



## **Form of Competences versus Evidence which may be completed and submitted with CESR Application**

**CESR Applicants may wish to complete the following Tables of Competences (of 2015 EM Curriculum) with details of their evidence, and submit this with their CESR application.**

**This form is a tool to assist applicants in providing evidence which addresses all curriculum competences.**

**Evidence should include a minimum number of workplace based assessments (refer to SSG), but competences may also be demonstrated by other means, such as eLearning and reflection.**

## **Competences in total as per curriculum 2015, revised and applicable from August 2016**

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**(1) HST Competences combined**

Competence	Type of Evidence	Title of document	Date Produced	Page Number
<b>Major Presentations</b>				
Anaphylaxis				
Cardio-respiratory arrest				
Major trauma				
Shocked Patient				
Unconscious patient				
<b>Acute Presentations</b>				
Abdominal pain				
Acute back pain				
Alcohol and substance abuse				
Anal pain and rectal bleeding				

Blackouts				
Breathlessness				
Bruising and spontaneous bleeding				
Chest pain				
Dental emergencies				
Dialysis				
Environmental emergencies				
Epistaxis				
Falls				
Fever				
Fits/seizure				

Haematemesis and melaena				
Headache				
Joint swelling - atraumatic				
Limb pain and swelling – traumatic and atraumatic				
Major incident management				
Oncology emergencies				
Observational medicine				
Palpitations				
Penile conditions				
Poisoning				
Pre-hospital care				
Pregnancy				

Rash – life-threatening rashes				
Research				
Sexual assault				
Visual loss				
Weakness not due to stroke				
Wound management				
Complex older patients				
The patient with chronic disease				

## (2) Anaesthetics Competences for Initial Assessment of Competence (IAC)

Competence	Assessment Code	Type of Evidence	Title of document	Date Produced	Page Number
<b>A-CEX</b>					
Preoperative assessment for routine operating list	IAC-A01				
Manage anaesthesia for a patient who is not intubated and is breathing spontaneously	IAC-A02				
Administer anaesthesia for acute abdominal surgery	IAC-A03				
Demonstrate Rapid Sequence Induction	IAC-A04				
Recover a patient from anaesthesia	IAC-A05				

<b>DOPS</b>					
Demonstrates function of the anaesthetic machine	IAC-D01				
Transfer a patient onto the operating table and position them for surgery	IAC-D02				
Demonstrate cardio-pulmonary resuscitation on a manikin	IAC – D03				
Demonstrates technique of scrubbing up and donning gown and gloves	IAC – D04				
Basic Competences for Pain Management – manages PCA including prescription and adjustment of machinery	IAC – D05				
Demonstrates the routine for dealing with failed intubation on a manikin	IAC – D06				



CBD					
Discuss the steps taken to ensure correct identification of the patient, the operation and the side of operation	IAC-C01				
Discuss how the need to minimize postoperative nausea and vomiting influenced the conduct of the anaesthetic	IAC-C02				
Discuss how the airway was assessed and how difficult intubation can be predicted	IAC-C03				
Discuss how the choice of muscle relaxants and induction agents was made	IAC-C04				
Discuss how the trainee's choice of	IAC-C05				

post-operative analgesics was made					
Discuss how the trainee's choice of post-operative oxygen therapy was made	IAC-C06				
Discuss the problems emergency intra-abdominal surgery causes for the anaesthetist and how the trainee dealt with these	IAC-C07				
Discuss the routine to be followed in the case of failed intubation	IAC-C08				

### (3) PEM Competences

Competence	Type of evidence	Title of document	Date Produced	Page Number
<b>Major Presentations</b>				
Anaphylaxis				
Apnoea, stridor and airway obstruction				
Cardio-respiratory arrest				
Major trauma in children				
The shocked child				
The unconscious child				

<b>Acute Presentations</b>				
Abdominal pain				
Accidental poisoning, poisoning and self-harm				
Acute life threatening event				
Blood disorders				
Breathing difficulties – recognize the critically ill and those who will need intubation and ventilation				
Concerning presentations				
Dehydration secondary to diarrhea and vomiting				
ENT				

Fever in all age groups				
Floppy child				
Gasto-intestinal bleeding				
Headache				
Neonatal presentations				
Ophthalmology				
Pain in children				
Painful limbs – atraumatic				
Painful limbs – traumatic				

Rashes in children				
Sore throat				

**(4) ICM Competences**

ICM Competence	Type of Evidence	Title of document	Date Produced	Page Number
Demonstrates aseptic peripheral venous cannulation				
Demonstrates aseptic arterial cannulation				
Obtains an arterial blood gas sample safely, interprets results correctly				
Demonstrates aseptic placement of central venous catheter				
Connects mechanical ventilator and selects initial settings				
Describes safe use of drugs to facilitate mechanical ventilation				
Describes principles of monitoring respiratory function				

Describes the assessment of the patient with poor compliance during ventilator support ('fighting the ventilator')				
Prescribes safe use of vasoactive drugs and electrolytes				
Delivers a fluid challenge safely to an acutely unwell patient				
Describes actions required for accidental displacement of tracheal tube or tracheostomy				



**(5) Procedural Competences - Adult**

Procedure	Type of evidence	Title of document	Date Produced	Page Number
Lumbar puncture				
Pleural tap and aspiration				
Intercostal drain - seldinger				
Intercostal drain - open				
Ascitic tap				
Abdominal paracentesis				
Airway protection	DOPS in ED			

Basic and advanced life support	DOPS in anaesthesia			
DC cardioversion				
Knee aspiration				
Temporary pacing (external wire)				
Reduction of dislocation/fracture	DOPS in ED			
Large joint examination				
Wound management	DOPS in ED			
Initial assessment of acutely unwell				
Secondary assessment of the acutely unwell (i.e. after initial				

resuscitation and in the ITU)				
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## (6) Procedural Competences – Paediatric

**NB S = May be acquired by simulation techniques**

Competence	Type of evidence	Title of document	Date Produced	Page Number
Be able to perform a primary survey				
Basic airway manoeuvres, including use of airway adjuncts, oxygen delivery techniques				
Management of the choking child	<b>S</b>			
Orotracheal intubation	<b>S</b>			
Replacement of tracheostomy tube				
Cricothyroidotomy & percutaneous trans-tracheal ventilation	<b>S</b>			
External cardiac pacing	<b>S</b>			

Needle thoracocentesis	<b>S</b>			
Tube thoracostomy	<b>S</b>			
Venous access				
Intraosseous line insertion	<b>S</b>			
Direct current electrical cardioversion defibrillation	<b>S</b>			
Oro/nasogastric tube replacement				
Safe sedation in children	<b>S</b>			
Infiltration of local anaesthetic				
Incision and drainage of abscesses				
Incision and drainage of paronychia				

Evacuation of subungual haematoma				
Wound exploration and irrigation				
Wound repair with glue, adhesive strips and sutures				

<b>Immobilisation Techniques</b>				
Application of broad arm sling				
Application of collar and cuff				
Application of Thomas splint or similar				
Pelvic stabilization techniques				
Spinal immobilization/log rolling				
Must be familiar with the paediatric equipment & guidelines in the resuscitation room				

<b>Fracture/dislocation reduction techniques</b>				
Shoulder dislocation				
Elbow dislocation				
Phalangeal dislocation				
Supracondylar fracture with limb-threatening vascular compromise				
Patellar dislocation				
Ankle reduction				



<b>Plaster Techniques</b>				
Backslabs/splints				
POP				

<b>Foreign Body Removal</b>				
Nose				
Ear				
In soft tissue				
Eye				
Ring removal				

**(7) Common Competences ST1 – ST6**

<b>Competence</b>	<b>Type of evidence</b>	<b>Title of document</b>	<b>Date Produced</b>	<b>Page Number</b>
History Taking				
Clinical Examination				
Therapeutics and Safe Prescribing				
Time management and Decision Making				
Decision Making and Clinical Reasoning				
Patient Focused Care				
Patient Safety				

Team working/ patient safety				
Principles of Quality and Safety Improvement				
Infection Control				
Management of long term conditions/ promoting self-care				
Patient relationships/ communication				
Breaking bad news				
Complaints and medical error				
Communication with colleagues/ Cooperation				
Health Promotion/ Public Health				
Medical Ethics and Confidentiality				

Valid Consent				
Legal framework:				
Ethical Research				
Evidence and Guidelines				
Audit				
Teaching and Training				
Personal Behaviour				
Management & NHS Structure				

**(8) ST3 Additional Adult Acute Presentations (not also covered in HST)**

<b>Competence</b>	<b>Type of evidence</b>	<b>Title of document</b>	<b>Date produced</b>	<b>Page number</b>
Major trauma – chest injuries				
Major trauma – abdominal trauma				
Major trauma - Spine				
Major trauma - maxillofacial				
Major trauma - burns				
Traumatic limb and joint injuries – lower limb				
Traumatic limb and joint injuries – upper limb				
ABGs – interpretation of abnormal blood gas results in the ED				

Abnormal blood glucose				
Dysuria				
Emergency airway care				
Needlestick injury				
Testicular pain				
Urinary retention				

**(9) ACCS: Major and Acute presentations ST1 & ST2 (not also covered in HST or Anaesthetics)**

Competence	Type of evidence	Title of document	Date Produced	Page number
<b>Major presentations not covered in HST again</b>				
Septic patient				
<b>Acute presentations not covered in HST again</b>				
Loin pain				
Abdominal swelling, mass & constipation				
Aggressive/disturbed behaviour				
Collapse				
Confusion, acute/delirium				



Cough				
Cyanosis				
Diarrhoea				
Dizziness & vertigo				
Head injury				
Jaundice				
Neck pain				
Oliguric patient				
Pain management				

Painful ear				
Pelvic pain				
Rash non-life threatening				
Red eye				
Mental health				
Sore throat				
Syncope and pre-syncope				
Vaginal bleeding				
Ventilatory support – including oxygen therapy, CPAP, NIV				

Vomiting and nausea				
Weakness and paralysis due to stroke				
Wound assessment				

### (10) Management Competences

Competences	Type of Evidence	Title of document	Date Produced	Page Number
<b>1</b> Management a complaint (mandatory)				
<b>2</b> Investigate a critical incident – root cause analysis (mandatory)				
<b>3</b> Management competence				
<b>4</b> Management competence				

**Note: Competencies 3 & 4 can be any of:**

- Rota management
- Recruitment with interview
- Appraisal
- Write a business case
- Contribute to a cost improvement plan
- Introduce a guideline or new equipment
- Develop a new service
- Write a coroner or solicitor report
- Review a guideline
- Teach data protection
- Review departmental risk register

- Contribute to CG meetings over 6/12
- Produce or review a procedure to reduce risk
- Introduction & implementation of induction programme
- Management courses with reflective notes
- Leadership courses with reflective notes
- Equality & diversity training