



RCSI



EMERGENCY MEDICINE  
**ICEMT**  
**TRAINING**  
**GUIDE**

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# Irish Committee for Emergency Medicine Training

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## 1.0 Overview of Emergency Medicine Training in Ireland

Emergency Medicine (EM) training in Ireland is delivered through the **National Emergency Medicine Training Programme (NEMTP)**. This seven year programme has two components – Core Specialist Training in Emergency Medicine (CSTEM – 3 years) and Advanced Specialist Training in Emergency Medicine (ASTEM – 4 years).

Trainees progress from Core to Advanced training once they successfully complete all elements of CSTEM, are successful in the Intermediate FRCEM examination and are deemed suitable for progression after a formal assessment process.

There is scope for doctors who have not completed the CSTEM programme to access ASTEM by meeting 'CSTEM equivalence' and examination requirements. However, preference for ASTEM posts goes to those on the CSTEM programme.

## 2.0 Professional bodies responsible for EM training in Ireland

Before outlining the structure and process of the Core and Advanced elements of the National Emergency Medicine Training Programme (NEMTP), it is necessary to describe the roles of the various professional bodies in the process.

- **Role of the Royal College of Surgeons in Ireland**

The Royal College of Surgeons in Ireland (RCSI) is the training body recognised under the Medical Practitioners Act 2007 under whose auspices training in EM currently falls. The Irish Surgical Postgraduate Training Committee (ISPTC) is a standing committee of Council of the RCSI with, *inter alia*, responsibility for postgraduate training. The Irish Committee for Emergency Medicine Training (ICEMT) is a subcommittee of the ISPTC that oversees EM training in Ireland and reports to the ISPTC. ICEMT includes representatives from the specialty of Emergency Medicine (including Paediatric EM) as well as from RCSI.

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- **Role of the Royal College of Emergency Medicine**

The Royal College of Emergency Medicine ([RCEM](#)) sets and maintains the standards of training for the specialty of EM in the United Kingdom (UK). RCEM has produced a [curriculum for EM training](#) and runs Fellowship (FRCEM) postgraduate examinations. The specialty in Ireland has close links with RCEM – the RCEM curriculum has been adopted by ICEMT, the Intermediate FRCEM examination is an entry requirement for ASTEM and the Final FRCEM examination is used as the mandatory exit examination for ASTEM. The Chair of ICEMT sits on the Education Committee of RCEM. The Vice Dean for Advanced Training sits on the Training Standards Committee of RCEM.
- **ICEMT Role**

CSTEM and ASTEM are administered by ICEMT, based at RCSI. This administration extends from recruitment, the *Record of In training Assessment* (RITA)/(ARCP) process, organisation and development of the training rotations through to a final recommendation to the Medical Council for specialist certification.

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## 3.0 Core Specialist Training in Emergency Medicine

### 3.1 Overview

Core Specialist Training in Emergency Medicine (CSTEM) is a 3-year programme consisting of a series of relevant posts at Non-Consultant Hospital Doctor (NCHD) level that lay the professional groundwork for subsequent specialisation. During this time, doctors obtain a wide range of experience in a variety of specialties, structured as 6-month posts:

- **Year 1**  
Emergency Medicine  
Trauma & Orthopaedic Surgery or Plastic Surgery or Acute Medicine
- **Year 2**  
Paediatric Emergency Medicine (PEM) or Acute General Paediatrics  
Emergency Medicine
- **Year 3**  
Anaesthesia and/or Critical Care Medicine (CCM)  
Emergency Medicine

EM posts on CSTEM are confined to those Emergency Departments (EDs) inspected and recognised for CSTEM. A nominated trainer in each department will act as educational supervisor for CSTEM trainees in that unit – the CSTEM lead trainer.

#### **EDs recognised for CSTEM are:**

Tallaght University Hospital  
Beaumont Hospital, Dublin  
Cavan General Hospital  
Connolly Hospital, Blanchardstown, Dublin  
Cork University Hospital  
Mater Misericordiae University Hospital, Dublin  
Midland Regional Hospital, Tullamore  
Our Lady's Children's Hospital, Crumlin  
Our Lady of Lourdes Hospital, Drogheda  
Sligo University Hospital  
St. James's Hospital, Dublin  
St. Vincent's University Hospital, Dublin

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Temple Street University Hospital  
University Hospital Galway  
University Hospital Limerick  
University Hospital Waterford

## 3.2 Eligibility

The NEMTP aims to offer doctors that are in the early stages of their careers the opportunity to obtain the necessary training to progress within EM. Therefore doctors can apply during the intern year. There are no specific entry criteria, other than eligibility to be appointed to the training division of the Medical Council Register, although evidence of previous interest in EM, either as a medical student or intern is desirable.

## 3.3 Recruitment

Recruitment to the NEMTP takes place in February of each year.

**Applications** – Application Forms are available on-line. Further information and the required application forms are available once recruitment opens on the RCSI website [www.rcsi.ie](http://www.rcsi.ie).

**Recruitment panel** – the recruitment panel is organised by ICEMT and comprises the Dean of Postgraduate EM training, the Vice Deans for CSTEM and ASTEM and a number of Consultant trainers in EM (representatives from each training ED).

**Shortlisting** – Applicants who meet the appointment eligibility criteria and submit all relevant supporting documentation with their application will be shortlisted for interview.

**Interviews** – Interviews take place in March of each year. Candidates are assessed in a number of specific domains, including knowledge of EM, previous experience and interest in EM, communication skills and suitability for a career in the specialty. In addition, a short clinical scenario is used to assess a candidate's approach to a clinical problem.

**Outcome** – marks from the domains outlined above are combined. References are considered by the recruitment panel after which appointable candidates are identified and ranked in order of score.

**Offers of Posts** – After interview, appointable candidates are requested to express their preferences for the various rotations offered by the programme. Offers of posts

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are matched with candidate preferences based on interview ranking. Offers of places to successful applicants are sent shortly after interview.

**Quality assurance** – feedback from each recruitment episode is reviewed by the Quality department in RCSI to ensure the effectiveness and fairness of the recruitment process.

### 3.4 Structure of Rotations

CSTEM rotations are pre-defined and, as far as possible, are based in a single hospital or region. However, the location of some of the non-EM posts means that not all rotations are single-centre.

### 3.5 Training and Education

Training and education based on the RCEM Curriculum is delivered by a number of means:

- Shop floor training supervised by Consultant trainers
- Local education programmes in each ED
- CSTEM workshops in RCSI
- Human factors training in RCSI
- Attendance at life support courses that are mandatory for progression to ASTEM i.e. ACLS, APLS, ATLS
- Regular educational meetings of the trainee section of IAEM (Irish Emergency Medicine Trainees Association (IEMTA)). These meetings include educationally focused lectures and also provide an opportunity for trainees to present research or audit projects
- Attendance at the IAEM Annual Scientific Meeting is encouraged. Each year, national and international speakers deliver lectures of educational benefit to CSTEM trainees

### 3.6 Policy on time out of programme, job sharing and post reassignment

Appendix 5 outlines ICEMT policy on leave of absence during CSTEM. CSTEM training is typically full-time but there is provision for postgraduate trainees to undertake job sharing – see Appendix 6. Appendix 8 outlines ICEMT policy on post reassignment. Appendix 9 outlines retrospection and out of programme policy.



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## 3.7 CSTEM Appraisal

During CSTEM, formal trainee appraisal is carried out every six months. These appraisal meetings are held in RCSI. Prior to the meeting, feedback is solicited from the current trainer as well as the trainee. The appraisal process reviews this feedback and the trainee's progress with examinations, mandatory courses and non-clinical training. Continuation on the programme is contingent on a satisfactory appraisal. Recommendations for targeted or extended training may be made after appraisal.

## 3.8 Statutory leave during Emergency Medicine training in Ireland

Trainees, in common with all other employees in the State, are entitled to statutory leave such as Maternity leave, Paternity leave and Parental leave in accordance with the legislation relevant to the particular leave. Trainees on the National Emergency Medicine Training programme who avail of such leave (Maternity/Paternity and/or parental leave combined) may be granted a maximum of three months training time exemption over the seven years of the programme. The decision to grant training exemption is made by ICEMT on a case by case basis with regard to the trainee's progress on the training programme.

For example, if a trainee availed of 6 months Maternity leave and 3 months of Parental leave and was granted training exemption by ICEMT, their CCT would be extended by 6 months, instead of 9. If a trainee availed of two 6 month periods of Maternity leave, their CCT would be extended by 9 months instead of 12 months. If a trainee availed of 3 months parental leave without other statutory leave, their CCT would remain the same.

## 3.9 Examinations during CSTEM

During CSTEM, trainees undertake RCEM postgraduate examinations - the FRCEM Primary and FRCEM Intermediate certificate examinations. Eligibility criteria are published on the College's website and candidates are advised to consult the regulations before applying.

By the end of CSTEM, trainees are expected to have passed the FRCEM Intermediate certificate examination **which is the only accepted postgraduate examination to confer eligibility to apply for ASTEM**. FRCEM Intermediate certificate combined with specified CSTEM confers eligibility to apply to progress to ASTEM.

The FRCEM intermediate certificate examination consists of three parts:

### FRCEM Primary examination

MCQ exam in basic sciences as applied to EM

### FRCEM Intermediate certificate examination

Short answer question paper

Situational Judgement Paper

The Primary examination may be taken in the year after qualification. The Intermediate certificate examinations may be taken 3 years after qualification (including the intern year).

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Further detail on the examinations is available on the RCEM website.

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## 3.10 Progression to ASTEM

The entry requirements for ASTEM are CSTEM (or equivalent) and FRCEM Intermediate certificate. CSTEM trainees on the NEMTP will progress to ASTEM if they satisfactorily complete all elements of CSTEM, pass all parts of the FRCEM Intermediate certificate examination and are deemed suitable for progression to advanced training following a formal Assessment of Suitability for Advanced Training (ASAT) process.

While the aim of the programme is that Core trainees deemed suitable for Advanced training will progress, the number of Advanced training (SpR) posts available each year is determined in collaboration with HSE National Doctors Training and Planning (NDTP). Where the numbers seeking to progress from Core to Advanced training exceeds the agreed number of SpR posts in any year, competition for the posts will apply. A goal of the programme is that, in a steady state, numbers entering Core training will be matched to ASTEM requirements to facilitate seamless progression.

For more detail on Core to Advanced progression, see Appendix 3.

## 4.0 Advanced Specialist Training in Emergency Medicine

### 4.1 Overview

Doctors are eligible to progress to ASTEM having satisfactorily completed CSTEM and the relevant examinations. If eligible, CSTEM trainees on the NEMTP will undergo an Assessment of Suitability for Advanced Training (ASAT). This is a multi-station interview process that explores a variety of domains including academic development, clinical problem solving, teaching and communication skills. This process is standardised, centrally administered and quality assured.

Advanced trainees, who are known as Specialist Registrars (SpRs), rotate through accredited training EDs. A rotation through a dedicated paediatric ED is compulsory. Trainees undergo regular formal appraisal and are required to pass the FRCEM Final examination to successfully complete training. At that stage, a recommendation is made from ICEMT to the ISPTC that a Certificate of Completion of Specialist Training (CCCT) be issued.

From July 2017, the duration of ASTEM is four years. Trainees recruited to ASTEM prior to 2017 are on a five year programme but have the option to complete a Fellowship year during their fifth year of ASTEM, subject to approval by ICEMT.

ICEMT strongly recommends CSTEM as the principal route to ASTEM. There is provision for doctors who have not completed formal CSTEM training in Ireland to apply for ASTEM each year. Trainees in this category will need to present evidence of CSTEM equivalence (*vide infra*) and meet examination requirements to be considered for shortlisting. These trainees will compete for SpR posts via Route 2 (from July 2019, 3 posts ring-fenced for second chance CSTEM applicants and CSTEM equivalence applicants).

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This dual access to Advanced training will be facilitated by means of two separate processes – an Assessment of Suitability for Advanced Training (ASAT) for NEMTP (CSTEM 3) trainees (Route 1) and a competitive Multi-station interview for non-CSTEM trainees (Route 2). The elements of both processes will be similar and the standard the same. For more details see NEMTP Core to Advanced Progression (Appendix 3).

## 4.2 ASTEM Eligibility criteria

- CSTEM (or equivalent)
- FRCEM Intermediate certificate (or MRCEM)

## 4.3 CSTEM equivalence

ICEMT has defined CSTEM equivalence as:

- Three years post-internship clinical experience with:
  - a minimum of 18 months in Emergency Medicine in Ireland, UK, South Africa or Australasia or other health system recognised by ICEMT as having an Emergency Medicine model of care similar to the above countries.
  - a minimum of 6 months in Anaesthesia/Intensive Care Medicine *or* evidence that the applicant has achieved the CSTEM competencies in this area by submission of the relevant work place assessments (emnow.ie – airway management, rapid sequence intubation, organ support, central venous cannulation, arterial cannulation).
  - a minimum of 6 months in Paediatric EM or acute paediatrics
  - the remaining 12 to 18 months in EM or specialties relevant to EM – medicine, surgery, orthopaedics
  - Experience must be within 5 years of application for ASTEM (the closing date for applications)
  - Applicants will be requested to seek and submit a structured appraisal form from their supervising Consultant for each post
- Current certification in ATLS, APLS, ACLS
- Possession of Intermediate FRCEM/MRCEM

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- For doctors working in Ireland, evidence of engagement with the workshops and Human Factors training delivered as part of the Continuous Professional Development Support Scheme (formerly PDP scheme) is highly desirable.
- In addition, all applicants for Route 2 are required to submit with their application a structured feedback form signed by at least two Irish-based EM Consultant trainers relating to the applicant's suitability for Advanced training.

## 4.4 SpR Recruitment

Entrants to ASTEM are recruited by one of two routes:

- Assessment of Suitability for Advanced Training (ASAT) for CSTEM Year 3 trainees
- Competitive multi-station interview for CSTEM second chance and non-CSTEM applicants

The process is as follows:

**Application** – vacancies are advertised in Autumn/Winter and applications are made on a standardised form.

**Recruitment panel** – the recruitment panel is organised by ICEMT and comprises a nominee of the President of RCSI (as an independent chairperson), the Dean and Vice Deans and a number of Consultant trainers in EM (representatives from each training ED).

**Shortlisting** – short-listing is carried out by the recruitment panel according to defined criteria. CSTEM year 3 applicants who have met all CSTEM milestones are automatically shortlisted for the ASAT.

**Interview** – interviews are carried out by the recruitment panel. Each interview follows the same format and questions are standardised. The ASAT will incorporate outcomes of the trainee's CSTEM appraisals, trainer references, feedback and recommendations, academic activity during CSTEM and performance in a multi-station assessment process modelled on the current ASTEM selection process.

**Outcome** – marks from the stages outlined above are combined. References and trainer feedback are considered by the recruitment panel after which appointable candidates are identified and ranked in order of score.

**Quality assurance** – feedback from each recruitment episode is reviewed by the Quality Department in RCSI to ensure the effectiveness and fairness of the recruitment process.

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## 4.5 Duration of ASTEM

From July 2017 onwards, the duration of ASTEM is four years. In recognition of this change and given that the various FRCEM components can increasingly be taken earlier during ASTEM, it is anticipated that trainees will complete FRCEM during their 3rd or 4th ASTEM year and, for those recruited to the 5 year ASTEM programme (i.e. up to, and including, the 2016 intake), ICEMT supports the undertaking of a Fellowship (in Ireland or abroad) during the 5th year, after successful completion of FRCEM.

## 4.6 Retrospective recognition of training

Most trainees appointed to ASTEM will be progressing from Year 3 of CSTEM and the issue of recognition for prior training does not arise. A small number of successful applicants may have experience after completing CSTEM. In 2014, ICEMT reduced the duration of ASTEM (for the 2017 ASTEM intake onwards) from five to four years. In the context of the prior five year programme, a minimum of four years clinical training must be completed in Ireland. This stipulation persists in relation to the shortened four year ASTEM programme, particularly given the ongoing development of mandatory training elements across the four years and the increasingly modular FRCEM examination that now spans ASTEM rather than being concentrated in the final years. On that basis, retrospection at the time of appointment to ASTEM is not considered.

## 4.7 Recognition of Training EDs

Departments are recognised for ASTEM on the recommendation of ICEMT. Inspections for training recognition are undertaken by ICEMT on application by the prospective training site.

## 4.8 Structure of the SpR rotations

During ASTEM, trainees spend time working in a minimum of three EDs. Trainees are notified, in writing, of their expected date of completion of training shortly after appointment to the programme. The rotation is compiled by the Vice Dean for ASTEM. The general ground rules for the rotation are as follows:

- The focus is on a balanced training:
  - This balance is between adult-only, paediatric-only and mixed EDs; urban and rural; and Dublin and outside Dublin units;
  - To facilitate exposure to EM in different settings, trainees will likely spend at least one year in Dublin and at least one year outside Dublin during ASTEM;
- Decisions regarding placement will be made using the transparent and fair criteria outlined above; individual preferences are not automatically accommodated but are considered in the context of the criteria above.

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- In general, trainees will be advised of their placements for the 4 years of ASTEM shortly after appointment. Where possible, SpRs' initial placement will be for a minimum of 18 months in a single site.
- As the annual number of SpRs appointed increases, from 2019 onwards ICEMT is moving towards assembling pre-defined ASTEM rotations prior to the interview process with applicants ranking their rotation preference and rotation allocation based on interview rank.

Appendix 8 outlines ICEMT policy on post reassignment.

## 4.9 Flexible training for ASTEM

Trainees wishing to pursue flexible training must apply to the Health Service Executive National Doctors Training and Planning (NDTP). Trainees should discuss their application with the Vice Dean for ASTEM to help facilitate educational approval for each planned flexible training post. Flexible trainees work 60% of the basic hours worked by full time trainees (including at least 50% in clinical duties). Their weekly timetable should allow them to participate in formal teaching and audit programmes. Flexible trainees are expected to work out-of-hours but not necessarily precisely pro-rata with full-time trainees. Time spent in flexible training will be recognised on a half-time basis e.g. one year in flexible training is equivalent to six months in full-time training.

In addition to flexible training, there is provision for postgraduate trainees to undertake job sharing – see Appendix 6.

## 4.10 Appraisal during ASTEM

There is a designated lead educational supervisor during each post. This supervisor is nominated locally and approved by ICEMT. SpRs should meet with their supervisor at the beginning of each post and at three-monthly intervals thereafter. In departments where there are multiple SpRs, it is possible for trainers to have responsibility for more than one trainee.

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## **The Record of In Training Assessment (RITA) process**

SpRs have an initial RITA at the end of their first six months and thereafter an annual RITA. The RITA process is administered by ICEMT.

Prior to each RITA, trainers and trainees are asked to submit feedback forms outlining the trainee's progress as well as trainee and trainer feedback. Trainees are also asked to submit a summary of their activities/achievements over the previous six/twelve months. The RITA process culminates in an interview, at which trainees are interviewed individually by a panel of Consultant trainers. During the meeting, the assessment forms, summary of activity and previously identified educational goals are reviewed. New goals are set for the forthcoming year. Trainees are given the opportunity to provide feedback on the strengths and weaknesses of their current post. The SpR's current trainers are not present during the RITA interview. At the end of the interview, trainees will be provided with a list of agreed goals for the next RITA, the relevant RITA form is signed by the Dean and the Vice Dean for ASTEM. The trainee forms are retained in the trainee's file at ICEMT. There are seven RITA forms:

**RITA A** – Contains core information on the trainee and is completed prior to commencement of the ASTEM programme.

**RITA B** – Contains changes to core information. This is completed at the annual review if there are changes to information recorded on Form A.

**RITA C** – This is a record of satisfactory progress within the SpR grade. This is the form that, for most trainees, is signed at the annual review. A completed Form C for the 3rd year of training is required before trainees may apply to sit the FRCEM examination.

**RITA D** – This form documents recommendations for targeted training. SpRs identified at the annual review as requiring additional training (and for whom a Form C is not therefore signed) may be allowed conditional progress through the grade following a specified period of targeted training. The specifics of this targeted training are recorded on Form D. A Form C must be completed at the end of the targeted training period to allow progress.



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**RITA E** – This form documents recommendations for intensified supervision / related training. This form is completed where the trainee, having undertaken the period of additional training specified in Form D, is required to repeat that additional training. A Form C must be completed at the end of the additional targeted training period to allow progress.

**RITA F** – This is a record of out-of-programme experience. Completion is essential to maintain the validity of a National Training Number and to keep ICEMT formally appraised of the progress with the out-of-programme module/experience.

**RITA G** – This is a final record of satisfactory progress. This form is completed on successful completion of the programme and is essential to allow ICEMT and ISPTC to accredit completion of training.

## 4.11 Non-clinical days

Training departments are required to allow their SpRs **one non-clinical day (NCD) every two weeks** (half-day per week). In practice, the combination of working nights, leave and service requirements dictate that the average number of non-clinical days over a period is often less than stipulated above. The purpose of NCDs is to facilitate research, audit and educational activity within the department and for this reason trainees should ideally be physically present in the department during their NCDs unless attending scheduled academic activity elsewhere.

ICEMT recommends that the minimum number of NCDs a trainee should be provided in any six month period is **eight (8) full days** or **fifteen (15) half-days**, while recognising that the exigencies of the service may, on occasion, mean that this figure is not reached. Consistent problems with NCDs should be reported to the Vice Dean for ASTEM directly and through the RITA process.

Trainees should keep a portfolio of their activity during NCDs which will be reviewed at the three-monthly meeting with their trainer and during the RITA interview. Problems in relation to granting or productivity of NCDs can be aired during the interview.

There is a monthly national SpR training day. This process is organised by the trainees and rotates around the various training EDs. Where at all possible, SpRs should be released to attend. NCDs should be taken to attend these meetings.

Trainees who are granted 'grace' extensions to their training, after obtaining their FRCEM qualification, are not entitled to avail of NCDs.

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## 4.12 Work place based assessment (WPBA)

The Royal College of Emergency Medicine has introduced WPBA to EM training in the UK. WPBA, as envisaged by RCEM, has been endorsed by ICEMT and will be introduced in the future and this document updated accordingly.

## 4.13 Fellowship examination

A trainee must pass the [Fellowship Examination of the Royal College of Emergency Medicine \(FRCEM\)](#) before being eligible to be included on Register of Medical Specialists, Division of EM with the [Medical Council](#). Trainees are eligible to sit the Critical Appraisal SAQ and QIP parts of the examination in the first year of ASTEM and the remaining parts of the examination from ASTEM year 3 onwards. Although trainees are encouraged to sit their FRCEM exam while on the ASTEM programme, they may be off the programme after completing their predetermined SpR training. However, a CCT cannot be awarded until training is signed off and FRCEM has been passed. There is a limit to the number of times trainees may attempt the FRCEM exam - RCEM permits candidates to attempt each component of the Final FRCEM examination up to four times.

## 4.14 Fellowship Training

ICEMT firmly supports the pursuit of Fellowship training in other health care systems or in academic research. While ASTEM in Ireland will ultimately result in the award of a CCT, eligibility to be entered into the Register of Medical Specialists in the division of EM and allow application for a Consultant post in EM, there can be no doubt that Fellowship experience is potentially highly rewarding, not only by enhancing clinical experience but also from a 'life experience' perspective. For those on a 5 year ASTEM programme (i.e. appointed prior to 2017), ICEMT supports Fellowship activity in the 5th year (with a strong recommendation that FRCEM be passed prior to commencing the Fellowship). For those on the 4 year ASTEM programme, Fellowship training can take place on completion of the 4 years.

Certain subspecialties of EM will mandate fellowship-type training e.g. PEM, acute medicine, Intensive Care Medicine and pre-hospital medicine. While there is currently limited formal fellowship training in EM in Ireland, it is likely that fellowship training programmes will develop in the future.

There are many international fellowship training programmes available to Irish EM trainees. Many practicing Consultants in EM in Ireland have completed these programmes and there is an extensive 'network' of support available to the trainee who wishes to pursue fellowship training.

If a trainee is interested in fellowship training, it is imperative that they liaise with their current educational supervisor and the Vice Dean for ASTEM as early as possible. Many of the prestigious international fellowship programmes will require at least two years advance preparation and application. Appendix 4 outlines ICEMT guidance on Final Year Fellowship training.

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## 4.15 Out of Programme Experience (OOPE) during ASTEM

There are 3 categories of planned time Out of Programme applicable to ASTEM:

- Out of Programme for research (OOPR)
- Out of Programme for clinical experience (OOPE)
- Out of Programme for career break (OOPC)

A fourth category, Out of Programme for Clinical training, is not applicable to ASTEM as a minimum of 4 years of clinical training (i.e. the duration of ASTEM) must be completed in Ireland.

ICEMT will consider requests for time out of programme in the above 3 categories. Detailed guidance is available in Appendix 9.

## 4.16 Research during ASTEM

ICEMT recognises the importance of research activity within EM and will support structured research activity accordingly. Strategically, ICEMT believes that this support of research should produce the following:

- A baseline competency amongst all advanced trainees in EM in research methodologies and the principles and practice of evidence-based EM (this is clearly delivered as part of preparation for FRCEM e.g. CTR);
- Creation of an academic 'track' for advanced trainees who have a declared interest in pursuing a formal academic position in EM post-ASTEM.

However, given the requirements of SpR's to provide a service to EDs while training, ICEMT will not allow more than 10% of ASTEM trainees to pursue full-time research at any one time.

There have been (and actively are) several examples of trainees taking time out of full-time clinical training to pursue full-time clinical research. Trainees considering a research OOPE need to explicitly justify the rationale for this and must notify the Vice Dean for ASTEM at least six months in advance of the intended start date of the research programme.

ICEMT will ultimately decide whether to grant permission to the trainee to pursue this experience and this decision will be based on the following:

- Clear scientific rationale, directly relevant to EM, for the proposed programme of research e.g. MD, PhD;
- Clear and stated support of an educational supervisor, ideally from within EM (if the primary supervisor is not from EM then a co-supervisor from EM is required);

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- Clarity with respect to the breakdown of proposed time spent in research and other activities e.g. 50% clinical:50% research;
- Obvious and robust funding, specifically in terms of the trainee's salary, for the programme of research;

Once these criteria are satisfied and ICEMT agrees to the proposal, the trainee must agree to 6-monthly RITA appraisals during the research period. Furthermore, the trainee must agree not to undertake locum work which would adversely impact the chances of successful completion of the proposed programme of research. ICEMT considers locum work that comprises greater than 10% of the overall workload of the research programme as inappropriate. Furthermore, **ICEMT will not support a trainee in undertaking research where there is anything less than a minimum of 50% fully protected time for research.**

Once approved by ICEMT, time spent in full time research during ASTEM is recognised on a half time basis, to a **maximum of one year** for those on the 5 year ASTEM programme. ICEMT approval refers not only to initial approval but also to satisfactory completion of the period of research based on the 6-monthly RITA appraisals. For those on the 4 year ASTEM programme (i.e. the July 2017 intake onwards), there will no longer be recognition of research time towards ASTEM training – all trainees will be required to spend a minimum of 4 years in full time clinical training to be eligible (in combination with FRCM) for the award of a CCT.

## 4.17 Statutory leave during Emergency Medicine training in Ireland

Trainees, in common with all other employees in the State, are entitled to statutory leave such as Maternity leave, Paternity leave and Parental leave in accordance with the legislation relevant to the particular leave. Trainees on the National Emergency Medicine Training programme who avail of such leave (Maternity/Paternity and/or parental leave combined) may be granted a maximum of three months training time exemption over the seven years of the programme. The decision to grant training exemption is made by ICEMT on a case by case basis with regard to the trainee's progress on the training programme. For example, if a trainee availed of 6 months Maternity leave and 3 months of Parental leave and was granted training exemption by ICEMT, their CCT would be extended by 6 months, instead of 9. If a trainee availed of two 6 month periods of Maternity leave, their CCT would be extended by 9 months instead of 12 months. If a trainee availed of 3 months parental leave without other statutory leave, their CCT would remain the same.

## 5.0 Post-CCT employment

Given that appointment to a Consultant post may take some time, employment at SpR level may be extended for a maximum of 6 months after completion of the training scheme. Once the duration of ASTEM is reduced to 4 years, this extension period will be extended to 1 year. SpR's wishing to obtain this extension must apply in writing to ICEMT as soon as possible after the necessity to extend becomes apparent. If granted,

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the geographical location of this post cannot be confirmed until after other trainees' needs have been addressed. Furthermore, the normal examination-related entitlements of SpR training e.g. NCDs will not apply to this 'grace' period.

Should a trainee be unsuccessful in their FRCEM examination, they may apply for an extension of their training with a view to a repeat attempt. They must undergo a further RITA interview to confirm an updated training strategy. Should ICEMT agree to the extension, the geographical location of the post will be determined by the Vice Dean for ASTEM. Any subsequent training extensions are also subject to approval by ICEMT.

Trainees may 'act up' in the Consultant role within 3 months of their CCT date, provided they have passed FRCEM.

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## 6.0 Subspecialisation and Dual Accreditation

Most EM specialists train exclusively in Emergency Medicine. Some trainees will wish to develop a subspecialty interest and potentially pursue dual accreditation in Emergency Medicine and another specialty area. There is sometimes confusion surrounding the terms **Subspecialisation** and **Dual Accreditation**. To provide some clarity, consider Paediatric Emergency Medicine (PEM) as an example. The joint PEM training programme outlined below will primarily provide **subspecialisation** e.g. a paediatric trainee who completes PEM subspecialty training will be eligible to be included in the Register of Medical Specialists under both *Paediatrics* and *Paediatric Emergency Medicine*, but not *Emergency Medicine*. For the latter to occur, the trainee would need to complete training of equivalence to ASTEM and pass the exit examination of ASTEM in Ireland, the Fellowship of the Royal College of Emergency Medicine (FRCEM). Equally, if an EM trainee with PEM subspecialty training wishes to be included in the division of *Paediatrics*, the trainee would need to complete additional training of equivalence to core General Paediatric training, while at the same time passing the Membership of the Royal College of Physicians in Ireland (MRCPI) Medicine of Childhood examination. It is these latter processes that define **dual accreditation**. This example would apply equally to other specialties such as Acute Medicine or Intensive Care Medicine.

Subspecialty training in **Paediatric Emergency Medicine (PEM)** is a developing process in Ireland. ICEMT, IAEM and the Faculty of Paediatrics of the Royal College of Physicians of Ireland have published a jointly agreed training pathway for trainees in both EM and Paediatrics who wish to pursue subspecialty training in PEM (Figure 1). In the UK, PEM is a recognised sub-specialty of both Emergency Medicine and General Paediatrics. PEM is not yet recognised as a sub-specialty by the Medical Council but this is likely to change in the future. A more detailed document on the development of PEM in Ireland is available on the [IAEM website](#)

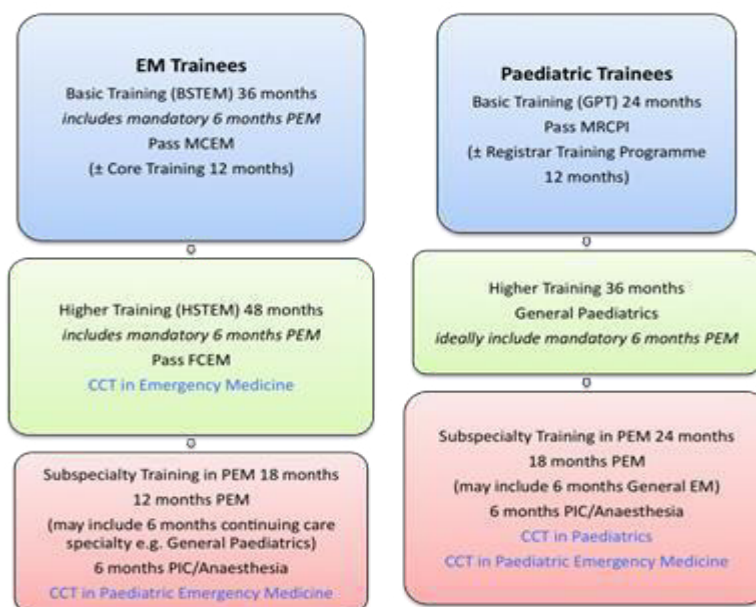
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Figure 1.



## ACEMT/IAEM/Faculty of Paediatrics Joint Training Programme in Paediatric Emergency Medicine

**Intensive Care Medicine (ICM)** has recently been recognised as a sub-specialty by the Medical Council. Likely essential criteria will include at least one year experience in ICM and having a Diploma in Intensive Care Medicine (by examination of the Royal College of Anaesthetists). Anaesthesia and ICM are essential elements in Irish EM training. Trainees wishing to apply for dual EM / ICM accreditation with the Medical Council should complete a Fellowship on receipt of their CCT in EM.

At present, the Medical Council does not recognise dual accreditation in EM and **Acute Medicine** and there is no mechanism to pursue this path in Ireland. In the UK, the Intercollegiate Board for training in ICM has drawn up recommended entry criteria and training pathways for specialist trainees in EM, Anaesthetics and ICM who wish to develop an interest in Acute Medicine. Consultants in EM who have successfully completed the additional training may work in teams at a Consultant level equivalent to their acute medicine trained colleagues, dealing with the first 24 hours of care. It is likely that this will normally take trainees 12 months. Level Two competencies in Acute Medicine will be 'signed off' but Acute Medicine accreditation will not be recorded on the specialist register.

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## 7.0 Further information and contacts

Royal College of Surgeons in Ireland – [www.rcsi.ie](http://www.rcsi.ie)

Irish Association for Emergency Medicine – [www.iaem.ie](http://www.iaem.ie)

Royal College of Emergency Medicine – [www.rcem.ac.uk](http://www.rcem.ac.uk)



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## Appendices

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## Appendix 1 – EDs recognised for Core & Advanced Specialist Training (September 2018)

The following EDs are currently recognised for CSTEM and ASTEM in Ireland:

<b>Emergency Departments recognised for Core &amp; Advanced Specialist Training in Emergency Medicine</b>	
Our Lady's Children's Hospital, Crumlin	Sligo University Hospital
St James's Hospital, Dublin	University Hospital Galway
St Vincent's University Hospital, Dublin	University Hospital Limerick
Beaumont Hospital, Dublin	Cork University Hospital
Mater Misericordiae University Hospital, Dublin	University Hospital Waterford
Connolly Hospital, Blanchardstown, Dublin	Midland Regional Hospital, Tullamore
Tallaght University Hospital	Mercy University Hospital, Cork (ASTEM only)
Cavan General Hospital (CSTEM only)	Our Lady of Lourdes Hospital, Drogheda
Temple St. Childrens University Hospital	

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## Appendix 2 – Membership of the Irish Committee for Emergency Medicine Training

### Irish Committee on Emergency Medicine Training (ICEMT)

CSTEM and ASTEM are organised and overseen by ICEMT under the auspices of the Royal College of Surgeons in Ireland. Current membership of ICEMT is as follows:

Name	Role
Dr Gareth Quin Consultant in EM, University Hospital Limerick	Dean & Chair of ICEMT
Prof John Ryan, Consultant in EM, St Vincent's University Hospital, Dublin	Vice Dean, ASTEM
Mr James Binchy, Consultant in EM, University Hospital Galway	Vice Dean, CSTEM
Dr. Conor Deasy, Consultant in EM, Connolly Hospital	President, IAEM
Dr Gerry McCarthy, Consultant in EM, Cork University Hospital	National Clinical Lead, Emergency Medicine Programme RCEM representative
Dr Laura Melody, Consultant in Paediatric EM, CHI Crumlin	Paediatric EM representative
Dr Nigel Salter, Consultant in EM, St Vincent's Hospital, Dublin	Lecturer in EM CPD support scheme lead
Dr Vicky Meighan, Consultant in EM, Tallaght University Hospital	Ultrasound Training representative
Dr Ger O'Connor, Consultant in EM, Mater Misericordiae Hospital	Simulation Training representative
Dr Una Kennedy, Consultant in EM, St James's Hospital, Dublin	Human Factors lead
Dr David Menzies, Consultant in EM, St Vincent's University Hospital, Dublin	Exams lead / Pre Hospital Care
Nominated Specialist Registrar, ASTEM	Trainee representative
Mr Pdraig Kelly/ Ms. Caroline McGuinness, Associate Director of Surgical Affairs, RCSI	RCSI representative

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## Appendix 3 – NEMTP Progression from Core to Advanced training

### National Emergency Medicine Training Programme Progression from Core to Advanced Training – September 2018

#### Introduction

Emergency Medicine training in Ireland is delivered by means of a seven year National Emergency Medicine Training Programme (NEMTP) comprising 3 years of Core Specialist Training (CSTEM) and 4 years of Advanced Specialist Training (ASTEM). In 2014, the NEMTP adopted a seamless approach whereby trainees could progress from Core to Advanced Training without the need for intervening 'Registrar' experience and preference for ASTEM (SpR) posts was given to those seeking to progress from Year 3 of CSTEM.

From 2017, ASTEM recruitment has been by means of 2 processes – an Assessment of Suitability for Advanced Training (ASAT) for Year 3 CSTEM trainees and an ASTEM interview (dubbed side entry) for those who had either previously completed CSTEM or who presented CSTEM equivalence (as defined by ICEMT). Both processes use an 8 station mini-interview format and consideration of references, with the addition of CSTEM activity scores and trainer feedback for the ASAT. Preference for all available posts was given to ASAT candidates, with the second process filling any posts left vacant after the ASAT.

The ASTEM recruitment process in 2017 and 2018 saw increasing numbers of Year 3 CSTEM trainees eligible for and seeking to progress to ASTEM. In addition, the number of former CSTEM trainees seeking to access ASTEM by the side entry route significantly increased. In light of the increased demand for ASTEM and the national need to expand Consultant in EM numbers, ICEMT and National Doctors Training and Planning (NDTP) have agreed an increase in annual SpR numbers from 10 (historically determined principally by the number exiting the programme) to 14, effective from July 2019. The recruitment process for the increased number of SpR posts is outlined below. As at present, the process provides for 2 routes into ASTEM – the ASAT and an ASTEM interview, held separately. A key feature is that the greater number of SpR posts now allows some posts each year to be ring-fenced for the ASTEM interview process so that former CSTEM trainees have a realistic second chance at ASTEM progression without impacting the current progression prospects of Year 3 trainees.

#### Route 1 - Assessment of Suitability for Advanced Training

##### Eligibility

- Year 3 CSTEM with satisfactory CAPA outcomes
- All parts of MRCEM/Intermediate FRCEM passed by the time of application (October of the year prior to ASTEM commencement)

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## Application

- All Year 3 CSTEM trainees are invited to apply for the ASAT
- All eligible trainees (see above) are invited to the ASAT interview
- Eligibility is determined at an ASTEM recruitment meeting attended by the RCSI Chair of the recruitment process, the Dean, Vice Deans and two other members of the interview panel.
- Applicants' CSTEM activity scores will be agreed at this meeting using the pre-defined marking scheme

## ASAT interview process

- The inputs to the ASAT are:
  - Scores from the 8 mini-interview stations
  - CSTEM activity scores
  - Consideration of references
  - Consideration of interviewer feedback
  - Consideration of trainer feedback (solicited by means of a structured feedback form)
- Eligibility for appointment is decided by the panel based on consideration of all inputs, not simply on the basis of the interview score

## Appointment

- A maximum of 11 posts are ring-fenced for the ASAT each year
- Appointable applicants are ranked based on the quantitative elements of the ASAT (interview and CSTEM activity scores combined)
- Where the number of appointable applicants exceeds 11, the top 11 ranked candidates are offered posts and the remainder are placed on a reserve panel
- Where the number of appointable applicants is less than 11, the remaining posts are made available to the ASTEM interview process

## Route 2 – ASTEM interview – second chance and side entry

### Eligibility

#### Either

- Completed CSTEM with satisfactory final CAPA
- All parts of MRCEM/Intermediate FRCEM passed by the time of application

#### Or

- CSTEM equivalence, defined by ICEMT as follows:
  - Three years post-internship clinical experience with:
    - a minimum of 18 months in Emergency Medicine in Ireland, UK, South Africa, Australasia or other health system recognised by ICEMT as having an Emergency Medicine model of care similar to the above countries.
    - a minimum of 6 months in Anaesthesia/Intensive Care Medicine *or* evidence that the applicant has achieved the CSTEM competencies in this area by submission of the relevant work place assessments ([emnow.ie](http://emnow.ie) – airway

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management, rapid sequence intubation, organ support, central venous cannulation, arterial cannulation).

- a minimum of 6 months in Paediatric EM or acute paediatrics
  - the remaining 12 to 18 months in EM or specialties relevant to EM – medicine, surgery, orthopaedics
- Experience must be within 5 years of application for ASTEM (the closing date for applications)
  - Applicants will be requested to seek and submit a structured appraisal form from their supervising Consultant for each post
  - Current certification in ATLS, APLS, ACLS
  - Possession of MRCEM/Intermediate FRCEM by the time of application
  - For doctors working in Ireland, evidence of engagement with the workshops and Human Factors training delivered as part of the Continuous Professional Development Support Scheme (formerly PDP scheme) is highly desirable.
- In addition, all applicants for Route 2 are required to submit with their application a structured feedback form signed by at least two Irish-based EM Consultant trainers relating to the applicant's suitability for Advanced training.

## Application

- The process is advertised in October of the year prior to ASTEM commencement
- Eligibility is determined at an ASTEM recruitment meeting attended by the RCSI Chair of the recruitment process, the Dean, Vice Deans and two other members of the interview panel
- Applicants' shortlisting scores are agreed at this meeting using the pre-defined marking scheme
- To facilitate a realistic second chance for those who have completed CSTEM, applicants within 24 months of CSTEM completion are ranked in order of shortlisting score ahead of other applicants
- The top 12 ranked applicants are shortlisted for interview
- There is no limit to the number of times an individual may apply via Route 2

## ASTEM interview process

- The inputs to the ASTEM interview process are:
  - Scores from the 8 mini-interview stations
  - Consideration of references
  - Consideration of interviewer feedback
  - Consideration of trainer feedback (solicited by means of a structured feedback form)
- Eligibility for appointment is decided by the panel based on consideration of all inputs, not simply on the basis of the interview score

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## Appointment

- A minimum of 3 posts are ring-fenced for the ASTEM interview each year
- If the ASAT process has not filled its 11 ringfenced posts any unfilled posts are added to the 3 ASTEM interview posts
- Appointable applicants are ranked based on the interview score – shortlisting scores are not used for this stage in the process
- Where the number of appointable applicants exceeds the number of available posts, the top ranked candidates are offered posts and the remainder are placed on a reserve panel

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## Appendix 4 – Final Year ASTEM Fellowships

From July 2017, the duration of Advanced Specialist Training in Emergency Medicine (ASTEM) is four years. This reduction of one year compared to the former five years reflects changes to the training structure (the seamless seven-year National Emergency Medicine Training Programme commenced in July 2014 and first progression to the ASTEM component occurred in July 2017) and to the exam structure (the FRC EM examination is becoming increasingly modular and trainees have the opportunity to complete its elements earlier in ASTEM).

ASTEM trainees appointed up to and including 2016 are recruited to a five-year programme. In light of the above, ICEMT has agreed that there is scope for trainees on the five year ASTEM programme to undertake a Fellowship in the final year, after which a CCT will be awarded. Approval for such a Fellowship is made by ICEMT on a case-by-case basis subject to the following criteria:

### Fellowship structure and content

A Fellowship in this context is defined as a structured training period of not less than 12 months that provides the trainee with experience and training in an area directly relevant to Emergency Medicine over and above that which is available on the training programme. Fellowships should have clearly defined clinical and non-clinical components that mark them out as separate to routine clinical experience/training and there should be a named supervisor. In general, the Fellow should be appointed after a formal recruitment process. Trainees should provide ICEMT with written confirmation from the supervisor of satisfactory Fellowship progress or completion after 12 months to allow award of the CCT. Where applicable, there should be defined outputs from the Fellowship – for example qualifications and/or certification in the relevant area.

### Trainee FRC EM examination status

FRC EM is the exit examination for EM specialist training in Ireland and passing the examination is a priority for those on ASTEM. To this end, and to avoid a situation where being on a Fellowship could hamper a trainee's prospects of FRC EM success (either by being out of the EM training environment or distracted by the demands of the Fellowship), ICEMT has stipulated that ASTEM trainees planning a Fellowship for their final year must have *either* passed the clinical aspects of FRC EM (SAQ and OSCE) by Autumn of year 4 *or* attempted the clinical aspects (SAQ and OSCE) and passed all other elements of the FRC EM examination by Autumn of year 4.

### Trainee ASTEM progress

Undertaking a Fellowship in Year 5 of ASTEM is not a right and trainees must seek permission, in writing, from ICEMT. Such requests are considered on a case by case basis and the trainee's progress on the programme will be reviewed prior to any decision. Approval of a Fellowship year effectively means that the Committee is signing off the trainee's clinical training. On that basis, the Committee must be confident that there are no concerns about the trainee before release on a



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Fellowship. To aid in this decision, each Fellowship application must be accompanied by a letter signed by not less than two of the trainee's current trainers confirming that the trainee's current clinical performance is consistent with completion of clinical training by the end of Year 4.

## Means of application

Trainees should apply in writing to ICEMT outlining the planned Fellowship, their rationale for undertaking it and confirmation that the examination criteria above are met. The application should include:

- a written outline of the nature and content of the Fellowship
- a letter from the Fellowship supervisor confirming the key elements of the proposed Fellowship
- a letter of support from the trainee's current trainers (see Paragraph 3 above)

## Timing of application

In order to allow ICEMT sufficient time to consider a request, applications for Fellowship release must be made at least six months in advance of the proposed date of Fellowship commencement. ICEMT will revert with a decision in writing after its January meeting (or earlier, if the application is made more than six months in advance).

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## Appendix 5 Leave of Absence Policy (CSTEM)

Core Specialist Training in Emergency Medicine (CSTEM) is a three- y e a r programme and training is delivered jointly through defined time periods spent working in clinical posts and mandatory off-site workshops and training days held in RCSI.

The requirement for both the clinical and off-site elements to be completed during defined stages of CSTEM means that CSTEM training must occur in its entirety on the National Emergency Medicine Programme in Ireland.

Completing a period of CSTEM overseas is not permitted because such experience, even if in a training environment, will not allow the on-site NEMTP appraisals or the off-site training content to be delivered.

In exceptional circumstances, trainees may request a period of **leave of absence** from CSTEM, i.e. for family or health reasons. Such requests should be submitted in writing to the Dean or Vice Dean of EM Training and will be considered on a case-by-case basis by ICEMT.

In the event that a period of leave of absence has been granted by ICEMT, the trainee may return to CSTEM at the appropriate stage, although the nature of CSTEM rotations is such that returning to the same post locations as planned at the outset of the rotation may not be possible and is not guaranteed. Acceptance of this stipulation is a condition of being granted leave of absence.

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## Appendix 6 – Application for Job Share Post

Postgraduate trainees can now avail of job sharing opportunities for a set period of time. Job sharing works on the basis that two trainees will share one full-time post with each trainee working 50% of the hours. The aim of the job share policy is to retain doctors within the medical workforce who are unable to continue training on a full-time basis.

Job-sharing training posts will ordinarily be for the period July to July each year, in line with the training year.

Approved job-share training posts will be for up to 12 months. Any trainee appointed to a job-sharing training post and who wishes to continue in a job-sharing training post after this period will be required to re-apply. Postgraduate trainees are limited to no more than 2 years of training at less than full-time over the course of their training programme.

All requests made under the job-sharing policy will be treated positively. However, a job share post can only be accommodated if applications are received from two trainees who are eligible to be matched to one post. The overall training capacity of a training programme, educational capacity of the post and service commitment will also have to be taken into consideration.

Applications for job-sharing are made directly to postgraduate training body and are open to those training in ST4 onwards.

Please note this process is separate from the [HSE Flexible Training policy](#).

### Eligibility

To be eligible for the scheme trainees must be enrolled in a Postgraduate Training Programme under the auspices of one of the postgraduate training bodies recognised by the Medical Council in Ireland.

A training post can be shared by two trainees who:

- are training in the same specialty and;
- are within two years on the training pathway

For example, a year 2 and year 3 trainee in the same specialty are eligible to share a training post. Trainees who are more than two years apart on the training pathway may job share if a consultant trainer, hospital, and the training director have agreed to the arrangement.

Applications may be made up to 12 months in advance of the proposed date of commencement of the job share post and received no later than November.

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## Application Process

1. Trainees must complete the **Job Share Request Application Form** and submit it to their postgraduate training body for attention of their Dean or Vice Dean
2. Applications made under the job share policy must be received prospectively, no later than 6 months before the rotation is due to commence
3. Applications will be acknowledged by the Postgraduate Training Body and the timeline for the decision making process will be made clear

## Decision Process

Applications will be considered by the Specialty Dean and Vice Dean and governed by the Specialty and the Irish Committee of Emergency Medicine Training (ICEMT).

Applications will generally be considered as part of the allocation process.

The following principles will be adhered to during the decision making process:

- Request for a job share post can only be considered if applications are received from two trainees who are eligible to be matched to one post
- No existing trainee can be disadvantaged. For example, a trainee cannot have their rotation changed without their agreement to accommodate a job share request
- The job share post must meet the training requirements appropriate to a trainee at that level

If the training body is in a position to offer a job share post a conditional offer will be made to the two trainees in question. The offer can only be confirmed by the postgraduate training body once both trainees have accepted the conditional offer.

If a trainee declines the post offered no further offers of a job share post will be made at that time.

Trainees whose applications for job share which are not successful will be informed of this decision by the postgraduate training body. A reason for the decision will be provided.

The Training Body will do its best to accommodate such requests but applicants must be aware that requests will be dealt with on an individual basis and decisions will be taken based on post availability and educational capacity.

The location of the job share post will be determined by the postgraduate training body and will be made on the basis of educational capacity as well as the agreement of the hospital and consultant trainer.

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## Complaints Process

Trainees who feel that their application has not been managed in accordance to this guideline can submit supporting evidence of this to the postgraduate training body as a formal complaint. The training body grievance procedures will then be triggered. This will follow Surgical Affairs appeals process; all complaints/appeals must be submitted within 14 days of the offer of a post.

Appeals policy is available upon request.

Please contact Orla Mockler in RCSI for further information.

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## Appendix 7 – RCSI/ICEMT Policy on Exceptional Circumstances (Force Majeure)

### Purpose

To define Surgical Affairs policy on exceptional circumstances and implementation of same.

### In Scope

A Trainee who has undergone exceptional circumstances that could have influenced their academic or work based performance on a Surgical or Emergency Medicine Programme. Individual cases are reviewed in the first instances at the discretion of the Professor Surgical Education, Dean of Emergency Medicine and Programme Directors of Specialty Training.

An Applicant to a programme where an exceptional circumstance has occurred that affects the individual's ability to progress or adhere to the criteria for selection to training.

### Eligibility

Any Trainee or eligible applicant to an RCSI Surgical or Emergency Medicine Training Programme.

### Definition

#### Employer /HSE

Force Majeure means urgent family reasons where, owing to an injury to or the illness of an immediate relative, the employees immediate presence in the same place is indispensable Under Parental Leave Act 1998 – 2006 short term paid leave to cover staff in tie of an emergency due to illness or accident to an immediate family member and where their presence is required. This is subject to employer discretion.

#### Training Body/RCSI

An Exceptional circumstances (*force majeure*), which the trainee could not control or reasonably foresee and when the trainee could not prevent these circumstances or their consequences. An exceptional circumstance that may occur within the training context may affect the trainees' ability to attend

- A Mandatory class ( e.g. EM Workshops or HFPS)
- Completing a workplace assessment
- Completing a RCSI assessment
- Attending a CAPA or Annual Review
- Attending an interview

*\*Please note this list is not exhaustive*

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An Exceptional circumstance (*force majeure*) which the applicant could not control or reasonably foresee and when the applicant could not prevent these circumstance or their consequences. An exceptional circumstance that may occur within applicant context may affect the individual's ability

- Submit documentation within required timeframe
- Attend interview

*\*Please note this list is not exhaustive*

## Procedure

In the case of demonstrable exceptional circumstances (*force majeure*) which prevented a trainee from participation in mandatory training related activity that may hinder their progression must be reported in the first instances to the Vice Dean of their training programme. The Trainee must then apply for *force majeure* which must be approved by HR on their clinical site and the Vice Dean /Trainer notified also.

The trainee must inform the Emergency Medicine Office in RCSI as soon as is reasonably practical via email/letter or phone call. In order that a *force majeure* situation has caused the trainee inability to complete a required part of their training curriculum the exceptional circumstances form (see appendix 1) must be complete and submitted for approval within 48hrs of the situation occurring or earliest time permitting.

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## RCSI EXCEPTIONAL CIRCUMSTANCES FORM

This form **MUST** be submitted by the ***Trainee*** to Orla Mockler in the Emergency Medicine Office ([omockler@rcsi.ie](mailto:omockler@rcsi.ie)) for all circumstances which affects a trainee's ability to complete a mandatory part of the curriculum.

All requests for consideration under Exceptional Circumstances must be **TYPED** and submitted on this form, with supporting evidence, if applicable. Forms must be signed and dated. See the Exceptional Circumstances (Force Majeure) procedure before submitting this form.

Please note that the Emergency Medicine Office may contact medical practitioners etc. for verification of supporting evidence.

---

Trainee Name:

IMC Number:

Current Year (ST1, ST2, ST3 etc.):

Specialty:

Current Post/Rotation:

1. Please outline the event which you could not attend:

2. Please outline the nature of the circumstances which prevents you from completing the mandatory part of the curriculum:



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3. Have you informed your Clinical Supervisor                      Yes   /   No
4. List of supporting evidence attached. If you do not have evidence, or cannot attach such evidence, please explain why.

Signature: ..... Date: .....

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## Appendix 8 – Post Reassignment Request

### Process to request a change in Post or Rotation

The post reassignment process has been established to support trainees who have had an unforeseen and significant change in their personal circumstances since the commencement of their current training programme which requires a change to the agreed post/rotation. This process is managed by Postgraduate Training and governed by ICEMT.

In order to provide a consistent, transparent and robust process for all trainees, the postgraduate training body will make all decisions on eligibility and allocations in accordance with these guidelines and criteria.

- Trainees can apply for a change to their agreed rotation if they have a significant and unforeseen change in their personal circumstances relating to:
  - Own disability or ill health
  - Responsibility for caring for ill/disabled partner, relative or other dependent
  - Responsibility for caring for school age children

Other well-founded reasons may be considered but it would be dependent on the particular situation and the needs of the specialty in which the individual was training.

Please note that reassignments are not an entitlement. A request for a change will depend on compliance with eligibility criteria, vacancies in the region into which trainees are applying to move and training requirements.

### Before Applying

1. Trainees must discuss alternate support arrangements with the Dean or relevant Vice Dean Training before applying for a reassignment.
2. Trainees must demonstrate that a significant change to personal circumstances has occurred that could not have been foreseen when rotations were assigned. This change must involve:
  - A disability or
  - Caring responsibilities or

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- Parental responsibilities or
  - Other
3. Changes to personal circumstances must have occurred before making an application and applications cannot be based on expected or anticipated future events.

## Application Process

4. Trainees must complete the *Post Reassignment Application Form* and submit it to their postgraduate training body – ( *RCSI, Surgical Training, EM Administrator*)
5. Applications made under the reassignment policy must be received prospectively, no later than **6 months** before the rotation is due to commence or within a reasonable timeframe concurrent with the knowledge of change in circumstances.
6. Trainees may be required to provide documentation and evidence to support their application
7. Applications open

## Decision Process

Applications will be considered by Dean, relevant Vice Dean and ICEMT.

Applications will generally be considered as part of the allocation process.

Priority will be given to trainees with significant change in circumstances due to their own disability. Applications from trainees with change in circumstances related to caring or parental responsibilities will then be considered. Applications from trainees with a change involving a committed relationship will be considered afterwards.

If the availability of appropriate vacancies is insufficient to accommodate all requests eligible trainees will be selected on a first come, first serve basis.

The following principles will be adhered to during the decision making process:

- No existing trainee can be disadvantaged by the reassignment. For example, a trainee cannot have their rotation changed without their agreement to accommodate a request for reassignment from another trainee

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- The reassigned post must meet the training requirements appropriate to a trainee at that level
- The reassignment should not result in the trainee having to undertake extra training in order to fulfil training requirements

If a trainee declines the post offered as a result of the reassignment application process this will mean that a trainee has withdrawn the application. No subsequent offers will be made and the trainee will remain assigned to their original rotation.

Trainees whose applications for reassignment are not successful will be informed of this decision by the postgraduate training body. A reason for the decision will be provided.

The Postgraduate Training Body will do its best to accommodate such requests but applicants must be aware that requests will be dealt with on an individual basis and decisions will be taken based on post availability and other criteria.

## Complaints Process

Trainees who feel that their application has not been managed in accordance to this guideline can submit supporting evidence of this to the postgraduate training body as a formal complaint. The Postgraduate Training Body grievance procedures will then be triggered. This will follow the Surgical Affairs appeals process. All complaints/appeals must be submitted within 14 days of the offer of a post.

Appeals policy is available on request.

Please contact Orla Mockler in RCSI for application process [omockler@rcsi.ie](mailto:omockler@rcsi.ie)

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## Appendix 9 – Retrospection & Time Out Of Programme (OOP)

### 1.0 Retrospection

Retrospection is a process by which recognition is given to training or research activity undertaken prior to appointment to specialist training.

#### 1.1 Retrospection at the time of appointment to CSTEM

Prior training and experience of successful applicants to Year 1 of the training programme is considered by the appointment panel at the time of interview. Where an applicant has prior training that closely matches that provided in CSTEM, they may, on a case by case basis and subject to Intermediate FRCEM progress, be offered appointment to Year 2 or 3 of CSTEM where training vacancies exist in the relevant year.

#### 1.2 Retrospection at the time of appointment to ASTEM

Most trainees appointed to ASTEM will be progressing from Year 3 of CSTEM and the issue of recognition for prior training does not arise. A small number of successful applicants may have experience after completing CSTEM. In 2014, ICEMT reduced the duration of ASTEM (for the 2017 ASTEM intake onwards) from five to four years. In the context of the prior five year programme, a minimum of four years clinical training must be completed in Ireland. This stipulation persists in relation to the shortened four year ASTEM programme, particularly given the ongoing development of mandatory training elements across the four years and the increasingly modular FRCEM examination that now spans ASTEM rather than being concentrated in the final years. On that basis, retrospection at the time of appointment to ASTEM is not considered.

### 2.0 Time Out of Programme (OOP)

#### 2.1 CSTEM

Due to the structured nature of CSTEM, particularly rotations into specialties other than EM, planned time Out of Programme is not considered.

#### 2.2 ASTEM

There are 3 categories of planned time Out of Programme applicable to ASTEM:

- Out of Programme for research (OOPR)
- Out of Programme for clinical experience (OOPE)
- Out of Programme for career break (OOPC)

A fourth category, Out of Programme for Clinical training, is not applicable to ASTEM as a minimum of 4 years of clinical training (i.e. the duration of ASTEM) must be completed in Ireland.

ICEMT will consider requests for time out of programme in the above 3 categories.

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## 2.3 Out of Programme for Research (OOPR)

Out of Programme for Research refers to time spent in a planned and structured research programme which meets the following criteria:

- Clear scientific rationale, directly relevant to EM, for the proposed programme of research e.g. MD, PhD
- Clear and stated support of an educational supervisor, ideally from within EM (if the primary supervisor is not from EM then a co-supervisor from EM is required);
- Clarity with respect to the breakdown of proposed time spent in research and other activities e.g. 50% clinical:50% research;
- Obvious and robust funding, specifically in terms of the trainee's salary, for the programme of research;

Once these criteria are satisfied and ICEMT agrees to the proposal, the trainee must agree to 6-monthly RITA appraisals during the research period. Furthermore, the trainee must agree not to undertake locum work which would adversely impact the chances of successful completion of the proposed programme of research. ICEMT considers locum work that comprises greater than 10% of the overall workload of the research programme as inappropriate. ICEMT will not support a trainee in undertaking research where there is anything less than a minimum of 50% fully protected time for research.

For trainees on the 5 year ASTEM programme, time spent in full time research during ASTEM is recognised as counting towards the award of a CCST on a half time basis, to a maximum of one year. Trainees on the 4 year ASTEM programme are required to spend a minimum of 4 years in full time clinical training to be eligible (in combination with FRCM) for the award of a CCST. On that basis, time out of programme for research is not recognised for these trainees.

## 2.4 Out of Programme for clinical experience (OOPE)

Out of Programme Clinical Experience (OOPE) is defined as out of programme clinical experience that does not count towards the award of a CCST.

An OOPE may primarily benefit the trainee (e.g. working in an area of special interest, a different healthcare environment or another country) or may help support the health needs of another country (e.g. working for voluntary organisations or supporting global health partnerships).

## 2.5 Out of Programme for career break (OOPC)

Taking time out of programme for a career break (OOPC) means stepping out of the training programme for a designated, agreed period of time. ICEMT recognizes that

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the 7 year streamlined training programme offers less opportunities for doctors in training to pursue interests outside medicine than was previously the case. A career break could be used to pursue other interests (e.g. domestic responsibilities, work in industry, developing skills in other areas).

### **3.0 ICEMT criteria for time out of programme (OOP)**

- 3.1 Planned time out of programme is only available to ASTEM trainees from Year 2 onwards.
- 3.2 When deciding on OOP timing, trainees should be cognisant of the mandatory requirements of the training programme and their need to pass all elements of the FRCEM examination before a CCT can be awarded.
- 3.3 ICEMT considers Years 2 and 3 of the programme to be optimal for OOP.
- 3.4 The duration of any period of time out of programme is agreed on a case-by-case basis. However, the minimum time is 6 months.
- 3.5 All requests for OOP must be submitted to ICEMT in writing a minimum of six months before the planned date of commencement.
- 3.6 Written requests for OOP should outline the category (research, experience or career break), the rationale for the request and a clear description of the trainee's plan for the time – this is particularly important for research requests (see above).
- 3.7 No more than 2 trainees may be out of programme (in any category) in any single year of ASTEM (i.e. no more than 2 from Year 2 and 2 from Year 3 and 2 from Year 4) at any one time.
- 3.8 Where the number of OOP requests exceeds 2 for any year, ICEMT will consider each on a case by case basis before deciding on approval.
- 3.9 Trainees are currently advised of their programme rotation posts for the 4 years of ASTEM at the outset. Where a trainee is taking time out of programme, their rotation will need to be revised and may well be different from that originally envisaged.



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