Emergency Medicine Run Through Training Pilot: Arrangements for ST1/CT1 Recruitment

Guidance for Applicants, Heads of Schools, Training Programme Directors, Emergency Medicine Faculty, Employers, Local Education Training Boards (LETBs) and Deaneries

In 2014, an Emergency Medicine ST1/CT1 Run Through Training pilot will commence. Whilst there are various components within the pilot, this guidance has been specifically created to clarify recruitment arrangements for Acute Care Common Stem (ACCS) Emergency Medicine (EM) ST1/CT1.

1. Why have an Emergency Medicine Run Through Training Pilot?
The proposal to pilot run through training in Emergency Medicine emerged from the Health Education England Emergency Medicine Workforce Implementation Group in response to the “crisis” within the specialty. The run through proposal was presented in August 2013 and quickly gained widespread support. It was always acknowledged that the pilot alone would not solve all the workforce issues in Emergency Medicine but would be one part of a wider package of measures. The hope is that the change would encourage recruitment and reduce attrition.

The Emergency Medicine Run Through Training Pilot has the support of the College of Emergency Medicine, the General Medical Council, the BMA Junior Doctors Committee, Emergency Medicine Trainee representatives, Health Education England and the Devolved Administrations.

2. Who is involved in the pilot?
All Local Education Training Boards (formerly known as “Deaneries”) in England are participating in the pilot, as well as all of the devolved administrations - Wales, Scotland and Northern Ireland.

3. How will ACCS Emergency Medicine ST1/CT1 trainees be recruited in 2014?

Posts in Northern Ireland are recruited locally in a separate process; please visit: [http://www.nimdta.gov.uk/recruitment/specialty-recruitment/](http://www.nimdta.gov.uk/recruitment/specialty-recruitment/)

4. Will successful applicants be appointed to an ST1 post or a CT1 post?
Successful applicants in 2014 will be made an offer of an ACCS Emergency Medicine post – and it will be the **successful applicant’s decision** as to whether they accept the post as a CT1 post (uncoupled core training) or an ST1 post (run through training).

With run-through training (ST1), progression is uninterrupted; applicants start in specialty training year 1 (ST1), and progress through ST2, ST3, ST4, ST5 and ST6 automatically, provided curriculum requirements are fully satisfied.
Uncoupled training, however, is split into three years of core training for ACCS Emergency Medicine (ACCS CT1 and CT2 and EM CT3), before entering higher specialty training at ST4 level. With this path, entry to ST4 is a competitive process, which involves applying for a post, and receiving an interview if you are shortlisted - much as you would at the start of CT1 training.

5. **When do successful applicants need to decide whether they wish to take up a CT1 uncoupled core training post or an ST1 run through training post?**

When successful applicants are made an offer via Shared Services London or Northern Ireland, they will need to decide within the stipulated timescale as detailed on the offer notification whether they wish to be a core trainee (CT1) or a run through trainee (ST1).

6. **If a successful applicant decides to accept a post as a core training post, and then changes their mind later on and prefers to have a run through training post, can this be accommodated?**

No, once a decision to undertake either core or run through training is made (at the offer stage), there is no possibility of reversing the decision at a later date. Accordingly, applicants are encouraged to think carefully about the decision they make, and seek advice well in advance if they are unsure whether they want to train as a run-through trainee or core trainee.

7. **Will ST4 Emergency Medicine recruitment continue?**

Yes, ST4 recruitment will continue to allow a route of entry into higher training. This will also provide an opportunity for trainees to move between training programmes competitively if they do not meet the criteria for an inter-deanery transfer.

8. **If I am successful and accept the offer as a run through post, and then later decide to go abroad, am I permitted to do so?**

A trainee is not disadvantaged by accepting a run-through offer. This is not an issue for those specialties which are already offering run-through training. Trainees in Emergency Medicine who accept a run through offer may seek permission to leave the programme to explore other opportunities; this may be achieved through the out of programme mechanism (OOPE/T/C as per the Gold Guide) subject to local processes/decision making. Alternatively, trainees may choose to resign their post and leave their programme - and are free to apply though ST4 recruitment in the future. The ST4 person specification has been amended to accommodate this.

Many trainees in Emergency Medicine who fully intend to complete their training and work as Consultants in the UK wish to obtain some training abroad or gain experience in other environments. In those circumstances LETBs / Deaneries should consider a supportive approach where possible.
9. Does the offer of run through training to ACCS EM affect the other ACCS disciplines?
   No. The run through pilot only applies to ACCS Emergency Medicine. There is no offer of run-through training to other ACCS disciplines (ie ACCS Anaesthesia, ACCS Acute Medicine); their recruitment is unchanged.

10. Has the training curriculum changed as a result of the pilot?
    No, successful applicants will continue training as per the GMC approved curricula at present, and the planned duration of training (6 years) remains the same.

11. How will the pilot be evaluated?
    The evaluation will be conducted by Health Education Yorkshire and the Humber, the Lead LETB for Emergency Medicine. The evaluation will focus on recruitment and retention within Emergency Medicine, the numbers of trainees entering ST4 and ultimately reaching CCT. Evaluation will take the form of an annual report produced for three years (2014-2016).

12. Will the pilot solve ALL of the challenges in Emergency Medicine?
    This is one element of HEE Emergency Medicine Workforce Implementation Group’s proposals and of course won’t solve the EM workforce issues by itself. The intention is that it will contribute by making EM more attractive to new trainees and reduce attrition. If it did, then the additional trainee numbers might help to mitigate intensity and workload for everyone.

13. I have questions concerning the recruitment process. Who shall I contact?
    For applications relating to England, Wales and Scotland, please contact Shared Services London via their web-based Applicant Enquiries Service: http://applicantenquiries.londondeanery.ac.uk/ApplicationEnquiry/

    For applications relating to Northern Ireland, please contact Roisin.Moss@hscni.net