

Joint Position Statement for Acute Care Common Stem (ACCS) training programme - Initial Assessment of Competence (IAC)

This statement has been prepared by the Intercollegiate Committee for Acute Care Common Stem Training, which includes representation from the Royal College of Anaesthetists (RCoA), the Royal College of Emergency Medicine (RCEM), the Faculty of Intensive Care Medicine (FICM) and the Joint Royal College of Physicians Training Board (JRCPTB).

We recognise and understand that COVID-19 has presented significant challenges for trainees and trainers in accessing and delivering training pathway requirements, and that there is a degree of regional variation in the ability to do so. Data shows a significant number of trainees have been redeployed to support intensive care services during COVID-19, which has impacted on the ability to complete the anaesthetic block requirement, the Initial Assessment of Competence (IAC), by the time of changeover. We are continuing to work collaboratively to deliver all aspects of the ACCS training programme, and ensure that all trainees are able to complete the IAC.

Non-acute surgery is gradually being reinstated across the UK to varying degrees. The ICACST agrees that flexibility in when the IAC is delivered is essential and offer a number of recommendations to , ensure a flexible and timely approach for those trainees who have been unable to achieve the requirements of the IAC as a result of COVID-19 disruption. These include:

- We advise that ACCS trainees currently redeployed to ICM from Anaesthesia, are urgently prioritised to return to anaesthetics in order to complete the IAC where possible.
- We support local private hospital sites becoming approved training locations (subject to GMC approval) to offer additional opportunities
- We advise that trainees who are estimated to have **less than one month** remaining to complete IAC before changeover, continue training in anaesthesia before moving to their next rotation
- We support the use of local bespoke options in delivering the IAC for individual trainees who are near to completion by the time of changeover e.g. one-day per week or in one-week blocks (subject to local trainer and School approval)
- We will allow trainees to demonstrate competence in either Direct Laryngoscopy (DL) or Video Laryngoscopy (VL) in clinical practice in order to achieve the IAC. However, all trainees must demonstrate competence in DL in a simulated environment.
- We advise forward planning for trainees who have more than one month remaining to complete IAC before changeover and support them returning to an anaesthetic rotation later in the year (October onwards). This will also apply to trainees due to commence in August 2020 and February 2021.
- Trainees who are currently shielding will require an individualised training plan for when it is safe to return.

Please note that all assessments must be completed without exception.

The Royal Colleges and Faculty will continue to monitor the position of completion of the IAC at intervals during 2020.

Trainees who have any specific concerns are advised to raise these with their local Educational Supervisor, Training Programme Director or Head of School as soon as possible.