IBTPHEM Study Leave Guide

The IBTPHEM Board has produced this Study Leave Guide to assist PHEM resident doctors (PHEM RDs), PHEM Educational Supervisors (PHEM ES), PHEM Training Programme Directors (PHEM TPDs) and Local Educational Providers (LEPs) in supporting requests for study leave during PHEM training.

This document must be used in consultation with local, regional and national guidelines for each of the 4 nations. The decision whether or not to fund a course or similar educational opportunity remains with the budget holding organisation. However, we hope this guide is useful in supporting that decision making process.

We have based this guideline on the following principles that are common in across the 4 nations. We believe the NHS Education Funding Guide 2024-2025 (1) summarises the key principles well, and we aspire to follow these:

- Transparency – how public funds are used is clear and justifiable, enabling robust accountability, alignment, and engagement.
- Consistency – standardised implementation of decisions and consistent application of funding policy.
- Connected – ensuring that the system requirements and national policy align.
- Value for money – making effective use of public funding for education and training.

Each PHEM RD may, or may not, be entitled to study leave/funding, and should also consult local/regional guidelines. Generally, applications for study leave should be viewed positively, and can be considered broadly as:

- Study leave enabling the individual to achieve their curriculum outcomes
- Discretionary study leave; career enhancing activity that adds value to the individual and/or supports the wider system

To assist with the process, it has been recommended that 'Royal Colleges, Specialty Advisory Committees and Faculties may recommend a range of educational activities or courses that could be grouped around specific themes aligned to the curriculum that will help postgraduate schools maximise the resource'. These activities or courses should be aligned to the curriculum, represent good value for money and receive positive feedback from trainees and faculty.

A major challenge with PHEM training is that it is incredibly broad based training, which occurs over a single year (whole time equivalent). It requires acquiring knowledge, technical, and non-technical skills relating to the IBTPHEM Curriculum themes and capabilities in practice, many of which differ significantly from colleagues in base specialty training in a hospital setting (for example major incident training). As such, the learning requirements of PHEM RD's is likely to be less familiar to study leave budget holders.

Each LEP will have differing resources and abilities to provide high quality training across the whole breadth of the IBTPHEM Curriculum themes and capabilities in practice. It is also possible that the typical service case mix may encounter some regional variation. For example it is anticipated virtually all PHEM RDs are likely to attend an out of hospital cardiac arrest and a road traffic accident during their training time, enabling the opportunity to discuss, demonstrate and reflect on these encounters and link this as evidence to the curriculum. It is however much less likely that trainees will undertake a resuscitative hysterotomy and attend a chemical incident. As such, achieving competence in these areas of the curriculum may require attending a specific course or learning event.

It is also recognised that PHEM RD's come from different base specialty backgrounds (Emergency Medicine, Anaesthesia or Intensive Care Medicine). As such, they may have differing educational priorities and differing educational needs based on their experience to date (both in terms of clinical case mix, and study leave attendances). For example, residents from an Emergency Medicine background are more likely to have had a neonatal life support training course funded during their base specialty training time than those from an Anaesthetic background.

Given this complexity, it is therefore essential that the PHEM RD liaises closely with their PHEM ES and identifies their individual learning needs, linking them to the IBTPHEM Curriculum. This should form the basis of the PHEM RD's personal development plan (PDP). This is often captured and documented during PHEM ES meetings.

Wherever possible, it is recommended that training/experience is gained using local expertise and day to day case mix. Where such cases are unlikely, or is impractical to deliver a specific educational event/training session locally (eg not cost effective to deliver for the relatively small number of PHEM Trainees within each region), the suggestions listed below may help individual PHEM RDs achieve their curriculum outcomes. We strongly encourage courses to be undertaken locally wherever possible, and also encourage LEPs to develop and deliver their own or regional courses or utilise on-line options, reducing the need for travel and accommodation expenses, thereby maintaining funds to invest in other educational activities.

Whenever an application is made for Study Leave in order to support a PHEM RDs approved PDP, it is imperative that regional study leave processes must be followed which will include planning in advance, applying through the employing organisation and following the policy for time and reimbursement etc

IBTPHEM has developed a suggested course list below has been created with these various challenges in mind. From this we have derived a category scale: 1-3 and 'other' (see table below). It should be noted that the principles and allowances in the guidance should outweigh the absolute course categorisation.

Category	Rationale for Category	Additional Information
1	Absolute requirement within the IBTPHEM curriculum and impossible to achieve competences through their likely case mix or local/regional teaching Mandatory operational safety training delivered consistently and at scale for all LEPs prior to pre-hospital deployment	IBTPHEM Recommends: Fully funding this activity
2	Learning outcome linked to an IBTPHEM curriculum descriptor or capability in practice that is unlikely to be encountered by typical case mix and may be difficult to provide via local/regional teaching. These are therefore curriculum enabling and viewed as core.	IBTPHEM Recommends: Fully funding this activity
3	Learning outcome linked to an IBTPHEM curriculum descriptor or capability in practice that may be encountered by typical case mix and may achievable via local/regional teaching	IBTPHEM Recommends: Part funding this activity
Other	These courses or opportunities are likely to enhance the individual and/or wider system but are not essential for achieving curriculum outcomes	IBTPHEM Recommends: Part funding this activity if funds are available to do so and this aligns with regional study leave policies and course availability

Please note that some courses can cover multiple PHEM curriculum capabilities in practice, potentially giving good value for money. We feel it would be unreasonable for a PHEM RD to receive funding for multiple courses that cover the same learning needs/capabilities in practice (for example, funding both an EPLS and APLS course). This should be avoided and is not supported by IBTPHEM.

The 'course examples' are examples only, this is not intended to be an exhaustive list. Other providers/courses may exist that offer as good an opportunity to meet the required learning outcomes. The examples are included simply to aid budget holders, not be the sole decision making marker of suitability. The PHEM ES or PHEM TPD can help determine whether requests to attend other courses will meet the required educational needs of the PHEM RD. In these cases, it may be required for the PHEM ES or TPD to review the course content/structure to ensure it will meet the PHEM RD's educational needs in advance of the study leave request being approved.

IBTPHEM Curriculum Capability in Practice	IBTPHEM Curriculum Descriptor(s)	Category	Course Examples	Descriptor	Comments
2.3 Provide cardiopulmonary resuscitation in the pre-hospital environment	2.3.5 - Describe the current United Kingdom Resuscitation Council guidance on CPR and emergency cardiovascular care for all age groups 2.3.14 Demonstrate appropriate application of the current United Kingdom Resuscitation Council guidelines in the pre-hospital environment	2 or 3 (see comments)	Resuscitation Council UK Courses: NLS/ EPALS/ALS ALSG: APLS (or the 'pre-hospital versions of these: eg OH-NLS, PH-PLS etc)	These are nationally delivered courses to national resuscitation guidelines and will evidence of achievement primarily of CiP 2.3. The developing pre-hospital versions of these courses may be aimed primarily at ambulance service staff, with a more restricted scope of practice so the trainee and supervisor may wish to discuss which course best meets their educational needs.	If the PHEM RD has not undertaken a resuscitation course for adults, consider this a category 3 course. If the PHEM RD has not undertaken a neonatal or paediatric resuscitation course, consider this a category 2 course. Recertification may be desirable however should not necessarily need a course to prove capabilities. Recertification courses should not be not funded from a PHEM study leave budget. Where courses are available that include a distance learning element first (eg eALS), only this type of course should be funded/funding for a face to face course capped at this amount.

IBTPHEM Curriculum Capability in Practice	IBTPHEM Curriculum Descriptor(s)	Category	Course Examples	Descriptor	Comments
2.3 Provide cardiopulmonary resuscitation in the pre-hospital environment	2.3.8 - Describe indications for pre-hospital: b) resuscitative thoracotomy and c) resuscitative hysterotomy	2	West Midlands Emergency Surgical skills course Midlands Air Ambulance Surgical Skills Course IBTPHEM National PHEM Obstetrics Day	Any course that teaches evidence base and how to perform a resuscitative thoracotomy and/or a resuscitative hysterotomy	
2.7 Manage obstetric emergencies in the pre-hospital environment	2.7.8-2.7.11	2	IBTPHEM National Obsetrics and Neonatal Course ALSG: mMOET Pre-hospital PROMPT		
2.8 Manage the newborn in the pre-hospital environment	2.8.6-2.8.7	2	IBTPHEM National Obsetrics and Neonatal Course RCUK: NLS, OH-NLS ASLG: POET Course		
2.10 Manage the bariatric patient in the pre-hospital environment	2.10.1 - 2.10.9	3	Emergency Service Bariatric Training events (eg manual handling) Society of Bariatric Anaesthesia Meetings		
3.3 Operate all types of commonly used pre-hospital emergency medical devices	3.3.3 Demonstrate confident and technically correct operation of: (m) Devices for imaging and diagnosis	2	Point of care ultrasound courses: RCUK FEEL Course RCEM Level 1 Ultrasound ICS FUSIC	All these courses introduce point of care ultrasound, but specifically targeting the critically unwell or injured patient	Courses that provide route to formal accreditation would be the preferred recommendation

IBTPHEM Curriculum Capability in Practice	IBTPHEM Curriculum Descriptor(s)	Category	Course Examples	Descriptor	Comments
4.4 Clinically manage the trapped patient	Describe clinical strategies for the management of trapped patients with: 4.4.6e - severe limb entrapment	3	West Midlands Emergency Surgical Skills course Midlands Air Ambulance: Pre-hospital surgical skills course	Courses that teach how to perform a pre-hospital amputation	
6.2 Respond to emergencies at operational (bronze) level	6.2.1-6.2.14	2	ALSG: MIMMS JESIP or NARU training events Operational Medical Advisors Course Major incident exercise - tabletop or live	Course attendance or attendance a a major incident exercise - either table top or live casualty. Focus should be on the **operational** level response	Whilst a single course may provide broad/ generic knowledge for this CiP, it is important that the trainee must be able to demonstrate knowledge of the operational response for completion of Phase 1 training, and of the tactical response to complete Phase 2 training.
6.3 Respond to emergencies at tactical (silver) level	6.3.1-6.3.10	2	ALSG: MIMMS JESIP or NARU training events Tactical Medial Advisors course Major incident exercise - tabletop or live	Course attendance or attendance a a major incident exercise - either table top or live casualty. Focus should be on the **tactical** level response	Whilst a single course may provide broad/ generic knowledge for this CiP, it is important that the trainee must be able to demonstrate knowledge of the operational response for completion of Phase 1 training, and of the tactical response to complete Phase 2 training.

IBTPHEM Curriculum Capability in Practice	IBTPHEM Curriculum Descriptor(s)	Category	Course Examples	Descriptor	Comments
6.4 Manage chemical, biological and radiological (CBR) emergencies	6.4.9-6.4.14	2	CBR Course	Specific courses/ study days that focus on response to a CBR incident	
B.1 Understand human factors and their role in patient and team safety	B.1.1- B.1.6	Other	Human factors course		Only consider if not done so during base-specialty training.
B.6 Demonstrate leadership and followership	B6.6.1-B6.6.8	Other	Leadership and management course		Only consider if not done so during base-specialty training.
B.7 Manage stress and fatigue	B7.7 Demonstrate the ability to institute strategies to minimise the effects of stress and fatigue on self and others	Other	TRiM practitioner or similar peer support training course	Peer supporters are trained to spot signs of distress in people that may go unnoticed, they carry out assessments and meetings to help signpost people to support if required	Only consider if not done so during base-specialty training.
C.7 Support training and development	C7.1 - C7.5	Other	Educational supervisors course Generic Life Support Instructors Course Train the trainer events		Only consider if not done so during base-specialty training.

IBTPHEM Curriculum Capability in Practice	IBTPHEM Curriculum Descriptor(s)	Category	Course Examples	Descriptor	Comments
Attendance at IBTPHEM National Induction Course	See appendix	1	IBTPHEM National Induction Course Whilst other operational safety courses may be available or possible to organise locally, **all elements of this course are required** to be covered prior to operational deployment of PHEM trainees into the high-risk pre-hospital environment.	This National Induction Course delivers mandatory and safety-critical components of the PHEM curriculum, providing the operational safety training required for trainees to participate safely in supervised pre-hospital deployment.	This course represents the nationally established, standardised mechanism for delivering this training efficiently, consistently, and at scale across all Local Education Providers. **Please refer to Curriculum links and High Cost SL Activity form**
Attendance at National or International Conference	Specific to published programme	Other	Trauma Care/ London Trauma/ Oslo HEMS/FPHC/ BASICS Conferences	These national and international conferences present an opportunity for deeper study into specific areas of the PHEM curriculum and present the opportunity to share audit/QI/ research activity by the PHEM RD	See notes below*
Revision course for FIMC	Specific to published programme	3	IBTPHEM Phase 2 Course		See notes below^

This list is not exhaustive and, as discussed above, all applications for study leave should be view positively and discussed with the PHEM ES in the first instance. The aim of this document is to provide PHEM ESs, PHEM TPDs and LEPs with a list of courses we feel have learning objectives closely matched to the IBTPHEM curriculum learning outcomes.

Appeals against any study leave/funding requests that are declined should follow local guidance.

Notes:

*The IBTPHEM Board supports the recommendation that one examination preparation course for the FIMC would be a reasonable use of funding. The IBTPHEM Board also supports the principle that a maximum of up to 5 days (total) revision leave being granted to assist with preparations for National Summative Assessments during the PHEM training period. This could be taken together or split into smaller periods of leave. Funding of courses for repeated attempts at the exam should only be considered alongside other supportive actions to assist in passing the exam, ideally as part of a suite of support.

^Attendance at Regional, National or International Meetings and Conferences may also represent good educational value. As such, we would encourage the PHEM ES to view such requests positively if the programme is closely aligned to the IBTPHEM curriculum and meets the educational needs of the individual in question, or if the PHEM RD is presenting any work at the conference (eg poster or oral presentation).

References:

1) NHS Education Funding Guide:2024-2025 Financial Year. Publication reference: PRN 00533

https://www.hee.nhs.uk/sites/default/files/2024%202025%20Education%20Funding%20Guide.pdf

2) **REFERENCE HIGH COST STUDY LEAVE ACTIVITY FORM WHEN FINAL AND PUBLISHED**

Appendix

1) IBTPHEM National Induction Course Scenario Curriculum Links (see next page)

National Induction Course Scenario Curriculum Links - Intellectual Property, IBTPHEM

	Expose delegates to trauma case (femur fracture and spinal injury) in pre-hospital setting. Allow delegates to practice: hazard recognition, team resource management, equipment familiarisation, application of immobilisation, application of KTD, manual handling and clinical decision making related to immobilisation, treatment and transfer.	1.2.1, 1.3.1, 1.5.1, 1.7.1, 2.1.1, 2.2.1, 2.5.1, 3.1.1, 3.2.1, 3.3.1, 4.1.1, 4.3.1, 5.3.1, 5.4.1, A.5.1, A.6.1, A.9.1, B.1.1, B.2.1, B.3.1, B.4.1, B.5.1, B.6.1, C.3.1,		
	Working with confined spaces. Exposes delegates to hazards and risks associated with working in confined spaces. Provide experience of 'go vs no-go' decision making related to confined space rescue scenarios. Develop familiarity with National Operational Guidance.	1.2.1, 1.7.1, 3.2.1, 4.1.1, 4.2.1, A.5.1, B.1.1, B.2.1, B.3.1, B.5.1, B.6.1		
	Expose delegates to OHCA in drug abuse setting and low light conditions. Allow delegates to practice: hazard recognition, team resource management, equipment familiarisation, application of UK Resuscitation Council guidelines and clinical decision making related to treatment and transfer.	2.1.2a, 2.6.8	2.2.8a, 2.3.14, 2.6.16, B.5.5	A.10.6, B.5.6, B.5.7
	Expose delegates to OHCA in adult in work environment scenario and low light conditions. Allow delegates to practice: hazard recognition, team resource management, equipment familiarisation, application of UK Resuscitation Council guidelines and clinical decision making related to treatment and transfer.	2.1.2g, 4.1.1b	2.3.14, B.5.5	B.5.6, B.5.7
	Expose delegates to OOHCA in child and drowning scenario. Allow delegates to practice: hazard recognition, team resource management, equipment familiarisation, application of UK Resuscitation Council guidelines and application of safeguarding awareness.	1.6.4b, 1.7.1a, 4.1.1n	2.3.14, B.5.5	B.5.6, B.5.7

	Exposes delegates to the hazards and risks associated with physical carry of ventilated and monitored patient. Practices co-ordination of carry from scene to ambulance. Practices maintenance of safe and consistent care during transfer from scene to ambulance.	1.1.1, 1.2.1, 1.4.1, 1.10.1, 2.1.1, 2.2.1, 2.4.1, 2.6.1, 3.1.1, 3.2.1, 3.3.1, 3.4.1, 4.3.1, 5.3.1, 5.4.1, A.1.1, A.5.1, A.6.1, A.9.1, B.1.1, B.2.1, B.3.1, B.4.1, B.5.1, B.6.1		
	Exposes delegates to common RTC scenario. Allows delegates to practice RTC hazard recognition, primary assessment, team resource management, extrication planning / decision making and clinical decision making.	4.1.1a, 4.1.2b, 4.1.8, 4.2.2a, 4.3.3	2.2.8c, 2.5.13c, 4.3.6, 4.3.7, B.5.5	4.3.10, B.5.6, B.5.7
	Exposes delegates to high angle rescue associated with HGV driving position. Allows delegates to practice scene assessment, use of platform, primary assessment, extrication planning / decision making and clinical decision making.	1.7.1d, 4.1.1a, 4.1.2b, 4.1.8, 4.2.2a, 4.3.3, 2.4.9c, 4.3.6, 4.3.10, B5.6, B.5.7		
	Exposes delegates to common RTC scenario. Allows delegates to practice RTC hazard recognition, primary assessment, team resource management, extrication planning / decision making and clinical decision making.	4.1.1a, 4.1.2b, 4.1.8, 4.2.2a, 4.3.3	2.2.8c, 2.5.13c, 4.3.6, 4.3.7, B.5.5	4.3.10, B.5.6, B.5.7
	Exposes delegates to common RTC scenario. Allows delegates to practice RTC hazard recognition, primary assessment, team resource management, extrication planning / decision making and clinical decision making.	4.1.1a, 4.1.2b, 4.1.8, 4.2.2a, 4.3.3	2.5.13b, 4.3.6, 4.3.7, B.5.5	4.3.10, B.5.6, B.5.7
	Exposes delegates to complex RTC scenario. Allows delegates to practice RTC hazard recognition, primary assessment, team resource management, extrication planning / decision making and clinical decision making.	1.7.1, 2.1.1, 2.6.1, 2.9.1, 4.1.1, 4.2.1, 4.3.1, B.1.1, B.5.1, B.6.1		
	Exposes delegates to common RTC scenario. Allows delegates to practice RTC hazard recognition, primary assessment, team resource management, extrication planning / decision making and clinical decision making.	1.2.1, 1.3.1, 1.5.1, 1.7.1, 2.1.1, 2.2.1, 2.5.1, 2.6.1, 3.1.1, 3.2.1, 3.3.1, 3.4.1, 4.1.1, 4.2.1, 4.3.1, 5.3.1, 5.4.1, A.5.1, A.6.1, A.9.1, B.1.1, B.2.1, B.3.1, B.4.1, B.5.1, B.6.1, C.3.1,		

	Exposes delegates to hazards and risks associated with working on and around the railway and rolling stock. Provides experience of typical 'one-under' injury and rescue scenario.	1.7.1d, 4.1.2b	4.4.10, B.5.5	4.1.11, B.5.6, B.5.7
	Exposes delegates to the hazards and risks associated with rendezvous plans – particularly at side of unsecured carriageways. Provide experience of managing an acute behavioural disturbance, unpredictable, aggressive, violent or illegal behaviour.	1.6.4a	2.12.9a, 2.12.9b	2.12.8a, 2.12.8b, 2.12.8c, 2.12.8d
	Exposes delegates to hazards and risks associated with industrial machinery. Provides experience of working within industrial environment.	1.2.1, 1.3.1, 1.5.1, 1.7.1, 2.1.1, 2.2.1, 2.5.1, 2.6.1, 2.13.1, 3.2.1, 3.3.1, 3.4.1, 4.1.1, 4.2.1, 4.3.1, 4.4.1, 6.5.1, A.5.1, A.6.1, A.9.1, B.1.1, B.2.1, B.3.1, B.4.1, B.5.1, B.6.1, C.1.1, C.3.1,		
	Exposes delegates to hazards and risks associated with working on and around agricultural appliances and vehicles. Provides experience of typical agricultural incident entrappment scenario.	1.2.1, 1.3.1, 1.5.1, 1.6.1, 1.7.1, 1.10.1, 2.1.1, 2.2.1, 2.5.1, 2.6.1, 3.1.1, 3.2.1, 3.3.1, 3.4.1, 4.1.1, 4.2.1, 4.3.1, 4.4.1, 5.4.1, 6.5.1, A.5.1, A.6.1, A.8.1, A.9.1, B.1.1, B.2.1, B.3.1, B.4.1, B.5.1, B.6.1, C.1.1, C.3.1,		
	Exposes delegates to OHCA in pregnancy. Allows delegates to practice: team resource management, equipment familiarisation, application of resuscitative hysterotomy guidelines, NLS, haemorrhage control and clinical decision making related to treatment and transfer.	2.3.8c, 2.7.4d	2.2.8c, 2.3.14, 2.7.10, 2.8.7, B.5.5	4.3.10, B.5.6, B.5.7, B.6.8
	Exposes delegates to hazards and risks associated with working on and around the railway. Provides experience of typical rail side / track access challanges on live railway.	1.7.1d, 4.1.2b	4.4.10, B.5.5	4.1.11, B.5.6, B.5.7
	Exposes delegates to TCA secondary to penetrating injury. Allows delegates to practice: hazard recognition, team resource management, equipment familiarisation, application of resuscitative thoracotomy guidelines, application of UK Resuscitation Council guidelines and clinical decision making related to treatment and transfer.	2.3.8b, 4.1.1j	2.2.8c, 2.3.14, 2.5.13d, B.5.5	B.5.6, B.5.7

	Provides delegates with experience of the challenges assocated with remote medical advice scenarios with focus on the management of requests for clinical and transfer decision support.For Delegates to understand the restrictions of working on an Ambulance and to manage extended time transfers with patients in extremis. Delegates need tomake advanced clcincial decisions, Optimise patient and interventions and clinical decisions made.	1.9.3, A.4	1.9.4a, 1.9.4b, 1.9.4c, 1.9.4d	1.9.5, 5.3.8
	Exposes delegates to the hazards and risks associated with patient hand-over in the context of emergency secondary transfer. Provides experience of a simulated rendezvous, hand-over and emergency hyper-acute inter-hospital transfer of an adult.	1.8, 2.4, 5.1, 5.3, 5.4, A.9, B.4, B.5, B.6, 1.7.1, 1.8.1, 2.1.1, 2.2.1, 2.3.1, 3.2.1, 3.3.1, 3.4.1, 3.5.1, 5.1.1, 5.2.1, 5.3.1, 5.4.1, 5.5.1, 5.6.1, A.2.1, A.4.1, A.5.1, A.9.1, B.4.1, B.5.1, B.6.1,		
	Exposes delegates to the hazards and risks associated with inter-hospital emergency transfer. Provides experience of a simulated emergency hyper-acute inter-hospital transfer of a child.	5.5.2, 5.6.4a, 5.6.4h,	5.5.5, 5.6.5	5.1.8
	Exposes delegates to a pre-hospital scenario where patients (or those with parental responsibility) may be making unwise decisions regarding their care (or the care of a child). Provides experience of assessment of capacity in the pre-hospital setting and the constraints associated with this.	1.6.2	2.1.13	2.1.15, 2.1.16
	Exposes delegates to hazards and risks associated with firearms and 'active assailant' incidents. Provides experience of incident involving use of weapons (knives and guns) and working with specialist Police officers.	1.7.1b, 1.7.3a, 2.1.2f, 4.1.2d, 4.2.2i	2.5.13j, 4.4.10, B.5.5	4.1.11, B.5.6, B.5.7
	Exposes delegates to multiple casualty incident. Practices the establishment and management of a forward command post, the application of JESIP principles and the management of the incident.	1.1.1, 1.5.1, 1.10.1	6.1.1, 6.2.1, 6.3.1,	A.4.1, A.7.1, B.3.1, B.4.1, B.5.1

	Expose delegates to multiple casualty incident. Practice the establishment and management of a CCS and the co-ordination of evacuation.	2.1.3d, 2.1.3e, 6.1.5a, 6.3.5b	6.1.10, 6.2.9, A.4.5	4.1.11, 6.2.13
	Exposes delegates to multiple casualty incident. Provides experience of a sectorised multi-casualty incident, the practical application the triage sieve in a complex and disorienting environment, and communication and co-ordination of extrication.	6.1.5a, 6.2.4, 6.2.5	6.1.10, 6.2.9, A.4.5	4.1.11, 6.2.13
	Exposes delegates to multiple casualty incident. Provides experience of a sectorised multi-casualty incident, the practical application the triage sieve in a complex and disorienting environment, and communication and co-ordination of extrication.	6.1.5b, 6.2.4, 6.2.5	6.1.10, 6.2.9, A.4.5	4.1.11, 6.2.13
	Exposes delegates to multiple casualty incident. Provides experience of a sectorised multi-casualty incident, the practical application the triage sieve in a complex and disorienting environment, and communication and co-ordination of extrication. .	1.2.1, 1.5.1, 1.7.1, 1.10.1, 2.1.1, 2.2.1, 2.4.1, 2.5.1, 2.9.1, 3.2.1, 4.1.1, 4.3.1, 4.4.1, 5.4.1, 6.1.1, 6.5.1, A.5.1, A.6.1, A.9.1, B.1.1, B.2.1, B.3.1, B.4.1, B.5.1, B.6.1, B.7.1, C.6.1		
	Introduce delegates to the concepts underpinning the Joint Emergency Services Interoperability Programme (JESIP), the range of materials available to support education, development and operational activity (deployment, decision making, risk assessment and debrief) and lessons learned from previous multiple casualty incidents.	6.1.5b, 6.2.4, 6.2.5	6.1.10, 6.2.9, A.4.5	4.1.11, 6.2.13
	Exposes delegates to hazards and risks associated with working near water. Provides experience of 'go vs no-go' decision making related to water rescue scenarios and balance between rescue and recovery (UK Resuscitation Council guidelines).	1.7.1d, 4.1.1n, 4.1.2b, 4.1.2d, 4.2.2n	4.4.10, B.5.5	4.1.11, B.5.6, B.5.7
	Exposes delegates to hazards and risks associated with road traffic collisions involving vehicles carrying hazardous substances. Provides experience of typical road traffic collision scenario where hazardous substance recognition and management is required.	2.1.2g, 4.1.1k, 4.1.2b, 4.2.2k	4.4.10, B.5.5	4.1.11, B.5.6, B.5.7

	Exposes delegates to hazards and risks associated with working at height, presence of regulations related to working at height. Provides experience of fire service ladders and height.	1.2.1, 1.3.1, 1.5.1, 1.7.1, 1.10.1, 3.1.1, 3.2.1, 3.4.1, 4.1.1, 6.1.1, A.5.1, A.9.1, B.1.1, B.2.1, B.3.1, B.4.1, B.5.1, B.6.1, C.6.1,		
	Exposes delegates to hazards and risks associated with fire grounds. Provides experience of managing patients rescued from fire. Analgesic options in infants. Decision making about paediatric PHEA. Resource allocation and decision making for transfer	1.7.1, 2.3.1, 2.6.1, 4.1.1, 5.3.1, B.2.1, B.5.1		
	Exposes delegates to hazards and risks associated with collapsed structures, role of USAR and HART. Provides experience of working within collapsed structure.	1.2.1, 1.7.1, 3.4.1, 4.1.1, 4.2.1, B.5.1		
	Exposes delegates to hazards and risks associated with the provision of emergency medical care to bariatric patients. Provides experience of manual handling challenges associated with bariatric patient. Provides experience of need to consider applied physiology of bariatric emergency care.	1.7.1d, 2.10.2, 2.10.5, 2.10.7, 4.1.2b	2.2.8b, 4.4.10, B.5.5	4.1.11, B.5.6, B.5.7