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**Form of Competences versus Evidence which may be completed and submitted with CESR Application**

**CESR Applicants may wish to complete the following Tables of Competences (of 2015 EM Curriculum) with details of their evidence, and submit this with their CESR application.**

**This form is a tool to assist applicants in providing evidence which addresses all curriculum competences.**

**Evidence should include a minimum number of workplace based assessments (refer to SSG), but competences may also be demonstrated by other means, such as eLearning and reflection.**

**Competences in total as per curriculum 2015, revised and applicable from August 2016**

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**(1) HST Competences combined**

|  |  |  |  |
| --- | --- | --- | --- |
| **Competence** | **Type of Evidence** | **Title of document** | **Date Produced** |
| **Major Presentations** |  |  |  |
| Anaphylaxis |  |  |  |
| Cardio-respiratory arrest |  |  |  |
| Major trauma |  |  |  |
| Shocked Patient |  |  |  |
| Unconscious patient |  |  |  |
|  |  |  |  |
| **Acute Presentations** |  |  |  |
| Abdominal pain |  |  |  |
| Acute back pain |  |  |  |
| Alcohol and substance abuse |  |  |  |
| Anal pain and rectal bleeding |  |  |  |
| Blackouts |  |  |  |
| Breathlessness |  |  |  |
| Bruising and spontaneous bleeding |  |  |  |
| Chest pain |  |  |  |
| Dental emergencies |  |  |  |
| Dialysis |  |  |  |
| Environmental emergencies |  |  |  |
| Epistaxis |  |  |  |
| Falls |  |  |  |
| Fever |  |  |  |
| Fits/seizure |  |  |  |
| Haematemesis and melaena |  |  |  |
| Headache |  |  |  |
| Joint swelling - atraumatic |  |  |  |
| Limb pain and swelling – traumatic and atraumatic |  |  |  |
| Major incident management |  |  |  |
| Oncology emergencies |  |  |  |
| Observational medicine |  |  |  |
| Palpitations |  |  |  |
| Penile conditions |  |  |  |
| Poisoning |  |  |  |
| Pre-hospital care |  |  |  |
| Pregnancy |  |  |  |
| Rash – life-threatening rashes |  |  |  |
| Research |  |  |  |
| Sexual assault |  |  |  |
| Visual loss |  |  |  |
| Weakness not due to stroke |  |  |  |
| Wound management |  |  |  |
| Complex older patients |  |  |  |
| The patient with chronic disease |  |  |  |

# **(2) Anaesthetics Competences for Initial Assessment of Competence (IAC)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competence** | **Assessment Code** | **Type of Evidence** | **Title of document** | **Date Produced** |
| **A-CEX** |  |  |  |  |
| Preoperative assessment for routine operating list | IAC-A01 |  |  |  |
| Manage anaesthesia for a patient who is not intubated and is breathing spontaneously | IAC-A02 |  |  |  |
| Administer anaesthesia for acute abdominal surgery | IAC-A03 |  |  |  |
| Demonstrate Rapid Sequence Induction | IAC-A04 |  |  |  |
| Recover a patient from anaesthesia | IAC-A05 |  |  |  |

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| **DOPS** |  |  |  |  |
| Demonstrates function of the anaesthetic machine | IAC–D01 |  |  |  |
| Transfer a patient onto the operating table and position them for surgery | IAC–D02 |  |  |  |
| Demonstrate cardio-pulmonary resuscitation on a manikin | IAC – D03 |  |  |  |
| Demonstrates technique of scrubbing up and donning gown and gloves | IAC – D04 |  |  |  |
| Basic Competences for Pain Management – manages PCA including prescription and adjustment of machinery | IAC – D05 |  |  |  |
| Demonstrates the routine for dealing with failed intubation on a manikin | IAC – D06 |  |  |  |
| **CBD** |  |  |  |  |
| Discuss the steps taken to ensure correct identification of the patient, the operation and the side of operation | IAC-C01 |  |  |  |
| Discuss how the need to minimize postoperative nausea and vomiting influenced the conduct of the anaesthetic | IAC-C02 |  |  |  |
| Discuss how the airway was assessed and how difficult intubation can be predicted | IAC-C03 |  |  |  |
| Discuss how the choice of muscle relaxants and induction agents was made | IAC-C04 |  |  |  |
| Discuss how the trainee’s choice of post-operative analgesics was made | IAC-C05 |  |  |  |
| Discuss how the trainee’s choice of post-operative oxygen therapy was made | IAC-C06 |  |  |  |
| Discuss the problems emergency intra-abdominal surgery causes for the anaesthetist and how the trainee dealt with these | IAC-C07 |  |  |  |
| Discuss the routine to be followed in the case of failed intubation | IAC-C08 |  |  |  |

# **(3) PEM Competences**

|  |  |  |  |
| --- | --- | --- | --- |
| **Competence** | **Type of evidence** | **Title of document** | **Date Produced** |
| **Major Presentations** |  |  |  |
| Anaphylaxis |  |  |  |
| Apnoea, stridor and airway obstruction |  |  |  |
| Cardio-respiratory arrest |  |  |  |
| Major trauma in children |  |  |  |
| The shocked child |  |  |  |
| The unconscious child |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Acute Presentations** |  |  |  |
| Abdominal pain |  |  |  |
| Accidental poisoning, poisoning and self-harm |  |  |  |
| Acute life threatening event |  |  |  |
| Blood disorders |  |  |  |
| Breathing difficulties – recognize the critically ill and those who will need intubation and ventilation |  |  |  |
| Concerning presentations |  |  |  |
| Dehydration secondary to diarrhea and vomiting |  |  |  |
| ENT |  |  |  |
| Fever in all age groups |  |  |  |
| Floppy child |  |  |  |
| Gasto-intestinal bleeding |  |  |  |
| Headache |  |  |  |
| Neonatal presentations |  |  |  |
| Ophthalmology |  |  |  |
| Pain in children |  |  |  |
| Painful limbs – atraumatic |  |  |  |
| Painful limbs – traumatic |  |  |  |
| Rashes in children |  |  |  |
| Sore throat |  |  |  |

# **(4) ICM Competences**

|  |  |  |  |
| --- | --- | --- | --- |
| **ICM Competence** | **Type of Evidence**  | **Title of document** | **Date Produced** |
| Demonstrates aseptic peripheral venous cannulation |  |  |  |
| Demonstrates aseptic arterial cannulation |  |  |  |
| Obtains an arterial blood gas sample safely, interprets results correctly |  |  |  |
| Demonstrates aseptic placement of central venous catheter |  |  |  |
| Connects mechanical ventilator and selects initial settings |  |  |  |
| Describes safe use of drugs to facilitate mechanical ventilation |  |  |  |
| Describes principles of monitoring respiratory function |  |  |  |
| Describes the assessment of the patient with poor compliance during ventilator support (‘fighting the ventilator’) |  |  |  |
| Prescribes safe use of vasoactive drugs and electrolytes |  |  |  |
| Delivers a fluid challenge safely to an acutely unwell patient |  |  |  |
| Describes actions required for accidental displacement of tracheal tube or tracheostomy |  |  |  |

# **(5) Procedural Competences - Adult**

|  |  |  |  |
| --- | --- | --- | --- |
| **Procedure**  | **Type of evidence** | **Title of document** | **Date Produced** |
| Lumbar puncture |  |  |  |
| Pleural tap and aspiration |  |  |  |
| Intercostal drain - seldinger |  |  |  |
| Intercostal drain - open |  |  |  |
| Ascitic tap |  |  |  |
| Abdominal paracentesis |  |  |  |
| Airway protection | DOPS in ED |  |  |
| Basic and advanced life support | DOPS in anaesthesia |  |  |
| DC cardioversion |  |  |  |
| Knee aspiration |  |  |  |
| Temporary pacing (external wire) |  |  |  |
| Reduction of dislocation/fracture  | DOPS in ED |  |  |
| Large joint examination |  |  |  |
| Wound management | DOPS in ED |  |  |
| Initial assessment of acutely unwell |  |  |  |
| Secondary assessment of the acutely unwell (i.e. after initial resuscitation and in the ITU) |  |  |  |

# **(6) Procedural Competences – Paediatric**

**NB S = May be acquired by simulation techniques**

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| --- | --- | --- | --- |
| **Competence** | **Type of evidence** | **Title of document** | **Date Produced** |
| Be able to perform a primary survey |  |  |  |
| Basic airway maneouvres, including use of airway adjunts, oxygen delivery techniques |  |  |  |
| Management of the choking child  | **S** |  |  |
| Orotracheal intubation | **S** |  |  |
| Replacement of tracheostomy tube |  |  |  |
| Cricothyroidotomy & percutaneous trans-tracheal ventilation | **S** |  |  |
| External cardiac pacing | **S** |  |  |
| Needle thoracocentesis | **S** |  |  |
| Tube thoracostamy | **S** |  |  |
| Venous access |  |  |  |
| Intraosseus line insertion | **S** |  |  |
| Direct current electrical cardioversion defibrillation | **S** |  |  |
| Oro/nasogastric tube replacement |  |  |  |
| Safe sedation in children | **S** |  |  |
| Infiltration of local anaesthetic |  |  |  |
| Incision and drainage of abscesses |  |  |  |
| Incision and drainage of paronychia |  |  |  |
| Evacuation of subungual haematoma |  |  |  |
| Wound exploration and irrigation |  |  |  |
| Wound repair with glue, adhesive strips and sutures |  |  |  |

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| --- | --- | --- | --- |
| **Immobilisation Techniques** |  |  |  |
| Application of broad arm sling |  |  |  |
| Application of collar and cuff |  |  |  |
| Application of Thomas splint or similar |  |  |  |
| Pelvic stabilization techniques |  |  |  |
| Spinal immobilization/log rolling |  |  |  |
| Must be familiar with the paediatric equipment & guidelines in the resuscitation room |  |  |  |

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| **Fracture/dislocation reduction techniques** |  |  |  |
| Shoulder dislocation |  |  |  |
| Elbow dislocation |  |  |  |
| Phalangeal dislocation |  |  |  |
| Supracondylar fracture with limb-threatening vascular compromise |  |  |  |
| Patellar dislocation |  |  |  |
| Ankle reduction |  |  |  |

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| --- | --- | --- | --- |
| **Plaster Techniques** |  |  |  |
| Backslabs/splints |  |  |  |
| POP |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Foreign Body Removal** |  |  |  |
| Nose |  |  |  |
| Ear |  |  |  |
| In soft tissue |  |  |  |
| Eye |  |  |  |
| Ring removal |  |  |  |

# **(7) Common Competences ST1 – ST6**

|  |  |  |  |
| --- | --- | --- | --- |
| **Competence** | **Type of evidence** | **Title of document** | **Date Produced** |
| History Taking |  |  |  |
| Clinical Examination |  |  |  |
| Therapeutics and Safe Prescribing |  |  |  |
| Time management and Decision Making |  |  |  |
| Decision Making and Clinical Reasoning |  |  |  |
| Patient Focused Care |  |  |  |
| Patient Safety |  |  |  |
| Team working/ patient safety |  |  |  |
| Principles of Quality and Safety Improvement |  |  |  |
| Infection Control |  |  |  |
| Management of long term conditions/ promoting self-care |  |  |  |
| Patient relationships/ communication |  |  |  |
| Breaking bad news |  |  |  |
| Complaints and medical error |  |  |  |
| Communication with colleagues/ Cooperation |  |  |  |
| Health Promotion/ Public Health |  |  |  |
| Medical Ethics and Confidentiality |  |  |  |
| Valid Consent |  |  |  |
| Legal framework: |  |  |  |
| Ethical Research |  |   |  |
| Evidence and Guidelines |  |  |  |
| Audit |  |   |  |
| Teaching and Training |  |  |  |
| Personal Behaviour |  |   |  |
| Management & NHS Structure |  |  |  |

# **(8) ST3 Additional Adult Acute Presentations (not also covered in HST)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Competence** | **Type of evidence** | **Title of document** | **Date produced** |
| Major trauma – chest injuries |  |  |  |
| Major trauma – abdominal trauma |  |  |  |
| Major trauma - Spine |  |  |  |
| Major trauma - maxillofacial |  |  |  |
| Major trauma - burns |  |  |  |
| Traumatic limb and joint injuries – lower limb |  |  |  |
| Traumatic limb and joint injuries – upper limb |  |  |  |
| ABGs – interpretation of abnormal blood gas results in the ED |  |  |  |
| Abnormal blood glucose |  |  |  |
| Dysuria |  |  |  |
| Emergency airway care |  |  |  |
| Needlestick injury |  |  |  |
| Testicular pain |  |  |  |
| Urinary retention |  |  |  |

# **(9) ACCS: Major and Acute presentations ST1 & ST2 (not also covered in HST or Anaesthetics)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Competence** | **Type of evidence** | **Title of document** | **Date Produced** |
| **Major presentations not covered in HST again** |  |  |  |
| Septic patient |  |  |  |
| **Acute presentations not covered in HST again** |  |  |  |
| Loin pain |  |  |  |
| Abdominal swelling, mass & constipation |  |  |  |
| Aggressive/disturbed behaviour |  |  |  |
| Collapse |  |  |  |
| Confusion, acute/delirium |  |  |  |
| Cough |  |  |  |
| Cyanosis |  |  |  |
| Diarrhoea |  |  |  |
| Dizziness & vertigo |  |  |  |
| Head injury |  |  |  |
| Jaundice |  |  |  |
| Neck pain |  |  |  |
| Oliguric patient |  |  |  |
| Pain management |  |  |  |
| Painful ear |  |  |  |
| Pelvic pain |  |  |  |
| Rash non-life threatening |  |  |  |
| Red eye |  |  |  |
| Mental health |  |  |  |
| Sore throat |  |  |  |
| Syncope and pre-syncope |  |  |  |
| Vaginal bleeding |  |  |  |
| Ventilatory support – including oxygen therapy, CPAP, NIV |  |  |  |
| Vomiting and nausea |  |  |  |
| Weakness and paralysis due to stroke |  |  |  |
| Wound assessment |  |  |  |

**(10) Management Competences**

|  |  |  |  |
| --- | --- | --- | --- |
| **Competences** | **Type of Evidence** | **Title of document** | **Date Produced** |
| **1** Management a complaint (mandatory) |  |  |  |
| **2** Investigate a critical incident – root cause analysis (mandatory) |  |  |  |
| **3** Management competence |  |  |  |
| **4** Management competence |  |  |  |

**Note: Competencies 3 & 4 can be any of:**

* 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