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D.1 Introducing Changes and the Transition of Learners

D.1.1 The GMC expects all trainees to have transitioned to new curricula within 2 years of their implementation. Trainees in their final year of specialty training would normally remain on the preceding curriculum. Therefore, trainees commencing PHEM training on or after August 2022 will start on the 2022 curriculum. Scheme A and B PHEM trainees commencing phase 2 in August 2022 have the option of remaining on the 2015 curriculum or transitioning to the 2022 curriculum. The PHEM electronic portfolio will run both versions of the curriculum simultaneously. In addition to the usual communication and information cascade from the IBTPHEM Training Committee, TPDs and PHEMTA, online guides, videos and virtual events will ensure adequate update and preparation of trainees and trainers, in advance of and throughout the implementation of the new curriculum.

D.2 Evaluating and Monitoring the Curriculum and Programme of Assessment

D.2.1 The IBTPHEM and its Curriculum, Training and Assessment Committees convene multiple times a year to review the performance of the curriculum, syllabus

and assessment system and to inform their ongoing development and optimisation. The routine provision of annual reports on the progress and effectiveness of subspecialty training to the GMC provides further external monitoring, perspective, guidance and assurance.

Data Collection, Analysis and Monitoring

D.2.2 The IBTPHEM Training Committee and national Training Assessment Panel (TAP) routinely collect, monitor and analyse data, including training phase supervision rates, WPBA completion, quality and linkage to the syllabus, STRs and educational supervisor recommendations regarding training progression. These existing processes will help demonstrate that the updated supervision rates and recommended number of OSATs are achievable. They will also help demonstrate the ongoing utility of the other WPBAs available to trainees to evidence coverage of the syllabus and achievement of learning outcomes. The new Faculty Educational Governance Statement will also be analysed to ensure appropriate quality and frequency of completion. Finally, national summative assessment and TAP outcomes are published for transparency, and will be compared between curricula and training programmes to monitor the performance of the 2022 curriculum, syllabus and assessment system. Performance at the national summative assessments is also analysed and summarised for each candidate according to themes and capabilities in practice, demonstrating the passing standard, the number of points achieved and the additional points available.

D.2.3 The IBTPHEM encourages all those involved in using and delivering the curriculum to provide active feedback. PHEM trainee feedback is further assured through a mandatory, bespoke, annual, national PHEM training survey and through representation of the PHEMTA on the IBTPHEM and its Committees. PHEM trainer and training programme feedback is further assured through representation of every training programme on the Training Committee. Between formal reviews and major revisions, feedback from wider stakeholders is also assured through representation on the IBTPHEM and Curriculum Committee.

D.2.4 The annual, national PHEM training survey gathers trainee feedback regarding, as a minimum:

- Clinical experience
- Clinical and educational supervision
- Access to local and regional training and workplace-based assessment
- Electronic portfolio
- Progression through training
- Training Assessment Panel process
- Safety and welfare
- PHEM subspecialty training strengths and areas for improvement

D.2.5 This feedback is collated and reviewed by the Training Committee and shared amongst the IBTPHEM, and a response provided to PHEMTA, detailing how best practice will be shared and areas for improvement addressed.

Equality and Diversity Monitoring

D.2.6 The impact assessments for the curriculum, syllabus, assessment system and implementation plan do not anticipate any impact on people with protected characteristics.

D.2.7 Equality and diversity monitoring occurs throughout the national recruitment process, at national summative assessment and at the national TAP, to ensure that entry into, progression through and assessment during PHEM training remain fair. Reports are prepared by the Training and Assessment Committees and shared amongst the IBTPHEM, so that any unanticipated discrimination or bias can be identified and addressed, in order to ensure that progression does not differ for PHEM trainees who share protected characteristics.

D.2.8 Within the IBTPHEM and national summative assessment examiner faculty, nomination and appointment processes are monitored to ensure equal opportunity and access, and protected characteristics shared by those involved with PHEM training and assessment are monitored to identify trends and promote diversity.

Quality Management and Improvement

D.2.9 The deaneries oversee programmes for postgraduate medical training in their regions. A PHEM TPD will be responsible for coordinating the PHEM training programme within each region. The programme will usually be hosted by the School of Emergency Medicine or the School of Anaesthesia. The deanery, school and TPD will undertake the following roles:

- Oversee recruitment of trainees
- Allocate trainees to available posts
- Oversee the quality of training posts provided locally
- Ensure adequate provision of appropriate educational events
- Ensure curricula implementation across the training programme
- Oversee the WPBA process within the programme
- Assist with preparation for the base specialty ARCP process for trainees
- Provide adequate and appropriate career advice
- Provide systems to identify and assist doctors with training difficulties
- Provide less than full-time training opportunities
- Assist with progress into an academic career

D.2.10 Educational programmes to train educational supervisors and assessors in structured learning events may be delivered by deaneries or by the IBTPHEM or both. The IBTPHEM Training Committee ensures that all educational supervisors are registered with the GMC as recognised trainers. TPDs monitor and review the quality of supervision, so that best practice can be fed back and shared, and areas for improvement identified and addressed. The IBTPHEM also provides guidance to LEPs regarding local formative assessment at the end of introductory training, in order to ensure fair, consistent and safe transition to developmental training across all training providers.

D.2.11 The IBTPHEM Assessment Committee manages the national summative assessments. Appointment to the examiner faculty is a rigorous process, ensuring not only consistent examination delivery and invigilation, but also commitment to the ongoing development of the content of all parts of the examinations. Formal instruction in the techniques and skills of examining is undertaken every 5 years. Every question, OSPE and full-immersion simulation is reviewed and standard set at least every 3 years, when its relevance and suitability are reviewed and the level of performance expected of candidates defined. Psychometricians undertake statistical analysis of the performance of every question, in order to ensure fairness and identify any potentially misleading questions before the overall pass mark is set and results finalised. Annual external review of an entire examination diet provides formal feedback about organisation, delivery, atmosphere, candidate views and learning points for the examination, all of which are used to improve the national summative assessments.

D.2.12 Finally, the IBTPHEM Training Committee has created 4 subcommittees to more effectively manage and improve the following key areas of subspecialty training:

- Quality
- Recruitment
- Educators
- National training

D.3 Maintaining an Up-to-Date Curriculum

D.3.1 Development, implementation, monitoring and review of the curriculum are the responsibility of the IBTPHEM via the Training, Assessment, and Curriculum Committees. These Committees are formally constituted with representatives from each base specialty, trainers, trainees and lay representation. The curriculum undergoes regular review to ensure that its content remains relevant and up-to-date, and continues to dovetail well with base specialty curricula and syllabi, avoiding unnecessary repetition. The process takes into account new clinical and service developments, reports from sources such as trainees, clinical and educational supervisors, TPDs, deaneries, LEPs and patients. Wherever possible,

updates are aligned with the start of the training year, so that amendments and their implications are communicated with sufficient notice to allow adequate preparation. It is the responsibility of the IBTPHEM to ensure that curriculum developments are communicated to deaneries, Heads of Schools and TPDs.

D.3.2 Figure 3.1 in the Programme of Learning (Part One, Section 3) shows the quality framework for PHEM training and the relationships between LEPs, the IBTPHEM, college, faculties, deaneries and the GMC. The IBTPHEM monitors and drives improvement in the standard of all PHEM training. The Training, Assessment, and Curriculum Committees are actively involved in assisting and supporting deaneries to manage and improve the quality of education within each of their approved training locations. Their terms of reference include activities central to assuring the quality of medical education such as articulating and updating the curriculum, syllabus and assessment system, reviewing applications for new posts and programmes, providing advice to deaneries and recommending trainees for subspecialist accreditation.

D.3.3 In accordance with the GMC's Quality Assurance Process¹, the IBTPHEM submits annual reports regarding the progress and effectiveness of subspecialty training and seeks guidance, support and approval of any changes to the curriculum, syllabus and assessment system from the GMC. As PHEM is a small subspecialty, limited quality data can be gleaned from the GMC National Training Survey data, but TAP, ARCP and national summative assessment outcomes combined with an annual PHEMTA Trainee Survey form the basis of the annual report to the GMC on the quality of PHEM training nationally. These principles have been transferred to the new curriculum to ensure this continues.

D.3.4 The curriculum document indicates the date of formal review and document version. The most up-to-date version of the curriculum, syllabus and assessment system is available online for learners, the public and all those involved in delivering training at:

www.ibtpphem.org.uk

D.3.5 The GMC's Quality Assurance process for medical education and training operates on a 4-yearly cycle and the IBTPHEM curriculum review will align with this. Any proposed changes to themes, learning outcomes or capabilities in practice require GMC approval before implementation.

D.4 Evaluating the Impact of Learning Outcomes

D.4.1 Alongside Generic Professional Capabilities, the 9 PHEM curriculum themes and their associated learning outcomes represent a common standard for the

¹www.gmc-uk.org/education/how-we-quality-assure-medical-education-and-training/proactive-quality-assurance

newly-qualified PHEM subspecialist consultant, regardless of base specialty or whether they have protected characteristics. Learning and training can be tailored to each individual trainee's unique abilities, strengths and areas for development. The learning outcomes complement base specialty training and consultant practice. While the learning outcomes and expected levels of performance must be achieved, regardless of the length of any base specialty training time remaining, trainees are afforded the opportunity to demonstrate excellence: performing at a level beyond that expected for their grade or time in training. Trainees possessing the capacity and capability to take on additional, subspecialty training, may find this additional challenge appealing and inspiring.