INTERCOLLEGIATE COMMITTEE FOR ACUTE CARE COMMON STEM TRAINING (ICACCST)

ACCS Educational Supervisor Handbook 2018-19

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.

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ACCS: Definition and Structure

ACCS is a three 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 General Internal Medicine (GIM), Acute Internal Medicine (AIM) or Anaesthetics. It delivers all elements of the specialty specific core training curricula, with additional augmented outcomes, i.e. competences beyond those areas covered by Core Medical Training and Anaesthetics. The first two years are spent rotating through Emergency Medicine (EM), Acute Internal Medicine, Anaesthetics and Intensive Care Medicine (ICM). The third year is spent providing training that ensures trainees meet the minimum requirements for entry into higher specialty training in their parent specialty.

Specialty Specific Objectives for ACCS training

Emergency Medicine:

ACCS constitutes the first three years of the CCT in EM in a pre-planned and structured manner. The first two years of ACCS training (EM, AIM, Anaesthetics and ICM) are followed by a further year gaining additional competences in adult EM (including musculoskeletal emergencies) and Paediatric Emergency Medicine; thus fulfilling the requirements 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 GIM, AIM or one of the JRCPTB specialties in a pre-planned and structured manner. The first two years of ACCS training (AIM, EM, Anaesthetics and ICM) are followed by a further year in acute medical specialties. This three year training programme fulfils the requirements for progression to higher training in GIM, AIM or any of the JRCPTB specialties.

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 first two years of ACCS training (AIM, EM, Anaesthetics and ICM) are followed by a year of Anaesthetic experience at CT2 level thus fulfilling the requirements for progression to higher training at ST3.

Intensive Care Medicine:

ACCS allows trainees who wish to obtain the single CCT in ICM or a dual CCT in Acute 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 LETB

2. Induction

Trainees are required to attend Trust/Corporate Induction at the first hospital they work at in August. They will 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.

Named Clinical Supervisor

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

- Provides induction
- Carries out some of the WBAs
- Handles immediate clinical issues, rota issues etc
- Provides feedback and completes Clinical Supervisor's Report form at the end of the post
- Liaises with Educational Supervisor and informs the decision about whether the trainee should progress to the next stage of their training at the end of that placement.

Named Educational Supervisor

Assigned from their parent specialty and 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 and WBAs
- 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 Structured Training Report (STR) for the ARCP panel
- Offers career guidance and support
- Assists with issues and problems
- Liaises with the TPD.

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, WBAs, e-portfolio and requirements for ARCP. Educational Supervisors should work closely with the TPDs 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 and achieve the minimum number and type as specified in the ARCP checklists
- 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

More information on these roles can be found in the Gold Guide.
Please note that Educational and Clinical Supervisors require Deanery/LETB recognition and GMC approval. More information on these processes can be found here.

4. Curriculum and Assessments

You can find the ACCS Curriculum here.

The document is self-explanatory and sets out the full list of required competencies for the component specialties within ACCS. ***It is vital that you familiarise yourself with this document and in particular the competences and assessment framework in order to support your trainees.***

ACCS training is described under the headings of:

1. Common Competencies
2. Major Presentations
3. Acute Presentations
4. Anaesthesia in ACCS
5. Practical Procedures

Some of this training must be obtained and evidenced during a particular placement, but other competencies can be achieved in any of the placements, provided that all are achieved by the end of year 2. This is all detailed in the curriculum. In addition, to assist trainees and trainers in navigating the requirements, the ARCP checklists *(Appendix A)* set out clearly the evidence required from each placement and at the end of each year.

Overall, the requirements are relatively demanding and will require planning and organisation on the part of the trainee in order to achieve the required number/type. Failure to achieve this will make if 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 the trainee in achieving the minimum requirements.

The Major and Acute presentations and most of the Common Competencies are assessed using the ACCS Workplace-based assessments (WBAs):

- 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

Documentation

Trainees should use the e-portfolio of their parent specialty; WBAs for non-parent modules may be completed on e-portfolio or paper, but ACCS-EM trainees are

encouraged to use the e-portfolio for all modules. The Anaesthesia e-portfolio only contains Anaesthesia-specific forms, so Anaesthetists must use paper forms for other modules. Each time the trainee completes a module within the ACCS programme a Clinical Supervisor Report (CSR) should be completed by their Clinical Supervisor. All 'paperwork', whether on e-portfolio or paper, should be summarised on ARCP checklists (see *Appendix A*).

WBAs including MSFs differ slightly between specialties, and should be completed using the paperwork specific to the specialty being assessed, not the parent specialty. Specialty-specific MSF and other WBA forms, as well as all the specialty-specific paperwork, can be found within the e-portfolios and on the ACCS website.

1. Common Competencies (ACCS Curriculum pages 26-73)

These are competencies that should be acquired by all doctors during their training period starting within the undergraduate career and developed throughout postgraduate training. For ACCS trainees, competence to at least **level 2** descriptors will be expected prior to progression into further specialty training.

Many of these competencies are an integral part of clinical practice and as such will be assessed concurrently with the clinical presentations and procedures assessments. Trainees should use these assessments to provide evidence that they have achieved the appropriate level. Descriptors of the required performance at each level can be found in the curriculum.

At least 50% of the common competencies must be signed off at level 2 or above by the end of the CT2 ACCS year. For a few common competencies alternative evidence should be used e.g. assessments of audit and teaching, completion of courses, management portfolio, which can be used to record management and leadership competencies.

2. Major Presentations (ACCS Curriculum pages 75-84)

These are seen as the cornerstone of the clinical skills of ACCS trainees and they should all be signed off by the end of the second year.

Two must be completed in the Emergency Medicine placement and must be summatively assessed using the Mini-CEX descriptor tool or a pass/fail CbD (see Curriculum pages 222-228). Summative tools are available for Major trauma, Shock, Altered level of consciousness and Sepsis.

Two should be assessed in the Acute Medicine placement and the other two can be done in any of the modules but it is recommended that Septic Patient should be signed off in the Intensive Care Medicine placement. The knowledge, skills and behaviours to be achieved for each presentation are listed in the curriculum.

3. Acute Presentations (ACCS Curriculum pages 85-134)

There are 38 Acute Presentations (APs) which need to be signed off by the end of the second year of ACCS. These are generally most applicable to AM and EM and whilst a minimum of 10 in AM and 10 in EM should be signed off, trainees should be strongly encouraged to complete them all during those placements. There are 5 APs that require the trainee to complete specific summative WBAs in the EM attachment. Up to 5 APs can be covered by a single ACAT in either EM or AM. The knowledge, skills and behaviours to be achieved for each presentation are listed in the curriculum.

4. Anaesthesia in ACCS

Introduction

The Anaesthesia training in ACCS is identical to the first six months of training core Anaesthesia trainees receive. During the Anaesthesia component of ACCS, trainees complete the 'Introduction to Anaesthesia' and achieve the Initial Assessment of Competency (IAC). All trainees must pass the IAC in their Anaesthesia placement.

All trainees should use the RCOA guide for novices found here.

Initial assessment of Competency (IAC)

Paper certificate and further information can be found here.

The IAC is the first milestone in Anaesthetic training and will normally be achieved within the first 3 to 6 months of 1:1 supervised Anaesthetic training. Once trainees have achieved the IAC they may work without direct supervision and join the on call rota but they will at all times remain under the supervision of a named Consultant Anaesthetist. Anaesthetic-streamed ACCS trainees may complete the IAC directly on the RCoA e-portfolio whilst for EM and AM trainees the IAC is completed on paper and both pages of the certificate should then be uploaded to their e-portfolio. To obtain the IAC, trainees must complete a total of 19 WBAs.

Logbook

All trainees should maintain a logbook of their Anaesthetic cases, from the start of their ACCS Anaesthesia training, which needs to include a summary report by age, specialty, ASA grade and level of supervision. There is an electronic logbook available from the Royal College of Anaesthetists that is free to down load regardless of speciality and trainees are strongly advised to use this for their records, as it will generate the required reports.

Intensive Care Medicine

During Basic training in ICM, the trainee works under direct supervision for the majority of the time, being introduced to the knowledge and skills required for ICM. A broad-based outline knowledge of the wide range of problems which are seen in ICM is necessary at Basic level. Greater understanding and expertise can then be built upon this during higher stages of training should trainees wish to pursue ICM as a career.

The ICM assessment schedule includes 11 ICM-specific DOPs as well as covering a further 2 practical procedures and 2 of the Major Presentations - ideally Septic Patient plus one other.

5. Practical Procedures

There is a list of 44 Practical Procedures in the ACCS Curriculum. 39 out of 44 (ideally all) are expected to be completed by the end of the second year, and all by the end of the third year. 17 are associated with the Anaesthetic Initial Assessment of Competence, and 11 are associated with ICM training.

Multi-source Feedback (MSF)

This tool is a method of assessing generic skills such as communication, leadership, team working, reliability etc, across the domains of Good Medical Practice. This provides objective systematic collection and feedback of performance data on a trainee, derived from a number of colleagues. "Raters" are individuals with whom the trainee works, and includes doctors, administration staff, and other allied professionals.

Instructions:

- The trainee should trigger an MSF from their e-portfolio and choose a range of raters from healthcare professionals and clerical staff.
- The majority of raters should be Consultants, senior trainees and experienced nursing and allied health professional colleagues.
- A minimum of twelve assessments must be received, including at least three Consultants and both Clinical and Educational Supervisors can view the individual and collated responses within the e-portfolio.
- These results of the MSF should be discussed between the Educational Supervisor and the trainee during an appraisal meeting and the supervisor should then release the anonymised collated results to the trainee.

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 *(regional, monthly)*	Departmental teaching *(local, usually weekly)*	Novice Anaesthetic Programme *(regional, 8 week block x 2 per year)*	Basic Level Anaesthetic Teaching *(regional, monthly)*	CMT Teaching *(regional, monthly)*
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.

Details on enrolling for e-portfolio can be found via the relevant College websites:

Anaesthesia: https://www.rcoa.ac.uk/careers-and-training/e-portfolio

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

Any queries/problems that your trainee may have with this should be directed to their specialty.

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

7. Exams

The trainee's parent specialty determines their exam requirements for satisfactory progression through training. The current requirement is:

ACCS Acute Medicine trainees: should have passed MRCP (UK) Part 1 by end of year 2 and must achieve the full MRCP (UK) Diploma in order to successfully complete ACCS training.

ACCS Anaesthesia trainees: aim to sit the Primary FRCA MCQ Examination by the end of the second year and must achieve the full Primary FRCA in order to successfully complete ACCS training.

ACCS Emergency Medicine trainees: should have passed the FRCEM Primary by the end of year 2 and must achieve the FRCEM Intermediate Certificate in order to successfully complete ACCS 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/LETB processes.

Checklists 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 posts (Anaesthetics, ICM, EM and AIM). The Chair of the panel should be trained for their role, and is usually a TPD or Postgraduate Deans 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 Structured Training Report (STR) from the Educational Supervisor
- Clinical Supervisor Reports (CSRs) for the posts covered during the year
- Evidence of the competencies covered by WBAs including ARCP Checklists

- 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 STR including details of any concerns raised by trainers, incidents etc.

Structured Training Report

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

- reflect the learning agreement and objectives developed between the trainee and their Educational Supervisor
- be supported by evidence from the WBAs planned in the learning agreements
- 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 competencies required** - The trainee's progress has been acceptable overall but there are some competences 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** The panel has identified that a formal additional period of training is required that will extend the duration of the training programme (e.g. the 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** - 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 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 (DRN) 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. An outcome 4 may also be recommended in some circumstances where there has not been additional training, for example for disciplinary reasons or where the trainee has exhausted all attempts at passing an exam without having received additional training time.
- **Outcome 5: Incomplete evidence presented** - Additional training time may be required. The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel.
- **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.

9. Leave and courses

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

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE
regarding study leave arrangements

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.

10. ACCS events

Information on ACCS events and the annual Trainer and Trainee Day will be posted on the ACCS website here.

11. Social Media

Please see the GMC's guidance on the use of Social Media here and that of the BMA here.

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE
regarding local social media groups e.g. Twitter, Facebook, 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 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 currently possible for ACCS trainees to switch from one parent specialty programme to another (e.g. Acute 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)

Who is Eligible for LTFT Training?

Those wishing to apply for less than full-time training must show that training on a full-time basis would not be practical for them for well-founded individual reasons:

Category 1: Doctors in training with:

- disability
- ill health *(those who have health reasons will be required to attend an appointment with the LETB Occupational Health before being eligible for the scheme)*
- responsibility for caring for children (men and women)
- responsibility for caring for ill/disabled partner, relative or other dependant.

Category 2: Doctors in training with:

- unique opportunities for their own personal/professional development, e.g. training for national/international sporting events, courses that contribute to the wider curriculum delivered by Health Education East Midlands
- religious commitment - involving training for a particular role which requires a specific time commitment
- non-medical professional development such as management courses, law courses, fine arts courses, etc.

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 D 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:

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

Society for Acute Medicine:
http://www.acutemedicine.org.uk/

Faculty of Intensive Care Medicine:
http://www.ficm.ac.uk/

Gold Guide 2018:
https://www.copmed.org.uk/gold-guide-7th-edition/the-gold-guide-7th-edition

ACCS Curriculum:
https://www.rcoa.ac.uk/accs/2012-curriculum

Assessment Forms:
https://www.rcoa.ac.uk/accs/assessments-and-appraisals/assessment-forms

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/careers-and-training/e-portfolio

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

RCOA guide for novices:
http://www.rcoa.ac.uk/careers-and-training/the-rcoa-guide-novice-trainees

18. 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); WBA review/planning.
January	MSF takes place (via e-Portfolio).
January	End of placement meetings with Clinical and Educational Supervisors (trainee to arrange); Clinical Supervisor completes CSR form and liaises with Educational Supervisor.
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); WBA review/planning.
Early June	End of placement meetings with Clinical and Educational Supervisors (trainee to arrange); Clinical Supervisor completes CSR form and liaises with Educational Supervisor.
Early June	Pre-ARCP meeting with Educational Supervisor; review of CSRs, WBAs and checklists, MSF and likely ARCP outcome. Educational Supervisor does STR form.
Late June	Trainee submits CSR x 2, STR, ARCP checklists x 2 (posts and overview) to Assessments Team prior to ARCP
Late June/early July	ARCP panel meetings

Appendix A: ARCP Checklists

The checklists found in this appendix list the WBA requirements for each of the 4 posts in ACCS. They are derived directly from the Curriculum and set out the number and type of assessment required. These checklists may be used by trainers and trainees to plan ahead for each placement as well as to document curricular coverage prior to Educational Supervision meetings and ARCP.

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE
regarding checklists, Workbooks etc. The 4 checklists below should be removed/deleted if a local Workbook is being included instead.

Checklist for Workplace - Based Assessments: ACCS Emergency Medicine and Acute Medicine

Trainee Name: _____ Date: _____

Emergency Medicine

	Yes	No
Summative assessments **by a consultant** in at least 2 Major Presentations		
• CMP1 Anaphylaxis		
• CMP2 Cardio-respiratory arrest (or current ALS certification)		
• CMP3 Major Trauma		
• CMP4 Septic patient		
• CMP5 Shocked patient		
• CMP6 Unconscious patient		
Summative assessments **by a consultant** in each of the following 5 Acute Presentations:		
• CAP1 Abdominal Pain		
• CAP6 Breathlessness		
• CAP7 Chest Pain		
• CAP18 Head Injury		
• CAP30 Mental Health		
Formative assessments in at least 5 further Acute Presentations using ACAT(EM)		
10 Further Acute Presentations covered by: (specific number)		
• Teaching delivered		
• Audit		
• E-learning modules		
• Reflective practice		
• Additional WPBAs (including ACAT)		
Practical procedures as DOPS in each of the following 5 domains:		
• Airway Maintenance		
• Primary Survey		
• Wound Care		
• Fracture/Joint manipulation		
• Any 1 other procedure		

Acute Medicine

	Yes	No
Formative assessments in 2 Major Presentations not yet covered:		
• CMP1 Anaphylaxis		
• CMP2 Cardio-respiratory arrest		
• CMP3 Major Trauma		
• CMP4 Septic patient		
• CMP5 Shocked patient		
• CMP6 Unconscious patient		
Formative assessments in at least 10 Acute presentations using mini CEX, CbD or ACAT		
8 -10 Further Acute Presentations covered by: (specific number)		
• Teaching delivered		
• Audit		
• E-learning modules		
• Reflective practice		
• Additional WPBAs		
Practical procedures as 5 DOPS		

ES name and signature

Date:

Trainee name and signature

Date:

Note: Incomplete information will be regarded as the relevant outcome having <u>not</u> been achieved.

Checklist for Workplace - Based Assessments: ACCS Anaesthesia and ICU

Trainee Name: _____ Date: _____

Initial Anaesthetic Competencies

	Yes	No
Formative assessment of 5 Anaesthetic-CEX		
• IAC A01 Preoperative assessment		
• IAC A02 Management of the spontaneously breathing patient		
• IAC A03 Anaesthesia for laparotomy		
• IAC A04 Rapid Sequence Induction		
• IAC A05 Recovery		
Formative assessment of 8 Specific Anaesthetic CbDs:		
• IAC C01 Patient identification		
• IAC C02 Post op nausea & vomiting		
• IAC C03 Airway assessment		
• IAC C04 Choice of muscle relaxants & induction agents		
• IAC C05 Post op analgesia		
• IAC C06 Post op oxygen therapy		
• IAC C07 Emergency surgery		
• IAC C08 Failed Intubation		
Formative assessment of 6 further anaesthetic DOPS:		
• IAC Basic and advanced life support		
• IAC D01 Demonstrate function of anaesthetic machine		
• IAC D02 Transfer and positioning of patient on operating table		
• IAC D03 Demonstrate CPR on a manikin		
• IAC D04 Technique of scrubbing up, gown & gloves		
• IAC D05 Competencies for pain management including PCA		
• IAC D06 Failed Intubation practical drill on manikin		
PLUS – Introduction to Anaesthetic Practice (CUT form for each)		
• A1 Pre-operative assessment - History taking • A1 Pre-operative assessment – Clinical examination • A1 Pre-operative assessment – Anaesthetic evaluation		

• A2 Pre-medication		
• A3 Induction of GA		
• A4 Intra-operative care		
• A5 Post-operative recovery		
• Introduction to anaesthesia for emergency surgery		
• Management of cardio-respiratory arrest		
• Infection Control		
Modules – sedation, transfer medicine (Minimum 1, Specify)		

Intensive Care Medicine

	Yes	No
Formative assessments in 2 Major Presentations (Unless all agreed already)		
• CMP1 Anaphylaxis		
• CMP2 Cardio-respiratory arrest		
• CMP3 Major Trauma		
• CMP4 Septic patient (ideally assessed in ICM)		
• CMP5 Shocked patient		
• CMP6 Unconscious patient		
CT1 - Formative assessment of any Acute Presentations – *not mandatory*		
CT2 - Formative assessment of Acute Presentations – any and all not covered in AM/EM posts in CT1, total 20/38 by end of CT2		
Formative assessment of 13 practical procedures as DOPS (may be assessed as Mini CEX or CbD if indicated), including:		
• ICM 1 Peripheral venous cannulation		
• ICM 2 Arterial cannulation		
• ICM 3 ABG sampling & interpretation		
• ICM 4 Central venous cannulation		
• ICM 5 Connection to ventilator		
• ICM 6 Safe use of drugs to facilitate mechanical ventilation		
• ICM 7 Monitoring respiratory function		
• ICM 8 Managing the patient fighting the ventilator		
• ICM 9 Safe use of vasoactive drugs and electrolytes		
• ICM 10 Fluid challenge in an acutely unwell patient (CbD)		
• ICM 11 Accidental displacement ETT / tracheostomy		
• Plus 2 other DOPS		

Multi-source feedback (MSF) should be conducted towards the end of your ICM post (and not during your Anaesthetics post).

ES name and signature

Trainee name and signature

Date:

Date:

In some instances a competence required for ICU may be evidenced during your Anaesthesia post or vice versa. This is acceptable provided all are evidenced after completing the two posts.

Note: Incomplete information will be regarded as the relevant outcome having <u>not</u> been achieved.

Appendix B: Learning Agreement

ACCS TRAINING
LEARNING AGREEMENT

INSERT DEANERY/PROGRAMME SPECIFIC DETAILS HERE
Either use the generic version below or insert local Educational Agreement/Contract and delete the generic version below

Training Agreement for ACCS Trainees

This is a training agreement between an ACCS CT1/2 trainee and their educational supervisor

Training agreement declaration:

As a trainee
I understand and agree that during my ACCS training I shall:

- Arrange the necessary regular meetings and sign-offs with my clinical/educational supervisors
- Develop a personal educational plan with my educational supervisor at the start of each placement.
- Familiarise myself with the ACCS Curriculum and the assessment requirements.
- Complete the required Workplace based assessments for each post and minimum of 1 x MSF each year.
- Engage in e-learning to complement and support my training.
- Participate fully in the relevant regional and departmental teaching programmes and be prepared to spend some of my own time on educational activities.
- Complete promptly all training and assessment documentation
- Maintain an up-to-date training College e-Portfolio of evidence and log book (as applicable).
- Participate as required in assessment meetings, i.e. ARCP feedback.
- Ensure the Deanery have up to date contact details for me at all times and respond promptly to communications from my trainers and Deanery personnel.
- Ensure that I request study leave in good time and complete the relevant trust leave form/online requests so that suitable arrangements can be made for cover.

As a trainer
I understand and agree that:

- I will do my best to see that the trainee receives all the necessary support which will enable them to train successfully
- I will help my trainee to develop a personal educational plan at the start of each placement. This plan will take into account their current training needs and the time and resources available.
- I will be available to meet with the trainee on at least 3 separate occasions during each placement: at the beginning, mid point and end for appraisal.
- I will liaise as required in a timely manner with the Training Programme Director and any other relevant trainers to support my trainee as and when necessary
- I will complete a structured training report prior to the trainee's ARCP.

Trainee name:_____ Signature: _____

Date: _____

Educational Supervisor Name:_____Signature: _____

Date : _____

Please scan the completed original form into your e-Portfolio and give a photocopy to your Educational Supervisor.

Appendix C: Reflective Learning Template

REFLECTIVE LEARNING FOR MEDICINE

1 Identify an event in the recent past that made you feel uncomfortable*/made you aware of something you did not know/understand*.	
2 Describe the circumstances.	
3 What happened?	
4 What did you do?	
5 What did others do?	
6 If you could replay that event, what would you have done differently?	
7 Why?	

8 What would be different if you were able to replay this event?	
9 How would you feel?	
10 How would others feel?	
11 Focussing on what you would have done differently, what do you need to make sure that you are able to be different in the future?	Reminder: have you identified with question 11 something that can be done differently? This is the learning need.

Trainer Comments:

Trainer name	
Trainer Signature	

Date	

Trainee name	
Trainee Signature	
Date	

Appendix D: 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* (see *Appendix C*) 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.