

Educational Supervisor Guide to RCEM Curriculum 2021

RCEM Training Standards Committee – June 2021

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Introduction

All trainees will transition to the new curriculum on Wednesday 4 August 2021.

Exceptions to this:

- If trainee is 12 months or less from CCT on Wednesday 4 August 2021 (ST6 and CT3) they will stay on the old curriculum. They will need to complete training by August 2023, or transition automatically thereafter.
- ACCS trainees will usually transition at the end of their current 6-month training block for most that will be August 21. (see ACCS notes for out of sync trainees)
- Out of sync or LTFT trainees at ST3+
 - As a rule of thumb, having completed a percentage of the training year on the old curriculum the trainee will be expected to complete the remaining percentage of the new curriculum requirements to complete the training year. (i.e. 40% St4 will need to complete 60% of the new ST4 requirements)
 - **Any trainee not having an ARCP in summer 2021 should meet with their ES and complete a structured training report before e-portfolio closes to mark current progress and support transition. Any uncertainties should be discussed with TPD/Head of School (HoS).**
 - Trainees who ARCP after transition but before October 21 will be expected to have:
 - **FEGS (within 3 months)**
 - **New Educational Supervisor Report (ESR)**
 - **Evidence of engagement with the new e-portfolio**

For more information on this:

Transition <https://rcemcurriculum.co.uk/wp-content/uploads/2020/11/RCEM-Curriculum-Transition-Summary.pdf>

Exam Transition Advice <https://rcemcurriculum.co.uk/wp-content/uploads/2021/03/RCEM-Curriculum-Exams-Transition-Advice-v1.1.pdf>

Kaizen E-portfolio

The current NES ePortfolio closes on 31st July 2021

All trainees will transition to Kaizen on 4th August 2021 with full usability. A few CESR trainees have moved earlier.

Trainer access will be available by July at the latest – watch for updates.

It can be used on several interfaces and is accessed through Chrome, Edge and Firefox but not Internet Explorer

ACCS

All ACCS resources relating to the 2021 curriculum are available here:

<https://www.accs.ac.uk/accs/2021-curriculum>

What is the same and what's new for the ACCS 2021 curriculum:

- Same four placements over two core years, all six months now (no more 3/9 splits)
- Same overall supervision arrangements, same reports (EOP/CSR and EOY/ESR), same overall ARCP process
- Same clinical content
- New 11 ACCS LOs (eight clinical/three generic) with KCs; MPs/APs/PPs absorbed into overall clinical syllabus
- Move to entrustment, key thresholds, more trainee-driven approach to evidence, no more tick-box
- FEG new for ACCS, needs output for each clinical LO; departments need to establish systems to ensure regular meetings.
- Requirement for average three hrs pw EDT; trainers/depts need to plan for this.

Highlighting key points about transition.

- All move in Aug except those out of sync'
- Potential for sensible local arrangements for the latter to also move in Aug if near start/end of placement etc.
- Importance of ES/trainees sitting down ideally in July to start to map across to new curriculum (but note they cannot access Kaizen before Aug)
- No need to repeat anything, reassure trainees.

Please see our latest Transition meeting video:

[Transition Meeting ACCS - YouTube](#)

EM Curriculum 2021

The current RCEM website is about to be updated as it is not able to provide level of interaction needed, hence there are separate sites for some resources.

All details for Curriculum 2021 are on the website *RCEM Curriculum*

[Home Page - RCEMCurriculum](https://rcemcurriculum.co.uk/) - <https://rcemcurriculum.co.uk/>

The simplest resource to explain the current curricular changes is this short video:

<https://vimeo.com/527722984>

A more detailed version outlining what a trainee and trainer needs to think about and action in the transition phase is outlined in the link below:

<https://vimeo.com/558592644>

Faculty Educational Governance Statement (FEGS)

This is a summative assessment made by the training faculty at the end of the training year for the trainee stating whether the trainee should progress into the next year of training. It will involve a detailed look at each SLO and take account of the Educational Faculty opinion regarding the trainee's progression. This decision replaces the one that used to be made by only the Educational Supervisor on the Structured Training report.

A FEGS will be expected to be completed prior to each ARCP. An example of this is in [appendix 1](#).

Curriculum Resources

At the top of the Curriculum 2021 page, [the resources tab](#) has most of the downloadable documents. Trainees will need to evidence progress across each of the specialty learning outcomes (SLO's) throughout each training year.

Educational Supervisor Report (ESR)

This was known as the structured training report. This will be on Kaizen and acts also as pre ARCP checklist. There is one generic report for HST and one for ST3. (more detail in [appendix 2](#) with guidance notes on its completion highlighted on the document)

Curriculum detail:

- **PoCUS** details on US requirements
- **Generic SLO guidance** detailing what is needed to be achieved each year for teaching, research, quality improvement and management.
- **SLO 6 Procedural Skills** more detail on what evidence is required for each procedural skill of the training years.
- **ARCP Decision Aid:** detail on assessment structure of the new curriculum

Exams

<https://rcemcurriculum.co.uk/wp-content/uploads/2020/11/rcem-curriculum-2021-examinations-1.pdf>

Training Standards

The role of the Training Standards Committee (TSC) is to ensure that transition to the new curriculum is fair across all trainees and that the quality of EM Training is as high as possible.

The main RCEM website offers more training detail.

Recent guidance includes:

[Educational Development Time](#)

Both RCEM Curriculum 2021 and ACCS Curriculum recommend personal development time for trainees to attain their curricular requirements. There is a

detailed statement on this published in May 21. The difference between this and previous SPA time recommendations is that it can be used to meet trainee's personal development plan and will include clinical as well as non-clinical activity.

A letter from Katherine Henderson to Clinical Directors is also attached (**Appendix 3a & b**) with detail regarding EDT for ACCS as well as EM

Training Recovery Plans

For trainees that have been affected by the COVID 19 Pandemic there are recommendations regarding training which aim to minimise the time on a non-progressive outcome (10.2) and facilitate training recovery (10.2). Additional support from the ES and TPD/HoS will be required, and ARCP review dates will be minimised to 3/12 for 10.2 and 6/12 for 10.1.

Note that there is a small amount of additional HEE funding for this available through DMEs as this will affect more trainees than normal.

ARCP Panel Decision Checklist and Decision Tool

TSC have developed a checklist and decision aid to support ARCP decision panels reviewing training on the new curriculum so that trainees producing similar evidence to panels will end up with similar outcomes wherever their ARCP takes place.

A copy of this is in **Appendix 4**.

Clinical Educators in Emergency Departments Project results and recommendations

Following the publication of the Clinical Educator Project it concludes a recommendation of a minimum of 2 PA of Clinical educator Time per training department. Further recommendations and a business case to support this can be accessed here:

https://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/CEED/RCEM/Exams_Training/UK_Trainees/Clinical_Educators_in_Emergency_Departments_Ceed.aspx?hkey=9b3969d7-3bdf-4f6b-b545-5a2f04e739a4

RCEM Promoting Excellence in EM.

TSC standards for training placements and rotations - July 2020. This documents the standards RCEM expects for training departments and rotations in EM. Is your department able to deliver the best possible training for your trainees? What does best practice look like and what are the minimum expectations. This is advice for all sites but particularly those struggling to improve training resources, become new training sites or for TPDs who are wishing to drive up training quality.

EM Leaders

Leadership is a bigger and more explicit component of curriculum 2021 than 2015. The EM leaders programme has developed a set of resources and study sessions which can support this, alongside upskilling school leadership leads.

English schools have school leads for leadership who are delivering leadership training sessions already -make contact or speak to trainees to find out what they have covered.

E learning modules on eLfH provide the theory, tools and further learning to support leadership. The worksheet reflections encourage application of theory to practice and can also form the basis for further discussion as part of a group (trainees or multi-professional) or for 1:1 discussion.

The emodules are open to all grades and professions and many consultants have found them useful for their own learning, as well as exploring them to familiarize with the resources they can signpost trainees to. There are 9 modules in total, none are mandatory, but they all provide specialty specific learning which can support trainees' (& others') development.

EM Leaders Framework can be found on RCEM website under [EM leaders](#).

Tables show the content of the modules and how this maps to the SLOs.

There follows a description of the proficiency level for each stage of training which is a useful reference when a trainee needs support to reach the required level. The trainee or trainers can map themselves against the descriptors to identify their strengths and areas for development – and help to structure specific feedback needed for development.

We will all need to teach, discuss and feedback more about leadership behaviours than we have previously. Think about ways to incorporate this into shop floor learning e.g. at handover or debriefs, as part of WPBAs, in day to day discussions around patient care. One option is to take a small section of a module which feels meaningful or relevant to you and use that in your shop floor discussions over the next couple of weeks and then move on to another topic. E.g. there is a section on biases and beliefs in the 'leading self' module which is applicable to many areas of practice.

There are some additional documents you may find useful which are on the EMLeaders pages of RCEM website including 'Leading change through and post COVID' 'facilitating leadership learning resource'.

Module about the E-learning modules can be found in [Appendix 5](#)

Appendix 1

Example of Faculty Educational Governance Statement – ST4 & ST5

1. Yes 2. Not yet but on track 3. Not yet and there are the following concerns	Can't comment	
<p>SLO1: Care for physiologically stable adult patients presenting to acute care across the full range of complexity:</p> <p><i>'We believe this trainee can be trusted to:</i></p> <ul style="list-style-type: none"> • Be expert in assessing and managing all adult patients attending the ED. These capabilities will apply to patients attending with both physical and psychological ill health. • Be able to assess and formulate a management plan for patients who present with complex medical and social needs or who manifest as one of the frailty syndromes. <p><i>and would be able to manage with no supervisor involvement'</i></p>	1, 2 or 3	
<p>SLO2: Make safe clinical decisions, appropriate to level of experience, knowing when and how to seek effective support</p> <p><i>'We believe this trainee can be trusted to:</i></p> <ul style="list-style-type: none"> • be aware of the human factors at play in clinical decision making and their impact on patient safety. • to support the pre-hospital, medical, nursing and administrative team in answering clinical questions about individual patient care and support the clinical team in making safe decisions for discharge, with appropriate advice for management beyond the ED. • to provide effective feedback on clinical reasoning and decision making. • be aware of when it is appropriate to review patients remotely or directly and will be able to teach these principles to others. <p><i>and would be able to manage with no supervisor involvement'</i></p>	1, 2 or 3	

<p>SLO3: Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop</p> <p><i>'We believe this trainee can be trusted to:</i></p> <ul style="list-style-type: none"> • provide airway management & ventilatory support to critically ill patients. • be expert in fluid management and circulatory support in critically ill patients. • manage all life-threatening conditions including peri-arrest & arrest situations in the ED • be expert in caring for ED patients and their relatives and loved ones at the end of the patient's life • to effectively lead and support resuscitation teams <p><i>and would be able to manage with no supervisor involvement.'</i></p>	<p>1, 2 or 3</p>	
<p>SLO4: Care for acutely injured patients across the full range of complexity</p> <p><i>'We believe this trainee can be trusted to:</i></p> <ul style="list-style-type: none"> • be expert in assessment, investigation and management of patients attending with all injuries, regardless of complexity • provide expert leadership of the Major Trauma Team <p><i>and would be able to manage with no supervisor involvement.'</i></p>	<p>1, 2 or 3</p>	
<p>SLO5: Care for children of all ages in the ED, at all stages of development</p> <p><i>'We believe this trainee can be trusted to:</i></p> <ul style="list-style-type: none"> • identify the sick child and initiate appropriate management steps • resuscitate children of all ages, and know that this may differ dependent on developmental age and know how this differs from adult resuscitation • lead a multidisciplinary paediatric resuscitation including trauma 	<p>1, 2 or 3</p>	

<ul style="list-style-type: none"> Assess paediatric patients with concerning presentations and know that some of the presenting symptoms could be manifestations of non-accidental injury (NAI) <p>and would be able to manage with no supervisor involvement.'</p>		
<p>SLO7: Deal with complex and challenging situations in the workplace</p> <p>'We believe this trainee can be trusted to:</p> <ul style="list-style-type: none"> have expert communication skills to negotiate manage complicated or troubling interactions to behave professionally in dealings with colleagues and team members within the ED work professionally and effectively with those outside the ED <p>and would be able to manage with no supervisor involvement.'</p>	<p>1, 2 or 3</p>	
<p>SLO 8: Lead the ED Shift</p> <p>We believe this trainee can be trusted to:</p> <ul style="list-style-type: none"> Provide support to ED staff of all levels and disciplines on the ED shift •Liaise with the rest of the acute / urgent care team and wider hospital as shift leader •Maintain situational awareness throughout the shift to ensure safety is optimised •anticipate challenges, generate options, make decisions and communicate these effectively to the team as lead clinician <p>and would be able to manage with no supervisor involvement.'</p>	<p>1, 2 or 3</p>	

If any of these answers are '**No**' Please describe concerns below

Any other reasons why you would be concerned for the trainee to progress

Yes/No

(f yes, please describe).

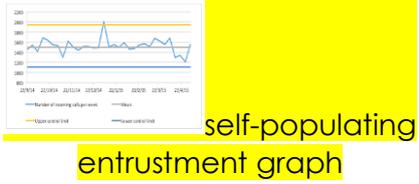
Please record any concerns not yet recorded or areas to work on

Appendix 2

RCEM HST Educational Supervisor Report (new name) COVID 19

The aim for this form is to be on e-portfolio and self-populating. It allows a reflective discussion between trainee and trainer to review evidence. The highlighted areas on this form explain how the ES would complete the form at the end of the training period prior to ARCP.

Populated by e-portfolio			
Trainee grade	Important to calculate proportion training year completed to determine proportion of evidence required	Start date of training grade	
Whole or LTFT percentage		Date training year ends	
Faculty Educational Governance Statement			
Does the FEGS recommend that the trainee progress to the next year of training?			
Comment on any recommendations			
Yes		No	
Summative decision made by educational faculty. highlight any comments on progress			
Extended Supervised Learning Events (ESLE)			
A minimum of three ESLEs will be completed. ESLEs will sample activity in all available areas of the ED and must include the resuscitation room. Ideally spread through the training year with the first within 3 months of commencement. Comment on standard and scope of practice			
Number completed		Minimum 3	Comment on standard and scope
Specialty Learning Outcomes			
Supervisor to comment on quality, depth and scope of evidence in e-portfolio for each SLO. Progression of SLO 1-8 to level 4 by end of ST6. Aiming for around 4 pieces of evidence in each SLO from a range of meaningful learning opportunities; WPBA, e-learning, reflective evidence, shop floor feedback.			
1. Care for physiologically stable adult patients presenting to acute care across the full range of complexity			

<p>be expert in managing and assessing all adult patients attending the ED with both physical and psychological ill health</p>		<p>Trainer to comment on range evidence</p>
<p>SLO 2. Support the ED team by answering clinical questions and making safe decisions</p>		
<p>Key capability able to support the team in answering clinical questions and in making safe decisions for discharge, with appropriate advice for management beyond the ED.</p>		
<p>Key capability aware of when it is appropriate to review patients remotely or directly and able to teach these principles to others.</p>		
<p>3. Identify sick adult patients, able to resuscitate and stabilise and know when it is appropriate to stop</p>		
<p>provide airway management & ventilatory support to critically ill patients</p>		
<p>be expert in fluid management and circulatory support in critically ill patients</p>		
<p>manage all life-threatening conditions including peri-arrest & arrest situations in the ED</p>		
<p>be expert in caring for ED patients and their relatives and loved ones at the end of the patient's</p>		
<p>to effectively lead and support resuscitation teams</p>		
<p>4. Care for acutely injured patients across the full range of complexity</p>		

<p>be expert in assessment, investigation and initial management of patients attending with all injuries, regardless of complexity</p>		
<p>provide expert leadership of the Major Trauma Team</p>		
<p>5. Care for children of all ages in the ED, at all stages of development and children with complex needs</p>		
<p>Be expert in assessing and managing all children and young adult patients attending the ED, both physical and psychological ill health and include concerning presentations that could be manifestations of abuse</p>		
<p>Be able to lead a multidisciplinary paediatric resuscitation including trauma</p>		
<p>Be able to assess and formulate a management plan for children and young adults who present with complex medical and social needs</p>		
<p>6. Deliver key procedural skills</p>		
<p>The clinical knowledge to identify when key EM practical emergency skills are indicated</p>		
<p>The knowledge and psychomotor skills to perform EM procedural skills safely and in a timely fashion</p>		
<p>Will be able to supervise and guide colleagues in delivering procedural skills</p>		
<p>7. Deal with complex and challenging situations in the workplace</p>		

<p>have expert communication skills to negotiate manage complicated or troubling interactions</p>		
<p>behave professionally in dealings with colleagues and team members within the ED</p>		
<p>work professionally and effectively with those outside the ED</p>		
<p>8. Lead the ED shift</p>		
<p>provide support to ED staff of all levels and disciplines on the ED shift</p>		
<p>able to liaise with the rest of the acute / urgent care team and wider hospital as shift leader</p>		
<p>maintains situational awareness throughout the shift to ensure safety is optimised</p>		
<p>anticipate challenges, generate options, make decisions and communicate these effectively to the team as lead clinician</p>		

Logbooks

ES to comment on range of experience across scope of practice, engagement and highlight areas that need further development. Logbooks must not contain patient identifiable data

<p>Procedure log</p>	<p>NOTE patient log not included but trainer is expected to review patient log to ensure that patient numbers, scope of practice and experience are on track for local practice comment later</p>
<p>Ultrasound log</p>	

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Generic SLOs				
Progress rating (pulled through from e-portfolio) ES to comment on each				
SLO 9 teaching	below	Satisfactory	excellent	Evidence needed during each training year for each
SLO 10	below	Satisfactory	excellent	
SLO 11	below	Satisfactory	excellent	
SLO 12 Management	below	Satisfactory	excellent	

Multisource Feedback
minimum 12 responses (annual and performed in first 6 months) minimum 3 consultants and spread of participants as agreed with Ed Sup. ES summary

Examination Progress		
If trainee has been unsuccessful at any component, please document number of attempt to date		
	Result	Number attempts
SAQ		To highlight if trainees need referral exam support
OSCE		

Involvement in Complaints, Serious Untoward Incidents
If the trainee has been involved in any events in this revalidation year please document here, stating whether they are resolved or ongoing and where on e-portfolio is the trainees reflection

Are these events concluded satisfactorily? If no, please provide further information	Yes	No

Trainee Health

Please comment on any concerns regarding health or time out of training TOOT

Number of TOOT days		Useful to see to see if affected training time, any more than 14 days will be reviewed by ARCP panel to consider extending CCT date
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Educational Supervisor comment on training year progress.

A patient log /shift log or an alternative can be used to guide a scope of practice discussion. This log does not have to be uploaded on to the e-portfolio.

Does the FEG support trainee progression?	Yes	No
Is there a good range of evidence in e-portfolio to support progression in clinical SLO 1-8?	ES to comment on range quality of evidence for training time	
Range of experience across the scope of practice. Please highlight areas for further development including training recovery plans as a result of COVID-19	Comment here regarding what trainees has seen clinically i.e. good experience in majors, minors and resus but limited time in paed and no neonates advise spends more time doing this next year	
Trainee Strengths	Reinforce positive skills and behaviours	
Areas for focus	Ideally with signposting i.e. benefit from completing EM Leaders module on managing conflict	
Suggestions for personal development plan in next training year	e.g. spend some time in paed next year including neonates	

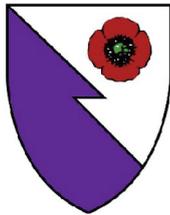
	<p>2 this is a suggestion list for next year's development following discussion between trainee and trainer as per consultant appraisal</p> <p>3 it should guide next year's PDP and initial meeting with new CS</p>
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Trainee signature:	Electronic sign off	Date:	
Education Supervisor signature:	Electronic sign off	Date:	

A COVID declaration table should only be completed if the information has not already been entered on the FORM R.

Appendix 3a

Educational Development time support letter



The Royal College of Emergency Medicine

Patron: HRH The Princess Royal

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London
EC4A 1DT

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28 April 2021

Dear Clinical Director,

RCEM Curriculum 2021 Educational Development Time

Re: Support for the provision of Educational Development time for trainees in Emergency Medicine

2020 has been an exceptional year for the NHS and in August 2021 RCEM welcomes the curriculum 2021. The Training Standards Committee recognises services have been challenged and trainees and trainers have worked exceptionally hard to deliver high quality care in addition to training.

However, there has been less opportunity for trainees to gain experience across the breadth of the curriculum. This has been as a direct result of increasing service pressures, widening of the EM workforce, departmental reconfiguration prior to and more notable in the ongoing COVID 19 pandemic. This has been specifically highlighted in Anaesthetics, Paediatric Emergency medicine and Minor injuries. These training exposure deficits, if not addressed, will risk further slowing of training progression.

As part of this next phase in planning we would like to highlight **Educational Development Time (EDT)** to clinical directors/leads, rota managers, specialty tutors & educational/ clinical supervisors.

EDT (2021 curriculum section 4.3.7 page 62) creates the opportunity to facilitate the acquisition of the essential general capabilities required for safe effective and high-quality care. This will assist with the development of important patient facing and non-patient facing skills.

This is 8 hours per week whole time equivalent for Higher Specialty Trainees (320 hours per annum) and 4 hours per week for ST3s (160 hours per annum).

The ACCS 2021 curriculum (section 4.2.8 page 39) also recommends time for such activities for ACCS trainees – all core EM trainees plus some stage 1 Anaesthetic and Internal Medicine trainees. As a minimum this would be expected to match the **3 hours per week** SDT afforded to Foundation Year 2 doctors.

This EDT time should be pro rata for Less than Full Time trainees and timetabled in advance.

This time was originally labelled as supporting professional activity in the curriculum, however Training Standards committee has elected to rename this as **Educational Development Time (EDT)**, to reflect the intention and to emphasise that this time **is not limited to non-clinical activities**.

EDT can be used as part of training recovery plans to ensure training progression e.g. short clinical secondments for focused training in specific areas. This will be essential to maintain the pipeline flow of medical training and future Consultant workforce.

We ask for your support with provision of EDT to trainees. We understand this is another ask in a particularly difficult period for the NHS. In due course the positive effects of this on trainees and training will be of benefit to the wider service.

Further details will be produced by TSC to assist TPDS, specialty tutors and educational supervisors ensure trainees can evidence and optimise this time to the benefit of training.

Yours sincerely,

 Dr Katherine Henderson President of Royal College of Emergency Medicine	 Miss Sarah Kaufmann Lead Dean for Emergency Medicine Health Education England
 Dr Maya Naravi Emergency Medicine Consultant Chair of Training Standards Committee	 Dr Will Townsend Dean of Royal College of Emergency Medicine

Copy to: Heads of School, TPDS Scotland

Appendix 3b

TSC recommendations on Educational Development Time (EDT) revised 17/5/2021

EDT (2021 curriculum (section 4.3.7 page 62) for CT3/ST3 and HST creates the opportunity to facilitate the acquisition of the essential general capabilities required for safe effective and high-quality care. This will assist with the development of important patient facing and non-patient facing skills.

The ACCS 2021 curriculum (section 4.2.8 page 39) also recommends time for such activities for ACCS trainees – all core EM trainees plus some stage 1 Anaesthetic and Internal Medicine trainees. As a minimum this would be expected to match the 3 hours per week SDT afforded to Foundation Year 2 doctors.

TSC will use the term **Educational Development Time (EDT)** instead of Supporting Professional Activity (SPA) to emphasise that this time **is not limited to non-clinical activities**. *This time should also enable trainees to meet their personal development plan (PDP) objectives outside of the ED.*

Details have been included to assist specialty tutors etc. with planning departmental rotas.

- RCEM Curriculum Aug 2021 recommends **educational development time (EDT)** to be put towards curricular activities.
- EDT will be pro rata for LTFTs. EDT is not accrued during SL and AL. EDT is in addition to time allocated for regional training.
- It can be used to support educational development as part of COVID19 Training recovery plans.
- It must be a supervised development opportunity with the governance through their clinical/ educational supervisor.

Given the ongoing service pressures, until the implementation of the new curriculum in August 2021, **current TSC recommendations have not changed.**

These are ST3 2 hours per week or 80 hours per annum and HST 4 hours per week or 160 hours per annum, (pro – rata for LTFT).

- After 4th August 2021 the recommendations will become:

ACCS 3 hours per week or 60 hours during their 6-month EM block

ST3 4 hours per week or 160 hours per annum

HST 8 hours per week or 320 hours per annum, (pro – rata for LTFT)

The TSC recommends the following:

- EDT time should be timetabled in advance on the ED rota for transparency.
- An evidence log of achievements must be recorded in the portfolio.
- EDT will be made up of patient facing and non-patient facing activities and may vary from trainee to trainee and grade depending on individual development needs, the effect of COVID 19 and the scope of practice in each training site. This needs to be worked out in advance to allow for rota planning in discussion with their **Educational Supervisor**. It should be reviewed at regular ES meetings.
- The default expectation of EDT for:
 - **ACCS and ST3** (if there are no COVID 19 related/ scope of practice issues), EDT is likely to be needed to focus on procedural skills and the non-clinical SLOs.
 - **ST4/ ST5** around half of EDT should be spent in the Emergency Department in patient facing activities to ensure a full scope of practice is met (see later recommendations).
 - **For ST6** this split may vary depending on individual personal development plans
- Non-patient facing EDT activity should be spent working towards the non- clinical SLOs and to meet the broader objectives of the curriculum.
- EDT may be clustered into blocks of time to assist with rota planning/ COVID related training recovery plans
- Individual departments may require trainees to remain contactable and/or onsite as part of their EDT.

Suggested use of Educational Development Time:

This is not an exhaustive list and activity should be directed toward trainee's personal development needs as agreed with their ES.

Non-Patient facing activity

1. Critical appraisal activity e.g. journal clubs (either as educator or learner)
2. Quality improvement projects and/or audit activity
3. Development of management portfolio, e.g. complaints, serious incident investigation, training or governance meetings, etc.
4. Teaching and development of as an educator
5. Simulation and development/maintenance of procedural skills
6. Research activities

Local teaching on these activities may be included in EDT as long as it fits with the trainees personal development plan

Patient facing

1. To ensure coverage of broader skills within EM, e.g. normal delivery, ophthalmology/ENT/ fracture/MSK clinics / minor injuries/ anaesthesia/ maintenance of resuscitation skills
2. To enable trainees to see ED patients from the full scope of EM practice
3. Development or maintenance of critical care and procedural skills - anaesthesia/ ICM/ respiratory/US/Sedation
4. Maintenance of Paediatric Emergency Medicine skills
5. Maintenance of Pre-Hospital Emergency Medicine (for trainees who have completed PHEM training)

Best Practice

- There should be a timetabled log of activity and skills / achievements recorded and uploaded to the e-portfolio to be reviewed by the educational or clinical supervisor at every quarterly meeting.
- Areas for development should be detailed in trainees' personal development plan and progress monitored.

TSC will monitor trainee access to educational development time on an annual basis. In the event of service pressure issues, TSC recommends that EDT which is cancelled for service provision issues, is replaced at a later date.

Dr Maya Naravi
Chair TSC

Appendix 4

ARCP decision aid

	Supports progression	If NOT state why.
Clarify training year or appropriate percentage of training year to be reviewed		Training year or part year
Educational Supervisor Report (s) <i>Covering all placements since last ARCP and supportive of progression</i>	YES / NO	
Faculty Entrustment & Governance Statement (FEGS) supports training progression	YES / NO	
ESLE minimum 3 at appropriate standard	YES / NO	
Trainee has demonstrated progress against clinical SLOs 1-8 throughout the training year AND there is enough in e-portfolio to evidence this.	YES / NO	If no which need more evidence
MSF supports progression	YES / NO	
At least satisfactory progress in generic SLOs 9-12	YES / NO	

Logbook evidence reviewed	YES / NO	
Has Form R been reviewed? Document revalidation concerns	YES / NO	
Has COVID 19 affected scope of practise	YES / NO	
Sickness/ shielding and TOOT time has been reviewed	YES / NO	Does trainee need time adding to CCT?
Evidence of Regional training attendance	YES / NO	
Exam progress:	Complete/in progress	may need support
Have any issues been identified that require referral on for additional support e.g. exams, professional support, occupational health etc		
ARCP Panel Decision (<i>see decision guidance</i>)		

RCEM ARCP Panel Decision Guidance

To be used in conjunction with the Gold Guide.

Outcome 5

Absence of ESR, Form R (or SOAR in Scotland), FEGS

Inadequate detail within STR

Patient identifiable data within portfolio

Awaiting exam results

Missing portfolio evidence that can be completed within the Outcome 5 time scale as per the Gold Guide

Outcome 2

1 or more unsatisfactory generic SLO

Only 2 ESLE without mitigation

Below satisfactory progress or inadequate evidence in e-portfolio in clinical SLOs but no other training concerns (areas that could be developed within training time)

MSF concerns/absence but supportive FEGS and STR

Logbook concerns (numbers, scope, US scans)

Outcome 3

Inadequate progress in SLOs that cannot be developed within training time

STR/FEGS do not support progression

Exam failure at relevant critical progression point

For other outcomes please refer to the gold guide.

Appendix 5

EM Leaders modules



EM Leaders Programme

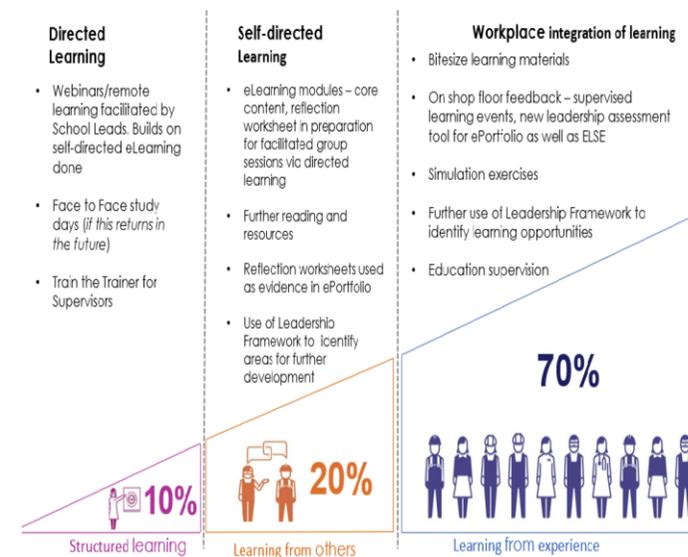
eLearning modules

What is the EMLeaders programme?

- EMLeaders is focused on developing the leadership skill of those working within the Emergency Department, through an EM specific training programme. The programme teaches learners about leadership; what it is and how we can all become better leaders whatever our grade or clinical role in emergency medicine.
- The purpose of the programme is to improve the quality of leadership skills being deployed in the EM operational environment and aims to ensure that those within the ED are:
 - more knowledgeable about clinical leadership and how to apply it on the shop floor.
 - empowered to make decisions in the workplace and manage the challenging environment of the emergency department.
 - supported by the School leadership faculty with their learning and are enabled to feedback personal experiences or concerns.
- This programme has been developed in partnership between The Royal College of Emergency Medicine, (RCEM) Health Education England (HEE) and NHS Improvement/England (NHSI/E), guided by the 2017 Securing the Future Workforce for Emergency Departments in England Strategy.

What is the programme looking to achieve?

- By March 2022:
 - Create and deliver an **EM specific leadership training** programme that not only supports trainees to meet the requirements of the incoming Curriculum which has threads of leadership throughout the generic professional capabilities (GPC) and specialty learning outcomes (SLOs); but also expand this offer of training to the wider ED workforce
 - Create a Faculty of experts in leadership across the regions of England, who can support the delivery of this training to trainees, trainers and others within the ED.
 - Up-skill those currently working in EDs through Peer-Led Training initiatives.
- In early 2020, in response to pandemic and challenges this brought to face to face training, the programme began to adapt its approach to incorporate a mixed method of eLearning, online discussion sessions and on the shop floor activities.



The EMLeaders eLearning Modules

- In collaboration with e-LfH, the EMLeaders School and National Faculties created a series of **new EM focused leadership modules**.
- The modules provide:
 - Learners with the core principles of leadership within an Emergency Department context and include, videos, interactive activities as well as EM examples.
 - Background reading which will allow Learners to explore the topics further
 - A reflective practise worksheet related to the content in the modules, that can use in future regional discussion groups to expand on the learning.
- The EMLeaders eLearning modules are accessible via the **e-Learning for Health** (<https://portal.e-lfh.org.uk/>) and is for free for the NHS and military workforce, those with an .ac.uk address in higher education



EMLeader Reflection Worksheet example



The Royal College of
Emergency Medicine



Health Education England



Emergency Medicine Leaders Leading Self Reflections Worksheet

The EMLeaders Programme was designed to improve the quality of clinical leadership skills being deployed in the Emergency Medicine operational environment.

This e-learning session has been developed as an introduction into core concepts within the topic of Leading Self.

In order to facilitate your self-development it is imperative you engage with the downloadable reflections worksheet and the reflective exercises within the session.

These have been designed specifically to help you gain insight and awareness on past leadership experiences and see how to progress your development in the future.

Each reflective exercise within the session will be numbered and you should fill in the corresponding numbered exercise on this reflections worksheet.

Please ensure to save a copy of the reflections worksheet in the appropriate place within your portfolio.

REFLECTION 1: Identify Areas for Development in Core Leadership Principles

1a. Self-awareness and Self-development

On this life wheel, rate yourself on the core leadership principles of self-awareness and self-development.

Do you feel strong (green), in need of further development (red), or somewhere in between?

Document any domains that you might like to develop.

You may want to include this in your personal development planning (PDP), discuss with your supervisor or look out for opportunities to address these areas.



REFLECTION 6: Applying Knowledge of Personality Types to Avoid Conflict

Thinking about the example from your clinical practice we used when looking at something that influences your behaviour, the person or persons involved are likely to be different personality types from you. Can you see how differing personality types will lead to different perspectives which may lead to conflict or misunderstanding?

How could you approach this in a similar future situation?

REFLECTION 6: Understanding Stress

Think of a time you have been stressed.

a. When did this occur?
b. How can you tell when you are stressed?



REFLECTION 7: Improving Your Coping Reserve

What could you do to improve your coping reserve?

List a few things that work for you.

REFLECTION 8: Enhancing Your Resilience

What situations do you find challenge your resilience most at work?

What could you do to enhance your resilience?

- The reflection Worksheet is a separate document, which can be completed either as the Learner works through the module content or after depending on preferred learning style. Learners are encouraged to take their time to work through the reflections to ensure they gain maximum benefit.
- The documents can be uploaded to ePortfolios as evidence of learning.



EMLeaders eLearning modules

- Currently on e-LH there are **three core** EMLeaders modules:

Leading Self



This session explores the key themes around self and how that knowledge can be used to be to create positive influences for you and those around you.

Leading Teams



All clinical staff need to work effectively within teams. This session explores how to lead teams effectively in Emergency Medicine

Leading Systems



This session explores systems within emergency care and the NHS in relation to leadership challenges that emergency physicians face and how to analyse and influence them as clinicians within a complex environment.

Release date
May 2022



New EM Leaders eLearning modules

Leading Culture



This session is focussed on the relationship between leadership and culture. This session also expands and builds on many of the themes covered within Leading Self.

Leading Service



This session will focus on leading the Emergency Service, the application to the wider NHS and will have relevance to all practitioners within Emergency Medicine, whether you are in training or are a new or established Consultant.

Leading People



This session covers what an organisation is, managing and leading people in an organisation, having difficult conversations and conflict resolution.



New EMLeaders eLearning modules

Leading Change



This session focuses on leading change within the Emergency Department Team. It is vital to understand the personal, environmental and team factors which affect how we lead and deliver successful change.

Leading Quality



This session has been developed to help learners understand what quality is within healthcare, to define 'Quality' for you, your team and your service, to recognise how poor-quality behaviours occur and how to encourage good quality care through leadership.

Leading Strategy



This session looks at the key areas that learners may apply strategy and the subsequent important skills needed for an adaptive strategic leader. There are several activities within the module that could support Learners later within their training when completing a quality improvement project or another piece of development work.

Inspiring Leadership in Emergency Medicine



The Royal College of
Emergency Medicine

