

ACCS Curriculum Update 2025: Summary of Changes

ACCS LO5 & LO7 – Sedation

Change:

Assessment of sedation has been moved from ACCS LO7 (Anaesthetic Care) to ACCS LO5 (ACCS Procedural Skills). In keeping with the other ACCS procedural skills, sedation may now be assessed in any or all of the four ACCS placements, with a final entrustment level awarded at the end of the two years of ACCS.

Rationale:

Feedback from ACCS trainees and their trainers clearly demonstrated that achieving the curricular requirements for sedation entirely within the 6-month WTE Anaesthetics placement was challenging, and that restricting the assessment of this key capability to this single placement limited opportunities to an inappropriately narrow range of clinical contexts – namely planned sedation in a theatre environment. As a result, this missed clinically important opportunities for learning and assessing sedation in the Emergency Department, on wards and on the ICU in situations including acute behavioural disturbance, mental health crisis, agitation/delirium and emergency procedural sedation. This affected all ACCS trainees and, in effect, disadvantaged non-Anaesthetic ACCS trainees for whom these other situations are of rather greater relevance as they progress through their specialty training and beyond. This change also brings consistency with the Emergency Medicine curriculum in which sedation already sits with the other procedural skills in a standalone SLO.

Change:

The HALO for sedation in ACCS has been replaced by the ACCS Sedation Assessment Tool (ASAT). Separate guidance on the use of this tool has been published – see *ACCS website for details*.

Rationale:

Replacing the sedation HALO with the ASAT addresses the potential for confusion with the full sedation HALO for sedation covered in the three years of stage 1 Anaesthetic training. It also fully decouples sedation from being specific to the Anaesthetic placement by giving the assessment tool a generic ACCS title.

ACCS LO5 - Procedural Skills Assessment

Change:

Options within the Programme of Assessment have been expanded to include simulation and/or relevant courses for certain skills:

- **Pleural aspiration of air or fluid**
- **Seldinger chest drain**
- **Open chest drain**
- **Invasive monitoring**
- **Ultrasound-guided fascia iliaca block**
- **Lumbar puncture**

Rationale:

This change is in response to feedback about the difficulty in evidencing some of the ACCS procedural skills and supports ACCS trainees by providing a greater range and achievability of options for so doing.

Feedback from ACCS trainees and their trainers clearly demonstrated that achieving the curricular requirements for some of the ACCS procedural skills was proving challenging due mainly to limited clinical opportunities. By appropriately expanding the options for assessment this change supports ACCS trainees in achieving the requirements for ACCS LO5. This change is also consistent with changes that have been made to the Emergency Medicine curriculum which will thus ensure consistency for EM doctors in training as they progress from ACCS to Intermediate training.

Change:

The first procedural skill has been amended from “Pleural aspiration of air” to “Pleural aspiration of air or fluid”.

Rationale:

The addition of aspiration of fluid is clinically relevant, overlaps significantly with aspiration of air and increases options and opportunities for evidencing the skill.

Generic ACCS Learning Outcomes

Change:

The requirement tables for the three generic ACCS LOs have been updated to include “AND/OR” qualifiers.

Rationale:

This change provides better clarity on exactly what is expected to meet the curricular requirements for these learning outcomes by specifying whether one or both/all of the examples listed were necessary to be awarded the stated outcome - “not yet achieved”, “satisfactory/good” or “excellent”.

Transition Advice

Transition arrangements for ACCS trainees (all specialties)

The curriculum changes will be implemented from August 2025 at which point all ACCS trainees will transition to the updated curriculum.

Those ACCS trainees who at ARCP in June/July 2025 have satisfactorily completed the first year of training will simply transition to the updated curriculum.

Trainees who are part-way through a year of training (“out of sync”) should have had an ARCP or Educational Review in June/July 2025 with an outcome issued based on a pro-rata assessment of what they have achieved to date. A subsequent ARCP will be required at the end of their training year to assess readiness to progress.

Some ACCS trainees will not be in training in August 2025, including those on parental leave and those taking time out of programme. These trainees will also transition to the updated curriculum. Upon their return they should meet with their Educational Supervisor to receive guidance on the updated curriculum including assessment options and requirements.

Sedation

The updated arrangements for the learning and assessment of sedation will not be applied retrospectively. ACCS trainees who have had sedation signed off during their Anaesthetic placement in CT1 prior to August 2025 are not required to provide any further evidence or undertake any additional assessment on this skill during the remainder of ACCS training. They may however still choose to do so, especially those with Emergency or Internal Medicine as their parent specialty for whom practising sedation outside of a theatre setting is of greater relevance.

Retrospective recognition of experience

The changes to broaden the range of options for assessment of practical procedures within ACCS LO5 (*ACCS Procedural Skills*) allows ACCS trainees to use relevant previous activities not previously eligible as evidence towards the updated requirements for particular procedures if they wish to do so.