FREQUENTLY ASKED QUESTIONS REGARDING A CESR IN EMERGENCY MEDICINE

EVIDENCE

How do I evidence previous work?

It is difficult to evidence previous work/experience if you have not been collecting it. However, you MUST have robust evidence if you wish to have previous experience recognised – and simply stating you have been in a post is not sufficient. The evidence collection is a cumulative process over time, not something you can do in the period immediately before submission.

Do I need workplace-based assessments (WPBAs) or can experience from a log book and reflection be sufficient?

Yes, you need WPBAs – preferably summative WBPAs, signed by a Consultant, that demonstrate your competency; minimum indicative numbers are suggested in the Specialty Specific Guidance. What is required is a structured and reliable evaluation of your performance which a log book or reflection alone does not provide. The external review of your performance is critical in the assurance process. The combination of experience – as evidenced by, for example, logbooks, WPBAs, CPD, other assessments, appraisals etc, and reflection - should together demonstrate coverage.

Do I have to have a College eportfolio?

No, this is not mandatory; however we would recommend it as it provides the following:

- Easy access to WPBA forms
- A way of mapping your evidence against the curriculum by linking all evidence to a curriculum element
- A repository to collect evidence particularly if you are starting the process now
- An online library to collect the paper evidence and previous paper copies of contracts etc

However, there are paper copies of all the WPBAs in Appendix 2 of the 2015 Curriculum, on the RCEM website.

Can I have an area confirmed by secondary evidence alone?

It would be rare and unusual to have only others' opinions of you to confirm competency. The opinion/letter would have to be very detailed to confirm the equivalent competence or detail the elements of a WPBA to be accepted. We would not advise this approach at all.

If my evidence is all recent (last two months) will that be a problem?

Whilst this would confirm the level you are practising at currently, it is unlikely you would be able to collect the volume of evidence in a measured and reflective way within that sort of time. Assessments done that rapidly are likely to be rushed and therefore possibly invalid. In addition, it suggests a lack of preparation and time management – core skills that are important in the emergency physician. We recommend collecting evidence over a period of 3-6 years.

What evidence of audit is needed?

You should show evidence of involvement with audit every year. You must complete a full cycle (audit, recommendations, change, re-audit) at least once every five years.

My CV goes to about 20 pages – is that ok?

Your CV should be mapped and structured in accordance with the GMC specification. Remember that, although it is a history of your professional life, it is an overview only – it should support and be the same as evidence given elsewhere, including dates of employment etc. Publications/presentations should only be listed if given/presented within the last 6 years.

What sort of logbook should I use?

The logbook/case list is designed to show the breadth of experience (presentations) and the depth (resus, majors, minors for a given presentation) that you have. Therefore, details such as the presenting complaint or diagnosis is important. This should also include whether they were admitted (a proxy for serious case). A logbook of procedures and your ultrasound log book is also important. Departments should be able to pull anonymised lists of patients – this is needed for revalidation as well, so hospitals are starting to understand the need to provide data. If you have a problem, then prospectively collecting your patients for a year would be sufficient albeit a lot of work. However, it depends on how you wish to use this; if, for example, you want to use a logbook as evidence of experience in a competence – with reflection – then you will need to show adequate numbers of cases for that presentation.

What sort of reflection is required?

We would recommend you use reflection in a number of ways:

- Reflection on a number of difficult/unusual/complex patients to demonstrate your approach to these types of patients at the consultant level
- Reflection on your participation in teaching, management/governance/audit
- Reflection on conflict, dealing with difficult staff etc.

Reflection is clearly personal. Reflection should also be anonymised as per standard guidance. The aim of reflection is to enable you as a practitioner to develop; it allows a greater understanding of self and situations to inform future action. It allows you to identify learning needs as well as the different course of action you might take. In the case of a CESR application, the main purpose is to allow you to explain to yourself (and the evaluator) how you think your performance and the evidence submitted demonstrate your competence at a consultant level, and how you might respond in future circumstances where there may be subtle differences or challenges in the patient/situation, but where you are aware of how you might apply your knowledge and skills in reaction to that new circumstance. There are reflective notes on the RCEM ePortfolio, or you can reflect on your competence against each of the competences in the curriculum which will print out when you print the curriculum.

EXPERIENCE

What is 3 months' equivalence?

Three months of working at 40 hours a week is approximately 440 hours in total. This is the amount of time you would be expected to have to spend to get equivalent experience in a specialty other than EM and to complete the mandatory expected WPBAs in a reflective and measured way.

My experience in a specialty is more than 6 years ago; do I have to do it all again?

The gold standard would be that you complete it all again; however, we recognise this is difficult, so refreshing the experience in a more limited fashion and collecting evidence from your current working pattern that shows you have maintained those competences, is important. This might include selected WPBAs, reflection on cases and a log book demonstrating your continued management of those types of cases. If, however, this is anaesthetic or critical care experience, it is likely you will have to spend some time in those specialties now, even if on secondment or day release. The advice is that you have had 3 months equivalent (440 hours) in the specialty within the last 5 years in order to be able to get those specific competences refreshed.

If I have done a named training post, do I need WPBAs too?

Yes - the post is important (time in a specialty) but you also need someone else's structured evaluation of your performance by using WPBAs.

ICM and anaesthetic experience is more than 6 years ago for many trainees; why does ours have to be so recent?

Trainees are expected to continue to use the skills gained in ACCS throughout their higher training – the spiral curriculum. This is the same as your refreshing your skills and providing recent evidence if your time was more than 6 years.

Why doesn't MRCP count as equivalence for Acute Medicine competences?

This is because the MRCP curriculum is not the same as the acute medicine curriculum and therefore does not assess that element of the College curriculum.