

Paediatric Emergency Medicine handbook

Royal college of Paediatrics and Child Health

Royal College of Emergency Medicine

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Published by the Royal College of Paediatrics and Child Health December 2021.

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1. Foreword

It is with pleasure that we present to you the first Intercollegiate Paediatric Emergency Medicine (PEM) subspecialty training guide. This has resulted from the hard work of multiple individuals over many months and years. As the current PEMISAC trainee members, we particularly thank Roisin Begley, Bethany Barrett, David Patel, Michael McCarron and Robin Marlow, predecessors who were instrumental in the writing of this document. We're also very grateful for the input and support of all PEMISAC members who have contributed.

The document is designed to be a guide for all those interested in a career in PEM, at whatever stage they are considering this excellent subspecialty - remember it's (pretty much) never too late! We think PEM combines the best bits of both paediatrics and emergency medicine - diverse and interesting presentations alongside acuity and strong multispecialty and interdisciplinary interaction. While it can be a demanding subspecialty it is incredibly rewarding. We are privileged to see and treat patients at arguably the most challenging and interesting times of their journey. We support them, progress towards and/or make their diagnoses, all while working within incredibly highly functioning, dynamic and cohesive teams.

We hope it will be a useful resource for everyone considering, or already on, a PEM training pathway. We are committed to ensuring it stays as current as possible, even when the training landscape changes - so please do get in touch with any suggestions for content, or any queries. Use the emails below or click the link [here](#).

We hope you enjoy your PEM exploration and wish you the very best with your career. Essentially apply for PEM - you won't regret it!

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2. What is Paediatric Emergency Medicine?

Paediatric Emergency Medicine (PEM) is a subspecialty of both Emergency Medicine and Paediatrics. PEM clinicians specialise in the initial management of children and young people presenting with a wide range of undifferentiated conditions, and they need to make pragmatic and rapid decisions across a vast range of presentations. They are equally able to deal with minor and major trauma and illness, and be adaptable and flexible enough to switch immediately from managing minor conditions, to dealing with safeguarding, to leading the resuscitation of children.

PEM clinicians need extensive non-clinical skills and abilities, incorporating management, governance, teaching, and research. These may revolve around process management in the emergency department (ED), the hospital as a whole, or the wider community and care interfaces. They must be able to take care of themselves and the emergency team, developing skills to counteract the high-pressure nature of the job through communication, debriefing, and resilience.

That being said, PEM as a subspecialty has a strong community feel to it, and there will always be others to turn to for advice. Local/regional support systems and networks exist, and there is a host of national committees and associations to get involved with. The people running these will either have been through the same pathway as you, or supervised others in your position - join up, and get engaged - you'll get to know them online, at conferences, and in your own hospitals. Here are some:

PEMISAC

The Paediatric Emergency Medicine Intercollegiate Speciality Advisory Committee (PEMISAC) is comprised of members from the Royal College of Paediatrics and Child Health (RCPCH) and the Royal College of Emergency Medicine (RCEM). They ensure training units provide appropriate development opportunities for PEM subspecialty trainees, and that trainees are progressing toward a successful long-term PEM career. The PEMISAC is responsible for appointing PEM sub-specialty trainees on behalf of the RCPCH, and they ensure that training policies and documents (such as the PEM subspecialty syllabus) are fit for purpose, and describe the needs of the role. They have a wealth of knowledge on all stages of PEM training, and are easy to contact via the [RCEM](#) and [RCPCH](#) websites. Trainee members from both Colleges also sit on this committee - look out for adverts and opportunities to take on this role.

APEM

The Association of Paediatric Emergency Medicine (APEM) is a charity affiliated to the RCPCH. APEM promotes PEM as a subspecialty and supports related education, training and research. It works closely with Royal Colleges and NICE to provide PEM input to national guidance, and shares relevant news feeds with members via its website and Twitter. APEM run sessions at the annual RCPCH and RCEM conferences, which provide a great opportunity for abstract submissions - presentation of which strengthens applications significantly. Finally, it also awards bursaries and prizes for PEM- related projects and concepts. The APEM website can be found [here](#).

EMTA

The Emergency Medicine Trainees' Association (EMTA) is the national organisation that represents EM trainees, supported enthusiastically by the RCEM. Its main function is to represent trainees' views to the RCEM and other national agencies - trainees who are RCEM members are automatically EMTA members. The link to the EMTA website is [here](#).

PERUKI

Paediatric Emergency Research in the United Kingdom & Ireland (PERUKI) is the PEM research collaborative for the UK & Ireland. It brings together clinicians and researchers who share the vision of improving the emergency care of children through high quality multi-centre research. PERUKI also takes an active role in encouraging and mentoring new investigators in the acquisition of research skills, regarding this as a key sustainability driver for the future. With over 70 sites, it's likely there's a member site near you - get in touch with PERUKI (perukimail@gmail.com) to catch up on what's happening in your area, or to chat through a bright idea.

Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings

This intercollegiate group provides expert advice on the emergency care of children. It works to influence policy proactively and respond to consultation documents relevant to urgent and emergency care. The committee's biggest work stream is to monitor, update, and revise [Facing the Future: Standards for children in emergency care settings](#), which provides healthcare professionals, providers and service planners with measurable and auditable standards of care applicable to all urgent and emergency care settings in the UK. More information can be found [here](#).

PEMTG

The Paediatric Emergency Medicine Trainees Group is a group of trainees committed to improving the overall experience of trainees in the wonderful world of PEM. Still in the early stages of existence and with an open mind regarding roles and future responsibilities, they are happy to help if you have any questions or ideas (if you are thinking of applying to PEM or if you are already a PEM trainee). Their email address is pemtraineesgroup@gmail.com.

3. Before PEM training

Is PEM the right choice for you? Here are some tips to get a feel for PEM and boost future applications.

First, get some exposure to what you might be letting yourself in for. If you plan to train in the UK you have to decide whether to approach this from the EM or paediatric route once you've completed Foundation Training. Explore both options to see which is the best fit for you.

If there are PEM doctors in your hospital, go and have a chat, and arrange some taster days or shadowing. Not all hospitals will have PEM departments - but they should know which local hospitals do. You can check out the RCEM website for a [list of PEM subspecialty training sites](#), who are all happy to have people share their passion.

If you're working in paediatrics, do a taster in a Paediatric ED - if working in EM, spend time in your paediatric ED, or visit a local unit that has a paediatric ED. Check whether PEM rotations are available in your region, and elsewhere - and express your interest. State your case early and tell people this is a career option for you - most will try and accommodate you.

If you're planning on going out of programme, think about a standalone PEM fellowship. These usually include 40-80% clinical time - the rest will be spent producing medical education, research, or following a special interest (e.g. trauma or leadership). These are usually found on the NHS jobs website, and sometimes the APEM website. EMTA have also released an app combining fellow posts that may contain [PEM jobs](#).

Attend courses, conferences and meetings with PEM content, such as the RCEM and RCPCH conferences in which APEM have a stream, the PEM trainee conference days,

and PERUKI meetings. There are a lot of PEM orientated training days advertised on the [RCEM](#) and [RCPCH websites](#) (eg trauma, adolescent medicine). Make sure you check these on a regular basis, and listen out for the courses other trainees are rating.

Start building your PEM track record early, and give yourself 1-2 years to achieve this – if you change direction, much of what you’ve achieved will attract credit in any application. For the paediatric route, look at the PEM sub-specialty [shortlisting criteria](#), and if EM, chat with RCEM PEM subspecialty trainers and trainees. As you figure out how to score points, you’ll realise this takes time and persistence – whether completing audit/QI, getting courses and qualifications, and understanding what you’re letting yourself in for. Whilst some things are generic (such as teaching), focusing on PEM-related QI and other projects will build a narrative demonstrating commitment to the subspecialty.

It’s also important to apply with enough time to complete PEM training. At Higher Specialist Training level this is 1 year for RCEM, and 2 years for RCPCH – and this must be completed before your CCT. Whilst RCPCH sub-specialty jobs are advertised nationally, RCEM PEM posts are recruited regionally – so find out from PEM folk in your region how this works. There are no “set” jobs that come every year, and these vary from region to region annually due to the recruitment processes – again, talk to people in your region to find out whether jobs are likely to be available in your ideal timeline.

For those training via paediatrics, it may be possible to count some generic training toward PEM sub-specialty. There are conditions to be met to achieve this, but if this is an option you wish to explore, then get in touch with the PEMISAC directly – note, you can only do this prospectively, not after you’ve already done the jobs and only in level 3 of training. Finally, as PEM isn’t available in all regions, many trainees find it late (especially paediatricians) – if this is you, don’t despair. Get in touch with the PEMISAC to find out whether you still have options – you lose nothing by asking.

To find out more, speak to an EM (PEM) or a Paediatric (PEM) consultant in your area, approach your Training Program Director or Head of School or talk to trainee who is currently in PEM subspecialty training post. The APEM trainee reps can be contacted for advice on the email address: pemtraininguk@gmail.com or the current PEMISAC trainee member details are in the foreword to this document.

4. Applying for PEM subspecialty training

Recognising as early as possible that you want to do PEM gives you time to prepare and plan for your application while confirming your choice. Whilst EM trainees will all do a PEM post at ST3 level, it's not always possible for those training via paediatrics to have a PEM job or experience before applying, and it's not essential. However if you can, then do - this will help you see what the job really entails and whether it's right for you.

In PEM, no two days look the same. You work within a large, energetic and motivated team, and you will flit from minor illness, to major trauma, to ad hoc teaching within minutes. This can provide great job satisfaction, but a career in PEM is not without its challenges - you (and your application...) will benefit from understanding the effect of ED time, target, and management pressures on you before you apply. Your understanding of the job is one of the key components on the application form and at interviews, so being able to talk about it with ease will stand you in good stead. If/when you spend time in the Paediatric ED, try to be mindful of how the ED is working, and what other patients and pathways exist.

There are many generic capabilities you will need to demonstrate, and which will score you points. The highest scoring applications score highly in every field; try to make sure you have something great to write or talk about in each section. Try to make them about you, and your real life - let your passions show through. Show the shortlisters and interview panel that you love PEM - do you do out of hours shifts in ED because you're drawn to it? Are you doing a PEM MSc? Have your QI/teaching projects been PEM-focused? Say so! And remember to stay human - shortlisters want to invite people to interview to find out more about them - be humble but brilliant. Use clinical examples wherever possible to demonstrate your skill set.



Make shortlisters fall in love with you, and want to invite you to interview; don't be afraid, this is your chance. Also, read the small print and don't drop points unnecessarily - for example, if an audit section talks about a full audit cycle, that cycle doesn't all need to be completed in the same rotation, or for the same project - use several audits to outline your awareness and involvement in each element

RCPCH training

Currently, from ST5 onward you can apply via the annual round of national applications to the NTN sub-specialty (usually released in the Autumn for posts commencing the following Autumn). This competitive appointment process is run by the RCPCH, and the 2 year training program consists of 12 months PEM, 6 months paediatric intensive care (PIC), and 6 months specialty secondments. It's a national recruitment program, so you need to think how you feel about moving elsewhere. To help, and see what's available round the country, most units will welcome a visit or phone call beforehand (contact the person named in the unit description). Some applicants choose to stay local first attempt, then go wider next time - there is no perfect strategy. Follow your heart - and talk to the PEMISAC and other trainees.

Shortlisting criteria are generic across all RCPCH subspecialty programs, and are on the RCPCH [website](#). From 2021, the score achieved at interview will contribute the full total toward your ranking (though a good application form is essential to get you through the door!), in which there are usually five interviewers (including PEMISAC members and an independent Chair). There's always a clinical question to test how well you think on your feet (it's not an exam, nor is it APLS), and other questions which cover domains such as your understanding of PEM, how you fit within the specialty, governance, research, quality improvement, team working, communication, experience, your attributes, the role of families - and on and on - yes, pretty much everything you might encounter in life or PEM, can and has come up. Talk to others who have been through the experience, and see how they thrived - it only lasts about 25 minutes, so it's not a long time to say everything you really want to. Preparing as much as you can, while keeping your brain free enough for original thought during the interview, is key. Think how all of your answers relate to you, and your experience - you're trying to show the interview panel that you are made for this.

Please note that from Summer 2023 the training programme is changing to Progress+. Training will be shorter and capability based and trainees will likely apply for PEM after ST4. For more information click [here](#) or speak to local PEM leads/the PEMISAC.

RCEM training

During core EM training there is six months of PEM during your ST/CT3 year, which may be split between the PED and inpatient ward dependent on your deanery. Once

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you enter HST (ST4-6) you can apply to take an additional PEM year to acquire capabilities required for subspecialty recognition. You must successfully complete ST4 EM prior to commencing PEM subspecialty training, which consists of 6 months in a PED, 3 months in PIC, and 3 months General Paediatrics/secondment. This is usually done as one continuous period, although it may be done in separate blocks akin to PHEM training. PEM posts are advertised twice a year in August/September and February/March via deaneries, and selection processes are regional. Trainees may apply outside their training deanery, and to more than one deanery. The person specification will inform your application, and early review can help improve your portfolio before applying.

The interview covers questions on motivation and commitment, clinical ability and reasoning (including clinical and non-clinical situations), ethical and safety issues, achievements and strengths, academic understanding and ability, and team working and learning. Scores are generally attributed based on commitment to specialty, working under pressure, team working, communication, organisation and planning and reflective practice.

Counting time toward PEM training, and equivalence recognition

For those training via the RCEM route, PEM training at ST3, and exposure to paediatric cases in EDs, is counted toward PEM subspecialty recognition. For those training via the RCPCH route, it is possible in some circumstances to count generic training, though specific conditions have to be satisfied, and this must be approved prospectively. The PEMISAC can approve a maximum of one year in total, of which a maximum of 6 months can be PEM (ie the remaining time must be PIC or specialty secondments). This must be done in HST, and in a PEM sub-specialty training centre. It is important to look at the PEM subspecialty curriculum so you can ensure you are demonstrating competencies.

The rules around CESR and subspecialty recognition outside of formal PEM subspecialty training are complex, and impossible to summarise succinctly here. However, anyone requiring more information on CESR should check [here](#), and those seeking subspecialty recognition should read more [here](#). For GMC advice on subspecialty training, click [here](#).

The subspecialty training application form

This section is based on the application form for those applying via the RCPCH. However, while the specifics of the questions and the shortlisting scores may vary between paediatrics and EM applications, the general principles and top tips are relevant to both.

Remember to follow the same principles as you would for any application. Make the form easy to read and digest (remember shortlisters have to read and score about 50 forms), and make it specific to the subspecialty and your relationship with it. Don't take the wrong shortcuts - bullet point lists are fine, but don't just copy and paste the syllabus. Write your application early, and then forget about it for a fortnight before getting it out, dusting it off, and spotting all those areas where you haven't told people just how awesome you are. Share it with others - ideally someone medical (including from one or two subspecialties), and someone non-medical - if it makes sense to them, it will make sense to shortlisters. Finally, run a spell check; you don't lose marks for bad spelling or grammar, but you don't want the shortlisters getting distracted by that, as they might just miss the vital sentence that gets you that seat at the interview table.

Clinical experience

Not everything will give you points but may give you something to talk about at interview, and demonstrate your commitment to the specialty above other candidates.

Taster weeks/shadowing	PEM clinical fellow job	PEM rotation
ED time (RCPCH)	Consent - child, parents	Safeguarding processes/training
Paediatric anaesthetic experience	Paediatric procedural sedation	Sudden unexpected death procedures/investigations
Paediatric surgery/ortho experience	Attendance at paediatric OP clinics/ ward rounds/baby checks (RCEM)	PEM simulation - running or participation in

Teaching

- Get involved in teaching locally and regionally (undergraduate and postgraduate).
- Organise a teaching day or series of teaching sessions. Regional teaching will score higher than local teaching – be clear that you have developed and led it, not just taken part in it
- Co-ordinate a teaching rota - this is needed in many jobs, so there are plenty of opportunities
- Participate in different teaching modalities (lecture, group, clinical, simulation, podcasts, infographics, journal club), and ask for feedback
- Consider whether you have time to acquire formal teaching qualifications, including generic instructors course (GIC; used for life support courses), Teach the Teacher Courses, PG cert/Masters in medical education, Education fellow year



PG Cert used to score you the most points, but more recently has been equivalent to the GIC or other formal teaching qualifications. Plan your next APLS at a centre and time when you can be considered for instructor selection (and tell them you're interested) - do this with enough time to complete GIC and instructor training!

Audit and Quality Improvement

Completion of audits and QI are an essential part of your training, as they will underpin the service you deliver as a Consultant. The ideal project will have resulted in some lasting change; PEM is a speciality where individuals are highly motivated to innovate and improve in response to changing service needs, so see this as an opportunity to build a firm foundation. Find projects related to PEM and aim to complete the cycle; be clear that you have had an idea, developed a project, designed a proforma, led a team, collected data, provided a report, presented it, and evaluated impact, as this will gain maximum points. Don't worry if this narrative crosses over multiple projects - we all know that short rotations don't lend themselves well to completing some fantastic bigger projects. But explain your role, and step in the cycle, for each, and how it all comes together.



Our tip here is to pick topics that will also allow you to present it, submit to conference, and potentially write up for publication, or develop a guideline, all of which will score points in more than one

	domain. Attending courses and conferences may help select a topic (also talk to PEM people before getting started).
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Leadership and management

Whilst the shortlisting form specifically allocates points for management roles in local, regional, and national committees, there are other ways to showcase these attributes (and score points), including

- Developing clinical practice guidelines for the ED, or care pathways
- Shadowing clinical and managerial leaders, learning about flow, performance, and targets
- Attending non-clinical meetings, including departmental management meetings, governance meetings, and any other opportunities which exist locally

Take the opportunity to score points where you can. Find out whether you can organise a staff roster. Seek opportunities which frequently arise on local, regional and national committees - tell your consultants that you're interested in taking these on, as they're not always easy to find. Watch out for bulletins from the RCEM, RCPCH, and APEM for committee roles - and talk to other trainees, including those on committees, to find out when positions are available. There are leadership fellowships available (NHS England, Welsh leadership fellows), although be aware of meeting OOP timelines to be able to apply for these.

Research

Not everyone wants an academic career path - however the minimum standard that most would agree for a PEM consultant is an ability to critically appraise and translate important research findings to improve patient care. Getting to that level doesn't happen by chance, so make sure you learn about processes and delivery of research, so you can be more informed.

- Complete a Good Clinical Practice course - online versions are standard, and last for three years
- Get involved in trials happening locally - not just within PEM, but also on NICU and other areas of paediatrics and emergency medicine. Working through the processes of taking consent, and explaining and learning about research principles are all generic and transferable skills
- Join PERUKI - and get involved - one of their key aims is to develop and nurture up and coming investigators

- Shadow a research nurse. You will find interesting information about what they do, and the role of research team members - you might be able to help in some projects as well
- Be familiar with current/previous PEM trials. Read about priorities in PEM research and familiarise yourself with difficulties encountered in PEM compared to other specialities
- The more papers you read, and critical appraisal tools you use, the more familiar the language will get - challenge yourself to do this regularly, as you may be required to have something roll off the tongue in interview
- Participate in journal clubs and critical appraisal. This can be done wider than your hospital via [Don't Forget the Bubbles Journal Club](#) or other providers such as [TERN](#) (the Trainee Emergency Research Network) who at the time of writing were setting up a national forum.
- Practice critical appraisal - and write it down, by doing a Bubble Wrap for DFTB
- Write a Best bet or Archimedes short cut review
- Higher degrees can be undertaken, but in general take at least a few years to achieve - many do these while preparing for sub-specialty training, and finish them while in sub-specialty training. Examples include a PEM MSc (eg through the University of Edinburgh, a remote course), and MD/PhD through local Universities.

Posters, Presentations and Publications

- Present your work as poster or oral presentations by submitting to APEM sessions at national conferences, and European and other international conferences with a PEM component - with the added benefit of getting to explore a new city
- Aim for at least one publication prior to application. There are several options on article types, and many don't need the lengthy process of data collection as a first step. These include a letter to the editor about a research paper, a Best Bet, an image (think of the simple easy to achieve things), or education pieces for ADC Education and Practice, and self-assessment articles for Paediatrics and Child Health. Getting published can take time - from first submission, a successful article will usually take 6 months before it makes it into print, so plan well ahead!
- Writing pieces (summary of conditions/ reviews of new research) for paediatric FOAM (Free Open Access Medical Education) - e.g. Don't Forget The Bubbles, paediatricfoam.com - will not score publication points, but will help to show enthusiasm and commitment to the speciality



Submitting to conference isn't just a great chance to score points, it's a great chance to meet other likeminded people from the PEM community - take a look at some of these conferences, and think what you might submit (and where you might like to travel....) - RCPCH, RCEM, EAPS, PAS, ICEM, PREM.

Other tips:

- Remember to get in touch with the PEMISAC! It's allowed
- Contact your local training lead - their information should be available on the PEM website
- PEM jobs can be competitive and not available everywhere, so decide if you (and your family) want or are able to move.
- Showing commitment to the subspecialty: What have you done that's above and beyond generic training? You'll likely have more than you realise, so writing a CV can solidify examples
- Do some practice interviews- you probably haven't done one for a while and they can be intimidating, even if the panel is lovely

5. PEM Subspecialty Training

You've found the Golden Ticket! Well done you, and welcome to PEM subspecialty training - officially the best job in the world. In addition to what is written here, ask questions of your consultants, seek advice and chat with trainees (join the RCEM/RCPCH PEM trainee Whatsapp group by contacting the trainee reps), and share experiences or vent frustration. Most importantly of all, enjoy your training in what is a very challenging but rewarding specialty.

When you know where you're being placed for subspecialty training, contact your training site. Contact details for the training lead are in the job advert documents, and they'll be a useful resource for information on the job and area. For example, you'll want to check the rotation dates, as some regions are August, others are September - you don't want to turn up late!

If you're moving Deanery, check whether there is a relocation budget, and understand study leave rules. Find out about your rota and other basic elements of the job, and consider planning a project before you start, to find out what opportunities you're going to have. Finding a cannula in a new department is tough enough - why not get a headstart on everything else?!

Just of note, deferral is sometimes possible for PEM in the case of maternity leave, ill health or higher study/research. This can be for a maximum of three years and is at deanery discretion.

What is expected of you?

The [PEM subspecialty syllabus](#) is an intercollegiate programme, which RCPCH and RCEM trainees use to evidence the same learning outcomes. These six outcomes comprise fifteen key capabilities. The assessment strategy is College specific, and RCPCH and RCEM trainees should consult assessment grids in the intercollegiate document to see which assessments can be used for each key capability.

RCPCH Trainees

E-portfolio:

Providing a satisfactory eportfolio essentially remains a gateway to CCT, and an

important tool for demonstrating your acquisition of capabilities throughout training (and beyond!). What follows is a rough guide to get you started - through sharing experiences with other trainees, and progress reviews with the PEMISAC, you will continually refine the content so that it's golden by the time of completing subspecialty training.

If you switched Deaneries, make sure this is correct on Kaizen. You may need to contact someone from the RCPCH eportfolio team to add your Level 3 subspecialty syllabus. Make sure you keep in mind the PEM syllabus, and the Generic Level 3 syllabus, whenever you work on your portfolio. Please also note that when [Progress+](#) comes in in Summer 2023 some nomenclature/logistics may change.

Syllabus and linking:

Use your e-portfolio to tell your training story - it's not just a document repository for course certificates, or a tick list for syllabus illustrations. This exists for you to demonstrate your learning and development, and the PEMISAC want to see reflections (events or cases, positive and not so positive, and what you learn from a course/training day), progress, PDPs, and trainee led educational supervisor's forms. On Kaizen's dashboard you will be able to see a summary of each learning outcome and the number of events linked. They will appear as "in progress" until your Educational Supervisor marks them as complete.

Supervised Learning Events (SLEs):

To evidence learning, and your progression in line with the syllabi, you will complete SLEs. There is no minimum number, but they should be of good quality, and demonstrate a range of presentations from which you have learned:

- Case based discussions (CBD) including safeguarding CBD
- MiniCEXs
- LEADER
- Multi-source feedback
- DOPS
- DOCs
- START - RCPCH trainees need to complete the START assessment. This includes scenarios relevant to the new PEM consultant, so state your subspecialty on the application form. Although there is no pass/fail, areas for development are highlighted in feedback - discuss these with your ES, and plan remedial action evidenced in the START PDP. START should be done in ST7 to allow at least 6

months for development. Previously PEM has only been available in the Autumn diet, so do check whether this continues to be the case. Further information on dates, applications, structure, and specimen papers can be found on the [RCPCH website](#).

- ACATs & HATs are optional but helpful in demonstrating other core competences
- Extended Supervised Learning Events (ESLE) - these are taken from RCEM training, and are being added in an electronic format via RCPCH. Forms in paper format are also available via [RCEM](#). They are time consuming for you and your supervisor, but are an excellent opportunity to demonstrate your senior decision making, leadership and management skills with direct feedback on how you can develop further - the PEMISAC recommend that at least two of these are done in a PEM environment during your sub-specialty training.
- Previous SLE quotas can be used as a guide for minimum number if unsure. The RCPCH [website](#) also has a general WBPA guide.

The role of the PEMISAC:

PEMISAC will focus on whether you have achieved your PEM specific markers; though they will give additional guidance based on your longer term career aspirations. For example, they'll give bespoke advice dependent on whether you want to be a pure PEM consultant, or have a hybrid job. The PEMISAC meet virtually or face to face with RCPCH PEM trainees annually, and make recommendations to your local ARCP panel on whether you are making satisfactory progress, or are ready to complete PEM training.

RCPCH trainees - Making the eportfolio work for you - a trainee's view by Michael McCarron

Trainees dread the thought of populating their eportfolio because they see it as a time consuming, hoop jumping exercise. This is only true if you let eportfolio constrain you. It shouldn't be "extra" work trying to find cases to include; we should document what we do daily, and I'd recommend doing a few entries regularly. The eportfolio is a platform for trainees to showcase achievements and learning - approaching it from this viewpoint, eportfolio seems a lot less onerous.

PDP

Refer to previous feedback e.g. MSF, trainers report, START report, when thinking of things to include; there will often be ideas to build into goals. Do not set too many goals, and remember some will only be achievable by the end of PEM

training, while others can be achieved in a shorter time frame. A standard PDP entry for me was always “Safeguarding”, but I quickly lost interest in completing online modules and found it worthwhile to think outside the box e.g. attend CDOP reviews, observe in coroner’s court, contact local family court and spend time observing there.

Work place based assessments (WBPAs)

These feel repetitive by the time trainees reach sub-specialty training. However, variety truly is the way to spice them up. Not all need to be based on “live” patient cases. For example, if you take part in simulation, suggest a one-to-one debrief and use it as a CBD. WBPAs can be used to showcase non-clinical skills eg. a DOC could be based on the minutes from the M&M meeting you organise (DOCs are there to assess our clinical communication with colleagues). Management of a patient complaint would also be a suitable subject for a DOC or a CBD.

Development/Skills log

The most important thing to remember is that we shouldn’t only reflect when things go wrong. It is really important to reflect on positive events. When you get positive feedback eg. from a colleague, GREATIX/FERF, or from a patient, it is useful to reflect (always scan a copy of the thank you card/consultant email and attach this). The development log is also useful for documenting learning that doesn’t easily “fit” into the WBPA category eg. when attending surgical/specialty clinics keep a note of cases and pick out learning points - often there will be a “clinical question” that you have answered through a bit of research and reading. When completing a development log, choose the form that most closely matches the activity and don’t worry if your reflection doesn’t fit neatly into all the boxes, the key thing is that you are demonstrating reflective practice. The skills log is fairly self-explanatory and it is sometimes worth keeping a note in a diary on days where you have done procedures so you can go back and enter them.

In summary, my *Top Five Tips* for having a successful eportfolio to present at ARCP:

- 1) Keep a notebook in your pocket to scribble ideas for your development and skills logs
- 2) Use feedback to identify your PDP goals
- 3) Reflect when things go well; not just when it goes wrong
- 4) Apply lateral thinking when it comes to learning “activities” or WBPA topics

- 5) Take a “best fit” approach when completing development logs, and don’t worry about reflecting in every box

Most importantly, remember that the eportfolio is the platform to showcase your learning and achievements through the training programme.

RCPCH trainees - Making the eportfolio work for you - the PEMISAC view by Joanne Stirling

This section is advice from the PEMISAC to the PEMISAC (and now for trainees...) – this is how we tell each other to do a Kaizen portfolio review for PEM

- There is a lot of information to look through. You cannot look through everything and the educational supervisor should be keeping track on things.
- Start on the home screen with Life Support courses and safeguarding, check these are all done and in date
- Next look at the assessments done. I document the numbers of ESLEs, CBDs, DOPS, DOC, HAT, Leaders, Mini CEX, Safeguarding CBDs. I do look through these to see there is a reasonable variety of cases and assessors.
- If this is a final review check START has been done and that there are no major issues
- Look at last 2 MSFs for comments. To make sure not just functioning well in 1 place and to flag any on-going issues.
- Look at last trainer’s report, this should include a curriculum review section to ensure candidate is ready to accredit in general paediatrics
- PDP - I look at these via the trainer’s report to see if objectives are being set and achieved.
- Then look at PEM specific tags. Number is less useful than looking for a broad church. I pay particular attention to the tags relating to non paediatric medicine related things especially trauma, resuscitation and management of injuries both minor and major. Beware multi-tagging. You might find that a trainee has used the same fracture clinic to tag multiple things but when you dig deeper for specific presentations e.g. knee injuries there might not be a case of this at the clinic. I also look for procedures in this section like joint manipulations, wound repairs, trauma procedures, intubations and management of burns. A lot of these will be in the skills/development log as they don’t necessarily have things that obviously fit a tag.

- I also look for the tricky to find things in dental, ophthalmology, ENT, Gynaecology and psychiatry. This is important not just for the individual but to feed back to training centres if there are difficulties getting access to these sub-specialities.
- Reflective notes: These are useful to look through to see if the trainee has been involved in clinical incidents and how these have been managed
- Then look at non-clinical things. I look at teaching first, including delivery of teaching and attendance at local/regional/national events. This includes assessments of “acting up” running the shop floor.
- Research/Audit: I look to see if there has been regular engagement in these activities over the course of training.
- Management: Look for local projects, involvement in multi-disciplinary meetings, changes in service, winter planning, major incident table top exercises, involvement in SCI reviews etc.
- As I go along I make headings as above and add things to each topic heading as I review them. I keep a separate list of things I think need to be fed back to the trainee and potentially to the training centre

RCEM trainees

Once you know your start date for PEM SST, RCEM can add the PEM SS syllabus onto your current E-portfolio. RCEM has produced FAQs for the new PEM SS syllabus, which should be read in conjunction with this [document](#).

Supervised Learning Events (SLE)

There are no minimum number of SLEs, and not all the illustrations referenced within the syllabus need to be individually evidenced in order to sign off key capabilities. A broad spectrum is advised, as is an early conversation with your Educational Supervisor on their expectations, as each deanery may interpret the syllabus in a different way! Plan early which assessments you need to do in each placement – 3 months can really fly by on PICU or in General Paediatrics. A mixture of CBDs, MiniCEX, DOPs and ESLE should be used, and it’s useful to have both RCEM and RCPCH PEM consultants assessing you, as differing backgrounds can really offer a new insight on a topic. An MSF is mandatory during your year of training in order to achieve an Outcome 1 at ARCP.

Local expectations and achieving CCT

It is very easy to get absorbed and spend your time making sure you hit all of the PEM-specific markers so please meet with your supervisor regularly and speak up if you have any issues. Your local deanery have the final say on your ability to progress at the ARCP panel, and have responsibility in the CCT process. They take a broader view of your overall training, and you therefore have to meet their requirements. These occasionally vary across the country, so check where the goalposts are for you - this is especially important if you've changed Deanery for subspecialty training. Points to clarify include:

- Expectations of your syllabus interaction i.e. links/comments needed.
- Number/spread of SLEs, and timeframe (some use 10 months, with cut off 2 months pre ARCP).
- Required attendance at regional teaching, and your role within that teaching.

COVID

The pandemic has undoubtedly affected training, from the low paediatric numbers seen initially, to the later high volumes of respiratory illness alongside any potential redeployments. We really hope this section will be deleted from future guide editions but the PEMISAC are sympathetic to these disruptions. PEMISAC advice is to speak to your local lead or a member of the committee if you are concerned about the impact of Covid.

'Tricky' syllabus areas

Your parent specialty curriculum and PEM subspecialty syllabus can seem daunting. Given the nature of PEM, it covers a wide range of diagnoses and conditions. 'Bread and butter' PEM will be covered in your daily work and training on the shop floor, but it is unlikely that you will be fortunate enough to be exposed to everything. You will be expected to take responsibility in seeking educational opportunities and self-directed learning. The following sections contain tips from previous trainees who have been through the same process.

Local opportunities

Some ideas highlighted by other trainees include:

- Plaster technician - spend time with them, and ask them to organise teaching sessions to cover backslabs, elastoplast thumb spicas and soft wraps
- Radiographers and radiologists - sit in on an MSK reporting list, as you'll see lots of normal x-rays and hints on identifying the abnormal, as well as how to describe them
- Clinics - ask consultants and previous trainees for useful contacts. Remember that in specialty secondments you need to cover everything, not just orthopaedics and general surgery (RCPCH) and not just acute admissions to paediatrics (RCEM)...so examples of what to access include emergency eye clinic (lots of red eyes, corneal abrasions, slit lamp practice), emergency ENT clinic (FB removal, epistaxis management), fracture clinic, plastics hand clinic, MaxFax trauma clinic, sexual health, paediatric gynaecology clinic and paediatric medical specialty clinics
- Paediatric anaesthetics - some placements give dedicated time while on PICU. If not offered find time while in PICU and/or on specialty secondments.

Major Trauma Centres (MTC)

Not all PEM training centres are MTCs. Trauma units receive a good volume of paediatric major trauma as patients are brought by parents. However, this may mean you have limited exposure to major trauma calls, and whilst this is not a frequent occurrence it is vital that a PEM consultant has the confidence and capability to lead in such situations. It is useful to spend time in an MTC to see how they run trauma calls (adult and paediatric); previous trainees have benefitted from organising secondments (1-2 weeks long) in MTCs, to observe in ED, and follow through to inpatient care. Make sure you undertake at least one trauma course - this may be ATLS, ETC, or one of the paediatric-specific trauma courses offered in The Royal London Hospital, or Sheffield Children's Hospital. Leading adult major trauma is relevant and useful experience, as many principles apply across all ages, and injury patterns such as penetrating trauma are more common in this age group.

Understanding what happens before ED arrival

You can contact your local Ambulance Service to spend time in a dispatching unit. You will be able to understand what protocol they have to follow when a parent

phones 999. If you have the opportunity, you can shadow an out-of-hospital first responder team (it might be quiet, or you might be able to see very interesting things).

PEM training conference

There is an annual PEM trainees' conference, organised and attended by RCPCH and RCEM trainees. It is usually a face-to-face event, with lectures and workshops delivering PEM syllabus targeted teaching. Trainees are highly recommended to attend, and may present orally or in poster form (on an interesting audit, quality improvement project, clinical question or literature review). This is an important date in the diary, as it's a great way to check in with the PEMISAC, and other trainees nationally. At time of writing PEM national teaching is being piloted.

FOAMed

You will quickly discover that Paediatric Emergency Medicine has a huge FOAMed community (free open access medical education). This is delivered in a wide range of formats from online teaching modules, to podcasts and twitter feeds. It varies in quality but is worth looking through, often they are well organised and delivered by motivated teachers with a wealth of experience. You can always link a reflective note to your PEM syllabus after doing some reading with key learning points. Some useful resources, recommended by other trainees, can be found in the appendix.

PEM Trello Board

The PEM Trello Board is a growing collection of educational material - including articles, simulation, books, podcasts, and tutorials. It is organised according to the PEM syllabus and is a useful place to trawl for ideas if you're struggling to tag capabilities. It was created by trainees, for trainees, so the more we use it and add resources, the better it will become. To join, you need a Trello account and to subscribe to the [board](#).

6. CCT and consultant applications

Although this becomes ever more present in your thoughts toward the end of training, make sure you're planning for being a consultant from the beginning. Following the advice in the preceding chapters will cover a lot of bases, but there are still some key things you can do later in training to get ready for the interviews, and for the job itself.

For RCPCH trainees, it's worth considering when you wish to finish training. For those due to finish sub-specialty training at the end of ST7, it may be possible to seek CCT at the same time, rather than complete an ST8 year. This takes planning, and agreement from your Deanery. Having this discussion early with the PEMISAC will help you decide what the right option is for you. That conversation will include important factors in this decision process, including longer term career aspirations.

Consider 'acting up' in the last 6 months of training. This is a specific role which requires criteria to be met, and may need to be applied for/approval from your TPD. The important difference is that this is not a locum consultant post, and must be done pre-CCT - you will need supervision in this role. Several EDs have offered this opportunity to trainees, and guidance is available in the Gold Guide [here](#) (as well as on many Deanery and College websites). Whether acting up or not, it's important to plan for the non-clinical aspects of being a Consultant, including dealing with complaints, managing a bulging inbox, writing business cases, and becoming an educational supervisor. Continuation of your management portfolio makes up part of the ARCP process for RCEM PEM subspecialty trainees.

Toward the end of training, most will have acquired and consolidated the bulk of the required clinical competences. Trainees should therefore focus on leadership skills, and courses addressing the abilities required of a PEM consultant, including an Educational Supervision course. There are many "Stepping up" to consultant courses, including via the [RCPCH](#) and RCEM.

In preparation for the application process, look at Consultant adverts on NHS jobs and APEM - this will help identify gaps in your application form. Look at short listing criteria (desirable and essential) and ensure you tick as many boxes as possible. Read the job descriptions too - ask a consultant to work through an example with you. For most finishing trainees/new consultants, these seem to be in a foreign language, and that's before you start trying to figure out PAs, SPAs, and DCC.

Contact places you may like to work, visit them, and share your CV. Most of us feel uncomfortable doing that, but many EDs are looking for their next consultant

colleague while putting funding together – if you don't say hello, they won't know you exist. Introduce yourself at conference, and grab the email address of the training lead from the sub-specialty training job pack – failing that, get in touch with the PEMISAC, who will point you in the right direction. It can take time to approve funding for consultant posts, and this may mean hospitals cannot time job adverts with your CCT date – the more warning the better, so express interest early. Depending on the type of job and lifestyle you want in the long term, it'll be worthwhile getting in touch with tertiary centres and DGHs.

The application process is stressful – make sure you talk to colleagues, family and friends. Pre-site visits are important, and are as much about selling yourself as deciding if you want to work there. Do your homework on the area and role (often with one of the PEM consultants, before you meet the wider clinical and management team). Find out whether there's anything in particular they're looking for, and whether the job would be a good fit for you. Remember that consultant jobs are not necessarily for life anymore – most accept you may wish to move on after a few years.

When getting ready for the consultant interview, practice, practice, practice. Do your research about the job, role, department and wider organisation. Remember to sell yourself and what you can bring to the department! Consider an interview course – these are expensive but the consultant interview is a new kind of beast you haven't experienced before.

In general the PEMISAC are very happy to support new consultants for the first year, and offer advice and guidance as needed. There is a new consultant Whatsapp group, and also think about finding a local mentor (often outside the PED).

Lastly – it's worth noting that for many trainees, the last year of training is stressful. You are desperately looking for the 'right' job and will be meeting with lots of people, often feeling out of your comfort zone. This is normal and everyone goes through it. Be kind to yourself. Talk with your Educational Supervisor, a trusted mentor, and your peer group. It's all worth it on the other side.

7. PEM consultant

PEM consultant...the end goal!! This will come around faster than you realise so ensure that you are prepared and if you can, as above, try and act up during your last 6 months. This will give you a taste of the role whilst still being very well supported.

On the whole, becoming a consultant is fantastic – many find their work-life balance improves, and you have more autonomy over decision making and roles within work. It is also a daunting transition as the buck now stops with you, and you are officially THE senior decision maker. Remember you are not alone. Many EDs have an official mentorship scheme – if yours doesn't, find yourself a mentor/someone you can talk through cases and queries with, and try not to take worries home. Now is a great time to pick up hobbies that fell to the wayside during training, and find other ways to remove worry and stress. “Resilience” and “burn out” are well used phrases but it is important to find ways to manage the new stress that becoming a consultant brings. Potentially, you have 30 years ahead of you and you don't want to burn out by the end of the first!

The RCPCH regional “Stepping Up” programme offers support to those from ST7 into the first three years of being a consultant. Each region does things differently but should comprise a local network that meets in person or virtually to discuss relevant issues and topics and to provide peer support.

There are many roles that a PEM consultant may fulfil. PEM trained consultants work in dedicated children's EDs, mixed EDs, major trauma centres and district general hospitals. The jobs themselves may be pure PEM, or a hybrid post, with EM, paediatrics, or other specialities. For RCEM trainees planning a split PED/ED job, it is worth making it explicit that your time within the PED is protected (ie. you are not always being pulled for adult cover). Many PEM consultants have portfolio careers, taking on other non-clinical roles in research, management, or education/training. Your broad training will stand you in good stead for any of these – it's often up to you how you want to structure your career. The key is to think ahead to later in your career, and consider whether you want to be full time clinical for ever, or transition into different roles in later years.

Consultant jobs are made up of Programmed Activities (PA). These describe units of time, and a full time consultant contract is 10 PAs. “In hours” a PA is four hours, and “out of hours” it's three hours – though there is some local variation, for example on night shifts. PAs are sub-divided into Direct Clinical Care (DCC; representing anything to do with patient care, including result checking/patient communication), and Supporting Programmed Activities (SPA; for non-clinical work – including CPD, Educational Supervision, research, and teaching). The recommended split is 7.5

PA/2.5 SPA, though this is variable depending on the post, and the roles and expectations. Many Trusts will offer less than 2.5 SPAs in consultant posts - whether you choose to take up these posts is completely up to you. It's worth remembering that you are expected to put in a minimum of 1.5 SPAs to your own appraisal and revalidation activities weekly. Always look at the fine print, and don't be afraid to ask others (including any mentors) for guidance.

You will have annual job planning meetings to ensure your job plan is fair, and you are making good use of the time allocated. Initially it will seem that your non-clinical time is abundant, however the more roles you take on the harder it becomes to factor in time for everything - planning is crucial.

It is also worth finding out what is expected of you as a consultant in your new department. Numerous roles require support, either as lead (for example, governance) or as part of a team contribution (for example, Educational Supervision). Ask what is available, and consider what will interest you - some will be compulsory whilst others will be optional. There are likely to be several courses to help you gain the necessary skills to be able to deliver effectively in these roles.

The life of updating an e-portfolio does not stop when you become a consultant - you still have yearly appraisals and 5 yearly revalidation. Although the system used (dependent on where you work) is much less cumbersome and not as much evidence is required, it is important to keep a log of activities and reflections. The general areas covered within the appraisal are CPD, serious events, complaints and compliments, teaching, and clinical governance. Once every revalidation cycle you also need to include feedback from colleagues and patients.

8. Useful resources

A non-exhaustive list with many resources also hyperlinked in the above text

General PEM information

- [Who can apply \(RCPCH\)](#)
- [Sub-specialty training guidance](#)
- [PEM syllabus](#)
- [RCEM PEM info](#)
- [PEM centres](#)
- [Emergency standards: RCPCH facing future Emergency Care Standards.](#)

Affiliated organisations

- [APEM:](#)
APEM is a charity affiliated to the Royal College of Paediatrics & Child Health, promoting excellence, training & research into Paediatric Emergency Medicine. It has an important role in setting training requirements and competencies.
- [EMTA:](#)
EMTA is the Emergency Medicine Training Association, which all EM trainees are a member of via RCEM.
- [PERUKI:](#)
Paediatric Emergency Research in the United Kingdom & Ireland (PERUKI) brings together clinicians and researchers who share the vision of improving the emergency care of children through high quality multi-centre research
- [TERN:](#)
Trainee emergency research network.

PEM educational resources

- [Don't forget the bubbles:](#)
These provide excellent website, up to date research, learning sessions and a podcast. They also have journal clubs and excellent courses.
- [E-Learning for health:](#)
Range of e-learning modules with downloadable certificates for your portfolio (interpretation of radiological images - The axial and appendicular skeleton paediatric; Adolescent health programme - sexual and reproductive health);

Pain management (if you struggle achieving something from your curriculum, there is a high chance that you will find an e-learning module for it).

- **#EM3:**
East Midlands Emergency Medicine Educational Media - see link to PEM under courses.
- **EMCrit**
- **EMPEM**
- **Life in the fast lane:**
Not paediatric specific but covering a reasonable amount of EM and critical care topics has an excellent paediatric ECG guide.
- **Paediatric Emergencies including free virtual conference**
- **RCEM courses:**
Not exclusively PEM.
- **RCEM FOAMed network:**
Worth looking at the 'Paeds Acute' and 'Paeds Major' sections
- **RCEM learning:**
The Royal College of Emergency Medicines online teaching modules are largely intended for RCEM trainees but there are some useful resources for PEM too.
- **RCPCH courses:**
Not exclusively PEM.
- **The Royal Children's Hospital (Melbourne):**
The online guide covers the majority of paediatric presentations and is a useful guide to most conditions with evidence based treatment.
- Trauma and injury x-rays:
www.radiopaedia.org and www.radiologymasterclass.co.uk
- **TRELLO board**

Other resources

- **PODCASTS:**
paediatric emergency playbook (American, but very good), paediatric emergencies, Resus room often has paediatric topics, RCEM learning podcasts includes a PEM topic.
- **Twitter**
Lots of regular links to FOAMed content, once you start following some they soon snowball. Consider following: @RCEMFOAMed, @FOAM_Highlights, Scott Weingart @emcrit, @rcemlearning, @EM3FOAMed, @PEMgeek, @PEMupdates, @Damian_Roland @TessaRDavis, @PERUKItweep @PEMTrainingUK @DrDaveJames @sailordocor @dftbubbles @andrewjtagg @ianlewins @EMTacommittee @RCPCHtweets

- [PEM database:](#)
This is a regularly updated database with links to abstracts of all recent PEM related articles
- **YouTube:**
If in doubt - any procedures you haven't seen, are curious about or keep you awake at night for fear you may need to do it the next day in an emergency, there's bound to be a YouTube video on it so have a look.

PEM related Courses

- [APLS/ATLS](#)
- [European Trauma Course \(ETC\)](#)
- [CATs course \(Sheffield\)](#)
- Advanced Paediatric Trauma Course at Royal London Hospital
- Havens Sexual assault course
- Child Protection recognition and response
- POCUS (US)
- EMSB - Emergency Management of severe burns
- [Hand Course \(Derby\)](#)
- ENT Emergencies West Midlands course
- PERUKI conference
- RSM PEM days
- Major Incident Training eg HMIMMS or MIMMS
- Emergency Surgical Procedure courses e.g. thoracostomy, resuscitative thoracotomy, lateral canthotomy
- APEx (Acute Psychiatric Emergencies)
- Postgraduate degrees - these are a lot of work but can be helpful and addition to PEM role. We encourage a portfolio careers in PEM so you have another interest then explore it. There are loads of MScs out there that they could look at (including the PEM focused ones), medical education and leadership and BAs etc.

Interview courses

- <https://www.medical-interviews.co.uk/product/consultant-interview-course>
- <https://www.medicalinterviewpreparation.com>



Review APEM or website for up to date list of recommended courses. There is no real set list of courses pre-application - but choose the right ones to be able you to sell the story, and the context behind why you want into it. Make sure you claim all the fees back from your study budget. Attending courses should not put you into financial hardship!