ACCS EAST OF ENGLAND
Acute Care Common Stem Training Programme

NHS
Health Education England

ACCS CORE TRAINING PROGRAMME HANDBOOK 2022-2023

Version 5 – 23 March 2023

Trainee Name:	
GMC number:	
ACCS parent speciality:	
National training number:	
Base hospital:	
Educational supervisor:	
Emergency Medicine Dates: Clinical supervisor:	
Acute Medicine Dates: Clinical supervisor:	
Anaesthetics Dates: Clinical supervisor:	
Intensive Care Medicine Dates: Clinical supervisor:	

Contents

Introduction

Welcome to the East of England ACCS training programme comprised of:

CT/ST1:

Emergency Medicine (EM) - 6 months block

Acute Medicine (AM) - 6 months block

CT/ST2 –

Anaesthetics - 6 months block

Intensive Care Medicine (ICM) - 6 months block

CT/ST3 – 12 months in the trainee's parent speciality

CT/ST3 and 4 – 12-24 months in the trainee's parent speciality

The ACCS handbook has been designed to outline the requirements of the first two years of the ACCS training program. It will enable you to keep track of your progress and prepare for your Annual Review of Competence Progression (ARCP), which will take place in June/July.

Trainees should use their speciality specific e-Portfolio to record workplace based assessments (WPBA) and this handbook to keep track of progress and for the completion of specific forms as outlined in each section.

Please note that the primary guiding document is the ACCS curriculum handbook, available on https://www.accs.ac.uk

This handbook can be used alongside it.

Supervision and assessment

Educational supervisor (ES)

The educational supervisor is from the parent specialty and is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. They regularly meet with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. They are also responsible for the educational agreement, and for bringing together all relevant evidence to contribute to a summative judgement about progression at the end of the placement or a series of placements and to be included in an annual report.

Clinical supervisor (CS)

The clinical supervisor oversees the doctor's clinical work throughout a placement and should be a member of the trainee's clinical specialty team. The clinical supervisor leads on reviewing the doctor's clinical practice throughout a placement and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training. The clinical and educational supervisors, when meeting with the trainee, should discuss issues of clinical governance, risk management and any report of any untoward clinical incidents involving the trainee. If the clinical directorate (clinical director) has any concerns about the performance of the trainee, or there were issues of doctor or patient safety, these would be discussed with the trainee's clinical and educational supervisors. These processes, which are integral to trainee development, must not detract from the statutory duty of the trust to deliver effective clinical governance through its management systems. Educational and clinical supervisors need to be formally recognised by the GMC to carry out their roles. It is essential that training in assessment is provided for trainers and trainees in order to ensure that there is complete understanding of the assessment system, assessment methods, their purposes and use. Training will ensure a shared understanding and a consistency in the use of the WPBAs and the application of standards. Opportunities for feedback to trainees about their performance will arise through the use of the workplace based assessments, regular appraisal meetings with supervisors, other meetings and discussions with supervisors and colleagues, and feedback from ARCP.

Initial meeting with Educational or Clinical Supervisor

To be scheduled within 4 weeks of starting the rotation. A supervisor's initial educational meeting form is to be completed on the trainee's e-Portfolio. During the initial meeting, educational objectives will be set and these will be used to assess the trainee's progress in subsequent meetings. At this meeting a Personal Development Plan (PDP) should be completed detailing learning objectives for the post ahead, all anticipated aspirational study leave and agreed EDT (educational development time) activity. The trainee and supervisor should also both sign the educational agreement in the e-Portfolio at this time, recording their commitment to the training process. For full study leave guidance click here.

Mid-term meeting with Educational or Clinical Supervisor

To be scheduled at the beginning of the third month of the rotation. A supervisor's mid-term educational meeting form is to be completed on the trainee's e-Portfolio. PDP goals, attendance to educational activity and EDT activity should be reviewed.

Final meeting with Clinical Supervisor (when in a rotation outside trainee's parent specialty)

To be scheduled during the fourth month of the rotation and prior to the final Educational Supervisor's meeting if the trainee is in a post outside their parent specialty.
The supervisor's End of Placement review form should be completed and should state whether the trainee has achieved all the required competencies for the rotation (**or is 'on-track' to complete all of the required competencies before the end of the 6-month period of the rotation**).

ACCS EM Trainees: The trainees can create initial and mid-point forms for the CS to fill but the Clinical Supervisor has to create the 'end of placement report' on Kaizen.

ACCS Anaesthetic Stream Trainees Only - – If your EM/AM clinical supervisor requires access to the lifelong learning platform, they can fill a form on https://www.rcoa.ac.uk/form/access-llp which takes 7-10 working days to process. Until the **end of placement report** and the **Educational Supervisors End of Year Report** is developed on the lifelong learning platform, the MS word form version of the report template can be found here: https://www.accs.ac.uk/2021-curriculum/resources
You will still need to generate an ESSR for your ARCP which will pull through your year's documentation.

Final meeting with Educational Supervisor

To be scheduled at the end of the fourth month of training and at least four weeks prior to the trainee's scheduled ARCP.

The Educational Supervisors Report (ESR) is to be completed in advance of the ARCP panel so that any problems or missing evidence is identified and the trainee has adequate time to complete any outstanding competencies.

Evidence of achievement of the learning objectives together with the results of the WPBAs and all mandatory competency requirements will be reviewed and will form the content of the report.

When the trainee has been in a specialty outside their parent specialty, the educational reports of the clinical supervisor, including the Clinical Supervisor's End of Placement review will provide the evidence for completion of the report.

Included in the final report will be attendance at Regional Training Days and days of absence from training. Additional training time in the relevant speciality may have to be considered in the event of absence of more than 14 days per year. The programme for the regional training days are available on the HEEOE website, and is on a two year running programme.

The trainee should be made fully aware of the content of the report before it is submitted.

The ARCP panel will review the Educational Supervisors Report/Structured Training Report, and the trainee's e-Portfolio to confirm all required competencies have been achieved before the trainee is allowed to proceed to the next level of training.

For the ACCS ARCP 2022-23 Decision Aid please refer to www.accs.ac.uk website

https://www.rcoa.ac.uk/sites/default/files/documents/2023-03/ACCS%20ARCP%202022-23%20Decision%20Aid.pdf

Educational Development Time (EDT)

The ACCS 2021 curriculum (section 4.2.8 page 39) creates the opportunity to facilitate the acquisition of the essential general capabilities required for safe effective and high-quality care. This will assist with the development of important patient facing and non-patient facing skills. It is recommended that there is time allocated for such activities for ACCS trainees of any stream. As a minimum this would be expected to match the 3 hours per week SDT afforded to Foundation Year 2 doctors during the EM placement; and 2 hours per week in the Anaesthetic placement.

For position statement on EDT by ICACCST   please click here
https://static1.squarespace.com/static/60af5f9547c6de493e7a16ce/t/62baf3b8e55fe9333728a65c/1656419257295/ICACCST+EDT+Position+Statement+24-5-22.pdf

EM trainees will have keep a log of EDT activity that needs to available for ARCP panel to see. Suggested use of Educational Development Time (EDT) for EM trainees.

This is not an exhaustive list and activity should be directed toward trainee's personal development needs as agreed with their ES.

Non-Patient facing activity

1. Critical appraisal activity e.g. journal clubs (either as educator or learner)

2. Quality improvement projects and/or audit activity

3. Development of management portfolio, e.g. complaints, serious incident investigation, training or governance meetings, etc.

4. Teaching and development of as an educator

5. Simulation and development/maintenance of procedural skills

6. Research activities

Local teaching on these activities may be included in EDT as long as it fits with the trainee's personal development plan

Patient facing

1. To ensure coverage of broader skills within EM, e.g. normal delivery, ophthalmology/ENT/ fracture/MSK clinics / minor injuries/ anaesthesia/ maintenance of resuscitation skills

2. To enable trainees to see ED patients from the full scope of EM practice

3. Development or maintenance of critical care and procedural skills - anaesthesia/ ICM/ respiratory/US/Sedation

4. Maintenance of Paediatric Emergency Medicine skills

5. Maintenance of Pre-Hospital Emergency Medicine (for trainees who have completed PHEM training)

6. Use of EDT time for procedural skills required in learning outcome 5, or to catch up on specific areas as detailed in your ARCP CT1 outcome form.

Best Practice

• There should be a timetabled log of activity and skills / achievements recorded and uploaded to the e-portfolio to be reviewed by the educational or clinical supervisor at every quarterly meeting.

• Areas for development should be detailed in trainees' personal development plan and progress monitored.

In the event of service pressure issues, The Training Standards committee recommends that EDT which is cancelled for service provision issues, is replaced at a later date.

For ACCS2 trainees (of any stream) doing their anaesthesia and ICM blocks:

The 2021 CCT curriculum in anaesthesia includes reference to the General Medical Council's nine domains of Generic Professional Capabilities. The RCoA published guidance in November 2021 for Educational Development Time for Anaesthetists in Training relevant for the Stage 1 on the ACCS training pathway. Please follow this link for the guidance for the use of this time, which includes planning the time in advance with your clinical supervisor, and undertaking this time on site unless exempted for the stated reasons. (https://www.rcoa.ac.uk/training-careers/training-hub/2021-curriculum/guidance-educational-development-time)

Please note that this guidance replaces the School's previous "Study leave for non-clinical units of training (Generic Professional Capabilities)". No specific funding is available for this activity. Your local Trust will coordinate this with you – please discuss with your local educational supervisor / college tutor. Please note that in contrast to previous arrangements within the School, this time no longer forms part of your study leave allowance.

Portfolios

All three ACCS parent specialties (Emergency Medicine, Acute Medicine and Anaesthetics) have electronic portfolios. Each ACCS trainee must register with their Specialty College and maintain an up-to-date e-portfolio throughout their training program. The e-portfolio should contain a complete record of the trainee's training experience. All three portfolios are designed to record the required educational supervision meetings, workplace based assessments, multi-source feedback, reflective notes and ARCP outcomes and all have a facility to allow trainees to upload additional evidence to a personal library.

Emergency Medicine ACCS Trainees

Emergency Medicine stream trainees should use the Kaizen portfolio

ACCS EM Trainees need to register with the Royal College of Emergency Medicine. Click here for further information.

Anaesthetics ACCS Trainees

ACCS Anaesthetic stream trainees should use the Royal College of Anaesthetists LifeLong Learning Platform

Acute Medicine ACCS Trainees

ACCS Acute Medicine stream trainees should use the NHS e-Portfolio

ACCS AM Trainees need to register with the Joint Royal Colleges of Physicians Training Board (JRCPTB)

Entrustment Levels

(See page 43, 47-49) FINAL 2021 Curriculum for ACCS Training v1.2.pdf (rcoa.ac.uk)

These are the entrustment levels, and recommended evidence for each SLO, at the end of the respective placements:

	Clinical ACCS SLOs	Recommended Evidence	EM	AM	An	ICM
SLO 1	Care for physiologically stable adult patients presenting to acute care across the full range of complexity	Mini-CEX; ACAT; CbD; Reflective entries; E-learning module completion/self-directed learning, Logbook, Entrustment decision, MSF	2b	2b		
SLO 2	Make safe clinical decisions, appropriate to level of experience, knowing when and how to seek effective support	Mini-CEX, CbD, ACAT, Logbook, learning activity relating to clinical reasoning; reflective activity, Entrustment decision, MSF, Feedback from patients	2a	2a		
SLO 3	Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop	Mini-CEX, CbD, ACAT, DOPS, Logbook, Entrustment decision, MSF, Feedback from patients, reflective activity	2a	2a	2a	2a
SLO 4	Care for acutely injured patients across the full range of complexity	Reflective activity, Mini-CEX CbD ACAT DOPS, Logbook, Entrustment decision, MSF, Feedback from patients	2b			
SLO 5	Deliver key ACCS procedural skills	DOPS, Record of skills lab activity, logbook, Entrustment decision, MSF	Refer to Clinical ACCS LO 5 table			
SLO 6	Deal with complex and challenging situations in the workplace	Mini-CEX, Logbook, Entrustment decision, MSF, Feedback from patients, CbD	2a	2a	2a	2a
SLO 7	Provide safe basic anaesthetic care including sedation	e-Learning, Mini-CEX, CbD, DOPS, Logbook, Entrustment decision, MSF, HALO in Sedation, IAC			2b 2a for sedation	
SLO 8	Manage patients with organ dysfunction and failure	e-Learning, Mini-CEX, CbD, DOPS, Logbook, Entrustment decision, MSF				2a
	Generic ACCS SLOs					
SLO 9	Support, supervise and educate	Teaching Observation, MSF, ES report, Relevant	*ES report*			

SLO		
		training course, End of placement reports
SLO 10	Participate in research and managing data appropriately	e-Learning module completion/ self-directed learning, MSF MRCP(UK), ES annual report, GCP certificate (if involved in clinical research) or equivalent, Evidence of literature search and critical appraisal of research, Use of clinical guidelines, Quality improvement and audit, Evidence of research activity, End of placement reports
SLO 11	Participate in and promote activity to improve the quality and safety of patient care	QIPAT, e-Learning module completion/ self-directed learning MSF, ES annual report, End of placement reports

SLO 5 Procedural Skills SLO

Procedure	Programme of learning	Programme of assessment
Pleural aspiration of air (Entrustment requirement: 2a)	1. e-learning module 2. Simulated practice or supervised practice on patient	DOPS
Chest drain: Seldinger technique (Entrustment requirement: 2a)	1. e-learning module 2. Simulated practice or supervised practice on patient	DOPS
Chest drain: open technique (Entrustment requirement:1)	1. e-learning module 2. Simulated practice and/or supervised practice on patient 3. National Safety Standards for Invasive Procedures (NatSSIPs) checklist 4. ATLS or equivalent trauma course	1. DOPS **OR** Supervised practice on patient with reflection recorded 2. Simulated practice with reflection recorded **OR** ATLS certificate
Establish invasive monitoring: CVP & arterial line (Entrustment requirement: 2a)	Simulated practice and/or supervised practice	DOPS for CVP line **AND** DOPS for arterial line

Vascular access in Emergency (intraosseous infusion and femoral vein) (Entrustment requirement: 1)	1. Simulated practice and/or supervised practice 2. ATLS or similar trauma course	DOPS **OR** Supervised practice on patient with reflection recorded **OR** Simulated practice with reflection recorded
Fracture/dislocation manipulation (Entrustment requirement:1)	Supervised practice on patient	DOPS **OR** Supervised practice with reflection recorded
External pacing (Entrustment requirement: 2a)	1. e-learning module on bradyarrhythmias 2. Simulated practice and/or supervised practice on patient 3. ALS course	DOPS **OR** Supervised practice on patient with reflection recorded **OR** Simulated practice with reflection recorded
Direct current cardioversion (Entrustment requirement: 2a)	1. e-learning module on broad and narrow complex tachycardias 2. Simulated practice and/or supervised practice 3. ALS course	DOPS **OR** Supervised practice on patient with reflection recorded **OR** Simulated practice with reflection recorded
Point of care ultrasound-guided vascular access and fascia iliaca nerve block (Entrustment requirement: 2a)	1. Simulated practice and/or supervised practice on patient 2. Modular level 1 theory training 3. Start logbook (Aim 1 scan per 2 weeks minimum)	1) DOPS for peripheral and central vascular access **AND** DOPS for fascia iliaca nerve block 2) Log book
Lumbar puncture (Entrustment requirement: 2a)	1. e-learning module 2. Simulated practice and/or supervised practice on patient	DOPS

ACCS Assessments Tools:

- **ACAT** - Acute Care Assessment Tool
- **ALS** - Advanced Life Support
- **CbD** - Case-based Discussion
- **DOPS** - Direct Observation of Procedural Skills
- **GCP** - Good Clinical Practice
- **GPC** - General Professional Capabilities
- **HALO Holistic Assessment of Learning Outcome** - The HALO assessment is a tool used in anaesthetic training. A satisfactorily completed HALO form provides evidence that a trainee has achieved the key capabilities required to demonstrate attainment of particular elements in training. In ACCS these elements are:

    1. Procedural sedation in adults

2. Basic anaesthetic care

Supervisors draw upon a range of evidence including the logbook of cases completed, Structured Learning Events (SLEs), examples of evidence set out in the curriculum document, and consultant feedback to inform their decision as to whether the element has been achieved. The logbook review should consider the mix of cases, level of supervision and balance of elective and emergency cases, if relevant. Evidence for achievement of key capabilities and learning outcomes will be uploaded to the trainee's e-portfolio and will be linked to the relevant stage learning outcome. The supervisor will be able to review this evidence at the end of a stage of training to complete the HALO but it is expected that the evidence will be collected and linked throughout the stage of training period so that educational supervisors and ARCP panels are able to review progress.

- **IAC** - Initial Assessment of Competence
- **MiniCEX** - Mini-Clinical Evaluation Exercise
- **MTR/MCR** - Multiple Trainer Report/Multiple Consultant Report: In anaesthesia, ICM and acute medicine, panel opinion is collated using a Multiple Trainer or Consultant Report (MTR/MCR). These differ from a MSF as it concerns a trainee's progress with key capabilities and learning outcomes. At least one MTR/MCR will be required in each six-month block in anaesthesia, ICM and IM. There should be a minimum of 3 consultants.
- **MSF** - Multi-Source Feedback - The trainee is expected to have multisource feedback with a minimum of 12 responses, including 2 from consultants, at least once a year. However, we recommend that you do one in each placement to triangulate your evidence. In addition, each parent specialty has a unique form of multi-consultant review that must be completed prior to the end of the rotation.
- **QIPAT** - Quality Improvement Project Assessment Tool
- **TO** - Teaching Observation
- **FEG –** Faculty Educational Governance **-** Final FEG statements are made towards the end of a given block of training in an Emergency Medicine placement. This is typically six months (whole time equivalent) during ACCS. However, with most approaches to FEG, it should be possible for the faculty to indicate to the trainee their general progress towards the final FEG statement at regular intervals ahead of time.

In order to demonstrate completion of the ACCS training programme in its entirety, trainees are first required to complete this ACCS curriculum in full, as this is a critical progression point for further training in each of the parent specialties. At this point trainees will continue to train as detailed for the relevant level of training (i.e. 'Stage 1' or 'Intermediate') as defined in the curriculum of the respective Royal College.

ACCS CT/ST1 (Emergency Medicine and Acute Medicine)

During the first year of the ACCS programme, you will spend 6 months in Emergency Medicine and 6 months in Acute Medicine. The specialties are complimentary and you are expected to encounter many of the same presentations during both rotations.

Please note however, SLO4 (Care for acutely injured patients across the full range of complexity) can only be completed in Emergency Medicine. Aim to spend some time in minors/see and treat area so that you can evidence learning events for this LO. The key descriptors for this LO are available at https://www.accs.ac.uk/2021-curriculum/accs-los.

You will gather evidence of competency across a broad curriculum. The evidence must take the form of work-place based assessments (WBPAS) where specified and additional competencies may be demonstrated with a combination of e-learning, reflective entries, teaching, and audit.

It is recognised that some rare presentations may only be encountered in a simulation session or life support course. WBPAS can be requested on courses in the same way that they are requested in real practice but should make up only a small number of your overall competency assessments and should only be required for the presentations that you are less likely to encounter in everyday practice.

It is recommended that you start early to gather evidence in the form of WPBAs and other documentation. Remember that the final Educational Supervisor's meeting should take place 4 weeks in advance of your scheduled ARCP.

For all ACCS trainees, there is a logbook available on our website https://heeoe.hee.nhs.uk/emergency_medicine/handbooks-guidelines . We do not recommend other logbook apps as there are data protection issues and the apps are not maintained by the developers.

For Clinical presentations and conditions of ACCS by system / specialty, please see page 27-32 on: https://www.rcoa.ac.uk/sites/default/files/documents/2021-06/2021%20Curriculum%20for%20ACCS%20Training%20v1.0.pdf

During your time in each specialty, you should attend all locally arranged educational sessions and the required ACCS Regional Training Days. (Please see ACCS regional training section of this handbook for further information)

During the Emergency Medicine placement, Faculty Governance Statement will be completed by your supervisor.

During the Acute Medicine placement, MCR (at-least 3 Consultant response) needs to completed. For EM trainees, request for this is generated by the trainee in kaizen.

ACCS-1 Rotation Timeline August 2022 to August 2023. For Anaesthesia trainees, the LLP requires the trainee to generate the ACCS MCR/MTR.

3 August	First Rotation		E-portfolio and Documentation
Date TBC	Trust Induction	Date and program set by your Trust	Register for e-portfolio of parent specialty.
Date TBC	Department Induction	Date and program set by the Department you are joining	Confirm post and Educational Supervisor are on e-portfolio. Confirm curriculum for current rotation and common competencies are visible on e-portfolio.
12 August	ACCS-1 Induction	Induction to ACCS Program for all ACCS-1 trainees Online format Access information will be sent by email	Review ACCS Handbook to familiarise yourself with the requirements of current rotation.
Prior to first Educational Supervisor Meeting			Complete Personal Development Plan in e-portfolio. Include required and aspirational study leave, include proposed activity for EDT time. Label a folder in your Personal Library on e-portfolio for your current rotation (e.g ACCS-1 Emergency Medicine)
3-17 August	Educational Supervisor Initial Meeting	Trainee to arrange meeting within 2 weeks of rotation start date	Confirm supervisor meetings are documented in e-portfolio.
3-17 August	Clinical Supervisor Initial Meeting	Trainee to arrange meeting within 2 weeks of rotation start date	Discuss the process for requesting work-place based assessments with your Clinical Supervisor. Review the ARCP decision aid for your rotation to be sure you know what competencies are required.
See heeoe website for regional training programme	Regional Training Day Educational Program starts.	Programme and further information will be forwarded to all ACCS trainees.	Face to face / Online format. Trainee-led. Consultant and registrar delivered. ACCS EM, AM and Common Competencies Curriculum content. Eligible for study leave per local Trust arrangements.

1-13 November	Clinical Supervisor Mid-Term Meeting Request MSF	Trainee to arrange at mid-point of rotation Trainee to send MSF ticket requests	Review documentation of competencies with your Clinical Supervisor. Plan for the completion of outstanding competencies.
10 – 31 January	Clinical Supervisor End of Placement Meeting	Trainee to arrange Supervisor will review all documentation and complete End of Placement Meeting Form	Confirm documentation is complete. All trainees require: WPBAs complete Exam certificates Life support course certificates Child Protection Certificate MSF Entrustment level recommendations from supervisor For anaesthesia stream trainees, until the **end of placement report** is developed on the lifelong learning platform, the MS word form version of the report template can be found at https://www.accs.ac.uk/2021-curriculum/resources
1 February	**Second Rotation**		Confirm post and Educational Supervisor are on e-portfolio.
Date TBC	Department Induction	Date and program set by the Department you are joining	Review ACCS Handbook to familiarise yourself with the requirements of current rotation. Complete Personal Development Plan in e-portfolio.
1-15 February	Clinical Supervisor Initial Meeting	Trainee to arrange within 2 weeks of rotation start date	Discuss the process for requesting work-place based assessments with your Clinical Supervisor. Review the ARCP decision aid for your rotation to be sure you know what competencies are required.
1-15 February	Educational Supervisor Mid-Term Meeting	Trainee to arrange within 2 weeks of rotation start date. Educational Supervisor to review outcome of first rotation.	
11-29 April	Clinical Supervisor Mid-Term Meeting	Trainee to arrange	Review documentation of competencies with your Clinical Supervisor. Plan for the completion of outstanding competencies.

22 May to 2 June	Clinical Supervisor End of Placement Meeting	Trainee to arrange	Confirm documentation is complete. All trainees require: WPBAs complete Exam certificates Life support course certificates Child Protection Certificate MSF Entrustment levels recommendations from supervisor For anaesthesia stream trainees, until the **end of placement report** is developed on the lifelong learning platform, the MS word form version of the report template can be found at https://www.accs.ac.uk/2021-curriculum/resources
1 to 12 June	Educational Supervisor Final Meeting	Trainee to arrange 2 weeks prior to ARCP	If Educational Supervisor is completing the End of Placement review, please see the list above. Educational supervisors end of year report to be completed. For anaesthesia trainees, until the Educational Supervisors end of year report is available on the LLP, it is available at https://www.accs.ac.uk/2021-curriculum/resources. In addition, you will need an ESSR generating for your ARCP. Your ES can write 'See ES report' for ES comments.
1-31 May	ARCP dates set Form R sent to trainees	Trainees will receive ARCP information by email from HEEoE.	Complete Form R and return it to HEEoE.
6-30 June TBC	ARCP	Dates to be confirmed but are usually held during the last 2 weeks of June. Trainees receive notification of the ARCP outcome by email from HEEoE.	ARCP panel will review all documentation in the 2 weeks prior to your scheduled ARCP. Most ARCPs take place in absentia.

Annual Review of Competence Progression

The Annual Review of Competency Progression (ARCP) process is the means by which doctors in training are reviewed each year to ensure that they are offering safe, quality patient care, and to assess their progression against standards set down in the curriculum for their training programme.

It is also the process through which their full scope of work review is undertaken to satisfy revalidation requirements.

ARCP Decision Aid

https://www.rcoa.ac.uk/sites/default/files/documents/2023-03/ACCS%20ARCP%202022-23%20Decision%20Aid.pdf

Please create a file in your personal library on e-portfolio labeled: ARCP CT-1 or ARCP CT2-2

All paper-based evidence must be scanned and uploaded to the ARCP CT-1 or ARCP CT2-2 file with an appropriate title (e.g. ALS Certificate 2018)

For *Anaesthesia stream* trainees using the LLP please label your evidence clearly. The ESSR should pull through your year's evidence. Please note that it is the ACCS MCR/MTR which you need to generate, not the tab which says 'multiple trainer report'. The 'multiple trainer report' tab is for your CT3 year onwards.

The decision aid above should be used as guidance to be certain you are completing all of the required competencies as you progress through your training year.

Work-place-based assessments or specific training modules must be completed, signed, uploaded and linked to the SLO's on your e-portfolio as evidence that you have achieved the adequate entrustment level.

Keeping up with your e-portfolio as you go along will prevent any last minute rushes. Remember your MSF should be completed in good time before your ARCP. Please ensure that your Educational Supervisor report has been reviewed and approved by your Educational Supervisor and College tutor so that it is uploaded and ready **TWO WEEKS** prior to your ARCP date. If this is not done in a timely manner may result in an outcome 5 (Incomplete evidence presented – additional training time may be required) at your ARCP.

SECOND YEAR: **ACCS CT2 (ANAESTHETICS / ICM)**

By the end of CT2, all 11 Learning Outcomes should be complete. Therefore, you should continue to map to all your learning outcomes which have not yet been signed off.

Anaesthetics

You will be invited to attend an Introductory day at the start of your rotation. This day is organised by Dr Hasanthi Gooneratne, HEE EoE School of Anaesthesia Education TPD, and the Anaesthesia core Training Programme Directors, Dr Serena Goon and Dr Nina Walton. Dr Gooneratne will also invite you to novice anaesthesia training days.

In CT2, you will be sent your novice regional training programme for anaesthesia during your anaesthesia placement via email. These are **COMPULSORY**. These are the priority over your specialty training days. There is a two year training programme uploaded onto the heeoe website for the ACCS programme.

You can attend the core training regional training days targeted towards the primary FRCA, available on the heeoe website: https://heeoe.hee.nhs.uk/anaesthesia/east-england-anaesthesia-regional-training-days. We recommend you attend these only if you will be sitting the primary FRCA.

You can attend CT1 training days if you have missed them in your first year and would like to catch up with them.
For anaesthesia stream trainees only: ACCS CT2 EM targeted training days are not mandatory for your stream. Consider attending the primary FRCA anaesthesia teaching which is on an 18 month rolling programme available here: https://heeoe.hee.nhs.uk/anaesthesia/east-england-anaesthesia-regional-training-days

Logbook

All trainees should maintain a logbook of their anaesthetic cases, from the *start* of ACCS anaesthesia which **needs to be available to your ARCP panel as a summary report by age, speciality, ASA grade and level of supervision.** Theatres in individual trusts may collate this electronically. Trainees should ensure that their name is in the theatre "book" and that their involvement with cases is kept on record. It is highly recommended that Anaesthetic stream trainees use the logbook which is part of the LLP as the information is automatically pulled into the ARCP documentation. We do not recommend other logbook apps as there are data protection issues and the apps are not maintained by the developers.

Keep this record from the start of ACCS CT 2. If the necessary evidence is not available at a trainee's ARCP, it is difficult to obtain the information in retrospect.

For AM and EM stream trainees, there is a logbook available on our website:

https://heeoe.hee.nhs.uk/emergency_medicine/handbooks-guidelines

IAC

The Initial Assessment of Competence (IAC) is available on the following link:

https://www.rcoa.ac.uk/sites/default/files/documents/2021-06/EPA-1and2-workbook.pdf

Anaesthesia stream trainees should map evidence to their stage 1 14 domains where relevant, even whilst they are in their CT1/2 ACCS years. The Stage 1 training handbook is available here:

https://heeoe.hee.nhs.uk/sites/default/files/2021-08_-_core_handbook_1.pdf

For those trainees who have done CT1 under the old 2010 curriculum, you do not need to repeat LO 1, 2 and 4. You can upload your CT1 ESSR and ARCP to those learning outcomes, and ask your ES to sign them.

https://www.rcoa.ac.uk/documents/2021-anaesthetics-curriculum-guidance-accs-anaesthetists-training-educational-0

Trainees are expected to successfully complete the HALO for procedural sedation as per the RCoA Stage 1 curriculum. Click here for details of the procedural sedation domain of learning https://www.rcoa.ac.uk/documents/2021-curriculum-learning-syllabus-stage-1/procedural-sedation

This involves:

· Conducting appropriate pre-assessment of patients with respect to sedation, understanding patient related risk factors, and planning accordingly

· Choosing safe, appropriate sedative drugs to deliver conscious sedation

· Describing the particular dangers associated with the use of single or combinations of sedative drugs, particularly in the frail, elderly or critically ill patient and those requiring transfer

· Monitoring a sedated patient's physiology appropriately

· Ensuring the provision of safe post-procedural care

· Explaining the different levels of sedation and being able to appreciate the risks associated with these

· Being able to recognise and manage the complications of sedation

Entrustment Decisions:

· IAC: Level 2b

· Sedation: Level 2a

Please refer to the ACCS website, learning outcome 7, which should be signed off in its entirety:

https://www.accs.ac.uk/2021-curriculum/accs-los

Evidence may be linked to different key   capabilities/descriptors. Therefore, trainers & trainees need   to know the breadth of curriculum (across domains) in order to have an understanding of which key capabilities/descriptors can be linked.

Anaesthesia stream ACCS trainees – remember to get your stage 1 sedation HALO signed, and cross link evidence to your stage 1 anaesthesia at the same time. You need to show progress in all GPCs and other HALOs for stage 1 anaesthesia. See https://heeoe.hee.nhs.uk/anaesthesia/training-east-england-school-anaesthesia/arcp

Remember that you need the ACCS MCR/MTR on your LLP (not the 'multiple trainer report' tab, which is for your CT3 year onwards).

Once some evidence has been linked to capabilities in a HALO the anaesthetist in training should click on the **'Create HALO'** tab. This will turn the HALO blue and allows the trainer to see what evidence has been linked to the key capability clusters and the supervision levels that have been recorded for individual WBPAs.

Requirements for LO7:

Learning outcome 7 signed off

HALO in sedation

Anaesthetic logbook

MTR (at least 3 responses)

MSF one per year minimum (recommended one per placement)

IAC (EPA1 and 2). Every descriptor/key capability should be mapped to. There should be a selection of WBPAs which demonstrate the required entrustment level. If not all are at the required level, the HALO or EPA1/2 (IAC) can still be completed if the assessment faculty agree that the trainee is performing safely at the required level. This should be supported by the Multiple Trainer Report feedback.

Continue to contribute to other learning outcomes including non-clinical LOs

End of placement report. For anaesthesia stream trainees, until the **end of placement report** is developed on the lifelong learning platform, the MS word form version of the report template can be found at https://www.accs.ac.uk/2021-curriculum/resources

 For EM stream trainees the form must be created in Kaizen by your clinical supervisor.

Intensive Care Medicine

This unit is delivered in a single 6-month block. During ACCS training in ICM, the trainee will be introduced to the knowledge and skills required for ICM. A broad-based outline knowledge of the wide range of problems which are seen in ICM is necessary at stage 1 level. Greater understanding and expertise can then be built upon this during higher stages of training should trainees wish to pursue ICM as a career. Comprehensive ICM e learning modules are available on bridge. All ACCS trainees should access the e learning modules available on bridge, prior to their ICM regional teaching half day. This will allow you to make the most of your regional teaching day. The ICM regional teaching half day is **COMPULSORY**.

Resources:

1) ICM learning on Bridge

2) FICM e-learning modules via e-LFH

3) For Neurocritical care, NACCS have recently launched their e-learning, all endorsed by FICM on https://naccs.org.uk/resource/contents/

4) The Basic Assessment and Support in Intensive Care course is a relevant course for novices

The new ICM Curriculum is available at

 http://www.ficm.ac.uk

Trainees are expected to successfully complete the HALO for ICM as per the RCOA stage 1 curriculum: https://www.rcoa.ac.uk/documents/2021-curriculum-learning-syllabus-stage-1/intensive-care

Those trainees that pursue Anaesthetic Stage 1 Training Post-ACCS should not train any further in ICM until they reach the level of Specialist Trainee, and so should sign off their ICU HALO at the same time as their Learning Outcome 8 HALO.

All trainees should keep a logbook – a procedural logbook (required for learning outcome 5) including ultrasound. In addition they should keep a clinical case mix portfolio – with date; diagnosis; system support; learning point; personal involvement; level of supervision, for cases they have been heavily involved in. This can be on an anonymised excel spreadsheet. There is no minimum number of cases or procedures that need to be logged.

You should provide evidence for every descriptor of learning outcome 8.

For 'Recognises the acutely ill child and initiates management of paediatric emergencies', evidence that can be used includes: APLS, e-learning, simulation, and cases managed during the EM placement.

Requirements for learning outcome 8:

HALO for learning outcome 8 signed off

Logbook – a procedural logbook including ultrasound; an ICU case mix logbook

MCR (at least 3 responses)

MSF one per year minimum (recommended one per placement)

Entrustment decision

Continue to contribute to other learning outcomes including non-clinical LOs

End of placement report. For anaesthesia stream trainees, until the **end of placement report** is developed on the lifelong learning platform, the MS word form version of the report template can be found at https://www.accs.ac.uk/2021-curriculum/resources. At the end of CT2, the educational supervisors end of year report is also available at: https://www.accs.ac.uk/2021-curriculum/resources. In addition, please generate an ESSR so that your year's work is pulled into a visible ESSR in the LLP.

 For EM trainees, the educational supervisors end of year report should be created by the supervisor on Kaizen.

ACCS-2 Rotation Timeline August 2022 to August 2023

4 August	First Rotation		E-portfolio and Documentation
Date TBC	Trust Induction	Date and program set by your Trust	Register for e-portfolio of parent specialty Confirm post and Educational Supervisor are on e-portfolio. Confirm curriculum for current rotation and common competencies are visible on e-portfolio.
Date TBC	Department Induction	Date and program set by the Department you are joining	
Prior to ACCS-2 Induction			Review ACCS Handbook to familiarise yourself with the requirements of current rotation.
5 August	ACCS-2 Introduction to Anaesthetics	Induction for all ACCS-2 trainees Online format Access information will be sent by email	Complete Personal Development Plan in e-portfolio. Include required and aspirational study leave. Label a folder in your Personal Library on e-portfolio for the year of training.
Aug/Sept – regional training programme starts – available on heeoe website	Regional Training Day Educational Program starts.	Programme and further information will be forwarded to all ACCS trainees. In the CT2 year, the Anaethesia and ICM teaching is compulsory and takes precedence. Days missed in CT1 days can be attended.	Face to face / Online format. Trainee-led. Consultant and registrar delivered. Anaesthesia/ICM teaching. Eligible for study leave per local Trust arrangements.
3-17 August	Educational Supervisor Initial Meeting	Trainee to arrange meeting within 2 weeks of rotation start date	Confirm supervisor meetings are documented in e-portfolio

3-17 August	Clinical Supervisor Initial Meeting	Trainee to arrange meeting within 2 weeks of rotation start date	Discuss the process for requesting work-place based assessments with your Clinical Supervisor. Review the ARCP checklist for your rotation to be sure you know what competencies are required.
August - October	ACCS2 - Anaesthesia rotation Teaching	You will receive details from the school of anaesthesia	Consists of 3 lecture type days and 1 simulation session
September/October	ACCS2 – ICM rotation teaching		Half day session based on clinical scenarios – compulsory. Bridge e learning modules to be completed prior.
1-14 November	Clinical Supervisor Mid-Term Meeting Request MSF	Trainee to arrange at mid-point of rotation Trainee to send MSF ticket requests	Review documentation of competencies with your Clinical Supervisor. Plan for the completion of outstanding competencies.
10 – 30 January	Clinical Supervisor End of Placement Meeting	Trainee to arrange Supervisor will review all documentation and complete End of Placement Meeting Form	Confirm documentation is complete. All trainees require: WPBAs complete Exam certificates Life support course certificates Child Protection Certificate MSF – at least one for the year. Ideally one per placement Entrustment levels recommendations from supervisor **ACCS-2 Anaesthetics Rotation: Learning Outcome 7** **Anaesthetic Logbook** **IAC signed (and EPA1/2)** **HALO in sedation** **MTR – minimum 3 responses**

			End of placement report
			ACCS-2 ICU Rotation – Learning outcome 8):
			Logbook
			Entrustment decision
			MCR – minimum 3 responses
			HALO
			End of placement report
			For anaesthesia stream trainees, until the **end of placement report** is developed on the lifelong learning platform, the MS word form version of the report template can be found at https://www.accs.ac.uk/2021-curriculum/resources
2 February	**Rotation Start Second Post**		Confirm post and Educational Supervisor are on e-portfolio.
Date TBC	Department Induction	Date and program set by the Department you are joining	Review ACCS Handbook to familiarise yourself with the requirements of current rotation. Complete Personal Development Plan in e-portfolio.
February - April	ACCS2 - Anaesthesia rotation Teaching		Consists of 3 lecture type days and 1 simulation session
March/April	ACCS2 – ICM rotation teaching		Half day session based on clinical scenarios – compulsory. Bridge e learning modules to be completed prior.
1-15 February	Clinical Supervisor Initial Meeting	Trainee to arrange within 2 weeks of rotation start date	Discuss the process for requesting work-place based assessments with your Clinical Supervisor. Review the ARCP checklist for your rotation to be sure you know what competencies are required.
1-15 February	Educational Supervisor	Trainee to arrange within 2 weeks of rotation	

	Mid-Term Meeting	start date. Educational Supervisor to review outcome of first rotation.	
10-28 April	Clinical Supervisor Mid-Term Meeting	Trainee to arrange	Review documentation of competencies with your Clinical Supervisor. Plan for the completion of outstanding competencies.
22 May to 2 June	Clinical Supervisor End of Placement Meeting	Trainee to arrange	Confirm documentation is complete. All trainees require: WPBAs complete Exam certificates Life support course certificates Child Protection Certificate MSF – at least one for the year. Ideally one per placement Entrustment levels recommendations from supervisor **ACCS-2 Anaesthetics Rotation: (Learning Outcome 7) - HALO** **Anaesthetic Logbook** **IAC** **HALO in sedation** **MTR – minimum 3 responses** **End of placement report** **ACCS-2 ICU Rotation (Learning outcome 8): Entrustment decision** **Logbook** **MCR – minimum 3 responses** **HALO**

			End of placement report
			At the end of CT2, all 11 learning outcomes should be complete For anaesthesia stream trainees, until the **end of placement report** is developed on the lifelong learning platform, the MS word form version of the report template can be found at https://www.accs.ac.uk/2021-curriculum/resources
1 to 12 June	Educational Supervisor Final Meeting	Trainee to arrange 2 weeks prior to ARCP	If Educational Supervisor is completing the End of Placement review, please see the list above. Educational supervisors end of year report to be completed. For anaesthesia trainees, until the Educational Supervisors end of year report is available on the LLP, it is available at https://www.accs.ac.uk/2021-curriculum/resources. In addition, you will need an ESSR generating for your ARCP. Your ES can write 'See ES report' for ES comments.
1-31 May	ARCP dates set Form R sent to trainees	Trainee will receive ARCP information by email from HEEoE	Complete Form R and return it to HEEoE.
16-30 June TBC	ARCP	Dates to be confirmed but are usually held during the last 2 weeks of June. Trainees receive notification of the ARCP outcome by email from HEEoE.	ARCP panel will review all documentation in the 2 weeks prior to your scheduled ARCP. Most ARCPs take place in absentia. Your evidence must therefore be available at 2 weeks prior to ARCP

What Happens Next?

In order to progress into further training at 'Stage 2' or 'Higher' level in each of the parent specialties, trainees must demonstrate achievement of all of the learning outcomes as detailed for the relevant level of training in their respective parent specialty's curriculum (i.e. 'Stage 1' or 'Intermediate').

Anaesthetics & ICM

In addition to the ACCS LOs, completion of the ACCS (Anaesthetics) training

Programme requires achievement of the 14 domains for completion of 'Stage 1' of the Anaesthetics curriculum. 'The ACCS Stage 1 tab on the Lifelong Learning platform will have all 11 ACCS learning outcomes, plus the 14 domains for Stage 1 Anaesthesia, and the EPAs. During your time in the ACCS training, you should already be linking evidence to your Stage 1 anaesthesia domains where applicable. The primary FRCA examination should be completed by the end of stage 1 training.

Acute medicine

In addition to the ACCS LOs, completion of the ACCS (Internal Medicine) training programme requires achievement of the learning outcomes for completion of 'Stage 1' of the Internal Medicine curriculum. It is not expected that trainees who choose ACCS core training will apply for non-acute (group 2) physician specialties. However, if they wish to, they will be eligible to apply for a group 2 specialty if they complete four years of the ACCS-IM programme (equivalent to IM year 2 and IMY year 3). The trainee should take part in shifts of acute medical take monthly to acquire evidence equivalent of 100 patients seen with acute medicine problems by the end of ACCS. It is anticipated that this will be at least 4 shifts of acute medical take per month (IMY3 rotas include >25% of the rota at SpR level) during the twelve month period of training in medicine. The trainee should also gain experience in managing patients with ambulatory medical conditions in an area such as a Same Day Emergency Care (SDEC) unit. Trainees who choose ACCS core training will be eligible to apply for ICM recruitment after four years of the ACCS programme, as long as they have the respective route's exam by the time of appointment.

Emergency Medicine

In addition to the ACCS LOs, completion of the ACCS (Emergency Medicine) training programme requires achievement of the learning outcomes for completion of 'Intermediate' of the Emergency Medicine curriculum.

Please see the following table to understand how ACCS learning outcomes translate to RCEM learning outcomes from your CT3/ST3 year.

https://rcemcurriculum.co.uk/speciality-learning-outcomes/

EM streamed ACCS trainees will move to ST3, usually in the same hospital as their ACCS programme. The curriculum for ST3 is available on the College of Emergency Medicine website. The ST3 year includes paediatrics. Trainees should also attend the regional training programme including the 2 day paediatric course currently held in the autumn. By the end of ST3, trainees need to have passed the FRCEM Intermediate Certificate or equivalent diploma to progress to Higher Speciality Training. All 3 life supports courses must be valid and up to date before progression to ST4. (ATLS, APLS and ALS).

ACCS Regional Teaching Programme

ACCS trainees should attend the ACCS regional teaching programme. The sessions are held on the first Friday of every month and are a mixture of face to face events and virtual. Where possible we try to offer a hybrid model. Details of which can be found here. Please get in touch with your individual departments to arrange study leave on these days.

AM trainees are welcome to join the CMT training in their base hospitals and the regional AM training days. The dates will be posted on the website as soon as they are available to the ACCS TPD.

We run several exam preparation courses throughout the year. Please click here for further details.

Anaesthesia stream trainees can attend the primary FRCA teaching, ideally from CT2, which is available here:

https://heeoe.hee.nhs.uk/anaesthesia/east-england-anaesthesia-regional-training-days

Simulation training

ACCS Simulation Course

The ACCS Simulation course is delivered at various sites across the region. There are several courses throughout the year and we encourage all ACCS trainees to attend. HEEOE funds these courses for all ACCS CT1 trainees. Please organise this directly with the School of Emergency Medicine Administrator. All courses dates are advertised of the website.

ACCS Anaesthetic stream trainees only

All ACCS Anaesthesia trainees will attend an anaesthetic critical incident simulation course. Trainees from Basildon, Broomfield, Colchester and Southend will attend Anaesthetic Critical Incidents (ACI) at the PMI Simulation suite, Anglia Ruskin University, Chelmsford. All other trainees will attend Anaesthetic Crisis Resource Management (ACRM) at Addenbrooke's Simulation Centre, Cambridge. You will be allocated your date in advance.

Less than Full Time

As a part of HEE's work to Enhance Junior Doctors Working Lives several initiatives have been developed with partners to increase flexibility within Post Graduate Medical Education. Please contact us as early as possible if you would like to work less than full time.

Trainees may apply for LTFT under the following categories:

Category 1 (Responsibility for caring for children / Health related reasons / Direct carer for ill/disabled partner, relative or dependent)

Category 2 (Unique opportunity for Professional development / Short term extraordinary responsibility Religious commitment / Other)

Category 3 (Trainees who choose to train LTFT as a personal choice)

There is a 12-week notice. Therefore, the application must be approved 12 weeks before the start date. Please note it can take up to 28 working days to process your application, so please do not delay submitting your LTFT application form.

https://heeoe.hee.nhs.uk/faculty-educators/less-full-time-training

Contacts

- Dr Serena Goon, TPD for Core Anaesthesia North and ACCS Anaesthesia
  serena.goon1@nhs.net

- Dr Muniswamy Hemavathi, ACCS Emergency Medicine Training Programme Director
  muniswamy.hemavathi@ldh.nhs.uk

- Dr Kamal Patel, ACCS Acute Medicine Training Programme Director
  kamal.patel4@nhs.net

- Dr Emily Simpson, Regional Advisor, Anaesthesia
  emily.simpson16@nhs.net

- Dr Hasanthi Gooneratne, Deputy Regional Advisor and Education TPD, Anaesthesia
  hasanthi.gooneratne@esneft.nhs.uk

- Dr Milena Georgieva, Regional ICM Lead for ACCS
  milena.georgieva2@nhs.net

- Dr Nina Walton, Training Programme Director for Anaesthesia South

Nina.walton@nhs.net

- Dr Pawan Gupta, Head of School of Emergency Medicine
  pgupta@nhs.net

- Dr Fraz Mir, Head of School for Medicine
  f.mir1@nhs.net

- Dr Helen Goddard, Head of School for Anaesthetics
  HELEN.GODDARD2@nhs.net

- Dr Edwin Li Ping Wah-Pun Sin ACCS CT2 Trainee Rep
  edwinli@doctors.org.uk

- Dr Amy Fung, ACCS CT2 Trainee Rep
  amyfung@doctors.org.uk

- Dr Syed Arish, CT1 Trainee Rep
  syedarish.haider@colchesterhospital.nhs.uk

- Dr Nina Holling, CT1 Trainee Rep
  nina.holling@nhs.net

Useful Links

- Specific ACCS website:

https://www.accs.ac.uk/

- HEEOE School of Emergency Medicine website:

https://heeoe.hee.nhs.uk/emergency_medicine

- The RCOA guide for novice anaesthetists supports the first 3-6 months in anaesthesia and is a very useful resource for all ACCS trainees

http://www.rcoa.ac.uk/careers-and-training/the-rcoa-guide-novice-trainees

- AMGER – Acute Medicine Group in the Eastern region

https://www.facebook.com/AMGER-1421274178127047/

- Society of Acute Medicine

http://www.acutemedicine.org.uk

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Faculty Educational Governance Statement (FEGS)

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Fields marked with a * are required

Section 1

Faculty Educational Governance Statement ACCS CT1-2/ST1-2 Trainee

Please complete using feedback from the training faculty based on interactions with the trainee in the workplace.

Where your response is 'no' for any of the LOs you should provide explanatory comments and give a suggested entrustment rating. Where a trainee has demonstrated excellence in a particular LO you should also provide comments.

Entrustment Rating:

- 1 Direct supervision observation/involvement, able to provide immediate direction or assistance

- 2a Supervisor on the 'shop-floor' (e.g. ED, theatres, AMU, ICU), monitoring at regular intervals

- 2b Supervisor within hospital for queries, able to provide prompt direction or assistance and trainee knows reliably when to ask for help

- 3 Supervisor 'on call' from home to queries, able to provide directions via phone and able to attend the bedside if required to provide direct supervision

- 4 Would be able to manage with no supervision involvement (all trainees practice with a consultant taking overall clinical responsibility)

Faculty members present

Date of Faculty meeting:

ACCS LO1: Care for physiologically stable adult patients presenting to acute care across the full range of complexity

We believe this trainee can be trusted to:

- Gather appropriate information, perform a relevant clinical examination and be able to formulate and communicate a management plan than priorities patients choices and is in their best interests

- Assess and formulate a management plan for patients who present with complex medical and social needs

With senior help available within the hospital (level 2b), but not directly overlooking their work, and reliably know when to ask for help? *

Comments (and suggested entrustment level if different from above):

ACCS LO2: Make safe clinical decisions, appropriate to level of experience, knowing when and how to seek effective support

We believe this trainee can be trusted to:

- Apply clinical guidelines

- Use diagnostic tests in ruling out key pathology, and be able to describe a safe management plan, including discharge where appropriate, know when help is required

With senior help available on the shop floor (level 2a) but not directly overlooking their work, and reliably know when to ask for help? *

Comments (and suggested entrustment level if different from above):

ACCS LO3: Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop

We believe this trainee can be trusted to:

- Recognise and manage the initial phase of any acute life-threatening presentation, including cardiac arrest and peri-arrest situations

- Establish the most appropriate level of care for critically unwell patients – including end of life decisions and support their needs as well as those of their loved ones.

With senior help available on the shop floor (level 2b) but not directly overlooking their work, and reliably know when to ask for help? *Comments (and suggested entrustment level if different from above):

ACCS LO4: Care for acutely injured patients across the full range of complexity

We believe this trainee can be trusted to:

- Be an effective member of the multidisciplinary trauma team

- Assess, investigate and manage low energy injuries in stable patients

With senior help available on the shop floor (level 2b) but not directly overlooking their work, and reliably know when to ask for help? * Comments (and suggested entrustment level if different from above):

ACCS LO6: Deal with complex and challenging situations in the workplace

We believe this trainee can be trusted to:

- Have the personal and professional attributes of an effective acute care clinician

- Effectively manage their own workload

- Deal with common challenging interactions in the workplace

With senior help available on the shop floor (level 2a) but not directly overlooking their work, and reliably know when to ask for help?*

Comments (and suggested entrustment level if different from above):

Section 2

Any other reasons why you would be concerned for the trainee to progress?

Please record trainee's individual strengths or areas in which they excel. *

Lead Faculty Name: _____

Lead Faculty Signature:_____

Date: _____