

SALA POLISSENA A  
**ORGANIZZAZIONE E LEADERSHIP**

Moderatori: **Andrea Fabbri – Fabio De Iaco**

# **Carlo Arrigo**

## **Il programma di formazione in Medicina d'Urgenza In Inghilterra**





XII congresso nazionale

**simeu**

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**RICCIONE 13-15 MAGGIO 2022**

# ***Il programma di formazione in Medicina d'Urgenza in Inghilterra***

Dr Carlo Arrigo

Clinical Director Emergency Department  
Royal Surrey NHS Foundation Trust - Guildford - UK  
HEE-KSS School of Emergency Medicine

## **simeu**

**RICCIONE 13-15 MAGGIO 2022**





**Royal Surrey**  
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**527 beds**  
**20 operating theatres**  
**Teaching Hospital**  
**Tertiary centre for Cancer**





## Emergency Department

Teaching

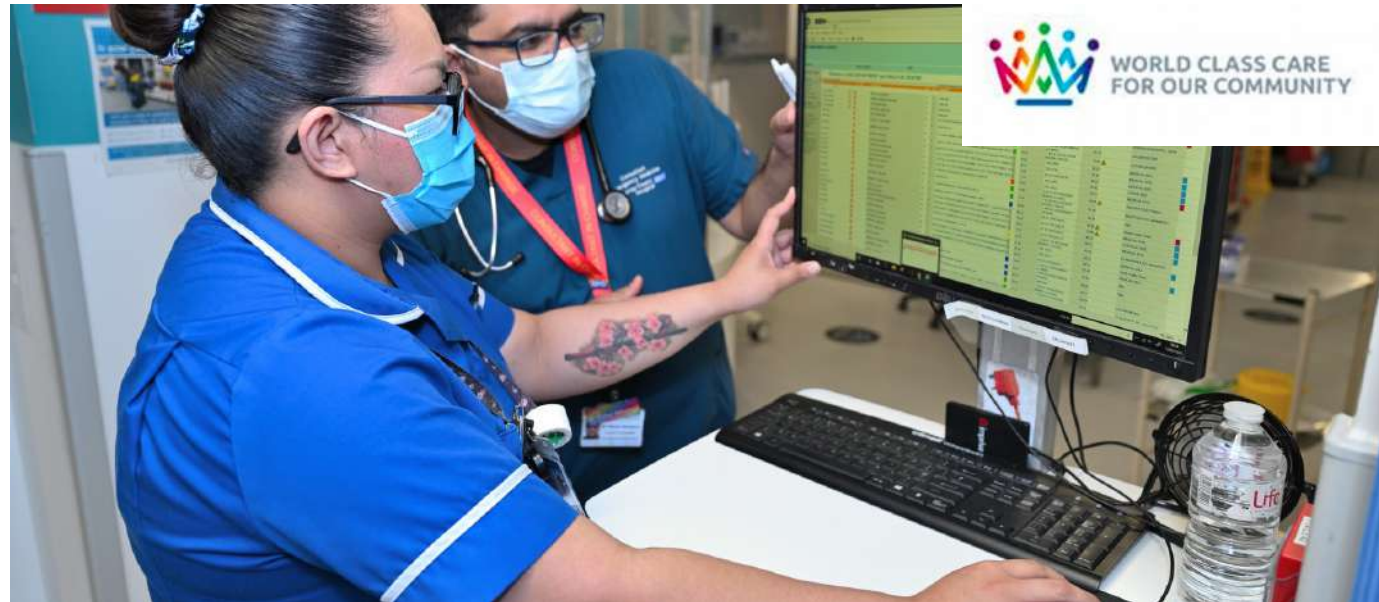
- 83,000 ED attendances

- 47 Doctors
- 130 Nurses
- 30 HCAs
- 20 Receptionists
- 6 Managers
- 4 Secretaries

POCUS RCEM  
training centre

Simulation  
Centre

- Undergraduate Medical Training  
(**University led**)
- Postgraduate Medical Training
  - Foundation Programme
  - Specialty Training  
(**Hospital led**)







Department  
of Health



*Health Education England*

Oversees the training and development of the workforce.  
Planning, education and training support.

13 Local Education Training Boards (LETBs – formerly Deanery)

*LETBs - Main role*

Plan and commission high quality education and training

Identify local education and training needs to build skills and  
meet future service needs

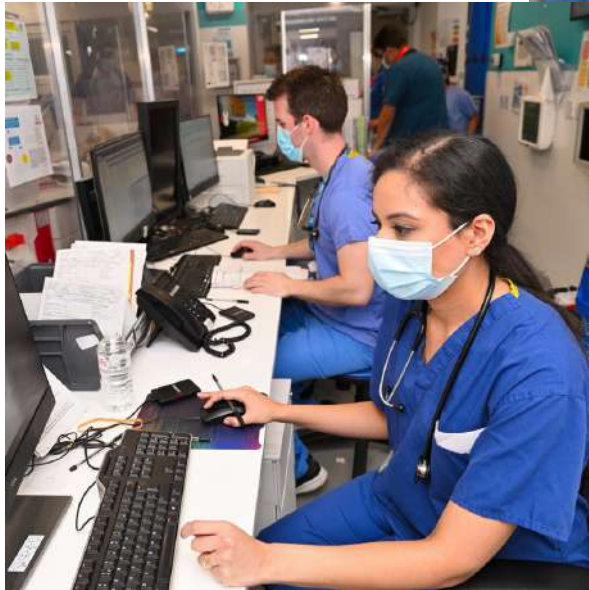




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working across Kent, Surrey and Sussex



### Postgraduate Medical Training

- Foundation Programme
- Specialty Training

- An accountable, capable and compassionate clinician
- Valuable member of healthcare workforce
- Professional, responsible for their own practice and portfolio development



## FY1:

- The length is currently set at one year
- Transition from undergraduate to postgraduate training\*
- It builds on undergraduate values, behaviours, skills and knowledge



## FY2:

- The length is currently set at one year
- Opportunity to consolidate and build on generic skills learnt in F1
- To develop independent practice, decision-making skills and the ability to deal with the variability and uncertainty that is part of everyday clinical practice.

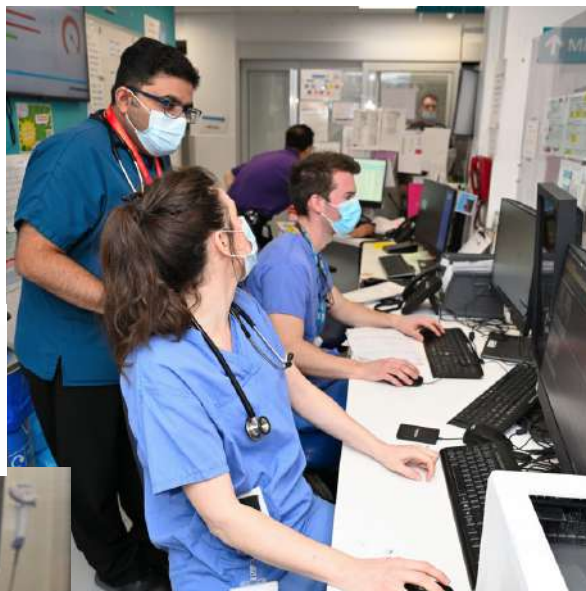
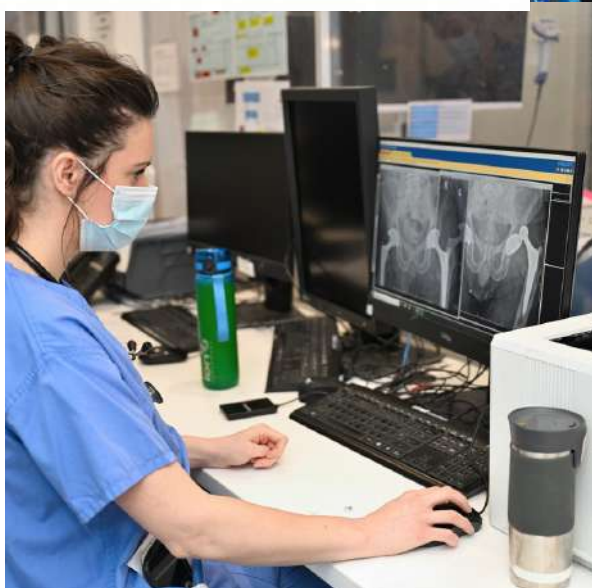


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## RCEM CURRICULUM



## Postgraduate Medical Training

- Foundation Programme
- Specialty Training

ACCS (ST1-ST3) → ST4-ST6 → EM Consultant

DRE-EM → ST3-ST6 → EM Consultant

ST1-ST6 Run Through Training (RTT) → EM Consultant



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*“Working in the Emergency Department is a really exciting place to be; all the different presentations that people come with, also the opportunities to subspecialise in all of those areas like elderly care, pre-hospital medicine, paediatrics, mental health. There is really something for everybody within Emergency Medicine”*



*Dr Adrian Boyle, RCEM President*

## **Training in Emergency Medicine** **6 years**

*can break down in two parts  
(Core and Higher Specialist Training)*



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# Specialist registration CCT and CESR-CP

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## CCT

“A **Certificate of Completion of Training** confirms that a doctor has completed an approved training programme in the UK and is eligible for entry onto the GP Register or the Specialist Register.”

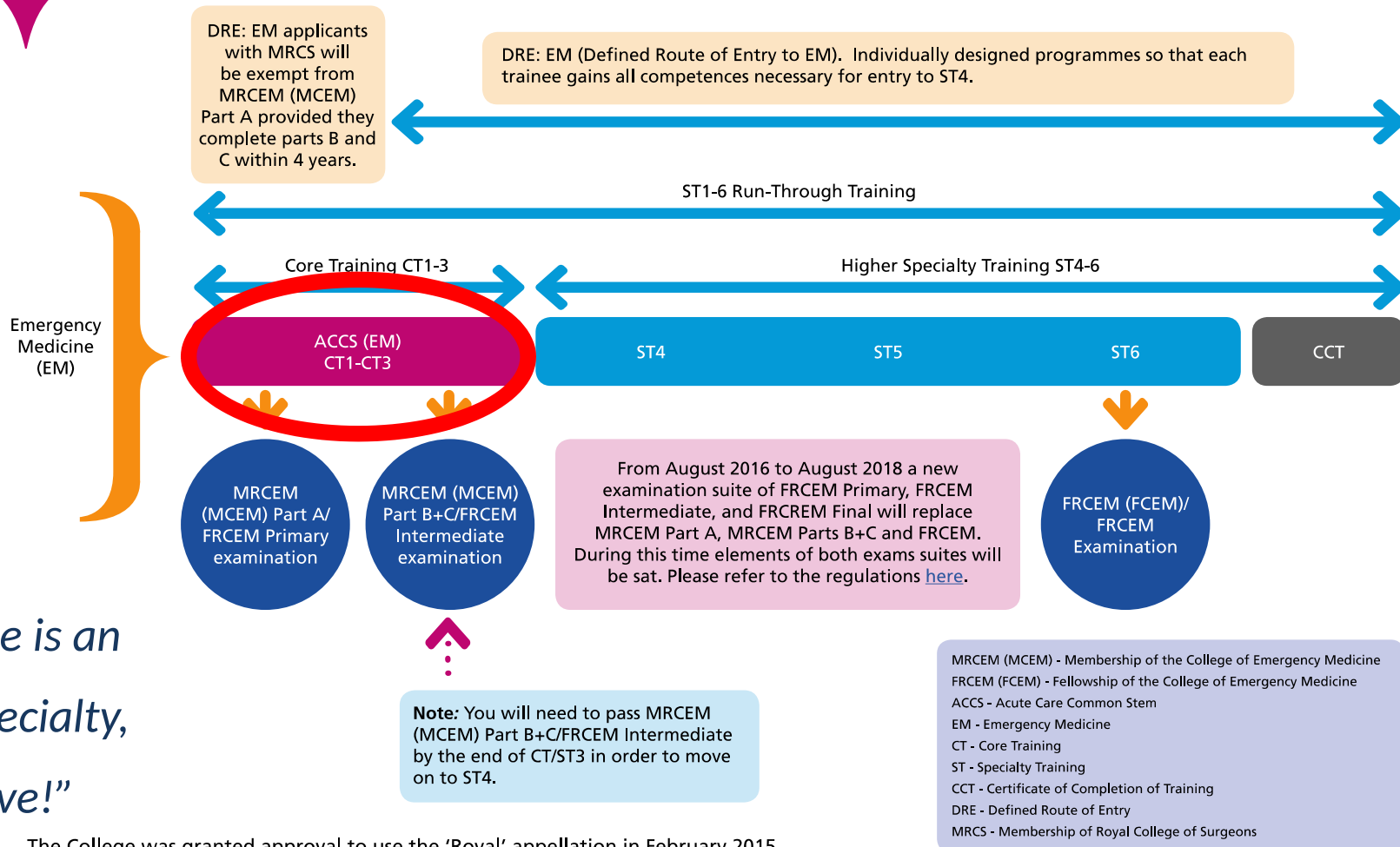
## CESR-CP

“Some trainees who have previously trained in other specialist programmes, can enter training at a later starting point and complete the programme. This is known as the ‘**Combined Programme**’, at the end of it trainees can apply for entry onto the Specialist Register via a **Certificate of Eligibility for Specialist Registration** (CP).”

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*“Emergency Medicine is an  
 absolutely unique specialty,  
 with which I fell in love!”*



This information is correct at the time of writing. Training pathways are subject to change. Further details of training pathways are available from medical royal colleges or faculties.

The College was granted approval to use the 'Royal' appellation in February 2015.

Prior to starting your specialty training you need to have completed a medical degree followed by the [two-year foundation programme](#) or have equivalent competences prior to applying to CT/ST level.

# ACCS

## Acute Common Care Stem

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ACCS constitutes the first three years of the CCT in EM in a pre-planned and structured manner.

The first two years of ACCS training (EM, IM, Anaesthetics and ICM).

A further year gaining additional competences in adult EM (including musculoskeletal emergencies) and Paediatric Emergency Medicine.



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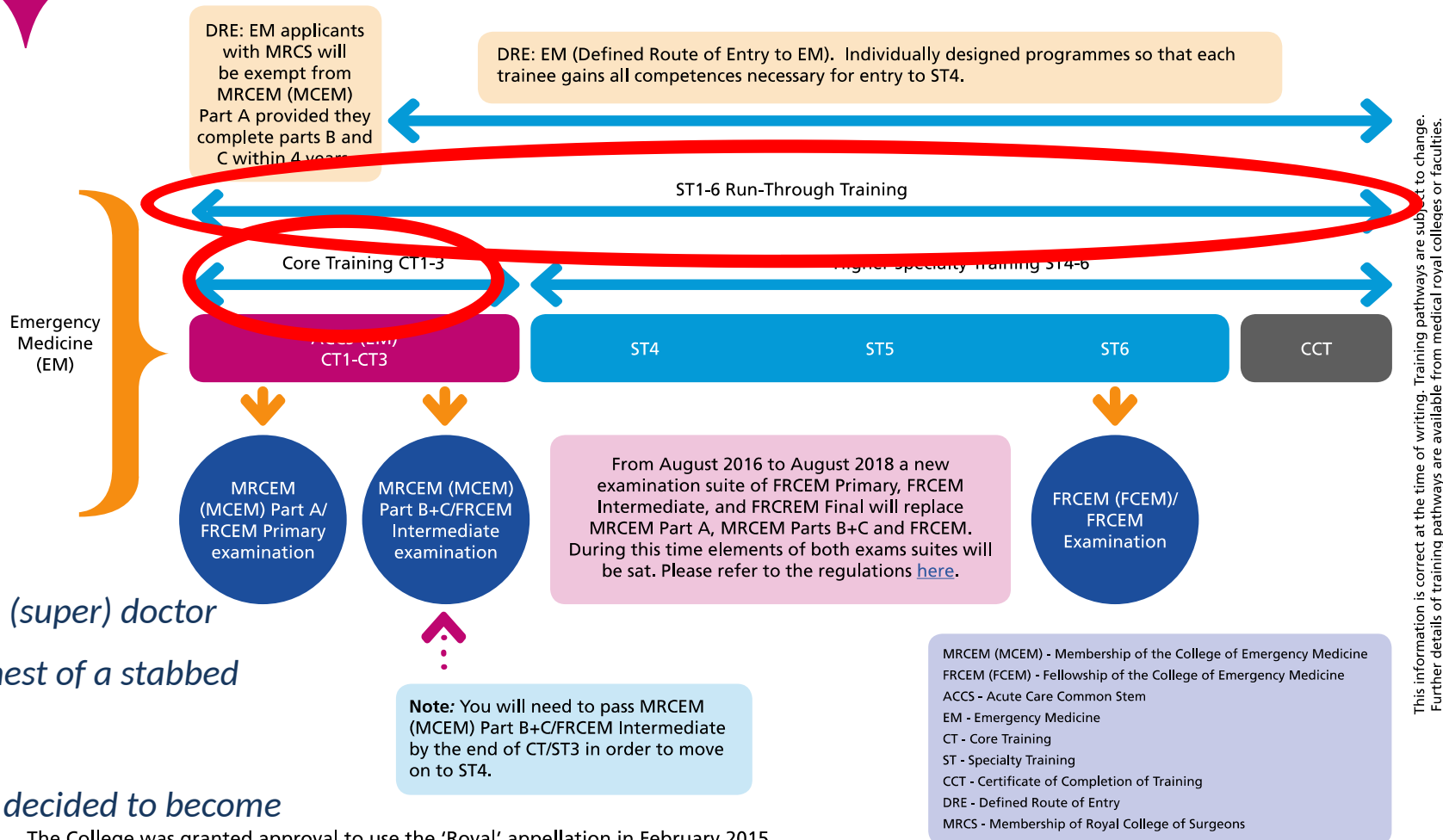
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*“There is no appeal in medical specialties other than Emergency Medicine”*



*"I was 15 yo when I saw a (super) doctor opening on a street the chest of a stabbed man.*

*That man survived. I then decided to become an Emergency Physician"*



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# ACCS

## Acute Common Care Stem

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- **Core Training programme (CT)**

Will complete the first three years of specialty training in preparation for entering Higher Specialty Training

- **Run Through training (RTT)**

Begin at ST1 and continue, dependent on satisfactory ARCPs, to ST6 without the need to re-apply for HST (ST4-6)



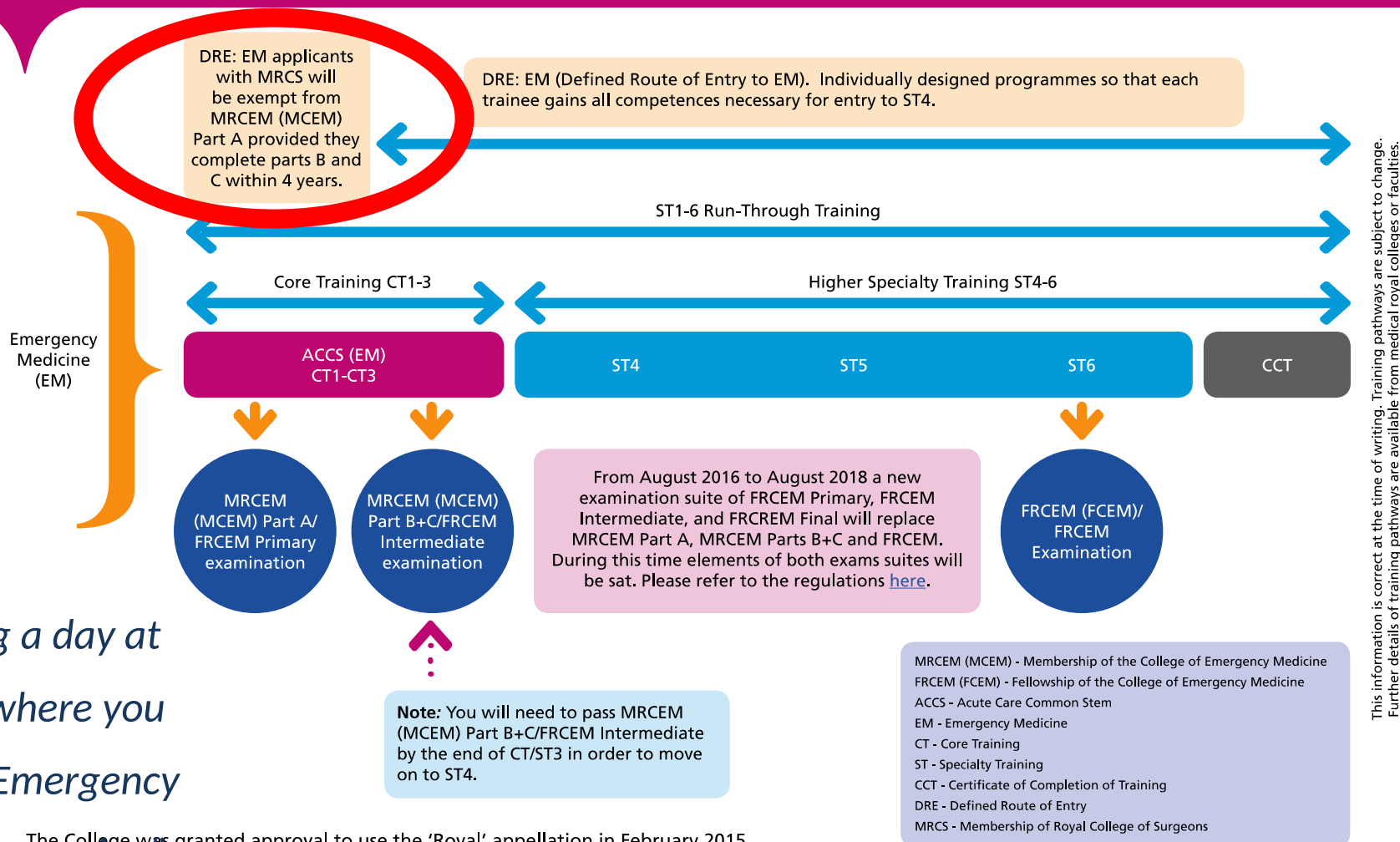
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*“Emergency Medicine is ridiculously beautiful and exciting”*

*“No matters how long a day at work is, but matters where you spend that time. My Emergency Department family is amazing”*



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# DRE-EM

## Defined Route of Entry to EM

### Intermediate Training

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‘DRE-EM’ is an entry point into EM specialty training and has its own national selection process.

Purpose is to increase recruitment to EM training whilst maintaining quality.

DRE-EM allows entry to ST3 level via 2 routes:

**Route 1** – from Surgical training (UK approved with MRCS or UK equivalent)

**Route 2** – from ACCS specialties or approved programmes



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*“My advice to Medical Students? Choosing Emergency Medicine is about love; you’ll know if it is the case”*

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# ST4-ST6 (HST)

## Higher Specialist Training

The HST programme covers the final three years of training in Emergency Medicine (EM) ST4-ST6.

Regions offer the opportunity to work across three or four different sites during that time.

All trainees will spend six to twelve months in a Major Trauma Centre (MTC).

The Emergency Departments on the training programme offer a huge range of experience and all aspects of the EM curriculum are covered in a trainee's rotation.

Trainees will rotate at the beginning of August each year.



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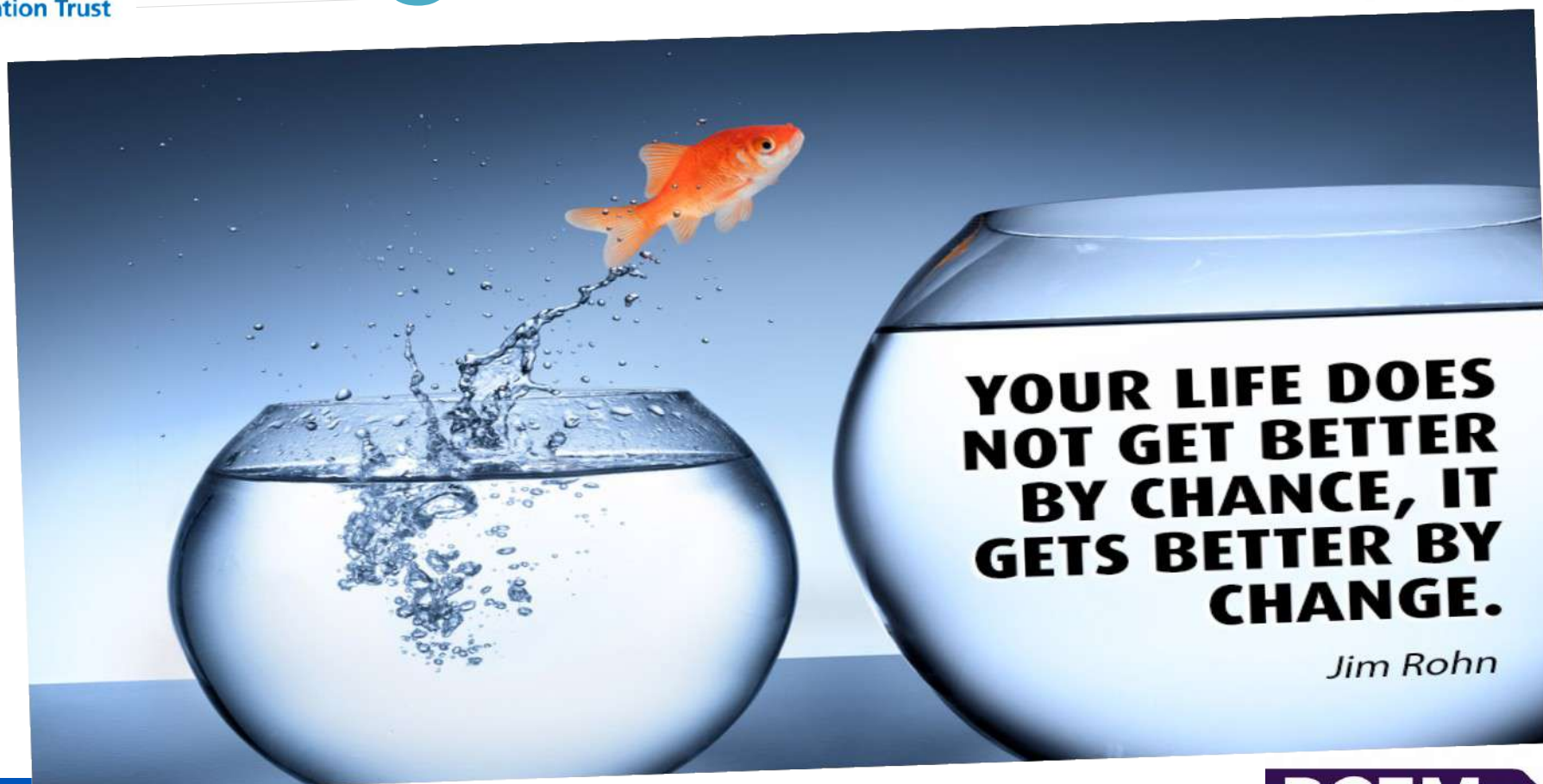
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*"Emergency Medicine is for super-heroes, Legends"*



# August 2021



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# CURRICULUM 2021



Launch August 4<sup>th</sup>  
2021

Trainee led

Everything done in  
the ED is  
*developmental*

Find the  
interesting, the  
challenging, what  
needs to be known next

Give honest  
supportive  
feedback, make  
sound holistic  
judgements

Time to move  
forward

# SPECIALTY LEARNING OUTCOMES



The foundations of the new Curriculum are the 12 Specialty Learning Outcomes



There are 8 clinical SLO's



And 4 Generic SLO's



These are divided into Key Capabilities which you must provide evidence against and descriptors which help you to identify learning events



## RCEM CURRICULUM

1. CARE FOR PHYSIOLOGICALLY STABLE ADULT PATIENTS PRESENTING TO ACUTE CARE ACROSS THE FULL RANGE OF COMPLEXITY



2. SUPPORT THE ED TEAM BY ANSWERING CLINICAL QUESTIONS AND MAKING SAFE DECISIONS



3. IDENTIFY SICK ADULT PATIENTS, BE ABLE TO RESUSCITATE AND STABILISE AND KNOW WHEN IT IS APPROPRIATE TO STOP



4. CARE FOR ACUTELY INJURED PATIENTS ACROSS THE FULL RANGE OF COMPLEXITY



5. CARE FOR CHILDREN OF ALL AGES IN THE ED, AT ALL STAGES OF DEVELOPMENT AND CHILDREN WITH COMPLEX NEEDS



6. DELIVER KEY PROCEDURAL SKILLS



7. DEAL WITH COMPLEX AND CHALLENGING SITUATIONS IN THE WORK PLACE



8. LEAD THE ED SHIFT



## RCEM CURRICULUM

9. SUPPORT, SUPERVISE AND EDUCATE



10. PARTICIPATE IN RESEARCH AND  
MANAGING DATA APPROPRIATELY



11. PARTICIPATE IN AND PROMOTE ACTIVITY  
TO IMPROVE THE QUALITY AND SAFETY OF  
PATIENT CARE



12. MANAGE, ADMINISTER AND LEAD



# WORKPLACE BASED LEARNING



Learning events can be recorded in a number of ways on the new e-portfolio



Most of the WPBAs you are familiar with have been retained



And there are some new ones



Performance is described by using an entrustment scale



**The RCEM utilises standard and specialty specific WPBA tools, which are made up of:**

- RCEM assessment app
- Mini-Clinical Evaluation Exercise (Mi or Mini-CEX, in anaesthesia A or Anaes-CEX)
- Direct Observation of Procedural Skills ( DOPS)
- Multi-Source Feedback (MSF)
- Case-Based Discussions (CbD)
- ESLE (Extended Supervised Learning Event) Tool
- Patient Survey
- Acute Care Assessment Tool (ACAT)
- Audit Assessment
- Teaching Observation
- Structured Teaching Assessment Tool (STAT)
- Journal Club Form (JCF)
- Applied Critical Appraisal Form (ACAF)
- Quality Improvement Assessment Tool (QIAT)
- Leadership Assessment Tool



*“Thank you for being there when I needed, thank you for caring of me, thank you for being such compassionate and knowledgeable”*

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# RCEM ENTRUSTMENT SCALE

1	Direct supervisor observation/involvement, able to provide immediate direction or assistance
2a	Supervisor on the 'shop-floor' (e.g. ED, theatres, AMU, ICU), monitoring at regular intervals
2b	Supervisor within hospital for queries, able to provide prompt direction or assistance and trainee knows reliably when to ask for help
3	Supervisor 'on call' from home for queries, able to provide directions via phone and able to attend the bedside if required to provide direct supervision
4	Would be able to manage with no supervisor involvement (all trainees practice with a consultant taking overall clinical responsibility)



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<b>Not yet achieved</b>	<ul style="list-style-type: none"> <li>Minimal evidence of activity in quality improvement activity.</li> </ul>
<b>Acceptable/Good</b>	<ul style="list-style-type: none"> <li>Evidence of engagement in quality improvement processes within the NHS Trust.</li> <li>For each year of training, evidence of involvement in an audit or other process related to quality improvement (service evaluation, audit, re-audit, quality improvement, guideline development, etc.).</li> <li>Presentation at local QI meeting.</li> </ul>
<b>Excellence</b>	<ul style="list-style-type: none"> <li>Presentation of the findings and actions from more than one project or in more than one setting.</li> <li>Demonstrates translation of findings and learning from one audit into another area of practice or another hospital.</li> </ul>

<b>Not yet achieved</b>	<ul style="list-style-type: none"> <li>Minimal evidence of quality improvement work.</li> <li>Little perseverance or insight into challenges to change management</li> </ul>
<b>Acceptable/Good</b>	<ul style="list-style-type: none"> <li>Evidence of a QI project that the trainee has participated in.</li> <li>Evidence that the team has been multi-disciplinary and there is satisfactory account of the QI methods and reflection on the conduct of the project.</li> </ul>
<b>Excellence</b>	<ul style="list-style-type: none"> <li>High quality QI project leading to significant improvement in clinical care</li> <li>Presentation of QI project at regional or national meeting</li> <li>Evidence of Innovation/ QI team leadership/ perseverance in making change</li> </ul>



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<b>Acceptable/Good</b>	<ul style="list-style-type: none"> <li>Evidence of a QI project that the trainee has led on.</li> <li>Evidence that the team has been multi-disciplinary and there is satisfactory account of the QI methods and reflection on the conduct of the project.</li> <li>Evidence of sharing of the results in a meeting with feedback on the effectiveness of communication</li> </ul>
<b>Excellence</b>	<ul style="list-style-type: none"> <li>High quality QI project leading to significant improvement in clinical care</li> <li>Presentation of QI project at regional or national meeting</li> <li>Evidence of innovation/ QI team leadership/ perseverance in making change</li> </ul>

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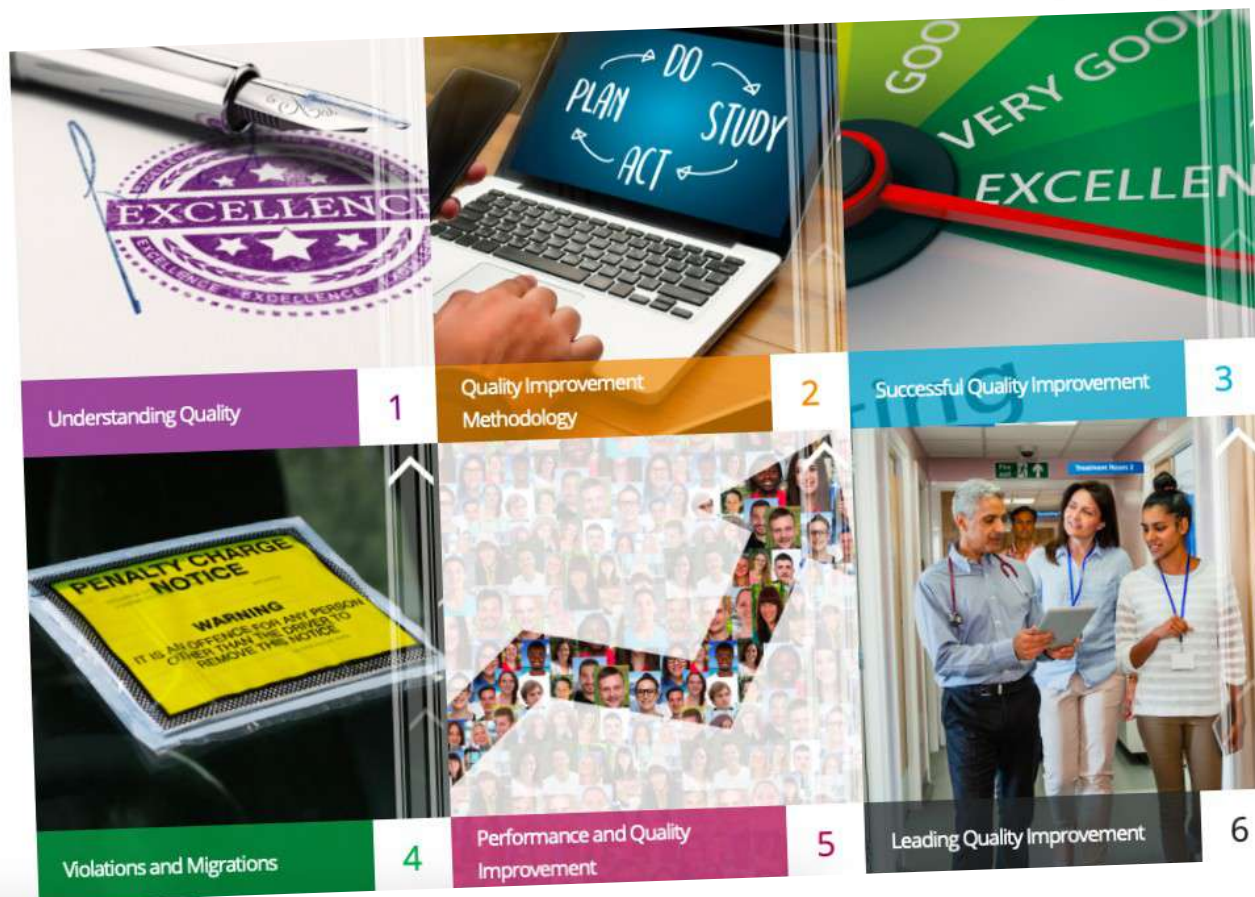
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Emergency Medicine

## Leading Quality

Scroll down for information on the session and how to access resources.

Your learning in this session is consolidated through the completion of mandatory reflections contained in a downloadable **worksheet** for you to complete electronically.

On average this should take around 60-90 minutes if you are completing the worksheets.



# POCUS curriculum

Modality	Indicative number	Reflective Notes
AAA	25	5
eFAST / FAFF	25	5
ELS	10	5
Shock Assessment	25	5
Vascular Access	5	5
Fascia Iliaca Block	10	5

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# POCUS curriculum

ACCS	ST3-4	ST5	ST6
Complete online modules	Continue relevant online learning or attend relevant course	Consolidate log book	Consider undertaking enhanced training
Commence bedside learning	Consolidate log book	Sign off 'Shock Protocol'	Consolidate logbook
Sign off: Vascular Access Fascia Iliaca Block	Sign off ELS AAA eFAST / FAFF	Sign off ELS AAA eFAST / FAFF (if not achieved by ST4)	Consider teaching / assisting with development colleagues and governance
Commence log book	Complete online pathology learning		
Aim 1 scan per 2 weeks minimum	Aim 1 scan per week	Aim 1 scan per week minimum	Aim 1 scan per week minimum



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# TAKE HOME MESSAGE

- Various entry points
- Compulsory portfolio evidence to move next
- Hospitals led
- Close control on evidence of progression (yearly)
- Exams
- Excellent clinical and leadership exposure





