**Introduction**

Appointment to a Specialty doctor in Emergency medicine post enables you to join the West Midlands programme for doctors to gain experience in emergency medicine. For those intending to become Emergency Medicine (EM) Consultants or Equivalent grade SAS doctors, the aim is to build on clinical knowledge, core skills and procedures required to practice EM along with attitudes & management experience. For those intending on gaining experience on a short term basis the aim is to ensure that your professional development continues and you achieve goals to help you meet your own career aims.

Much of the curriculum and competencies build on previous knowledge and core skills achieved by previous experience, however there are some essential additions. The curriculum in the UK for Emergency medicine can be found via the College of Emergency Medicine Website.

SAS doctors are usually divided throughout the consultant body in your department for educational or clinical supervision – the secretaries can inform you of your supervisor if you are unsure. Each department has a College of Emergency Medicine tutor also, they can advise on examinations, entry to training, and ways in which you can become involved with the work of CEM.

Your Educational supervisor should be your first points of contact for any issues that arise with your training & experience in the ED.

It is important that you also register as an SAS doctor with the deanery & the trust so that they know you work here & can provide funding for courses, as well as support when needed. Your Trust will have a clinical tutor for SAS doctors, they are responsible for approving study leave budgets for SAS doctors. Please email them with your details and also register via [www.westmidlandsdeanery.nhs.uk](http://www.westmidlandsdeanery.nhs.uk) - the link is on the quick links, SAS doctor section, which will then take you to the online SAS Registration form. Many trusts have an SAS Doctors committee please contact your clinical tutor if you have any issues to raise.

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Siraj Natalwala ([Siraj.natalwala@heartofengland.nhs.uk](mailto:Siraj.natalwala@heartofengland.nhs.uk)) is the West Midlands BMA chair for SAS doctors.

Dr Mamdouh Morgan ([mamdouh.morgan@heartofengland.nhs.uk](mailto:mamdouh.morgan@heartofengland.nhs.uk)) is the WM Deanery associate postgraduate SAS dean & CESR expert. Ruhena Begum is the SAS Doctors administrator for the deanery [ruhena.begum@wmhee.nhs.uk](mailto:ruhena.begum@wmhee.nhs.uk), she can assist with any deanery difficulties and provide an ID number & password for access to the West Midlands Deanery SAS website & course booking facility. For deanery related queries you can also contact [PMDE.Team@wmhee.nhs.uk](mailto:PMDE.Team@wmhee.nhs.uk).
Appraisal for the purposes of revalidation can be performed by several EM consultants in the region. You should seek advice from your educational supervisor and local trust regarding the process for revalidation in place in your area.
EM Curriculum

I have tried to summarise the salient points and learning outcomes below, but you have to read the entire curriculum and look to provide supporting evidence that you have covered the knowledge, skills & attitudes required. There are a selection of ‘Major Presentations’ and ‘Acute Presentations’ that must be covered by your assessment forms and proof of coverage of these will be required at annual assessments in line with the revalidation of doctors for the General Medical Council. These are listed below but detailed in the full curriculum. The assessment forms are found on the College of Emergency Medicine website. Please speak to your Educational supervisor to clarify what is required for you as an individual as everyone will be working at slightly different levels. There are some other non-clinical assessments, these include teaching assessments, audit tools, ultrasound tools etc and can be found on the college website. Consider registering with the college for an e-portfolio of evidence or keep good paper based documentation.

Major presentations

- Anaphylaxis
- Cardio-respiratory arrest
- Major trauma
- Septic patient
- Shocked patient
- Unconscious patient

Acute Presentations

- Abdominal pain including loin pain
- Abdo swelling/mass/constipation
- Acute back pain
- Aggressive/disturbed behavior
- Blackout/collapse
- Breathlessness
- Chest pain
- Confusion, acute/delirum
- Cough
- Cyanosis
- Diarrhoea
- Dizziness & vertigo
- Falls
- Fever
- Fits/seizure
- Haematemesi & malaena
- Headache
- Head injury
- Jaundice
- Limb pain & swelling, atraumatic
- Neck pain
- Oliguric patient
- Pain management
- Painful ear
- Palpitations
- Pelvic pain
- Poisoning
- Rash
- Red eye
- Suicidal ideation
- Sore throat
- Syncope & presyncope
- Traumatic limb & joint injuries
- Vaginal bleeding
- Ventilatory support
- Vomiting & nausea
- Weakness & paralysis
- Wound assessment & management
Emergency Medicine Working

You will usually be required to work a full shift rota, attend Middle grade teaching programmes locally or regionally and attend any mandatory training. Middle grade teaching currently takes place in several departments:

Heart of England - Thursday morning, 9am-11.00am - Heartlands ED seminar room.

University Hospital Coventry & Warwickshire – rotating days – UHCW ED seminar room

Dr Shewli Rahman (shewli.rahman@heartofengland.nhs.uk) co-ordinates the middle grade teaching programme, at Heart of England, Dr Chris Turner (chris.turner@uhcw.nhs.uk) co-ordinates the Coventry programme. Senior staff educational and management meetings are held in most departments. Exam specific teaching is arranged close to FCEM/MCEM sittings as well as a regional FCEM course at Heartlands Hospital.

Most trainees find that the ED is a good place for learning because of the level of support and supervision and it is usually possible to get a large number of supervised cases completed. You need to try to keep up to date with assessments and evidence for your portfolios as some of these are difficult to do retrospectively. If you are looking to enter a training programme or to pursue the CESR route it is essential to have evidence of experience and competencies, this is also vital for revalidation.

Review clinics are a useful place to gain experience on minor injury management. Several trusts have CDU or observation wards for which pathways have been generated giving opportunities for audit, research & publication, as data gathered from CDU is generally of high quality. CDU ward rounds are a good place to learn about patients with ambulatory care sensitive conditions. These are both good opportunities to join to gain experience & complete assessments.

The rota will usually allow you to spread your working between resuscitation areas, majors, minors and paediatrics and it is important to gain experience in each area where possible, numbers and areas in which patient’s were seen are commonly reviewed as part of your annual appraisal.

At least one audit should be completed during each year, these can be self-designed or participation in data collection for national audits. Use the college tool for audit presentation assessments

The audit and clinical governance lead consultants in your trust or the Audit officer for the department, will help if you have an idea for audit or wish to get involved. There is a course available via the Faculty of education at Heartlands on clinical governance, including audit, if you have never been involved in audit before.

It is important to keep a clinical logbook during daily working & placements for reflective learning. Specific things that are worth documenting include:

- New presentations that you see
- Any procedures that you do
- Any complicated or multi-disciplinary patients that you see
- Scenarios where you act as team leader
- Any incidents that result in complaints
- Any positive or negative interactions with your ED colleagues or other specialties
- Any patients where you have followed up their subsequent progress or care

Remember that no patient specific data should be kept in these logbooks or in any of your portfolios, it must all be anonymised.

You also need to keep details of any teaching, courses, management activity (including complaints, reporting of adverse incidents, etc.), clinical governance and other professional development activities.

All of the above information & documentation will come in useful for your annual appraisal, revalidation and when you are considering application through the CESR route.
Revalidation and Appraisal - Information for EM Doctors

Below are some sources of information for Doctors in EM, to help prepare for your formal appraisal which will be a core part of the revalidation process. Your appraiser will need to be satisfied that your portfolio of evidence meets the requirements of the GMC in line with recommendations on evidence made by the College of Emergency medicine. Your formal appraisal will be held annually. You need to be collecting evidence for your portfolio now.

GMC

http://www.gmc-uk.org/doctors/revalidation.asp

College of Emergency medicine

http://www.collemergencymed.ac.uk/Development/Revalidation/default.asp

Revalidation Support Team

http://www.revalidationsupport.nhs.uk/doctors.php

Academy of Medical Royal Colleges


BMA (need to be a member of BMA to access)

http://www.bma.org.uk/employmentandcontracts/doctors_performance/professional_regulation/revalidation.jsp#.T2dE5MX-2f4

Use the resources above to help you collate the evidence for your portfolio. This will include:

- A description of your practice, including any medical roles you undertake outside the ED (e.g. sports clubs / pre-hospital care / events medicine etc)
- Evidence of CPD (must meet the minimum requirements for CEM – 50 hours per year). If you’re not registered for CPD you should register – it makes record keeping and production of evidence much easier.
- Evidence of Quality Improvement Activity – audits, M&M, Risky Business etc
- Details of, and your reflections on, significant events (incidents), complaints and compliments.
- Evidence of feedback from colleagues and patients. This has to be provided at least once in each 5 year cycle. Some Trusts are using Equiniti – a company specializing in facilitating this process for you. This will be done on a 3 yearly cycle. You will be contacted by e-mail when your feedback exercises become due. In the meantime include any informal feedback e.g. thank you letters
- Your PDP from your last appraisal

This is not designed to be an exhaustive list but to guide you as to the types of evidence you should be collecting. As part of the revalidation process appraisers will be asked to confirm that appropriate evidence has been submitted and will not be able to make a positive recommendation to the Responsible Officer without that evidence. A proportion of our portfolios of evidence will be scrutinized to ensure the quality and quantity of evidence is adequate.

**Reflection**

One of the key aspects of your evidence that appraisers are looking for is evidence of your reflection on what you have learned and how you might improve your practice as a result. The CEM CPD record has prompts to encourage you to write a brief reflection on each item of CPD you record. Your own reflections on complaints, incidents and cases that were challenging are an important part of your evidence. For some of you writing reflective notes may be new. You can get advice from your educational supervisor or any of the Consultants. There are various models of reflection you can use which are well illustrated if you Google ‘Models of Reflection’.

This is an extract on Reflection from the NHS Medical careers website


Reflecting on your learning may be quite new to you; therefore you may find this short guide useful to you. Reflecting will aid your learning as the more you think about the concepts and issues in your role and connect them to what you know and see around you, the more you will remember and learn. Reflective writing is the expression of some of the mental processes of reflection. It is a technique that will be invaluable to you in completing your e-portfolio.

**Reflective writing usually involves:**

- looking back at an event (e.g. something that has happened at work) or at one of your assessments. It is often also useful to reflect forward to the future as well as reflecting back to the past
• analysing the event or idea. Thinking in depth and from different perspectives and trying to explain them. It is an exploration and explanation of events, not just a description of them
• thinking carefully about what the event or idea means for you and your ongoing progress as a practising professional. This includes what you would do differently, if anything, next time.

Reflective writing is therefore more personal than other types of academic writing. It is important to use the first person – ‘I’.

One of the benefits of reflecting writing is that often writing something down can also help you to be clearer in your mind about an event. For example, if you are doing a presentation or some teaching, as well as describing the event you may want to evaluate your performance by questioning yourself and perhaps by challenging yourself. Others might have different views of the same event, so you may also consider the performance of others etc. On considering your own reaction to your writing you may even change the manner in which you have initially viewed the situation and written about it.

It is important to pitch your writing knowing that is it likely that someone else will be looking at it. It is usual to share your portfolio with your educational supervisor and your appraiser. Your educational supervisor will also be able to give you some help and guidance on how you can develop your portfolio.

Caroline Park, Mar 2012
Clinical opportunities

Paediatric Emergency Medicine –

Many Consultants within the region are dual accredited for Paediatric EM. There are also trainee Paeds EM posts in several departments.

Sports Medicine –

There is a regional training programme for Sports Medicine, involving rotations between public Health, General Practice, Trauma and orthopaedics and Emergency Medicine.

Academic Emergency Medicine trainees are employed within the region, both at Core training and Specialist training level. They work a 50/50 split between University posts and Emergency Departments.

Dr Matthew Cooke (Warwick Professor) supervises the work of these trainees and is able to advise on this career path.

Medical Education is an important part of all doctors’ work, but there are particular opportunities within EM to develop this work. Courses are available at Birmingham and Warwick Universities for Postgraduate award to Masters level qualification in Medical Education. SAS doctors can attend deanery sponsored courses on “teach the teacher” (a 2 day course designed to aid teaching) or “train the trainer” (a one day course to support supervision of junior doctors) – these are advertised on the deanery website.

Each trust has an Undergraduate co-coordinator for the Trust and an EM lead for Medical students, there are 4th & final year medical students in the department as well as Special study module and A-Level students involved in audit & research. ACCS regional teaching. the senior staff educational meeting, ACP teaching and ENP training are all opportunities to plan and deliver formal teaching. Please ask if you want to be involved.
Other requirements

Mandatory training is expected (as directed by the Care Quality Commission) to have attained ‘Safeguarding Children & Young People’ levels 1 & 2 by the time of annual appraisal – these are usually completed in trust mandatory training & induction. The module can also be found on the BMA Learning, doctors.net and EnlightenMe sites as well and some trusts run it as a training session.

Level 3 training is available via the trust wide education centres, regional safeguarding boards and is delivered through the EM SAS doctors training programme at Heartlands.

There are also Conflict Resolution and Equality & Diversity training modules accessible through the same sites that should be completed.

In order to complete annual appraisal, trainees must have evidence of their work-based assessments, a 360 or MSF appraisal of colleagues assessment of your working, a training report from their Educational Supervisor for each 4 months, 3 appraisals (initial, mid-term and final), evidence of completion of Safeguarding Children level 1 & 2, a clinical logbook and professional development portfolio relating assessments to the learning plan & curriculum. Specialty doctors who are keen to enter training or pursue the CESR route are encouraged to follow a similar annual structure to this.

It is essential to have completed ALS training as soon as possible after commencing post. Most departments will require you to complete ATLS and APLS as you progress.

The Royal College of Surgeons website lists ATLS courses, Resuscitation council website lists ALS & APLS courses. Heartlands offers in-house ALS, ATLS, APLS, ETLS and CRISP courses via the resuscitation team – dates can be found on their intranet website. Many of the consultants instruct on these courses so if you are interested in becoming an instructor speak to us for advice before completing a course.

The faculty of education at Heartlands run specific courses for SAS doctors that look at generic skills such as communication skills & team leadership these can be found on; http://www.heftfaculty.co.uk/SAS_doctors

The West Midlands deanery runs courses that SAS doctors can attend these are advertised via their website.

There are numerous courses provided around the country that are relevant to EM trainees of all specialties. The ‘Courses & Conferences’ section of the trainees’ pages on the College of Emergency Medicine website is as up-to-date as possible see http://www.collemergencymed.ac.uk/EMTA/Courses%20and%20Conferences/default.asp and the associated pages.

Ultrasound training complete to Level one sign off is encouraged by the College of Emergency Medicine.
Dr Dan Strong (dan.strong@uhcw.nhs.uk) is the regional lead for ultrasound and can advise on courses available and support supervised learning.

Funding is available for these courses. Once your study leave application made to your department lead is approved your request for funding will go to the SAS lead. The Trust fund provides £3000 per 3 years with the next cycle ending in June 2013. If you require more funding the deanery provide £650+ once your trust fund has been utilised. The allowance for study leave is usually 15 days per year.
Exams

Please speak to your educational supervisor or college tutor for examination advice, since this will vary on an individual basis, and EM working alone will keep you busy! Additional qualifications such as higher level ultrasound or echo training, medical education, medical leadership, resuscitation instructor and other courses may or may not be of use for subsequent applications and career choices and should be discussed with your supervisor or college tutor.

The MCEM examination is a requirement for entry to Higher Specialist training in EM at ST4 level. The structure of the MCEM exam is undergoing review, currently Part A focuses on basic knowledge of clinical anatomy, physiology, pathology and biochemistry. Part B looks at ability to analyse and interpret investigations, information and develop management strategy. Part A and B are currently Multiple choice question examinations. Part C is a clinical OSCE (Objective structured clinical examination) and assess clinical skills, knowledge and attitudes via a series of observed interactions. The library at HEFT contains several books aimed at assisting in preparation for MCEM parts A & B. It is essential that you arrange for OSCE practice with the consultants prior to sitting MCEM C.

The FCEM Examination is a requirement for attaining CCT in EM and for progression via the CESR route. This examination currently consists of;

**Clinical Short answer question paper** – 3 hours

**Clinical Objective Structured Clinical Examination** – 3 hours

**Critical appraisal Short answer question paper** – 1 ½ hours

**Clinical Topic Review** – Pre-submission of a 3,500 word topic review and 15 minute viva

**Management viva** – 35 minutes

The exam is continually changing and updating so you should review the exam pages on the College website regularly.

Currently, you are able to sit the FCEM once you have obtained EM experience of at least 8 years and your application is supported by at least 2 Consultants in EM. You can sit the FCEM exam even if you have not been on a formal training programme, but have relevant experience and can demonstrate this through portfolio evidence.

Regular journal club activity and Critical appraisal preparation is available at Heartlands and UHCW, and forms part of the regular teaching programmes.

Heartlands has a FCEM 2 day exam preparation course run by Dr Rachael Boddy and Dr Shewli Rahman

Clinical Topic Reviews need to be started as early as possible as additional work is required alongside literature review and appraisal. You need to have selected a topic by 18 months prior to sitting the
FCEM. Many trainees have found that they need to start with 2 – 3 topics and review of the literature before they get the idea of which one is most appropriate for exam submission.

Contact the departmental liaison librarian to assist with literature searches, there are also Lead librarians for critical appraisal, they offer courses on critical appraisal and hold regular sessions in SAS teaching. Speak to your local consultants for advice on CTR work.

The management viva is currently in 2 parts – an inbox exercise and a long case. There are plans to consider changing this to a management portfolio for submission prior to the exam and this is currently available in pilot format on the college webpage.
Management

Management is an important area to learn about, not only because of the FCEM, but also because many hours as a consultant and senior SAS doctor will be spent on management activities. The college previously provided a management portfolio, these categories now map to various management areas within the eportfolio.

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<thead>
<tr>
<th>Domain</th>
<th>type of project</th>
<th>Local opportunities</th>
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<tr>
<td>Human resources/people management</td>
<td>Rota management</td>
<td>The ED rota team</td>
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<td>Deanery e-learning for recruitment &amp; selection and equality &amp; diversity</td>
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<td>Recruitment including interview</td>
<td>Recruitment &amp; selection course – Education centre or via deanery</td>
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<td>Ad Hoc interviews – local departmental leads</td>
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<td>Appraisal</td>
<td>All consultants</td>
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<td>Financial</td>
<td>Write a business case</td>
<td>General manager ED</td>
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<td>Contribute to a cost improvement plan</td>
<td>Finance meetings and senior staff management meetings</td>
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<td>PBR/management of information</td>
<td>Clinical Directors of departments &amp; General managers of ED</td>
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<td>Project management</td>
<td>Introduce a guideline</td>
<td>All consultants</td>
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<td>Introduce a new piece of equipment</td>
<td>All consultants &amp; equipment managers</td>
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<td>Develop a new service</td>
<td>Clinical Directors</td>
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<td>Medicolegal</td>
<td>Handle a complaint</td>
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<td>PALS Service</td>
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<td>Task</td>
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<td>Write a report for the coroner or solicitor</td>
<td>Complaints manager, Governance &amp; Legal teams</td>
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<td>Teach trainees about data protection</td>
<td>Clinical governance lead &amp; trust information governance lead</td>
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<td>Review a guideline</td>
<td>All Consultants</td>
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<tr>
<td>Investigate an incident- root cause analysis</td>
<td>Clinical governance lead, Ad Hoc RCA meetings</td>
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<td>Draw up/review the departmental risk register</td>
<td>Clinical governance lead</td>
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<td>Evidence of attendance and contribution to clinical governance meetings over a period of 6 months</td>
<td>Monthly clinical governance meetings and audit meetings</td>
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<tr>
<td>Produce/review a procedure to reduce risk ie xray results audit</td>
<td>All consultants</td>
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<tr>
<td>Introduction and implementation of induction programme</td>
<td>Local lead for trust induction &amp; departmental induction</td>
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<td>Evidence of attendance at management courses with reflective notes</td>
<td>Multiple courses available via education centre and the deanery– risk management for clinical managers</td>
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<td>Leadership courses attended with reflective notes</td>
<td>Medical Leadership e-learning course, Medical leadership Masters – via education centre and College</td>
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<td>Equality and diversity training</td>
<td>Via West Midlands deanery website or</td>
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<td>Education centre</td>
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<td><strong>Other relevant training courses</strong></td>
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<td>See education centres and EMTA West midlands website, CEM courses</td>
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Other EM Trainees

Historically, EM has not had a very structured career path, particularly at a junior level; so many seniors (including supervisors) are unaware of the training routes.

Acute Common Care Stem (EM) trainees are core trainees in Emergency Medicine, having completed Foundation year 1 & 2 training. They rotate through EM, Acute medicine, anaesthetics and Intensive care medicine specialties, gaining competencies in these specialties as they work in them. In the West Midlands ACCS (EM) trainees have mandatory training days ten times a year, EM StR’s have previously been very active in organizing and teaching on these. At least one teaching session will be the responsibility of the StR’s to organize and run. Previous days have received excellent feedback and have worked well because of interaction and input from all trainees, which needs to continue. Teaching covers a variety of topics and three times a year is linked with the StR teaching and regional College meetings so that trainees of all levels can meet and mix with each other and consultants.

Other junior trainees working within the Emergency Department include General practice trainees, Foundation year two trainees & occasionally academic trainees. Foundation Year One doctors are employed in many departments, these doctors are pre-registration and therefore cannot discharge a patient themselves – all of their patients require you to actually go and review the patient.

EM Senior or higher specialist trainees are also training within the department. They work on the middle grade rota at heartlands.

Emergency Nurse Practitioners (ENP’s) are able to work independently and they manage minor injuries & some also manage minor illness. Many of them are independent nurse prescribers. There are a few ENP’s who are specifically trained in Paediatrics also. The ENP trainees are generally supervised by ENP’s.

Advanced care Practitioners (ACP’s) are from nursing or paramedical backgrounds and attend a 2 year training scheme to enable them to work alongside medically trained clinicians, independently seeing & managing patients. Trainee ACP’s are usually supervised by other senior ACP’s or consultants. In a similar way to Foundation year one doctors their patient’s should be reviewed by another clinician prior to the patient being discharged.

Student nurses – these usually wear white uniforms and work alongside named nurses. They cannot administer drugs/fluids themselves.
Expectations of Middle Grades at Heartlands

This is offered as an example of what you should be aiming for to develop as a professional.

Trust mandatory training attendance – Every 3 years attendance at 2 day mandatory training

Audit – a minimum of one audit per year completed & presented at audit meeting

Poster – One national and one regional poster presentation per year

Research – completion of Good Clinical Practice training – face to face or e learning module

Teaching – at least three of the teaching sessions below per year

- Junior doctor teaching
- ACPs and middle grades
- ENPs
- Medical students
- Consultant and middle grade educational meeting

70 % attendance at local teaching

Attendance at complaint meetings or writing a complaint response letter- at least one per year

Analysis of a critical incident report – at least one per year

POD meeting/Beds meeting – one hour with POD on call and attendance at one POD meeting

Supervised shop floor management – ACAT EM

A Multi source feedback – the trust use Equinti for this and require patient and colleague feedback on a 5 yearly basis.
Resources available

The College of Emergency Medicine (CEM) website is a useful resource for all aspects of training. There is an annual SAS doctors conference held by the College of Emergency Medicine, as well as the general events ran. The ‘Courses’ section is particularly useful. As well as the generic courses (ALS, APLS and ATLS), trainees should consider attending additional courses that “add value” to their individual career paths. Any life support course candidate who is recommended for instructor status should undertake the Generic Instructor Course or ATLS instructor course as soon as possible and commence teaching.

Once you have registered as an affiliate member of CEM and paid your training/e-portfolio annual fee, you can then register for both the eLearning platforms: there is www.enlightenme.org, which has short bite-size modules, cases and a selection of exam questions (the latter are currently mainly directed at the FCEM exam), as well as www.e-LfH.org.uk, which contains other e-learning modules, the college mandatory ultrasound sessions and access to an e Learning leadership course, as well as a system for recording your progress with them. If you have any problems registering try contacting William.hesketh@cem.ac.uk

There is an annual Trust SAS conference in October each year and a deanery conference in September – There are opportunities to present at these. The SAS group meet regularly for social events– please let your SAS clinical tutor know if you’d like to attend.

College of Emergency Medicine
http://www.collemergencymed.ac.uk/CEM/default.asp

e-learning for Health - Emergency Medicine

http://www.elfh.org.uk

College of Emergency Medicine  EnlightenMe Hub
http://www.enlightenme.org/

FCEM revision

http://www.emrevision.com

Association of Paediatric Emergency Medicine
http://www.apem.me.uk/
If there is anything that is not covered here please let us know and we will do our best to answer any additional questions.

Good luck!

The Heartlands Consultant Team