ACCS
Acute Care Common Stem

The Royal College of Emergency Medicine

Royal College of Anaesthetists

JRCPTB
Joint Royal Colleges of Physicians Training Board

The Faculty of Intensive Care Medicine

ACCS ARCP REQUIREMENT GUIDE

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
Educational Supervisor Report (ESR)	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 *(see checklist also)*
MSF	MSF in e-Portfolio, minimum 12 respondents with satisfactory range	1 for the year (minimum) 1 per placement (preferred)	1 for the year (minimum) 1 per placement (preferred)
End of Placement (Clinical Supervisor) Reports	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
ACCS Clinical Learning Outcomes	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 eight Clinical ACCS LOs
Practical Procedures (ACCS LO 5)	Faculty Educational Governance (FEG) statement and/or Multi-Consultant Report (MCR) for placements in year – *refer to LO5 practical procedure checklist*	On track for minimum levels to be achieved/exceeded	Minimum levels achieved/exceeded for each procedure
ACCS Generic Learning Outcomes	Educational Supervisor Report	Satisfactory progress	"Satisfactory/good" or "excellent" for all three Generic ACCS LOs
Revalidation	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. Make safe clinical decisions, appropriate to level of experience, knowing when and how to seek effective support	2a	2a		
3. Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop	2a	2a	2a	2a
4. Care for acutely injured patients across the full range of complexity	2b			
5. Deliver key ACCS procedural skills	*See LO5 Checklist*	*See LO5 Checklist*	*See LO5 Checklist*	*See LO5 Checklist*
6. Deal with complex and challenging situations in the workplace	2a	2a	2a	2a
7. Deliver safe anaesthesia and sedation			2b (HALO 2a)	
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	2a
Chest drain: Seldinger technique	2a
Chest drain: open technique	1
Establish invasive monitoring (central venous pressure and arterial line)	2a *for both*
Vascular access in emergency (intraosseous infusion and femoral vein)	1 *for either*
Fracture/dislocation manipulation	1
External pacing	2a
Direct current cardioversion	2a
Point of care ultrasound-guided vascular access and fascia iliaca nerve block	2a *for both*
Lumbar puncture	2a

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 their logbook.