



The Royal College of Emergency Medicine

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Summary of WPBA in ST3-6 RCEM 2015

Note: WPBA Assessment in ACCS is unchanged from the 2010 Curriculum

Trainees must demonstrate complete curriculum coverage by the end of training.

WPBA in ST3 Paediatric Emergency Medicine

Curriculum Topic	Type of assessment required	Assessor	Form to be used	Timeline
Paediatric Major Presentations (PMP) PMP 1 Anaphylaxis PMP 2 Apnoea, Stridor & Airway obstruction PMP 3 Cardio-respiratory Arrest PMP 4 Major Trauma PMP 5 Shock PMP 6 Unconscious	2 PMPs covered using MiniCEX or CBD and APLS/EPLS PMP 1 and 3 can be assessed on simulated case	Consultant or equivalent	ST3 Resuscitation MiniCEX or CBD (2015) for Major Presentations	1 assessment complete within 3/12
Paediatric Acute Presentations (PAP) PAP 1 Abdominal pain PAP 5 Breathless child PAP 6 Concerning presentations (CBD) PAP 9 Fever PAP 15 Pain	Five WPBAs (MiniCEX or CBD)	Consultant or equivalent	ST3 MiniCEX General (2015) forms for PAP 1,5,9,15 PAP 6 with ST3 CBD General (2015)	2 MiniCEX complete within 3/12
Other 14 PAPs	Covered by completion of the following assessments : ST3-6 MiniCEX/CBD, ESLE, teaching and audit assessments Evidence of learning e.g. RCEM Learning modules Reflective entries that had a recorded learning outcome in the e-portfolio: FOAMed, teaching session, patient encounter etc.			
Paediatric Practical Procedures 1 Venous access 2 Airway assessment and maintenance 3 Primary survey	DOPs	Not specified	Specific Paediatric DOPs	

Timeline:

Initial Educational Supervisors Meeting followed by:

3/12 meeting:

Complete Quarter point review form

Trainee should have completed 1 PMP assessment and 2 MiniCEXs of the specified PAPs.

6/12 meeting:

All WPBA complete. Faculty Educational Governance Report completed and STR OR Mid- Point Review form depending on whether first or second posting in ST3.

WPBA in ST3 Adult Emergency Medicine

Curriculum Topic	Type of assessment required	Assessor	Form to be used	Timeline
Resuscitation	6 Resuscitation MiniCEX or CBD (min 3 MiniCEX) including at least 1 Major Trauma	Consultant or equivalent	ST3-6 MiniCEX or CBD general form	1 MiniCEX within 3/12
Clinical and common competences including non-technical skills	ESLEs x 2	Consultant or equivalent 1 st ESLE to be completed by Educational/ named clinical supervisor	ESLE Part 1 and 2	1 ESLE within 3/12
C3AP1a Chest injury C3AP1b Abdominal injury C3AP1c Spinal injury C3AP1d Maxillofacial injury C3AP1e Burns C3AP2a Traumatic lower limb pain C3AP2b Traumatic upper limb pain C3AP3 Blood gas interpretation C3AP4 Abnormal blood glucose C3AP 5 Dysuria C3AP 6 Emergency Airway Care C3AP 7 Needlestick Injury C3AP 8 Testicular Pain C3AP 9 Urinary Retention	Covered by completion of the following assessments : ST3-6 MiniCEX/CBD, ESLE, teaching and audit assessments Evidence of learning e.g. RCEM Learning modules Reflective entries that had a recorded learning outcome in the e-portfolio: FOAMed, teaching session, patient encounter etc.			

Timeline:

Initial Educational Supervisors Meeting followed by:

3/12 meeting:

Complete Quarter point review form

Trainee should have completed 1 Resuscitation MiniCEX assessment and 1 ESLE with Educational / Named Clinical Supervisor

6/12 meeting:

All WPBA complete. Faculty Educational Governance Report completed and STR OR Mid-Point Review form depending on whether first or second posting in ST3.

WPBA in ST4

Curriculum Topic	Type of assessment required	Assessor	Form to be used	Timeline
HST paediatrics: Complex Major or Acute presentations	3 MiniCEX or Cbd	Consultant or equivalent	ST3-6 MiniCEX or CBD general form	
Clinical and common competences including non-technical skills	ESLEs x 3	Consultant or equivalent 1 st ESLE to be completed by Educational/ named clinical supervisor	ESLE Part 1 and 2	1 st ESLE within 3/12 2 nd ESLE within 6/12
HMP 1-5 and HAP1-36 PMP 2,3,4,5,6 PAP 1,2,4,7,9,13,15,16 Approx 50% to be covered in ST4	Covered by completion of the following assessments : ST3-6 MiniCEX/CBD, ESLE, teaching and audit assessments Evidence of learning e.g. RCEM Learning modules Reflective entries that had a recorded learning outcome in the e-portfolio: FOAMed, teaching session, patient encounter etc.			

Timeline:

Initial Educational Supervisors Meeting followed by:

3/12 meeting:

Complete Quarter point review form

Trainee should have completed 1 HST paediatrics MiniCEX not timed and 1 ESLE with Educational / Named Clinical Supervisor

6/12 meeting:

2nd ESLE completed

Mid point review form

End of year review:

All WPBA complete. Faculty Educational Governance Report completed and STR

WPBA ST5

Curriculum Topic	Type of assessment required	Assessor	Form to be used	Timeline
HST paediatrics: Complex Major or Acute presentations	3 MiniCEX or Cbd	Consultant or equivalent	ST3-6 MiniCEX or CBD general form	
Clinical and common competences including non-technical skills	ESLEs x 3	Consultant or equivalent 1 st ESLE to be completed by Educational/ named clinical supervisor	ESLE Part 1 and 2	1 ESLE within 3/12 2 nd ESLE within 6/12
HMP 1-5 and HAP1-36 PMP 2,3,4,5,6 PAP 1,2,4,7,9,13,15,16 The remaining presentations must be covered in ST5	Covered by completion of the following assessments : ST3-6 MiniCEX/CBD, ESLE, teaching and audit assessments Evidence of learning e.g. RCEM Learning modules Reflective entries that had a recorded learning outcome in the e-portfolio: FOAMed, teaching session, patient encounter etc.			

Timeline:

Initial Educational Supervisors Meeting followed by:

3/12 meeting:

Complete Quarter point review form

Trainee should have completed 1 paediatrics not timed MiniCEX assessment and 1 ESLE with Educational / Named Clinical Supervisor

6/12 meeting:

2nd ESLE completed

Mid point review form

End of year meeting:

All WPBA complete. Faculty Educational Governance Report completed and STR

WPBA in ST6

Curriculum Topic	Type of assessment required	Assessor	Form to be used	Timeline
Common competences including non-technical skills	ESLEs x 2 In ST6 these are used with the Trainee acting as a consultant under direct observation by the consultant on duty.	Consultant or equivalent 1 st ESLE to be completed by Educational/ named clinical supervisor	ESLE Part 1 and 2	1 st ESLE within 6/12

Timeline:

Initial Educational Supervisors Meeting followed by:

3/12 meeting

Complete Quarter point review form

6/12 meeting:

Midpoint review form

2nd ESLE completed

Trainee should have completed 1st ESLE with Educational / Named Clinical Supervisor

Review of progress against FCEM exam schedule

End of Year meeting:

All required WPBA for HST completed

Faculty Educational Governance Report and STR completed

Definitions of complex cases:

Low complexity

Common, single-system problem, presenting in a typical way, that can be managed according to an existing clinical guideline or algorithm

Medium complexity

Either less common, or multi-system, or presenting atypically but can still be managed according to one more existing guideline or algorithm

High complexity

Highly atypical or complicated problem which requires the trainee to make management decisions outside of existing guidelines