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Date: 17 June 2021

Dear Colleagues

## Re: Emergency Medicine Educational Development Time

Following the letter issued by the Royal College of Emergency Medicine (RCEM) to Clinical Directors and Local Education Teams on 28<sup>th</sup> April 2021 we have reviewed the implications and are now able to provide an update and reassurance regarding the impact of these recommendations. Our apologies that this appeared somewhat out of the blue, but we were not informed by RCEM of their intention to contact Education Providers directly.

As part of the introduction of the new training curricula which go live in August 2021, RCEM and the Intercollegiate Committee for Acute Care Common Stem (ACCS) Training (ICACCST) have incorporated a recommendation that ACCS & EM trainees receive Educational Development Time (EDT). This is to ensure that these trainees can meet all aspects of this new curriculum, with a particular emphasis on the generic non-clinical aspects of the curriculum. We are not concerned about this proposal - in Wales, we have long recognised the importance of EDT and in collaboration with yourselves led the way on this by introducing the requirement for what we referred to as SPA time as part of the Education Contracts that all LEPs signed up to in 2017/18. It is initiatives such as this that enhanced Wales' reputation as an exceptional training location for Emergency medicine and influenced RCEM to include this formally in the new curriculum.

The previously agreed and accepted SPA time from the Wales Deanery Educational Contract was:

- 4 hours for ACCS trainees at CT1/CT2 level, and
- 8 hours for ACCS CT3 and EM ST3+ trainees

The RCEM/ICACCST are recommending the following as EDT time:

- 3 hours for ACCS trainees at CT1/CT2 level in line with the SDT afforded to Foundation Year 2 doctors,
- 4 hours for ACCS CT3/ EM ST3s, and
- 8 hours for EM ST4+ (HSTs)

As the standards we are currently working to in Wales exceed those proposed, the School of Emergency Medicine in Wales is requesting no change in approach in light of this guidance, and that LEPs continue to provide the EDT as detailed under our Education Contract. There are several reasons for this:

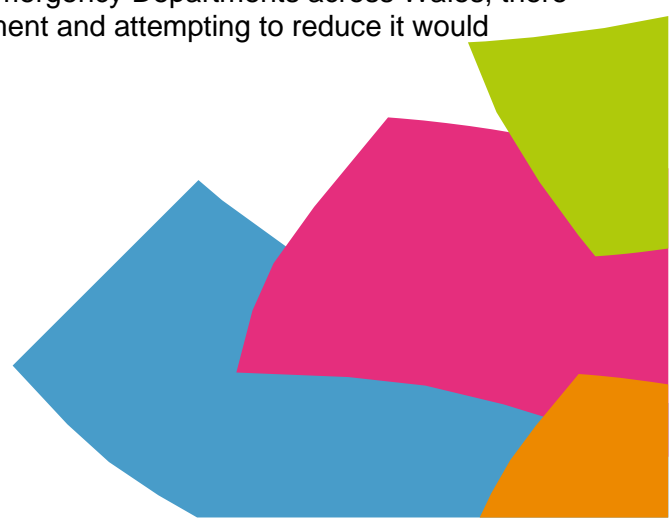
1. Given that this time has already been incorporated by Emergency Departments across Wales, there is no loss of clinical time in continuing with this arrangement and attempting to reduce it would cause significant reputational damage

(continued)

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Prif Weithredwr | Chief Executive: Alex Howells

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2. With the introduction of a new curriculum it is essential that we support our trainees to gather the necessary evidence for their portfolio.
3. You will be aware of the recruitment challenges to consultant posts in Emergency Medicine in Wales. By supporting our trainees and enhancing their experience and opportunities we significantly improve our chances of successful retention into the long-term consultant workforce
4. Given the challenges of working in Emergency Medicine, and the other ACCS specialties, there are significant risks to burnout. We are already seeing:
  - increasing numbers of requests for trainees to undertake Less Than Full Time (LTFT) training, to ensure appropriate work life balance and allow time to complete all the required competencies
  - receiving an increasing number of requests for Out of Programme opportunities (OOP),
  - an increased attrition rate, which might be further exacerbated by the reduced EDT

One of the key differences between the current and new curricula is what the EDT time should be used for, and how curriculum competencies are met. The majority of this EDT including clinical work-place based assessments is to be delivered during clinical hours in the workplace with each “live” patient encounter being an opportunity to attain these. This EDT time in both ACCS and higher EM training would be used to cover the broader aspects of the new curriculum including but not limited to:

- attendance at handovers
- critical appraisal and research activity i.e. journal clubs (either as educator or learner),
- quality improvement projects,
- local departmental/ shop-floor " bedside" teaching/ in situ simulation - (as educator role or as learner)
- management and leadership competencies e.g. complaints, serious incident investigation, training or governance meetings etc maintenance of critical care and procedural skills - anaesthesia/ ICM/ respiratory
- development as educator or learner of Ultrasound skills
- to ensure coverage of broader skills within EM e.g. normal delivery, ophthalmology/ENT/ fracture clinics

EM & ACCS regional teaching should not form part of EDT and should be part of study leave that is applied for by the usual method.

This EDT time is not to be scheduled automatically week in week out by rota co-ordinators as it is agreed with the ES/CS for described and documented PDP and curricular objectives, the majority of which are clinical and within the ED.

Between now and August 2021 this EDT time could be used to support personalised training plans for training recovery, particularly in areas we know have been affected by the Covid-19 pandemic e.g. Minor Injuries and Paediatric EM,

We hope this letters provides clarification and reassurance regarding the RCEM curriculum changes and we hope you will continue to support our trainees by providing the EDT time to the level previously agreed and delivered through the Education Contracts i.e., 4 hours for ACCS trainees at CT1/CT2 level, and 8 hours for ACCS CT3 and EM ST3+ trainees

If you have any queries please do not hesitate to contact Ash Basu Head of School for Emergency Medicine [Ash.Basu2@wales.nhs.uk](mailto:Ash.Basu2@wales.nhs.uk)

Yours sincerely



**Prof Tom Lawson**  
**Postgraduate Dean**



**Dr Ash Basu**  
**Head of School**  
**ACCS & Emergency Medicine**