

INTERCOLLEGIATE COMMITTEE FOR ACUTE CARE COMMON STEM TRAINING (ICACCST)

ACCS Educational Supervisor Handbook 2021-22



FAO ACCS Leads/TPDs:

This is a generic handbook produced by ICACCST and aimed at ACCS supervisors. It has been updated to reflect the new ACCS curriculum and latest guidance.

Throughout the document red text indicates where specific local/regional information may be inserted, and all the red text can readily be removed to leave a generic document for general distribution.

Introduction

This handbook is intended as a supporting reference guide for trainers who have an Educational Supervisor role for ACCS trainees. It covers all the main aspects of training and supervision and should be the first port of call for any queries you may have along the way.

Whilst there is a lot to digest here it is advisable to ensure familiarity with the contents at the start of the training year as this often saves a lot of time later on. For trainers who are relatively new to educational supervision this handbook covers all you need to know to get started. For more experienced supervisors, some of the content may already be familiar, however there are changes and updates every year so you are advised to check through this latest edition at the beginning of the training year.

If you require further information not contained within this handbook, or if you have any particular queries, issues, problems etc. that you cannot resolve then please contact your Training Programme Director/ACCS Lead.

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ACCS: Definition and Structure

ACCS is a two-year core training programme that normally follows Foundation Year 2. It is the only core training programme for trainees wishing to enter higher specialty training in Emergency Medicine. It is an alternative core training programme for trainees wishing to enter higher specialty training in Internal Medicine (IM) or Anaesthetics. It delivers all elements of the specialty-specific core training curricula, with additional augmented outcomes, i.e. capabilities beyond those areas covered by Stage 1 training in IM or Anaesthesia. The two years are spent rotating through six-month placements in Emergency Medicine (EM), Internal Medicine (IM), Anaesthetics and Intensive Care Medicine (ICM).

Specialty Specific Objectives for ACCS training

Emergency Medicine:

ACCS constitutes the first two years of the CCT in EM in a pre-planned and structured manner. ACCS training is then followed by a year in Intermediate training further developing clinical capabilities in adult EM (including musculoskeletal emergencies) and Paediatric Emergency Medicine as well as generic capabilities. Achievement of the requisite degree of independence by the end of Intermediate training – a key milestone point – confers eligibility for trainees to progress to Higher training in EM.

Acute Internal Medicine:

ACCS is one of the training options available for delivering the core competencies required for a CCT in IM or one of the JRCPTB specialties in a pre-planned and structured manner. The two core years of ACCS training are followed by a further two years in acute medical specialties. Achievement of the requisite degree of independence by the end of this Stage 1 training – a key milestone point – confers eligibility for trainees to progress to Stage 2 training in IM and the specialties managed by the JRCPTB.

Anaesthetics:

Anaesthetics offers career opportunities in a wide range of subspecialty areas, all of which can be achieved by direct entry to an Anaesthetic CCT programme. For those Anaesthetic trainees with an interest in the 'acute' end of the spectrum, ACCS provides a more widely-based experience than is available via the Core Anaesthesia programme. The two core years of ACCS training are followed by a further two years of Anaesthetic experience. Achievement of the requisite degree of independence by the end of this Stage 1 training – a key milestone point – confers eligibility for trainees to progress to Stage 2 training in Anaesthetics.

Intensive Care Medicine:

ACCS allows trainees who wish to obtain the single CCT in ICM or a dual CCT in Internal Medicine & ICM, Anaesthetics & ICM or Emergency Medicine & ICM, to obtain the competences of the complementary specialties in a pre-planned and structured manner.

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE

Regarding where ACCS sits within the Deanery Postgraduate School structure.

2. Induction

Trainees are required to attend Trust/Corporate Induction at the first hospital they work at in August. They should also receive the necessary departmental/specialty induction in the first days of each post.

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE
regarding any specific ACCS programme induction

3. Supervision

There are two main supervisor roles for trainees which may be carried out by different trainers, though in some instances the same trainer may undertake both roles for part of a trainee's time in ACCS. More information on these roles can be found in the [Gold Guide](#).

Please note that Educational and Clinical Supervisors require Deanery recognition and GMC approval. More information on these processes can be found [here](#).

Named Clinical Supervisor

Assigned from their current clinical post and oversees their time in that post.

- Provides induction
- Carries out some of the WPBAs
- Handles immediate clinical issues, rota issues etc
- Provides feedback and oversees the generation of the panel-based judgement (Faculty Educational Governance Statement/Multi-Trainer Report/Multi-Consultant Report)
- Completes Clinical Supervisor's End of Placement Report form at the end of the six-month placement
- Liaises with Educational Supervisor and informs the decisions about the trainee's overall progress.

Named Educational Supervisor

Should be assigned from their parent specialty for a minimum of one year and are responsible for the overall supervision and management of a trainee's trajectory of learning and educational progress during ACCS.

- Sets up Learning Agreement
- Helps plan their training and agreed learning outcomes
- Reviews their Portfolio, Clinical Supervisor's Reports, panel-based judgements and WPBAs
- Prepares them for ARCP
- Brings together all relevant evidence to form a summative judgement at the end of the placement
- Provides the end of year Educational Supervisors Report (ESR) for the ARCP panel
- Offers career guidance and support
- Assists with issues and problems
- Liaises with the TPD/ACCS Lead.

As an Educational Supervisor you should ensure that you remain up to date in your role. This includes being aware of how to support trainees, how to give feedback and having knowledge of their curriculum, WPBAs, e-portfolio and requirements for ARCP. Educational Supervisors should work closely with the TPD/ACCS Lead and should sit on ARCP panels regularly.

As an educational supervisor you must ensure that the trainee:

- is aware of their responsibility to initiate workplace-based assessments, compile evidence towards the curricular learning outcomes and provide the requisite evidence as set out in the ARCP Decision Aid
- is supported in preparing for those assessments
- is aware of the requirement to maintain an up-to-date educational portfolio
- is aware of the requirements to undertake and succeed in all assessments of knowledge (usually examinations) and performance in a timely fashion based on the recommended timescale set out in the specialty curriculum
- is aware of the need to engage in processes to support revalidation

4. Curriculum and Assessments

You can find the ACCS Curriculum as well as a number of related resources on the ACCS website [here](#).

The curriculum covers the overall purpose, the content of learning and the programmes of learning and assessment in ACCS. ***It is vital that you familiarise yourself with the curriculum and in particular the learning outcomes and assessment framework in order to support your trainees.***

The content of ACCS training is described as a set of high-level learning outcomes (ACCS LOs) – eight clinical and three generic – that incorporate the GMC's Generic Professional Capabilities. These eleven ACCS Learning Outcomes describe the professional tasks or work within the scope of the ACCS specialities. Each ACCS LO has a set of key capabilities associated with that activity or task. Key capabilities are intended to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes which should be demonstrated for an entrustment decision to be made.

Some of the clinical learning outcomes are covered and evidenced during a particular placement, whilst the rest are applicable to all of the ACCS placements. This is all detailed in the curriculum. In addition, to assist trainees and trainers in navigating the requirements, the ARCP Decision Aid (*Appendix A*) set out clearly the evidence required from each placement and at the end of each year of ACCS training.

Overall it will require planning and organisation on the part of the trainee in order to demonstrate the requisite level of independence in the clinical LOs and to show satisfactory progress towards the generic LOs. Failure to achieve this will make it difficult for you as an Educational Supervisor to ascertain whether they have satisfactorily completed their placements, which may affect the outcome of their ARCP. It is therefore vital that you work closely with your supervisee and their Clinical Supervisor to support them in achieving the necessary requirements.

The ACCS LOs are assessed in two ways:

1) *Workplace-based assessments (WPBAs):*

- Mini-Clinical Evaluation Exercise (M-CEX)
- Direct Observation of Procedural Skills (DOPS)
- Multi-Source Feedback (MSF)
- Case-Based Discussions (CBD)
- Acute Care Assessment Tool (ACAT and ACAT-EM)
- Patient Survey
- Audit Assessment
- Teaching Observation

2) *Panel-based judgements*

- *Faculty Education Governance Statement (FEGS) - EM placement, all trainees*
- *Multi-Trainer Report (MTR) and Holistic Assessment of Learning Outcome (HALO) - Anaesthesia placement, all trainees*
- *Multi-Consultant Report (MCR) - IM and ICM placements, all trainees*

Entrustment

Assessment in each of the ACCS specialties is built around preparing trainees for thresholds in training. To that end, assessments in the workplace and are also aligned to entrustment i.e independence using a simple rating scale:

1	Direct supervisor observation/involvement, able to provide immediate direction or assistance
2a	Supervisor on the 'shop-floor' (eg 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 for 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 supervisor involvement (all trainees practice with a consultant taking overall clinical responsibility)

This scale is used for individual WPBAs and for overall entrustment decision at end of placement and end of year for each of the clinical Learning Outcomes.

Documentation

Trainees use the e-portfolio of their parent specialty which links to the ACCS and parent specialty curricula and contains the necessary WPBA and other assessment forms. Each time the trainee completes a placement within the ACCS programme a Clinical Supervisor End of Placement Report should be completed by their Clinical Supervisor.

Assessment is the same for all trainees regardless of parent specialty and all three e-portfolios hold the necessary forms for all placements which have the same overall content and which can be linked to the Learning Outcomes/Key Capabilities.

5. Teaching and Training

Attending teaching and training sessions is an important aspect of curriculum delivery for trainees and they should ensure they maximise their attendance at teaching.

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE

regarding any specific ACCS teaching programme as well as regional specialty teaching and relevant local departmental teaching etc, including details of which teaching trainees are expected to attend. The table below can be adjusted to show this information:

ACCS Parent Specialty:	ACCS Teaching (<i>regional, monthly</i>)	Departmental teaching (<i>local, usually weekly</i>)	Novice Anaesthetic Programme (<i>regional, 8 week block x 2 per year</i>)	Basic Level Anaesthetic Teaching (<i>regional, monthly</i>)	CMT Teaching (<i>regional, monthly</i>)
Anaesthetics	YES	YES – only for current post	YES - only for first Anaesthetics post	YES - only during Anaesthetics post, otherwise in own time/study leave (this includes during ICM block)	NO
Emergency Medicine	YES	YES – only for current post	YES - only for first Anaesthetics post	NO	NO
Acute Medicine	YES	YES – only for current post	YES - only for first Anaesthetics post	NO	YES - only during Acute Medicine post, otherwise in own time/study leave

6. Portfolio

Trainees should ensure they are registered with their parent specialty College and that they have access to the relevant e-portfolio which they should use throughout their training in ACCS. They should ensure they provide your details as Educational Supervisor to allow you the necessary access to their e-portfolio.

All three parent specialty e-portfolios have been designed around the new curriculum and enable trainees to access all the necessary information and record their progress. It is important that you encourage your trainee in keeping their e-portfolio up to date and support them in developing a sufficient body of evidence against each Learning Outcome/Key Capability in order that you can make judgements about their progress for ARCP.

In addition all ACCS trainees, regardless of parent specialty, are advised to register for the e-Learning For Health website at: <http://portal.e-lfh.org.uk/>.

7. Examinations

The trainee's parent specialty determines their exam requirements for satisfactory progression through training. *The current requirement is that no exam progress is required during the two core years of ACCS training.* After this the following requirements are in place:

ACCS Internal Medicine trainees: must achieve the full MRCP (UK) Diploma to successfully complete Stage 1 Internal Medicine training.

ACCS Anaesthesia trainees: must achieve the full Primary FRCA to successfully complete Stage 1 Anaesthetics training.

ACCS Emergency Medicine trainees: must achieve the full MRCEM to successfully complete Intermediate Emergency Medicine training.

It is vital that your trainees familiarise themselves with the exam regulations for the relevant exam, in particular when they can first sit the various parts, when to apply etc.

8. Annual Review of Competency Progression (ARCP)

The ARCP is the annual review of trainees' progress.

Detailed information relating to the Annual Review of Competency Progression, (ARCP) is documented in the [Gold Guide](#). All supervisors and trainees should make themselves familiar with this document as well as local Deanery processes.

The Decision Ais detailing the overall requirements for ARCP are found at the end of this Handbook in *Appendix A*.

The ARCP has two broad functions:

1) Fitness to Progress

The ACCS ARCP is the mechanism for reviewing and recording evidence and a means whereby the evidence of the outcome of assessments is recorded to provide a record of a trainee's progress within their training post including Out Of Programme Training (OOPT). It makes judgements about the competencies acquired by a trainee and their suitability to progress to the next stage of training and provides a final statement of the trainee's attainment of the curricular competencies and thereby the completion of the stages of the training programme.

2) Fitness to Practice

The ACCS ARCP also gives advice to the Deanery Revalidating Officer about revalidation of the trainee to enable a recommendation to the GMC.

ARCP Panel

The ARCP panel reviews the evidence submitted by each trainee on a set, pre-agreed date. The panel should consist of a minimum of 3 members and include representatives from each of the four ACCS placements (Anaesthetics, ICM, EM and IM). The Chair of the panel should be trained for their role and is usually a TPD or Postgraduate Dean's representative. The panel should include Educational Supervisors, and others who are involved in medical education. A proportion of the panels will involve either a lay representative and/or an external representative from the appropriate Royal College(s). All panel members should have Equality and Diversity training.

The Evidence

It is each trainee's responsibility to submit the required evidence by a set date before the ARCP panel convenes. This should include:

- The Educational Supervisor's Report (ESR) covering a full training year and completed by the Educational Supervisor
- End of Placement Clinical Supervisor Reports (CSRs) for each of the placements covered during the year and completed by the Clinical Supervisor
- Evidence of progress against each of the ACCS Learning Outcomes including FEG/MTR/HALO/MCRs and WPBAs
- Enhanced Form R (a form giving demographic details, a description of their scope of practice and a self-declaration statement for revalidation purposes; not required in Scotland).

The panel reviews the evidence provided and awards an ARCP outcome, which is then communicated to the trainee. *Only the pre-agreed documentary evidence can be considered* so it is vital that the Educational Supervisor provides a full and detailed ESR including details of any concerns raised by trainers, incidents etc.

Educational Supervisor's Report

As an Educational Supervisor you will write a structured report for your trainees for the ARCP panel. The ESR must:

- reflect the learning agreement and objectives developed between the trainee and their Educational Supervisor
- be supported by evidence from the panel-based judgements and WPBAs
- make a definitive statement regarding entrustment level for each of the clinical LOs and progress against the generic LOs
- take into account any modifications to the learning agreement or remedial action taken during the training period for whatever reason
- provide a summary comment regarding overall progress during the period of training under review, including where possible an indication of the recommended outcome supported by the views of the training faculty

The report and any discussion which takes place following its compilation must be evidence-based, timely, open and honest. The discussion and actions arising from it should be documented. The Educational Supervisor and trainee should each retain a copy of the documented discussion. If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these prior to ARCP. Trainees are entitled to a transparent process in which they are assessed against agreed published standards, told the outcome of assessments, and given the opportunity to address any shortcomings. Trainees are responsible for listening, raising concerns or issues promptly and for taking the agreed action.

The Educational Supervisors should also support the trainees to **develop an action plan** to tackle any concerns and deficiencies and objectives should always be written using **SMART** objectives or another validated educational method.

ARCP Outcomes (From the Gold Guide)

The following outcomes can occur after an ARCP panel:

- **Outcome 1: Satisfactory Progress** - Achieving progress and the development of competencies at the expected rate
- **Outcome 2: Development of specific competences/capabilities required – Additional training time not required** - The trainee's progress has been acceptable overall but there are some competences/ capabilities that have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required.
- **Outcome 3: Inadequate progress – Additional training time required** - The panel has identified that a formal additional period of training is required that will extend the duration of the training programme (e.g. FPCC end date, core training programme end date or anticipated CCT/CESR(CP)/CEGPR(CP) date). Where such an outcome is anticipated, the trainee must be informed in advance. The trainee, Educational Supervisor and employer will need to receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision).
- **Outcome 4: Released from training programme – With or without specified competences/ capabilities** - The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress despite having had additional training to address concerns over progress. The panel should

document relevant competences/capabilities that have been achieved by the trainee and those that remain outstanding. The trainee will have their National Training Number (NTN)/ Dean's Reference Number/training contract withdrawn and may wish to seek further advice from the Postgraduate Dean or their current employer about future career options, including pursuing a non-training, service-focused career pathway.

- **Outcome 5: Incomplete evidence presented – Additional training time may be required** - The panel can make no statement about progress or otherwise where either no information or incomplete information has been supplied and/or is available to the ARCP panel. The panel should agree what outstanding evidence is required from the trainee and the timescale in which it must be provided to be able to issue an outcome
- **Outcome 6: Gained all required competencies**

For outcomes 2 - 6 the trainee is required to meet with the panel after the panel has reached their decision.

Trainees on Outcomes 2, 3 and 4 should meet with their Educational Supervisor and TPD afterwards, and a written educational plan should be agreed. The educational plan should be written using SMART objectives, and should be agreed by all parties.

For ARCPs in 2020 and 2021 additional COVID outcomes were used alongside modified requirements for assessment/evidence. It is possible that similar modifications may be in place for training year 2021-22 in which case details will be circulated at the appropriate time.

9. Leave and courses

The arrangements for study leave are detailed on the Deanery website here:

As Educational Supervisor you should support your trainee(s) in making decisions about best use of study leave time and funding to ensure they complete all mandatory courses as well as have the opportunity to explore areas of particular individual interest.

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE
regarding study leave arrangements

10. ACCS events

Information on ACCS events and the annual Trainers and Trainees Days plus any other events will be posted on the ACCS website.

11. Social Media

Please see the BMA's guidance on the use of social media [here](#) and that of the GMC [here](#).

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE

regarding local social media groups e.g. Twitter, Facebook, Tik Tok, WhatsApp etc

12. Out of programme time (OOP)

Trainees may, subject to the approval of the Deanery, spend some time out of the specialty training programme to which they were appointed. This can be for a career break or educational/training opportunities elsewhere. Whilst occasions where OOP is granted to core trainees are likely to be exceptional given the short length and the nature of their training, these opportunities are explained in detail in the [Gold Guide](#) and by the GMC [here](#).

further information from the Deanery is found at:

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE
regarding OOP and application process

13. Changing specialty and moving region

Changing Parent Specialty

It is not possible for ACCS trainees to automatically switch from one parent specialty programme to another (e.g. Internal Medicine to Anaesthesia). The ICACCST have previously had discussions with the GMC, Health Education England and the UK's Deans to try and find some way of resolving this, but there has been no change to the current situation.

Trainees wishing to change ACCS specialty should apply for an ACCS CT1 post within the specialty that they wish to change to. If successful, the Deanery/School may approve the counting of competencies already gained towards the new specialty. Please note: this would be entirely at the Deanery's discretion, and it is therefore not guaranteed that this will occur.

Inter Deanery Transfer (IDT)

The National Inter Deanery Transfer (IDT) process has been established to support trainees who have had an unforeseen and significant change in their personal circumstances since the commencement of their current training programme which requires a move to a different region. The process is managed by the National IDT team (Health Education South London) on behalf of the Conference of Postgraduate Medical Deans (COPMeD), Health Education England (HEE) and all UK regions.

In order to provide a consistent, transparent and robust process for all trainees, the National IDT team will make all decisions on eligibility and allocations in accordance with the published guidelines and criteria. You can read these guidelines and criteria as well as find out more about the process [here](#). You can also contact the National IDT team [directly](#) with any queries you may have.

As part of the application process, all trainees are required to submit a 'Deanery Document'. This form can be found on the National IDT website above and should be sent to their current region's administrative team for completion.

For details regarding the next opportunity to submit an application for the National IDT process please see the [website](#).

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE
regarding local IDT information

14. Part time working (Less Than Full Time Training)

There is detailed NHS guidance on LTFT that can be found [here](#).

Who is Eligible for LTFT Training?

There are two different categories of applications to LTFT. These are used by HEE/ the deaneries to assess eligibility and prioritise applications. However these categories are not exhaustive:

Category 1: Doctors in training with:

- disability or ill health (this may include those on [in vitro](#) fertility programmes)
- responsibility for caring (men and women) for children
- responsibility for caring for an ill/disabled partner, relative or other dependent

Category 2: Doctors in training with:

- unique opportunities for their own personal/professional development, for example training for national/international sporting events, or short-term extraordinary responsibility, for example a national committee
- religious commitment – involving training for a particular religious role with requires a specific amount of time commitment
- non-medical professional development such as management courses, law courses, fine arts courses or diploma in complementary therapies

Category 3: Personal choice: this applies to selected parent specialties including Emergency Medicine. Further information from HEE about this can be found [here](#).

LTFT training will only be offered if there are trainers and training experience available and the employing Trust agrees. There are sometimes difficulties with funding which may delay the commencement of a LTFT training post, particularly at points of re-entry into training.

Information on applying for LTFT can be found at:

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE
regarding the local LTFT application process

15. Trainees in difficulty

Medicine is a stressful profession, and core training can be particularly difficult because of frequent changes of post, a steep learning curve, and exam pressures. The GMC makes clear that a good doctor looks after their own health and well-being as well as that of their patients.

Supporting trainees in difficulty can be a very challenging and a very rewarding part of the role of a named Clinical or Educational Supervisor. The difficulties a trainee experiences may be many and varied, and may impact on their work, and patient safety. One of the roles of an Educational Supervisor or teacher is to provide 'pastoral' care for students and trainees. This sometimes extends outside the normal educational or clinical role and impinges on an individual's personal life.

Sometimes trainees will find themselves in a situation where their performance falls below required standards. In most cases the individual recognises the problem and is able to solve it. However, a small number of trainees will get into difficulty which they either fail to recognise or acknowledge, or which they are unable or unwilling to seek help for.

Any issues that have the potential to impact on training progression or which may require additional evaluation/support should be alerted to the Training Programme Director at the earliest opportunity.

Notes should be kept from all relevant trainee/trainer meetings and necessary information handed over as a trainee rotates through their ACCS placements.

Please see Appendix B for detailed guidance on how to deal with the doctor in difficulty

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE

regarding the local support arrangements e.g. Trainee Support Unit, Support Lead etc.

16. Contacts and Who's Who?

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE
regarding key contacts

Head of School Emergency Medicine:

Head of School Anaesthesia:

Head of School Medicine:

ACCS Training Programme Director or ACCS Lead:

Core Anaesthetics Training Programme Director:

Core Medicine Training Programme Director:

Trainee Representatives:

17. Key links

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE
regarding key local links for Deanery/other

Deanery website:

National ACCS website:

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

Royal College/Faculty websites:

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

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

<http://www.rcplondon.ac.uk/Pages/index.aspx>

Joint Royal Colleges of Physicians Training Board

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

Faculty of Intensive Care Medicine:

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

Gold Guide 2020:

https://www.copmed.org.uk/images/docs/gold_guide_8th_edition/Gold_Guide_8th_Edition_March_2020.pdf

ACCS Curriculum:

<https://www.accs.ac.uk/accs/2021-curriculum>

RCEM Curriculum:

<https://rcemcurriculum.co.uk/>

JRCPTB Internal Medicine & Curriculum:

<https://www.jrcptb.org.uk/internal-medicine>

Anaesthetics Curriculum:

<https://rcoa.ac.uk/training-careers/training-anaesthesia/2021-anaesthetics-curriculum>

Health Education England Specialty Training website:

<https://hee.nhs.uk/our-work/doctors-training>

GMC website:

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

RCEM Learning website:

<https://www.rcemlearning.co.uk/>

e-Learning For Health:

<https://portal.e-lfh.org.uk/>

e-Portfolios:

Anaesthesia

<https://www.rcoa.ac.uk/training-careers/lifelong-learning>

Emergency Medicine:

https://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/ePortfolio/RCEM/Exams_Training/UK_Trainees/ePortfolio.aspx?hkey=3b2594d1-23cb-47ad-bc8e-449438ec41ac

Acute Medicine:

<http://www.jrcptb.org.uk/ePortfolio/Pages/Introduction.aspx>

Timeline

August changeover	First day, local (Trust/Corporate) Induction.
1st few days	Meeting with Clinical Supervisor, departmental/clinical Induction.
1st 2 weeks	Initial meeting with Educational Supervisor (trainee to arrange).
Late October	Midpoint meeting with Educational Supervisor (trainee to arrange); review of progress against LOs.
January	MSF takes place (via e-Portfolio).
January	End of placement meetings with Clinical and Educational Supervisors (trainee to arrange); Clinical Supervisor completes End of Placement report and liaises with Educational Supervisor as required.
February changeover	First day, local (Trust/Corporate) Induction (as necessary).
1st few days	Meeting with Clinical Supervisor, departmental/clinical induction.
1st 2 weeks	Meeting with Educational Supervisor (trainee to arrange); MSF review.
Late March	Midpoint meeting with Educational Supervisor (trainee to arrange); review of progress against LOs.
Early June	End of placement meetings with Clinical and Educational Supervisors (trainee to arrange); End of Placement report and liaises with Educational Supervisor as required.
Early June	Pre-ARCP meeting with Educational Supervisor; review of clinical supervisor reports, WPBAs, FEG/MTR/HALO/MCRs, MSF and other evidence with reference to ARCP Decision Aid. Educational Supervisor completed ESR form.
Late June	Trainee ensures all necessary evidence is on e-portfolio prior to ARCP.
Late June/early July	ARCP panel meetings and issuing of outcomes.

Appendix A: ARCP Decision Aid

This is the 2021-22 ARCP Decision Aid. It sets out clearly the requirements for each placement in ACCS and the overall evidence that trainees must provide for ARCP. This document should be used by trainers and trainees to plan ahead for each placement as well as to review curricular coverage prior to Educational Supervision meetings and ARCP

ACCS ARCP 2021-2: DECISION AID

This document summarises the evidence that ACCS trainees of all parent specialties must provide for ARCP and the standards expected in order to achieve satisfactory ARCP outcome.

REQUIREMENT	EVIDENCE REQUIRED	CT1	CT2
<i>Educational Supervisor Report (ESR)</i>	One per year to cover the training year since last ARCP	Confirms meeting or exceeding expectations and no concerns	Confirms meets minimum requirements for progress into next stage of training (<i>see checklist also</i>)
<i>MSF</i>	MSF in e-Portfolio, minimum 12 respondents	1 for the year (minimum)	1 for the year (minimum)
<i>End of Placement (Clinical Supervisor) Reports</i>	One for each placement in year	Confirm meeting or exceeding expectations and no concerns	Confirm meeting or exceeding minimum requirements for progress into next stage of training
<i>ACCS Clinical Learning Outcomes</i>	Faculty Educational Governance (FEG) statement and/or Multi-Consultant/Trainer Report (MCR/MTR) for placements in year	Minimum levels achieved/exceeded for each ACCS Clinical LO for placements in year	Minimum levels achieved/exceeded for all ACCS Clinical LOs
<i>Practical Procedures (ACCS LO 5)</i>	Faculty Educational Governance (FEG) statement and/or Multi-Consultant Report (MCR) for placements in year – <i>refer to LO5 practical procedure checklist</i>	On track for minimum levels to be achieved/exceeded	Minimum levels achieved/exceeded for each procedure
<i>ACCS Generic Learning Outcomes</i>	Educational Supervisor Report	Satisfactory progress	Satisfactory progress
<i>Revalidation</i>	Form R/SOAR declaration (Scotland)	Fully completed and submitted	Fully completed and submitted

ACCS Learning Outcomes: Requirements by Placement

This table sets out the minimum standards to be achieved in each ACCS placement for each of the clinical and generic ACCS Learning Outcomes.

Entrustment level descriptors:

- Level 1: Direct supervisor observation/involvement, able to provide immediate direction or assistance
- Level 2a: Supervisor on the 'shop-floor' (e.g. ED, theatres, AMU, ICU), monitoring at regular intervals
- Level 2b: Supervisor within hospital for queries, able to provide prompt direction or assistance and trainee knows reliably when to ask for help
- Level 3: Supervisor 'on call' from home for queries, able to provide directions via phone and able to attend the bedside if required to provide direct supervision
- Level 4: Would be able to manage with no supervisor involvement (all trainees practice with a consultant taking overall clinical responsibility)

Learning Outcome	Entrustment requirements			
	EM	IM	An	ICM
1. Care for physiologically stable adult patients presenting to acute care across the full range of complexity	2b	2b		
2. Support the team by answering questions and making safe decisions	2a	2a		
3. Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop	2b	2b	2b	2b
4. Care for acutely injured patients across the full range of complexity	2b			
5. Deliver key ACCS procedural skills	<i>See LO5 Checklist</i>	<i>See LO5 Checklist</i>	<i>See LO5 Checklist</i>	<i>See LO5 Checklist</i>
6. Deal with complex and challenging situations in the workplace	2a	2a	2a	2a
7. Deliver safe anaesthesia and sedation			2b	
8. Manage patients with organ dysfunction and failure				2a
9. Support, supervise and educate	Satisfactory progress	Satisfactory progress	Satisfactory progress	Satisfactory progress
10. Participate in research and manage data appropriately	Satisfactory progress	Satisfactory progress	Satisfactory progress	Satisfactory progress
11. Participate in and promote activity to improve the quality and safety of patient care	Satisfactory progress	Satisfactory progress	Satisfactory progress	Satisfactory progress
Other evidence	Requirements			
	EM	IM	An	ICM
Faculty Educational Governance (FEG) statement	1			
Multi-Consultant Report (MCR)		1		1
Multi-Trainer Report (MTR)			1	
HALO			1 (Sedation)	1
IAC (EPA 1 and 2)			1	
Clinical Supervisor End of Placement Report	1	1	1	1

ACCS LO5 Practical Procedures: Entrustment Requirements

ACCS trainees must be able to outline the indications for these procedures and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthetics, minimisation of patient discomfort, and requesting for help when appropriate. For all practical procedures, the trainee must be able to recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary.

ACCS trainees should ideally receive training in procedural skills in a clinical skills lab before performing these procedures clinically, but this is not mandatory. Assessment of procedural skills is made using the direct observation of procedural skills (DOPS) tool.

The table below sets out the minimum competency level expected for each of the practical procedures at the end of ACCS.

Procedure	Entrustment level at completion of the first two generic years of ACCS
Pleural aspiration of air	2b
Chest drain: Seldinger technique	2b
Chest drain: open technique	1
Establish invasive monitoring (central venous pressure and arterial line)	2b
Vascular access in emergency (intraosseous infusion and femoral vein)	1
Fracture/dislocation manipulation	1
External pacing	2b
Direct current cardioversion	2b
Point of care ultrasound-guided vascular access and fascia iliaca nerve block	2b
Lumbar puncture	2b

When an ACCS trainee has been signed off as being able to perform a procedure independently, they are not required to have any further assessment (DOPS) of that procedure, unless they or their educational supervisor think that this is required (in line with standard professional conduct). This also applies to procedures that have been signed off during other training programmes. They would be expected to continue to record activity in the ir logbook.

Appendix B: Doctors in Difficulty

Please note: the processes involved for dealing with a Doctor in difficulty may be Deanery/LETB-specific. Please undertake early discussion with senior educators to ensure you gain sufficient guidance and support.

Dealing with the doctor in difficulty can be broken down into the following stages:

1. Identifying the problem
2. Managing the problem in the workplace
3. Identifying the cause of the problem
4. Supporting the trainee in finding a solution

1. Identifying the problem

Trainees may struggle with the transition from undergraduate training to becoming more self-directed postgraduates, or the transitions from Foundation doctor to core trainee to higher trainee. Trainees often have to move geographical areas for work, and this may result in a disruption to their social support, relationships, friendships etc.

Signs of a trainee in difficulty may fall into the three following areas:

Behaviour

- Anger and verbal or physical aggression
- Rigidity/obsessionalism
- Bullying, arrogance, rudeness
- Emotional or volatile behaviour
- Failure to answer bleeps
- Lack of team working
- Avoiding feedback and/or defensive reactions to feedback
- Not engaging in the learning process via meetings or e-portfolio

Health

- Absenteeism
- High sickness record

Competence

- Poor time keeping, personal organisation and record-keeping
- Failure to prioritise
- Lack of insight and poor judgement
- Clinical mistakes
- Failing exams and work-based assessments
- Communication problems with patients, relatives, colleagues or staff
- Staff and/or patient complaints (360 degree assessments)

Addressing the problem:

Trainee has insight

- If the trainee has insight into their problem then a discussion can take place about how best to fix the problem and support them (see later).

Trainee has little or no insight

- If there is no apparent insight then it is necessary to document the behaviour that is causing the problem.
- The trainee can then be given feedback on the basis of well documented observations of problematic behaviour (see later).

Documentation

It is important to start documenting as early as possible if you suspect a trainee is in difficulty. If other staff have reported concerns, they should be encouraged to write it down. However, what is required are objective descriptions of problematic behaviour *without* personal opinions. Feedback is much easier to give to a trainee when it is a description of behaviour and when it has caused concern for other staff or patients.

2. Managing the problem in the workplace

The first priority after identifying a problem trainee is to *ensure patient safety*. This will require an assessment of the trainee's ability to continue working safely in their particular role.

- How closely do they need to be supervised?
- Are they safe to continue prescribing?
- Are other members of the team 'carrying' the trainee?

When you have identified early signs that a trainee is in difficulty you should:

- Meet and discuss these openly with the trainee
- Talk to and give feedback to the trainee
 - This can be a difficult experience for both trainer and trainee, but the sooner it is done the better
 - Most trainees who have insight into their problems will welcome the opportunity to bring them out into the open and to be given help and support in resolving them
 - Some trainees with insight might deny there is a problem because of a defensive nature or because they fear the consequences
 - Some trainees might completely lack insight
 - Use of a reflective template may help a trainee identify the key issues and options for improvement

In the latter two situations the supervisor should use the documented evidence acquired to make the trainee aware that problems have been identified but should try to reassure the trainee that help and support can be provided.

- Agree an educational plan – and document this. The plan should include some SMART objectives (Specific, Measurable, Achievable, Relevant, Timed)
- Make sure the feedback meeting and plan is documented and shared with appropriate people, including the trainee. These individuals might include:
 - Clinical Supervisor
 - Training Programme Director (TPD)

- Head of School (HoS)
- Clinical Managers/Directors
- Directors of Medical Education
- If there are any patient safety concerns, or for any significant events, the practices/Trusts policy on Significant Untoward Events needs to be initiated and followed. The Educational Supervisor and TPD should not be the Trust's investigating officer. If there is a practice/Trust investigation, HEE needs to be made aware of this. The TPD and HoS should be notified.
- The educational plan should be shared with the TPD and a copy should be sent to the specialty school administrator so it can be held on the trainees file.
- Finally set a review date/venue to meet to review the trainees progress against the objectives made

Significant concerns

LETB Case Conference

These can be called for any trainees causing significant concern, and are a useful way for trainers to meet and support one another and the trainee.

- Chance for all involved to meet including Head of School/TPD, APDs, Trainee Support Service, and the Trust, (Clinical and Educational supervisors, Clinical Managers, DME, etc.)
- Chance to share information and review what has been tried/offered
- Action plan of where to go next to support the trainee and trainers and to ensure that patients are safe
- Trainee may not be present for all of the meeting. The trainee should meet some or all of the panel to discuss the concerns openly, and agree a further action plan

3. Identifying the cause of the problem

In supporting a trainee with problems you should attempt to determine the underlying cause so that the situation can be managed in the most appropriate way. Some common situations that may lead to trainee problems are:

- Ill health – physical or mental
- Drug/alcohol abuse
- Family issues – e.g. the birth of a child
- Language barrier
- Attitudinal/personality problem
- Financial difficulties
- Relationship problems
- Poor interpersonal skills
- Lack of knowledge
- Lack of confidence
- Poor role models
- Cultural background

- Bullying/harassment
- Dysfunctional team working

4. Supporting the trainee in finding a solution

Assuming that problems have been acknowledged and the causes identified the trainee can work with the supervisor to create an action plan for remediation.

- Trainees can be reassured that their careers can be put on the right track and that solutions can be found.
- As much as possible the trainee should be given the responsibility for working out solutions and for providing an action plan.
- Sometimes solutions can be found via the supervisory relationship and within the working team but sometimes other agencies and professional advisors might need to be consulted.
- The supervisor should then have regular meetings with the trainee to ensure that problems and behaviour have been rectified.

Suggestions for Support – Competency issues

- Increase the number of WBAs above the minimum number – this should not be seen as punitive. The WBAs can be used as learning events, where trainees can be given feedback, and can be used to document improvement in specific skills or competencies.
 - State exactly how many of each type of WBAs
 - With whom (variety of senior people – specify them)
 - Covering what topics
- Consider fitness for specific types of work. For example the decision may be made that the individual is safe to work during the day in specific locations where support is available, but it may not be safe for the individual to be on call. The Clinical Managers and Director of Medical Education make these decisions to amend a trainee's work, with input from the Clinical and Educational Supervisors, TPD etc. The reasons for this need to be documented, as well as what the trainee needs to demonstrate to return to work fully. This might include a period of shadowing, or discussing emergency situations as WBAs etc. Trainees may also require a period of working in a supernumerary capacity in some situations.
- Arrange for the individual to meet regularly with both their named Clinical and named Educational Supervisor. These individuals should also remain in close contact.
- Ensure the trainee uses reflection and a suitable template (*Appendix C*) to support their improvement efforts.
- An extra 360 appraisal may be helpful in certain situations. The supervisors should be clear who the trainee should ask if you want particular individuals to give feedback.

Suggestions for Support – Health issues

- All doctors should be registered with a GP and supervisors can encourage attendance.
- We must be mindful that we are supervisors of trainees, and not be drawn into acting as a trainee's doctor. Whilst this might sound obvious it is something that as doctors we sometimes find difficult to avoid.

- Referral to Occupational Health – with specific questions:
 - Is Dr X medically fit for his/her current role?
 - If Dr X is not medically fit, can you give an indication of likely duration of absence?
 - Is Dr X medically fit to be assessed in training?
 - If Dr X is not medically fit to be assessed, can you indicate whether a period of training is likely to have been affected?
 - Could Dr X's medical problems be contributing to problems with behaviour and/or performance at work?
 - Can you make any recommendations regarding adjustments or modifications to his/her workplace/role?
 - Can you recommend any help or support that the Department can offer Dr X?
 - Are there any workplace factors contributing to Dr X's ill health?

Suggestions for Support – Behaviour issues

For inappropriate behavioural issues:

- Provide feedback, and use any appropriate trust policies
- Put concerns into writing to the trainee
- Agree clear SMART objectives with the trainee, and be clear what is expected of the trainee
- Involve management within the Trust whenever appropriate
- Supervisors never act as a formal Trust investigator as there may be a conflict of interests. You may need to give evidence to an investigation, but you may also have a role in supporting the trainee.

Training Support Services

Within the Deanery there are training support services

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE

regarding the local support options, links, forms etc

These services can:

- Assess need, provide support services and case management for trainees in difficulty
- Signpost to specialist interventions where appropriate
- Aim to work together with training programmes to address performance and progress problems

Broadly speaking these services will:

- Gather feedback
- Meet with trainees
- Access profiling tools if necessary
- Agree an action plan
- Identify clear objectives and ways of monitoring progress
- Make referrals to external providers for further assessment or support
- Monitor progress

- Provide regular updates to training programme
- Provide reports for ARCP panels on request

Examples of support options include

- Counselling
- Coaching
- Communication skills development
- Specialist Occupational Health
- Career guidance
- Occupational and/or Educational Psychology assessments
- Clinical Psychology
- 360 degree feedback assessments
- Leadership Judgement assessment and coaching
- Sensory Intelligence profiling and coaching
- Specific learning disability tutoring

Support for Supervisors/trainers

Supporting a trainee in difficulty can be extremely time consuming and can be very difficult for trainers. It is important that as trainers there is a mechanism where you can also get help and support. For Clinical and Educational Supervisors, the TPDs and/or Heads of Schools are there to support you. Organise to meet and share your concerns. Doctors in difficulty can cause a lot of distress to people with whom they work, and it is important that you are mindful of this. Some supervisors worry that they will be accused of bullying and harassment with trainees in difficulty, and again we would encourage you to share these concerns with colleagues.