Guidance for trainees in ACCS-Acute Medicine programmes at CT3 level in 2020

This guidance applies to current ACCS-AM trainees who commenced their CT3 year in August 2020. The guidance will cover:

- Options for training after completing ACCS-AM from August 2021 onwards
- Requirements for satisfactory ARCP completion for this CT3 year
- Recording of curricular requirements
- Divergence from the current IMT ARCP decision aid

Options for training from August 2021 onwards

1. On completion of your CT3 year, having satisfied the requirements outlined below, you will be eligible to apply for an ST3 post in available specialties for August 2021. This includes:
    a. A number of group 1 specialities: Palliative Medicine, Neurology, Genitourinary Medicine and Cardiology, although the number of posts will be reduced. There may be small number of posts available in other group 1 specialties depending on geographical location.
    b. Group 2 specialties; Allergy, Audio Vestibular Medicine, Clinical Genetics, Clinical Neurophysiology, Dermatology, Haematology, Immunology, Infectious Diseases/Tropical Medicine dual CCT programmes with Medical Microbiology/Virology, Medical Ophthalmology, Nuclear Medicine, Paediatric Cardiology, Pharmaceutical Medicine, Rehabilitation Medicine and Sports and Exercise Medicine.

2. You can opt to transfer to the new ACCS-Internal Medicine curriculum and enter an IMY3 year. This post will be guaranteed as part of your programme and you **do not** need to apply for a standalone IMY3. You also **do not** need to register your interest with the Physician Specialty Recruitment Office/HEE. Instead, you must contact your local IMT TPD and make them aware that you wish to continue onto IMY3. If this is your decision, by the end of this IMY3 year, you will be required to complete the full IM stage 1 curriculum to the level of IMY3. You will then be eligible to apply for any of the medical specialist training posts advertised in August 2022.

Requirements for satisfactory completion of CT3 year

For this transitional year only, there will be a modified ARCP decision aid to cover ACCS-AM trainees in their CT3 year, as we recognise that you would previously have been expected to meet CMT curriculum requirements with some modifications. Taking into consideration your prior experience in Acute Medicine and the Emergency Department, the following components will be required:

- Acquisition of the Internal Medicine clinical Capabilities in Practice (CiPs) to the level required as stated on the ACCS-AM CT3 ARCP decision aid. Your educational supervisor awards the level, by reviewing your portfolio and making an entrustment decision. Meeting expectations or above for the six generic CiPs (see table of CiPs below).
- Completion of 20 outpatient clinics in your CT3 year. You will also be required to have 2 of your Multiple Consultant Reports (MCRs) providing evidence of your ability to manage an outpatient clinic at the required level. Supervised Learning Events (SLEs) such as Mini-CEXs should be used as further evidence of outpatient capability and relevant generic capabilities. You may record clinics completed in CT1/2 but they do not count towards the total of 20 required in the CT3 year.
- 4 Acute Care Assessment Tools assessments (ACATs). Although preferably these would be done whilst managing the acute take, we recognise that they may be done in a ward round setting where you assess the patients and develop your own management plans.

Internal Medicine capabilities in practice

Learning outcomes – capabilities in practice (CiPs)
Generic CiPs
1. Able to successfully function within NHS organisational and management systems
2. Able to deal with ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Is focussed on patient safety and delivers effective quality improvement in patient care
5. Carrying out research and managing data appropriately
6. Acting as a clinical teacher and clinical supervisor
Specialty CiPs
1. Managing an acute unselected take
2. Managing an acute specialty-related take
3. Providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment
4. Managing patients in an outpatient clinic, ambulatory or community setting, including management of long term conditions
5. Managing medical problems in patients in other specialties and special cases
6. Managing a multi-disciplinary team including effective discharge planning
7. Delivering effective resuscitation and managing the acutely deteriorating patient
8. Managing end of life and applying palliative care skills

- 4 SLEs (Mini-CEXs or CbDs). These should help provide evidence of your capabilities in the CiPs and your exposure to the list of presentations and conditions given in the IMT curriculum.
- MRCP part 1 complete by the time of application to specialty. For this year, due to the COVID-19 Pandemic, you will not be required to have acquired the MRCP(UK) diploma by the end of CT3, although this remains desirable.
- A valid ALS certificate.
- A completed Quality Improvement project that has been assessed using the Quality Improvement Project Assessment Tool (QIPAT).
- 4 MCRs in total. 1 MCR is 1 consultant's report. As previously mentioned, 2 of these must cover your ability to manage patients in an outpatient setting. 1 of these must cover your ability to manage acute patients, either acutely unwell on the ward or on the acute take.
- Evidence of involvement with acute patients, either acutely unwell on the ward or on the acute take. This can be via WPBAs or a logbook.
- 1 Multisource Feedback
- 50 hours of teaching should be attended either virtually or in person. 20 of these hours must be within the IMT teaching programme. The remaining 30 can be organised teaching, personal e-learning, conference attendances etc. Please consider reviewing topics covered in the IMT 1 teaching curriculum and make efforts to cover any gaps you identify in your knowledge in this time.
- Completion of all practical procedures to the level stated in the ACCS CT3 ARCP decision aid.
- Evidence of involvement with simulation training and human factors training is recommended but not mandatory. This can be evidenced from your CT1 or CT2 years.

Recording of requirements

Each CiP lists the types of evidence that will help inform the educational supervisor's entrustment decision. The detailed CiPs can be found in the IM stage 1 curriculum and on the ePortfolio curriculum page. The IMT1 curriculum highlights in the assessment blueprint which WPBAs can be used to evidence each CiP.

Learning outcomes	ACAT	CbD	DOPS	MCR	Mini-CEX	MSF	PS	QIPAT	
Generic outcomes									
Able to function successfully within NHS organisational and management systems				√		√			
Able to deal with ethical and legal issues related to clinical practice		√	√	√	√	√			
Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement				√		√	√		
Is focussed on patient safety and delivers effective quality improvement in patient care				√		√		√	
Carrying out research and managing data appropriately				√		√			
Acting as a clinical teacher and clinical supervisor				√		√			√
Specialty outcomes									
Managing an acute unselected take	√	√		√		√			
Managing an acute specialty-related take	√	√		√		√			

Learning outcomes	ACAT	CbD	DOPS	MCR	Mini-CEX	MSF	PS	QIPAT	TO
Providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment	√		√	√	√	√			
Managing patients in an outpatient clinic, ambulatory or community setting, including management of long term conditions	√			√	√		√		
Managing medical problems in patients in other specialties and special cases	√	√		√					
Managing a multi-disciplinary team including effective discharge planning	√			√		√			
Delivering effective resuscitation and managing the acutely deteriorating patient	√		√	√		√			
Managing end of life and applying palliative care skills		√		√	√	√			
Practical procedural skills			√						

KEY

ACAT	Acute care assessment tool	CbD	Case-based discussion
DOPS	Direct observation of procedural skills	Mini-CEX	Mini-clinical evaluation exercise
MCR	Multiple consultant report	MSF	Multi source feedback
PS	Patient survey	QIPAT	Quality improvement project assessment tool
TO	Teaching observation		

Practical procedures are evidenced by Direct Observation of procedural skills (DOPS) if competence to perform unsupervised is required. Please note if you have already been signed off as competent in a procedure prior to your CT3 year, you do not need any further portfolio evidence of this.

Clinics, procedures, and involvement with acute patients can be recorded using the JRCPTB IMT acute take calculator [available in the forms and guidance section of the IM webpage] . The logbook for acute patients is not mandatory but optional to aid in evidencing involvement.

Divergences from the current IMT ARCP decision aid

1) For CiP1 – managing and acute unselected take level 2 capability (entrusted to act with direct supervision) will be acceptable rather than level 3 (entrusted to act with indirect supervision). Level 3, however, should be achieved wherever possible
2) 20 clinics in CT3 (no total for ACCS-AM overall required)
3) Evidence of involvement in the management of acutely ill patients but with no defined number requirement
4) 1 MCR completed by a consultant who has supervised you in an acute take/post-take setting instead of 3
5) Simulation training is not mandatory but is recommended

JRCPTB

Joint Royal Colleges of Physicians Training Board

Acute Care Common Stem – Acute Medicine (ACCS-AM) ARCP Decision Aid for CT3 2020

This decision aid sets out the targets to be achieved for a satisfactory ARCP outcome at the end of CT3 ACCS-AM. It is a transitional document and will apply only to trainees who started their CT3 year in August 2020. From August 2021, ACCS-Internal Medicine trainees should refer to the ACCS decision aid for the first two years and the IMT ARCP decision aid for IMY2 and IMY3.

Evidence / requirement	Notes	ACCS CT3
Educational supervisor (ES) report	One per year to cover the training year since last ARCP (up to the date of the current ARCP)	Confirms will meet the levels expected and can complete ACCS-AM training
Generic capabilities in practice (CiPs)	Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. ES report will record rating for each generic CiP	ES to confirm trainee meets or above expectations for the IM generic CiPs
Clinical capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainees must complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each individual CiP and overall global rating of progression	ES to confirm expected levels achieved for IM clinical CiPs
Multiple consultant report (MCR)	Minimum number. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should not complete an MCR for their own trainee	4 - of which at 2 should report on outpatient capability (clinical CiP4) and 1 should comment on acute take capability (CiP1)
Multi-source feedback (MSF)	Minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical). Replies should be received within 3 months (ideally within the same placement). MSF report must be released by the ES and feedback discussed with the trainee before the ARCP. If significant concerns are raised then arrangements should be made for a repeat MSF	1
Supervised learning events (SLEs):	Minimum number to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. Each ACAT must include a minimum of 5 cases. ACATs should be used to demonstrate global assessment of trainee's	4

Evidence / requirement	Notes	ACCS CT3
Acute care assessment tool (ACAT)	performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team)	
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)	Minimum number to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range of assessors. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee	4
MRCP (UK)	A derogation to the requirement for full MRCP(UK) to complete core training has been approved. Trainees can progress into higher training but will be required to pass full MRCP(UK) by the end of ST3	MRCP Part 1 is required by time of application to higher specialist training. Full MRCP(UK) diploma is not required in 2021
Advanced life support (ALS)		Valid
Quality improvement (QI) project	QI project plan and report to be completed. Project to be assessed with quality improvement project tool (QIPAT)	1 project completed with QIPAT
Clinical activity: Outpatients	See curriculum for definition of clinics and educational objectives. mini CEX / CbD to be used to give structured feedback. Patient survey and reflective practice recommended. Summary of clinical activity should be recorded on ePortfolio	Minimum 20 outpatient clinics
Clinical activity: Acute unselected take	Active involvement in the care of patients presenting with acute medical problems is defined as having sufficient input for the trainee's involvement to be recorded in the patient's clinical notes	Evidence that trainee actively involved in the care of at patients presenting with acute medical problems
Clinical activity: Continuing ward care of patients	Trainees should be involved in the day-to-day management of acutely unwell medical inpatients	Evidence that trainee have been actively involved in the management of medical inpatients

Evidence / requirement	Notes	ACCS CT3
admitted with acute medical problems		
Simulation		Evidence of simulation training including human factors and scenario training is recommended
Teaching attendance	Summary of teaching attendance to be recorded in ePortfolio	50 hours teaching attendance to include minimum of 20 hours IM teaching recognised for CPD points or organised/ approved by HEE local office/deanery

Practical procedural skills

Trainees must be able to outline the indications for the procedures listed in the table below and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthesia, minimisation of patient discomfort, and requesting for help when appropriate. For all practical procedures the trainee must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary.

Practical procedures – minimum requirements	ACCS-AM
Advanced cardiopulmonary resuscitation (CPR)	Participation in CPR team
Temporary cardiac pacing using an external device	Skills lab or satisfactory supervised practice
Ascitic tap	Competent to perform unsupervised as evidenced by summative DOPS
Lumbar puncture	Competent to perform unsupervised as evidenced by summative DOPS
Nasogastric (NG) tube	Competent to perform unsupervised as evidenced by summative DOPS
Pleural aspiration for fluid (diagnostic)	Competent to perform unsupervised as evidenced by summative DOPS

Practical procedures – minimum requirements	ACCS-AM
It can be assumed that a trainee who is capable of performing pleural aspiration of fluid is capable of introducing a needle to decompress a large symptomatic **pneumothorax**. Pleural procedures should be undertaken in line with the British Thoracic Society guidelines[b]	
Access to circulation for resuscitation (femoral vein or intraosseous) The requirement is for a minimum of skills lab training or satisfactory supervised practice in one of these two mechanisms for obtaining access to the circulation to allow infusion of fluid in the patient where peripheral venous access cannot be established	Skills lab or satisfactory supervised practice
Central venous cannulation (internal jugular or subclavian)	Skills lab or satisfactory supervised practice
Intercostal drain for pneumothorax	Skills lab or satisfactory supervised practice
Intercostal drain for effusion Pleural procedures should be undertaken in line with the British Thoracic Society guidelines [b]	Skills lab or satisfactory supervised practice
Direct current (DC) cardioversion	Competent to perform unsupervised as evidenced by summative DOPS
Abdominal paracentesis	Skills lab or satisfactory supervised practice

[a] When a trainee has been signed off as being able to perform a procedure independently they are not required to have any further assessment (DOPS) of that procedure unless they or their educational supervisor think that this is required (in line with standard professional conduct).

[b] These state that thoracic ultrasound guidance is strongly recommended for all pleural procedures for pleural fluid, also that the marking of a site using thoracic ultrasound for subsequent remote aspiration or chest drain insertion is not recommended, except for large effusions. Ultrasound guidance should be provided by a pleural-trained ultrasound practitioner

Levels to be achieved for the Internal Medicine capabilities in practice (CiPs) by the end of ACCS-AM CT3

Level descriptors

Level 1: Entrusted to observe only – no provision of clinical care; Level 2: Entrusted to act with direct supervision; Level 3: Entrusted to act with indirect supervision
Level 4: Entrusted to act unsupervised

Clinical CiP	IMY2
1. Managing an acute unselected take	**2**[1]
2. Managing an acute specialty-related take	**2**[2]
3. Providing continuity of care to medical in-patients	**3**
4. Managing outpatients with long term conditions	**2**
5. Managing medical problems in patients in other specialties and special cases	**2**
6. Managing an MDT including discharge planning	**2**
7. Delivering effective resuscitation and managing the deteriorating patient	**3**
8. Managing end of life and applying palliative care skills	**2**

[1] Level 3 should be achieved if possible
[2] The entrustment decision for CiP2 may be made on the basis of performance in other related CiPs if the trainee is not in a post that provides acute specialty-related take experience