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Launching the Updated 2015 RCEM Curriculum and New Examination Structure

RCEM is pleased to announce the launch of the updated [2015 Curriculum](#). In the main the updated curriculum (applicable from August 2016) is unchanged from that launched in March 2015 but simply includes changes to reflect the new examination structure which has been accepted by the GMC for launch in August 2016.

Further details on the introduction of the new examination structure and transition arrangements are available on our [website](#).

The key changes, pertaining to the curriculum and Workplace Based Assessment (WPBA) schedule in the 2015 Curriculum (as applicable from August 2015) remain unchanged and are as follows:

1. New Presentations

There are two new Presentations in HST – HAP 35 Complex Older Patients and HAP36 The Patient with Chronic Disease.

Emergency Physicians have seen a marked increase in the number and complexity of older patients attending the ED. The frail older adult requires specific skills in their assessment, treatment and disposal. RCEM has therefore introduced a new presentation within the higher training curriculum concerning the older adult. **HAP 35: Complex Older Patients** requires that trainees are able to assess, and manage appropriately, patients who present with complex medical and social needs or who manifest as one of the frailty syndromes.

The impact of pre-existing chronic disease on the presentation of new illness or injury, exacerbations of the known illness, physiological reserve, end of life care etc is not well reflected in the 2010 curriculum. The addition of a new higher training presentation highlights this increasingly important area. RCEM has chosen this approach, rather than including a statement in all other presentations, as we believe this will more effectively highlight this important issue. **HAP 36: The Patient with Chronic Disease** requires that the trainee is able to assess and manage appropriately patients whose presentations are affected by chronic disease.

2. A new Common Competence

The common competences relating to patient safety have been highlighted in the curriculum by the use of italics.

Specific sections have been added relating to the Emergency Department contextualisation of Common Competences. These include sections on **Leadership and Emergency Medicine non-technical skills (EmNTS)**

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3. Work Place Based Assessment schedule changes

The purposes of the assessment schedule within the 2015 curriculum have been outlined in the following terms:

1. To provide opportunities for observation and feedback at regular intervals throughout training (a formative purpose or 'assessment for learning').
2. To identify for more detailed assessment trainees displaying delayed development of their clinical skills.
3. To identify for more detailed assessment trainees displaying generic problems that are likely to be a barrier to clinical practice.

Overall this reduces the assessment burden for trainees and ensures they are more developmental.

Assessment in ACCS is unchanged from the 2010 schedule pending an intercollegiate review.

The WPBA tools in ST3-6

Extended Supervised Learning Event (ESLE)

The ESLE is introduced for ST3-6. This is a tool that supports evaluation of performance over a period of observation. It is constructed to give scope for recording and providing feedback on progression to independence - in particular the development of non-technical skills. Its use encourages reflection and the formulation of an educational plan for further focused work and re-evaluation.

These episodes will characteristically be three hours in length, with around two hours of observation followed by around one hour of feedback. The trainee will be observed during their usual work on shift, but the consultant observer will be supernumerary. Feedback will take place in a debrief using the RCEM non-technical skills feedback tool. This is derived from a validated instrument, and is used to guide feedback across all observed domains of practise.

Trainees are given a rating aligned to independence in each domain observed by the consultant supervisor. The purpose of so doing is to provide expert opinion on development against expectation and to generate learning outcomes for further work in the ED and future ESLEs. This approach has been piloted for feasibility and acceptability to trainers and trainees and has been found to be so.

These episodes will be completed by the educational/clinical supervisor and at least one other consultant or equivalent. Each will yield an educational prescription to facilitate development across the academic year. The first must be completed in the first three months of the post. A minimum of two ESLEs are to be conducted in adult Emergency Medicine during ST3. A minimum of three ESLEs are required per year in ST4 and ST5 and two are required in ST6.

Alignment to independence

To aid in providing feedback on the progression to independent practise, all WPBA e.g. Mini-CEX, CbD in ST3-6 are aligned to independence, rather than notions of merit or of satisfactory performance as they are in ACCS. Recent evidence suggests that this yields greater reliability and a greater spread of responses, and is therefore likely to lead to more valuable feedback.

Early engagement in WPBA

Trainees are to engage with the WPBA schedule and interact with training faculty from the outset of their post. With early interaction, the training faculty can better support trainee development across the academic year. Early interaction can also help identify concerns so that targeted assessment of performance can be built into the training year, if required. Early engagement with the WPBA programme will be evaluated at a quarter year educational meeting, and engagement is one factor used in deciding suitability to progress in training.

Faculty educational governance statement

The training faculty will provide a statement as to their collective opinion on the suitability of the trainee to progress to the next year of training. This will form an important part of the Structured Training report, reviewed at ARCP.

The detailed changes to WPBA in each year of training, with guidance as to what will be required for ARCP, are outlined in [Appendix 1](#) to the 2015 curriculum.

These are the main changes to educational content and assessment.

GMC regulation now states that all trainees must move to the most recent, for EM the 2015, curriculum before the end of 2015.

If you have any queries regarding the curriculum and WPBA changes outlined above, please email David.Greening@rcem.ac.uk.

If you have any queries regarding the proposed changes to the examination structure, please email Viv.Bovingdon@rcem.ac.uk.

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