The Royal College of Emergency Medicine

A trainee’s guide to Specialty Training in Emergency Medicine

November 2017
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:

- Apply for enrolment or registration with the Training Standards Committee;
- Apply for Associate Membership of the College which includes access to the ePortfolio.

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.

2015 Curriculum

The latest version of the EM curriculum was accepted by the GMC for launch in August 2015 and was updated in August 2016 to reflect the new examination structure which was accepted by the GMC and implemented in the same month. 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.

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

Trainees have up to two years to transfer to the new curriculum. Those who were not in the final year of training at the time the new curriculum was introduced will usually be expected to transfer to the 2015 curriculum. For most trainees this will happen after ARCP. The GMC decommissioned old curricula after 31 December 2015 with the exception of the 2010 curriculum for trainees in their final year of training.

Organisations involved in specialty training

The Royal College of Emergency Medicine

The Royal College of Emergency Medicine (RCEM) has as one of 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 HEE regions/deaneries in the quality management of training
delivered in programmes. An elected member of the Emergency Medicine Trainees’ Association (EMTA) provides representation to the TSC.

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 took 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 HEE Regions/deaneries against standards (QA) and approving training programmes.

If you want out of programme training in non-approved locations recognised, the GMC must give its approval (in conjunction with the relevant HEE region/deanery) and it is the GMC who will finally decide whether you can be awarded a Certificate of Completion 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)

HEE regions, Local Education and Training Boards (LETBs) and deaneries

In England, HEE regions have replaced Local Education and Training Boards (LETBs) who had previously 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, HEE regions/deaneries are responsible for selection and recruitment to training programmes and posts. HEE regions/deaneries also have responsibility for developing educational governance systems in support of training programmes and quality managing the standards of training in their region.

HEE regions/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 HEE regions/deaneries at [www.copmed.org.uk](http://www.copmed.org.uk)

NB: there is no consistency in the use of terminology. Trainees, supervisors, TPDs, Heads of Schools and local staff themselves use HEE region/LETB/deanery interchangeably to refer to local regions responsible for the delivery of training.

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 HEE region/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 HEE region/deanery in that capacity. They liaise closely with the Training Programme Directors and are accountable to the Head of School and Regional/National Boards. NB. The College’s role in the recruitment of College Tutors is being reviewed.

Training Programme Director (TPD)

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 HEE region/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 HEE region/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 (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)

The Emergency Medicine Run Through Training piloted from 2014 has now been approved as a programme on a permanent basis by the GMC. 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).

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. Core Trainees who wish to progress into Higher Specialty training are required to apply for posts via competitive national recruitment.

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 HEE region/deanery abbreviation indicates appointment to an EM programme. The HEE region/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 ‘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 HEE region/Deanery with satisfactory evidence of their skills/competence in relevant non-GMC-approved posts. This will be similar to the evidence required 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 39 (paragraphs 6.91-6.95) of the sixth edition 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. However, since the beginning of 2016, there have been no further LAT post appointments in England.

If you have completed an FTSTA or a LAT to a satisfactory standard you may 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. Trainees must register their LAT/FTSTA post with the College before completing the post in order for it to be recognised towards CCT/CESR-CP. Evidence of achievement of competences is also 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 (also see section ‘What happens if I do not pass the MRCEM examination before the end of core training?’) 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. It may be possible to make up missing core specialties later in Core Training or in a different order. For example if you have entered training at ST2 or CT2 without 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+ST1/CT3).

**The First Three Years**

All trainees must register (if entering Core Training (CT1-3)) or enroll (if entering Run-Through Training (ST1-4)) 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 can vary according to HEE region/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 achieved all required competences of a two-year UK core surgical training programme or two years of a run through surgical training programme in the UK and having passed MRCS.

Applicants should provide evidence of achievement of CT1/ST1 competences in surgery at the time of application and CT2/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.

Applicants who have either completed all the surgical competences as above but do not have MRCS, or have completed the equivalent of Core Surgical Training in non-training posts (with satisfactory evidence), will receive a CESR-CP (Combined Programme route) in Emergency Medicine, rather than a CCT, on successful completion of the training programme.

Route 2 - from ACCS specialties

The other route is to enter 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. This route leads to a CESR-CP in Emergency Medicine.

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 DRE-EM “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 MRCEM or FRCEM Intermediate. Trainees from CST who have the MRCS may be exempt from sitting FRCEM Primary (previously MCEM part A). Please contact the college to confirm whether you are exempt.

**Higher Specialty Training**

Trainees who enter the training programme at ST4 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 HEE region/Deanery with evidence of their relevant 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 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.

**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-speciality 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.ibphem.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 (https://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 (TPD) within a HEE region/deanery/School will manage the training programme.

The HEE region/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 HEE region/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-specialising) 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. A user name and password are required to access the e-portfolio which is generated initially by the College on receipt of an on-line enrolment or registration form and application for Associate Membership (see section on Enrolment and Registration). Trainees are now able to enter details of their posts and educational and clinical supervisors each year.

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

From August 2016 the College introduced a new suite of examinations, mapped to the Emergency Medicine 2015 Curriculum. Success in all components leads to the award of Fellowship by Examination (FRCEM).

A number of these changes were introduced with effect from August 2016 whilst others will be phased in over the following two years to permit trainees the opportunity to complete the existing suite of examinations.

Further information about the new suite of exams can be found here.

Membership by examination and FRCEM and Progression through Training

The RCEM examination structure is going through a period of transition from August 2016 to August 2018. The old MRCEM parts A, B and C and FRCEM are being replaced by the FRCEM Primary, FRCEM Intermediate and FRCEM Final examination suite.

For detailed information on examinations including regulations, requirements for progression to ST4 and options during the transition period, please visit the exams section of the RCEM website.

What happens if I do not pass the required examinations before the end of core training?

All trainees entering EM training from 2009 onwards need to pass MRCEM, or FRCEM Primary and Intermediate, 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 all the exams 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 any of the exams 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 all the exams. If you subsequently pass all the exams out of training you will be eligible for higher training and a CCT on satisfactory completion providing the letter is clear.

**Fellowship award**

You must pass all components of the Fellowship Examination of the Royal College of Emergency Medicine (FRCEM) before you complete your training. More information about the FRCEM including regulations is available here.

**What happens if I do not obtain FRCEM before my CCT or CESR-CP date?**

If you have not taken or passed all components of FRCEM before your expected CCT/CESR-CP date, it will need to be extended until after the results are published of the next sitting of any outstanding components of FRCEM. You should contact your Educational Supervisor who will advise on your HEE region/deanery process. An ARCP may be held.

If you complete FRCEM after you have given up your NTN you will not be able to apply for a CCT/CESR-CP but must make a full CESR application for specialist registration.

**Life support courses**

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

All three life support courses need to be in date for an Outcome 1 at ST3 level (run-through trainees) and for an Outcome 6 at the end of the training programme (ST6)

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

All trainees must enrol or register with the Training Standards Committee. This is different to registering with the HEE region/deanery.

Once you have been appointed to a training post your Deanery/HEE region will provide the College with your details. You will then receive an email from the College Training Team with a link for you to enroll or register online and apply to become an Associate Member of the College. An up-to-date CV is required as part of this process. Before 2017, trainees were required to pay an annual Training Administration Fee (TAF) which included access to the ePortfolio. However, the TAF was discontinued from the beginning of January 2017 and ePortfolio access has now become a membership benefit for Associate Members (Training) - UK. An RCEM statement explaining the changes is available here.

**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 all parts of FRCEM and be recommended to the GMC as having completed your training.
NTN holders – CESR-CP
Since August 2014 the GMC has required early notification (at the start of training) of all trainees wishing to have previous non-GMC-approved posts recognised to be eligible for entry to training above ST1. These trainees will be training towards CESR-CP. The HEE region/deanery will review evidence for relevant non-GMC-approved posts and inform the College, via a CN19 form, as to which of these posts can be recognised. Following College endorsement of these posts and the level of entry to training, the HEE region/deanery will make an application to the GMC to approve the trainee’s enrolment and eligibility to apply for a CESR-CP upon successful completion of their training. The GMC will write to the trainee, as well as their HEE region and college, confirming that the trainee has been recorded as working to 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 (LAT/FTSTA) will not be able to enroll, but should register with the Training Standards Committee. This confirms the training and examinations you must complete as you progress through training. The on-line registration process for LAT/FTSTA posts requires confirmation, by the trainee’s head of training, of the competences to be covered in the post, so that it can be recognised (subject to satisfactory completion) if a substantive core or higher specialty training post is taken up subsequently.

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

Accreditation of Transferable Competences (ATC)
The Royal College of Emergency Medicine has employed the Accreditation of Transferable Competences Framework (ATCF) to allow trainees entering Emergency Medicine training from GMC approved training programmes in ACCS (Anaesthesia), ACCS (General Internal Medicine – GIM), ACCS (ICM), Core Medical Training (CMT), Core Surgical Training (CST), Core Anaesthesia Training (CAT) and GP training to have some of the competences they have acquired in these programmes transferred into their EM training. More information can be found here.

Going out of programme and working flexibly

Going Out of Programme (OOP)
You may wish to spend some time out of the specialty training programme for a number of reasons; for example for a career break (OOPC), to undertake a period of research (OOPR), to undertake training overseas, or a post in the UK which may or may not have educational approval (OOPT or OOPE). If you wish to go out of programme you should discuss this at the earliest opportunity with your Training Programme Director and HEE region/deanery. All OOPs must be approved by the HEE region/deanery.

Please refer to the College website for guidance on going out of programme, including a form to be completed to obtain prospective College approval of an OOPT.

Trainees who have undertaken OOPTs and OOPEs should provide the College with a brief report to this template: OOP Report template.
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 towards 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 42 (paragraphs 6.109-6.110) of the **Gold Guide**.

If you have your HEE region'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.

- 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:

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 HEE regions/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 HEE region/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.

NB. In April 2017 EM trainees were given the opportunity to apply for a LTFT pilot which
extended the categories of those eligible. The pilot year is taking place from August 2017 to
July 2018. More information is available [here](#).

**Acting Consultant posts**

"Acting up" provides doctors who are coming towards the end of their training, having
completed FRCEM, with up to three months’ experience (fixed term, not pro rata) 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
/ HEE region 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 CESR-CP) be made within 12 months of a
doctor’s expected completion of training date; if not, the doctor will have to apply for entry to
the specialist register via a full CESR application. 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 (around three
months before your end of training date) the College will check that you have a satisfactory
ARCP for each year of your training and will email you a CCT application pack. You will need
to return the required paperwork to the College for processing at least three weeks before you
need to be on the specialist register. Once the College has reviewed your documentation and
is satisfied that you have successfully completed all aspects of the training programme we will 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 them, normally three months before the expected
completion date, advanced notification 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 ‘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. The process is the same as for those applying for CCT (see above) and means you will not have to submit a full CESR application for specialist registration.

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 HEE region/deanery.

RCEM Membership category for all trainees

From the beginning of 2017 RCEM discontinued the Training Administration Fee (TAF) and introduced a new membership category for all trainees: Associate Member (Training) - UK. The benefits of this membership category include ePortfolio access. The changes have been introduced to simplify the annual payments trainees need to make (by withdrawing TAF) and align the membership structure with the new FRCEM examination scheme. More information can be found in a College statement [here](#).

Further Information and contacts

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

Emergency Medicine Trainees’ Association (EMTA): [www.emtraineesassociation.co.uk](http://www.emtraineesassociation.co.uk)

The Training Department at the Royal College of Emergency Medicine

David Greening (Training Manager) - [david.greening@rcem.ac.uk](mailto:david.greening@rcem.ac.uk)
Oonah Newbury (Training Supervisor) - [oonah.newbury@rcem.ac.uk](mailto:oonah.newbury@rcem.ac.uk)
Tulsi Patel (Training Officer for surnames M to Z) - [tulsi.patel@rcem.ac.uk](mailto:tulsi.patel@rcem.ac.uk)
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