**ACCS**

**Health Education West Midlands (HEEWM)**

**Induction Handbook 2020**

**Year One (ST1/CT1)**



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# Trainee Websites

### National website: <https://www.accs.ac.uk/accs>

### West Midlands ACCS website: <https://www.westmidlandsdeanery.nhs.uk/specialty-schools/postgraduate-school-of-ace/accs>

 **Announcements and updates are by email, it is your responsibility to ensure that**

 **HEEWM holds the correct email address for you and that you access it regularly.**

# Streams, Schools, Trusts and Placements

# ACCS comprises of three streams: Emergency Medicine (EM), Acute Medicine (AM) and Anaesthesia (Anaes).

# Your stream is the parent specialty you applied for e.g. Emergency Medicine run through training, Anaesthetics ACCS.

# Emergency Medicine trainees are ST1-3 and Anaesthesia/AM CT1-3.

# Year 1: ST1 and CT1

# Year 2: CT2 and ST2

# There is often a lot of interchangeability with the designation of CT or ST and you should not be worried if you find yourself referred to as a CT or ST.

# The first two years of ACCS are identical for all 3 streams and comprise of 6 month placements in Acute Medicine (AM) and Emergency Medicine (EM) in year 1 and 6 months of ICM and Anaesthesia in year 2.

# You are usually placed in the same trust for AM and EM and within a similar geography for Year 2. Year 3 is spent in the parent specialty.

# During your AM placement You must be placed in an Acute Medicine post and not another medical specialty, though you may participate in the acute general medical on-call.

# Hospital placements in the West Midlands are divided into North/South regions for EM and into three Anesthetic schools (Birmingham, Stoke and Warwickshire) This is purely for ARCP and administrative purposes. Training in all regions/schools is the same.

# You are not allocated to a school or region in the first two years but the placement you are in will fall into one of them for the reasons above. In year 3 you will be allocated based on your preference for school or region made at application. If however, you require an extension then you may be placed in any Hospital in the west Midlands region.

# You may be placed in a Trust which is in another region or School due to a finite number of training places in the West midlands and a need to extend or move trainees for special reasons. ALL placements are within the West Midlands and we avoid moving trainees from one side of the region to the other.

# Year 2 allocations are not set in advance but are assigned in April 2021. Trainees wishing to express a preference may email the TPD in January 2021 explaining their reasons. Where possible we will try to accommodate any requests, but as a general rule you will be placed in the same Trust for both years or geographically nearby.

# You cannot ask to move schools or regions.

# Anaesthesia Stream: Note that those entering the programme in August 2020 will need to complete 3 years of core anaesthesia training starting from ACCS CT2. Further information is available from the anaesthetic college tutor or RCoA.

# Supervisor

# There is some confusion about supervisors in the programme. Unlike Foundation training you do not have a designated Clinical Supervisor (CS). You will have an Educational Supervisor allocated to you by your Placement’s College Tutor or medical education Team.

# You will usually have a separate ES for AM and EM placements. Occasionally you may have the same ES for the whole year and thus be assigned a CS for one placement. You must still have two Structured Training Reports, one for AM and one for EM.

# You should meet with your ES or CS regularly to monitor and support your progress. As a West Midlands trainee, you are entitled to an hour a week of supervisor time. As an absolute minimum you should meet at the beginning middle and end of placements. Meeting records should be recorded in your portfolio for these. There is further guidance on educational meetings in Appendix C.

# The end of placement meeting is not a substitute for the STR, this is a separate document.

**Clinical Trainer** – is the person who looks after the trainee on the shop floor and does the assessments. There may be lots of these per attachment. This is not a universally accepted specific role and refers to any clinician who spends time with trainees.

**Clinical Supervisor (CS)** – is the person that look after you specifically during a placement when your ES is another specialty

**Educational supervisor (ES)** – this is the person who does the appraisal and the structured training reports (STR) necessary for the ARCP. They may also do some assessments and CbDs and are responsible for your education in the placement. As a West Midlands Trainee you are entitled to an hour per week of their time. Should you have any problems they would be the first point of call and the key point of contact.

**All ACCS trainees need to have an ES from their designated placement on their**

**entrance to the ACCS programme. In some Trusts you may be allocated the same ES for the entire year but usually it will be separate for AM and EM.**

**Either way you must complete a structured Training Report for each placement.**

**In each placement you will be responsible to the Specialty (College) Tutor for the placement i.e. AM is the Medicine College tutor and EM is the EM College Tutor.**

**On taking up their posts, trainees should contact the College Tutor for their parent Specialty (EM, AM, Anaesthetics) within their hospital, though they are not directly responsible they will be able to offer support on career and future support.**

**You must add your ES to your portfolio**

# Portfolios

# You must contact the appropriate royal college for portfolio access. All portfolio problems are dealt with by the colleges and not through HEEWM

### Trainees planning to progress in Acute Medicine

Physician trainees should register with the Physician e-portfolio for all parts of their training. Again you can do all 2 years of ACCS on the JRCPTB e-portfolio

https://www.jrcptb.org.uk/eportfolio-information

# All ACCS trainees must keep a portfolio of evidence to support their progression through ACCS training and completion of competencies at ARCP. All ACCS trainees should use their parent specialty's e-portfolio and assessments for documenting their progress.

# Where this is not possible, for example the Anaesthetic IAC for non-Anaesthesia trainees or EM/AM modules for Anaesthesia trainees, then trainees are encouraged to use paper forms which can be scanned in and uploaded to the parent e-portfolio. Note that forms should be used that relate to the placement the assessment is taking place in and not to the parent specialty of the trainee. Examples of work place based assessment forms can be found in appendix A5 of the 2012 Curriculum.

# Any uploaded documents must be in pdf format (Image files will not be accepted). Plenty of pdf scanner apps exist.

# Acute Internal Medicine trainees

# Please use the Acute Internal Medicine e-Portfolio accessed via the Joint Royal Colleges of Physicians Training Board (JRCPTB) website.

# For AIM trainees there is an Educational Supervisors report that is essentially the same as the STR and we will accept this instead.

# Emergency Medicine trainees

# Please use the Emergency Medicine e-Portfolio accessed via the Royal College of Emergency Medicine (RCEM) website.

# The portfolio is well established and works very well.

# Guidance on the portfolio:

[**https://www.rcem.ac.uk/docs/Training/RCEM%20ePortfolio%20guidance%20for%20trainees%202019.pdf**](https://www.rcem.ac.uk/docs/Training/RCEM%20ePortfolio%20guidance%20for%20trainees%202019.pdf)

**The above document sets out how your personal library is to be arranged for ARCP**

# Anaesthesia trainees

Anaesthesia stream trainees should use the Lifelong Learning platform (LLP) This can be accessed via the Royal College of Anaesthetists website.

<https://www.rcoa.ac.uk/lifelonglearning>

# If you have any other queries or questions about the LLP, please get in touch with the RCoA Training Department: email: lifelong@rcoa.ac.uk or call 020 7092 1556.

The ACCS component of the platform does not adequately support CUT forms nor the ESSR in year 1. Please do not use these in your AM or EM placements.

**There is no STR in LLP, do not use the ESSR in the first year.**

The STR needs to be completed as a separate paper or standalone electronic version and uploaded into the portfolio. (see Appendix D)

# Assessors from beyond Anaesthetics:

# Supervisors and assessors from Acute Medicine, Emergency Medicine, and Intensive Care Medicine (ICM) can be added onto the system for the purpose of assessing ACCS anaesthetists-in-training.  If you are not an Anaesthetist and would like to be added onto the system, please complete and return a copy of the access form and send it to: lifelong@rcoa.ac.uk

**Important:**

**Self entered forms:** This is any form that is submitted to your portfolio through your own login. The portfolio shows who has entered the form.

**Do not use self entered forms for any assessments such as WPBA.** All WPBA must be entered through the assessors login. In very exceptional circumstance an assessor may not be able to access a form in which case either a paper form signed by the assessor should be used or there should be an accompanying signed letter form the assessor agreeing that they have authorized the assessment. **Self entered WPBA will be discounted and could even lead to probity investigations.**

Paper copies of the forms are available on the HEEWM ACCS website.

**Linking:** ePortfolios can be difficult to read if the amount of linking is excessive, please only link enough evidence to satisfy the requirements.

**COVID-19**

Covid-19 caused significant disruption to training in the UK. As such the GMC introduced derogations (relaxation of requirements) to the curriculum. It is unclear how long these will remain in place and what the exact requirements will be for next years ARCP. However, it will not be more than the pre-covid requirements so we are proceeding on the notion that the full curriculum should be followed. Current guidance is that the derogations will remain in place until there is stability.

The current checklist for COVID-19 derogations is here:

https://www.accs.ac.uk/sites/default/files/ACCS-ARCP2020-ChecklistCT1-ST1.pdf

Be aware that there are multiple checklists available online and from the portfolio, please only use those from the above link or the West Midlands Deanery website.

The original checklist for ACCS is in Appendix

# Regional and Local Teaching

Regional teaching is mainly focused on exam preparation. Local teaching is focused on the placement and contextual learning.

During year 1 there is only regional teaching for EM Stream trainees. This is due to the practicalities of a large programme. There is a programme of EM regional teaching that is RCEM exam focused (see appendix) \*\*

\*\* this will be done remotely initially but they may have to travel in future if social distancing relaxes\*\*

Anaesthetic stream trainees are not expected to attend regional teaching. Core Anaesthesia teaching is available in the second year and is primary FRCA focused. You are not permitted to sit the Primary FRCA in the first year. You are expected to attend local EM or AM teaching in your trust. If this is not happening you must contact the Specialty Tutor and the TPD for ACCS.

AM stream trainees are invited to attend Acute Internal Medicine teaching as well as local teaching in EM/AM for more information contact Dr Susan Fair. (AM Lead)

**Competencies, WPBA’s ARCP’s**

Each trainee will be expected to meet with their ES at the beginning, middle and end of each training period. During this time educational objectives will be set and these will be used to assess the trainee’s progress. Evidence of achievement of these objectives, together with the results of the WPBAs will inform the content of the structure training report (STR). This report, and the trainee’s ‘Portfolio of Evidence’, will be reviewed by the ARCP panel before the trainee is allowed to proceed to the next level of training.

Structured training reports (STR) need to be submitted at least a month before the ARCP panel meet so that any problems are identified. The Trainee should be fully aware of the content of the STR before it is submitted. Included in this report will be attendance at regional training (expected to be 70% of sessions) and documentation of the number of days absent (other than annual & study leave). Additional time in the relevant specialty needs to be considered in the event of absence of more than 14 days per year.

**The completion of the WPBA’s and STRs is the trainee’s responsibility. If no documentation is produced for the ARCP it is very likely that the trainee will fail to progress.**

**STRs need to be completed at the latest 1 month before the ARCP date.**

**Curriculum Competencies**

The ACCS curriculum is extensive and in Year 1 you have exposure to AM and EM. **It is extremely difficult to get the required EM/AM competencies in year 2.**

**For Anaesthetic stream trainees, you will have no further exposure to AM or EM and therefore would be required to attend these departments in addition to Year 2 work.**

ACCS training is described under the headings of 'common competencies' (CC), 'major and acute clinical presentations' (CMP.AP) and 'practical procedures' (PP) which cover the syllabus for Acute Medicine, Emergency Medicine and ICM. During the acute medicine module of ACCS trainees should cover a range of presentations and areas of the syllabus.

All streams must aim to complete all the EM and AM competencies and procedures in

Year1. There is insufficient time to complete them in Year 2 and 3.

Any problems should be flagged early to your ES.

**It is expected that trainees are proactive and take responsibility for their own education.**

Common Competencies (CC)**:** These are competencies that should be acquired by all doctors

during their training period starting within the undergraduate career and developed throughout postgraduate training.

**For ACCS trainees competence to at least level 2 descriptors will be expected prior to progression into further specialty training.**

**There are clear descriptors of the levels and evidence required for each CC and these must be linked to and approved by your ES. Please only link the required evidence. Only allow your ES to sign you off to the level provided by evidence in your portfolio. CC signed off above level 2 will be scrutinised to ensure that the evidence supports the descriptor.**

**You must have evidence of completion of common competencies in Year 1 and you should have completed over half by the end of Year 2**.

**The ACCS Curriculum:**

**https://www.accs.ac.uk/system/files/TRG-CU-ACCS2012\_1.pdf**

# Emergency Medicine

### During the Emergency Medicine 6 months, the trainee must undertake a minimum:

### 2 CMPs must be summatively (pass/fail) assessed in Emergency Medicine (Mini-CEX descriptor tool or pass/fail CbD) by an EM consultant.

Summative assessment (Mini-CEX or CbD) in two of the following Major presentations: **(2)**

### CMP1 - Anaphylaxis

### CMP2 – Cardio-respiratory arrest CMP3 - Major Trauma

### CMP4 - Septic patient CMP5 - Shocked patient

### CMP6 - Unconscious patient

Summative assessment (**Mini-CEX** or **CbD**) in all of the following acute presentations: **(5)**

### CAP7 - Chest pain

### CAP1 - Abdominal pain

### CAP6 - Breathlessness

### CAP30 – Suicidal Ideation/Mental health

### CAP18 - Head injury

Formative assessments (**x1** **ACAT-EM**) covering up to 5 additional acute presentations

(note the ACAT must have a minimum of 3 AP but can cover 5 AP, so maximize it by covering 5!)

10 additional assessments of acute presentations using a combination of

* e-learning
* reflective entries
* teaching and audit assessments
* additional ACAT-EMs

Assessment of practical procedures including using DOPs: **(10)**

* Airway management
* Primary survey
* Wound care
* Fracture reduction/joint reduction

Plus one other from the list of PPs  **(5)**

### Note: summative assessments have their own forms but as a minimum they must state pass or fail. They must be completed by an EM Consultant.

### Acute Medicine

### During the Acute Medicine 6 months the trainee must undertake a minimum:

### (see checklist)

**Major presentations: 2** formative assessments (Mini-CEX or CbD) covering 2 of the 6 major presentations. **These must be different to those completed in EM**.

### CMP1 - Anaphylaxis

### CMP2 – Cardio-respiratory arrest

### CMP3 - Major Trauma

### CMP4 - Septic patient

### CMP5 - Shocked patient

* **CMP6 - Unconscious patient**

**Acute presentations: 10x** formative assessments (mini-CEX, CbD, ACAT)

**Plus**: **8-10** of the remaining acute presentations covered using ACATs, e-learning, reflective entries, teaching and audit.

**Practical procedures: 5**x DOPs covering 5 of the 44 listed practical procedures not covered elsewhere. These are recommended to be:

* Lumbar puncture
* Pleural tap & aspiration
* Intercostal drain insertion (seldinger)
* Intercostal drain insertion open
* Ascitic tap
* Abdominal paracentesis
* DC cardioversion
* Knee aspiration
* Temporary pacing (external/wire)
* Large joint examination

### Minimum number of assessments per 6 months:

* 3 Mini-CEX
* 5 DOPs
* 3 Cbds
* 3 ACATs

**There is a minimum number of WPBAs over the 2 years which should be covered**

**within the above requirements.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specialty** | **Mini- CEX** | **DOPS** | **CbD** | **ACAT** |
| **Anaesthesia (3-6 months)** | **5** | **6** | **8** | **-** |
| **Anaesthesia (6-9 months)** | **6** | **7** | **9** | **-** |
| **Acute Medicine** | **3** | **5** | **3** | **3** |
| **Emergency Medicine** | **4** | **5** | **3** | **1** |
| **ICM** | **3** | **6** | **4** |  |

**NOTES ON ACUTE PRESENTATIONS:**

**\*APs from year can be difficult to obtain in ICM/Anaes\***

All the 5 of the APs in bold should be covered in EM using a summative tool.

5 additional APs must be covered using x1 ACAT in EM

A further 10 APs covered in EM using any tool inc. e-learning.

\*Complete 20 APs in EM\*

Anaphylaxis may be done using simulation; Cardio-resp. Arrest may be covered with a valid (at time of ARCP) ALS certificate.

10 APs should be covered in AM using Mini-CEX, CbD or at least x3 ACAT

The remaining APs can be covered by any tool and should be covered in AM/ICM

**NOTES ON PRACTICAL PROCEDURES**

There are 46 PPs: Demonstrate CPR and failed intubation on a manikin are required for the IAC

All EM/AM procedures must be completed by the end of year 1

They must all be completed by the end of year 2

A maximum of 3 simulated procedures will be accepted for the 2 years (excluding IAC), but these will need to be demonstrated on real patients by the end of year 3

At least one chest procedure (drain/tap) must be completed on real patients.

\*Note: The ACCS curriculum has 45 PP listed (and refers to 44 PP in its guidance)!

5 of the 46 PPs must be completed in EM using DOPS

5 of the 46 PPs must be completed in Acute Medicine using DOPs

13 of the 46 completed in ICM using appropriate tool

NB. 5 DOPS is ONLY a minimum in EM and AM

PP 35 Ventilatory support is to be done in AM or EM. Support outside of theatre/ICU (NIV/CPAP

Completing IAC completes all 16 required PPs for Anaesthesia

Some PPs are notoriously difficult to obtain and you should plan ahead.

It is noted that open chest drain and external pacing are quite uncommon in some units or only performed by certain specialties. Evidence of approved simulation will be accepted at ARCP if all reasonable attempts have been made and the ES documents in the STR.

**Notes for all placements:**

* You must complete at least one MSF with a minimum of 12 responses. Your ES needs to approve the spread of responses.
* STR - you must provide 2 STR for the year one covering EM and one AM.
* Do not add or make up PPs. Should you acquire a skill outside the portfolio then upload in the personal area and ensure your ES makes reference to it in the STR. Do not add it to checklist!
* Acute Medicine Stream trainees must also complete a multi-consultant review.
* You must provide evidence of involvement from your Trust in either QUIP or Audit

# Checklists and Curriculum Coverage

# A checklist for each year is available (appendix and Deanery website).

# These must be completed and uploaded to your portfolios for ARCP (PDF).

# The curriculum coverage document is extremely useful and makes assessment at ARCP a lot simpler.

###

# ARCP

# The ARCPs will take place in June 2021, dates will be circulated in advance.

# The panel reviews all portfolios in abstentia and an outcome is issued.

# The vast majority of trainees receive an outcome 1.

|  |  |
| --- | --- |
| Outcome 1 | Satisfactory progress - achieving progress and the development of competences at the expected rate. |
| Outcome 2 | Development of specific competences required – additional training time not required. Not applicable for Foundation Trainees. |
| Outcome 3 | Inadequate progress by the trainee – additional training time required. |
| Outcome 4 | Released from training programme - with or without specified competences. |
| Outcome 5 | Neutral outcome / holding response - panel cannot issue an outcome because evidence is incomplete. |
| Outcome 6 | Recommendation for completion of training - gained all required competences. |

# You should be aware of the outcome you will receive in advance.

# Those with outcome 5 (missing evidence) will be asked to provide the missing evidence by a certain date and another panel will review the evidence.

# In some circumstances you may be asked to attend in person for a face to face ARCP after portfolio review. In view of this all trainees should be available on that date.

# Non-attendance at a face to face ARCP is likely to result in a less satisfactory outcome unless in exceptional circumstances.

# All outcomes are recorded in your portfolio, these are often used to guide future outcomes where doubt exists, for example a trainee who previously was issued an outcome 5 and then submitted evidence to gain a 1 will be more likely to receive a 2 or 3 if the same occurs in a subsequent year.

# You must complete a Form R (revalidation) available from HEEWM

# Complaints/Serious Incidents

# You may unfortunately be involved in a patient complaint or an incident. The vast majority of these are resolved without any issues. However, as the Postgraduate Dean, Professor Smith is your responsible officer for revalidation we must know about all complaints or incidents that you are involved in. The most important part is that you provide evidence that the issue has been satisfactorily resolved and that you have discussed this and completed any requirements with your ES.

# Ideally this should be recorded in the STR, if the evidence is not available at the time of writing your STR then you should provide evidence (meeting record) that it has been reviewed and agreed by your ES.

# Issues that are unresolved from a previous year will still need discussing with and documenting by your ES.

# The usual process for an incident etc would be: 1) informed by your ES/Trust of your involvement in an investigation, you should meet with your ES for support.2) The investigation will note your involvement and any actions required on your part. 3) complete the actions and write a reflective piece 4) review of actions by ES 5) sign off in portfolio (STR)

# Do not upload the investigation or any other correspondence to your portfolio, only evidence that your ES is happy with the resolution and outcome.

# You must enter the incident or complaint on your form R.

# Please refer to guidance on reflective practice: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice>

# Study leave

# You are entitled to 30 days study leave per year to complete activities that are essential to curriculum completion. 15 days of this leave is top sliced for attendance at regional and local teaching and other ACCS mandatory activities. Additional days may be requested from the TPD.

# There are 3 varieties of study leave:

# Mandatory or curriculum required: These courses are found on list of approved courses.

# Aspirational: Leave that will further develop you as a professional but not required by the curriculum. You must be progressing well in your mandatory requirements to qualify.

# International Study Leave: Any non-UK Leave (separate process)

# Only courses on the Deaneries approved list are allowed without TPD approval.

# You must discuss your study leave requirements in advance with your ES and document them in your PDP.

# To apply for study leave you must first request the time off from your department through your trust’s own leave process and your trust’s study leave process.

# For courses on the approved list you need only your Educational Supervisors approval, there is no cap on funding. Claims for re-imbursement is through your trust.

# To apply for courses not on the approved list you must get written confirmation from the TPD (Ed Briggs).

# Study leave information including the approved list: <https://www.westmidlandsdeanery.nhs.uk/support/study-leave>

# For Anaesthesia stream trainees there is a separate TPD for study leave: Dr Paul Jones: paul.jones33@nhs.net

# Time Out of Training

# You must follow your Trust’s sickness reporting process and declare any sick leave on your form R.

# If you are going to be off for a while you must inform the TPD and Deanery.

# If going on Maternity Leave the TPD will ask to see you to start to plan your return to training.

# If you have more than 10 days off then your training will need to be reviewed by the TPD anything in excess of 20 days will probably require an extension to your placement, this would be decided at your ARCP.

# Less Than Full Time Training (LTFT):

# We support applications for LTFT training. There are 3 categories for applying for LTFT.

# More information: <https://www.westmidlandsdeanery.nhs.uk/support/less-than-full-time-training>

### ACCS 1 Skills Day

A skills course for the first year of your ACCS training will hopefully be delivered in the region.

The following skills are offered:

* Chest drain (open and seldinger)
* Pleural and abdominal drain
* Lumber Puncture
* Large joint and fracture management
* Airway
* Knee Aspiration
* \*Nerve blocks (not ACCS PP)

Note that these skills will not necessarily provide evidence of completion of Practical Procedures but will facilitate you gaining the skills on the shop floor.

At ARCP a maximum of 3 simulated skills is allowed and it is expected that these are subsequently gained in real life.

# Hacks:

* Keep a weekly list of things you need signed off
* Make sure your trainers know what you need
* If you see a CMP/AP do a mini-cex with colleague that shift – later discuss the case with the Consultant and complete it as CBD summatively
* Keep list of WPBA’s close to hand, tick them off as you do them
* Spread you assessments over the whole rotation
* Consultants go on holiday at inconvenient times – plan ahead
* Remind your trainers what you need

**FAQs**:

* ***Can I change my placement*?**
	+ In general placements, once allocated cannot normally be changed.
* ***Can I choose where my Y2 placement will be? My commute is too long****.*
	+ As a Deanery Trainee, you can be placed anywhere within the Hospitals that fall under HEEWM. In practice we aim to keep people in their appointed region (N/S for EM, school for Anaes, AIM to limited LEP’s). Placements are decided according to training needs first, exceptional circumstances and then any other consideration according to HEWM placement policy endorsed by EM and Anaesthesia Schools.
* ***I want to switch by base specialty?***
	+ There is no easy route to switch streams. If considering such a change, discuss with TPD/Specialty leads early. You will have to resign your post and re-apply to the programme. There is scope for recognition of previous competencies but this is not a guarantee, and is up to the TPD of the programme.
* ***I wish to apply for an IDT***
	+ IDT cannot be applied for before Y1 has been completed and requires candidate to hold outcome 1 from ARCP. Process detailed on national website.

<https://specialtytraining.hee.nhs.uk/nationalIDT>

* ***I wish to train LTFT***
	+ Early discussion with trainers and LTFT coordinator to assess eligibility criteria and for deanery to sanction together with employer. There is a process to complete with typical 3-4 months lead time.
* ***Can I choose my Educational Supervisor?***
	+ Educational supervisors are allocated by LEP and have been specifically trained and recognised by the deanery/GMC. Normally not sanctioned or allowed.
* ***I already know how to do XYZ. Do I have to attend the teaching/completed assessments?***
	+ The curriculum is tightly written and GMC approved. Unless your competency acquisition has been documented from within the programme it cannot be recognised or contribute towards your CCT.
* ***I have completed a DOPS that is not from the 46 practical procedures. Will it count?***
	+ No
* ***Is it ok for a senior trainee colleague to sign my summative assessment?***
	+ Summative assessments can only be signed by **Consultant**. If in doubt, check with your ES
	+ Other assessments must be completed by ST4 or above.
* ***How can I go on a OOPE to Australia?***
	+ Each OOP request is assessed on merit. In general neither OOPE or OOPT granted to pre-fellowship/membership or at core level. OOP may be granted for reason such as caring for sick relative or a unique time limited opportunity that will add value to trainee

**Contact your ES early if you are having problems**

# Appendix A

# Acronyms:

# ACCS!!! (Acute Care Common Stem)

# ICACCST (Intercollegiate Committee for ACCS Training)

# LEPs (Local Education Providers)

# JRCPTB (Joint Royal Colleges of Physicians Training Board

# EM/AM (emergency/acute Medicine

# ARCP (Annual Review of Competency & Progression)

# TPD (Training Programme Director)

# CMP (Core Major Presentations)

# AP (Acute Presentations)

# PP (Practical Procedures)

# MiniCex/DOPS (SLE or WPBAs)

# Acute Care Assessment Tool (ACAT and ACAT -EM)

# Appendix B

# Useful Links:

# Royal College of Anaesthetists: <https://www.rcoa.ac.uk>

# Royal College of Emergency Medicine: <https://www.rcem.ac.uk>

# Joint Royal Colleges of Physicians Training Board: [https://www.jrcptb.org.uk](https://www.jrcptb.org.uk/)

# RCEM ‘induction books’ : <https://www.rcemlearning.co.uk/wp-content/uploads/RCEM-Induction-book.pdf>

# RCEM Learning: [https://www.rcemlearning.co.uk](https://www.rcemlearning.co.uk/)

# Warwickshire School of Anaesthesia: <https://wsoa.org.uk>

# Stoke School of Anaesthesia: <http://www.thebsa.info/>

# Birmingham School of Anaesthesia: <https://stokeanaesthesia.org.uk>

# Appendix C

# Educational Supervisor Meeting Checklist ACCS

#  At initial meeting:

# Work schedule/rota/contract/pay/exception reporting

# Mandatory training/induction/IT

# Educational governance – who is education lead, trainee rep, JD forum, GoSW, Champion, FTSU

# LTFT and OOP/SRTT as applicable

# At each meeting review the following:

# SLEs/WPBA

# Curriculum review

# Reflections review

# Teaching attendance and e-learning review

# Course/Study leave review

# QUIP/Audit update

# Review leadership development

# Other achievements in Exams

# Career update

# Check work schedule is accurate

# If required:

# Review concerns/complaints/SUI

# Exception reports

# Approve certificates

# Discuss and release MSF/TAB

# Complete Structured Training reports or similar

# Discuss last ARCP/ESR/end of attachment meeting report

# Finally

# Adjust/agree PDP

# Document meeting

# Well being check-in (superficial)

# Personal circumstances

# Sleep/eating/physical health

# Annual leave booked/taken

# Careers leave/parental leave

#

# Appendix D

# STR for anaesthesia stream: <https://www.westmidlandsdeanery.nhs.uk/postgraduate-schools/anaesthetics-critical-care/accs>

Structured Training Report (STR)

The Educational Supervisor must complete this STR, having reviewed the trainee's learning portfolio and WPBAs.

Trainee's Name:

Trainee GMC number:

Supervisor Name\*:

Supervisor Position\*:

Supervisor Speciality\*:

Supervisor GMC\*:

GMC programme / post approval number:



Current placement:

WPBAs in current placement:

Assessments:

Comments\*:

Assessments:

Assessments:

Comments\*:

CBD

Comments\*:

MSF

ACAT

Assessments:

Comments\*:

Assessments:

Comments\*:

Other (please specify):

Assessments:

Comments\*:

Review of other evidence in portfolio Experiential outcomes

Please review here all other evidence, reflection, logs, and eLearning certificates in trainee's portfolio

Activity:

Coverage of curriculum:

CG / audit activity:

Courses and teaching attended including regional training:

Teaching delivered:

Management activity:

Research activity:

Mandatory courses:

Others outcome to be considered that may not be in the learning portfolio

Activity:

Critical incidents:

Complaints:

Other:

Summary of Trainees Assessment

Any evidence to support the following documents should be provided, either in the

comments box or as scanned documents

Strengths of Trainee:

Weaknesses of Trainee:

Suggestions for improvement:

Details of concerns/investigations

Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event Investigation or named in any complaint? \*:

Yes No

If so, are you aware if it has/ these have been resolved satisfactorily with no unresolved concerns about a trainee's fitness to practise or conduct?

Yes No Comments, if any:

By submitting this form, I confirm that this is an accurate description / summary of this trainee's learning portfolio and WPBA, covering the post specified

##### **Appendix E**

##### **WEST MIDLANDS ACCS CT1 Checklist 2019-20\***

\*This may change depending on GMC derogations due to COVID

###### Summary of Year

|  |  |
| --- | --- |
| Progress toward completing **ALL 38** Acute Presentations by end of CT2. | Number |
| Progress toward completing **ALL 44** Practical Procedures by end of CT2 | Number |
| Structured Training Report x2 (one for each placement) | YES / NO(please circle) |
| Safeguarding Children Level 2 (upload certificate to ePortfolio) |  |
| Evidence of Audit or Quality Improvement Project (one every 12 months) |  |
| MSF – minimum of 12 responses (annual)with spread of participants as agreed with Educational Supervisor | Date |
| Progress in relevant post graduate examinations: |  |
| **ACCS AM trainees only** - Multi Consultant Review x 4 | YES / NO(please circle) |
| Progress toward achieving level 2 common competences confirmed by supervisor and trainee (red and blue man symbols) | YES / NO(please circle) |
| **EM Trainees only -** Upload certificates for ACCS teaching days attended. | Number |
| JEST and GMC Survey completion (evidence uploaded) | YES / NO(please circle) |

**To be completed by trainee and countersigned by Educational Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee signature:** |  | **Date:** |  |
| **Educational Supervisor signature:** |  | **Date:** |  |
| **Educational Supervisor name PLEASE PRINT** |  |

###### Emergency Medicine Trust \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Summative** assessments by an **EM Consultant** in at least **2 Major Presentations**  | **Date** | **Assessor’s name****and grade** |
| * CMP1 Anaphylaxis
 | Date | Name and grade |
| * CMP2 Cardio-respiratory arrest (or current ALS certification)
 | Date | Name and grade |
| * CMP3 Major Trauma
 | Date | Name and grade |
| * CMP4 Septic patient
 | Date | Name and grade |
| * CMP5 Shocked patient
 | Date | Name and grade |
| * CMP6 Unconscious patient
 | Date | Name and grade |
| **Summative** **Mini-CEX (or CBD)** by an **EM Consultant** in each of the following **5 Acute Presentations** |
| * CAP1 Abdominal Pain
 | Date | Name and grade |
| * CAP6 Breathlessness
 | Date | Name and grade |
| * CAP7 Chest Pain
 | Date | Name and grade |
| * CAP18 Head Injury
 | Date | Name and grade |
| * CAP30 Mental Health
 | Date | Name and grade |
| **Formative** assessments in **5 further Acute Presentations** 1 ACAT-EM. |
|  | Datee | Acute Presentations covered (CAP No) |
| ACAT |  |  |  |  |  |  |
| 10 other **Acute Presentations** Overall 6/12 Minimum Totals CBD (3) Mini-cex (4) |
|  CAP Number |  Assessment Type (please circle) |  Date |
| 1. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 2. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 3. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 4. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 5. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 6. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 7. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 8. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 9. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 10. | Teaching / Audit / E-learning / Reflection / WPBA |  |
|  Practical procedures as DOPS for each of the following during EM placement |
| * Fracture/Joint manipulation
 | Date |
| * Airway Maintenance
 |  |
| * Primary Survey
 |  |
| * Wound Care
 |  |
| * Any 1 other procedure (Specify PP No)
 |  |
| * Additional
 |  |
| * Additional
 |  |
| * Additional
 |  |

###### Acute Medicine Trust \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Formative** assessments in **2 Major Presentations** by a **Medical Consultant** | **Date** | **Assessor’s Name****and grade** |
| * CMP1 Anaphylaxis
 | Date | Name |
| * CMP2 Cardio-respiratory arrest
 | Date | Name |
| * CMP3 Major Trauma
 | Date | Name |
| * CMP4 Septic patient
 | Date | Name |
| * CMP5 Shocked patient
 | Date | Name |
| * CMP6 Unconscious patient
 | Date | Name |
|  **Formative** Assessments in **10 Acute Presentations** Overall 6/12 Min. Total – CBD (3) Mini-Cex (3) ACAT (3) |
|  | Date | Acute Presentations covered (CAP Number) |
| ACAT 1 |  |  |  |  |  |  |
| ACAT 2 |  |  |  |  |  |  |
| ACAT 3 |  |  |  |  |  |  |
| **Assessment** | CAP Number |  Date | Assessor |
| 1. CBD
 |  |  |  |
| 1. CBD
 |  |  |  |
| 1. CBD
 |  |  |  |
| 1. Mini-Cex
 |  |  |  |
| 1. Mini-Cex
 |  |  |  |
| 1. Mini-Cex
 |  |  |  |
| Further Assessments to cover a **TOTAL OF 20** (including above) Acute Presentations in **ACUTE MEDICINE.** |
|  CAP Number |  Assessment Type (please circle) | Date |
| 1. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 2. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 3. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 4. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 5. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 6. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 7. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 8. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 9. | Teaching / Audit / E-learning / Reflection / WPBA |  |
| 10. |

|  |
| --- |
| Teaching / Audit / E-learning / Reflection / WPBA |

 |  |
| **Practical procedures** as **5 DOPS MINIMUM** (from the 44 on curriculum) |
|  | Date |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**WORKPLACE BASED ASSESSMENTS FOR ACCS – CHECK LISTS FOR ALL STREAMS**

**This form is to be signed off at ARCP and scanned into the portfolio in PDF**

CORE MAJOR PRESENTATIONS – **4 must be done in CT1**, 2 in EM and 2 in AM; only 2 remaining for CT2 (ICM)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CMP | Presentation | Specialty | Assessor/grade | Assessment |
| 1 | Anaphylaxis\* |  |  |  |
| 2 | Cardio-respiratory arrest\* |  |  |  |
| 3 | Major Trauma |  |  |  |
| 4 | Septic patient (ideally assessed in ICM) |  |  |  |
| 5 | Shocked patient |  |  |  |
| 6 | Unconscious patient |  |  |  |

CORE ACUTE PRESENTATIONS - \*must complete in EM placement (summative form by an EM Cons).

**ALL** **must be completed by end of ACCS CT2 most should be completed in CT1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *CAP* | *Presentation* | *Specialty* | *Assessor/Grade* | *Assessment method* |
| ***1*** | ***Abdominal pain/loin pain\**** | ***EM*** |  |  |
| *2* | *Abdominal swelling/mass* | *EM/AM* |  |  |
| *3* | *Acute Back Pain* | *EM/AM* |  |  |
| *4* | *Aggressive/disturbed behaviour* | *EM/AM* |  |  |
| *5* | *Blackout/collapse* | *EM/AM* |  |  |
| ***6*** | ***Breathlessness\**** | ***EM*** |  |  |
| ***7*** | ***Chest Pain\**** | ***EM*** |  |  |
| *8* | *Confusion/Delirium* | *EM/AM/ICM* |  |  |
| *9* | *Cough* | *EM/AM* |  |  |
| *10* | *Cyanosis* | *EM/AM/ICM* |  |  |
| *11* | *Diarrhoea* | *EM/AM* |  |  |
| *12* | *Dizziness and Vertigo* | *EM/AM* |  |  |
| *13* | *Falls* | *EM/AM* |  |  |
| *14* | *Fever* | *EM/AM/ICM* |  |  |
| *15* | *Fits/Seizures* | *EM/AM/ICM* |  |  |
| *16* | *Haematemesis/Malaena* | *EM/AM* |  |  |
| *17* | *Headache* | *EM/AM* |  |  |
| ***18*** | ***Head injury\**** | ***EM*** |  |  |
| *19* | *Jaundice* | *EM/AM* |  |  |
| *20* | *Limb pain – atraumatic* | *EM/AM* |  |  |
| *21* | *Neck Pain* | *EM/AM* |  |  |
| *22* | *Oliguric Patient* | *EM/AM/ICM* |  |  |
| *23* | *Pain Management* | *EM/AM/ICM* |  |  |
| *24* | *Painful ear* | *EM/AM* |  |  |
| *25* | *Palpitations* | *EM/AM/ICM* |  |  |
| *26* | *Pelvic Pain* | *EM/AM* |  |  |
| *27* | *Poisoning* | *EM/AM* |  |  |
| *28* | *Rash* | *EM/AM* |  |  |
| *29* | *Red Eye* | *EM/AM* |  |  |
| ***30*** | ***Suicidal Ideation/mental health\**** | ***EM*** |  |  |
| *31* | *Sore Throat* | *EM/AM* |  |  |
| *32* | *Syncope/pre-sycnope* | *EM/AM* |  |  |
| *33* | *Traumatic limb/joint injuries* | *EM/AM* |  |  |
| *34* | *Vaginal Bleeding* | *EM/AM* |  |  |
| *35* | *Ventilatory support (NIV/CPAP/IPPV)* | *EM/AM* |  |  |
| *36* | *Vomiting and Nausea* | *EM/AM/Anaes* |  |  |
| *37* | *Weakness and paralysis* | *EM/AM/ICM* |  |  |
| *38* | *Wound management* | *EM/AM* |  |  |

PRACTICAL PROCEDURES (DOPS)

M= Mini-CEX, D=DOP, C=CBD, A=Anaesthetic Mini-CEX

\*may be done through simulation (max 3)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PP  | Specialty | Procedure | WPBA | Date | Assessor |
| 1 | ICM2 | Arterial Cannulation | D |  |  |
| 2 | ICM1 | Peripheral Venous Cannulation | D |  |  |
| 3 | ICM4 | Central Venous Cannulation | D |  |  |
| 4 | ICM3 | Arterial Blood Gas Sampling | M, D |  |  |
| 5 | AM | Lumbar Puncture\* | D |  |  |
| 6 | *EM/AM* | Pleural Tap and aspiration\* | D |  |  |
| 7 | *EM/AM/ICM* | Intercostal Drain – Seldinger\* | D |  |  |
| 8 | *EM/AM* | Intercostal Drain – Open\* | D |  |  |
| 9 | AM | Ascitic Tap\* | D |  |  |
| 10 | AM | Abdominal paracentesis\* | D |  |  |
| **11** | **EM** | **Airway Protection\*** | **D** |  |  |
| 12 | Any | Basic and advanced life support (valid ALS) | D |  |  |
| 13 | AM | DC Cardioversion\* | D |  |  |
| 14 | EM/AM | Knee Aspiration\* | D |  |  |
| 15 | AM | Temporary pacing (external/wire)\* | D |  |  |
| **16** | **EM** | **Reduction of fracture/dislocation** | **D** |  |  |
| 17 | EM | Large joint Examination | D |  |  |
| **18** | **EM** | **Wound management** | **D** |  |  |
| **19** | **EM** | **Trauma primary survey** | **D** |  |  |
| 20 | EM/AM | Initial assessment of acutely unwell | M,D |  |  |
| 21 | ICM | Secondary assessment of acutely unwell (ICM) | M,D |  |  |
| 22 | ICM5 | Connection to mechanical Ventilator | D |  |  |
| 23 | ICM6 | Safe use of drugs to facilitate ventilation | C |  |  |
| 24 | ICM8 | Managing “fighting” the ventilator | C |  |  |
| 25 | ICM7 | Monitoring respiratory function | C |  |  |
| 42 | ICM9 | Safe use of vasoactive drugs and electrolytes | M,C |  |  |
| 43 | ICM10 | Delivers a fluid challenge to unwell pt | C |  |  |
| 44 | ICM11 | Dealing with accidental trachy displacement | C |  |  |
|  |  |  |  |  |  |
| 26 | IAC | Pre-op assessment | A |  |  |
| 27 | IAC | Manage spontaneously breathing patient | A |  |  |
| 28 | IAC | Anaesthesia for laparotomy | A |  |  |
| 29 | IAC | Demonstrate RSI | A |  |  |
| 30 | IAC | Recover patient from anaesthesia | A |  |  |
| 31 | IAC | Demonstrate function of anaesthetic machine | D |  |  |
| 32 | IAC | Transfer patient to operating table | D |  |  |
| 45\* | IAC | Demonstrate CPR (valid ALS) | D |  |  |
| 33 | IAC | Scrubbing up/donning gown and gloves | D |  |  |
| 34 | IAC | Competencies for pain management/PCA | D |  |  |
| 35 | IAC | Patient identification | C |  |  |
| 36 | IAC | Post op N+V | C |  |  |
| 37 | IAC | Airway Assessment | C |  |  |
| 38 | IAC | Choice of muscle relaxant and induction agent | C |  |  |
| 39 | IAC | Post op analgesia | C |  |  |
| 40 | IAC | Post op oxygen therapy | C |  |  |
| 41 | IAC | Emergency Surgery | C |  |  |
| 46\* | IAC | Failed Intubation drills on manikin\* (part of IAC) | D |  |  |