

Pre-Hospital Emergency Medicine

A Guide for Trainees and Trainers

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Introduction

This guidance has been compiled by representatives from The Intercollegiate Board for Training in Pre-Hospital Emergency Medicine (IBTPHEM) and the Royal College of Anaesthetists (RCoA) for the benefit of doctors undertaking or interested in subspecialty PHEM training, Training Programme Directors (TPDs), Regional Advisors, and Educational Supervisors responsible for supporting trainees.

This document offers guidance for anaesthetists considering Pre-Hospital Emergency Medicine (PHEM) subspecialty training, describing the eligibility criteria, and anaesthetic stage 1 training considerations for those interested in a career including PHEM. It describes the layout and indicative timeframes of subspecialty training, in addition to the anaesthetic specialty capabilities that can be acquired and demonstrated during PHEM subspecialty training, when certain PHEM portfolio evidence is recognised by both base specialty and subspecialty training programmes. More detailed information on the respective capabilities and assessment methods discussed here can be found in [The IBTPHEM "Subspecialty Training in PHEM: Curriculum, Syllabus and Assessment System \(2022\)"](#) and [The RCoA "2021 Curriculum for a CCT in Anaesthetics"](#).

Experience gained in the pre-hospital environment can benefit training in anaesthetic in several complementary domains described across the breadth of the RCoA 2021 Curriculum. This includes developing an understanding of the challenges and scope of practice in the pre-hospital environment, the ambulance service, triage and dispatch, and the interface with the Emergency Department and anaesthetics. This will lead to a more complete understanding of patient journeys, the wider emergency medicine system, and the management of serious illness and injury.

Formal training and subspecialisation in PHEM is beneficial for in-hospital teams, departments and the wider NHS in many ways, including:

- Optimising survivorship for seriously injured or critically ill patients
- Improving and maintaining the quality and standards of pre-hospital critical care and inter-hospital transfer
- Improving governance within pre-hospital care and inter-hospital transfer services
- Enhancing the integration of pre-hospital systems and patient care pathways

- Driving innovation in both hospital- and community-based care
- Enhancing departmental and consultant team expertise in:
 - o Emergency and critical care for seriously injured or critically ill patients
 - o Emergency patient transfer to or between hospitals
 - o Emergency preparedness and response, and major incident management

The Pre-Hospital Emergency Medicine subspecialty curriculum separates the PHEM consultant role into six subspecialty specific and four generic, cross-cutting themes:**Subspeciality specific themes:**

1. Working in Emergency Medical Systems
2. Providing Pre-Hospital Emergency Medical Care
3. Using Pre-Hospital Equipment
4. Supporting Rescue and Extrication
5. Supporting Safe Patient Transfer
6. Supporting Emergency Preparedness and Response

Cross-cutting themes:

- A. Operational Practice
- B. Team Resource Management
- C. Clinical Governance

Generic Professional Capabilities is the tenth, central theme, common to all medical practice.



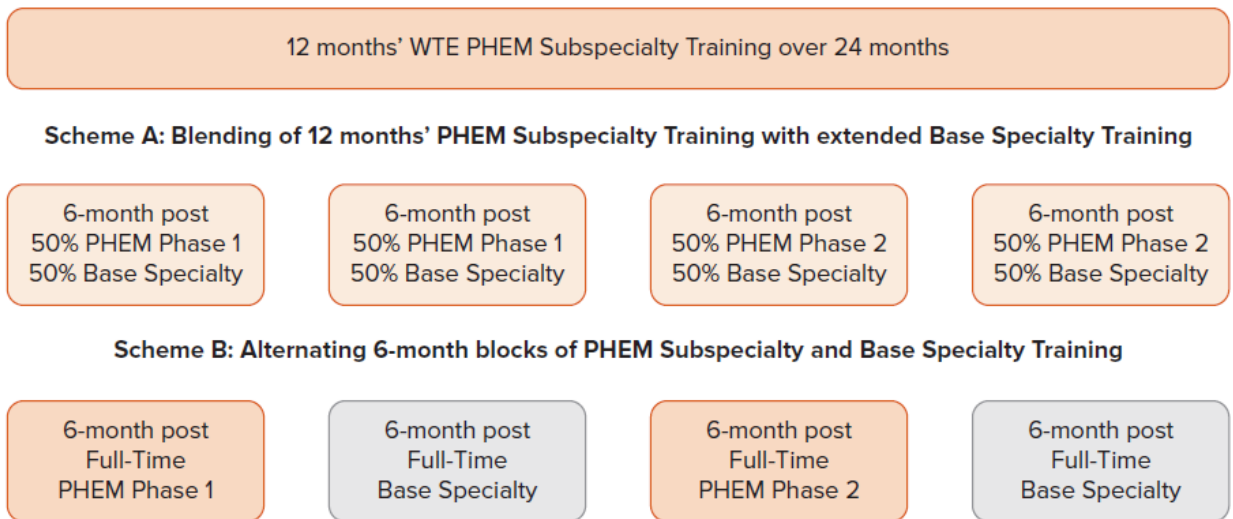
Figure 1: The relationship between the themes of the PHEM Curriculum

PHEM Training Schemes

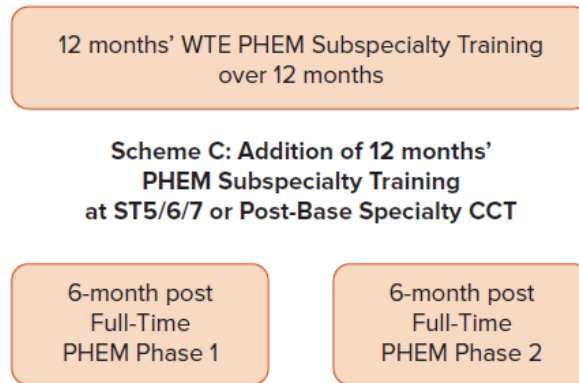
The indicative duration of PHEM subspecialty training is 12 months whole-time equivalent. Anaesthetists can commence subspecialty training after successful completion of Stage 2/ST5, including post-CCT. Appointment is through a national recruitment process.

PHEM training can be integrated with base specialty training in three ways:

- a) a 24-month period of PHEM training blended with base specialty training, typically in two- or three-week blocks (scheme A)
- b) a 24-month period of alternating, six-month blocks of PHEM and base specialty training (scheme B)
- c) a 12-month continuous period of PHEM training inserted into base specialty training (scheme C)



Diagrammatic representation of scheme A and B training programmes.



Diagrammatic representation of scheme C training programme.

Figure 2: Diagrammatic representation of PHEM training programmes

Experience suggests that a blended model of training delivery (scheme A) is the preferred model for trainees with little or no previous PHEM experience as it allows more time for PHEM capabilities to develop and embed whilst retaining base specialty training experience. It also more closely reflects the future working pattern of a PHEM subspecialist consultant.

The training scheme afforded varies between each PHEM training region. This should be taken into consideration when ranking each job during national recruitment. Time in anaesthetics (scheme A & B) will count towards training, as may part/all the PHEM

training depending on a trainee's individual circumstances. This should be agreed with the anaesthetic school TPD and/or the RCoA training committee.

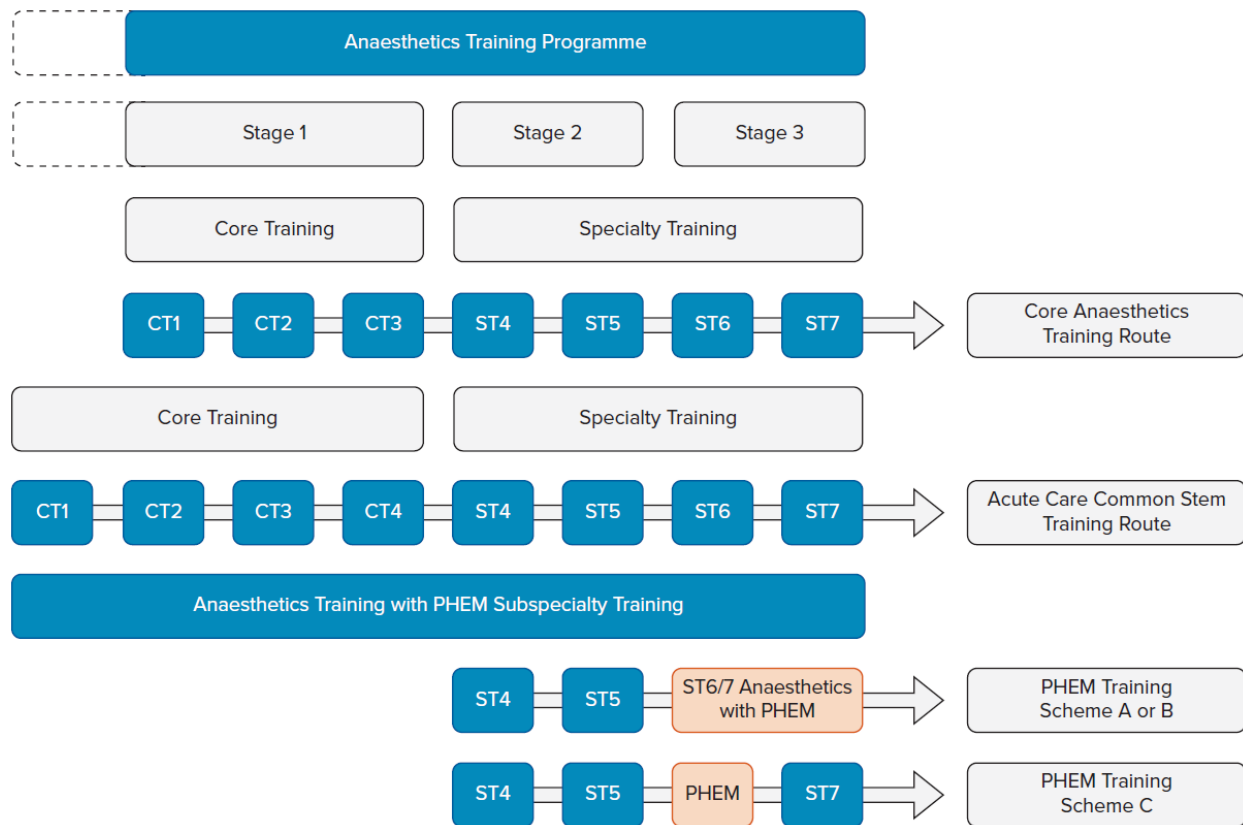


Figure 3: The relationship of PHEM training and anaesthetic training pathways. Note that PHEM training may be undertaken in or out-of-programme. Figure 3 demonstrates an in-programme integration timeline only (See Figure 4 for alternatives).

PHEM Training Timelines

The [IBTPHEM subspeciality training person specification](#) mandates successful completion of the FRCA (at time of application) and Stage anaesthetic 2 training (prior to commencing PHEM). PHEM training can therefore commence at any point after ST5, including post-CCT.

PHEM training can be undertaken entirely in-programme, whereas others may require/prefer an out-of-programme application for part/all of their PHEM training. The format/integration of PHEM training will be dependent on the timeline of training, any pre-existing out-of-programme time taken by the trainee, and at the discretion of the Training Programme Director.

Application for out-of-programme time from your School should be considered early if required, and evidence of TPD support for PHEM application will be needed for national selection. Please see the [IBTPHEM website](#) for more information.

Figure 4 is a diagrammatic representation of potential in-programme, out-of-programme, and mixed programme training timelines. Note that a Scheme C PHEM training post has been used for simplicity, but Scheme A or B can also be integrated variably at the discretion of the anaesthetic trainee and TPD.

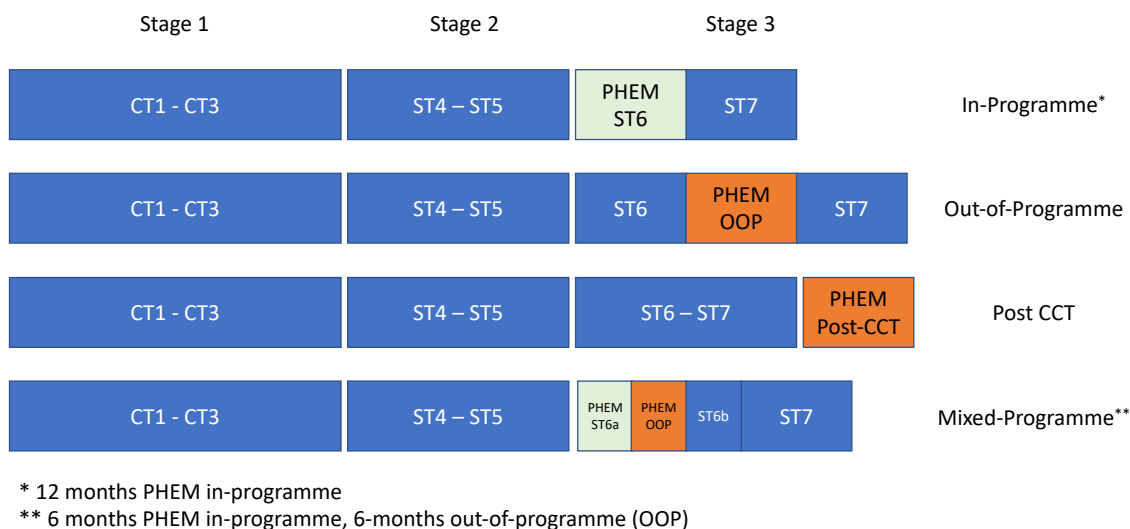


Figure 4: Diagrammatic representation of the potential integration of Scheme C PHEM and Anaesthetic training programme timelines.

Eligibility & Considerations for Stage 1 Anaesthetic Trainees

Stage 1 anaesthetic training can be undertaken via the Acute Care Common Stem (ACCS) or Core Anaesthetics training pathways. PHEM subspeciality training [person specification](#) mandates 6 months of training in each of Anaesthetics, Emergency Medicine, Intensive Care Medicine, and Acute Internal Medicine (in posts approved for training at or above CT1 level or equivalent) by the intended start date. Core Anaesthetic trainees will therefore be required to undertake 6-month, out-of-programme placements in each of Acute Medicine and Emergency Medicine.

Although these out-of-programme placements can be pending at the time of application (provided confirmation can be provided to the interview panel), they must be completed prior to commencing PHEM training. Given that the timeline between interviewing, and commencing PHEM training is 6-7 months, at least one of these OOPes will need to be completed prior to interview.

RCoA & PHEM Curriculum Integration

Doctors undertaking subspecialty training in Pre-Hospital Emergency Medicine can acquire and evidence capabilities against both the 2022 PHEM and the 2021 RCoA curricula during their PHEM placements. It is appreciated that every doctor will have an individual bespoke training plan, so precise arrangements and training goals for PHEM placements should be discussed and agreed with the TPDs to allow for a smooth transition between the two training domains.

The RCoA & IBTPHEM have undertaken a curriculum cross-mapping exercise to identify areas of commonality. PHEM subspecialty training experience will provide evidence that allows approval of Stage 3 Resuscitation and Transfer, SIA Transfer Medicine and SIA Trauma and Stabilisation HALOs. It will also contribute to Stage 3 Perioperative Medicine, General Anaesthesia, Pain, Procedural Sedation, and Intensive Care Medicine HALOs.

Doctors undertaking PHEM training may use their Training Assessment Panel (TAP) outcome document to evidence individual capabilities within HALOs or domain HALOs as required. This curriculum cross-mapping has been summarized in Table 1:

2022 PHEM Curriculum, Syllabus & Assessment System		2021 Anaesthetics Curriculum Domains and Capabilities
Generic Professional Capabilities		All 7 Generic Professional Capability Domains
Subspecialty Specific Theme		
1	Working in Emergency Medical Systems	SIA Transfer Medicine
2	Providing Pre-hospital Emergency Medical Care	SIA Trauma and Stabilisation SIA Transfer Medicine Stage 3 Resuscitation and Transfer Stage 3 Perioperative Medicine and Health Promotion: Capabilities E, F and G Stage 3 General Anaesthesia: Capabilities D, E, J and O Stage 3 Pain Stage 3 Procedural Sedation Stage 3 Intensive Care Medicine
3	Using Pre-Hospital Equipment	
4	Supporting Rescue and Extrication	SIA Trauma and Stabilisation
5	Supporting Safe Patient Transfer	SIA Transfer Medicine Stage 3 Resuscitation and Transfer
6	Supporting Emergency Preparedness and Response	SIA Trauma and Stabilisation
Cross-Cutting Theme		
A	Operational Practice	Generic Professional Capability Domains SIA Transfer Medicine
B	Team Resource Management	Generic Professional Capability Domains SIA Trauma and Stabilisation SIA Transfer Medicine Stage 3 Resuscitation and Transfer Stage 3 Perioperative Medicine and Health Promotion: Capability G
C	Clinical Governance	Generic Professional Capability Domains

Table 1: RCoA and PHEM Subspecialty Curricula Mapping Guide.

Although the IBTPHEM and RCoA utilise different forms of formative assessment, the trainee's anaesthetic Educational Supervisor can sign-off individual capabilities within HALOs or domain HALOs as indicated by the cross-mapping guide above, following the trainee's successful outcome at PHEM TAP.