



# **The Royal College of Emergency Medicine**

## **A trainee's guide to Specialty Training in Emergency Medicine**

This document is relevant to trainees entering training after August 2007

July 2015

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## Introduction

This is a guide for those in Specialty Registrar training in Emergency Medicine from CT1/ST1 onwards and in fixed term appointments.

### On starting specialty training a new trainee should:

- enrol or register with the Training Standards Committee;
- pay the annual training administration fee;
- consider applying for membership of the College;
- create an e-portfolio account.

You will find information on the above in this guide, as well as information on the organisations responsible for specialty training, the EM training programme, types of training post, assessment and supervision, examinations, and what to do if you want to work flexibly or go out of programme.

*NB: The College was granted approval to use the 'Royal' appellation in February 2015. This document will refer to the MCEM and FCEM examinations throughout.*

## 2015 Curriculum

The latest version of the EM curriculum has been accepted by the GMC for launch in August 2015. It builds on the strengths of the 2010 Curriculum, and in the main the curriculum is unchanged. It still encompasses what is needed to be a UK ED clinician.

A full introduction from the Dean, Dr Jason Long FCEM, can be downloaded [here](#).

The full main curriculum can be downloaded [here](#).

Information about WPBA and the new assessment schedule from August 2015 is on the RCEM website [here](#).

### Migrating to the 2015 Curriculum

The GMC have clarified how migration of trainees to the latest curriculum is to be effected. They state that trainees in their final year of training are not usually expected to transfer and that there is some flexibility for deaneries/LETBs and Colleges in setting the CCT date in these circumstances and if training in the final year is extended by six months or less then they would not usually be required to transfer. All other trainees are expected to move within two years. The GMC will decommission old curricula from 1 January 2016 with the exception of the 2010 curriculum for trainees in their final year of training.

The College has produced guidance on migrating to the current curriculum, which includes assessment requirement information, available [here](#)

## Organisations involved in specialty training

### The Royal College of Emergency Medicine

The Royal College of Emergency Medicine (RCEM) has as its main objectives the maintenance of standards of training for the specialty of Emergency Medicine (EM). It is responsible for the promotion of academic development and research within the specialty. It has responsibility for undergraduate and postgraduate education and training, maintaining and improving academic standards and leading research in EM. There are annual scientific

meetings and committees to lead on training, research, professional standards, education and examinations. The College is responsible for the production of the curriculum, the trainee assessment system and the EM specialty examinations.

### **The Training Standards Committee**

The Training Standards Committee (TSC) is a committee of the RCEM with responsibility for setting standards for training in Emergency Medicine. The TSC also works with the General Medical Council and LETBs/deaneries in the quality management of training delivered in programmes.

### **The General Medical Council**

The General Medical Council (GMC) is responsible for setting standards in the practice of medicine and for maintaining the register and specialist register of medical practitioners in the UK. It has taken over the functions previously undertaken by the Postgraduate Medical Education and Training Board (PMETB) in regulating postgraduate training and education. It has a statutory responsibility to establish, secure and develop standards of postgraduate medical education and training. While the GMC does not have responsibility for delivering training they are responsible for setting standards, quality assuring LETBs/deaneries against standards (QA) and approving training programmes.

If you want out of programme training recognised, the GMC must give its approval (in conjunction with the relevant LETB/deaneries) and it is the GMC who will finally decide whether you can be awarded a Certificate of Training or Certificate of Eligibility for Specialist Registration at the end of your training.

You will find information about the GMC, and training in general, on the GMC website [www.gmc-uk.org](http://www.gmc-uk.org)

### **Local Education and Training Boards (LETBs) and deaneries**

In England Local Education and Training Boards have replaced postgraduate deaneries as regional organisations responsible for implementing specialty training in accordance with GMC approved specialty curricula, and for the quality management of their specialty training programmes. With partner employers, LETBs/deaneries are responsible for selection and recruitment to training programmes and posts. LETBs/deaneries also have responsibility for developing educational governance systems in support of training programmes and quality managing the standards of training in their region.

LETBs/deaneries issue training numbers as applicable, issue Form R at the start of training, manage the Annual Review of Competence Progression (ARCP) process and confirm completion of training to the College.

You will find further information about postgraduate deans and links to individual LETBs/deaneries at [www.copmed.org.uk](http://www.copmed.org.uk)

### **EM Schools (or Specialty Training Committees)**

There is an EM school or specialty training committee (STC) responsible for EM training in each region. These have responsibility, on behalf of the LETB/deanery, for overall quality management of EM programmes and posts, and for the development and delivery of training in the specialty. The EM School or STC will make decisions about individual trainees, for example they will decide whether your request to go out of programme will be supported.

## **Individuals involved in specialty training**

### **Clinical Supervisor**

The GMC's definition of Clinical Supervisor is *"a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of the Clinical Supervisor and Educational Supervisor may then merge."*

Emergency Medicine Clinical Supervisors are responsible for assessing workplace based assessments, which will be used as part of the evidence to complete the Structured Training Report. Those who are not also Educational Supervisors would not be responsible for completing the report. In Acute Care Common Stem specialties, such as Acute Medicine, the Clinical Supervisor for the duration of training will be expected to complete the trainee's Structured Training Report, in conjunction with the trainee's designated Educational Supervisor for ACCS.

### **Educational Supervisor**

The GMC's definition of an Educational Supervisor is *"a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specific trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's educational agreement."*

Emergency Medicine Educational Supervisors are responsible for providing the evidence for a trainee's ARCP and completing the Structured Training Report. This requires collaboration with the trainee's Clinical Supervisor, especially during ACCS and periods out of EM, for example during sub-specialty training. Frequently Educational Supervisors will also be a trainee's Clinical Supervisor in EM placements and in CT3 placements.

### **College Tutor**

These are the named consultants in an individual Trust responsible for training matters for all levels of trainees in that Trust. They do not have direct responsibility for individual trainees in this role, although they may also be an educational supervisor to one or more trainees. They are usually members of the local Trust postgraduate medical education committee and relate to the Trust and LETB/deanery in that capacity. They liaise closely with the Training Programme Directors and are accountable to the Head of School and Regional/National Boards.

### **Training Programme Director**

EM Training Programme Directors are responsible for a number of trainees in a training programme. For example a Programme Director may be responsible for Higher Specialty Training in a region. Their role is to ensure that the RCEM's curriculum and assessment system is followed, to be involved in appointing trainees, to ensure and monitor the quality of the programmes and for ensuring the Educational Supervisors are trained. Training Programme Directors are accountable to the Head of School.

### **EM Head of School (or Specialty Training Committee chair)**

The Head of School is appointed by the LETB/deanery to lead on EM training for the region. The Head of School will normally chair the local committee for EM training and represent the region on the Training Standards Committee.

## Types of Training Post

Newly appointed trainees are required by their LETB/deanery to complete a 'Form R' and to confirm whether they have been appointed to a programme leading to award of a CCT or whether they will be seeking specialist registration by application for a CESR. If you are entering training at CT1/ST1 level then you will be training towards CCT. If you are entering at CT2/ST2 or above your route will depend on whether your previous posts making you eligible for higher than CT1/ST1 entry were approved by the GMC (CCT) or not – eg overseas posts (CESR).

You may have been appointed to one of the following posts:

- run-through training (pilot RTT from 2014, 2007 entry trainees and Scottish 2008 entry trainees)
- Core Training
- DRE-EM ST3 entry
- Higher Specialty Training
- fixed term
- Academic

### Run Through Training (RTT) Pilot

*In 2014, an Emergency Medicine Run Through Training pilot commenced. Trainees on Run Through Training begin at ST1 (or higher if applicable) and continue, dependent on satisfactory ARCPs, to ST6 without the need to re-apply for HST (ST4-6).*

*The proposal to pilot Run Through Training in Emergency Medicine is part of a wider package of measures to solve the workforce issues in Emergency Medicine. The Emergency Medicine Run Through Training Pilot has the support of the Royal College of Emergency Medicine, the General Medical Council, the BMA Junior Doctors Committee, Emergency Medicine Trainee representatives, Health Education England and the Devolved Administrations.*

Core Trainees will complete the first three years of specialty training in preparation for entering Higher Specialty Training. Although you will not be issued with a National Training Number (NTN) on appointment, you will be completing the first part of the EM GMC approved training programme and be subject to the ARCP process in the same way as those who do have a training number.

Run-through trainees and Higher Specialty Trainees will be issued with a National Training Number (NTN). An NTN including '030' or 'C2' (in Scotland) after the LETB/deanery abbreviation indicates appointment to an EM programme. The LETB/deanery is responsible for issuing the training number.

Trainees entering DRE-EM ST3 are all on RTT.

Trainees with an NTN will be able to tell from their training number what type of post they have been appointed to. If your NTN ends with a 'C' you have been appointed to a training programme leading to CCT, meaning you will receive a Certificate of Completion of Training if you successfully complete your training. If your NTN ends with an 'E' or an 'L' you have been appointed to a training programme leading to CESR by the 'Combined Programme' route (CESR(CP)), meaning you will be able to demonstrate equivalence to a CCT when you have successfully completed your training and receive a Certificate of Eligibility for Specialist Registration. The training programmes for each route are identical and both lead to GMC specialist registration. There are other types of training number but these two will be the most common for Specialty Trainees (StRs) in EM.

Those who are training on the CESR-CP (Combined Programme) route to the specialist register will need to provide their LETB/Deanery with evidence of their previous training in non-GMC-approved posts. This will be similar to the evidence produced at selection.

Academic trainees are on Run-Through Training and will be issued with an NTN ending with an 'A'. The length of the extension of CCT date to take account of the research element needs to be decided locally at ARCP. More information can be found on page 41 (paragraphs 6.67-6.72) of the [Gold Guide](#).

## LATs and FTSTAs

**Important: Trainees on LATs and FTSTAs must register with the College.**

Locum Appointment for Training (LAT) posts and Fixed Term Specialty Training Appointments (FTSTA) are the two types of fixed term post. These are approved specialty training posts for up to one year. If you complete an FTSTA or a LAT to a satisfactory standard you will not have to repeat the competences acquired in this period of training if you are subsequently appointed to a core training post or a higher specialty training post. Evidence of achievement of competences is required before the FTSTA or LAT can be recognised. This should ideally be documented in your Annual Review of Competence Progression (ARCP).

## Steps in specialty training

All trainees must complete the whole training programme before they can be awarded a Certificate of Completion of Training, or must complete the equivalent of the training programme to be awarded a Certificate of Eligibility for Specialist Registration, by the Combined Programme route (CESR-CP). To be awarded a CCT all training and examinations must be done in GMC prospectively approved training posts. The ACCS (Acute Care Common Stem) and EM curricula are the key documents that lay out the competences trainees should achieve as they progress through training, together with the documentation required to facilitate training and demonstrate their achievements.

Trainees may enter the programme at higher levels if they have obtained the relevant competences. From 2010 new applicants to ST4 must have completed the full core training programme. Otherwise, it is acceptable to make up missing core specialties later in the programme or in a different order. For example if you have entered training at ST2 or CT2 but do not have the acute medicine competences, it is acceptable to complete this training later in CT3. The College recommends that a minimum of three months is spent in each core specialty, apart from EM which should be a minimum of 9 months (ST/CT1+ST/CT3).

## The First Three Years

*All trainees must register (if entering Core Training) or enrol (if entering Run-Through Training) with the College.*

### CT1/ST1 and CT2/ST2 - The Acute Care Common Stem

The Acute Care Common Stem (ACCS) comprises one year of training in EM and Acute Internal Medicine (AM) followed by a second year comprising Anaesthesia and Intensive Care Medicine (ICM). The split within each year and order in which the specialties are completed will vary according to LETB/deanery arrangements. Competences in all four specialties must be achieved. Further information about the programme can be found within the [main curriculum](#) on the RCEM website.

### **CT3/ST3 – ACCS specialty specific year**

For the third year of core training ACCS doctors return to their parent specialty. EM trainees will complete a year which will mostly be spent in the Emergency Department.

### **CT3/ST3 Emergency Medicine**

Trainees will normally complete 6 months of general EM during their CT3/ST3 year. The purpose of this training is to consolidate the competences acquired in ACCS and develop the leadership and management skills required for progression to ST4.

General EM training at CT3/ST3 replaced the **musculoskeletal focused training** required by the 2007 curriculum.

### **Emergency Medicine with paediatric focus + Paediatric EM**

All trainees must achieve CT3/ST3 competences in Paediatric EM. The key objective of this element of the programme is to achieve the competences required to care for children in the Emergency Department as defined in the curriculum. The preferred model would comprise at least six months experience in EM with a paediatric focus, plus some focused additional training in acute general paediatrics/neonates. At least three months of this training should ideally be in a department recognised for paediatric EM sub-specialty training. Where such training opportunities are difficult to access locally, alternative arrangements that will provide the competences have been made. The less common option is for six months training in acute inpatient paediatrics. In this case you would need additional training to gain competence in the surgical and traumatic aspects of paediatric EM detailed in the RCEM curriculum.

## **DRE-EM (Defined Route of Entry to Emergency Medicine) – ST3**

The Defined Route of Entry to Emergency Medicine (DRE-EM) was introduced in 2014. It allows entry to ST3 via 2 routes:

### Route 1 - from surgical training

One route is to enter into Emergency Medicine specialty training, having successfully completed two years of a UK core surgical training programme or two years of a run through surgical training programme in the UK.

Applicants should provide evidence of achievement of CT/ST1 competences in surgery at the time of application and CT/ST2 competences in surgery by the date the post commences. Entry via this route leads to a Certificate of Completion of Training (CCT) in Emergency Medicine.

### Route 2 - from ACCS specialties

The other route is to enter into Emergency Medicine specialty training with evidence of a minimum of 24 months at core trainee level (not including time spent within a Foundation programme or equivalent) in any ACCS specialties (Anaesthesia, Emergency Medicine, Intensive Care Medicine or Acute Medicine), of which at least 12 months must be in Emergency Medicine, with at least 6 months of this worked within an Emergency Medicine environment similar to that seen in the UK and at least 12 months worked in the UK as a fully registered medical practitioner

OR completion of the equivalent of core surgical training with evidence of achievement of CT/ST1 competences in surgery at the time of application and CT/ST2 competences in surgery by the time of appointment.

This route leads to a Certificate of Eligibility for Specialist Registration – Combined Programme (CESR CP) in Emergency Medicine.

#### Route 2a – from approved ACCS programmes

Some trainees may have applied and been selected on the DRE-EM route having switched from other specialties within approved ACCS programmes. There might be options for trainees in this category to train to CCT or CESR-CP.

The ST3 “year” will normally last for 18-24 months depending on the competences each trainee still requires for entry to ST4. ST4 Person Specifications are the same for DRE-EM and non-DRE-EM trainees and include having full MCEM. Trainees from CST who have the MRCS are exempt from sitting the MCEM part A if they successfully complete Parts B & C within four years of the MRCS pass.

### **Higher Specialty Training**

*Except for those who have enrolled when starting RTT, trainees who enter Higher Specialty Training must enrol with the College, including those who have previously registered as Core Trainees.*

*Those who are training on the CESR-CP (Combined Programme) route to the specialist register will need to provide their LETB/Deanery with evidence of their previous training in non-GMC-approved posts. This will be similar to the evidence produced at selection.*

#### **ST4 – ST6 – Emergency Medicine**

Most trainees will spend the ST4 to ST6 years in the emergency department. EM Schools (or STCs) are responsible for ensuring that each trainee is exposed to the full range of Emergency Medicine practice in a balanced rotation. All training rotations must allow experience in at least one teaching centre and one district general hospital emergency department. Trainees should spend approximately 25% of their total time in years ST4-6 caring for children.

#### **Requirement for 36 months General EM at ST4–6 level**

Trainees must spend 36 months in essential HST Emergency Medicine training at ST4-6 level. In previous years, trainees following the 2007 curriculum could spend six months away from the emergency department, making up competences from earlier in the programme, starting training for sub-specialty or dual accreditation, or completing relevant out of programme training (OOPT). This allowance ceased to exist for those trainees entering ST4 in August 2010. Trainees who entered ST4 in 2009 or previously will continue to be allowed this six months with the agreement of their EM School. A small number of trainees who enter ST4 in August 2010 but have already had six months out of programme agreed, will have this allowance honoured.

### **Sub-specialty training**

*Trainees appointed to sub-specialty training posts should inform the College so that their CCT/CESR-CP date can be reviewed.*

Successful completion of a sub-specialty training programme can be recorded with your

main specialty on the GMC specialist register. Not all programmes will be able to offer, or trainees able to pursue, sub-specialty training and appointment will be on a competitive basis. Trainees must hold a training number before they can be appointed to a sub-specialty training post. Sub-specialisation does not require an OOPT application as these posts already have GMC approval.

### **Sub-specialty training in Paediatric Emergency Medicine**

Paediatric Emergency Medicine is a recognised sub-specialty of Emergency Medicine. The training consists of six months in a Paediatric Emergency Medicine department approved for sub-specialty training and six months of ward-based paediatrics, three months of which should be in the care of unconscious and critically ill children, such as in a Paediatric ICU. More information is available [here](#).

### **Sub-specialty training in Pre-Hospital Emergency Medicine**

Trainees can apply for Pre-Hospital Emergency Medicine (PHEM) sub-specialty training in their ST4 year. PHEM training programmes are available through a national grid application and consist of 12 months whole time equivalent training. The Intercollegiate Board for Training in Pre-Hospital Emergency Medicine strongly supports blended training (mixing base specialty with PHEM training) to reflect future working patterns and giving trainees sufficient time to consolidate information. Many programmes will therefore last two years, and in this time trainees will undertake the equivalent of one year of PHEM training and one year of specialty training. More information is available at [www.ibtphem.org.uk](http://www.ibtphem.org.uk)

### **Dual CCT with Intensive Care Medicine**

*Those trainees dual accrediting in Intensive Care Medicine should register with the Faculty of Intensive Care Medicine (<http://www.ficm.ac.uk/>)*

Intermediate & Advanced Level Accreditation in Intensive Care Medicine (ICM) is available for EM trainees as regulated by the Faculty of Intensive Care Medicine. This type of training is available on a competitive basis and leads to a dual CCT in ICM and EM, but only when both training programmes have been completed. Not all programmes will be able to offer, or trainees able to pursue, dual CCT. This extends specialty training as guided by the ICM Board. Trainees appointed to an ICM post should inform the College so that their CCT/CESR-CP date can be reviewed.

### **Supervision, assessment and e-portfolio**

Your progress will be monitored for the duration of your training. A consultant, with a commitment to training, should be identified as your educational supervisor. Additionally, a consultant, with a commitment to training, will be identified as your clinical supervisor in each department you rotate to. A Training Programme Director within a LETB/deanery/School will manage the training programme.

The LETB/deanery will arrange an annual review to determine whether you have met the competences for the current year of training. This is called the Annual Review of Competence Progression (ARCP).

## **Workplace based assessment**

You will be assessed during your training by workplace based assessment (WPBA). Assessments are both formative and summative and must be completed to meet the requirements of the ARCP. From August 2015 the majority of trainees will follow the [2015 curriculum](#). Information on the Assessment Schedule for the 2015 curriculum can be found [here](#). Trainees and Trainers must familiarise themselves with these documents and relevant appendices.

You are also required as part of your educational agreement with the LETB/deanery, to complete the GMC annual trainees' survey (NTS).

## **Structured Training Report (STR)**

This report is completed by your educational supervisor after a phase of training and includes evidence of workplace based assessments. The structured training report is a vital part of the evidence reviewed at your ARCP.

## **E-portfolio**

An online portfolio is available for the following emergency medicine trainees: run-through trainees, core specialty trainees (CT1-3), higher specialty trainees (ST4-6 and when sub-specializing) and those in fixed term training posts. The e-portfolio provides a means by which assessments and progress through training can be recorded. **Since August 2009 the e- portfolio has been compulsory for progression through training for all specialty trainees.**

The e-portfolio is accessible at [www.nhseportfolios.org](http://www.nhseportfolios.org). A user name and password are required to access the e-portfolio which is generated initially by the College on receipt of a completed enrolment or registration form and payment of the training administration fee. Trainees are now able to enter details of their posts and educational and clinical supervisors each year after payment of the annual training administration fee (due at the beginning of August).

## **Protected study and training time**

There is no prescribed protected training time in The EM Curriculum, but specialty trainees should be able to attend formal teaching available within the region and are expected to participate in appraisal and assessments as required. There are regional variations in the amount of study leave funding available to trainees. Trainees should be able to take study leave up to the maximum permitted within the terms and conditions.

## **Examinations and Life Support Courses**

### **Membership examination (or equivalent)**

Trainees must pass the Membership Examination of the Royal College of Emergency Medicine (MCEM) to progress through training. You would normally be expected to pass Part A to enter CT3/ST3, though this is no longer compulsory. However, the full MCEM exam (parts A, B and C) must be passed to progress to ST4. (Trainees who entered training under the 2007 or 2008 person specifications with equivalent postgraduate exams from other royal colleges (MRCS, MRCP, FRCA or MRCPCH) may not need to pass MCEM to progress through training. Relevant College guidelines should be referred to). More information about the MCEM examination including regulations is available [here](#).

### **What happens if I do not pass the MCEM examination before the end of core training?**

All trainees entering EM training from 2009 onwards need to pass MCEM to proceed to higher specialty training (ST4-6). If you have not done so by the end of CT3/ST3 your training time may be extended at ARCP to allow you to re-sit the examination. Your educational supervisor will be an important point of contact for you in ensuring you understand the process prior to your ARCP review. If you then pass the exam and have gained all other required competences you will be given an outcome 1 and you can apply for higher specialty training. If you fail the exam during remediation you will receive an outcome 4. You should request a letter from the postgraduate dean stating that you have passed all elements of core training apart from the exam. If you subsequently pass the exam out of training you will be eligible for higher training and a CCT on satisfactory completion providing the letter is clear.

### **Fellowship examination**

You must pass the Fellowship Examination of the Royal College of Emergency Medicine (FCEM) before you complete your training. As from the Spring 2013 diet, to be eligible for FCEM trainees must have completed two years of Higher training in EM as an ST4/5 (or equivalent training programme in Ireland). More information about the FCEM including regulations is available [here](#).

### **What happens if I do not pass the FCEM examination before my CCT or CESR-CP date?**

Trainees with a National Training Number leading to CCT must pass the FCEM examination before their CCT date. If you have not taken the exam or you have failed it, and your CCT date falls after the next diet, your CCT date needs to be extended. You should contact your Educational Supervisor who will advise on your LETB/deanery process. An ARCP may be held.

If you pass your FCEM examination after you have given up your NTN you will not be able to apply for a CCT but must make a CESR application for specialist registration.

If you have a National Training Number leading to CESR and you are in this position, you will not be able to make an application for specialist registration via the combined programme route but will have to make a full CESR application.

### **Life support courses**

Successful completion of one UK advanced life support provider training course (ALS, ATLS, APLS and their equivalents: ACLS, ETC, EMST and EPLS) is required for entry to CT2/ST2. Three are desirable for CT3/ST3 and essential for ST4.

### **Enrolment and registration with the Training Standards Committee**

**All trainees must enrol or register with the Training Standards Committee.** This is different to applying for College membership and also to registering with the LETB/deanery.

#### NTN holders – RTT & HST

Those who hold a National Training Number (run-through trainees and Higher Specialty Trainees) should apply for enrolment. Enrolment will confirm the training and examinations you must complete before you can be recommended for a CCT or CESR-CP and will propose a completion date. Enrolment will enable you to be confirmed as eligible, in due course, to sit the fellowship exam (FCEM) and be recommended to the GMC as having completed your training.

### NTN holders – CESR-CP

From August 2014 the GMC requires that it be notified at the start of their training of all trainees wishing to have previous non-GMC-approved training recognised ie training towards CESR-CP. The trainee's LETB/deanery will contact the College with the entry level. The LETB will then make an application to the GMC to approve the trainee's enrolment and confirm eligibility to apply for a CESR via a CP application upon successful completion of their training. The GMC will write to the trainee, as well as their LETB and college, confirming that the trainee is working to the award of a CESR via a CP application, and provide a unique number, to be used by the college when making notifications and recommendations for the award of a CESR (CP). The College will then write to the trainee confirming enrolment with the TSC and an expected end of training (CESR (CP) date).

### Non-NTN holders – Core Trainees and Fixed Term trainees

Core trainees and those in fixed term posts will not be able to enrol, but should register with the Training Standards Committee. This confirms the training and examinations you must complete as you progress through training.

*Up-to-date CVs should be uploaded when registering and enrolling online with the College.*

### Non-NTN holders – LAT & FTSTA

If you are registering a FTSTA or LAT post then the form must be signed by one of your heads of training as indicated. This confirms that you are completing a properly approved training post, so that it can be recognised if you take up a substantive core or higher training post in the future.

## **Going out of programme and working flexibly**

### **Going out of programme**

You may wish to spend some time out of the specialty training programme for a number of reasons; for example for a career-break, to undertake training overseas, to undertake a period of research or a post in the UK which may or may not have educational approval. If you wish to go out of programme (OOP) you should discuss this at the earliest opportunity with your Training Programme Director and LETB/deanery. All OOPs must be approved by the LETB/deanery. It is rare for LETBs/deaneries to permit Core Trainees to go out of programme and OOPs are normally completed in Higher Specialty Training or Run Through Training.

Trainees who have undertaken OOPTs and OOPes should provide the College with a brief report to this template: [OOP Report template](#).

You should also contact the RCEM Training Officer who will record your OOP, supply a supporting letter for an OOPT application to the GMC, and, if necessary, amend your expected completion of training date.

The GMC must give prospective approval for any post recognised toward CCT, including posts which you complete while out of programme. There will be no retrospective approval. The LETB/deanery will make the application to the GMC under their OOPT (Training) procedure on your behalf so you should liaise closely with them. The GMC do not need to approve any post which is not recognised toward CCT. GMC require:

- Description of the OOP post;
- An application from the LETB/deanery; and
- A supporting letter from RCEM.

The GMC will notify the LETB/deanery, College and trainee of their decision. More information about OOPs is available [here](#).

## Research

The Training Standards Committee is supportive of trainees undertaking relevant research and would support the extension of your CCT/CESR-CP date to accommodate this research. As research does not form part of the EM curriculum it cannot be recognised toward your CCT/CESR-CP. Time taken out of programme for research purposes will not normally exceed three years. More information can be found on page 41 (paragraphs 6.73-6.74) of the [Gold Guide](#).

If you have your LETB's/deanery's agreement to going out of programme to undertake research (OOPR) you should contact the RCEM Training Officer so that your CCT/CESR-CP date can be amended.

## Revalidation

Revalidation started on 3 December 2012. Your 'Responsible Officer' will make a revalidation recommendation to the GMC periodically. For doctors in training, he or she will base their recommendation on your participation in the Annual Review of Competence Progression (ARCP) process (or its equivalent the Record of In-Training Assessment (RITA)).

- If you are a trainee in England, your responsible officer is your postgraduate dean.
- If you are a trainee in Scotland, your responsible officer is the medical director for NHS Education for Scotland.
- If you are a trainee in Wales, your responsible officer is the postgraduate dean of the Wales deanery.
- If you are a trainee in Northern Ireland, your responsible officer is the postgraduate dean of the Northern Ireland Medical and Dental Training Agency (NIMDTA).

For more information, please see the GMC's [website](#).

## Maternity leave / sickness

Trainees in Higher Specialty Training or run through training used to be able to take up to three months maternity or sick leave without extending their training at the discretion of the postgraduate dean. However, the GMC's guidelines, effective from April 2013, state:

1. The General Medical Council has determined that the maximum permitted absence during each 12 month period of the curriculum is two weeks (whole time equivalent).

The administration of the absence and any extension to training will be undertaken by the relevant Postgraduate Dean in consultation with the relevant college where necessary. The GMC support LETBs/deaneries implementing this guidance flexibly to reflect the nature of the absence, the timing and the effect of the absence on the individual's competence.

*Please inform a RCEM Training Officer of any maternity or substantial sick leave taken.*

## Less than full-time training/ flexible training

Emergency Medicine is a specialty which is particularly suited to practice on a part-time or slot/job-share basis. Experience in all aspects of the specialty training programme can be organised within less than full-time (LTFT) hours. Access to LTFT training requires the agreement of the LETB/deanery, the EM School and your employer. The latest (18 October 2011) position statement from the GMC allows LTFT training to a 50% minimum, with a 20% minimum (to last no more than a year) only in exceptional circumstances. Trainees' weekly timetables must allow them to participate in formal teaching and audit programmes. The TSC expects flexible

trainees to work out of hours but does not insist on precise pro-rata equivalence with full-time trainees. The exact balance should be agreed locally according to differing training needs and opportunities.

Once your plans are settled you should inform the RCEM Training Officer of the date you begin working flexibly and your percentage sessional commitment. The TSC does not need to approve individual training plans.

### **Acting Consultant posts**

"Acting up" provides doctors who are coming towards the end of their training, having passed FCEM, with up to three months' experience of navigating the transition from junior doctor to consultant while maintaining an element of supervision.

Although acting up often fulfils a genuine service requirement, it is not the same as being a locum consultant. Doctors in training acting up will be carrying out a consultant's tasks but with the understanding that they will have a named supervisor at the hosting hospital and that the designated supervisor will always be available for support, including out of hours or during on-call work. Doctors in training will need to follow the rules laid down by the Deanery /LETB within which they work and also follow the Royal College of Emergency Medicine rules which can be found on the RCEM website [here](#).

### **Applying for CCT or CESR-CP**

**Please note: the College cannot make a recommendation to the GMC for inclusion on the specialist register until all required documentation has been received. It is the responsibility of the trainee to ensure that the College has the information requested at least three weeks before your end of training date if you are due to start a substantive consultant post.**

**IMPORTANT: Trainees should not begin substantive consultant posts until they are on the GMC's specialist register. Trainees can, however, be interviewed for a substantive consultant post if the interview takes place within six months of their expected completion of training date.**

The GMC require that all applications for a CCT (or CP) must be made within 12 months of a doctor's expected completion of training date. More information can be found [here](#).

#### **Applying for CCT**

If your training number ends with a "/C" you have been appointed to a training post leading to a Certificate of Completion of Training. Towards the end of your training the College will check that you have a satisfactory ARCP for each year of your training and email you a CCT application pack. We will check with your trainers that you have successfully completed all aspects of the training programme and recommend you to the GMC for specialist registration. You will also need to complete the GMC's own online application process and pay their fee (the GMC will contact you directly once the College has sent, normally two or three months before the expected completion date, advanced notification to them that your training is due to finish).

#### **The CESR Combined Programme Route - Information for trainees with a CESR training number**

If your training number ends with an 'E' or an 'L' you have been appointed to a training post leading to a Certificate of Eligibility for Specialist Registration. This means that you had posts recognised when you were appointed which were not GMC approved or were completed overseas in non-EU posts. If you have successfully completed your training and passed all required exams you will apply for your CESR at the end of your training via the **Combined Programme Route**. This will enable you to make an application for specialist registration without making a full CESR application. Like CCT trainees you will need to complete the GMC's online application process and pay their fee (the GMC will contact you directly once

the College has sent, normally two or three months before the expected completion date, advanced notification to them that your training is due to finish).

### **Period of Grace**

Trainees are entitled to a further six months in contracted appointment after their CCT or CESR-CP date. Information about this should be obtained from the LETB/deanery.

## **RCEM Membership and the Annual Training Fee**

### **Payment of training fee**

All trainees must pay an annual training fee for the administration of their training and access to the e-portfolio. Those who pay subscriptions for membership, associate membership or fellowship of the Royal College of Emergency Medicine pay a reduced fee. The fee is payable in August, at the beginning of each training year. All trainees must pay the fee, including those in fixed term posts. LTFT trainees will pay the same fee as full-time trainees, but will not pay more over the duration of their training (eg a full-time trainee starting at ST1 who sub-specialises in PEM and has no other extension to their CCT/CESR-CP date will be in training for 6+1=7 years and will pay the training fee 7 times. A LTFT trainee at 50% throughout their training starting at ST1 who sub-specialises in PEM and has no other extension to their CCT/CESR-CP date will be in training for 12+2=14 years, but will only pay the training fee 7 times).

Fees for training year 2015/2016

- Annual Training Fee - **£300**
- Annual Training Fee for members of the College (or those applying for membership) - **£90**

The fee in training years 2008/2009 and 2009/2010 was £160, with a reduced fee of £80 for those who were paying membership subscriptions to the College. The fee in training years 2010/2011 and 2011/2012 was £180 and £90 for members. The fee in training years 2012/2013, 2013/2014 and 2014/15 was £300 and £90 for members. Trainees who go out of programme or who are on maternity leave may be entitled to exemption from the fee. Please refer to [this document](#).

### **Membership of the Royal College of Emergency Medicine**

The Training Standards Committee recommends that trainees become members of the College as this conveys additional advantages. For example members may access other College resources such as e-learning material and College mailings. Becoming a member of the College is different to enrolling or registering with the Training Standards Committee. The following categories of membership are available to trainees

#### **Associate membership**

Associate membership is available for trainees in years ST1-3 or CT1-3 who have not passed MCEM and for trainees in FTSTA appointments and LAT appointments at any year of training, unless they have been successful in MCEM.

#### **Membership by election**

Membership by election is available for trainees in ST4 and above who have not passed MCEM.

## Membership by examination

Membership by examination is available for trainees at any level who have passed the full membership examination.

## How to apply for membership

Information about applying for membership can be found in the '[Membership](#)' section of the College website. If you have passed the MCEM examination you will be contacted directly about your membership.

## Further Information and contacts

[The Gold Guide](#) – A guide to postgraduate specialty training in the UK

Modernising Medical Careers: [www.mmc.nhs.uk](http://www.mmc.nhs.uk)

The General Medical Council: [www.gmc-uk.org](http://www.gmc-uk.org)

The Conference of Postgraduate Medical Deans: [www.copmed.org.uk](http://www.copmed.org.uk)

## The Training Department at the Royal College of Emergency Medicine

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