SCHOOL OF EMERGENCY MEDICINE
EAST OF ENGLAND

Trainee Full Name:
HST level:

East of England - Emergency Medicine Higher Specialty Trainees (ST4-6) **RCEM 2025 Curriculum** ARCP decision aid (This need to be completed prior to every ARCP and signed by Educational supervisor)		
Trainee Full Name Full time / LTFT %		
Forthcoming ARCP date		Educational Supervisor Name:
Training year or clarify appropriate percentage of training year is being reviewed for the forthcoming ARCP (Eg: ST5 completion and 25% of ST6)		
Description		**Evidence: Comments or suggestions or brief points for ARCP panel review**
Have seen the last ARCP outcome and state whether the recommendations were met from last ARCP.		
Educational Supervisor Report (s) This should cover all placements since last ARCP and supportive of progression.		
Faculty Entrustment and Governance statements (FEGS) supports trainee progression.		

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Description		Evidence: Comments or suggestions or brief points for ARCP panel review
MSF within the last 12 months and supports progression (minimum of **12 responses** with at least minimum of **3 EM consultants** and mixture of medical and non-medical staff) *P.S: MSF should have ideally been done within the first six months of starting the training year*		*Eg: Highlights of MSF, date of MSF completion and Why didn't the trainee complete the MSF within the first six months of training year?*
ESLE minimum 3 per training year and completed by **consultant** at appropriate standard with comments and suggestions for trainees improvement. (see paediatric requirement)		*Eg: Grades of achievements i.e. A/E/H/C/Nor any particular ESLE would you want ARCP panel to look at?*
Clinical SLO completion		**Evidence: Comments or suggestions or brief points for ARCP panel review** There are no absolute numbers of WPBAs, however, there needs to be evidence collated of observed practice in each of the key capabilities of each clinical SLO and assessments in each SLO need to include a number of assessors. Reflection and online learning on its own isn't accepted as an evidence of completion. (see paediatric requirement against each LO)
SLO 1: Care for physiologically stable adult patients presenting to acute care across the full range of complexity		***Acceptable evidence**: ESLE, WBA (CBD, mini-CEX), EDT, reflections (Online learning on its own isn't acceptable), Logbook of cases, MSF*
SLO 2: Answering clinical questions		***Acceptable evidence**: ESLE, WBA (CBD, mini-CEX), EDT reflections (Online learning on its own isn't acceptable), FEG, MSF.*
SLO 3: Resuscitate and Stabilise		*Acceptable evidence: ESLE, WBA (CBD, mini-CEX), EDT reflections (Online learning on its own isn't acceptable), FEG, MSF*

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Clinical SLO completion		Evidence: Comments or suggestions or brief points for ARCP panel review There are no absolute numbers of WPBAs, however, there needs to be evidence collated of observed practice in each of the key capabilities of each clinical SLO and assessments in each SLO need to include a number of assessors. Reflection and online learning on its own isn't accepted as an evidence of completion.
SLO 4: Care for an injured patient		*Acceptable evidence: WBA (CBD, miniCEX), ELSE, EDT reflections (Online learning on its own isn't acceptable), FEG, MSF*
SLO 5: Care for children in the ED *(3 new resuscitation LOs added)*		*Acceptable evidence: WBA (CBD, min-iCEX), ELSE, EDT reflections (Online learning on its own isn't acceptable), FEG, MSF*
SLO 6: Deliver key procedural skills *(adult sedation added)*		*Acceptable evidence: DOPS, Record of skills lab activity, RCEM learning, logbook, ESLE*
SLO 7: Deal with Complex situations on the shop floor		*Acceptable evidence: ESLE, , CBD, reflection, FEG, Mini-CEX*
SLO 8: Lead the ED shift (*now includes CBRN/HAZMAT, ability to lead a board round, ability to Lead and receive handover/huddle)*		*Acceptable evidence: ESLE and reflective activity, MSF, FEG*

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Generic SLO completion		Evidence: Comments or suggestions or brief points for ARCP panel review
SLO 9: Support, supervise and educate		*Acceptable evidence: Evidence of participation in local departmental and regional teaching (teaching programme attendance confirmation), evidence of feedback on teaching and learning events delivered by trainee with reflection and goal settings for development of teaching skills. Evidence of refection in providing pastoral support to junior colleague or allied health professional. Also please state the number of sessions attended in an academic year, (MSF, TO, STAT, ESR.*
SLO 10: Participate in research and managing data appropriately		*Acceptable evidence: Presentation at journal club with feedback in each year of training AND/OR* • *Evidence of critical appraisal and evidence synthesis in ePortfolio in each year of training AND/OR* • *Good Clinical Practice training up to date by end of training AND/OR* • *evidence of training or learning on consent/ recruiting patients to research studies / conduct of research within the ED by end of training AND/OR* • *Evidence of completion of NIHR Associate PI Scheme* • *MSF, ACAF, JCF, ESR*
SLO 11: Participate in and promote activity to improve the quality and safety of patient care		*Acceptable evidence: New QIAT form, evidence of involvement in QIP each year of training ST6: summary of the development journey in QI and leadership throughout the entirety of EM training, with reference to specific examples, MSF, QIAT, ESR*
SLO 12: Lead and manage *(Mandatory:* *a) managing a patient safety incident* *b) rota management OR recruitment OR induction* c) *inter-specialty meeting)*		*Acceptable evidences: Each assignment in management portfolio should have the record of assignment, reflection of the process and what has been learnt in assignment, summative assessment with an RCEM trainer.(Please note: Satisfactory engagement with leadership and management activities including Involvement in at least one core management activity in each year of training), EMleaders Modules with reflection, LAT.MSF, ELSE, ESR*

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Ultrasound – WBA and logbook of evidence along with reflections are reviewed?		*Acceptable evidence: PoCUS logbook is up to date and relevant assessments are done. Indicative numbers by end of HST: 25 – AAA, eFAST, Shock assessment; ELS and FICB – 10, Vascular access – 5 and reflective notes of five per modality. Entrustment scale of 4 is expected for ELS, AAA, eFAST/FAFF at end of ST4/ST5. Teaching/assisting with development (colleagues and governance) at end of ST6. (New competence based model relies on quality and consistency rather than numbers)*
EDT logbook		*Record of EDT activities each session*
Patient logbook		*Logbook of cases with reflections. 20-25% of all cases seen must be children below 16*
Personal learning and reflections reviewed?		*Acceptable evidence: Would need to have adequate reflection and learning of the process along with actions carried out*
Personal Development plan achieved for the year of training?		*Acceptable evidence: Please state what has been achieved and what need to be done if not achieved.*
Has Form R been reviewed?		*Document revalidation outcome*
Complaints, Critical Incidents & SUIs		*(Any involvement recorded in STR with actions taken and associated reflective summary available)*

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Sickness/ shielding and TOOT has been reviewed?		*Acceptable evidence: If sickness – please state the no of days, If shielding – please state (evidence in personal folder) what work had been carried out during shielding including work time table during shielding, project work carried out, etc.*
No of regional training days attended per year? (18 training days/ academic year)		*Acceptable evidence: Certificate of attendance, learning reflections in portfolio following the training day.*
Please state about Exam status and QI progress		*If had more than two attempts at FRCEM SBA or OSCE – please state whether PSW help had been sought out?*

Description		**Evidence: Comments or suggestions or brief points for ARCP panel review**
Mandatory Courses (ATLS/ALS/APLS or equivalent)		*Please state whether it is checked and in date or whether it is due to expire.* *ATLS / ETLS* *ALS* *APLS / EPALS*
Safeguarding level 3 children and adult		*In date/ Expired*
Educational Development Time as pre RCEM TSC recommendations (320 hours / annum for 1 WTE)		*Acceptable evidence: Evidence log of achievements (eg: specialty placements, theatres, reflections, WBA, e-learning)*
Have any issues been identified that require referral on for additional support		*Eg: Exams, professional support, occupational health etc.*

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Overall the portfolio is linked appropriately to the curriculum and personal library is organised well?		*Please describe if needs improvement*
Trainee Signature and date	Signature: I] Date: []	
Educational supervisor signature and date	Signature: [] Date:	