

Intercollegiate Committee for Acute Care Common Stem Training (ICACCST)

Guidance on ACCS Placement Duration – December 2022

The expectation, as set out in the GMC approved curriculum and ACCS Training Pathway¹, is that placements are six months WTE in order to fully achieve and demonstrate all the requisite GMC approved capabilities described in the relevant ACCS LOs

All trainees should have ARCP normally undertaken on at least an annual basis and with no more than a maximum interval of fifteen months to comply with revalidation requirements (GG9 4.39). This applies to LTFT trainees (GG9 4.41). LTFT trainees will be expected to demonstrate the capabilities relevant to their stage of training as described in their relevant curriculum on a pro rata basis (GG 3.133ii). LTFT trainees should receive appropriate ARCP outcomes as per their individual progress.

The ARCP process is the correct mechanism to adjust expected CCT/completion of training stage dates (GG9 4.87) for all trainees. While TPDs/HoS/ACCS Leads may have input to the discussion, they are not the sole decision maker.

Assessment of trainee progress is made on an individual basis whether training full time or less than full time. Exceptional trainees may progress quicker than the recommended amount of training time detailed in the curriculum. Evidence of progress is required to make this assessment and therefore this decision can only be taken once training has occurred.

In the case of ACCS training, acceleration of training (bringing forward the end of training programme completion date either for full time or LTFT trainees) is likely to only occur in exceptional situations as the capabilities, and experiential learning, are challenging to achieve in 6 months WTE specialty placements as it is. As per GG9 4.87, decisions relating to potentially foreshortening training should be made on an individual basis at the ARCP.

Managing rotational placements in ACCS

Rotations in ACCS are usually planned on the basis of six months WTE, and generally pro rata for those in LTFT (e.g. LTFT trainees who are training at 80% should be planned to rotate after 7.5 months) to ensure sufficient time to gain the requisite capabilities.

The ACCS programme involves rotation through four separate specialty placements, each with their own related set of Learning Outcomes. For such short placements, it is preferable for acquisition of skills, that training time in a specialty occurs continuously if possible, rather than splitting the 6 months WTE into separate blocks.

The ACCS Committee (ICACCST) recognises the challenges in planning placements and, in particular, delivering the anaesthetic placement including the intense IAC period. Discussion with regional/deanery LTFT Associate Postgraduate Deans can be helpful.

Solutions that have been found to work in some regions include:

- Consider having one site running three eight-month anaesthetic placements over two years.
- Consider sites providing multiple IAC start dates across the year.
- Consider having eight month placements for 0.8 LTFT DiT and putting their anaesthetic placement first or fourth, which would then align with full time six month start time.
- Consider if the taught IAC programme can partially be delivered virtually or recorded for trainees to “attend” outside of standard start dates.
- Occasionally, trainees have flexibility in when they commence LTFT training, in which case they may undertake the “novice” IAC training period full time and commence LTFT thereafter. It is recognised that this may be an option only for a few trainees.

ICACCST will be seeking and sharing further examples of how programmes around the different regions have been managing this issue.

¹ https://www.gmc-uk.org/-/media/documents/2021-curriculum-for-accs-training-v1_1_pdf-88541412.pdf