Irish Committee for Emergency Medicine Training

Emergency Medicine Training Office
Royal College of Surgeons in Ireland
123 St. Stephens Green,
Dublin 2,
Ireland

Tel: +353 1 402 2240
Fax: +353 1 402 2459
Email: EMadministrator@rcsi.ie

Irish Committee on
Emergency Medicine Training

Training in
Emergency Medicine
in Ireland

5th Edition
October 2011

Dr Gareth Quin
Chairperson

Prof Ronan O’Sullivan
Programme Director
Higher Specialist Training Programme

Mr Robert Eager
Programme Director
Basic Specialist Training Programme
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Professional bodies responsible for EM training in Ireland</td>
<td>3</td>
</tr>
<tr>
<td>2.0 Basic Specialist Training in Emergency Medicine (BSTEM)</td>
<td>4</td>
</tr>
<tr>
<td>2.1 Overview</td>
<td>4</td>
</tr>
<tr>
<td>2.2 Eligibility</td>
<td>4</td>
</tr>
<tr>
<td>2.3 Recruitment</td>
<td>5</td>
</tr>
<tr>
<td>2.4 Structure of Rotations</td>
<td>5</td>
</tr>
<tr>
<td>2.5 Training and Education</td>
<td>5</td>
</tr>
<tr>
<td>2.6 Annual Appraisal</td>
<td>6</td>
</tr>
<tr>
<td>2.7 Membership of College of Emergency Medicine</td>
<td>6</td>
</tr>
<tr>
<td>2.8 Progression to HSTEM</td>
<td>6</td>
</tr>
<tr>
<td>3.0 Higher Specialist Training in Emergency Medicine (HSTEM)</td>
<td>7</td>
</tr>
<tr>
<td>3.1 Overview</td>
<td>7</td>
</tr>
<tr>
<td>3.2 Eligibility criteria</td>
<td>7</td>
</tr>
<tr>
<td>3.3 SpR recruitment</td>
<td>7</td>
</tr>
<tr>
<td>3.4 Duration of HSTEM</td>
<td>8</td>
</tr>
<tr>
<td>3.5 Retrospective recognition of training</td>
<td>8</td>
</tr>
<tr>
<td>3.6 Locum Appointment for Training (LAT) posts</td>
<td>8</td>
</tr>
<tr>
<td>3.7 Recognition of Training Emergency Departments</td>
<td>8</td>
</tr>
<tr>
<td>3.8 Structure of the SpR rotations</td>
<td>8</td>
</tr>
<tr>
<td>3.9 Secondments</td>
<td>9</td>
</tr>
<tr>
<td>3.10 Flexible training</td>
<td>9</td>
</tr>
<tr>
<td>3.11 Appraisal during HST</td>
<td>10</td>
</tr>
<tr>
<td>3.12 The Record of In Training Assessment (RITA) process</td>
<td>10</td>
</tr>
<tr>
<td>3.13 Training logbook</td>
<td>11</td>
</tr>
<tr>
<td>3.14 Non Clinical Days</td>
<td>11</td>
</tr>
<tr>
<td>3.15 Work Place Based Assessment</td>
<td>12</td>
</tr>
<tr>
<td>3.16 Clinical topic review</td>
<td>12</td>
</tr>
<tr>
<td>3.17 Fellowship examination</td>
<td>12</td>
</tr>
<tr>
<td>3.18 Post-HSTEM Fellowship Training</td>
<td>13</td>
</tr>
<tr>
<td>3.19 Research during HSTEM</td>
<td>14</td>
</tr>
<tr>
<td>4.0 Post Certificate of Completion of Training (CCT) employment</td>
<td>15</td>
</tr>
<tr>
<td>5.0 Subspecialisation and Dual Accreditation</td>
<td>16</td>
</tr>
<tr>
<td>6.0 Further information and contacts</td>
<td>18</td>
</tr>
</tbody>
</table>

## Appendices

- **Appendix 1** List of Emergency Departments in Ireland recognised for Basic & Higher Specialist Training
- **Appendix 2** Membership of the Advisory Committee on Emergency Medicine Training
1.0 Professional bodies responsible for EM training in Ireland

Emergency Medicine (EM) training in Ireland is divided into two components – Basic Specialist Training in Emergency Medicine (BSTEM) and Higher Specialist Training in Emergency Medicine (HSTEM). Before outlining the structure and process of both programmes, it is necessary to describe the roles of the various professional bodies in the process.

• **Role of the Royal College of Surgeons in Ireland**
  The Royal College of Surgeons in Ireland (RCSI) is the training body recognised under the Medical Practitioners Act 2007 under whose auspices training in EM currently falls. The Irish Surgical Postgraduate Training Committee (ISPTC) is a standing committee of Council of the RCSI with *inter alia* responsibility for postgraduate training. The Irish Committee on Emergency Medicine Training (ICEMT) is a subcommittee of the ISPTC that oversees EM training in Ireland and reports to the ISPTC. ICEMT includes representatives from the specialty of Emergency Medicine (including Paediatric EM) as well as from the RCPI and RCSI.

• **Role of the College of Emergency Medicine**
  The College of Emergency Medicine (CEM) sets and maintains the standards of training for the specialty of EM in the United Kingdom (UK). CEM has produced a [curriculum for EM training](#) and runs Membership (MCEM) and Fellowship (FCEM) postgraduate examinations. The specialty in Ireland has close links with CEM – the CEM curriculum has been adopted by ICEMT, the MCEM examination is the exit examination for BSTEM and the FCEM examination is used as the mandatory exit examination for HSTEM. The Chair of ICEMT sits on the Education and Examination committee of CEM. The recently established Irish National Board of CEM is based in RCSI and has formal links with ICEMT and the Irish Association for Emergency Medicine (IAEM).

• **Role of ICEMT**
  BSTEM and HSTEM are administered by ICEMT, based at RCSI. This administration extends from recruitment, the *Record of In training Assessment* (RITA) process, organisation and development of the training rotations through to a final recommendation to the Medical Council for specialist certification. CEM operates on a regional basis in the UK & Ireland. Regional Postgraduate Deaneries are responsible for implementing EM specialty training in the UK in accordance with CEM guidance and for the quality management of their specialty training programmes. ICEMT undertakes a role for Emergency Medicine in Ireland comparable to that of a UK Deanery.
2.0 Basic Specialist Training in Emergency Medicine

2.1 Overview
Basic Specialist Training in Emergency Medicine (BSTEM) is a 3-year programme, consisting of a series of relevant posts at Non-Consultant Hospital Doctor (NCHD) level that lay the professional groundwork for subsequent specialisation. During this time, doctors obtain a wide range of experience in a variety of specialties, structured as 6-month posts:

- **Year 1**
  - Emergency Medicine
  - Trauma & Orthopaedic Surgery or Plastic Surgery

- **Year 2**
  - Paediatric Emergency Medicine (PEM) or Acute General Paediatrics
  - Acute Medicine

- **Year 3**
  - Anaesthesia and/or Critical Care Medicine (CCM)
  - Emergency Medicine

EM posts on BSTEM are restricted to those Emergency Departments (EDs) inspected and recognised for BSTEM. A nominated trainer in each department will act as educational supervisor for BSTEM trainees in that unit.

EDs recognised for BSTEM are:

- Adelaide and Meath incorporating the National Children’s Hospital, Tallaght, Dublin
- Beaumont Hospital, Dublin
- Cavan General Hospital
- Connolly Hospital, Blanchardstown, Dublin
- Cork University Hospital
- Mater Misericordiae University Hospital, Dublin
- Midlands Regional Hospital, Tullamore
- Mid-Western Regional Hospital, Limerick
- Our Lady’s Children’s Hospital, Crumlin
- Our Lady of Lourdes Hospital, Drogheda
- Sligo General Hospital
- St. James’s Hospital, Dublin
- St. Vincent’s University Hospital, Dublin
- University Hospital, Galway
- Waterford Regional Hospital

2.2 Eligibility
BSTEM aims to offer doctors that are in the early stages of their careers the opportunity to obtain the necessary training to progress within EM. Therefore doctors can apply from completion of the intern year. There are no specific entry criteria although evidence of previous interest in EM, either as a medical student or intern is desirable.
2.3 Recruitment
Recruitment to BSTEM takes place in January of each year.

- **Applications** – Application Forms are available on-line and can be returned electronically. Further information and the required application forms are available once recruitment opens on the [EM section of the RCSI website](#).

- **Recruitment panel** – the recruitment panel is organised by ICEMT and comprises the Chair of ICEMT, the Programme Directors for BSTEM and HSTEM and a number of Consultant trainers in EM (representatives from each training ED).

- **Shortlisting** – Candidates are shortlisted on the basis of undergraduate and postgraduate medical examination results and on scoring of references.

- **Interviews** – Interviews take place in March of each year consisting of assessment of candidates in a number of specific domains. These include knowledge of EM, previous experience and interest in EM, communication skills and suitability for a career in the speciality. In addition, a short clinical scenario is used to assess a candidate’s approach to a clinical problem.

- **Outcome** – marks from the stages outlined above are combined and those achieving the highest marks are appointed.

- **Offers of Posts** – Candidates are requested to express their preferences from the rotations available on the programme. Offers of posts are matched with candidate preferences based on ranking at shortlisting and interview. Offers of places to successful applicants are sent shortly after interview.

- **Quality assurance** – feedback from each recruitment episode is reviewed by ICEMT to maximise the effectiveness and fairness of the recruitment process.

2.4 Structure of Rotations
Each rotation aims to facilitate training in EM and the allied specialties in a combination of both University Teaching and Regional hospitals. Where possible, rotations will allow successful applicants to stay in one town/city for at least a year continuously. No more than 3 town/cities are rotated through over the course of the programme and experience in at least one Regional hospital is gained in all rotations.

2.5 Training and Education
Training and education based on the Curriculum of CEM will be delivered by a number of means:

- Local training programmes in each ED;

- Virtual Learning using the RCSI VLE (Virtual Learning Environment). Specific elements of the curriculum will be delivered in modules over the course of the training programme. Each module will be assessed by means of Short Answer Questions (SAQs) similar to those used in the Membership of the College of Emergency Medicine (MCEM) examination. Results of each module will be used to assess the progress of each trainee;
• Attendance at life support courses that are mandatory for progression to HSTEM i.e. ACLS, APLS, ATLS;

• Quarterly educational meetings of the trainee section of IAEM (Irish Emergency Medicine Trainees Association (IEMTA)). These meetings will include educationally focused lectures and will also provide an opportunity for trainees to present interesting research or audit projects;

• Attendance at the IAEM Annual Scientific Meeting is expected. Each year, national and international speakers deliver lectures of educational benefit to BSTEM trainees.

2.6 Annual Appraisal
Annual appraisal meetings will be held for all BSTEM trainees with progression to further posts on the BSTEM programme dependent on satisfactory appraisal. Feedback will be requested from the trainer in each speciality to assess progress of each trainee. Results of module SAQs will also be considered at the appraisal meetings.

2.7 Membership of the College of Emergency Medicine
BSTEM culminates in eligibility to sit MCEM which is the only accepted postgraduate examination to confer eligibility to apply for HSTEM. MCEM combined with specified BSTEM confers eligibility to apply for HSTEM. The MCEM examination is administered by CEM and consists of three parts:

Part A – MCQ exam in basic sciences as applied to EM. Part A may be taken in the first SHO year.
Part B – Data interpretation
Part C – Objective Structured Clinical Examinations (OSCEs)

Parts B & C may be taken 3 years after qualification (including the intern year). At least 6 months of Emergency Medicine must have been completed in the 2 years after achieving full registration. Part B is normally taken about six weeks before Part C. Success in the former is required before progression to the latter.

2.8 Progression to HSTEM
From 1st January 2014, BSTEM and MCEM are required for entry to HSTEM in Ireland. Until 2014, doctors that have already undertaken training in the appropriate specialties and who have MCEM may apply for HSTEM.

Because MCEM Part C is run in the Spring diet in January and March of every year, and HSTEM application is typically in December of the preceding year, ICEMT has agreed that candidates for MCEM Part C in the Spring diet may apply for HSTEM in anticipation of success at Part C.
3.0 Higher Specialist Training in Emergency Medicine

3.1 Overview
Doctors are eligible to apply for HSTEM after meeting specified criteria. The competitive recruitment process includes shortlisting and an interview which incorporates elements of aptitude testing. This process is standardised, centrally administered and quality assured.

Higher trainees, who are known as Specialist Registrars (SpRs), rotate through accredited training EDs and undertake, where necessary, a secondment in anaesthesia/critical care medicine. A rotation through a dedicated paediatric ED is compulsory. Trainees undergo regular RITA assessments and are required to pass the FCEM examination to successfully complete training. At that stage, a recommendation is made from ICEMT to the ISPTC that a Certificate of Completion of Training (CCT) be issued.

The duration of the HST programme is five years.

3.2 Eligibility criteria
1. BSTEM (or equivalent until, but not including, 2014) and
2. Membership of the College of Emergency Medicine – MCEM

3.3 SpR recruitment
Entrants to HSTEM are recruited using the following process:

- **Application** – vacancies are advertised in Autumn/Winter and applications are made on a standardised form. Because MCEM Part C is run in the Spring diet in January and March of every year, and HSTEM application is typically in December of the preceding year, ICEMT has agreed that candidates for MCEM Part C in the Spring diet may apply for HSTEM in anticipation of success at Part C.
- **Recruitment panel** – the recruitment panel is organised by ICEMT and comprises a nominee of the President of RCSI (as an independent chairperson), an external representative from CEM, the Chair of ACEMT, the Programme Directors for HSTEM and BSTEM and a number of Consultant trainers in EM (representatives from each training ED).
- **Shortlisting** – short-listing is carried out by the recruitment panel according to defined criteria.
- **Interview** – interviews are carried out by the recruitment panel with each interview following the same format and questions are standardised.
- **Outcome** – marks from the stages outlined above are considered and those achieving the highest marks are appointed.
- **Quality assurance** – feedback from each recruitment episode is reviewed by ICEMT to maximise the effectiveness and fairness of the recruitment process.
3.4 Duration of HSTEM
During the five years of HSTEM trainees spend time working in a minimum of three EDs. Trainees are notified, in writing, of their expected date of completion of training shortly after appointment to the programme after issues in relation to retrospective recognition have been decided (vide infra).

3.5 Retrospective recognition of training
Retrospective recognition is considered in one instance only – pre-HST experience in EM in a Locum Appointment for Training (LAT) post.

On entry to HSTEM, trainees who were in a LAT post may apply to ICEMT, through the Programme Director, for retrospective recognition of the relevant training completed prior to SpR appointment. Applications for retrospective recognition, with appropriate documentary confirmation from the training posts, will only be considered within the first six months of SpR training. Each application is individually assessed and recommendations made by ICEMT.

3.6 Locum Appointment for Training (LAT) posts
LAT posts are fixed term (usually 1 year) appointments undertaken in posts that are recognised for SpR training but are vacant on the SpR programme (i.e. no SpR is occupying the post for the particular time period). LAT appointment criteria are identical to those of an SpR post in EM. A LAT post cannot be filled by a trainee who was not deemed appointable at SpR interview. While in a LAT post, the trainee should be treated as an SpR in relation to educational activity, non-clinical days etc. While LATs may be appointed locally, the interview panel must include either the Chair of ICEMT or Programme Director for HSTEM. Evidence of satisfactory completion of the LAT, using the RITA process, is required before it can be retrospectively recognised as contributing to HSTEM. The maximum retrospection for LAT posts is one year.

3.7 Recognition of Training EDs
Departments are recognised for HSTEM on the recommendation of ICEMT. Given the close links with CEM and in the interest of external validity, ICEMT has traditionally based its decisions about training recognition on recommendations from visiting inspectors from the Training Standards Committee (TSC) of CEM. Inspections for training recognition are now usually undertaken by ICEMT alone and the TSC of CEM will be represented on visits periodically.

3.8 Structure of the SpR rotations
Trainees rotate through several EDs (a minimum of 3) during HSTEM. The rotation is compiled by the Programme Director. The general ground rules for the rotation are as follows:
• The focus is on a balanced training:
  o This balance is between adult-only, paediatric-only and mixed EDs; urban and rural; and Dublin and outside Dublin units;
To facilitate exposure to EM in different settings, trainees will likely spend at least one year in Dublin and at least one year outside Dublin during HSTEM;

Where a trainee has spent the majority of his/her pre-HSTEM training in a particular area e.g. Dublin, then where practical the majority of his/her HSTEM will be outside that area e.g. outside Dublin.

- Decisions regarding placement will be made using the transparent and fair criteria outlined above and individual preferences will generally not be accommodated.

- In general, trainees will be given a minimum of six months notice of their next post on the rotation. Where possible, longer notice will be given however it must be appreciated that circumstances may arise where the Programme Director has to change placements at shorter notice.

### 3.9 Secondments

SpRs in EM have, in previous years, undertaken 3 month attachments in defined specialties relevant to EM during HSTEM known as *secondments*. The redundancy of secondments in the UK, where their need has been removed by run-through training, has prompted ICEMT to review the future role of secondments in Irish EM training.

With the development of a formal BSTEM programme that provides training in the allied specialties, ICEMT has implemented the following:

- phasing out of full time secondments except for anaesthesia and critical care medicine;
- PEM being a six month rotation during HSTEM;
- Old-style secondment (trauma and orthopaedic surgery, general surgery) experience being gained through focussed training sessions while working in the ED (e.g. attending fracture clinics, attaining defined competencies etc).

These can be undertaken only following a discussion between the trainee, ED lead educational supervisor and the Programme Director when, on a case by case basis, it is felt the trainee would derive particular training benefit from that secondment.

From 1st January 2014, secondments will cease to be a feature of HSTEM.

### 3.10 Flexible training for HSTEM

Trainees wishing to pursue flexible training must apply to the Health Service Executive Medical Education & Training (HSE MET) Unit. Trainees should discuss their application with the Programme Director to help facilitate educational approval for each planned flexible training post. Flexible trainees work 60% of the basic hours worked by full time trainees (including at least 50% in clinical duties). Their weekly timetable should allow them to participate in formal teaching and audit programmes. Flexible trainees are expected to work out-of-hours but not necessarily precisely pro-rata with full-time trainees. Time spent in flexible training will be recognised on a half-time basis e.g. one year in flexible training is equivalent to six months in full-time training.
3.11 Appraisal during HST
There is a designated lead educational supervisor during each post. This supervisor is nominated locally and approved by ICEMT. SpRs should meet with their supervisor at the beginning of each post and at three-monthly intervals thereafter. In departments where there are multiple SpRs, it is possible for trainers to have responsibility for more than one trainee. Records of the outcomes of these meetings are completed electronically on the RCSI Colles Portal.

3.12 The Record of In Training Assessment (RITA) process
SpRs have an initial RITA at the end of their first six months and thereafter an annual RITA. The RITA process is administered by ICEMT.

Prior to each RITA, trainers and trainees are asked to submit feedback forms (using the Colles Portal) outlining the trainee’s progress. Trainees are also asked to submit a summary of their activities/achievements over the previous six/twelve months. The RITA process culminates in an interview, at which trainees are interviewed individually by a panel of Consultant trainers. During the meeting, the electronic assessment forms, log book, summary of activity and previously identified educational goals are reviewed. New goals are set for the forthcoming year. Trainees are given the opportunity to provide feedback on the strengths and weaknesses of their current post. The SpR’s current trainers are not present during the RITA interview. At the end of the interview, trainees will be provided with a list of agreed goals for the next RITA, the relevant RITA form is signed by the Chair of ICEMT and the Programme Director and the trainee forms are retained in the trainee’s file at ACEMT. There are seven RITA forms:

**RITA A** – Contains core information on the trainee and is completed prior to commencement of the HSTEM programme.

**RITA B** – Contains changes to core information. This is completed at the annual review if there are changes to information recorded on Form A.

**RITA C** – This is a record of satisfactory progress within the SpR grade. This is the form that, for most trainees, is signed at the annual review. A completed Form C for the 4th year of training is required before trainees may apply to sit the FCEM examination.

**RITA D** – This documents recommendations for targeted training. SpRs identified at the annual review as requiring additional training (and for whom a Form C is not therefore signed) may be allowed conditional progress through the grade following a specified period of targeted training. The specifics of this targeted training are recorded on Form D. A Form C must be completed at the end of the targeted training period to allow progress.

**RITA E** – This documents recommendations for intensified supervision / related training. This form is completed where the trainee, having undertaken the period of additional training specified in Form D, is required to repeat that additional training. A Form C must be completed at the end of the additional targeted training period to allow progress.
RITA F – This is a record of out-of-programme experience. Completion is essential to maintain the validity of a National Training Number and to keep ICEMT formally appraised of the progress with the out-of-programme module/experience.

RITA G – This is a final record of satisfactory progress. This form is completed on successful completion of the programme and is essential to allow ICEMT and ISPTC to accredit completion of training.

3.13 Training Logbook
Trainee progress, in terms of clinical cases seen and clinical procedures performed, is now recorded in an electronic logbook (e-portfolio) available through CEM (via an NHS portal). This differs from Colles Portal which is essentially a web-based document management system for structured appraisal during HSTEM. Both electronic resources need to be used during HSTEM.

The e-portfolio should be reviewed at the three-monthly appraisal meetings and at the yearly RITA interview. It is the trainee’s responsibility to submit electronic and paper copies of their completed 3 monthly assessment/appraisal forms.

3.14 Non-clinical days
Training departments are required to allow their SpRs one non-clinical day (NCD) every two weeks (half-day per week). In practice, the combination of working nights, leave and service requirements dictate that the average number of non-clinical days over a period is often less than stipulated above. The purpose of NCDs is to facilitate research, audit and educational activity within the department and for this reason trainees should ideally be physically present in the department during their NCDs unless attending scheduled academic activity elsewhere.

ICEMT recommends that the minimum number of NCDs a trainee should be provided in any six month period is eight (8) full days or fifteen (15) half-days, while recognising that the exigencies of the service may, on occasion, mean that this figure is not reached. Consistent problems with NCDs should be reported to the Programme Director directly and through the RITA process.

Trainees should keep a portfolio of their activity during NCDs which will be reviewed at the three-monthly meeting with their trainer and during the RITA interview. Problems in relation to granting or productivity of NCDs can be aired during the interview.

There is a monthly national SpR training day. This process is organised by the trainees and rotates around the various training EDs. Where at all possible, SpRs should be released to attend. NCDs should be taken to attend these meetings.

Trainees who are granted ‘grace’ extensions to their training, after obtaining their FCEM qualification, are not entitled to avail of NCDs.
3.15 Work place based assessment (WPBA)

The College of Emergency Medicine has advanced plans to introduce WPBA to EM training in the UK. WPBA, as envisaged by CEM, has been endorsed by ICEMT and will be introduced in the future and this document updated accordingly.

3.16 Clinical Topic Review

The Clinical Topic Review (CTR) is part of the FCEM examination. To familiarise trainees with the process, SpRs are required to submit a CTR prior to their second year RITA. This CTR can be used as your final CTR for FCEM. Guidance is provided by the Programme Director and local trainers and this aspect of training is supported by the Academic Committee of the Irish Association for Emergency Medicine (IAEM). It is this component of the FCEM examination that continues to cause most difficulty for EM trainees, and Irish EM trainees are no different. The reasons for this are several, but essentially are distilled into a lack of timely preparation for the CTR on the part of the trainee. To that end, trainees are strongly advised the following:

- On appointment to HSTEM arrange meetings with the Programme Director and your local trainer to explore ideas for CTR topics and be appraised of the degree of work involved in the entire process;
- Liaise early and often with senior colleagues to ensure you are progressing appropriately (many trainees seem to obsess with producing a perfect ‘draft’ when a one-page summation of ideas is more than sufficient);
- Please differentiate between what is an acceptable CTR topic and original research ideas – you need both for a successful CTR but they are not the same thing;

In addition, SpRs must produce their final draft CTR for the Programme Director to review two months before your final submission date for FCEM. If the draft is not produced by that time the Programme Director reserves the right to prevent you applying for the exam.

3.17 Fellowship examination

A trainee must pass the Fellowship Examination of the College of Emergency Medicine (FCEM) before being eligible to be included on Register of Medical Specialists, Division of EM with the Medical Council. A trainee will become eligible to sit the examination when they have successfully completed their 4th year RITA. Although trainees are encouraged to sit their FCEM exam while on the HSTEM programme, they may be off the programme after completing their predetermined SpR training. However, a CCT cannot be awarded until training is signed off and FCEM has been passed. There is now a limit to the number of times trainees may attempt the FCEM exam - CEM permits candidates to attempt the examination up to four times in addition to the initial attempt. The whole examination must be completed within 6 diets (3 years) of the first sitting.
3.18 Post-HST Fellowship Training

ICEMT firmly supports the pursuit of post-HSTEM fellowship training in other health care systems or in academic research. While HSTEM in Ireland will ultimately result in CCT, eligibility to be entered into the Register of Medical Specialists in the division of EM and allow application for a Consultant post in EM, there can be no doubt that fellowship experience is potentially highly rewarding, not only by enhancing clinical experience but also from a ‘life experience’ perspective.

Certain subspecialties of EM will mandate fellowship-type training e.g. PEM, acute medicine, CCM and pre-hospital medicine. While there is currently little or no formal fellowship training in EM in Ireland, it is likely that fellowship training programmes will develop in the next five to ten years.

There are many international fellowship training programmes available to Irish EM trainees. Many practising Consultants in EM in Ireland have completed these programmes and there is an extensive ‘network’ of support available to the trainee who wishes to pursue fellowship training.

If a trainee is interested in fellowship training, it is imperative that they liaise with their current educational supervisor and the Programme Director as early as possible. Many of the prestigious international fellowship programmes will require at least two years advance preparation and application.

ICEMT generically considers Out-Of-Programme Experience (OOPE) sub-optimal for the following reasons:

- It is important for the SpR to have this HSTEM delivered in a balanced way through rotations in various Irish EDs of an appropriate duration;
- The system of ongoing appraisal of an SpR’s progress through HSTEM is best facilitated by that SpR being located within training departments in Ireland;
- The FCEM exam requires significant and lengthy preparation which would be potentially compromised by OOPE in another health system or specialty;
- The ability of training departments to maintain funding for SpR positions as well as service delivery in those departments would be compromised by temporary loss of SpRs through OOPE;
- ICEMT is of the view that OOPE-type training is best pursued at ‘Fellow’ level after completion of the HSTEM programme.

Notwithstanding the above, an OOPE will be considered during HSTEM, especially where trainees have set up a defined (and funded) programme of EM-related research (see below). To pursue OOPE during HSTEM, the Programme Director needs to be informed at least 6 months in advance of same, and clear evidence needs to be provided that this experience is comparable to HSTEM experience in Ireland. ICEMT will recognise up to a maximum of 12 months in OOPE.
ICEMT recognises the importance of research activity within EM and will support structured research activity accordingly. Strategically, ICEMT believes that this support of research should produce the following:

- A baseline competency amongst all higher trainees in EM in research methodologies and the principles and practice of evidence-based EM (this is clearly delivered as part of preparation for FCEM e.g. CTR);
- Creation of an academic ‘track’ for higher trainees who have a declared interest in pursuing a formal academic position in EM post-HSTEM.

However, given the requirements of SpRs to provide a service to EDs while training, ICEMT will not allow more than 10% of HSTEM trainees to pursue full-time research at any one time e.g. with 35 trainees on HSTEM, ICEMT would allow up to 4 of those trainees undertake full-time research.

While the creation of a formal academic track for certain higher trainees in EM is aspirational at present, there have been (and actively are) several examples of trainees taking time out of full-time clinical training to pursue full-time clinical research. Trainees considering a research OOPE need to explicitly justify the rationale for this and need to notify the Programme Director at least six months in advance of the intended start date of the research programme. ICEMT will ultimately decide whether to grant permission to the trainee to pursue this experience and this decision will be based on the following:

- Clear scientific rationale, directly relevant to EM, for the proposed programme of research e.g. MD, PhD;
- Clear and stated support of an educational supervisor, ideally from within EM (if the primary supervisor is not from EM then a co-supervisor from EM is required);
- Clarity with respect to the breakdown of proposed time spent in research and other activities e.g. 50% clinical:50% research;
- Obvious and robust funding, specifically in terms of the trainee’s salary, for the programme of research.

Once these criteria are satisfied and ICEMT agrees to the proposal, the trainee must agree to 6-monthly RITA appraisals during the research period. Furthermore, the trainee must agree not to undertake locum work which would adversely impact the chances of successful completion of the proposed programme of research. ICEMT considers locum work that comprises greater than 10% of the overall workload of the research programme as inappropriate. Furthermore, ACEMT will not support a trainee in undertaking research where there is anything less than a minimum of 50% fully protected time for research.

Once approved by ICEMT, time spent in full-time research during HSTEM is recognised on a half time basis, to a maximum of one year. ICEMT approval refers not only to initial approval but also to satisfactory completion of the period of research based on the 6-monthly RITA appraisals.
4.0 Post-CCT employment

Given that appointment to a Consultant post may take some time, employment at SpR level may be extended for a maximum of 6 months after completion of the training scheme. SpRs wishing to obtain this extension must apply in writing to ICEMT as soon as possible after the necessity to extend becomes apparent. If granted, the geographical location of this post cannot be confirmed until after other trainees’ needs have been addressed. Furthermore, the normal examination-related entitlements of SpR training e.g. NCDs will not apply to this ‘grace’ period.

Should a trainee be unsuccessful in their FCEM examination, they may apply for an extension of their training with a view to a repeat attempt. They must undergo a further RITA interview to confirm an updated training strategy. Should ICEMT agree to the extension, the geographical location of the post will be determined by the Programme Director. Any subsequent training extensions are also subject to approval by ICEMT.
5.0 Subspecialisation and Dual Accreditation

Most EM specialists train exclusively in Emergency Medicine. Some trainees will wish to develop a subspecialty interest and potentially pursue dual accreditation in Emergency Medicine and another specialty area. There is sometimes confusion surrounding the terms **Subspecialisation** and **Dual Accreditation**. To provide some clarity, consider Paediatric Emergency Medicine (PEM) as an example. The joint PEM training programme outlined below will primarily provide **subspecialisation** e.g. a paediatric trainee who completes PEM subspecialty training will be eligible to be included in the Register of Medical Specialists under both *Paediatrics* and *Paediatric Emergency Medicine*, but not *Emergency Medicine*. For the latter to occur, the trainee would need to complete training of equivalence to HSTEM and pass the exit examination of HSTEM in Ireland, the Fellowship of the College of Emergency Medicine (FCEM). Equally, if an EM trainee with PEM subspecialty training wishes to be included in the division of *Paediatrics*, the trainee would need to complete additional training of equivalence to core General Paediatric training, while at the same time passing the Membership of the Royal College of Physicians in Ireland (MRCPI) Medicine of Childhood examination. It is these latter processes that define **dual accreditation**. This example would apply equally to other specialities such as Acute Medicine or Critical Care Medicine.

Subspecialty training in *Paediatric Emergency Medicine* (PEM) is a developing process in Ireland. ICEMT, IAEM and the Faculty of Paediatrics of the Royal College of Physicians of Ireland have published a jointly agreed training pathway for trainees in both EM and Paediatrics who wish to pursue subspecialty training in PEM (Figure 1). In the UK, PEM is a recognised sub-specialty of both Emergency Medicine and General Paediatrics. PEM is not yet recognised as a sub-specialty by the Medical Council but this is likely to change in the near future. A more detailed document on the development of PEM in Ireland is available on the IAEM website.
**Critical Care Medicine (CCM)** is not yet recognised as a sub-specialty by the Medical Council. This situation is under review and may change in the future. Likely essential criteria will include at least one year experience in ICM and having a Diploma in Intensive Care Medicine (by examination of the Royal College of Anaesthetists). Anaesthesia and ICM are essential secondments in Irish EM training. Trainees wishing to apply for dual EM / ICM accreditation with the Medical Council should complete a fellowship on receipt of their CCT in EM.

At present, the Medical Council does not recognise dual accreditation in EM and **Acute Medicine** and there is no mechanism to pursue this path in Ireland. In the UK, the Intercollegiate Board for training in ICM has drawn up recommended entry criteria and training pathways for specialist trainees in EM, Anaesthetics and ICM who wish to develop an interest in Acute Medicine. Consultants in EM who have successfully completed the additional training may work in teams at a Consultant level equivalent to their acute medicine trained colleagues, dealing with the first 24 hours of care. It is likely that this will normally take trainees 12 months. **Level Two competencies** in Acute Medicine will be ‘signed off’ but Acute Medicine accreditation will not be recorded on the specialist register.
6.0 Further information and contacts

Royal College of Surgeons in Ireland – [www.rcsi.ie](http://www.rcsi.ie)

Irish Association for Emergency Medicine – [www.iaem.ie](http://www.iaem.ie)

College of Emergency Medicine – [www.collemergmed.ac.uk](http://www.collemergmed.ac.uk)
Appendices

Appendix 1  EDs recognised for Basic & Higher Specialist Training (October 2011)

The following EDs are currently recognised for BSTEM and HSTEM in Ireland:

<table>
<thead>
<tr>
<th>Emergency Departments recognised for Basic &amp; Higher Specialist Training in Emergency Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our Lady’s Children’s Hospital, Crumlin</td>
</tr>
<tr>
<td>St James’s Hospital, Dublin</td>
</tr>
<tr>
<td>St Vincent’s University Hospital, Dublin</td>
</tr>
<tr>
<td>Beaumont Hospital, Dublin</td>
</tr>
<tr>
<td>Mater Misericordiae University Hospital, Dublin</td>
</tr>
<tr>
<td>Connolly Hospital, Blanchardstown, Dublin</td>
</tr>
<tr>
<td>Adelaide and Meath incorporating National Children’s Hospital (AMNCH), Tallaght, Dublin</td>
</tr>
<tr>
<td>Cavan General Hospital (BSTEM only)</td>
</tr>
</tbody>
</table>
Appendix 2  Membership of the Irish Committee on Emergency Medicine Training

Irish Committee on Emergency Medicine Training (ICEMT)

BSTEM and HSTEM are organised and overseen by ICEMT under the auspices of the Royal College of Surgeons in Ireland. Current membership of ICEMT is as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Gareth Quin</td>
<td>Chair</td>
</tr>
<tr>
<td>Consultant in EM, MWRH, Limerick</td>
<td></td>
</tr>
<tr>
<td>Prof Ronan O’Sullivan, Consultant in Paediatric EM,</td>
<td>Programme Director, HSTEM</td>
</tr>
<tr>
<td>Our Lady’s Children’s Hospital, Crumlin</td>
<td></td>
</tr>
<tr>
<td>Mr Robert Eager, Consultant in EM, MRH Tullamore</td>
<td>Programme Director, BSTEM</td>
</tr>
<tr>
<td>Mr Fergal Hickey, Consultant in EM, Sligo General Hospital</td>
<td>President, IAEM</td>
</tr>
<tr>
<td>Dr Gerry McCarthy, Consultant in EM, Cork University Hospital</td>
<td>Chair, National Board of the College of Emergency Medicine in Ireland</td>
</tr>
<tr>
<td>Dr John McInerney, Consultant in EM, Mater Misericordiae University Hospital</td>
<td>Irish representative on Training Standards Committee, CEM</td>
</tr>
<tr>
<td>Dr Ciara Martin, Consultant in Paediatric EM, AMNCH, Tallaght</td>
<td>Paediatric EM representative</td>
</tr>
<tr>
<td>Dr Una Geary, Consultant in EM, St James’s Hospital</td>
<td>National Clinical Lead, Emergency Medicine Programme</td>
</tr>
<tr>
<td>Dr Mick Sweeney, Consultant in EM, Sligo General Hospital</td>
<td>Ultrasound Training representative</td>
</tr>
<tr>
<td>Dr Martin Rochford, Consultant in EM, AMNCH, Tallaght</td>
<td>Simulation Training representative</td>
</tr>
<tr>
<td>Dr Jim Gray, Consultant in EM, AMNCH, Tallaght</td>
<td>Exams representative</td>
</tr>
<tr>
<td>Dr David Menzies, Specialist Registrar, HSTEM</td>
<td>Trainee representative</td>
</tr>
<tr>
<td>Mr Eunan Friel, Director of Surgical Affairs, RCSI</td>
<td>RCSI representative</td>
</tr>
<tr>
<td>Dr Geoff Chadwick</td>
<td>RCPI representative</td>
</tr>
<tr>
<td>Mr James O’Hagan</td>
<td>BSTEM &amp; HSTEM administrator</td>
</tr>
<tr>
<td>Ms Aoife Bates</td>
<td>BSTEM &amp; HSTEM administrator</td>
</tr>
</tbody>
</table>