



Intercollegiate Committee for Acute Care Common Stem Training (ICACCST)

Dear Colleagues,

Re: Impact of COVID-19 on training and ARCP

Last month we sent out a survey for you and your trainers to complete looking at the impact of covid on training. We were keen to identify not only the challenges that have arisen but also any educational benefits that may have resulted from the different ways of working. The full results are now available on the ACCS website. A brief summary is set our below:

- 26.5% trainee respondents reported being redeployed during the pandemic, mostly from their anaesthetics placement to support the intensive care units (85%). 45% of these trainees were redeployed for more than 1 month.
- Of those who responded, both trainees and training leads felt that training had suffered as a
 result of the pandemic, predominantly due to reduced anaesthetic exposure but also
 reduced case-mix, cancelled courses and teaching, gruelling rotas and fatigue.
- There were, however, a number of positives identified; the value of being 'of use' during the
 pandemic was recognised as was the enhanced team building. Other benefits included the
 additional critical care experience, the acquisition of new skills and the development of
 remote teaching / meetings which has resulted in improved attendance.
- Trainers report protecting training wherever possible and prioritising new starters over specialty trainees.
- While 14.3% of trainees who responded were concerned about not being able to obtain their IAC by August, only 7.7% of training lead respondents felt this would affect any trainees in their region.

Thank you for your cooperation with this survey. It has confirmed much of what we were expecting to hear about the challenges, but it has also highlighted how both you and your trainers have managed to find positives in these very difficult times. We are grateful for the significant efforts that

have been made to maintain your training while meeting the heavily increased service commitments and we appreciate the high demands on all of you, both clinically and emotionally.

There remain a number of you who currently appear unlikely to obtain their IAC by August. If you are in such a position, we would urge you to ensure your educational supervisor is aware ASAP so bespoke arrangements can be made to meet this learning requirement.

On behalf of the ICACCST we would like to thank you once again for all your hard work over the past year. We hope there will be calmer days ahead.

With best wishes,

Karine and Dan

Karine Zander, Co-chair ICACCST

Dan Becker, Co-chair ICACCST