



Education Contract

BETWEEN

TRAINEES working on
Emergency Medicine Training Programmes

and

Abertawe Bro Morgannwg University Health Board
Aneurin Bevan University Health Board
Betsi Cadwaldr University Health
Cardiff and Vale University Health Board
Cwm Taf University Health Board
Hywel Dda University Health Board
Velindre NHS Trust

and

the WALES DEANERY

SUMMARY OF THE EDUCATION CONTRACT

This document details an Education Contract between the Trainee, the Local Education Provider (LEP) and the Wales Deanery with the aim of ensuring the delivery of a high quality training experience which meets the standards set by the United Kingdom (UK) regulator, the General Medical Council (GMC).

Accordingly, the parties agree to operate in accordance with the specific roles and responsibilities of the Trainee, LEP and Wales Deanery as set out in this contract.

PURPOSE OF THE CONTRACT

The Wales Deanery is committed to leading on supporting learning and training opportunities across Wales and ensuring that the work undertaken by doctors in training supports learning opportunities wherever possible and that a balance is maintained between providing services and accessing education and training opportunities. In 2010 the Wales Deanery first signalled its commitment to improve the quality of training on offer to trainees by investing in the educational environment i.e. protected teaching time, opportunities to attend outpatient clinics and theatre time in order to be able to recruit and retain high quality trainees. From May 2012 onwards Reconfiguration Discussion Documents were published for a number of the specialties detailing the ideal model of training within the Specialty.

To date one of the main considerations in this reconfiguration of training has been the sustainability of training rotas and the delivery of a 1:11 rota to allow sufficient time for trainees to attend clinics, elective lists, formal training sessions and any other requirements within the relevant curricula. The Wales Deanery recognises that for certain specialties and localities it may not always be possible to achieve the 1:11 standard. As a result the Deanery has introduced the concept of an Education Contract between the Trainee, LEP and Deanery, the specialty specific components of which detail the expectations in terms of sessions required to attend key education and training opportunities. These criteria and metrics have been mapped against GMC approved curricula¹ and Royal College training standards and will be subject to revision in line with changes to relevant documents. In 2015 the GMC published 'Promoting excellence: standards for medical education and training'² a series of 10 standards for organisations responsible for educating and training doctors in the UK, which came into force on the 1st January 2016. These standards form the basis against which the GMC and Wales Deanery will monitor the delivery of training across Wales. To support this a number of these standards and requirements are detailed within this Education Contract.

By signing this contract all parties are demonstrating their commitment and support to developing a culture across NHS Wales which supports learning, education and training.

¹ General Medical Council - http://www.gmc-uk.org/education/approved_curricula_and_assessment_systems.asp

² General Medical Council – 'Promoting excellence: standards for medical education and training' (July 2015)

COMMENCEMENT AND DURATION

The contract shall endure between the Trainee, LEP and Deanery for as long as the Trainee is placed with the LEP in a Deanery approved Training post.

ACCOUNTABILITY ARRANGEMENTS

Accountability for meeting the responsibilities set out in this Contract lies with the Trainee, LEP and the Deanery. Progress against the Contract will be regularly reviewed at agreed intervals through existing processes i.e. Annual Review of Competence Progression (ARCP) reviews for Trainees, Trainee End of Placement Evaluation feedback processes, real-time monitoring systems and self-reporting for LEPs to ensure the prompt identification of issues. Where issues have been identified an action plan with timeframes and deliverables will be agreed.

THE TRAINEE

In receiving high quality training the Trainee has a responsibility to:

- Have at the forefront of their clinical and professional practice the [principles](#) of *Good Medical Practice*³ for the benefit of safe patient care (Gold Guide⁴. Page 86).
- Ensure [familiarity](#) with the most recent version of the “Gold Guide”
- Ensure that they are [registered](#) with the General Medical Council (GMC) with a license to practice and inform the Deanery and LEP of any investigations by the Police, GMC, National Clinical Assessment Service (NCAS) or any other regulatory body.
- Ensure they have and maintain adequate insurance and [indemnity](#) cover. (Good Medical Practice. Point 63, page 20).
- [Populate](#) and update personal details on the Deanery INTREPID database system including diversity information.
- Maintain a prescribed connection with the Wales Deanery and to comply with all requirements regarding the GMC [revalidation](#) process including the annual completion and return of the Form R prior to the Annual Review of Competence Progression (ARCP) panel review and a declaration of the full scope of practice, where applicable.
- [Follow](#) the LEP process for sick leave, maternity/paternity leave etc. and ensure the Training Programme Director (TPD) and Deanery are also informed.
- Where applicable [register](#) with the relevant Royal College prior to starting the training programme and remain registered for the duration of their training in order to access the electronic record of their training and assessments (the e-portfolio).
- [Arrange](#) regular meetings with their Educational Supervisor to agree future training objectives and review progress on the training programme.
- Participate [proactively](#) in the appraisal, assessment and programme planning process including providing documentation that will be required to the prescribed timescales without unreasonable delay. (Gold Guide. Page 88)
- Maintain [regular](#) contact with the Educational Supervisor, TPD, and Foundation/Specialty Training School by responding promptly to communications, usually via email, in a timely manner, and notifying the TPD and Deanery of any changes to their contact details.
- [Engage](#) in LEP led rota compliance audits.
- Ensure [familiarity](#) with the evidence required within the curriculum and training portfolio to demonstrate progress at ARCP panel reviews and the frequency within which this evidence will be reviewed.
- Make regular and [timely](#) entries into the learning log on the e-portfolio. This will include learning objectives, reflection on how the learning will change their practice and the next review date.
- Provide documented [evidence](#) of the following in accordance with training curriculum requirements:
 - involvement in formal and informal teaching and feedback received.

³ General Medical Council – ‘Good Medical Practice’ (March 2013)

⁴ COPMeD – ‘A Reference Guide for Postgraduate Specialty Training in the UK’ (The Gold Guide) Sixth Edition (February 2016)

- participation in management activities such as attending appropriate meetings, helping with rotas, audit.
 - completion of a quality improvement project
 - acquisition of research skills.
- Trainees must **log** attendance and reflect on scheduled education and training sessions ensuring they meet the specialty specific requirements as detailed in Appendix 1.
- Make suitable **arrangements** for the completion of Workplace Based Assessments (WPBA) as specified by the Foundation/Specialty Training School in the required timeframes.
- **Attend** LEP and training programme induction sessions and the regional timetabled mandatory training and skills development sessions as detailed by the relevant Foundation/Speciality Training School/Royal College except in extenuating circumstances.
- Undertake formal Royal **College** assessments in a timely manner as per College Guidance i.e. take the available opportunities to sit exams unless there are educational or health reasons not to.
- Support the development and **evaluation** of training programmes by participating actively in the national annual GMC Trainee Survey/programme specific surveys as well as any other activities that contribute to the quality improvement of training (Gold Guide. Page 88).
- Give at least 6 weeks' notice of all study leave **requests** and be aware that, as colleagues have similar educational needs, collaboration will be required to allow integration of individual education plans.
- Reflect on their performance and **inform** their Educational Supervisor or Training Programme Director of any problems that might adversely influence their performance e.g. illness etc.
- Approach, as appropriate, at least one of the following people should they feel there are any **problems** with an individual post or progress:
 - Clinical Supervisor
 - Educational Supervisor
 - Local Faculty Lead
 - Training Programme Director
 - Head of Foundation/Specialty Training School
 - Appropriate Associate Dean/Sub Dean of Wales Deanery

THE LOCAL EDUCATION PROVIDER (LEP)

In supporting the delivery of high quality training the LEP has a responsibility to:

- Provide the trainee with a **rota** designed to:
 - make sure doctors in training have appropriate clinical supervision
 - support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors
 - provide learning opportunities that all doctors in training need to meet the requirements of their curriculum and training programme
 - give doctors access to educational supervisors
 - minimise the adverse effects of fatigue and workload ('Promoting Excellence' R1.12, page 12)
- Provide a learning environment that is **safe** for patients and supportive for trainees and trainers ('Promoting Excellence'. S1.1, page 9).
- Provide a learning environment and organisational culture that **values** and supports education and training so that trainees are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum ('Promoting Excellence'. S1.2, page 9).
- Provide the trainee with **facilities** to access online curricula, workplace based assessments, supervised learning events and portfolios ('Promoting Excellence'. R1.19, page 14) near to their usual place of work.
- Provide local faculty support **structures** and processes for Trainees and trainers and ensure individuals know how to access this support.
- Provide an **induction** for the Trainee within the first 6 weeks of the training placement that clearly sets out:
 - their duties and supervision arrangements
 - their role in the team
 - how to gain support from senior colleagues
 - guidelines and workplace policies they must follow
 - how to access clinical and learning resources ('Promoting Excellence'. R1.13, Page 13)
- Ensure appropriate **handover** at the start and end of periods of day or night duties are organised and scheduled which maximise the learning opportunities for doctors in training ('Promoting Excellence'. R1.14, Page 13).
- Ensure that Trainees have access to a **named** Educational Supervisor (ES) and time set aside to regularly (i.e. at the start, middle and end of each placement) meet with the ES to plan their training, review progress and achieved agreed learning outcomes ('Promoting Excellence'. R2.15, Page 21).
- Ensure that trainees have an appropriate level of clinical **supervision** at all times by an experienced and competent supervisor. The level of supervision must fit the trainee's competence, confidence and experience ('Promoting Excellence'. R1.8, Page 11).
- Ensure trainees have **protected** time for learning and for attending organised education sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum ('Promoting Excellence'. R1.16, Page 14) as detailed within Appendix 1 of this Contract.

- Ensure trainees are able to take study **leave** appropriate to their curriculum or training programme to the maximum time permitted ('Promoting Excellence'. R3.12, Page 26).
- Ensure that Trainers have enough **time** in job plans to meet their educational responsibilities ('Promoting Excellence'. R4.2, Page 30).
- Ensure that Educational Supervisors and Named Clinical Supervisors are **supported** appropriately through the relevant Deanery Agreements.
- Encourage **involvement** of Educational Supervisors in supporting activities relating to the delivery of postgraduate medical training including recruitment to training grade posts and Annual Review of Competence Progression panels.
- Ensure where the Educational Supervisor is on leave **alternative** arrangements are in place to support the trainee's educational and training requirements.
- Demonstrate a culture that allows trainees and trainers to raise concerns about Patient Safety and the standard of care of education and training **openly** and safely ('Promoting Excellence'. R1.1, Page 10) and investigate and take action locally to make sure concerns are properly dealt with ('Promoting Excellence'. R1.2, Page 10.).
- Ensure that the Postgraduate Dean, as Responsible Officer for all trainees, is informed and updated of any **concerns** regarding a trainee's fitness to practice.
- Liaise with the Deanery in accordance with agreed Quality Management arrangements for training programmes and **share** information to address quality concerns and share best practice.
- Undertake active involvement in Deanery led Quality Management processes relating to the delivery of training including providing **feedback** to the Deanery.
- Provide the Deanery with **monitoring** data and reports as agreed to monitor the delivery of this Contract.
- **Commit** to the management of postgraduate medical education and training (and its development) by meeting the provisions of the Deanery Service Level Agreement and associated Health Board commissioning activity.
- Demonstrate accountability for educational **governance** at Board level ('Promoting Excellence'. R2.2, Page 18)

THE WALES DEANERY

In supporting the delivery of high quality training the Deanery has a responsibility to:

- Ensure that trainees are placed in training posts that deliver the curriculum and assessment requirements set out and provide sufficient experience to **achieve** and maintain the competences required by approved curricula ('Promoting Excellence'. R5.9, Page 36).
- Ensure that trainees receive timely and accurate **information** about their curriculum, assessments and clinical placements ('Promoting Excellence'. R3.7, Page 25).
- Ensure trainees **understand** their curriculum requirements and how their placement fits within the overall training programme ('Promoting Excellence'. R5.9, Page 36).
- Ensure trainees have **access** to:
 - systems and information to support less than full time training ('Promoting Excellence'. R3.10, Page 26).
 - appropriate support when returning to training following a career break ('Promoting Excellence'. R3.11, Page 26).
 - support, where reasonable, where progress, performance, health or conduct gives rise to concerns to overcome these concerns and, if needed, give advice on alternative career opportunities ('Promoting Excellence'. R3.14, Page 27).
- Ensure trainees are able to take study **leave** appropriate to their curriculum or training programme to the maximum time permitted ('Promoting Excellence'. R3.12, Page 26).
- Provide opportunities for Trainees to develop their clinical, medical and practical skills through **technology** enhanced learning opportunities, with support of trainers, before using skills in a clinical situation ('Promoting Excellence'. R5.9, Page 36).
- Ensure trainees are assigned to an **approved** Educational Supervisor with dedicated time within the job plan to undertake the role.
- **Evaluate** information about trainees' performance, progression and outcomes by collecting, analysing and using data on quality and on equality and diversity ('Promoting Excellence'. R2.5, Page 19).
- Ensure systems and processes are in place to monitor the **quality** of teaching, support, facilities and learning opportunities on placements and respond when standards are not being met ('Promoting Excellence'. R2.6, Page 19).
- **Share** information about quality management and quality control of education and training with LEPs. This is to identify risk, improve quality and to identify good practice ('Promoting Excellence'. R2.8, Page 20).
- Ensure systems are in place for raising **concerns** about education and training ('Promoting Excellence'. R2.7, Page 19) and appropriate support is available to individuals raising these concerns.
- Ensure Foundation/Specialty Schools **communicate** with LEPs when specific problems/issues have been raised by trainees through end of placement returns, ARCPs or other feedback mechanisms.

- Ensure that LEPs are **informed** and updated on any trainee fitness to practice concerns identified through the ARCP process.
- Collect, manage and **share** all necessary data and reports to meet GMC approval requirements ('Promoting Excellence'. R2.9, Page 20) and requirements of the Welsh Government.
- Ensure that all activities to support the day to day management of training programmes meet agreed national **standards**.
- **Commit** to the management of postgraduate medical education and training (and its development) by meeting the provisions of the Service Level Agreement with LEPs and associated commissioning activity.

TERMS OF UNDERSTANDING

The signing of this Contract commits the signatories to undertake, to the best of their ability, the responsibilities stated in the Contract. Together, the parties enter into the ethos of this Contract to mutually promote excellence in postgraduate medical education and training through the development and provision of high quality sustainable training programmes.

I have read and understand the content of this Contract, in particular the responsibilities of the Trainee, and hereby agree to adhere to them.

Signed by		Name
Position	Trainee	Date

I have read and understand the content of this Contract, in particular the responsibilities of the Local Education Provider, and hereby agree to adhere to them.

Signed by		Name
Position	Medical Director	Date

I have read and understand the content of this Contract, in particular the responsibilities of the Local Education Provider, and hereby agree to adhere to them.

Signed by		Name
Position	Clinical Director	Date

I have read and understand the content of this Contract, in particular the responsibilities of the Wales Deanery, and hereby agree to adhere to them.

Signed by		Name
Position	Postgraduate Dean	Date

APPENDIX 1 – Specialty Specific Contract Requirements

Applicable for Trainees on Emergency Medicine training programmes

Less Than Full Time (LTFT) trainees will be expected to achieve/have sufficient time to achieve these requirements on a pro rata basis dependent upon their %WTE.

Emergency Medicine ST3 Trainees

Trainee Requirements

- Trainees must ensure they attend the **1 day** (8 hours) per week set aside for them as a 'supernumerary' trainee to maximise the time available to meet curriculum requirements (see Appendix 2 for further details).
- Trainees must complete a diary of their 'supernumerary' sessions and review this monthly with their ES (virtual review is acceptable).
- Trainees must have current ALS, APLS & ATLS provider (or equivalent as approved by RCEM), status prior to progression to ST4. It is suggested that attendance at these courses is spread out over CT/ST1-3 years.
- Trainees should attend RCEM PEM Symposium where possible.
- Trainees must attend at least 75% of the EM regional training days. Time can be taken as study leave days or "supernumerary sessions" training days.
- Trainees are required to complete IQT Bronze Training prior to ST4.

LEP Requirements

- LEPs will ensure the rota is a maximum of 50% banding. A maximum shift length of 10 hours clinical contact time and an appropriate handover time at the end of the shift for safe handover up to 30 minutes. This time should be on the rota and should be paid and included in any banding calculation. The maximum number of consecutive night shifts should be 4. The maximum number of consecutive clinical day/late shifts should be 5. The maximum weekend frequency should be 1 in 3.
- LEPs will ensure that EM Trainees have 1 day per week set aside to ensure completion of all aspects of the curriculum. The trainee will be 'supernumerary' for this shift and this time must be protected training time (see Appendix 2 for further details).
- LEPs will ensure that during the clinical hours trainees are given opportunities with appropriate supervision from Higher Specialty Emergency Medicine Trainees, experienced Specialty Doctors and Emergency Medicine Consultants to see the breadth of clinical case mix which presents to the ED to ensure adequate experience and exposure to patients in all areas including resuscitation, majors & minors.
- LEPs will ensure that ST3 EM trainees spend an appropriate amount of time in the resuscitation area whilst being supervised to meet the clinical competences required in major trauma and resuscitation.
- LEPs will ensure that ST3 PEM trainees spend an appropriate amount of time in the paediatric area whilst being supervised in order to see a minimum of

700 paediatric cases, which should include 20 resus/HDU level care cases. In a mixed ED without a specific paediatric area, the ST3 PEM should spend approx 80% of their time seeing paediatric cases and have priority over other doctors for seeing paediatric cases, including paediatric resus cases with supervision. This should be closely monitored to ensure adequate exposure to paediatric cases.

- LEPs must ensure that where ST3 PEM training is provided there is at least one sub-specialty PEM trainer.
- LEPs must ensure trainees are given sufficient time and opportunities to perform practical procedures required in RCEM curriculum.
- LEPs will ensure that sufficient time is available to ensure availability of ED Consultants with knowledge & understanding of the RCEM curriculum & assessments to ensure the usefulness and quality of a minimum of 2 ESLEs in ST3 EM which require direct supervision by an ED Consultant for part of a clinical shift usually 2-3 hours with feedback immediately after.
- LEPs need to ensure that as the trainee progresses through the ST3 year opportunities are available for trainees to “act up” on the middle grade rota at a time such that the trainee and trainers are happy.
- RCEM has agreed the following for training approval in Bangor ED. The PEM trainee is required to spend six weeks on secondment in Alder Hey Children’s Hospital ED preferably during winter months to maximise exposure to critically unwell children. The trainee should also be released to spend two weeks completing an inpatient paediatric block if the trainee hasn’t had any previous inpatient paediatric experience. The trainee also usually spends two weeks with NWTs to increase experience in the critically unwell child.

Appendix 2 – The Supernumerary Training Sessions

ST3 Trainees must have the equivalent of one “supernumerary training” day per week to ensure completion of all aspects of the curriculum. The trainee will be supernumerary for this shift. The trainee will be based on the shop floor with senior doctor supervision to achieve WPBA completion or enhanced training unless an alternative plan has been specifically agreed by the Educational Supervisor. These sessions should be structured and planned with the ES to ensure quality use of time to enhance the training opportunities.

Suggestions for use of the “supernumerary training” day:

- Meetings with ES (minimum requirements, start of placement, 3 months, 6 months, 9 months & end of placement)
- Completion of WPBAs with ES or other CS as required by RCEM curriculum
- Attendance at ED Review Clinic, ED Physio Clinic, # Clinic to enhance experience in management of traumatic limb injuries
- Attendance at Burns Unit in Morriston in SW / Whiston in NW (min 1/7)
- Attendance at PICU (1/52 max) SCBU (Paediatric Clinic, Safeguarding Team)
- Attending appropriate teaching session within the ED or Hospital.
- Delivering teaching sessions under supervision with the completion of a WPBA and feedback for further development.
- Completion of an RCEM audit, with completion of a WPBA and feedback for further development.
- Completion of a minimum of 1 management assessment in the e-portfolio which is required at ARCP
- Completion of common competences these could include complaint management, critical incident management, consent, confidentiality, legal aspects, introduction of

new guideline, completion of a literature search, attendance at ED meetings eg (M&M and clinical governance meetings), coroners, PRUDIC, POVA meetings as opportunities arise.

- Further development of knowledge, skills and experience in relevant special areas of interest eg Critical care to maintain skills acquired during ST1-2 posts eg airway skills. This is to reduce the risk of de-skilling.

It is expected that the trainee will use their "supernumerary training days" or study leave time to attend AWSEM regional training days.

Emergency Medicine Higher Specialty Trainees (ST4+)

Trainee Requirements

- Trainees must ensure they attend the **1 day (8 hours)** per week set aside for them as a ‘supernumerary’ trainee to maximise the time available to meet curriculum requirements (see Appendix 3 for further details).
- Trainees must complete a diary of their ‘supernumerary’ sessions and review this monthly with their ES (virtual review is acceptable).
- Trainee must attend ED handover and lead the handover where possible.
- Trainees must provide direct supervision to the more junior members of the team.
- Trainees must learn and further develop their skills in EM Ultrasound as per RCEM Curriculum with the supervision of trained supervisors.
- Trainees must have up to date ALS, APLS & ATLS (or equivalent as approved by RCEM) Provider status in order to achieve CCT.
- Trainees must attend at least 75% of the AWSEM regional training days.
- Trainees should complete the locally delivered special training days – or equivalent as approved by RCEM. (see Appendix 4)

LEP Requirements

- LEPs will ensure the rota is a maximum of 50% banding. A maximum shift length of 10 hours clinical contact time and an appropriate handover time at the end of the shift for safe handover up to 30 minutes. This time should be on the rota and should be paid and included in any banding calculation. The maximum number of consecutive night shifts should be 4. The maximum number of consecutive clinical day/late shifts should be 5. The maximum weekend frequency should be 1 in 3.
- LEPs will ensure that EM Trainees have 1 day per week set aside to ensure completion of all aspects of the curriculum. The trainee will be ‘supernumerary’ for this shift and this time must be protected training time (see Appendix 3 for further details).
- LEPs will ensure that during the clinical hours trainees must be given opportunities with appropriate supervision from experienced Specialty Doctors and Emergency Medicine Consultants to see the breadth of clinical case mix which presents to the ED to ensure adequate experience and exposure to both adult and paediatric patients in all areas including resuscitation, majors & minors.
- LEPs must ensure that HSTs have opportunities to develop their experience of management of more complex cases and further emphasis on refining team leadership skills
- LEPs must ensure HSTs attend ED handover and be given the opportunity to lead the handover
- LEPs must ensure that during the ST6 year trainees have experience of management of the shop floor with opportunities to “act up” whilst the shop floor consultant “acts down”
- LEPs must ensure trainees are given opportunities to maintain their acquired practical procedure skills as required in RCEM curriculum

- LEPs will ensure that sufficient time is available to ensure availability of ED Consultants with knowledge & understanding of the RCEM curriculum & assessments to ensure the usefulness and quality of a minimum of 3 ESLEs per year for ST4-5 and 2 in ST6 which require direct supervision by an ED Consultant for part of a clinical shift usually 2-3 hours with feedback immediately after.
- LEPs must ensure trainees have access to learn and further develop skills in EM Ultrasound as per RCEM Curriculum with the supervision of trained supervisors.

Appendix 3 – The Supernumerary Training Sessions

HST EM trainees must have the equivalent of one “supernumerary training” day per week to ensure completion of all aspects of the curriculum. The trainee will be supernumerary for this shift and this time must be protected training time. The trainee will be based on the shop floor with senior doctor supervision to achieve WPBA completion or enhanced training unless an alternative plan has been specifically agreed by the Educational Supervision (ES). These sessions should be structured and planned with the ES to ensure quality use of time to enhance the training opportunities.

Suggestions for use of the “supernumerary training” day:

1. Meetings with ES (minimum requirements, start of placement, 3 months, 6 months, 9 months & end of placement)
2. Completion of WPBAs with ES or other CS as required by RCEM curriculum
3. Attendance at ED Review Clinic, ED Physio Clinic, # Clinic to enhance experience in management of traumatic limb injuries
4. Attend CDU Ward rounds if available
5. Attending appropriate teaching session within the ED or Hospital.
6. Delivering teaching sessions under supervision with the completion of a WPBA and feedback for further development.
7. Completion of QIP required for FRCEM
8. Completion of an RCEM audit, with completion of a WPBA and feedback for further development.
9. Completion of management assessments in the e-portfolio (minimum of 4 during HST, usually 1 per year and must include complaint management and critical incident) are required by the end of ST6 for successful completion at ARCP.
10. Attendance at ED business meetings, M&M, clinical governance meetings, coroners, PRUDIC, POVA meetings as opportunities arise.
11. Completion of common competences these could include, consent, confidentiality, legal aspects, introduction of new guideline, completion of a literature search, as opportunities arise.
12. Exam preparation in the work place eg practice osces
13. Further development of knowledge, skills and experience in relevant special areas of interest eg Critical care, PHEM, PEM, EMUS to strengthen application for sub-specialty training or for maintenance of specialist skills such as airway skills. This is to reduce the risk of de-skilling.
14. It is expected that the trainee will use their “supernumerary training” days or study leave time to attend AWSEM regional training days. All trainees are required to attend a minimum of 75% of the regular training days. Regional teaching days include critical appraisal days, mock exams, simulation days, clinical procedure days, management training days, QIP training days.

Appendix 4 – Locally delivered special training days for EM ST4-6

1. AWSEM critical appraisal training day – usually prior to FRCEM Critical Appraisal Exam
Sitting

2. AWSEM Mock Exam Days – twice yearly
3. AWSEM HST Simulation Days – Adult, PEM and Neonatal
4. AWSEM QI Training Days – usually 2 days prior to completion of QIP
5. AWSEM USS supervised training days and sign off day – prior to regional final sign off