

Guidance for Acute Care Common Stem - Acute medicine (ACCS-AM) CT3 year

Introduction

This guidance is aimed at trainees in the third year (CT3) of an Acute Care Core Stem – Acute Medicine (ACCS-AM) programme. The acute medicine component of the ACCS programme is based (with some extensions) on the emergency and the ‘top presentations’ in the 2009 Core Medical Training (CMT) curriculum (amended 2013), although it should be noted that they may have different titles. The common competencies in both curricula are based on the same Academy of Medical Royal Colleges framework.

Trainees who have successfully completed the first two years of the ACCS programme will have covered the majority of these competencies. It is important that all trainees pursuing a career in one of the medical specialties have the same competencies as trainees who have undertaken a CMT programme. Therefore the focus of the third year of training should be on the additional competencies in the CMT curriculum available on the ACS/CMT page of the [JRCPTB website](#). Training programme directors and educational supervisors will be able to provide advice and support to individual trainees on how they can meet the CMT requirements.

ePortfolio

The CMT curriculum will be added to the trainee’s ePortfolio on request to allow recording of evidence of exploration of the additional CMT competencies in the third year. It is not necessary for trainees to record evidence against the whole CMT curriculum as the ACCS curriculum should be used in CT1 and CT2.

MRCP(UK) requirement

The full MRCP(UK) is required by the time of entry to ST3 specialty training. It is recommended that trainees should attempt the examinations for this Diploma as early as possible in their career to increase their chances of successful completion prior to application for ST3.

Annual review of competence progression (ARCP)

Trainees in ACCS-AM third year should refer to the ARCP decision aid for CMT which sets out what is expected for a satisfactory ARCP outcome at the end of each training year. Trainees should meet the requirements for CMT CT2 year, however, the requirement to attend 40 clinics by the end of CT2 is not mandatory for ACCS-AM trainees. It is strongly recommended that trainees attend at least 30 clinics by completion of ACCS training. Guidance on clinics is given in the ARCP decision aid notes section. The ARCP decision aid was revised in August 2017 and is available on the [JRCPTB website](#).

CMT competencies to be covered in ACCS-AM CT3

Common competencies

The 2013 amendments to the CMT curriculum included a change to the audit requirements to emphasise the importance of quality improvement and all CMT trainees are required to be involved in a QI project and be assessed using the quality improvement project assessment tool (QIPAT). The QIPAT, QI project plan and project report are available on the JRCPTB eportfolio.

Top presentations

- Acute Kidney Injury and acute kidney disease may have already been covered in ACCS under the title of ‘oliguria’ but the trainee should ensure they have covered this topic to the level required in the CMT curriculum (page 53).

- Management of patients requiring palliative and end of life care (p69) was added to the CMT curriculum in 2012. The Palliative Medicine SAC has produced guidance which is published on the specialty's webpage on the [JRCPTB website](#) and an eLearning package is available on the [eLearning for healthcare](#) website.

Other Important presentations

Trainees are likely to gain experience in the CMT 'other important' presentations during the first two years of an ACCS programme but the following are not specifically mentioned within the ACCS curriculum. Trainees should refer to the CMT curriculum (page number noted).

Abnormal sensation (p78)	Loin pain (p94)
Alcohol and substance dependence (p80)	Medical problems following surgical procedures (p95)
Anxiety and panic disorder (p81)	Medical problems in pregnancy (p98)
Bruising and spontaneous bleeding (p83)	Memory loss (progressive) (p99)
Dyspepsia (p84)	Micturition difficulties (p101)
Dysuria (84)	Physical symptoms in the absence of organic disease (p103)
Genital discharge and ulceration (p85)	Polydipsia (p103)
Haematuria (p86)	Polyuria (p104)
Haemoptysis (p87)	Pruritus (p105)
Hoarseness and stridor (p89)	Rectal bleeding (p105)
Hypothermia (p87)	Skin and mouth ulcers (p106)
Immobility (p90)	Speech disturbance (p107)
Incidental finding in medicine (p91)	swallowing difficulties (p110)
Involuntary movements (p92)	Visual disturbance (p112)
Joint swelling and pain (p92)	Weight loss (p113)
Lymphadenopathy (p93)	

System specific competencies

The CMT curriculum system specific competencies section lists the competencies, common conditions and clinical science required for each system. Most will be covered in the ACCS major presentations defined in the ACCS curriculum and the top and other important presentations in the CMT curriculum. Trainees who are aiming to enter one of the medical specialties should ensure that their knowledge base is robust, especially for the system competencies that are encountered less frequently in everyday clinical practice. Evidence of clinical experience in an out-patient setting will be required for successful completion of the third year of the ACCS programme. This experience may have been acquired earlier in the programme particularly if the trainee worked in an acute medical unit with an urgent out-patient clinic or if experience was gained in a specialty clinic during the medical attachment.

Updated August 2017