

## Appendix

# **ACCS 2021 Curriculum – Update 2025**

## ***Further guidance on ACCS Generic Learning Outcomes***

Supporting material for ACCS Generic Learning  
Outcomes LO9 - LO11

A practical guide for ACCS trainees, trainers and ARCP panels

*ACCS trainees and supervisors should also refer to the ACCS curriculum.*

## **Evidencing the curriculum**

In the ACCS curriculum there are 11 ACCS Learning Outcomes which map to the GMC's Generic Professional Capabilities (GPCs). The curriculum is outcome-based, which means that it describes the behaviours and performance required during the individual placements and at the end of both the core years of ACCS training and so trainees will need to ensure they have provided evidence demonstrating how they have met the requirements of the ACCS Learning Outcomes.

The ACCS Learning Outcomes each contain Key Capabilities (the mandatory aspects that must be explicitly evidenced to satisfy the requirements of the Learning Outcome), and a range of examples ('descriptors') of skills, behaviours and attitudes that relate to them.

Trainees are **not** expected to provide evidence addressing each of the descriptors; **the evidence should be aimed at demonstrating each Key Capability** and, therefore, each Specialty Learning Outcome. Supervisors and ARCP panels then need to make a professional judgement as to the sufficiency of this evidence.

Trainees should provide this evidence in their e-portfolio and it will typically consist of a mixture of documentation of learning from formal training courses, skills logs of activities carried out in training, workplace-based assessments including Multi-Source Feedback, exams and assessments, as well as reflective notes and educational supervisor reports.

## **How to use this document**

This document sets out the type of evidence and the level of performance required for a trainee to show that they have satisfactorily demonstrated achievement of the Generic Specialty Learning Outcomes, which is a requirement before they may progress to the next stage of training. This will ensure that trainees are assessed consistently throughout the UK. This guidance should be used by ARCP panels to support their decision-making process, and by educational supervisors and trainees to help them consider the type, depth and breadth of evidence required.

This is generic guidance and does not replace any specific targeted learning objectives that may have been agreed between the trainee, supervisor and Deanery/LETB following a previous unsatisfactory ARCP outcome.

## **ACCS Generic Learning Outcomes**

The ACCS generic LOs comprise:

LO9 - Support, supervise and educate

LO10 - Participate in research and managing data appropriately

LO11 - Participate in and promote activity to improve the quality and safety of patient care

Guidance is provided below for these three LOs at that includes minimum standards as well as pointers to what might be deemed excellent. The programme of learning is described for each generic LO as well as the programme of assessment.

Assessment of these LOs is by the professional judgement of the Educational Supervisor and ultimately by the ARCP panel. To support consistency of judgement throughout the regions, a grid has been provided offering guidance (explicit where possible/appropriate) as to the standard of evidence and level of performance required.

Each of the generic LOs outline the standard required at the end of both of the two core years of ACCS training. The rating levels for these generic LOs are as follows:

- Not yet achieved (descriptors for this grade are given)
- Satisfactory/good (descriptors for this grade are given)
- Excellent (descriptors for this grade are given)

The ACCS curriculum and all syllabus documents, as well as other supporting guidance, are available at <https://www.accs.ac.uk/accs>

## **ACCS LO9: Support, supervise and educate**

### **Contents:**

- Summary
- Programme of Learning
- Programme of Assessment

### **Summary**

A key element of being a specialist in medical practice is the ability to teach and support both in a formal setting and in the workplace. It is a GMC requirement that all those training to UK Royal College curricula develop such skills. This will include being able to set learning objectives and deliver a teaching session, deliver effective feedback, undertake training and supervision of members of the clinical team in the working environment and understand the principles to mentor and appraise junior doctors.

### **Programme of Learning**

E-LFH and parent specialty online learning platforms provide a range of resources and materials to support trainees and trainers in developing skills in teaching and supervision. Links to these are found below:

RCEM Learning:

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

e-Learning Anaesthesia:

<https://www.rcoa.ac.uk/e-learning-anaesthesia>

e-LFH (for all trainees; IM trainees can also link to their e-portfolio)

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

In addition the parent colleges offer a range of education-themed events and most local ACCS and/or department teaching programmes can provide further support for this learning outcome.

### **Programme of Assessment**

#### **Background**

The GMC require all curricula to include the ability to teach and educate in all stages of training, this being one of the nine Generic Professional Capabilities. The development and application of teaching skills starts in ACCS and builds throughout training to completion with development of supervision and feedback skills being the focus of intermediate and higher training.

Teaching and supervision is within the Programme of Learning at all stages of training in the ACCS specialties, and the requirements of their respective curricula reflect growing expertise and responsibility in this subject over time.

### **What is expected at the completion of the two years of ACCS training?**

The following table summarises activity that is expected and how excellence might be pursued:

## **ACCS LO9: Support, supervise, educate**

### **Key ACCS Capabilities**

*At completion of ACCS a trainee:*

- *Will be able to set learning objectives for and deliver a teaching session*
- *Will be able to deliver effective feedback to a junior colleague or allied health professional with an action plan*

<b>Not yet achieved</b>	<ul style="list-style-type: none"> <li>• Minimal evidence of participation in teaching and reflection on performance</li> </ul> <p style="text-align: center;"><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• Evidence of teaching skills needing further development or unwillingness to teach (MSF, mini-CEX, trainers report)</li> </ul>
<b>Satisfactory/ Good</b>	<ul style="list-style-type: none"> <li>• Evidence of participation in local departmental teaching, for example through development log entries</li> </ul> <p style="text-align: center;"><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• Evidence of feedback on teaching and learning events delivered by the trainee with reflection and goal setting for development of teaching skills</li> </ul>
<b>Excellent</b>	<p style="text-align: center;"><b>AS FOR SATISFACTORY/GOOD PLUS:</b></p> <ul style="list-style-type: none"> <li>• Evidence of participation in regional or national education or training delivery.</li> </ul> <p style="text-align: center;"><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• Participation in formal teacher training programme</li> </ul> <p style="text-align: center;"><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• Quality improvement activity in the area of education</li> </ul>

## **How will this ACCS LO be assessed?**

### **Assessment in the workplace**

All trainees need the opportunity to provide evidence of their activity in this LO in each year of training. All activity relating to teaching is relevant and the list of evidence that might be used is not reductive in any way. Some trainees may be inspired by the topic and seek to stretch further in this area. The following tools and opportunities, though, are available to all to ensure that they can gain feedback in the Key Capabilities of this LO.

### **Teaching Assessment Tool**

The assessment schedule has an expectation that trainees develop their teaching throughout their training and teaching should be viewed as a core part of the requirements of the ACCS trainee. A teaching assessment tool is available on each parent specialty e-Portfolio to guide trainees through such an exercise and for this to be reviewed by their clinical or educational supervisor.

The EM STAT tool can be used for both face-to-face and online teaching and is adaptable to all types of teaching episode. It is completed independently by an assessor and includes an overall assessment of performance.

### **Multi-Source Feedback (MSF)**

Teaching and supervision is an important domain as part of the MSF. This provides useful feedback to the trainee and can be reviewed by their clinical or educational supervisor.

### **Structured feedback from external teaching opportunities**

During training there may be many opportunities to teach beyond the immediate clinical placement at local, regional or national/international level. Examples could include courses (e.g. ALS, ATLS) conference workshops, university teaching, teaching of other specialties etc. Structured feedback from these sessions is valuable evidence towards the key capabilities for this LO.

### **Other evidence**

Trainees may also choose to undertake e-learning in the field of medical education, receive formal training in educational methodology or undertake quality improvement work in the domain of medical education. Supporting documents from such activities can be added to their e-portfolio as part of their overall evidence for this LO.

## **ACCS LO10: Participate in research and managing data appropriately**

### **Contents:**

- Summary
- Programme of Learning
- Programme of Assessment

### **Summary**

A key element of being a specialist in medical practice is the ability to use research evidence to drive improvement in patient care. It is a GMC requirement that all those training to UK Royal College curricula develop such skills.

### **Programme of Learning**

E-LfH and parent specialty online learning platforms provide a range of resources and materials to support trainees and trainers in developing skills in teaching and supervision. Links to these are found below:

RCEM Learning:

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

e-Learning Anaesthesia:

<https://www.rcoa.ac.uk/e-learning-anaesthesia>

e-LFH (for all trainees; IM trainees can also link to their e-portfolio)

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

In addition the parent colleges offer a range of research-themed events and most local ACCS and/or department teaching programmes can provide further support for this learning outcome.

Additional critical appraisal checklists and frameworks can be found at:

<https://bestpractice.bmj.com/info/toolkit/>

<https://www.cebm.net/2014/06/critical-appraisal/>

<https://www.stemlynblog.org/tag/critical-appraisal/>

### **Programme of Assessment**

#### **Background**

The GMC require all curricula to include the ability to appraise and apply evidence

in all stages of training, this being one of the nine Generic Professional Capabilities. The development and application of CLA knowledge begins in ACCS and develops throughout training to completion.

In this ACCS LO there is a requirement to demonstrate not only the ability to appraise the relevant medical literature, but to be able to synthesise evidence and to communicate key findings and their clinical impact.

### **What is expected at the completion of the two years of ACCS training?**

The following table summarises activity that is expected and how excellence might be pursued:

## **ACC LO10: Participate in research and managing data appropriately**

### **Key ACCS Capability**

*At completion of ACCS a trainee:*

- *Will be able to search the medical literature effectively and know how to critically appraise studies*

<b>Not yet achieved</b>	<ul style="list-style-type: none"> <li>• Minimal evidence of regular involvement in research-related activity (e.g. literature review, audit, critical appraisal)</li> </ul> <p style="text-align: center;"><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• Poor use of clinical questions in ePortfolio with no critical review of the relevant literature</li> </ul>
<b>Satisfactory/ Good</b>	<ul style="list-style-type: none"> <li>• Evidence of regular involvement in research-related activities, e.g. literature review, audit, critical appraisal; evidence may include, for example, reflection on audit projects or journal club presentations</li> </ul> <p style="text-align: center;"><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• Good use of clinical questions in ePortfolio, incorporating critical review of the relevant literature</li> </ul>
<b>Excellent</b>	<ul style="list-style-type: none"> <li>• Evidence of skills in interpretation and communication of research findings to patients, plus to the multidisciplinary team; evidence may include, for example, mini-CEX and MSF feedback</li> </ul> <p style="text-align: center;"><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• Good Clinical Practice Training undertaken</li> </ul>



	<p><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>Recruiting patients to research studies (e.g. NIHR portfolio and TERN studies)</li> </ul>
	<p><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>Evidence of involvement in NIHR Associate PI Scheme</li> </ul>

## How will this ACCS LO be assessed?

### CLA assessment in the workplace

All activity relating to research is relevant and the list of evidence that might be used is not reductive in any way. Some trainees may be inspired by the topic and seek to stretch further in this area. This is entirely to be encouraged. The following tools and opportunities, though, are available to all to ensure that they can gain feedback in the key capabilities of this LO.

### Applied Critical Appraisal Forms

The assessment schedule has an expectation that trainees develop the ability to consider their clinical work and identify questions that they would like to seek further evidence from the medical literature to help answer. These may come from clinical encounters in the workplace, or from workplace-based assessment discussions. A CLA assessment tool is available on each parent specialty e-Portfolio to guide trainees through related exercises and for this to be reviewed by their clinical or educational supervisor.

The EM ACAF tool is a self-guided form for trainees to complete themselves that covers the key elements of basic CLA with prompt for reflection. It also requires additional comments and an overall assessment by their clinical or educational supervisor.

### Other evidence

Trainees may also choose to undertake e-learning in the field of CLA, receive formal training in CLA methodology, undertake other training (e.g. GCP) or independently undertake other related research or audit activities. Supporting documents from such activities can be added to their e-portfolio as part of their overall evidence for this LO.

## ACCS LO11: Participate in and promote activity to improve the quality and safety of patient care

### Contents:

- Summary

- Programme of Learning
- Programme of Assessment

## **Summary**

This ACS LO describes the EM clinician as someone who understands and can effectively advocate patient safety as a consultant in the ED.

In developing the Key Capabilities there is a requirement to be able to identify things that need changing in the ED, and to be able to do so. This requires knowledge of techniques, theoretical underpinnings and their practical application. It also requires the ability to work effectively with others, to be tenacious, imaginative and at times bold.

Development against these requirements requires feedback and reflection. Built into the Programme of Learning and Assessment throughout are the key leadership, interpersonal and human elements of being effective in this SLO. As with all SLOs, there is a need to engage with the material outlined in the Programme of Learning and to summarise activity with thought and perspicacity in the assessment tool designed to support the Programme of Assessment.

## **Programme of learning**

E-LFH and parent specialty online learning platforms provide a range of resources and materials to support trainees and trainers in developing skills in teaching and supervision. Links to these are found below:

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e-Learning Anaesthesia:

<https://www.rcoa.ac.uk/e-learning-anaesthesia>

e-LFH (for all trainees; IM trainees can also link to their e-portfolio)

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

In addition the parent colleges offer a range of QI-themed events and most local ACCS and/or department teaching programmes can provide further support for this learning outcome.

## **Programme of assessment**

### **Background**

The GMC mandates that quality improvement is present in all curricula and that capabilities are transferrable. This means that QI must be assessed in each stage of training and a breadth of experience can be recorded and reflected upon. This will

support the trainee in considering their own strengths and weaknesses in relation to QI activity they have experienced in a number of settings.

Quality Improvement features in the ACCS curriculum as one of the three generic LOs and it features in all the later stages of training in the three ACCS specialties. These curricular requirements reflect the expectation of growing expertise and responsibility in this subject over time.

Trainees can include any QI activity they have found valuable from any and all of the individual ACCS placements and beyond.

## What is expected at the completion of the two years of ACCS training?

The following table summarises activity that is expected and how excellence might be pursued.

### ACCS LO11: Patient Safety & Quality Improvement

#### Key capability

*At completion of ACCS a trainee:*

- *Will be able to contribute effectively to a departmental quality improvement project*

<b>Not yet achieved</b>	<ul style="list-style-type: none"> <li>• Inadequate or unsatisfactory engagement with quality improvement activities</li> </ul>
<b>Acceptable/ Good</b>	<ul style="list-style-type: none"> <li>• Satisfactory engagement with quality improvement activities including Involvement in at least one project in each year of training (service evaluation, audit, re-audit, quality improvement, guideline development, etc.) activity e.g. <ul style="list-style-type: none"> <li>- audit and/or re-audit</li> <li>- service evaluation</li> <li>- process improvement</li> <li>- guideline development</li> <li>- patient safety/experience improvement</li> </ul> </li> <li><b>AND/OR</b></li> <li>• Presentation at local QI meeting</li> <li><b>AND/OR</b></li> <li>• Evidence of engaging in QI educational activity commensurate with early training e.g., e-learning, training day, QI course</li> </ul>

<b>Excellence</b>	<ul style="list-style-type: none"> <li>• Presentation of the findings and actions from more than one project or in more than one setting</li> </ul> <p style="text-align: center;"><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• Demonstrates translation of findings and learning from one audit into another area of practice or another hospital</li> </ul>
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## **How will this ACCS LO be assessed?**

### **Assessment in the workplace**

All trainees need the opportunity to provide evidence of their activity in this LO in each year of training. All activity relating to quality improvement is relevant and the list of evidence that might be used is not reductive in any way. Some trainees may be inspired by the topic and seek to stretch further in this area. The following tools and opportunities, though, are available to all to ensure that they can gain feedback in the Key Capabilities of this LO.

### **Quality improvement assessment tool**

The assessment schedule has an expectation that trainees develop their QI skills throughout their training. A QI assessment tool is available on each parent specialty e-Portfolio to guide trainees through related exercises and for this to be reviewed by their clinical or educational supervisor. It is strongly recommended that trainees use this tool as a means to evidence their QI activity as part of this LO.

### **MSF**

QI activity may be reflected as part of the MSF. This provides useful feedback to the trainee and can be reviewed by their clinical or educational supervisor.

### **Other evidence**

Trainees may also choose to undertake e-learning in the field of QI, receive formal training in QI methodology or independently undertake other quality improvement work. Supporting documents from such activities can be added to their e-portfolio as part of their overall evidence for this LO.