

Summary of 2025 Curriculum changes

See RCEM curriculum website SLOs for changes

Intermediate

SLO 5 – New KCs present. Ensure you evidence each KC and include illness, injury and psychosocial presentations. Include a WPBA on a concerning presentation and a WPBA on a sick child/resus case.

SLO 6 – All procedures have more options to add evidence. Adult sedation is now added to the list. USS has specific areas for ECHO, eFAST/FAFF and AAA. All procedures to level 3 by end of intermediate (don't all have to be DOPs but all must be evidenced)

SLO9 – Must have evidence of participation in local teaching eg through developmental log AND must have a STAT/TOOT form for a teaching session

SLO10 – Journal club presentation AND/OR evidence of critical appraisal/synthesis AND/OR GCP AND/OR recruiting patients to a study AND/OR involvement in NIHR associate PI scheme. Suggest journal club presentation form and ACAF form are used for first 2 respectively

SLO11 – new QIAT form

SLO12 – Evidence in all KCs - 1 management project from the list (use management WPBA form and attach anonymised evidence of what you have done plus reflection of the task (can be on the form or separate and attached)) AND EM leaders modules on self, team and systems AND demonstrate awareness and development of leadership abilities and of how these impact on wellbeing and functioning

Higher

SLO 5 – evidence all KCs every year. Ensure WPBA for a resus case and a complex/challenging case. Include evidence for a concerning presentation

SLO6 – Evidence for every procedure every year and evidence of having done each one at least once by end of training as currently. All to level 4 by end of HST. More options now present to evidence. Adult sedation included and USS includes specifics (which we have always done anyway)

SLO9- All KCs need evidencing. Evidence every year. No real change

SLO10 – Need evidence every year. No real change. Specifics state: Journal club presentation AND/OR evidence of critical appraisal/synthesis AND/OR GCP AND/OR recruiting patients to a study AND/OR involvement in NIHR associate PI scheme. Suggest journal club presentation form and ACAF form are used for first 2 respectively

SLO 11 – new QIAT. Still need a bigger project you lead at some point during HST. This should have evidence of QI methodology eg process maps, driver diagrams, run charts

SLO 12- 3 mandatory projects by end HST – critical incident investigation, rota management/recruitment/induction and interspeciality meeting (WPBA, reflection and evidence of what you did). At least one project per training year.

In addition evidence of personal contribution to departmental/hospital meeting AND continued development of leadership abilities AND demonstrate how leadership and management behaviours impact positively on patient standards, safety, workplace culture.

Can use ESLEs, LATs, reflections but big drive to complete the RCEM EMleaders modules – further 6 to be completed during HST years