

# HEE KSS

## Acute Care Common Stem (ACCS) and Higher Emergency Medicine



# Trainee Handbook August 2020

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# Welcome

We would like to take this opportunity on behalf of both the Committee of Acute Care Common Stem (ACCS) and Higher EM STC & EM School Board to welcome you to the HE Kent Surrey and Sussex, Acute Care Common Stem (ACCS) and Higher EM Training Programme.

This induction pack will provide some key information which you will hopefully find useful during your time as a trainee here in KSS so please take the time to read the contents carefully.

You will be asked to sign a register at induction to confirm the receipt of this induction pack.

Congratulations on your appointment and we wish you every success during your time in ACCS and Higher EM training.

Thanks,

**Nandita Parmar**

HEE KSS ACCS Chair and HEE KSS School Emergency Medicine, Head of School

**Ashike Choudhury**

HEE KSS ACCS EM Training Programme Director

**Kamal Veeramuthu**

HEE KSS Higher EM Training Programme Director

**Nicola Deacy**

HEE KSS ACCS Anaesthetics Training Programme Director

**Benjamin Field**

HEE KSS Internal Medicine Training Programme Director

## Important Contacts

Name & Contact Details	Role & Responsibilities
Prof Graeme Dewhurst	<b>Dean for Primary and Secondary Care</b> Responsible for overseeing the training of all Specialties within HEE KSS.
Dr Nandita Parmar <a href="mailto:Nandita.Parmar@hee.nhs.uk">Nandita.Parmar@hee.nhs.uk</a>	<b>ACCS Committee Chair &amp; Head of School of Emergency Medicine</b> The Committee Chair is responsible for ensuring delivery of training within Acute Care Common Stem across KSS during the Core Training Years and EM Higher training.
Dr Peter Anderson <a href="mailto:Peter.Anderson@hee.nhs.uk">Peter.Anderson@hee.nhs.uk</a>  Dr Nikhil Patel <a href="mailto:Nik.Patel@hee.nhs.uk">Nik.Patel@hee.nhs.uk</a>	<b>Head of School of Anaesthetics</b>  <b>Head of School of Medicine</b>
Dr Kamal Veeramuthu - Emergency Medicine ST4-6 <a href="mailto:k.veeramuthu@nhs.net">k.veeramuthu@nhs.net</a>  Dr Ashike Choudhury-ACCS EM <a href="mailto:ashikechoudhury@nhs.net">ashikechoudhury@nhs.net</a>  Dr Nicky Deacy - Anaesthetics Nicola.Deacy@nhs.net  Dr Benjamin Field IMT TPD <a href="mailto:Benjamin.Field@nhs.net">Benjamin.Field@nhs.net</a>	<b>Training Programme Directors</b> The Training Programme Directors (TPDs) ensure that the generic training at Core Level within ACCS and Higher EM runs smoothly. The college tutors of each trust work directly with the TPDs.  If you have any concerns about your training and would rather discuss the issues with someone outside of your trust - the TPD would be your contact.
Dr Anthony Hudson <a href="mailto:AnthonyH@kssairambulance.org.uk">AnthonyH@kssairambulance.org.uk</a>	<b>Pre-Hospital Emergency Medicine Training Programme Director</b>
Dr Evan Coughlan  Dr Nandita Parmar & Dr Matthew Staniforth  Dr Kamal Veeramuthu  Dr Helen Collyer-Merritt , Dr Nick	<b>KSS USS lead</b>  <b>RCEM KSS Leadership leads</b> <b>RCEM QI lead</b>  <b>KSS Sim Leads</b>

## Trainee Handbook August 2020

<p>Bagley and Dr Salwa Malik</p>	
<p>Dr Helen Cannon and Dr Mandy Morrice</p>	<p><b>EM SupportTT Champions</b> For out of programme guidance and support</p>
<p>Kayleigh Lord Rachel Clark</p> <p>Jessica Banks-Cromack Rebecca Okunade Fahmeeda Mohmed</p> <p>ACCS.lase@hee.nhs.uk <a href="https://lasepgmdesupport.hee.nhs.uk/support/home">https://lasepgmdesupport.hee.nhs.uk/support/home</a></p>	<p><b>Specialty Workforce Team</b> Senior Officer HET Officer-ACCS Anaesthetics, Core Anaesthetics and ICM</p> <p>HET Officer and Administrators ACCS Acute Medicine, ACCS Emergency Medicine and Higher Emergency Medicine</p> <p>London and KSS PGMDE Support portal for trainees and trusts that the HET administrators monitor for ACCS and EM queries</p>

## Role of Organisations and Statutory bodies

### Role of Health Education England

Health Education England (HEE) replaced the functions of the Strategic Health Authority in April 2013. HEE provides leadership for the new education and training system with a remit for multidisciplinary education and training and is also responsible for commissioning education and training through the development of STC and School Boards.

### Role of Health Education England working across Kent, Surrey and Sussex (HEE KSS)

The ACCS specialty and EM workforce team is hosted by HEE KSS who are currently responsible for the recruitment of trainees, the Annual Review of Competence Progression (ARCPS), Allocation of a National Training Number (NTN) for CCT or CESR, managing training programmes, managing less than full time applications (LTFT), managing the approval of various Out of Programme opportunities and managing trainees who require additional support.

### Role of Specialty Colleges

The Colleges are responsible for the strategic development of their specialty, advising government on national manpower planning, the development and management of specialty curriculum, establishing training standards, the registration of trainees and determining their projected CCT/CESR dates, specialty education initiatives and examinations.

**\*\*Please note that all trainees must register/enrol for training with their parent college as soon as possible after starting the ACCS programme. Trainees are also responsible for registering with the college to access the ePortfolio. \*\***

The Royal College of Emergency Medicine (RCEM), the Royal College of Anaesthetics (RCOA), the Faculty of Intensive Care Medicine (FICM) and the

Royal College of Medicine (RCM) combine to set the ACCS curriculum, work placed based assessments (WPBAs) and ARCP checklists for the ACCS programme through a national body called the Intercollegiate Committee for ACCS training (ICACCST) .

For further information: <https://www.rcoa.ac.uk/accs/about-icaccst>

### **Role of General Medical Council (GMC)**

The General Medical Council is the independent regulator for doctors in the UK, its statutory purpose is 'to protect, promote and maintain the health and safety of the public' the GMC's powers and duties are set out in the medical Act 1983. The GMC maintains the specialist register.

### **The Gold Guide**

The Gold Guide contains details of how postgraduate medical education is governed in England. The 2020 Gold Guide, 8th Edition is available via: <https://www.copmed.org.uk/gold-guide-8th-edition/>

### **Role of Training Programme Directors (TPDs)**

TPDs have responsibility for managing specialty training programmes. Their role, in conjunction with the RCEM, HEE and the School of Emergency Medicine is to:

- Ensure programmes deliver the specialty curricula and enable trainees to gain the relevant competences, knowledge, skills, attitudes, and experience.
- Take into account the collective needs of the trainees in the programme when planning individual programme.
- Provide support for Clinical and Educational Supervisors in the programme.
- Contribute to the annual assessment outcome process (ARCPs).

- Help the Head of School manage trainees who are running into difficulties by supporting Educational Supervisors in their assessments and in identifying remedial placements.

### Role of the Educational Supervisor

The approved definition of an Educational supervisor is:

‘A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee’s Educational Agreement.’

### Role of the Clinical Supervisor

The approved definition of a Clinical Supervisor is:

‘A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee’s clinical work & providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.’

### Meetings with ES and CS

Whilst in a rotation in their parent specialty, trainees are expected to meet three times with their Educational Supervisor and when in a rotation outside their parent specialty, trainees are expected to meet three times with their assigned Clinical Supervisor and at least once with their Educational Supervisor.

The following should be completed at the supervision meetings:

#### **Initial meeting with Educational or Clinical Supervisor**



To be scheduled within 2-4 weeks of starting the rotation. A supervisor's initial educational meeting form is to be completed on the trainee's electronic training record. During the initial meeting, educational objectives will be set, and these will be used to assess the trainee's progress in subsequent meetings.

### **Mid-term meeting with Educational or Clinical Supervisor**

To be scheduled during the third month of the rotation. A supervisor's mid-term educational meeting form is to be completed on the trainee's electronic training record.

### **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 completed 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).

### **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/Structured Training Report is to be completed in advance of the ARCP 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. Faculty governance statements should also be completed by the ES after every LFG (local faculty group) meeting ideally to

report on trainee's progress and working with everyone. At ARCP, the panel will look for evidence of at least two FGSs.

When the trainee has been in a specialty outside their parent specialty, the educational reports completed by the Clinical Supervisor, including the Clinical Supervisor's End of Placement Review will provide the evidence for completion of the Educational Supervisor's Report/ Structured Training Report. Included in the final report will be attendance at regional training (expected to be 100%) and documentation of the number of days of absence (other than annual & study leave). Additional training time in the relevant specialty may have to be considered in the event of absence.

### **Role of the Specialty Tutor**

Each training site has an Educational Supervisor that also acts as the Specialty Tutor for that site. The Specialty Tutor is a member of the Specialty Training Committee and represents both the site and its trainees at these meetings. The Specialty Tutor acts as a link between the training site and the School/LETB and they are responsible for ensuring that each site is able to deliver the training required by the School/LETB and College. Some larger sites may have more than one Specialty Tutor to represent different grades of trainee.

### **Role of the HET Officer and Assistant**

The HET Officer is based at Stewart House and is supported by the HET Assistant. They support the Head of School and liaise with TPDs. They are responsible for organising and processing ARCPs, processing OOP applications, issuing NTNs, processing CCT/CESR-CP applications, matching new trainees to training vacancies, disseminating rotational information to trusts and trainees and any other training related queries. They also organise trainee support meetings.

### Support Systems

HEE KSS are committed to ensuring the welfare of its trainees and wants to ensure that all trainees studying with HEE KSS have the best possible chance of success during their training.

We at HEE KSS maintain and run several programmes and services which aim to ensure trainees are supported at all stages:

- Less Than Full-Time Training
- Maternity Leave
- Supported Return to Training (SRTT)
- Deferring the start of specialty training
- Study leave
- Support for trainees in difficulty
- Inter-Deanery transfers
- Careers

For further information please see the HEE KSS website:

<https://kss.hee.nhs.uk/resources-information/>

There are a number of people who are able to provide support to you whether it is pastoral or career advice:

- Educational supervisor
- Clinical supervisor
- College Tutor
- Head of ACCS Committee
- Training Programme Director
- Named SRTT or SuppoRTT Champion – at School or Trust level
- Professional Support Unit
- Specialty Workforce team
- Trainee Representative(s)

HEE KSS is committed to supporting doctors in training who are in difficulty or need some extra support. Aside from this ALL trainees are monitored for satisfactory progress, not just those experiencing difficulties.

If you have concerns about your own progress get in touch early, don't wait.

Talk to:

- Educational Supervisor (in the first instance), or
- Clinical Tutor
- HEE KSS School Team

Doctors who may need additional help are discussed by the Training Support Group to ensure all routes of support are explored.

If your ability to progress is at risk, your Head of School and the Training Support Group will be kept informed of your progress. They are able to offer additional support if required.

Should you need support due to an exam failure, HEE KSS will endeavour to provide you with additional training time. You do however need to demonstrate that you have attempted the exam and have been proactive in your training throughout the year.

Trainees will always be fully informed and involved at all stages of support.

The aim of additional support is to get you 'back on track' and for training to continue successfully.

### **Supported Return to Training SupportTT (or SRTT)**

It is well-known that returning to work and to training after a period of absence can be a difficult adjustment for all doctors. Added to this may be moving to a new trust or coping with changes to personal circumstances and responsibilities.

Each trainee will feel differently about this, but concerns may include:

- anxiety
- loss of confidence
- fear of loss of competence
- inability to make decisions
- feeling that others will perceive them to be less able

To help to meet this challenge HEE has funded support for trainees returning after time Out of Programme, whilst recognising that each trainee will have a different experience and will require an individualised approach.

Funding both for the overseeing of this support, and for the costs incurred in providing and taking up the individualised package have been identified, so specific resources may be available to assist with your requirements.

Options can be identified through the SuppoRTT website and resources, specialty-specific resources and through discussion with Education Supervisor or TPDs.

Trainees who are planning time Out of Programme are encouraged to utilise the forms available on the SuppoRTT webpage: <https://kss.hee.nhs.uk/resources-information/supportt/>

This link will give more detail and encourages the completion of:

- Pre-absence form - document the discussion with your Education Supervisor (ES) on the expected duration, keeping in touch and requirements of your time away
- Initial Return to Training form – document your discussion with your ES regarding supported return to practice and additional assistance or training you may wish to arrange. This can then be used to identify funding requirements.

Additional options may include:

- Supervised practice, shadowing or coming off a night shift or on-call rota initially
- Additional training courses, SIM training, Specialty-specific or generic SRTT training courses
- Keeping in Touch days
- Using the extensive resources of the Professional Support Unit (PSU) – see below.

Each trust also should have a named trust SuppoRTT Champion who oversees all trainees returning to the Trust.

Each School has a SuppoRTT Champion, which for EM KSS is a shared post between Dr Helen Cannon and Dr Amanda Morrice, and for Anaesthesia is Dr Nicola Somerville.

Contact details are available via the above link.

### Professional Support Unit

All trainees (Foundation to CCT) have access to this extremely valuable resource, which is a service bringing together different skills to provide support to trainees at all stages of training.

Any trainee can contact the Professional Support Unit, via this link (**self-referral**): <https://kss.hee.nhs.uk/resources-information/psu/>

The resources available include:

- Careers advice
- Coaching services
- Individual support – confidential advice and signposting to other areas
- eLearning modules and examination preparation
- Communication services and training
- Occupational Health links

Trainees have previously found this service invaluable, so do consider this service if you are facing challenges. They have a generic application form if you are uncertain which area of support you need.

The website will give many more options for guidance and support so is worth visiting.

### PGMDE Support Portal

This is the London and KSS PGMDE Support Portal for trainees and trusts. The frequently asked questions you access via this portal should provide you with information regarding your specialty as well as the various processes and should be your first port of call. However, if the FAQs are unable to help with a query, submit a query via the portal and the specialty team will be happy to help.

The portal is also an important mechanism of keeping in touch with us should your circumstances change i.e. maternity leave, sick leave or change of contact details.

Access the Support Portal via

<https://lasepgmdesupport.hee.nhs.uk/support/home>

If your queries are regarding the academic aspects of your training and the FAQs were unable to help please contact the team via

[Academictraining.lase@hee.nhs.uk](mailto:Academictraining.lase@hee.nhs.uk) .

### Careers Support

HEE KSS careers team consists of a small group of qualified careers advisers, who are non-clinicians with wide-ranging experience in giving careers guidance to medical trainees.

All HEE KSS trainees are entitled to careers support and we work within a three-tier process, of which we are the third tier of support. This means that careers guidance within HEE KSS is provided primarily by Education Supervisors, Programme Directors, Career Leads and Specialty champions within each NHS Trust. The careers team support this work by providing confidential one to one drop-ins across the region.

For further information: <https://london.hee.nhs.uk/careers-unit>

### Impact of the Pandemic on Training and Work

You should undergo COVID risk assessment forms to assess level of risk, the nature of ACCS/EM posts in terms of working environment and exposure to AGP (aerosol generating procedures) puts all doctors at moderate risk as a minimum. Trusts will be expected to provide appropriate PPE, training, and systems to protect their staff as well as alternative arrangements if doctors have to be shielded. The impact on training is judged on an individual basis, but there is flexibility in gaining the competencies across the training programme under the principles of a spiral curriculum.

## The ACCS Training Programme

The purpose of the Acute Care Common Stem (ACCS) programme is to provide trainees with a broad range of knowledge and skills, by working and learning in four areas. The ACCS training programme consists of three specialty exits, Acute Medicine, Emergency Medicine and Anaesthetics. Each training pathway consists of post allocations in Acute Medicine, Emergency Medicine, Anaesthetics, and Intensive Care Medicine (ICM). Most posts are for a minimum of 6 months; however a number offer 3 / 9 months ICM / Anaesthetic placements. Most pathways result in a trainee starting their programme with 6 months of Acute Medicine and Emergency Medicine for the year 1 of training; however, there are exceptions to this format.

**\*\*Please note that from 2022, with the new Anaesthetics and EM curriculum release, all trainees will be doing six months in Anaesthetics and six months in ICM.\*\***

All programmes are formed of a generic 2-year training pathway plus a further 1-year specialty specific programme allocation, resulting in a 3-year training programme.



The ACCS training programme is competency and time based. During the training programme you will be expected to complete a number of workplace-based assessments (WPBAs) for each specialty, as well as obtaining a satisfactory Educational Supervisors Report (ESSR)/equivalent for each specialty allocation.

- For EM Exits using CEM: This is called the “Structured Training Report”
- For AM Exits using JRCPTB: This is called the “Supervisor’s Report”
- For Anaesthetic exits using RCOA: This is called the “ESSR”

Please note that the shorter Educational Meeting forms on ePortfolio are to be used for initial, mid and end of attachment reviews/appraisals with your supervisor and will not be accepted in place of a proper structured report at ARCP time. This should be completed a minimum of 2 weeks prior to your ARCP.

One of the strengths of the programme is the opportunity to work with consultants and trainees in other specialities. Not only should you be able to understand their jobs later in your careers, you should be able to work more collaboratively and effectively in the pursuit of high-quality patient care.

Indeed, trainees are expected to engage with the ethos of the department and impress each team with their enthusiasm, motivation and proactive approach to learning the craft and skills of each specialty.

We want our future consultants to be leaders in the acute life-saving scenario as well as being able to understand and promote safety culture outside the Resuscitation Room. Although we will be looking at your competencies, we strive for excellence across Kent, Surrey and Sussex.

### **ACCS 2015 Curriculum**

GMC approved the 2021 ACCS curriculum so please refer to all three Colleges’ websites for curriculum information.

ACCS training is divided into several sections as detailed below:

### 1. Common Competencies

There are 25 defined Common Competencies defined in the curriculum and each has a specific set of knowledge, skills and behaviours attached. There are 4 level descriptors for each defined (1 low - able to do something at basic level only, to 4 high – competent to a complex and advanced level) and it is expected that the trainee should **have achieved level 2** in all before beginning specialist training ST3 and above.

It is your responsibility to sign these off yourself and to have the competencies counter signed by your Educational Supervisor during the 3 years of the ACCS programme.

### 2. Major Presentations

There are 6 major presentations that must be completed by the end of the second year of ACCS training. These are seen as the cornerstone of the clinical skills of ACCS trainees and they should all be signed off by the end of the second year.

Two must be completed in the EM block and must be assessed in a Summative assessment using either a CBD or CEX specifically designed for Summative assessment.

Two will be assessed in the AM block and the other two can be done in any of the modules, but it is recommended that the Septic Patient should probably be signed off in the ICM block. 1 further MP in any rotation is needed.

### **3. Acute Presentations**

There are 38 Acute Presentations to be signed off over the 3 years of training. A minimum of 20 are to be completed by the end of 2 years of training.

### **4. Practical Procedures**

There are Practical Procedures that should be completed throughout the first two years of training.

### **Other Requirements**

In the Emergency Medicine placement, trainees must now pass a summative assessment for certain elements of the curriculum and these must be performed by a

Consultant. Summative assessments must be completed using the relevant Mini-CEX or CBD tools

Coverage of other curriculum elements may be evidenced by formative assessments or via reflective entries, log books, evidence of attending internal and external courses and e-learning.

All ACCS trainees should achieve their Initial Anaesthetic Competence (IAC) certificate after 3 months of ICM training. Trainees undertaking 6-month Anaesthetic placements should also be signed off as competent in the Basis of Anaesthetic Practice.

The number of WPBAs required varies between each specialty allocation, but it is important that the required number are completed for each of the four specialties to enable you to progress with your training and complete the ACCS programme.

In addition, all trainees will have clinical responsibility for children at some point during the ACCS programme and are required to attend a level 2 child protection training course as soon as is practical once the programme has started.

### **Multisource Feedback (MSF)**

This tool is a method of assessing generic skills such as communication, leadership, team working, etc across the domains of Good Medical Practice. Trainees are expected to receive a minimum of 12 raters for each MSF, with a minimum of 3 Consultant raters. The Educational Supervisor will release a summary of the MSF for the trainee to review. Challenging or critical comments should be welcomed as an opportunity to employ reflective practice and learn from them.

Trainees must complete one MSF for each specialty allocation, i.e. 1 in EM, 1 in AM, 1 in ICM and 1 in Anaesthetics. This means you will need to submit 2 MSFs per training year for ST/CT1 and ST/CT2 and therefore 4 by the end of ST2.

### **ACCS rotation dates**

Trusts and trainees will be informed of their rotational placement no later than 12 weeks prior to the rotation date by email. Therefore, you should ensure that you keep us informed of any changes to your email address and other contact information.

Rotation dates are usually the first Wednesday of the month.

Dates for 2020-21 are:

- 5th August 2020
- 3rd 5 February 2021
- 4<sup>th</sup> August 2021

### **ACCS Educational Supervisors**

Each ACCS trainee should have an overall specialty Educational Supervisor allocated to them at the start of the ACCS programme. This Consultant will be

from their parent specialty and will be responsible for pastoral care, support and monitoring the progress of training throughout the ACCS programme.

At the start of each post an ACCS trainee should have a consultant Educational Supervisor responsible for the trainee during that training post. This Supervisor will normally not be from your parent specialty. Each placement Educational Supervisor will usually be responsible for completing your STR at the end of that placement, in preparation for the ARCP. On some sites one Educational Supervisor may be appointed to cover both your ICM and Anaesthetics placements. Please check the local arrangements on starting each year of your ACCS programme.

If any trainee is failing to reach the required standard this will be discussed before the STR/ESR is completed and the Supervisor will discuss an appropriate remedial action plan with the trainee. The trainee should then discuss this with their specialty Educational Supervisor, who will support them in addressing any concerns. The Supervisor's training reports will be required for the Annual Review of Competence Progression (ARCP).

### Documentation and e-Portfolio

At the moment there is no nationally agreed form of documentation for all ACCS trainees. Each College has its own e-portfolios for recording your progress and evidence for the ARCP. All new ACCS-Anaesthetic trainees will use the LLP portfolio. Trainees should all use only their own College e-portfolio during their training, as it is not possible to transfer documentation between Colleges.

Details for registering with your College's e-Portfolio can be found on the relevant College websites:

- ACCS Emergency Medicine:  
[https://www.rcem.ac.uk/RCEM/Exams\\_Training/UK\\_Trainees/ePortfolio/RCEM/Exam%20s\\_Training/UK\\_Trainees/ePortfolio](https://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/ePortfolio/RCEM/Exam%20s_Training/UK_Trainees/ePortfolio)
- ACCS Anaesthetics:  
<http://www.lifelong.rcoa.ac.uk>

- ACCS AM - The JRCPTB e-portfolio can be accessed at:  
<https://www.jrcptb.org.uk/eportfolio-information>

### Synapse

Synapse is used as the tool to communicate information regarding your training programme, including ARCPs, rotational placements and Regional Training days. You will need individual login details to access to the site, if you are having trouble accessing your Synapse account you should contact [servicedesk@hee.nhs.uk](mailto:servicedesk@hee.nhs.uk).

We recommend that you regularly log in to Synapse to keep up to date with important information regarding your training. We use Synapse to signpost information regarding your training programme and information about your ARCPs such as dates of reviews to keep in your calendars, this is also where you are able to access your Form R prior to your ARCP. 12 weeks prior to your rotation date you will receive a notification reminding you to log in to Synapse to view your next placement, this information is pulled through directly from our database.

You are also able to view your programme of Regional Training Days (RTDs) for your speciality and book onto individual events, further guidance about how to do this is via:

[https://secure.synapse.nhs.uk/pages/group\\_567/e8ac3dc65d31fa41d1d08f4f6cd686b3](https://secure.synapse.nhs.uk/pages/group_567/e8ac3dc65d31fa41d1d08f4f6cd686b3)

Synapse can be accessed via: <https://secure.synapse.nhs.uk>

**Please note Synapse will be phased out over 2021 onwards.**

### Exit Pathways Emergency Medicine (EM)

In Emergency Medicine, trainees will move into a third core year (ST/CT3) where one will be required to complete training in Paediatric Emergency Medicine with an additional 6 months in Adult Emergency Medicine

### **Acute Medicine (AM)**

Acute Medicine exits will move into the Core Medical Training Programme for the CT3 year of training, to provide further experience and additional time to pass the MRCP prior to entering Higher Specialty Training in Acute Medicine or a related medical specialty.

### **Anaesthetics**

Trainees in Anaesthetics will move into the Core Anaesthetics programme from CT2.

## **Specialty Specific Exams**

There are some exit specialty specific knowledge assessments which must be completed before progression from ACCS to the next stage of training:

**Entry to Anaesthetic training** is either via CT1 anaesthetics or ACCS CT1 (anaesthetics exit). A national assessment of knowledge is required for progression.

This is by completion of FRCA Primary by end of CT3.

Please see: <http://www.rcoa.ac.uk/examinations/overview>

**Entry to AM training** is either via CMT1 or ACCS CT1. Assessment of knowledge is by completion of the Full MRCP by end of CT3.

Please see: <https://www.mrcpuk.org/mrcpuk-examinations>

**PACES – TBA:** <https://www.mrcpuk.org/mrcpuk-examinations/paces/exam-dates-and-fees>

**Entry to EM training** is via ACCS CT1 or Run through Training ST1. Assessment of knowledge is by completion of FRC EM Primary and Intermediate Certificate by end of ST/CT3. There is competitive entry into HST by national recruitment, if not on the Run Through Programme.

Please see: <http://rcem.ac.uk/Training-Exams/Exams>

## e-Portfolio

### Background

You should be using the ePortfolio from the College of your exit specialty throughout your ACCS training.

Completion of the ePortfolio is mandatory for all ACCS trainees it is the main method of monitoring and recording your progression through training. You must ensure that you are registered and become familiar with your College's ePortfolio as soon as possible.

You can register for e-Portfolios via:

- Acute Medicine (AM) Exit trainees JRCPTB eportfolio - [www.nhseportfolios.org](http://www.nhseportfolios.org)
- Emergency Medicine (EM) Exit trainees CEM eportfolio - [www.nhseportfolios.org](http://www.nhseportfolios.org)
- Anaesthetics (ANA) Exit trainees RCOA eportfolio - [www.lifelong.rcoa.ac.uk](http://www.lifelong.rcoa.ac.uk)

### Access to the ePortfolio

To register and use the ePortfolio site, you will first have to become a member of the relevant College and pay your annual training fee.

For those of you with Emergency Medicine as an exit specialty you will need to complete an ePortfolio user details registration form annually to maintain access to the ePortfolio (found here: <http://www.collemergencymed.ac.uk/Training-Exams/Eportfolio/default.asp>). You will then be issued with a Username and Password which should only be used by you.



If you have any difficulty in using the e-Portfolio please refer to the e-Portfolio user guide on your exit specialty college website, alternative please contact the college e-Portfolio helpdesk via email:

- Royal College of Anaesthesia (RCOA): [lifelong@rcoa.ac.uk](mailto:lifelong@rcoa.ac.uk)
- Joint Royal College of Physicians Training Board (JRCPTB):  
[ePortfolioteam@jrcptb.org.uk](mailto:ePortfolioteam@jrcptb.org.uk)
- College of Emergency Medicine: [Training@collemergencymed.ac.uk](mailto:Training@collemergencymed.ac.uk)

However, please do not hesitate to contact us at the HEE KSS Specialty Workforce Team [accs.lase@hee.nhs.uk](mailto:accs.lase@hee.nhs.uk) if you or your supervisor has any questions. If we can't answer your query, we will try to direct you to the relevant person.

### ACCS Regional Training Days

The Committee of ACCS holds Regional Training Days for all CT1 & CT2 trainees on average every month so there will be about 11-12 days each year including one Sim day (attended locally ie in Kent/Surrey or Sussex). The RTDs rotate around the HEE KSS Trusts hospitals. CT1/ST1s will attend 100% of the ACCS RTDs and in ST2/CT2 trainees will attend most Anaes/ICM days plus 4-5 ACCS RTDs for the year. In ST3 EM trainees will attend either ACCS or higher training.

Please check the Regional Training Days page on Synapse KSS ACCS/EM website regularly as dates and venues may be subject to change.

Reminders of dates will be emailed to all trainees; it is your responsibility to confirm your attendance to the Specialty Workforce team. Please note that attendance at the regional training days is mandatory and 100% attendance is required (unless one is away on Annual or other authorised leave). We would like to know in advance if you are experiencing problems in obtaining study

leave accompanied with an apology and an explanation for each non-attendance in order to improve your ability to attend our training days.

The contact email for registering for an event is [accs.lase@hee.nhs.uk](mailto:accs.lase@hee.nhs.uk) All RTDs are on the Synapse site (under KSS ACCS training).

Regional training days are organised by the host trusts at cost in time effort and are a matter of pride. It is an opportunity for you to meet different teams around the region and benefit from a range of experts and teaching methods.

Organisers will respond to the enthusiasm and engagement of the trainees, who respond to well-organised and exciting days.... it is a virtuous cycle which can lead to innovation, adult learning and better doctors and delivery of care.

### ACCS Local Teaching

Please note that as well as any teaching you have done, you should also record your attendance at local teaching sessions within your Trust and be able to present a succinct list of these to the panel at your ARCP in June. You can do this on your ePortfolio and reflect on these sessions as needed.

## KSS EM Higher training

### Trainee Responsibilities

All trainees should ensure they are registered/ enrolled for training with the College as soon as possible after starting the HST Emergency Medicine training programme. Note that enrolling for training is not the same thing as becoming a member of the college. These are normally two separate processes and the membership and training fees are separate. Trainees must register with the Royal College of Emergency Medicine Training Standards Committee (TSC) within the first month of joining the training programme to gain access to the e-portfolio.

It is strongly recommend that new trainees should also become Associate Members of the College, however trainees must note that registration with the TSC is not synonymous with becoming a member of the College. Application forms for all categories of College Membership are found on the RCEM website.

Trainees will be sent a projected CCT/CESR date by the College TSC. This date presumes that training is both full time and continuous. Should the trainee have any interruption to their training programme they must inform the TSC in order that the CCT/CESR date can be amended accordingly. The maximum permitted absence during each 12 month period of the curriculum is two weeks (whole time equivalent). This applies to all absences other than annual leave e.g. sickness, maternity, compassionate paid/unpaid leave etc. Records of all leave taken should be kept on the College e-portfolio. As adult learners it is the responsibility of the trainees to ensure that they maximise the training opportunities available to them, including attendance at training days, ensuring resuscitation courses and level three child protection training are up to date, completing required workplace based assessments etc. Trainees must be proactive in ensuring that the maximum benefit is obtained from the training opportunities provided, including completing College e-learning modules.

Each new trainee should contact their respective Training Programme Director to review their overall training needs and plan a provisional training programme for the following three years. Trainees must arrange to meet formally with their Educational Supervisor within the first month of taking-up each new post on the rotation to set training objectives for the post.

Opportunities for feedback should be welcomed and the feedback integrated into personal development plans. Trainees must actively engage with the training programme and ensure that all relevant information is stored appropriately within their e-portfolio. The portfolio must be kept up to date as trainee engagement may be assessed remotely by the School and TPDs.

The trainee should be familiar with the 2015 Royal College of Emergency Medicine curriculum.

Gaps in knowledge and skills should be actively sought out and dealt with. High standards of clinical and professional knowledge and skills should be aimed for, as the trainee seeks to become an expert in Emergency Medicine. Trainees are expected to take the initiative in undertaking appropriate WBAs and in requesting appraisal meetings etc. Trainees must be able to work as a member of trauma and cardiac arrest teams and when appropriate to lead such a team. Trainees must attend their Regional training meetings (excluding annual leave and sickness). Attendance at these training meetings will be monitored and will inform the ARCP process. Trainees are expected to be punctual and to attend for the whole training day. Persistent late attendance or early leaving will be noted and if not corrected, this will affect their ARCP outcome.

Trainees should be able to attend approved courses and conferences and where possible, should be able to attend one of the College conferences each year, although the needs of the service may make this difficult for some sites. Trainee must undertake Management and Quality Improvement Projects as required under the new Emergency Medicine curriculum and assessment system.

Trainees should be involved in audit and research and attend departmental audit meetings. Advice and assistance for either can be sought locally, or regionally, (from the TPD, or the Regional Academic lead for the sector). All trainees should aim for at least 1 peer reviewed publication by the end of their ST5 year.

If one wishes to permanently leave the training programme at any stage prior to their confirmed end date, HEE KSS will require a minimum of three months' notice. If necessary, trainees must resign from both the training site and the LETB, if they wish to leave the programme before reaching their CCT date. Resigning from the training programme is a very serious step to take and trainees are strongly advised to seek advice from their consultants, TPDs or School, to ensure that they are fully aware of the implications of resignation on their future career prospects.

### The Emergency Medicine Training Programme

The RCEM introduced a new Emergency Medicine Curriculum for all trainees in ST3-ST6 training years in August 2015. This will change to the new Curriculum in 2021

[https://www.rcem.ac.uk/RCEM/Exams\\_Training/UK\\_Trainees/Curriculum.aspx](https://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Curriculum.aspx)

The current curriculum includes several new assessment tools (e.g. Extended Supervised Learning Events (ELSE)).

The new curriculum focuses on supervised learning outcomes. Each training site must ensure that all trainees have an induction programme both for the Hospital and the Department. This should include details of the rota, leave arrangements, local policies and protocols etc. Before the end of the first month, the trainee must have a comprehensive initial meeting with his/her Educational Supervisor to review previous experience and to set goals and objectives in order to meet the developmental needs of the individual trainee. All educational, induction and appraisal meetings should be recorded in the trainee's e-portfolio. This educational meeting is in addition to the meeting with the TPD for the rotation who oversees the three year programme.

### Progress review

There should then be regular quarterly progress review meetings with the Educational Supervisor (more frequently if necessary). Trainees should take the initiative in requesting these meetings which should cover the progress of the trainee; achievements against goals set at previous meetings, and allow for feedback from the trainee on the training. Training issues (positive or negative) should be raised at this meeting and appropriate records taken. Appropriate reflections need to also be done in real time. These records form an important part of the training record for the trainee and should be dated and signed by both the trainer and trainee to confirm that they are an accurate record of the meeting. Any unresolved issues or on-going difficulty, whether in relation to training or other matters which have not been

solved locally, should in the first instance be raised with the Training Programme Director.

If the trainee wishes to discuss the matter further, he/she should contact the Head of School.

After each year of training there will be an Annual Review of Competence Progression (ARCP) where the trainee must be able to demonstrate that they have achieved the competencies as set out in the College curriculum. This will require records of Work Based Assessments (WBAs), reports from Clinical / Educational Supervisors, records of any external training, audits, research etc. Failure to produce the required documentation may prevent progression through the training programme. The EM programme now uses the Royal College of Emergency Medicine e-portfolio during the ARCP and all trainees must therefore be registered with the College to gain access to the e-portfolio

### Faculty Educational Governance Statement

From August 2015, at the end of each post the local Educational Faculty will compile a report on the trainee, in addition to the Structured Training Report (STR) compiled by the Educational Supervisor after each placement. The local Faculty includes the EM consultant body and other senior clinical staff from the Emergency Department. This Faculty group will advise the ARCP panel, as to whether they feel that the trainee should be able to progress to the next year within the training programme. The final decision will however still rest with the ARCP panel. Further information on the Faculty Educational Governance Statement can be found via this link:

<http://www.rcem.ac.uk/TrainingExams/Work%20place%20based%20assessment/The%202015%20RCEM%20WPBA%20schedule>

### Exams

Trainees will take their Critical appraisal followed by a quality improvement project (QIP), SAQs and OSCEs and will also need to undertake several management projects during their training. The management portfolio is part of the workplace-based assessment (WPBA) schedule for higher training and should be completed within ST3-ST6. Trainees are required to complete a minimum of four assignments which must include the two mandatory assignments: 'Managing a complaint' and 'Managing a critical incident'. At least one of the four assignments must include working with other specialties as part of the assignment. Trainees and trainers are encouraged to use benchmarking to ensure that the four assignments are at the standard expected of a newly appointed consultant.

The RCEM guidance on the management portfolio, from March 2019, is on:

[https://www.rcem.ac.uk/RCEM/Exams\\_Training/UK\\_Trainees/Management\\_Portfolio/RCEM/Exams\\_Training/UK\\_Trainees/Management\\_Portfolio](https://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Management_Portfolio/RCEM/Exams_Training/UK_Trainees/Management_Portfolio)

Some of the above may be subject to changes due to the pandemic- it is advisable to keep watch on RCEM training webpages and updates from HEEKSS.

### Out of Programme (OOP)

Trainees on the ACCS training programme will not generally be allocated to go on any Out of Programme - Training (OOPT), Experience (OOPE) or Research (OOPR), with the exception of Career Breaks (OOPC) for exceptional personal experience of where there is a statutory entitlement leave.

Further information can be found here:

<http://www.ksseducation.hee.nhs.uk/policiesand-procedures/>

Higher trainees will be actively encouraged to take Out of programme and the guidance is in the Gold guide: The Guidance can be found online at <http://kss.hee.nhs.uk/policies-and-procedures/out-of-programme/>

A Trainee may take time out of their programme to undertake a period of research, gain clinical experience or other appropriate categories that is or is not available within KSS.

Out of Programme placements are designed to accommodate this and can take place either in the UK or abroad. All OOP requests need to be agreed by the Postgraduate Dean, so trainees are advised to discuss their proposals as early as possible. It is normally expected that a trainee would have completed one year of training before submitting an application given the short period and nature of the training. All applications for OOP that trainees wish to have contribute towards the award of their Types of OOP.

There are **four** types of OOP which may be considered:

1. OOPT –Out of Programme for Approved Clinical Training .This is where a trainee is undertaking GMC prospectively approved clinical training which is not part of the trainee’s specialty training programme.
2. OOPE –Out of Programme for Clinical Experience- Whereby a trainee is gaining clinical experience which is not approved by GMC but which may benefit the doctor or help support the health needs of other countries.
3. OOPR –Out of Programme for Research-Whereby a trainee is undertaking a period of research.
4. OOPC –Out of Programme for Career Break-Whereby a trainee is taking a planned career break from the specialty training programme.

### Notice for OOP application

Trainees should give their TPD/HoS/Postgraduate Dean as well as current and next employers a minimum of **six** months’ notice, but preferably as much



as possible. This is to ensure that service issues and the needs of patients can be properly addressed. In exceptional circumstances notice of three months may be acceptable.

If the OOP is to be counted towards your CCT then prospective GMC Postgraduate Board approval must be agreed and you should make this clear on your application when you return this to HEE KSS. Failure to submit your OOPT application in good time before the post starts will mean the GMC will not count the time towards your CCT. Retrospective applications will not be accepted.

You must ensure that you give a specific return date to the programme otherwise the Training Programme Director may not be able to accommodate you within the programme when you return, as per the Gold Guide.

The Royal College of Emergency Medicine will also need to be informed of any OOP, as this could affect your CCT date and they can calculate this for you. Copies of the approvals will be sent from HEE KSS to the College but it is the trainee's responsibility to ensure that their CCT date is correct.

### Sub-Specialty Training

In addition to your higher specialty training in Emergency Medicine, trainees have the opportunity to undertake sub-specialty training and sub-specialise in Paediatric Emergency Medicine as below

Paediatric sub-specialty training HE London currently has five Paediatric Emergency Medicine sub-specialty posts:

- St George's Hospital
- University Hospital Lewisham
- St Thomas' Hospital
- Royal London Hospital

HEE KSS will have its first PEM post at Worthing and Southampton from Feb/Aug 21. These posts will be advertised nationally and will appear on the HE London website here: <https://london.hee.nhs.uk/recruitment>

The posts are for 12 months and will usually require an extension of your CCT date by an extra year. This will lead to a CCT in Emergency Medicine, with subspecialty accreditation in Paediatric Emergency Medicine. As all Paediatric Emergency Medicine posts are now advertised nationally, there may also be opportunities for trainees to undertake this training elsewhere in the UK as an OOPT, following the procedure described below. You must also complete an OOP form so that your current Training Programme Director, Head of School and HEE KSS are aware of your training plans. If approved, you must contact the College of Emergency Medicine in order to extend your CCT date and receive subspecialty accreditation.

Please visit the College of Emergency Medicine's website for further information:

<http://www.collemergencymed.ac.uk/Training-Exams/Paediatric%20Emergency%20Medicine/PEM%20Training>

### **Pre-Hospital Emergency Medicine subspecialty training**

Pre-Hospital EM is a new sub-specialty that is available to EM trainees. Training programmes in this subspecialty are available in some regions like paediatric EM, subspecialty training posts would normally be for 12 months and will be advertised nationally. If you are interested in this subspecialty training you must discuss your wishes as soon as possible with your current Training Programme Director, apply for a training programme and complete an OOP form. There will be two PHEM posts in KSS from Aug 2021.

Please view the intercollegiate pages for more information about this subspecialty: <http://www.ibtphem.org.uk/>

### **Higher EM Training days**

HEE KSS School of Emergency Medicine will run 12 Regional Training Days (RTD) during the academic year. A full list of dates and the corresponding topics can be found on our website. Any changes to the RTD teaching programme will be notified to you via email, please also check the website for the most up to date information. RTDs are run regionally, based at acute hospitals and DGHs. All events are mapped to the curriculum. You should be using the August 2015 version of the curriculum for your ST4 – ST6 years.

A copy of the curriculum can be found at following link and a draft of the 2021 curriculum is also available via:

<https://www.rcem.ac.uk/>

It is a requirement that you attend a minimum of 100% of EM RTDs in order to progress through your training (unless away on authorised leave).

## At the End of Specialist Training

### Acting up as a consultant

During the last six months of your training you are eligible to 'act up' as a consultant for up to three months. You do not require College approval for this but permission must be granted by your Training Programme Director and the Specialty Workforce Team. RCEM have acting up guidance which has been recently updated.

The following guidelines apply:

- The correct term for experience of consultant duties prior to gaining CCT is Acting up (the term Locum consultant is not appropriate prior to CCT)
- Acting up should only be considered in the last 6 months of training (preferably as close to CCT as possible) and will usually be a short-term post (2-3 months)

- Acting up must only be offered to a trainee who is making satisfactory progress with NO significant requirements or competences to be signed off or completed for CCT/CESR-CP purposes. The trainee must hold full FRCEM (confirmed by TPD).
- The trainee must have supervisory mechanisms in place during the Acting up post, comparable to any other trainee at the same level of training. Once agreed with the TPD you must inform the Specialty Workforce team by email of the dates, and be prepared to show documentary evidence of satisfactory completion of the period, including details of how you have used the time to develop the clinical and management parts of the curriculum.

For further advice, please contact your Training Programme Director or the Specialty workforce team. RCEM Guidance is available via the following link:

<https://www.rcem.ac.uk/>

### Obtaining an ARCP Outcome 6

The Specialty Workforce team will normally contact trainees three to six months prior to their CCT date to arrange a final ARCP 6. At your final ARCP you will be expected to demonstrate that you have achieved the competence requirements for the full curriculum and have successfully obtained full FRCEM. If a trainee is not in a position to apply for CCT at the expected time, arrangements will be made to extend the length of training where appropriate. If you have not been invited to your final ARCP within three months of your CCT date please contact [emergencymedicine@kss.hee.nhs.uk](mailto:emergencymedicine@kss.hee.nhs.uk)

### Grace Period

From the date of your CCT/CESR-CP Every trainee is entitled to a grace period of up to six months. At the end of this period, your training number will be withdrawn. The purpose of the grace period is to give you the opportunity to obtain a post whilst still in the training programme. During this period, you are expected to take all necessary steps to obtain a post or follow other paths based on individual career plans. In the meantime, should you obtain secure employment outside the training programme, you must give the Specialty

Workforce Team three months' notice of your resignation from the training programme. Applying for CCT or CESR CP Before a trainee can become a Consultant in a substantive position they must make an application for specialist registration.

The Training Administrators at the Royal College of Emergency Medicine will write

to all trainees who are within four months of completion of training, who have passed the FRCEM exam, sending:

- Guidance as to what documentation is required by the College
- A CCT/CESR-CP application form.

The College will also advise the GMC Certification Department of the names of all trainees expected to finish their training and they will contact trainees directly with advice as to how make an online application to them. Trainees must be signed off by the Specialty Workforce team with a final ARCP 6, before submitting a completed and signed CCT application form. This must be accompanied by an up to date CV.

Please note the dates of posts held must be the same on the CCT/CESR application and the CV. Once submitted, the Head of School will verify completion of training and sign the CCT/CESR-CP application, before the application is forwarded to both the College and the GMC. It is the trainee's responsibility to collect this documentation and return it the Specialty Workforce team in a timely fashion.

Once all the required documentation is received by the College they will check that trainees have completed the minimum required years of recognised training, that all parts of the programme and all required exams have been completed, and that they have satisfactory ARCPs for each year of training. One of the College professional leads will approve the application on behalf of the Training Standards Committee.

Once approved a recommendation is made to the GMC. The GMC will link the College's recommendation with the online application from the trainee. In most cases the applicant is then admitted to the specialist register but the GMC does occasionally ask for the training file for the purposes of quality assurance.

More information is available at: <http://www.rcem.ac.uk/Training-Exams/Training/General%20Training%20Information>

Further information from the GMC can be found here: [http://www.gmc-uk.org/doctors/cctonline\\_page\\_1.asp](http://www.gmc-uk.org/doctors/cctonline_page_1.asp)

## Other resources and ARCPs

### 1) EMpower

Empower is a well ness compendium by RCEM. More information can be viewed here:

[https://www.rcem.ac.uk/docs/Sustainable%20Working/0.%20Wellness%20Compendium%20\(Apr%202019\).pdf](https://www.rcem.ac.uk/docs/Sustainable%20Working/0.%20Wellness%20Compendium%20(Apr%202019).pdf)

### 2) RCEM EM Leadership programme

The EMLeaders Programme is for all trainees (ST1 to ST6) and will teach trainees about leadership and help towards becoming better leaders whatever one's grade or clinical role in Emergency Medicine.

The programme will improve the quality of leadership skills being deployed in the EM operational environment and will ensure that you as a trainee:

- You are more knowledgeable about clinical leadership and how this knowledge can be applied on the shop floor.
- You feel better supported and equipped to make decisions in the workplace and manage the challenging environment of the emergency department.

- You have the support of the School leadership faculty and are enabled to feedback your personal experiences or concerns.

### 3) BMA

The BMA can offer, career advice, medical advice, and confidential counselling to its members.

You can find further information on career advice services here:

<https://www.bma.org.uk/advice/career>

For information on doctors health and well-being please look here:

<https://www.bma.org.uk/advice/work-life-support>

### 4) Relocation Expenses

The London Operations team is responsible for processing all Relocation Expense claims (covering removal and excess travel expenses) for all London and KSS based trainees on a recognised training programme. Claims should be forwarded to the Relocation Team based at Stewart House.

Please note that the Relocations department does NOT reimburse travel related to on-call commitment, clinical travel or interview related travel. HEE's objective will be the timely reimbursement of a trainee's verified entitlement to expenses. However before incurring any expenses for which you anticipate submitting a claim to the relocation team, please complete a relocations eligibility form and return for authorisation, without an authorised form a claim will not be processed.

For further information visit: <https://kss.hee.nhs.uk/resources-information/relocation-and-excess-travel-expenses/>

# Annual Review of Competence Progression (ARCP) and Revalidation

## Interim Review

Your interim review is a formal face-to-face or virtual meeting where a panel including at least one of the Training Programme Directors will review all the evidence in your portfolio partway through your training year.

This allows the panel to check you are on track for a satisfactory ARCP outcome. It also allows you the time to discuss your training and experience with the consultant who is not your assigned educational supervisor

Date – TBC – Jan/Feb 2021

## ARCP

Your Annual Review of Competence Progression (ARCP) will take place generally towards the end of the training year. Your portfolio needs to be up to date at least 2 weeks before your review date, where the panel will then review it over the week and meet for the ARCP meeting as above. Although this is an electronic process, you may be called for interview.

You will be assessed for the time you have spent in programme at that level of training. – i.e., if you are in the programme for only 3 months you will be expected to achieve competences relevant for that period of time.

By the time of your ARCP, you must have completed all the requirements for that year of training.

The ARCPs are centrally assessed by a panel consisting of Head of School, Training Programme Director, Lay Chair, External Representative and Military or Academic Representative where required.



Please note that registering with your specialty exit college is a Gold Guide requirement: please ensure you have registered before your forthcoming ARCP and speak to your local training programme director / College Tutor if you have any queries.

Newly appointed trainees should receive an Enhanced Form R from HEE KSS to register their details. Trainees are then required to complete a new enhanced form R at each ARCP.

Within HEE KSS, our aim is for doctors in training to be safe, to develop the habits of

'life-long' learning and to achieve appropriate standards of practice. By regulating the progress of doctors in training, the ARCP process protects patients and directs the training process.

The ARCP panel is usually made up of:

- Training Programme Director
- Trust Representative
- Lay member
- External Trainer
- Military Representative\*

\*this is only relevant if you are a military trainee.

The ARCP panel will review will look at:

- Evidence summary: have achieved enough evidence of the competencies of each attachment and parent curriculum?
- ePortfolio
- Evidence itself
- Assessments /supervisors reports /MSF /logbooks etc
- any minimum requirements completed

following is a list of the ARCP outcomes of which you will receive one:

Outcome 1	Satisfactory Progress – Achieving progress and the development of competences at the expected rate. This is subject to successful completion of the training period.	
Outcome 2	Development of specific competences required - additional training time not required	
Outcome 3	Inadequate progress by the trainee – additional training time required or trainee resigns from the programme	
Outcome 4	Released from training programme – with or without specified competences	
Outcome 5	Incomplete evidence presented – additional training time may be required	
Outcome 6	Gained all required competences - will be recommended as having completed the training programme (Early Years, Core and ACCS) and for award of a CCT or CESR/CEGPR (Higher programmes)	
Outcome 7: FTSTA or LAT Trainees	Outcome 7.1	Satisfactory progress in or completion of the LAT placement
	Outcome 7.2	Development of Specific Competences Required – additional training time not required
	Outcome 7.3	Inadequate Progress by the Trainee
	Outcome 7.4	Incomplete Evidence Presented
Outcome 8	Out of programme for research, approved clinical training or a career break (OOPR/OOPE/OOPC)	
Outcome 9	Doctors undertaking top-up training in a training post	
COVID adjusted outcomes	10.1, 10.2 with N and C codes	

Any trainee that receives an unsatisfactory outcome (2, 3 or 4) or an outcome 5 will be provided with supplementary information on the ARCP outcome form

which shows the reasons for any unsatisfactory outcome of training requirement to be met.

### ARCP Advice

- Don't leave your assessments to the last minute.
- Need to update into the personal library the signed checklist for the year, MSFs as needed, FGS, update personal library, upload R form, upload absences both on R form and on portfolio, add reflections as needed, upload certificates of exams and courses in the Certificates and Exam section and rate your curriculum competencies and ask ES to do the same every year.
- Ensure your portfolio and CV are regularly kept up-to-date
- Talk to your Educational Supervisor EARLY if you are having difficulties
- Keep HEE KSS informed of any changes in contact details
- If your attendance is required at your ARCP, confirm your ability to attend as soon as possible
- It is your responsibility to know what will be assessed
- If you don't provide evidence by the ARCP date, you cannot be issued with a Satisfactory Outcome, without exception.

### Revalidation

Revalidation is the General Medical Council's new way of regulating licensed doctors to give extra confidence to patients that their doctors are up to date and fit to practice.

Licensed doctors including doctors in foundation year two and specialty training will have to revalidate, usually every five years. In addition, for doctors in postgraduate training, you will also revalidate when you receive your Certificate of Completion of Training (CCT).

We expect the vast majority of trainees to revalidate without any problems, as they are already closely supervised. The process for Revalidation for trainees is aimed at ensuring that employers and educational and clinical supervisors have a process to share information when needed, so that trainees can be best supported in their revalidation process.

The GMC has agreed that the ARCP process will be used as the vehicle by which doctors in training will revalidate and there is some new and amended paperwork to ensure all the areas required for revalidation are covered in ARCP. As part of the revalidation process you will be sent an enhanced form R which you will need to complete and sign by the time of your ARCP. This paperwork will contribute to your ARCP final outcome.

HEE KSS is committed to enabling its doctors in postgraduate training to revalidate by providing as much information and support as possible and will provide you with regular updates.

### **ARCP Documentation**

#### **Checklists**

When attending your ARCP you will need to provide the panel with evidence showing that you are progressing at the required rate. All the documents that you require are listed on the attached checklists and must be updated each year depending upon advice from the specialty colleges. Please be aware of the specific work based assessments that you are required to complete during each placement and year of training in accordance with the 2015 curriculum.

The year of training checklist must be completed in advance with your supervisor and made available to the ARCP panel; failure to do so may result in the delay in the issue of your outcome.

Failure to provide the required documents will result in an Outcome 5 (insufficient evidence) and you may be required to attend another ARCP.

### **Enhanced Form R (Part B)**

You will be required to complete a Part B form; this will inform the panel's decision regarding your Fitness to Practice. Failure to complete this form may delay the issue of your ARCP outcome. The Enhanced Form R (B) is your self-declaration for the Revalidation of Doctors in Training.

### **Reviews**

If you received an outcome 2 at your ARCP you have the right to request a review of the decision. A review is a process where an individual or a group who originally made a decision return to it to reconsider whether it was appropriate. They must take into account the representations of the person asking for the review and any other relevant information, including additional relevant evidence, whether it formed part of the original considerations or has been freshly submitted.

You must request in writing to the Chair of the ARCP panel a review, within 10 working days of being notified of the decision. The Chair will then arrange an interview with the trainee and as far as practical the other members of the original ARCP panel within 15 working days of receiving the written request. The decision of the panel reviewing the ARCP Outcome 2 award is final and there is no further right of appeal

### **Appeals**

If you receive an outcome 3 or 4 you have the right of appeal to the decision. This is a process where a different panel meet to reconsider the original Panels decision. . A trainee's request for an appeal must be made in writing to the Postgraduate Dean or nominated representative within 10 working days\* of the trainee being notified of the ARCP panel's decision and must state the grounds for appeal. This is a two stage process.

Step 1: Review: An initial meeting with Head of School and Training Programme to discuss to attempt to resolve matters. If a trainee does not accept the outcome of Step 1, they should inform the Postgraduate Dean or nominated representative within 10 working days, who will then arrange a formal appeal hearing within 15 days of receiving the written request, this is Step 2.

Appeals of Outcome 4s should automatically progress to Step 2.

## Appendices

### Checklists

All checklists ST1-6 are on RCEM (including DRE-EM) website:

<https://www.rcem.ac.uk/>

All ACCS checklists are also on RCoA website:

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

Covid adjusted checklists with minimum datasets were used at ARCPs in June and may be used over the next year- please check with your ES/tutor for more information.

An example of a CT1/ST2 checklist is as below:

*Annual Review of Competence Progression Checklist for Work  
Place Based Assessments in ACCS CT/ST1*

Trainee Name: \_\_\_\_\_ DRN/NTN: \_\_\_\_\_

*Emergency Medicine*

Summative assessments by a consultant in at least 2 Major Presentations	Date of assessment	Assessor's name
<input type="checkbox"/> CMP1 Anaphylaxis	Date	name
<input type="checkbox"/> CMP2 Cardio-respiratory arrest (or current ALS certification)	Date	name
<input type="checkbox"/> CMP3 Major Trauma	Date	name

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<input type="checkbox"/> CMP4 Septic patient	Date	name		
<input type="checkbox"/> CMP5 Shocked patient	Date	name		
<input type="checkbox"/> CMP6 Unconscious patient	Date	name		
<b>Summative assessments by a consultant in each of the following 5 Acute Presentations:</b>				
<input type="checkbox"/> CAP1 Abdominal Pain	Date	name		
<input type="checkbox"/> CAP6 Breathlessness	Date	name		
<input type="checkbox"/> CAP7 Chest Pain	Date	name		
<input type="checkbox"/> CAP18 Head Injury	Date	name		
<input type="checkbox"/> CAP30 Mental Health	Date	name		
<b>Formative assessments in at least 5 further Acute Presentations using a variety of assessment tools including ACAT(EM) which can cover up to 5 acute presentations</b>				
1. date	2. date	3. date	4. date	5. date
name	Name	Name	name	name
<b>10 other Acute Presentations covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs</b>				
1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
2. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
3. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
4. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
5. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
6. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
7. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
8. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
9. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
10. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
<b>Practical procedures as DOPS in each of the following 5 domains:</b>				
<input type="checkbox"/> Airway Maintenance	Date	name		
<input type="checkbox"/> Primary Survey	Date	name		
<input type="checkbox"/> Wound Care	Date	name		
<input type="checkbox"/> Fracture/Joint manipulation	Date	name		
<input type="checkbox"/> Any 1 other procedure	Date	name		
<u>Acute Medicine</u>				
<b>Formative assessments in 2 Major Presentations not yet covered:</b>				
<input type="checkbox"/> CMP1 Anaphylaxis	Date	name		

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<input type="checkbox"/> CMP2 Cardio-respiratory arrest	Date	name		
<input type="checkbox"/> CMP3 Major Trauma	Date	name		
<input type="checkbox"/> CMP4 Septic patient	Date	name		
<input type="checkbox"/> CMP5 Shocked patient	Date	name		
<input type="checkbox"/> CMP6 Unconscious patient	Date	name		
<b>Formative assessments in at least 10 Further Acute presentations using a variety of assessment tools including ACAT(GIM)</b>				
1. date	2. date	3. date	4. date	5. date
name	Name	Name	name	name
6. date	7. date	8. date	9. date	10. date
name	Name	Name	name	name
<b>10 other Acute Presentations covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs</b>				
1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
2. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
3. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
4. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
5. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
6. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
7. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
8. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
9. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
10. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	name		
<b>Practical procedures as 5 DOPS</b>				
11. date	12. date	13. date	14. date	15. date

Overview by end of CT/ST1

Structured Training Report x2 (one for each placement)	YES / NO (please circle)
MSF – minimum of 12 responses (annual) with spread of participants as agreed with Educational Supervisor	date
<b>ACCS AM trainees only</b> - Multi Consultant Review x 4	YES / NO (please circle)



## Trainee Handbook August 2020

Evidence of Audit or Quality Improvement Project (one every 12 months)	YES / NO (please circle)
Progress in relevant post graduate examinations:	Exams achieved
ALS or equivalent (upload certificate to eportfolio)	date
Safeguarding Children Level 2 (upload certificate to eportfolio)	date
Progress toward achieving level 2 common competences confirmed by supervisor and trainee (red and blue man symbols)	YES / NO (please circle)
Number of core training days attended (upload certificates to eportfolio)	number
Survey monkey feedback completed for each placement	YES / NO (please circle)

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

<b>Trainee signature:</b>		<b>Date:</b>	
<b>Education Supervisor signature:</b>		<b>Date:</b>	
<b>Education Supervisor name PLEASE PRINT</b>			

### ACCS Acute Medicine Exits – CT3 – CMT Decision Aid

Please visit: <https://www.jrcptb.org.uk/training-certification/arcp-decision-aids>

## Useful Links

Professional Support Unit PSU London and KSS:

<https://kss.hee.nhs.uk/resources-information/psu/>

Covid 19 advice/resources on HEE website:

<https://www.hee.nhs.uk/coronavirus-covid-19>

Covid Shielding advice HEE:

<https://www.hee.nhs.uk/coronavirus-information-trainees>

British Medical Association:

<https://www.bma.org.uk/>

General Medical Council:

<http://www.gmc-uk.org>

Inter Deanery Transfers:

<http://specialtytraining.hee.nhs.uk/inter-deanery-transfers/>

Relocation Expenses:

<http://www.lpmde.ac.uk/training-programme/training-matters/relocation-and-excesstravel-claims/relocation?searchterm=relocation>

College of Emergency Medicine (CEM) & examinations: <http://www.collemergencymed.ac.uk>

<http://rcem.ac.uk/Training-Exams/Exams>

Royal College of Anaesthetists (RCoA): <http://www.rcoa.ac.uk>

RCoA ePortfolio, logbook, guide & examinations:

<http://www.rcoa.ac.uk/e-portfolio>

<http://www.rcoa.ac.uk/trainee-e-portfolio/guidance-notes>

<https://www.rcoa.ac.uk/sites/default/files/TRG-LOGBOOK-STMT2015.pdf>

<http://www.rcoa.ac.uk/examinations/overview>

Royal College of Physicians (RCP) & AM examinations:

<http://www.rcplondon.ac.uk>

<https://www.mrcpuk.org/mrcpuk-examinations/specialty-certificateexaminations/specialties/acute-medicine>

Society for Acute Medicine (SAM) :

<http://www.acutemedicine.org.uk>

FICM, RCEM and JRCPTB (AM) ePortfolio:

<https://www.nhseportfolios.org>

FICM (ICM) ePortfolio, logbook, examinations: [www.ficm.ac.uk/training-icm/icm-eportfolio](http://www.ficm.ac.uk/training-icm/icm-eportfolio)

Please click here to see the FICM ePortfolio Guidance for Users.