



Paediatric training for excellence

# Paediatric Emergency Medicine Handbook

.....  
*A practical guide for Postgraduate Doctors  
in Training (PGDiT) for any level, from initial  
interest to CCT*

Royal College of Paediatrics and Child Health  
Royal College of Emergency Medicine

Publish March 2026



[www.rcpch.ac.uk/progress+](http://www.rcpch.ac.uk/progress+)

This is Version 1.0. As the document is updated, version numbers will be changed and content changes noted in the table below.

Version number	Date issued	Summary of changes
1.0	2/3/2026	

## Foreword and Acknowledgements

We present to you the second edition of the Intercollegiate Paediatric Emergency Medicine (PEM) subspecialty training guide. We hope that this update will provide advice and guidance to those at all stages of their PEM journey, whether you are thinking of joining our subspecialty, preparing your application, in training, or interviewing for consultant posts.

The PEM subspecialty and training committee prides itself on close intercollegiate relationships, and so this document is relevant for trainees from both the RCPCH PEM route, and the RCEM PEM route.

PEM combines the best of both paediatrics and emergency medicine.

It is a diverse and dynamic subspecialty, where you will see a wide variety of patients at a critical point in their journey. While it can be a demanding subspecialty, it can also be incredibly rewarding, with strong multidisciplinary teamwork, rapid decision making and problem solving. Our goal is to support children, young people, and their families in times of injury or illness, initiate urgent treatment for them, and progress towards a diagnosis, all within a limited space of time.

We hope that you will find this guide to the best sub-specialty helpful and informative!

Please be aware that this publication is accurate at the time of publication. However, to get the latest information, particularly regarding subspecialty applications and training accreditation, it is also best to check with RCEM or RCPCH for any new changes.

We are always looking to make sure this document has the most up to date information and appreciate any feedback - please email us below with any comments.

Claire Mulvenna - RCPCH PEMISAC trainee rep - [claire.mulvenna@nhs.net](mailto:claire.mulvenna@nhs.net)

Lisa Sabir - RCEM PEMISAC trainee rep - [lisa.sabir1@nhs.net](mailto:lisa.sabir1@nhs.net)

Many thanks go to:

- Simon Li
- David James
- Rachel Taylor
- Alexandra Pelivan
- Roisin Begley
- Bethany Barrett
- David Patel
- Michael McCarron
- Robin Marlow
- Rachel Jenner

We are grateful for the input and support of all PEMISAC members who have contributed

## Content

What is Paediatric Emergency Medicine?.....	4
<b>A 'who's who' of PEM – explaining the different committees and training Groups.....</b>	<b>5</b>
PEMISAC.....	5
Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings.....	5
APEM.....	5
EMTA.....	5
PEMTG.....	6
PERUKI.....	6
Before applying to PEM training.....	6
Taster weeks and shadowing.....	6
PEM rotations.....	6
OOPEs and fellowships.....	6
Attending PEM related courses, conference and training days:.....	7
Applying for PEM subspecialty training.....	8
RCPCH Training.....	8
RCEM Training.....	9
Counting time toward PEM training, and equivalence recognition.....	9
Portfolio pathway (formerly known as CESR).....	10
The subspecialty training application form.....	10
The interviews.....	13
Interviews – RCPCH.....	14
Interviews – RCEM.....	14
Pre-induction tips.....	15
What is expected of you?.....	15
Making the most of your e-portfolio.....	16
PDPs.....	16
Supervised Learning Events (SLEs) / Workplace Based Assessments (WPBs).....	16
Syllabus and linking.....	18
<b>'Tricky' syllabus areas.....</b>	<b>18</b>

Major Trauma Centres (MTC) .....	18
Understanding what happens before ED arrival .....	19
Useful resources for your PEM Training.....	19
Courses and conferences .....	19
Online resources and FOAMed.....	21
PEM Tello board.....	22
CSAC Reviews (for RCPCH Trainees).....	22
The role of the PEMISAC.....	22
A PEMISAC view from a reviewer by Joanne Stirling .....	23
Preparing for a CSAC Meeting – frequently asked questions.....	24
CCT and consultant applications.....	24
Life as a PEM consultant.....	26
Useful contact .....	28

## 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. They have a vital role in process management for 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.

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 will get to know them online, at conferences, and in your own hospitals.

## A 'who's who' of PEM – explaining the different committees and training Groups

### PEMISAC

The Paediatric Emergency Medicine Intercollegiate Speciality Advisory Committee (PEMISAC) is composed 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, reviewing, and signing off PEM subspecialty 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.

### 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.

### 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 social media.

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, APEM also awards bursaries and prizes for PEM- related projects and concepts.

### EMTA

The Emergency Medicine Trainees' Association (EMTA) is the national organisation that represents EM trainees, supported by the RCEM. Its main function is to represent trainees' views to the RCEM and other national agencies to improve the quality and equity of training and working conditions. Trainees who are members of RCEM are automatically members of EMTA. They can be contacted via email at [emta@rcem.ac.uk](mailto:emta@rcem.ac.uk).

## 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](mailto:pemtraineesgroup@gmail.com)

## 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](mailto:perukimail@gmail.com)) to catch up on what's happening in your area, or to chat through a bright idea.

## Before applying to PEM training

If you plan to train in the UK, you can either approach PEM from the EM or paediatric route once you have completed Foundation Training. Is PEM the right choice for you? Below are some tips to get a feel for PEM and boost future applications.

### Taster weeks and shadowing

If there are PEM doctors based in your hospital, it is worth approaching them for a career chat. You may also be able to arrange taster days, or taster weeks in PED, to gain more exposure and find out if this specialty may be a good fit for you. 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.

### PEM rotations

- For EM trainees, you should have a PEM rotation in ST3, so if you are interested in PEM, it is worth thinking about how you can make the most out of this post.
- For RCPCH trainees, check whether PEM rotations are available in your region, and express your interest to your TPD to see if they can accommodate this in your posts.

### OOPes and fellowships

- If you are planning on going out of programme, think about a standalone PEM fellowship. These usually include 40-80% clinical time - the rest will be spent in 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, see [here](#).

### Attending PEM related courses, conference, and training days:

You can attend courses, conferences, and meetings with PEM content, such as the APEM parts of the RCEM and RCPCH conferences, the PEM trainee conference days, and PERUKI meetings. There are a lot of PEM-oriented training days advertised on the RCEM and RCPCH websites (e.g. trauma, adolescent medicine). See 'useful resources for trainees' section of this guide for more recommendations.

Start building your PEM track record early and give yourself 1-2 years to achieve this – if you change direction, much of what you have achieved will attract credit in any application. For the paediatric route, look at the PEM sub-specialty shortlisting criteria, the latest one can be found on the RCPCH website.

If EM, talk with RCEM PEM subspecialty trainers and trainees - the posts are advertised locally by each region through Oriol, and they will have the person specification on here.

As you figure out how to score points, you will realise this takes time and persistence – whether completing audit/QI, getting courses and qualifications, and understanding what you are letting yourself in for. Whilst some things are generic, such as teaching, focusing on PEM-related QI and other projects will build a narrative that demonstrates commitment to the subspecialty.

It is 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.

RCPCH subspecialty jobs are advertised nationally, and RCEM PEM posts are recruited regionally (advertised on Oriol). There are no "set" jobs that come every year, and these vary from region to region annually due to the recruitment processes. It is worth talking to consultants and PEM trainees in your region to find out whether jobs are likely to be available within your ideal timeline. This can help you decide where to apply for posts. This [link](#) on the RCEM website has a map of all the current PEM approved training centres and their contact details.

For those training via paediatrics, it may be possible to count some training time in PEM or PICU towards PEM sub-specialty. There are conditions to be met to achieve this, but if this is an option you wish to explore, then contact the PEMISAC directly. Note, you can only do this prospectively, not after you have already done the jobs; and you can only do this in ST5-ST7.

If you are late to applying to PEM training, contact the PEMISAC to discuss your options.

To find out more about training opportunities, speak to an EM (PEM) or a Paediatric (PEM) consultant in your area, approach your Training Program Director or Head of School.

You can also talk to the current PEMISAC trainee members for advice, the APEM trainee reps who can be contacted via [pemtraininguk@gmail.com](mailto:pemtraininguk@gmail.com), the PERUKI trainee reps or talk to a trainee who is currently in a PEM subspecialty training post.

## 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 all EM trainees will do a PEM post at ST3 level, it is not always possible for those training via Paediatrics to have a PEM rotation or job before applying, and so it is useful to think about how you can demonstrate your interest in other ways. It is helpful to gain some experience in PEM before applying, to see what the job really entails, and whether it is 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 short-listers and interview panel that you love PEM – do you do out of hours shifts in ED because you are drawn to it? Are you doing a PEM MSc? Have your QI/teaching projects been PEM-focused? Say so! And remember to stay human – short listers 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 short listers fall in love with you and want to invite you to interview; do not be afraid, this is your chance. Finally, remember to read the small print so that you do not drop points unnecessarily.

### RCPCH Training

Currently, from ST4 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). The timeline for this can be found on the RCPCH website. 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 of specialty secondments. It is a national recruitment program, so it is

important to think how you feel about moving elsewhere. To help, and see what is available around the country, many units will welcome a visit or phone call beforehand (contact the person named in the unit description - put a link to this).

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.

## RCEM Training

EM training covers all ages, and there should be regular exposure to paediatric patients through your core and higher specialty training. During core EM training there is six months of PEM during your intermediate training, which may be split between the PED and inpatient ward depending on your deanery. Once you enter ST4, you can apply to take an additional PEM year to acquire capabilities required for subspecialty recognition. As these posts are advertised regionally, they can sometimes be advertised for different grades, but for most regions, you must have successfully completed ST4 EM prior to commencing PEM subspecialty training.

The RCEM PEM training consists of 6 months in a PED, and 6 months that can comprise a mixture of PICU, anaesthetics, and general paediatrics/secondment (the exact time in PICU and general paediatrics can vary between regions). This is usually done as one continuous period, although it may be done in separate blocks (akin to PHEM training).

RCEM 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 (found on the job advertisement on Oriel) will inform your application, and early review can help improve your portfolio before applying.

## Counting time toward PEM training, and equivalence recognition

For those training via the RCEM route, experience and learning in ST3 PEM, and paediatric cases in HST, can be used as evidence of meeting learning objectives of the subspecialty PEM syllabus, but there is always an additional 1 FTE [full-time-equivalent] year of PEM training. During EM HST, all trainees should have regular exposure to paediatric cases - for more information regarding this, click [here](#).

For those training via the RCPCH route, it is possible in some circumstances to count time in 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 (WTE) can be PEM and 6 months (WTE) PICU. This must be done during specialty level training (ST5-7), and in a CSAC approved PEM sub-specialty training centre. It is important to look at the PEM subspecialty curriculum, so you can ensure you are demonstrating competencies as if you are successful in

obtaining a sub-specialty training post, this pre-approved time will be assessed by CSAC.

### Portfolio pathway (formerly known as CESR)

It is theoretically possible to do a portfolio pathway in either paediatrics or EM, but it is incredibly difficult to gain PEM accreditation due to GMC regulations.

As this topic is impossible to summarise succinctly here, anyone requiring more information on portfolio pathway/CESR route should check the information available on the RCEM and RCPCH websites and contact the CSAC for further advice.

### 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.

Disclaimer: In the following section, please be aware that the subspecialty criteria can vary between years, and so it is important to refer to the latest sub-specialty application criteria when submitting your answers.

Remember to follow the same principles as you would for any application. Make the form easy to read and digest (remember short listers have to read and score many forms) and make it specific to the subspecialty and your relationship with it. Do not take the wrong shortcuts – bullet point lists are fine, but do not 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 have not 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 shortlist. Finally, run a spell check; you do not lose marks for bad spelling or grammar, but you do not want the shortlist getting distracted by that, as they might just miss the vital sentence that gets you that seat at the interview table.

Other general tips:

- It can be useful to contact PEMISAC members for more information [please be aware that those involved in the selection and recruitment process can only offer generic advice about this]
- Contact your local training lead – their information should be available on the PEM website
- Showing commitment to the subspecialty: What have you done that is above and beyond generic training? You will likely have more than you realise, so writing a CV can solidify examples

### *Clinical Experience*

Applicants are asked to talk about three clear and separate examples of clinical activities/experiences from your career to date, that show your interest in your chosen

sub-specialty and demonstrate your understanding of what is required to work in this area. For RCPCH candidates, these examples must also be evidenced on your portfolio before submitting your application, so it is important to think about these in advance.

Think about how you can demonstrate your commitment to the specialty in your clinical examples. For RCPCH candidates, this may include experience of managing paediatric trauma [including paediatric procedural sedation], or paediatric surgical or orthopaedic patients. For RCEM candidates, this may include attending paediatric outpatient clinics, neonatal experience [including baby checks], or participating in PEM simulations.

Examples of clinical experience that can be useful for PEM:

- Taster weeks in PEM
- PEM clinical fellow job
- PEM rotation
- Experience from PICU or Paediatric anaesthesia
- Paediatric procedural sedation experience
- Experience of managing child safeguarding cases
- Knowledge or experience of managing sudden unexpected death

### *Teaching*

Applicants are asked to talk about one example of their involvement in teaching. Involvement in regional and national teaching will score more highly than local teaching. In this section, you should be clear about your involvement in the teaching - designing and leading teaching will score more highly than just taking part in it. Teaching can be in many different formats - lecture, small group teaching, clinical teaching, simulation, podcasts, infographics, journal club], so there are many opportunities to get involved.

Examples:

- Organising a teaching day or series of teaching sessions
- Organising revision sessions for exams - such as MRCEM clinicals revision sessions or MRCPCH clinicals revision sessions

Some candidates pursue teaching qualifications to gain further points in this area.

Please be aware that GIC is no longer counted as part of this.

Remember to think about whether you have the time to acquire formal teaching qualifications, such as a PgCert/PgDip/MSc in Medical Education, as these courses can often be labour intensive.

### *Audit and Quality Improvement:*

The RCPCH shortlisting form now asks applicants to pick one example of an audit or QI project you have completed, so think about your most interesting or impactful project. It can also be helpful to find a project that is PEM related.

In your description of completing the QI 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.

A good tip is to pick topics that will also allow you to present it, submit to a conference, 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).

### *Leadership and management*

The shortlisting form asks trainees to describe one example of a significant leadership position they have held. Similar to the teaching and audit/QI sections, there are more points available for regional and national positions. The role must be a non-clinical leadership role. Local examples can include being a rota coordinator or a trust rep/trainee rep. Regional example can be a leadership role within the applicant's school of paediatrics or EM.

Advertisements for local, regional, and national committees are often sporadic, and so it is important to be on the lookout for these at an early stage – tell your consultants that you are interested in taking these on, as they are 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*

Remember you do not have to be an academic trainee to get involved in research. It is always helpful to keep your Good Clinical Practice certification up to date so that you can take advantage of any research opportunities that crop up at your hospital. The new shortlisting form asks trainees to talk about one research project they have been involved in, and, similar to the audit/QI and leadership sections, you score more points depending on how involved you have been with the project.

Ways to get involved in research can include:

- Getting involved in trials happening locally - not just within PEM, but also in NICU and other areas of paediatrics and emergency medicine. It can be helpful to talk to your local research nurse or research team to find out what projects are happening at your hospital. In some regions, there are trainee-led research networks, so it is worth checking if there is one you can get involved with in your area.
- Join PERUKI – and get involved – one of their key aims is to develop and nurture up and coming investigators, and there is normally a consultant allocated as a research lead at each PEM training site.

Higher degrees can be undertaken to get involved with research, 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 (such as the remote courses run by the University of Edinburgh, or QMUL), and MD/PhD through local Universities.

### *Posters, Presentations and Publications*

The application asks trainees to talk about one of the above, so it is important to think about your most significant poster, presentation, or publication.

Examples in this section include:

- Single case report: A single publication in a peer reviewed journal detailing a clinical case or clinical case series.
- Posters, including poster presentations (standing in front of your poster and talking about it): these will be scored as a poster, not a presentation.
- Letter: A letter to the author/editor of a peer reviewed journal in response to a published article or topical area for discussion which has been published in a peer reviewed journal.
- Peer reviewed publication: A publication which has been independently appraised by relevant professionals before being accepted for publication. N.B. Abstracts of presentations or posters will not be counted as publications and should be marked according to whether or not the applicant was the first author for a poster or oral presentation at a national or international meeting.
- Free open-access educational website: Examples of free open-access educational websites that could be used in this instance could be FOAMEd (Free Open-Access Medical Education) or DFTB (Don't Forget The Bubbles) provided they are peer reviewed. National meeting organised by a national organisation, e.g. The British Medical Association (BMA) or RCPCH. Co-author Applicant is listed in authorship but is not first author. International meeting organised by an international organisation, e.g. The European Academy of Paediatrics or the North American Society. Book chapter This could be a chapter in a hard copy book, an e-book, or an educational website e.g., FOAMED (Free Open-Access Medical Education) or DFTB (Don't Forget the Bubbles) provided it is peer-reviewed

You can present your research/audit/QI work as a poster or oral presentations by submitting to APEM sessions at national conferences, and to international conferences with a PEM component – this can come with the added benefit of getting to explore a new city! 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!

### The interviews

It is vital to do practice interviews, as you probably have not done one for a while and they can be intimidating. PEM consultants or current PEM trainees can be useful contacts for mock interviews, ask within your region, or at PEM-related conferences. It is useful to be familiar with some current priorities in PEM, both in clinical practice [such as the Facing the Future standards] and in research [such as the PERUKI research priorities].

## Interviews – RCPCH

Since 2021, the score achieved at interview contributes the full total toward your ranking (though a good application form is essential to get you through the door!) so this is your chance to shine and get that job of which you have always dreamed.

Please check the RCPCH website for up-to-date information, but the interview is generally 30 minutes long and contains 4 questions asked by 4 separate assessors. Questions are split between career motivation, clinical reasoning, clinical leadership, and an academic question (which is generally around research, audit, or QI), and clinical leadership and teamworking.

## Interviews – RCEM

The RCEM PEM 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.

General advice about the interview:

- It is always useful to talk to others who have been through the experience, and see how they managed it, to gain tips and advice.
- There is limited time to sell yourself and talk about your achievements, so it is useful to practice with a timer.
- 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 personal experience.
- Some candidates spend money on interview preparation courses, but these are not essential. The best candidates are often those that have just practiced a lot with their peers and local mentors.

## During PEM subspecialty training

Many congratulations on getting a PEM subspecialty training post!

These next pages aim to provide a wealth of advice to help you through your training, from pre-induction tips, how to achieve training outcomes, and preparing for CSAC appraisals (for RCPCH trainees) and CCT. In addition to what is written here, ask questions of your consultants, and seek advice from fellow trainees. Most importantly of all, enjoy your training in what is a challenging but rewarding specialty.

## Pre-induction tips

- Firstly, check your start date for your training. Some regions start in August, and some start in September - you do not want to turn up late!
- When you know where you are being placed for subspecialty training, contact your training site. Contact details for the training lead are in the job advert documents, and they will be a useful resource for information on the job and area.
- Join the RCEM/RCPCH PEM trainee WhatsApp group! You can do this by contacting the PEMISAC trainee reps [contact details can be found at the beginning of this guide].
- If you are moving deanery, check whether there is a relocation budget, and understand study leave rules for your region. You also need to consider accommodation and commute, so it is useful to visit the area you will be working in to find out more.
- It is useful to find out more about your rota, other basic elements of the job [such as HR and occupational health paperwork], and opportunities you will have. It can be helpful to talk to the consultants you will be working with, or PEM trainees who are based in your allocated region. You can also consider planning a project before you start, to help you get off to a flying start.
- Deferral is only possible for parental leave. You can apply to go OOP during GRID, but not during the last 12 months of the training.

## 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, found in the [Paediatric Emergency Medicine subspecialty syllabus](#).

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.

### General advice for RCEM Trainees:

Once you know your start date for PEM SST, RCEM can add the PEM SS syllabus onto your current E-portfolio. This is not automatic, you have to email [training@rcem.ac.uk](mailto:training@rcem.ac.uk) and [eportfolio@rcem.ac.uk](mailto:eportfolio@rcem.ac.uk) to ensure your Kaizen e-portfolio is updated to reflect your new post, and so that you are on the RCEM PEM trainee mailing list. RCEM has produced FAQs for the new PEM SS syllabus, which can be found [here](#). An MSF is mandatory during your year of training in order to achieve an Outcome 1 at ARCP. Plan early which assessments you need to do in each placement – 3 months can really fly by on PICU or in General Paediatrics.

### Local expectations and achieving CCT

It can be 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 have 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.

## Making the most of your e-portfolio

The eportfolio is a way for you as a trainee to showcase your achievements and learning throughout the year - approaching it with this mindset can make it feel less like a box-ticking exercise. By keeping a record of what you do in your daily work, you will often find many useful cases to include - it can be helpful to do a few entries on a regular basis, and some trainees keep a notebook to scribble ideas for their portfolio as they go along.

## PDPs

To make your PDP, it is helpful to refer to previous feedback e.g. MSF, trainers report, START report, when thinking of things to include as 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, while others can be achieved in a shorter time frame. It is also useful to think outside of the box when completing your PDP goals - for example, if your goal is to learn more about child safeguarding, then as well as completing online modules, or attending local safeguarding MDTs, you can also ask to attend CDOP reviews or ask to observe in coroner's court.

## Supervised Learning Events (SLEs) / Workplace Based Assessments (WPBs)

There is no minimum number of SLEs/WBPAs (other than the safeguarding CBD, LEADER, and MSF requirements), but they should be of good quality and demonstrate a range of presentations from which you have learned. It is often helpful to try and pick cases that demonstrate the range of specialties that you see in PEM; for example, you can do a mini CEX on managing a patient with wheeze, and a CBD on a CAMHS patient, to show the breadth of your knowledge and experience.

Examples of SLEs:

- CBDs
- Safeguarding CBD [minimum 1 per year for RCPCH trainees]
- mini CEXs
- LEADER CBD [this can be leading a resus call, but can also be answering a complaint, or leading a sim session]
- DOPS
- DOCs
- MSF (Multi-source feedback) - one per year

- Extended Supervised Learning Events (ESLE) - 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.
- ACATs & HATs are optional but can be helpful in demonstrating other core competencies.

The RCPCH website also has a general WBPA guide

Workplace based assessments can feel repetitive by the time trainees reach sub-specialty training. However, variety truly is the way to spice them up. Remember that 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 e.g. 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.

For RCEM trainees, 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! A mixture of CBDs, Mini CEX, DOPs and ESLE should be used, and it is useful to have both RCEM and RCPCH PEM consultants assessing you, as differing backgrounds can really offer a new insight on a topic.

### *Development and skills log*

The development log is a useful place for documenting learning that does not easily “fit” into the SLE/WBPA category, e.g.: 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 do not worry if your reflection does not fit neatly into all the boxes, the key thing is that you are demonstrating reflective practice.

For reflections, it is important to remember that we should not only reflect when things go wrong, and you can also include reflections on positive events or feedback.

When you get positive feedback e.g. 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 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.

For RCEM trainees, it is helpful to continue to add to your logbook of procedural skills (such as paediatric procedural sedation), and to ultrasound logbooks during your time doing PEM.

## Syllabus and linking

Use your e-portfolio to tell your training story – it is not just a document repository for course certificates, or a tick list for syllabus illustrations. The PEMISAC want to see a variety of different events to demonstrate your progress, and what you learnt from cases you have seen, or courses you have attended. On your Kaizen dashboard, you should 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.

## ‘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. However, it is helpful to ask consultants and trainees in your region for a list of relevant contacts. The following section contains tips from previous trainees who have been through the same process.

### *Specialty experience*

- Anaesthetics (paediatric): Some regions give dedicated time for this. If not formally offered, find time whilst on your PICU rotation, or on specialty secondments.
- Burns - it may be useful to do a shadowing day at your regional burns centre
- ENT emergencies - foreign body removal, epistaxis management
- Gynaecology (paediatric)
- MaxFax: trauma clinic
- Minor Injuries
- Orthopaedics: fracture clinic
- Ophthalmology - eye casualty/emergency eye clinic [red eyes, corneal abrasions, practicing using a slit lamp]
- Paediatric medical specialty clinics
- Paediatric Surgery
- Plastics - hand clinic
- Plaster technicians - you can spend time with them in ED and ask them to organise teaching sessions to cover back slabs, elastoplast thumb spicas and soft wraps.
- Radiology: ask to sit in on an MSK reporting list, as you will see lots of normal x-rays and hints on identifying the abnormal, as well as how to describe them
- Sexual health clinic

## Major Trauma Centres (MTC)

Not all PEM training centres are Major Trauma Centres (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 [see 'useful resources for trainees' for recommendations]. Leading adult major trauma calls 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.

## Useful resources for your PEM Training

Many of these courses and conferences can also be attended by those interested in applying to PEM

### Courses and conferences

Courses and conferences:

- Courses
  - [APLS](#)
  - Trauma courses:
    - [ATLS](#)
    - [European Trauma Course \(ETC\)](#)
    - [Paediatric Advanced Trauma Skills Course at Royal London Hospital](#)
    - [Children's Advanced Trauma Course - Sheffield Hospital](#)
  - Safeguarding courses
    - [The Havens - complex cases in child sexual abuse](#)
    - [Child Protection Recognition and Response](#) - more suitable for ST1-ST3 level, but can be a useful introductory course for child safeguarding
    - [Child Protection in Practice](#) - suitable for ST4-ST8 trainees [a follow on from the 'Child Protection: Recognition and Response' course]
  - POCUS courses:
    - Run in various locations around the country, it is helpful to search online for 'POCUS course paediatric' or 'CACTUS pocus course,' and ask your colleagues for recommendations about local courses
      - For information about POCUS accreditation, click [here](#)
  - Specialties:
    - [West Midlands ENT course](#)
    - Emergency surgical procedure courses, e.g. thoracostomy, resuscitative thoracotomy, lateral canthotomy [can often be found regionally through adult ED higher speciality training]
    - APEX (Acute Psychiatric Emergencies) - can be booked via the ALSG website: <https://www.alsg.org/en/files/XFactsheet.pdf>
    - Hand injuries course at Derby, more information can be found [here](#)

- EMSB – Emergency Management of severe burns, run by the British Burn Association, more information can be found [here](#)
  - Management
    - Major Incident Training courses- HMIMMS, or MIMMS
  - Interview courses
    - <https://www.medical-interviews.co.uk/product/consultant-interview-course>
    - <https://www.medicalinterviewpreparation.com>
    - Consultant interview course run by HEE, <https://london.hee.nhs.uk/professional-development/careers-unit/careers-events-and-courses/careers-consultant-interview>
    - DFTB Interview preparation seminars and coaching
  - RCPCH courses (not all PEM specific)
  - RCEM courses (not all PEM specific)
  - [Don't Forget the Bubbles online courses](#)
- Conferences
  - PEM trainee conference [usually held in June/July]
    - This 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 can 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 is a great way to check in with the PEMISAC, and other trainees nationally.
  - APEM conference [usually held in September/October]
  - PERUKI conference [usually held in September]
  - EMTA (Emergency Medicine Training Association) conference [usually held in February/March]
  - RCEM conference [usually held in September/October]
  - RCPCH conference [usually held in March]
  - NEPTUNE conference [usually held in July]
  - PREMIER conference [usually held in June]
  - [Paediatric Emergencies conference](#) - A free virtual conference, which can be livestreamed [normally in November/December], or watched on demand on YouTube

## Training days

As well as local training days in your region, there will also be regional and national training days that may apply to you. It is often possible to attend regional training days in other regions, especially if they are virtual, so it is worth asking.

- PEM national teaching days
 

These are relatively new, and are specific training days for PEM trainees, from both RCPCH and RCEM. There are normally three each year, and different

regions around the U.K. take turns to host them. They are run virtually, and are normally recorded, so you can watch them live or on demand. You can sign up to them via the PEM trainee WhatsApp group, so ask one of the other trainees in your region, or the PEM CSAC trainee reps, to add you to this group.

- Regional training days  
The London School of Paediatrics collaborates with the RSM, and have a PEM-themed day, and also run other useful study days, such as child mental health, and paediatric cardiology. Further details can be found on the RSM events website [here](#).
- PEM POCUS UK  
Monthly virtual teaching in Point of Care Ultrasound in PEM. Sign up for the mailing list [here](#). Previous recordings also available on the YouTube channel @PEMPOCUSUK

There is no real set list of courses/conferences/study days, so choose the right ones to develop yourself as a future PEM consultant and build the story of the clinician you want to be. Make sure you claim all the fees back from your study budget. Attending courses should not put you into financial hardship!

## Online resources and FOAMed

You will quickly discover that Paediatric Emergency Medicine has a huge FOAMed community (free open access medical education), delivered in a wide range of formats. 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.

- Websites
  - [Don't Forget the Bubbles](#) - An excellent website with regularly updated resources, including up to date research, learning sessions and a podcast. They also have journal clubs and excellent courses.
  - eLFH [e-learning for health] - range of e-learning modules with downloadable certificates for your portfolio (examples include adolescent health, and paediatric dermatology)
  - #EM3 - East Midlands Emergency Medicine Educational Media
  - [EMCrit](#)
  - Life in the Fast Lane - not paediatric specific but covers a reasonable amount of EM and critical care topics and has an excellent paediatric ECG guide.
  - RCEM FOAMed network: Worth looking at the 'Paeds Acute' and 'Paeds Major' sections
  - RCPCH learning has different paediatric online modules
  - RCEM learning: The Royal College of Emergency Medicines online teaching modules; largely intended for RCEM trainees, but there are useful resources for PEM too
  - The Royal Children's Hospital (Melbourne): Has useful evidence-based clinical guidelines that cover the majority of paediatric presentations

- Trauma and injury x-rays: [www.radiopaedia.org](http://www.radiopaedia.org) and [www.radiologymasterclass.co.uk](http://www.radiologymasterclass.co.uk)
- YouTube: Full of resources, from educational videos to demonstrations of different procedures. If there is anything PEM-related you are curious about, or procedures that keep you awake at night, for fear you may need to do it the next day in an emergency, there is bound to be a YouTube video on it so have a look.

## 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 are 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.

PEM Database Online: This is a regularly updated database with links to abstracts of all recent PEM related articles

- Podcasts
  - [EMPEM](#)
  - Paediatric Emergency Playbook
  - Paediatric Emergencies
  - Resus Room
  - RCEM learning
  - RCPCH podcasts
  - 2 Paeds in a Pod

Postgraduate degrees – these are a lot of work but can be a helpful addition to your PEM role. We encourage portfolio careers in PEM, so you have another interest then explore it. There are lots of MScs out there that you can look at: as well as PEM-focussed ones, there are ones in medical education, leadership, and management, and more.

## CSAC Reviews (for RCPCH Trainees)

### 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 will give bespoke advice depending 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.

## A PEMISAC view from a reviewer 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 RISR 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. Numbers are 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 do not 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 tabletop 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

## Preparing for a CSAC Meeting – frequently asked questions

- When are the CSAC meetings held?  
The summer CSAC meetings are typically held in May/June each year and the winter ones in December/January. You only need to have one a year depending on when your ARCP is. This may be earlier than your specialty ARCP, which is a separate process.
- What happens at a CSAC meeting?  
The PEM GRID section of your portfolio is reviewed to check your progress with these key capabilities. Two of the consultants on the PEMISAC committee will look at these, your supervisor meeting comments, and will also look at a form on your portfolio called 'CSAC progression form,' to see what evidence you have collected during your GRID training each year.
- How do I prepare for my CSAC meeting?  
It is important to try and tag clinical assessments and development log entries to the PEM subspecialty curriculum throughout the year, so that you are not rushed to complete this at the end of the year. It is useful to have a range of experiences, demonstrating not only the clinical aspects of PEM training, but also evidence of quality improvement, teaching, leadership, and management.
- How are the outcomes of the CSAC reviews decided?  
The outcome is decided based on the review of capabilities and assessments in discussion with the trainee

## CCT and consultant applications

Although this becomes ever more present in your thoughts toward the end of training, make sure you are 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 who are successfully appointed to subspecialty training beginning at the start of ST5, it is worth considering when you wish to finish training as you may take an additional year to work on your generic capabilities or potentially move your CCT to match your GRID completion date if you are making adequate progress. Please chat about this with your ES or at your CSAC review.

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 is 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 competencies. 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: it is worth inquiring about these within your region. A link to the RCPCH advice about stepping up to consultant can be found [here](#). The RCEM has a course on stepping up [[How to manage the transition from trainee to consultant: Small step not a giant leap](#)], and an RCEM Learning page on this topic [<https://www.rcemlearning.co.uk/foamed/acting-like-a-boss/>].

In preparation for the application process, look at the person specification on consultant adverts [from NHS jobs and APEM websites] – this can help identify gaps in your application form. Look at the shortlisting 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 can seem to be in a foreign language, and that is 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 do not say hello, they will not know you exist. Introduce yourself at conferences and grab the email address of the training lead from the sub-specialty training job pack - failing that, contact 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 can be worthwhile contacting both tertiary centres and DGHs. 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 is anything in particular they are 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. You may be asked to prepare a short presentation about a project you have done, so it is worth checking this

beforehand. 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 have not 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 it is also helpful to seek out a local mentor (often outside the PED).

Lastly, it is worth noting that, for many trainees, the last year of training is stressful. You are trying to find the 'right' job for you, meeting with lots of new people, considering your future, and often feeling out of your comfort zone. Remember that this is a normal feeling, and it can be helpful to talk it out with a trusted mentor, your peer group, or your educational supervisor.

## Life as a PEM consultant

So, you have now achieved the end goal of PEM training and started life as a consultant - congratulations!

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.

Firstly, remember you are not alone. Many EDs have an official mentorship scheme – if yours does not, it is good to find yourself a mentor/someone you can talk through cases and queries with and try not to take worries home. 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. The RCPCH regional “Stepping Up” programme offers support to those from ST7 into the first three years of being a consultant.

### **Job plans and ‘PAs’**

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 is 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 is 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 do not 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.

### Roles of a PEM consultant

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 (i.e.. 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 is often up to you how you want to structure your career. It is useful to try and 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.

### Appraisals

The life of updating an e-portfolio does not stop when you become a consultant - you still have yearly appraisals and 5 yearly revalidations. Although the system used (dependent on where you work) is often less cumbersome, with less evidence 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.

### Looking after yourself and your team

It is important to acknowledge that taking on the new responsibility of being a consultant is stressful, and so now is a good time to think about ways to look after your physical and mental health. Often as a consultant you are more settled in one region, so it can be easier to pick up hobbies that are more difficult to sustain during training, such as a weekly exercise class or music group. Remember that you can now influence the culture of your department in a more powerful way than as a rotational trainee, and by setting yourself a healthy approach to your work/life balance, you can provide a positive role model to others.

For more resources on wellbeing, the Practitioner Health website can be found [here](#).

## Useful contact

- RCPCH PEMISAC committee:  
<https://www.rcpch.ac.uk/membership/committees/paediatric-emergency-medicine-intercollegiate-sac>
- RCEM PEM contact details: <https://rcem.ac.uk/board-committees-structure/>
- RCPCH Heads of Schools:  
<https://www.rcpch.ac.uk/membership/committees/heads-school-committee>
- PERUKI committee: <https://www.peruki.org/executive-committee>
- APEM committee: <https://www.apem.org.uk/committee-members>