

Irish Committee for Emergency Medicine Training

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Irish Committee for Emergency Medicine Training

Training in Emergency Medicine in Ireland

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1.0 Professional bodies responsible for EM training in Ireland

Emergency Medicine (EM) training in Ireland is delivered through the **National Emergency Medicine Training Programme**. This programme has two components – Core Specialist Training in Emergency Medicine (CSTEM) and Advanced Specialist Training in Emergency Medicine (ASTEM). 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 for 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 speciality in Ireland has close links with CEM – the CEM curriculum has been adopted by ICEMT, the MCEM examination is an entry requirement for ASTEM and the FCEM examination is used as the mandatory exit examination for ASTEM. The Chair of ICEMT sits on the Examination committee of CEM. The vice dean for Advanced Training sits on the Training Standards Committee of CEM. The 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**

CSTEM and ASTEM 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.

2.0 Core Specialist Training in Emergency Medicine

2.1 Overview

Core Specialist Training in Emergency Medicine (CSTEM) 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 CSTEM are restricted to those Emergency Departments (EDs) inspected and recognised for CSTEM. A nominated trainer in each department will act as educational supervisor for CSTEM trainees in that unit – the CSTEM lead trainer.

EDs recognised for CSTEM 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
- University Hospital Limerick
- Our Lady’s Children’s Hospital, Crumlin
- Our Lady of Lourdes Hospital, Drogheda
- Sligo Regional Hospital
- St. James’s Hospital, Dublin
- St. Vincent’s University Hospital, Dublin
- University Hospital Galway
- University Hospital Waterford

2.2 Eligibility

CSTEM 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 during the intern year. There are no specific entry criteria, other than eligibility to be appointed to the training division of the Medical Register,

although evidence of previous interest in EM, either as a medical student or intern is desirable.

2.3 Recruitment

Recruitment to CSTEM 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 Dean of Postgraduate EM training, the Vice Deans for CSTEM and ASTEM 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. Candidates are assessed in a number of specific domains, including knowledge of EM, previous experience and interest in EM, communication skills and suitability for a career in the specialty. 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** – Prior to interview, candidates are requested to express their preferences for the rotations available on the programme. Offers of posts are matched with candidate preferences based on ranking after 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

Where possible, rotations have been constructed to allow successful applicants to stay in one town/city for most of the programme's duration. ICEMT has plans to increase the time spent in EM during CSTEM. This will mean that not all rotations will have the same clinical components.

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;
- CSTEM workshops in RCSI;
- Human factors training in RCSI;

- Attendance at life support courses that are mandatory for progression to ASTEM i.e. ACLS, APLS, ATLS;
- Regular 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 CSTEM trainees.

2.6 CSTEM Appraisal

Twice yearly appraisal meetings will be held for all CSTEM trainees with progression to further posts on the CSTEM programme dependent on satisfactory appraisal. Feedback will be requested from the trainer in each speciality to assess progress of each trainee. Attendance at CSTEM workshops and Human factors training, as well as MCEM and Life Support Course progress will be reviewed at each appraisal session.

2.7 Membership of the College of Emergency Medicine

Entry to the Membership Examination of the College of Emergency Medicine ([MCEM](#)) is based on regulations published on the College's website. These regulations are updated regularly and candidates are advised to look at the regulations for the diet of the current and future examinations before applying.

CSTEM culminates in eligibility to sit MCEM **which is the only accepted postgraduate examination to confer eligibility to apply for ASTEM**. MCEM combined with specified CSTEM confers eligibility to apply to progress to ASTEM. 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 intern 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.

From 2015, Part C (OSCEs) of MCEM will be replaced with a Situational Judgement Test (SJT). Irish trainees commencing CSTEM in July 2014 will sit the SJT rather than

OSCEs. Those already in training in July 2014 i.e. CSTEM 2 and 3 will sit the OSCE examination.

2.8 Progression to ASTEM

The entry requirements for ASTEM are CSTEM (or equivalent) and MCEM. For the 2015 and 2016 ASTEM intakes, the recruitment process will follow the current competitive process (see 3.1 below). From July 2017, trainees on the new seamless programme (July 2014 CSTEM intake) will progress to ASTEM if they satisfactorily complete all elements of CSTEM, pass all parts of the MCEM examination and are deemed suitable for progression to advanced training following a formal Assessment of Suitability for Advanced Training (ASAT) process. The ASAT will incorporate many elements of the current multi-station recruitment process for ASTEM.

Because the Spring diets of MCEM Part C are run in January and March of every year, and ASTEM application is typically in December of the preceding year, ICEMT has agreed that candidates for MCEM Part C in the Spring diets may apply for progression to ASTEM in anticipation of success at Part C, provided the results of the exam will be available at least 8 weeks prior to the July commencement date.

3.0 Advanced Specialist Training in Emergency Medicine

3.1 Overview

Doctors are eligible to apply for ASTEM after meeting specified criteria. The current competitive recruitment process includes shortlisting and a multi-station interview process that explores a variety of domains including academic development, clinical problem solving, teaching and communication skills. This process is standardised, centrally administered and quality assured.

Advanced trainees, who are known as Specialist Registrars (SpRs), rotate through accredited training EDs. 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 ASTEM programme is currently **five years**. From July 2017, the duration of ASTEM will be four years. This reflects changes to the training and assessment process that will come into force over the next two years.

3.2 Eligibility criteria

1. CSTEM (or equivalent)
and
2. [Membership of the College of Emergency Medicine](#) – MCEM

3.3 CSTEM equivalence

ICEMT has defined CSTEM equivalence as:

- 3 years post-internship experience comprising:
 - 12 months in EM (SHO or Registrar level)
 - 2 periods of 6 months each in any two of the non-EM CSTEM specialties – acute medicine, trauma orthopaedics, plastic surgery, acute paediatrics, paediatric EM or anaesthesia/critical care
 - A further 12 months in EM (SHO or Registrar level) or other hospital based specialties (posts must be at least 3 months duration)
- Experience must be within 5 years of application for ASTEM (the closing date for applications)
- Applicants will be requested to seek and submit a structured appraisal form from their supervising Consultant for each post
- Applicants seeking CSTEM equivalence on the basis of training experience other than that outlined above will be considered by ICEMT on a case by case basis.

3.4 SpR recruitment

Entrants to ASTEM are recruited using the following process:

- **Application** – vacancies are advertised in Autumn/Winter and applications are made on a standardised form. Because the Spring diets of MCEM Part C are run in January and March of every year, and ASTEM application is typically in December of the preceding year, ICEMT has agreed that candidates for MCEM Part C in the Spring diets may apply for ASTEM in anticipation of success at Part C, provided the results of the exam will be available at least 8 weeks prior to the July commencement date.
- **Recruitment panel** – the recruitment panel is organised by ICEMT and comprises a nominee of the President of RCSI (as an independent chairperson), the Dean and Vice Deans 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.

From the July 2017 ASTEM intake onwards (i.e applicable to those commencing CSTEM in July 2014), those on the formal CSTEM programme will progress to ASTEM provided they have satisfactorily completed all elements of CSTEM, have passed all

parts of the MCEM examination and are deemed suitable for advanced training following a formal Assessment of Suitability for Advanced Training (ASAT) process. The ASAT will incorporate outcomes of the trainee's CSTEM appraisals, trainer references and recommendations, academic activity during CSTEM and performance in a multi-station assessment process modelled on the current ASTEM selection process.

3.5 Duration of ASTEM

During the five years of ASTEM, 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.

As the various FCEM components can increasingly be taken earlier during ASTEM, it is anticipated that trainees will complete FCEM during their 4th ASTEM year and ICEMT encourages undertaking a Fellowship (in Ireland or abroad) during the 5th year, after successful completion of FCEM.

3.6 Retrospective recognition of training

Retrospective recognition is considered in one instance only – pre-AST experience in EM in a **Locum Appointment for Training (LAT)** post.

On entry to ASTEM, trainees who were in a LAT post may apply to ICEMT, through the Vice Dean for ASTEM, 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.

3.7 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 Dean or Vice Dean for ASTEM. Evidence of satisfactory completion of the LAT, using the RITA process, is required before it can be retrospectively recognised as contributing to ASTEM. The maximum retrospection for LAT posts is one year.

3.8 Recognition of Training EDs

Departments are recognised for ASTEM on the recommendation of ICEMT. Inspections for training recognition are undertaken by ICEMT on application by the prospective training site.

3.9 Structure of the SpR rotations

Trainees rotate through several EDs (a minimum of 3) during ASTEM. The rotation is compiled by the Vice Dean for ASTEM. The general ground rules for the rotation are as follows:

- The focus is on a **balanced** training:
 - 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 ASTEM;

- Decisions regarding placement will be made using the transparent and fair criteria outlined above; individual preferences are not automatically accommodated but are considered in the context of the criteria above.

- 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 Vice Dean has to change placements at shorter notice. Where possible SpRs' initial placement will be for a minimum of 18 months.

3.10 Flexible training for ASTEM

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 Vice Dean for ASTEM 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 ASTEM

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 outlining the trainee's progress as well as trainee and trainer feedback. 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 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 Dean and the Vice Dean for ASTEM. The trainee forms are retained in the trainee's file at ICEMT. There are seven RITA forms:

RITA A – Contains core information on the trainee and is completed prior to commencement of the ASTEM 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 3rd year of training is required before trainees may apply to sit the FCEM examination.

RITA D – This form 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 form 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 ASTEM. Both electronic resources need to be used during ASTEM.

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 Vice Dean for ASTEM 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 introduced 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 Vice Dean 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 ASTEM arrange meetings with the Vice Dean 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 Vice Dean for ASTEM to review **two months** before your final submission date for FCEM. If the draft is not produced by that time the Vice Dean reserves the right to prevent you applying for the exam.

SpRs commencing ASTEM from July 2014 onwards will be required to complete a Quality Improvement Project (QIP) rather than a CTR. Further guidance is available on the CEM website.

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](#). Trainees are eligible to sit the Critical Appraisal SAQ part of the examination in the first year of ASTEM and the remaining parts of the examination following a successful 3rd year RITA. Although trainees are encouraged to sit their FCEM exam while on the ASTEM 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 Fellowship Training

ICEMT firmly supports the pursuit of Fellowship training in other health care systems or in academic research. While ASTEM in Ireland will ultimately result in the award of a 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. With the current duration of ASTEM at 5 years, ICEMT supports Fellowship activity in the 5th year (with a strong recommendation that FCEM be passed prior to commencing the Fellowship). Once the duration of ASTEM is reduced to 4 years, Fellowship training can take place on completion of the 4 years.

Certain subspecialties of EM will mandate fellowship-type training e.g. PEM, acute medicine, Critical Care Medicine 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 Vice Dean for ASTEM 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 their ASTEM 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 ASTEM 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;
- ICEMT is of the view that OOPE-type training is best pursued at 'Fellow' level after completion of the ASTEM programme (or in the final ASTEM year while the duration remains at 5 years).

Notwithstanding the above, an OOPE will be considered during ASTEM, especially where trainees have set up a defined (and funded) programme of EM-related research (see below). To pursue OOPE during ASTEM, the Vice Dean for ASTEM 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 ASTEM experience in Ireland. ICEMT will recognise up to a maximum of **12 months** in OOPE. OOPEs

notwithstanding, trainees must spend a minimum of 4 years on the ASTEM programme in Ireland.

3.19 Research during ASTEM

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 advanced 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 advanced trainees who have a declared interest in pursuing a formal academic position in EM post-ASTEM.

However, given the requirements of SpRs to provide a service to EDs while training, ICEMT will not allow more than 10% of ASTEM trainees to pursue full-time research at any one time e.g. with 35 trainees on ASTEM, 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 Vice Dean for ASTEM **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, **ICEMT 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. Once the duration of ASTEM falls to 4 years (from the July 2017 intake onwards), there will no longer be recognition of research time towards ASTEM training – all trainees will be required to spend a minimum of 4 years in full time clinical training to be eligible (in combination with FCEM) for the award of a CCT.

Trainees should note that FCEM regulations stipulate that trainees must be in full time clinical training at the time of sitting the final FCEM.

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. Once the duration of ASTEM is reduced to 4 years, this extension period will be extended to 1 year. 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.

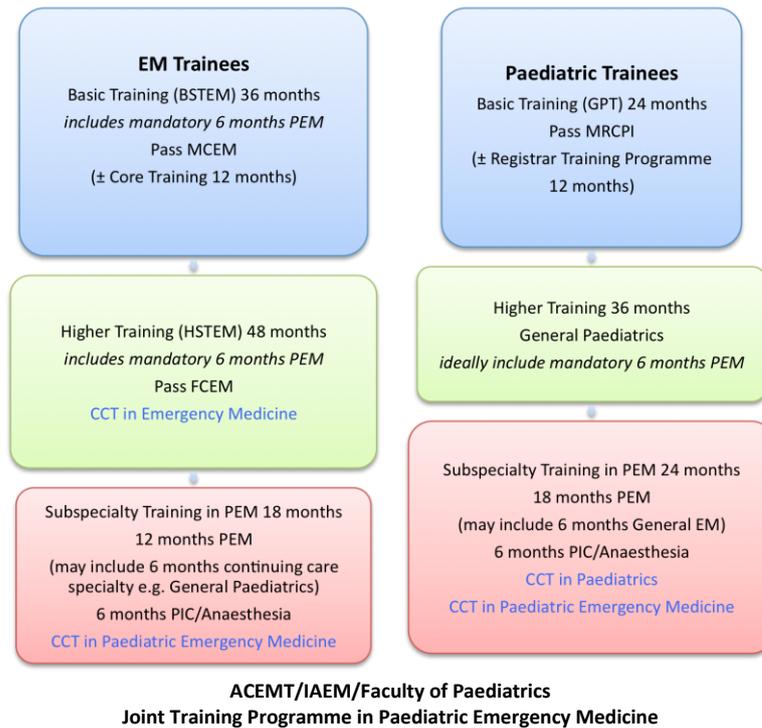
Should a trainee be unsuccessful in their FCEM examination, they may apply for an extension of their training with a view to a repeat attempt. They must undergo a further RITA interview to confirm an updated training strategy. Should ICEMT agree to the extension, the geographical location of the post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

Trainees may 'act up' in the Consultant role within 3 months of their CCT date, provided they have passed FCEM.

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 ASTEM and pass the exit examination of ASTEM 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) has recently been recognised as a sub-specialty by the Medical Council. 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 elements 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

Irish Association for Emergency Medicine – www.iaem.ie

College of Emergency Medicine – www.collemergencymed.ac.uk

Appendices

Appendix 1 EDs recognised for Core & Advanced Specialist Training (September 2014)

The following EDs are currently recognised for CSTEM and ASTEM in Ireland:

Emergency Departments recognised for Core & Advanced Specialist Training in Emergency Medicine	
Our Lady's Children's Hospital, Crumlin	Sligo Regional Hospital
St James's Hospital, Dublin	University Hospital Galway
St Vincent's University Hospital, Dublin	University Hospital Limerick
Beaumont Hospital, Dublin	Cork University Hospital
Mater Misericordiae University Hospital, Dublin	University Hospital Waterford
Connolly Hospital, Blanchardstown, Dublin	Midland Regional Hospital, Tullamore
Adelaide and Meath incorporating National Children's Hospital (AMNCH), Tallaght, Dublin	Mercy University Hospital, Cork (ASTEM only)
Cavan General Hospital (CSTEM only)	Our Lady of Lourdes Hospital, Drogheda

Appendix 2 Membership of the Irish Committee for Emergency Medicine Training

Irish Committee on Emergency Medicine Training (ICEMT)

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

Name	Role
Dr Gareth Quin Consultant in EM, University Hospital Limerick	Dean & Chair of ICEMT
Prof John Ryan, Consultant in EM, St Vincent's University Hospital, Dublin	Vice Dean, ASTEM
Mr James Binchy, Consultant in EM, University Hospital Galway	Vice Dean, CSTEM
Mr Mark Doyle, Consultant in EM, Waterford Regional Hospital	President, IAEM
Dr Gerry McCarthy, Consultant in EM, Cork University Hospital	Chair, National Board of CEM in Ireland National Clinical Lead, Emergency Medicine Programme
Dr Jim Gray, Consultant in EM, AMNCH, Tallaght	Lead, CEM exams in Ireland
Dr Roisin McNamara, Consultant in Paediatric EM, Temple Street University Hospital	Paediatric EM representative
Dr Darragh Shields, Consultant in EM, St James's Hospital, Dublin	Professional Development Programme lead
Dr Mick Sweeney, Consultant in EM, Sligo General Hospital	Ultrasound Training representative
Dr Martin Rochford, Consultant in EM, AMNCH Tallaght	Simulation Training representative
Dr Una Kennedy, Consultant in EM, St James's Hospital, Dublin	Human Factors lead
Dr David Menzies, Consultant in EM, St Vincent's University Hospital, Dublin	Exams lead
Dr Alan Watts, Specialist Registrar, ASTEM	Trainee representative
Mr Kieran Tangney, Associate Director of Surgical Affairs, RCSI	RCSI representative
Dr Geoff Chadwick	RCPI representative
Ms Orla Mockler	ASTEM & CSTEM administrator