There are some trainees who will not be in training at the time of curriculum implementation on 4th August 2021. This will include trainees who are on parental leave, are taking time out of programme and trainees who are training towards dual accreditation and working in another specialty.

Trainees who are not in EM training in August 2021 will transition to the new curriculum. On their return to EM training, it will be expected that they will meet with their Educational Supervisor and/or TPD and receive clear guidance of what is required before they can progress to their next year of EM training.

Trainees who are not in EM training at the time of implementation, and who have less than twelve months whole time equivalent training time remaining before they achieve their CCT will be able to continue working towards the requirements of the 2015 curriculum. If they have not completed the QIP and Critical Appraisal elements of the FRCER examination suite, they will be required to complete the programme of assessment for Specialty Learning Outcomes 10 and 11 as described in the 2021 curriculum. If the date of their CCT in Emergency Medicine is extended beyond August 2023, they will be required to migrate to the 2021 curriculum.

Summary of Learning Outcomes

ACCS Learning Outcomes

ACCS LO 1 Care for physiologically stable adult patients presenting to acute care across the full range of complexity
ACCS LO 2 Make safe clinical decisions, appropriate to level of experience, knowing when and how to seek effective support
ACCS LO 3 Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop
ACCS LO 4 Care for acutely injured patients across the full range of complexity
ACCS LO 5 Provide safe basic anaesthetic care including sedation
ACCS LO 6 Deliver key procedural skills
ACCS LO 7 Deal with complex and challenging situations in the workplace
ACCS LO 8 Manage patients with organ dysfunction and failure
ACCS LO 9 Support, supervise and educate
ACCS LO 10 Participate in research and manage data appropriately
ACCS LO 11 Participate in and promote activity to improve the quality and safety of patient care

EM Specialty Learning Outcomes

SLO 1 Care for physiologically stable adult patients presenting to acute care across the full range of complexity
SLO 2 Support the ED team by answering clinical questions and making safe decisions
SLO 3 Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop
SLO 4 Care for acutely injured patients across the full range of complexity
SLO 5 Care for children of all ages in the ED, at all stages of development and children with complex needs
SLO 6 Deliver key procedural skills
SLO 7 Deal with complex and challenging situations in the work place
SLO 8 Lead the ED shift
SLO 9 Support, supervise and educate
SLO 10 Participate in research and manage data appropriately
SLO 11 Participate in and promote activity to improve the quality and safety of patient care
SLO 12 Manage, administer and lead

Year of Training	Expectations
ACCS CT1/ST1	Will commence training in the 2021 curriculum
ACCS CT2/ST2	<p>Will transition to 2021 curriculum Expected that variation in experience will be present based upon ACCS specialty rotation order and casemix of departments encountered (e.g. MTC) Some ACCS LOs overlap closely across all four specialties (e.g. ACCS LO3) whilst others are predominantly covered in one or two specialties</p> <p>The following rules should apply:</p> <p><i>Anaesthesia</i> If a trainee has satisfactorily achieved the requirements of the 2012 ACCS Curriculum in Anaesthesia in CT1/ST1 they will be considered to have achieved the required entrustment level in ACCS LO5.</p> <p><i>Intensive Care Medicine</i> If a trainee has satisfactorily achieved the requirements of the 2012 ACCS Curriculum in ICM in CT1/ST1 they will be considered to have achieved the required entrustment level in ACCS LO8.</p> <p><i>Acute Medicine and Emergency Medicine</i> If a trainee has satisfactorily achieved the requirements of the 2012 ACCS Curriculum in Acute Medicine and Emergency Medicine in CT1/ST1 they will be considered to have achieved the required entrustment level in ACCS LOs 1 and 4</p> <p>All trainees Regardless of specialties encountered in CT1/ST1, all trainees should have experience and evidence in ACCS LOs 2, 3, 6, 7, 10 and 11. At the initial meeting with their ES, trainees will need to agree what is required to satisfactorily achieve the entrustment levels required to progress to CT3/ST3.</p>

CT3/ST3	<p>Will transition to the new curriculum Variation in experience present from ACCS training. At the initial meeting with their ES, they will need to agree what is required to satisfactorily achieve the entrustment levels and evidence required to progress to higher training</p> <p><i>During Paeds EM placement</i></p> <ul style="list-style-type: none"> - trainees will concentrate on achieving appropriate entrustment level in SLO 5 - will also develop evidence in SLOs 2, 4, 6, 7, 8, 9, 10, 11 and 12 <p><i>During Adult EM placement</i></p> <ul style="list-style-type: none"> - evidence developed in all SLOs (though this may not include SLO5 if working in an adult only ED) <p><i>SLO6 Deliver key procedural skills</i></p> <p>Vascular access in emergency and POCUS are new ACCS competences and so will need to be achieved in ST3 (if not done in ACCS). However, these are frequently performed and it is likely that trainees will have performed them during ACCS despite not featuring in 2012 curriculum. There are also a number of new procedural skills, not described in 2015 curriculum, that will require attention during CT3/ST3 (Section 5.5.2 of Curriculum)</p> <ul style="list-style-type: none"> - NIV - Resuscitative thoracotomy - Lateral canthotomy - Pericardiocentesis - Management of life threatening haemorrhage - Emergency delivery - Peri-mortem caesarian section - Suprapubic catheter reinsertion - POCUS
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Schools of EM will need to consider how the programme of learning and assessment can be carried out for these procedures (some of which are infrequently encountered in the ED) in order to prepare trainees to achieve the level of entrustment for SLO6.
There are a number of new key EM capabilities required to progress to higher training that may not have been commenced during ACCS (particularly during transition).

SLO 9 Support, supervise and educate

Trainees may have evidence of delivering teaching during ACCS using the Teaching Observation Tool – though this has not been mandatory for progression to CT3/ST3
May have evidence in Common Competence (CC) 23 of feedback and supervision
For progression to HST they will be expected to set learning objectives, deliver a teaching session and give feedback to colleague

SLO 10 Participate in research and manage data appropriately

May have evidence of this in CC20 and CC21 though not mandated for progression to CT3/ST3
Expected to be able to appraise, synthesise and communicate research evidence via presentation at journal club and in ePortfolio

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

May have evidence of audit in CC22
Expected to describe involvement in QI, show understanding of QI methods and reflect on QIP they have been involved in

SLO 12 Manage, administer and lead

Will need to engage with management portfolio
Expected to have experience of complaint handling, preparing a coroner's report/legal report and aware of medicolegal directives

DRE-EM ST3	<p>Trainees starting DRE-EM in August 2021 will be expected to work towards the curriculum requirements and entrustment decisions needed to progress to ST4. As is the case currently, the training required will depend on the competences achieved during prior training.</p> <p>Trainees who are part way through their DRE-EM training will also be expected to transition to the new curriculum in August 2021.</p> <p>Evidence developed during time spent before entering DRE-EM training can be used to support entrustment decisions.</p>
ST4	<p>A trainee who has achieved an Outcome 1 at CT3/ST3 ARCP will be considered to have completed Intermediate training requirements and be ready to work towards the skills and behaviours required to complete higher training in the 2021 curriculum</p> <p>The ES and trainee should review experience and evidence that has been acquired during training thus far. A plan should be made for the programme of learning and assessment required for the trainee to achieve and maintain the level of entrustment in the clinical SLOs and provide the evidence described in the supporting SLOs.</p> <p>As the 2015 curriculum was underpinned by clinical presentations, competence will already have been assessed in much of the contents of SLOs 1, 3, 4, 5 and 6. Particular attention should be paid to SLOs that may only have limited prior assessment (SLOs 2, 7 and 8).</p> <p><i>SLO 6 Deliver key procedural skills</i> Will commence logbook of procedures performed and supervised Will also be required to complete some areas of the intermediate programme of learning/assessment if not confident to perform any of the procedures that are new to the 2021 curriculum</p>

	<p><i>Supporting SLOs</i> Trainees will work towards the requirements described in the ARCP decision aids (Appendix 2 of curriculum) providing evidence in each SLO each year</p>
ST5	<p>An Outcome 1 at ST4 ARCP will be considered as demonstration of satisfactory progress in higher specialty training. Supportive STRs and FEG statements to date can be used as evidence of appropriate competence in SLOs 1, 2, 3, 4, 5, 7 and 8.</p> <p>ES and trainee should review experience and evidence that has been acquired during training thus far. A plan should be made for the programme of learning and assessment required for the trainee to achieve and maintain the level of entrustment in the clinical SLOs and provide the evidence described in the supporting SLOs.</p> <p>Trainees would be expected to have expertise in stable patients and straightforward situations so the expectation is that further accumulation of evidence should be in more complex or ambiguous cases</p> <p><i>SLO 6 Deliver key procedural skills</i> Will commence logbook of procedures performed May also be advised to complete some areas of the intermediate programme of learning/assessment if not confident to perform procedure It should be noted that they may not have had experience in advanced airway management for some time so particular attention may be required here and Schools of EM should consider how the programme of learning and assessment will be delivered.</p> <p><i>Supporting SLOs</i> Trainees will work towards the requirements described in the ARCP decision aids (appendix 2 of curriculum) providing evidence in each SLO each year</p>

ST6	<p>Trainees who have completed ST5 before the transition date and have less than or equal to 12 months left in training may continue to be assessed against the 2015 curriculum.</p> <p>FTE trainees will be expected to achieve CCT by 3rd August 2022 and LTFT trainees will be expected to achieve CCT by 2nd August 2023. If CCT has not been achieved by these dates, trainees will be assessed against the 2021 curriculum.</p> <p>Due to the changes in the FRCM examination suite, ST6 trainees who have not passed the QIP or Critical Appraisal elements of the FRCM will be required to demonstrate satisfactory completion of the programme of assessment described in SLOs 10 and 11.</p>
CESR	<p>CESR colleagues will be at varying stages of collecting evidence and preparing their CESR applications for submission to the GMC. To help with colleagues following this route to specialist registration the College has agreed with the GMC that until February 2022 CESR applicants can choose to submit on 2015 or 2021 curriculum, depending on their experience and body of evidence. After February 2022, all CESR applicants will be required to demonstrate equivalence against the 2021 curriculum.</p>