

Emergency Medicine

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Emergency Medicine. You will also need to read the [Emergency Medicine Curriculum documentation](#)

Can I get advice before I submit my application?

You can [contact us](#) and ask to speak to the Specialist Applications team for advice before you apply. You are strongly advised to contact the Royal College of Emergency Medicine ([RCEM](#)) for guidance **before** you submit an application or a review.

Applicants may also be able to access advice/support from the Forum for Associate Specialists and Staff Grades ([FASSGEM](#)).

What is the indicative period of training for a Certificate of Completion of Training (CCT) in Emergency Medicine?

The indicative period of training for a CCT in Emergency Medicine is six years and it is very unlikely that an applicant would achieve the competences required for a CCT in a shorter period of time. The evidence you collect for your CESR application should reflect this period of training.

The structure of the programme is an indicative two years in the Acute Care Common Stem (covering the areas of EM, Anaesthetics, Intensive Care Medicine and Acute Medicine usually with an indicative one year in Anaesthetics /Intensive Care Medicine and six months in each of EM and Acute Medicine) followed by an indicative four years of training in EM (covering the areas of Paediatric EM (approximately 25%), EM and EM ultrasound). Therefore you need to demonstrate that you have achieved the competences in each of these areas. The EM ultrasound competences (EMUS) can be shown by completing the triggered assessments outlined in the [EM curriculum](#) (level 1 or equivalent). The assessments forms for Core Ultrasound can be found in the [RCEM EMUS booklet](#) (Appendix 2). The first three years of training make up Core Specialty Training, the final years of training are known as Higher Specialty Training.

For complete details please refer to the [Emergency Medicine Curriculum documentation](#).

Submitting your evidence

Do not submit original documents.

All your copies, other than qualifications you're getting authenticated **must** be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do this in our [important notice about evidence](#).

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

We recommended that you organise your evidence appropriately to ensure you have demonstrated all competences required by the curriculum syllabus:

- Common competences CT1-ST6
- ACCS Major Presentations CT1&2
- ACCS Acute Presentations CT1&2
- Anaesthetics competences CT1&2
- ICM within ACCS
- Additional Adult Acute presentations CT3
- PEM competences
- HST competences – Major and Acute presentations ST4-6
- Procedural competences – Adult
- Procedural competences – Paediatric
- RCEM EMUS curriculum

You may find it helpful to insert a divider page between each competence area.

Form of Competences

The RCEM have produced a 'Form of Competences' to help you ensure your evidence covers all competences required by the curriculum syllabus. You may wish to use this form and submit it at the front of your CESR evidence. The form is available on the [FASSGEM website](#).

Important note - you may submit this form with your CESR application, but the GMC's Specialist Applications Team are unable to provide support with completion of the form, assess whether the evidence you have listed is appropriate, or compare it with the evidence you have provided within your application. The form is a tool developed by the RCEM to assist you in providing evidence of all curriculum competences. If you have any questions concerning the form, please contact the [RCEM](#).

What types of experience do applicants need to demonstrate?

You are unlikely to be successful in your application unless you are able to demonstrate competence in all aspects of the ACCS and EM CCT curriculum. You will need to be able to demonstrate that you have held posts with senior responsibility i.e. resuscitation team leader, senior shift doctor accepting undifferentiated adult and paediatric patients in the Emergency Department.

This is the specialty specific guidance for Emergency Medicine

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Do I need to demonstrate experience or training in specialties related to EM?

Anaesthetics and Intensive Care Medicine

You are expected to have either completed posts of a minimum of three months (full time equivalent) in each of these specialties, or a combined Anaesthetics/ICM post of a minimum of six months' (full time equivalent) duration.

Acute Medicine

You are required to demonstrate that you have spent some time in this specialty, although these competences may be achieved in the Emergency Department by focusing on medical patients and working with the medical registrar. A logbook of medical cases must be provided.

Paediatric Emergency Medicine

In order to achieve sufficient exposure to paediatric patients, you are recommended to have spent a minimum of three months (full time equivalent) in a Paediatric Emergency Department, or a General ED with more than 16K Paediatric attendances a year. If PEM competences are obtained in a General ED, a logbook of Paediatric cases must be provided.

Please note that recent primary evidence of the required competences in the above specialties must be provided. Evidence should have been obtained within five years of submission of your CESR application to demonstrate that your skills in these areas have been maintained.

A duration of at least three months in each specialty is indicative (as competences may be gained in more or less time), but a minimum of at least three months is how long it would usually take a doctor in training to develop the required competences, therefore this is the minimum recommended period.

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If I have not obtained the Fellowship Examination of the RCEM (FRCEM) what alternative evidence should I supply?

Examples of evidence are listed under Domain 1 – Specialist medical qualifications and should also include:

- evidence of success in a relevant UK, Ireland or overseas specialty examination (for areas covered by the specialty examined only)
- evidence of teaching medical students, doctors and allied professionals of all levels with confirmation of quality and content of teaching you have delivered. Topics covered by teaching confirmed to be of high quality will be expected to cover the broad framework of the CCT curriculum. If only part of the curriculum is covered by teaching you have delivered, then alternative proof of your knowledge will be required for the rest of the curriculum
- evidence of CPD activity, including a contemporary personal record to confirm learning opportunities for each session (reflective log or notes). Records of CPD activity **must** cover a minimum period of five years and you **must** demonstrate that you have broadly covered the CCT curriculum in your CPD activity. You are likely to need more than the minimum amount of CPD required by the RCEM to demonstrate an acceptable level of knowledge in this way
- evidence of research relevant to EM may also be used to confirm knowledge of part of the curriculum. This evidence may take the form of publication(s) in a peer-reviewed journal (copy of first page only required), thesis for higher degree (evidence as before), clinical topic review or best practice review (whole document to be submitted). Overseas applicants may submit alternative forms of evidence within the research field, which will be assessed individually.

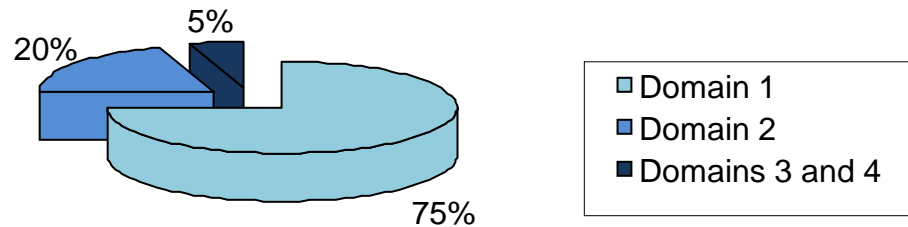
How much evidence to submit

This guidance on documents to supply is not exhaustive and you may have alternative evidence. We recognise that you may not have all the evidence listed here and you may wish to delay submitting an application until you are able to gather it.

Your evidence **must** cover the knowledge, skills and qualifications to demonstrate the required competences in all areas of the [Emergency Medicine Curriculum documentation](#). If evidence is missing from one area of the curriculum for example, then the application may fail.

If you have a piece of evidence that is relevant to more than one domain, do not include multiple copies in your bundle. Instead, include one copy and list it in your evidence list under each relevant area, stating that the document is located elsewhere. (For example you might state: "document included in teaching and training section".)

Evidence breakdown



It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.

You will be expected to include evidence that skills have been maintained in recent years. Evidence that is more than five years old will be given less weight than more recent evidence, so you may not need to include it.

As a general guide, we would usually expect to see around 900 pages of evidence.

Types of evidence are divided into four different domains. We recommend that you apportion the evidence you provide with your application as shown in the pie chart.

Domain 1: 75%

Domain 2: 20%

Domains 3 and 4: 5%

It is important to note that you will not be able to compensate for shortfalls in your evidence of training and experience in a particular area of the curriculum by providing extra evidence in other areas.

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An important message from the RCEM - Unsuccessful applications or poor evidence

It is our experience that applications are often submitted with inadequate or poor evidence in the following areas:

1. Failure to demonstrate knowledge of the full breadth and depth of the EM curriculum
2. Failure to demonstrate knowledge and experience in a specific part of the EM curriculum, in particular the core specialties, as listed below:
 - Emergency Medicine
 - Acute Medicine
 - Intensive Care Medicine
 - Anaesthetics
 - Paediatric Emergency Medicine
3. The areas of the EM curriculum that are most often poorly supported by evidence are:-
 - Acute Medicine competences,
 - Intensive Care Medicine and Anaesthetics competences
 - Paediatric EM competences.
 - EM ultrasound to level 1 or equivalent (see [RCEM EMUS booklet](#) Appendix 2 for assessments).
4. Failure to submit evidence of ongoing CPD across the whole EM curriculum, including a personal diary of learning achievements as well as just a list of courses and lectures, etc.
5. Failure to provide evidence of participation in department/management activities such as appraisal and assessment of the competences and professional attributes of others, leadership and awareness of patient safety issues.
6. Failure to demonstrate skill in the interpretation of published evidence, either by a record of involvement in published research or by evidence of training and/or practice in critical appraisal of literature.
7. Failure to submit evidence for all five stages of the audit cycle. Evidence can be in the form of presentations using PowerPoint/slides and/or audit reports.
8. Failure to submit in-date evidence of all advanced life support courses (ALS, ATLS and APLS, or recognised equivalents).

We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas. We also strongly recommended that all your referees should be fully conversant with the current curriculum and able to provide detailed support for your competence across all or most areas.

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Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You must remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted.

This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

The following details don't need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](#).

Domain 1 - Knowledge, skills and performance

Qualifications

Primary medical qualification (PMQ)	<p>If you hold full registration with us, you do <u>not</u> need to submit your PMQ as we saw it when we assessed your application for registration.</p> <p>If you do not hold registration, you will need to have your primary medical qualification independently verified by ECFMG before we can grant you full registration with a licence to practise.</p> <p>You can find out more about primary source verification on our website.</p> <p>You only need to get your primary medical qualification verified by ECFMG. The rest of your evidence should be verified in line with our guidance.</p>
Specialist medical qualification(s)	<p>Please provide an authenticated copy of any specialist medical qualifications you hold from outside of the UK. If your specialist medical qualification(s) was awarded in the UK, please provide a copy.</p> <p>For College examinations the College may confirm details of any examinations you have undertaken.</p> <p><u>Examinations at early stages of specialist training:</u></p> <ul style="list-style-type: none">• holders of the Membership Examination of the RCEM (MRCEM) need not submit the curriculum or syllabus for this exam, but should submit a copy of their certificate. MRCEM is a test of knowledge for successful entry into Higher Specialty Training and covers the knowledge required during Core Specialty Training. Success at the MRCEM will confirm that you have met the standard of knowledge of a trainee who has successfully completed Core Specialty Training. However, acquisition of the examination alone does not demonstrate attainment of all the competences of this part of the programme.• applicants who have passed the discontinued MRCS Edinburgh (Accident & Emergency) examination should submit curriculum and syllabus for this examination. It confirms a level of knowledge approximately equivalent to MRCEM and was set up to confirm suitability to <u>enter</u> Higher Specialist Training in EM. It does not confirm completion of training• other alternative postgraduate exams which have in the past been accepted for entry to Higher Specialty Training in EM, such as MRCS, MRCP, FRCA or MRCPCH will confirm that the applicant has reached the required standard for entry to training in the area tested (for example success in the MRCS demonstrates achievement of the required standard in the surgical elements of the core curriculum). Applicants should

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provide additional evidence for other areas of the core curriculum not covered by the alternative examination. Curricula and syllabi, current at the time the examination was taken, should be submitted for these examinations.

Examinations towards the end of specialist training:

- holders of the Fellowship Examination of the RCEM (FRCEM) need not submit the curriculum or syllabus for this exam, but should submit a copy of their certificate.

You **must** demonstrate an appropriate test of knowledge to that required for the CCT which is the Fellowship Examination of the RCEM (FRCEM) or provide evidence that demonstrates equivalent knowledge (this does not have to be in the form of an examination). Acquisition of FRCEM alone does not indicate attainment of all competences of the EM Curriculum. Primary evidence of competences achieved in the workplace must also be submitted.

There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.

The [European Examination in Emergency Medicine \(EBEEM\)](#) is not recognised as an equivalent test of knowledge to that of FRCEM. EBEEM is based on the European curriculum that is the equivalent of five years, and that does not have the full range of clinical or academic and educational competences required by the CCT curriculum. In addition, the common competences of the FRCEM curriculum do not map directly to the EBEEM curriculum. The practice of emergency medicine in Europe is diverse and varied, and the curriculum is therefore designed to embrace and support emergency medicine as an emerging specialty. Therefore, success in the EBEEM does not imply possession of all the competences required of a consultant in emergency medicine in the UK as it is not mapped to the CCT curriculum.

Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the application form.

Curriculum or syllabus (if undertaken outside the UK)	<p>Specialist qualifications from countries with a formal EM training programme, which are comparable in breadth and depth, length and content to the UK training programme, are viewed as strong supportive evidence. However you must provide a copy of the curriculum and examination regulations current at the time of training.</p> <p>This should include the requirements of the qualification and must relate to the specialty in which you are applying. The curriculum or syllabus (including assessment methods) must be the one that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>For qualifications, we will look to evaluate:</p> <ul style="list-style-type: none"> • where the curriculum covers areas of the CCT curriculum • the complexity of the work undertaken • how examinations are evaluated or quality assured (external assessment).
Specialist registration outside the UK	<p>The College does not hold documentation relating to specialist registration requirements of any overseas country and these should be submitted with the application. Please provide an authenticated copy of details of the registration requirements of that authority.</p> <p>Applicants who have trained in the European Economic Area should check with the GMC as to whether they are eligible to apply for direct entry to the specialist register under European Community rights.</p> <p>This will demonstrate what is expected of a registrant by that authority and how your application for registration was evaluated.</p>
Honours and prizes	<p>Please provide copies of certificates or letters showing what the prize or honour was for, including the selection and eligibility criteria and pool of eligible individuals.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>

Assessments and appraisals

Appraisals and assessments	<p>For non training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).</p> <p>In the UK, a revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).</p> <p>If areas for development were highlighted please provide evidence to demonstrate that you have subsequently addressed them.</p> <p>Alternative evidence may include letters (written at the time) commenting on your performance. In addition where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression.</p> <p>ePortfolio</p> <p>There are many different forms of assessment which form part of the various CCT curricula. Many of these tools are available for those not in training to use. Non-trainees are able to apply to use the RCEM ePortfolio to record assessments which may be printed off for their CESR application. Further details can be found here. Alternatively, the Workplace Based Assessment forms can be printed off from the College website (Curriculum Appendix 2)</p>
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RITAs, ARCPs and training assessments

The RCEM have produced a 'Form of Competences' to help you ensure your evidence covers all competences required by the curriculum syllabus. Please refer above to page 2 for further details.

Work placed based assessments (WPBA)

Please refer to above guidance under 'ePortfolio' for guidance on how to access the various WPBA. All your assessments should have been carried out within six years of your CESR application. If you do not submit WPBA, you should submit alternative evidence of assessment of your competences across the breadth of the curriculum.

Acute care common stem (ACCS) curriculum competences

You should review the ACCS requirements of the curriculum and provide similar evidence to demonstrate your experience and competence. Experience and knowledge beyond the Emergency Department are required in order to demonstrate continuing care in the three non-EM ACCS specialties (see page 3 above, **Do I need to demonstrate experience or training in specialties related to EM?**)

Higher specialty training (HST) curriculum competences

The following WPBA are the suggested minimum requirements for the Emergency Medicine component of the curriculum and should reflect the breadth and depth of this part of the curriculum. If you do not submit these WPBA, you should submit alternative evidence of assessment of your competences.. Your assessments should cover the six Major Presentations of the CCT curriculum for both adults and children. The majority should be undertaken with consultant trainers:

- Six Mini Clinical Evaluation Exercises (Mini-CEX) of index cases over the last three years. Mini-CEX focus on core clinical skills and are designed as a 15-20 minute snapshot of the applicant's interaction with a patient. Six Case Based Discussions (CBD). CBD gives feedback from a supervisor on a recently seen case.

The Mini-CEX and CBD assessments should cover six of the major presentations for both adults and children (4 adult and 2 children) and six of the acute presentations for adults and children (4 adult and 2 children).

- Six Direct Observation of Procedural Skills (DOPS) over the last three years. DOPS, are designed to assess procedural skills.
- A minimum of three Acute Care Assessment Tool (ACAT). ACAT is based on performance of an entire shift in the ED

- Two Extended Supervised Learning Events (ELSE) per year for three years. 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 such as leadership.
- Evidence of four Management Portfolio projects. This is part of the WPBA schedule for the higher trainee and should include Managing a Complaint and Managing a Critical Incident, with at least one assignment to include working with other specialties.

You must provide evidence of EM Ultrasound competences to Level 1 (Core) as outlined in the EM curriculum, or equivalent (see [RCEM EMUS booklet](#) (Appendix 2) for assessment forms).

ARCPs – If you have completed approved training in the UK, please provide evidence of your ARCP records. ARCPs alone are insufficient. Primary evidence of competences achieved in the workplace must also be submitted.

Training outside of the UK

If you have undertaken training outside the UK you **must** provide evidence of formal periodic assessment during your training. This evidence **must** have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, you **must** provide the curriculum to demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would assist.

If that training was recognised by relevant authorities outside the UK, please provide evidence and recognition standards.

360° and multi-source feedback	<p>The RCEM has adopted MSF (see page 33 of Curriculum 2015 – Appendix 2). Details may also be found in the RCEM trainees' e-portfolio www.nhseportfolios.org.</p> <p>Alternative systems, used within the UK or overseas, based on similar methodology will be considered and will be evaluated individually.</p> <p>You should supply evidence of feedback completed at the time from colleagues of all levels (peers, nursing, auxiliary staff, management) as well as patients. In addition to MSF, evidence may include letters, references for posts applied for etc.</p> <p>MSF must be recent and ideally completed in the last three years.</p>
Awards and discretionary points letters	You may provide copies of certificates and letters.
Personal development plans (PDP)	You must also provide evidence of review of your PDP at appraisal. PDPs normally form part of your annual appraisal system and you should submit them with your appraisal documentation.

Logbooks, records of daily clinical practice and portfolios

The evidence you supply here **must** demonstrate that you have achieved **all** the requirements and competences as set down in the CCT curriculum for your specialty.

Where you have, for a substantial period of time, worked in a specialised area, you should submit evidence that at one stage in your career you achieved the requirements and competences of the curriculum for your specialty and that have maintained these skills. You will also need to provide evidence that your current specialised practice allows you to meet all of the requirements of [Good Medical Practice](#).

<p>Logbooks</p> <p>All patient names (first and last), contact details (including full address) and any patient ID numbers (such as NHS numbers or hospital numbers) must be removed from your evidence before you submit it to us.</p>	<p>Photocopies of operating lists and theatre record books are not satisfactory evidence of procedures. If you did not complete a logbook at the time you undertook the procedures, you should create a logbook from the information you have. It should contain the following information:</p> <ul style="list-style-type: none">• only procedures that you were personally involved in• age and gender• date of the procedure• full name of the procedure• your role in the procedure (assisted, performed personally, performed under direct supervision of someone more senior, supervised a junior)• any critical incidents• name of the hospital or clinic where procedure was performed• outcomes data. <p>A Logbook template can be found on the RCEM website.</p> <p>Your log books should include 50 patients per year over a minimum of three years and should cover the breadth and depth of the EM curriculum. They MUST be enhanced by highly developed reflective entries of learning points. It is not acceptable to show extensive exposure to one area of EM practice, e.g. minor injuries to the detriment of other areas of EM practice, without evidence of steps taken to attain experience in deficient areas.</p> <p>Logs of clinical experience are enhanced by reflective entries and learning points.</p> <p>It would also be acceptable to show a 'grouped' exposure to clinical cases such as would be demonstrated in an ACAT (see assessment section above) as part of this evidence.</p>
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<p>Consolidation, cumulative data sheets, summary lists and annual caseload statistics</p>	<p>An annual summary of patients seen covering the breadth and depth of the EM curriculum will provide evidence of clinical practice but holds less weight than a detailed log-book.</p> <p>You should provide a summary of the total numbers for the various procedures listed in the logbook. This should be completed annually and include your role in the procedure.</p> <p>It is important that the logbooks cover the full range of the curriculum demonstrating the breadth and depth of the specialty. This may mean that you have to go back further than five years.</p> <p>All evidence in this area must be anonymised for individual patient data.</p>
<p>Medical reports</p>	<p>You should provide at least three examples of these across the breadth of your practice following the Academy of Medical Royal Colleges and NHS agreed format.</p> <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • Your ability to analyse and provide a second opinion • your involvement or role in cases • the types and complexity of cases you are involved in • your handling of patient paperwork • your respect and protection of confidential information • triangulation with logbook information. <p>All evidence in this area must be anonymised for individual patient data.</p>

Case histories	<p>You should provide at least ten case histories as evidence of your reflective learning on a range of clinical cases spread across the curriculum, to demonstrate your maturity in clinical and managerial approach to more complex cases. These should include:</p> <ul style="list-style-type: none"> • dates • diagnosis • nature of your involvement in the management of the case • which curriculum competences were involved. <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your handling of patient paperwork • your respect and protection of confidential information • triangulation with logbook information. <p>All evidence in this area must be anonymised for individual patient data.</p>
Referral letters discussing patient handling	<p>Please provide at least three letters which cover all aspects of your work and demonstrate the breadth of your practice. This may include examples of letters:</p> <ul style="list-style-type: none"> • requesting a second opinion • advising clinical colleagues or answering particular questions regarding patient management • from clinical colleagues regarding applicants involvement in patient management. <p>The letters should be sufficiently detailed to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your relationship, or ability to communicate with your colleagues in other disciplines • your handling of patient paperwork • your recognition of the limits of your professional competence • your respect and protection of confidential information. <p>All evidence in this area must be anonymised for individual patient data.</p>

Patient lists

Patient lists should cover the last year before submission of your CESR application. They should be broken down as follows:

	Number of Adults	Number of Children
Resus		
Majors		
Ambulatory		
Blue calls		
Admitted (%)		

These demonstrate:

- your involvement or role in cases
- the types and complexity of cases you are involved in
- your participation in teaching and training (where you are supervising a junior colleague)
- the volume of cases you undertake
- triangulation with rota, timetable and job plan information
- triangulation with logbook information.

All evidence in this area **must** be **anonymised** for individual patient data.

Departmental (or trust) workload statistics and annual caseload statistics

You can use these to demonstrate:

- the size of the hospital in which you work
- the volume of work undertaken within your trust and the percentage that you undertake
- the range of work that you undertake and that is undertaken within your trust
- triangulation with logbook information

Rotas, timetables and job plans	<p>Where you have undertaken a number of roles provide details for each post or role. You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • details of clinical and non-clinical duties you undertake • your on-call commitment • your participation in meetings and teaching • triangulation with logbook information.
Courses relevant to curriculum	<ul style="list-style-type: none"> • Current certification as a provider in Advanced Trauma Life Support (ATLS) or European Trauma Course (ETC) • Current certification as a provider in Advanced Paediatric Life Support (APLS) or European Paediatric Advanced Life Support (EPALS) (previously known as European Paediatric Life Support (EPLS)) • Current certification as a provider in Advanced Life Support (ALS) or Advanced Cardiac Life Support (ACLS) • Formal major incident training is desirable (Hospital MIMMS) • Skills in ultrasound as listed under Level 1 in the CCT Curriculum for EM. • Safeguarding to Level 3 • Good Clinical Practice (GCP) course
Portfolios (electronic or revalidation)	Do not submit your whole portfolio. You need to separate the evidence in it and submit that under the correct headings as set out in this guidance.

Details of posts and duties (including both training and experience posts)

Employment letters and contracts of employment	The information in these letters and contracts must match your CV. They will confirm the following: <ul style="list-style-type: none">• dates you were in post• post title, grade, training• type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)
Job descriptions	These must match the information in your CV. They will confirm the following: <ul style="list-style-type: none">• your position within the structure of your department• your post title• your clinical and non clinical commitment• your involvement in teaching or training.
Job plans	Where you have undertaken a number of roles, provide details for each post or role. You can use these documents to demonstrate: <ul style="list-style-type: none">• the main duties and responsibilities of the post• your out of hours responsibilities, including rota commitments• that you have covered for colleagues' periods of leave• any professional supervision and management of junior medical staff that you have undertaken• your responsibilities for carrying out teaching, examination and accreditation duties• your contribution to postgraduate and continuing medical education activity, locally and nationally• any responsibilities you had that relate to a special interest• requirements to participate in medical audit and in continuing medical education• your involvement in research• your managerial, including budgetary, responsibilities where appropriate• your participation in administration and management duties.

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Research, publications and presentations

Research papers, grants, patent designs

Examples of evidence required for this section includes:

- Good Clinical Practice (GCP) course
- Formulating a research question and designing a project
- Critical appraisal skills and applying these
- A review article on a clinical topic, having reviewed and appraised the relevant literature
- Participation in trials within the Trust e.g. being named on the delegation log

Please include any research relevant to your current practice.

If the research is published - please submit the first page of the published paper.

If the research is not published - please provide a summary or abstract of the research.

Colleges may undertake web searches to check the information you provide.

You can use these documents to demonstrate:

- the types and complexity of cases you are involved in
- triangulation with logbook information
- working with colleagues (where research is joint or multi disciplinary)
- Continuing Professional Development (CPD).

Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.

<p>Publications within specialty field</p>	<p>Include a copy of the front page of each publication.</p> <p>More weight is given where:</p> <ul style="list-style-type: none"> • the applicant is first author • the publication has a high impact factor. <p>You must not change the listing of the authors (the order in which the authors are listed) in papers where there is more than one author.</p> <p>Colleges may undertake web searches to check the information you provide.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • the types and complexity of cases you are involved in • triangulation with logbook information • working with colleagues (where publications are joint or multi disciplinary) • CPD. <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge:</p>
<p>Presentations, poster presentations</p>	<p>You may supply invitations to present at national or international meetings to demonstrate your recognition within your specialty. You may also supply feedback from presentations or meeting agendas or programmes that show your participation.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • the types and complexity of cases you are involved in • triangulation with logbook information • CPD • teaching and training. <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>

CPD and CME

<p>CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences</p>	<p>The generic requirements will be enhanced by evidence of completion of the RCEM e-learning modules which are available via the RCEM E-learning website- https://www.rcemlearning.co.uk/. Copies of certificates generated in this programme must be submitted.</p> <p>You should provide evidence of CPD activity including a contemporary personal diary (with reflective notes) to confirm learning opportunities for each session. CPD activity must cover a period of the last five years and you must demonstrate that you have broadly covered the CCT Curriculum in your CPD activity.</p> <p>You should provide a variety of these to cover all aspects of your work and to demonstrate the breadth of your practice with a mixture of internal and external CPD. Where you have specialised the provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills.</p> <p>Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc).</p> <p>See the RCEM guidelines.</p>
<p>CPD registration points from UK Medical Royal College (or equivalent body overseas)</p>	<p>You must provide evidence of having achieved the required standard of an average of 50 CPD hours per year.</p> <p>The majority of applicants for CESR, based in the UK, should be registered for CPD activity with the RCEM, or if from overseas, with an equivalent body. Applicants must have achieved the required standard of annual return agreed with the relevant college. (which may be over one year or averaged out over several years)</p> <p>Applicants working mainly in the field of Paediatric EM may be registered for CPD with RCPCH.</p> <p>Please provide evidence of registration within a formal system. Royal Colleges or Faculties may confirm attainment of their requirements.</p> <p>See the RCEM guidelines.</p>

Membership of professional bodies and organisations	<p>List the following for your current membership of professional bodies and organisations. Provide documentary evidence showing membership information:</p> <ul style="list-style-type: none">• organisation name• date of joining• status of membership (member, associate etc)• how membership is achieved (evaluation, examination, is membership restricted or open to all?) <p>Where membership has been attained through an evaluation or examination and you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>
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Teaching and training

Teaching timetables	<p>Where you have undertaken a number of roles provide details for each post or role, indicate the level of the teaching. Where teaching is not formal (timetabled) indicate how you participate in teaching.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>
Lectures	<p>Please include evidence showing the audience and topics covered, such as posters advertising event, educational timetable from trust education centre, letter from education centre indicating your involvement in specialty trainee formal education programme.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• CPD• teaching and training• communication skills. <p>Advanced Life Support Instructor, Training the Trainers Course and peer review assessments of teaching would be useful additional specialty specific evidence.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>

Feedback or evaluation forms from those taught	<p>Please provide copies of feedback from teaching events you have participated in.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • the types and complexity of cases you are involved in • triangulation with logbook information • CPD • teaching and training • leadership • relationships with colleagues • communication skills.
Letters from colleagues	<p>You can use copies of letters from colleagues to demonstrate similar information to feedback forms (see above).</p>
Attendance at teaching or appraisal courses	<p>Please provide documentary evidence that you attended the courses and information on the content of the course including whether they were generic or aimed at medical professionals.</p> <p>You must be able to demonstrate knowledge and skills in giving feedback to colleagues and trainees, ensuring positive and constructive outcomes.</p> <p>You must be able to demonstrate the potential to teach and train effectively at all levels of undergraduate and postgraduate education and in both formal and informal teaching situations.</p>

Participation in assessment or appraisal and appointments processes

You may provide the following types of evidence to support this area:

- copies of invitations to appraisals or assessments including attendance at appraisal/assessment courses
- evidence of participation in the Deanery ARCP or RITA processes
- evidence of participation in appointments for trainees (including invitations to participate and interview panel information, including attendance at interview and appointment related courses).

You can use these documents to demonstrate:

- contribution to postgraduate and continuing medical education activity, locally and nationally
- any responsibilities which relate to a special interest
- participation in administration, management duties
- participation in teaching and training
- communication, partnership and teamwork
- relationships with colleagues (including giving feedback)
- leadership.

Domain 2 – Safety and quality

Participation in audit, service improvement

Audits undertaken by applicant

Further information on and resources for Audit and QIP can be found on the [College Website](#)

You are expected to provide evidence of involvement with audit or Quality Improvement Project (QIP) every year covering the five years before your CESR application, and you should include at least one complete audit cycle i.e. covering all the five stages:

1. Definition of criteria and standards
2. Data collection
3. Assessment of performance against criteria and standards
4. Identification of changes (alterations to practice)
5. Re-evaluation

QIP should also cover all the above five stages.

As well as quality improvement aspects, QIP demonstrates ability to work as a team, manage a project, and reflect on actions and personal effectiveness.

Evidence you could supply includes:

- audit reports (collections of data alone are not considered as a full clinical audit)
- publications
- submissions to ethics committee (not satisfactory alone)
- presentations of audit work (see above for details required for presentations)
- letter from audit or clinical governance lead confirming participation in audit or governance activities
- guidelines produced to reflect lessons learned within audit
- notes from self-reflective diaries.

You can use these documents to demonstrate:

- the types and complexity of cases you are involved in
- triangulation with logbook information CPD
- communication, partnership and teamwork

This is the specialty specific guidance for Emergency Medicine

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.

	<ul style="list-style-type: none"> • relationships with colleagues, patients • leadership • multi disciplinary working.
Reflective diaries	<p>You can use reflective practice to demonstrate:</p> <ul style="list-style-type: none"> • triangulation with logbooks • relationships with colleagues • your recognition of the limits of your professional competence • handling of critical incidents or complaints (any declared must include reflective notes) • how you have changed your practice in the light of experiences (part of audit). <p>As this evidence is self produced for its content to be given weight it must be supported or triangulated by other evidence.</p>
Service Improvement and clinical governance meetings	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none"> • evidence of involvement in Service Improvement Project • records of attendance at meetings and minutes demonstrating participation in meetings <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • communication, partnership and teamwork • relationships with colleagues • leadership • multi-disciplinary working • participation in audit or clinical governance. <p>All evidence in this area must be anonymised for individual patient data.</p>

Safety

Health and safety	<p>Please provide evidence to support awareness and following Health and Safety requirements.</p> <p>This can be demonstrated by:</p> <ul style="list-style-type: none">• declaration of health on your application form• attendance at appropriate course• involvement in infection control (membership of committees etc)• logbook information on infections• audit on infections and subsequent changes in activity.
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Domain 3 – Communication, partnership and teamwork

Communication

Colleagues	<p>Please provide evidence to support your communication with colleagues, both within your immediate team and the wider team (including non clinical).</p> <p>This can be demonstrated by:</p> <ul style="list-style-type: none">• letters from colleagues (examples of shared cases or “To whom it may concern letters” or testimonials)• letters of correspondence between you and your colleagues, demonstrating collaboration over management of patient care across multidisciplinary teams• management – including organising staff rotas• presentations• copies of appraisals or references written for colleagues (these must be anonymised with relation to colleague data). <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi-disciplinary working• participation in directorate and management meetings• honesty and objectivity.
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Patients	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• thank you letters and cards from patients• letters from colleagues (examples of cases shared or "To whom it may concern letters" / testimonials)• complaints and responses to complaints. <p>This may include complaints received against your department or a colleague where you have been involved in the resolution. This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application. You must anonymise colleague information from this evidence.</p> <ul style="list-style-type: none">• 360° feedback. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication• relationships with patients• honesty and integrity• protecting patient confidentiality. <p>All evidence in this area must be anonymised for individual patient data.</p>
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Partnership and teamwork

Working in multidisciplinary teams	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• invitations to attend meetings• minutes of meetings demonstrating your attendance and participation in the meeting• job plans which indicate this as a duty• appraisals which include this information. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi disciplinary working. <p>All evidence in this area must be anonymised for individual patient data.</p>
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Management and leadership experience

This area could be demonstrated in a number of ways including:

- Rota management
- Recruitment with interview
- Appraisal
- Write a business case
- Contribute to a cost improvement plan
- Introduce a guideline or new equipment
- Develop a new service
- Write a coroner or solicitor report
- Review a guideline
- Teach data protection
- Review departmental risk register
- Contribute to CG meetings over 6/12
- Produce or review a procedure to reduce risk
- Introduction & implementation of induction programme
- Management courses with reflective notes
- Leadership courses with reflective notes
- Equality & diversity training

Your evidence should demonstrate your ability to:

- Providing effective leadership to the ED, even at the most challenging times
- Developing team working between ED middle grade staff, including non-trainees and part-time staff
- Managing and improving the service, and setting direction

All evidence in this area **must** be **anonymised** for individual patient data.

Chairing meetings and leading projects

This area could be demonstrated in a number of ways including:

- invitations to attend meetings
- minutes of meetings demonstrating your attendance and participation in the meeting
- job plans which indicate this as a duty
- appraisals which include this information
- project reports
- letters from colleagues
- publications or presentations.

You can use these documents to demonstrate:

- communication, partnership and teamwork
- relationships with colleagues
- leadership
- multi disciplinary working
- participation in directorate and management meetings
- CPD.

Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.

All evidence in this area **must** be **anonymised** for individual patient data.

Domain 4 – Maintaining trust

Acting with honesty and integrity

Honesty and integrity	You can demonstrate this with: <ul style="list-style-type: none">• the declarations on your application form• statements from your referees• appraisal forms• having no restrictions on your registration (UK based doctors)• Certificate of Good Standing (overseas based doctors).
Equality and human rights (including disability, human rights, race, religion and ethnicity awareness and equal opportunities)	You can demonstrate this with: <ul style="list-style-type: none">• evidence of attendance at relevant courses (please provide details of course content)• feedback from patients and colleagues• statements from your referees• testimonials.
Data protection	You can demonstrate this with: <ul style="list-style-type: none">• attendance at relevant courses (please provide details of course content)• feedback from patients and colleagues• your application and evidence being appropriately anonymised.

Relationships with patients

Testimonials and letters from colleagues	You may include 'To whom it may concern letters'. All evidence in this area must be anonymised for individual patient data.
Thank you letters, cards from colleagues and patients	Please ensure that these are anonymised (for individual patient data).
Complaints and responses to complaints	Your evidence in this section is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application. You may include complaints received against the department within which you worked or one against a colleague where you have been involved in the resolution. You may provide a reflective diary of how you would handle a hypothetical complaint. Your evidence should demonstrate your ability to provide: <ul style="list-style-type: none">• Timely and accurate written responses to complaints when required• Leadership in the management of complaints All evidence in this area must be anonymised for individual patient data.