

ARCP Record Book

For CT1 and CT2 ACCS Trainees

August 2015

HENE

Introduction

This record book follows the requirements of the current ACCS curriculum (April 2012):

http://www.gmc-uk.org/ACCSCurriculum_April2012.pdf [48572157.pdf](#) [56514255.pdf](#)

ACCS is a three year training programme with the third year being specific to your parent specialty. The aim of this document is to facilitate each trainee achieve an ARCP outcome 1 at their annual assessments during the CT1 and CT2 years, facilitating progress to CT3, by clarifying the evidence you should be gaining during each training year for inclusion in your portfolio.

This booklet therefore gives you a central document where all the required competencies and clinical procedures that you are required to evidence can be recorded. It will help highlight target areas, drive your assessments, and facilitate completion of the structured training report by your supervisor.

It is expected that trainees will complete this paper-based workbook in addition to their relevant portfolio to facilitate coverage of curriculum and allow completion of the Structured Training report by your Educational Supervisor. **Submission of this workbook is a mandatory requirement for ARCP for ACCS CT1 (anaes) trainees in HENE.**

ACCS training is described in the 2012 curriculum 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 in a particular module, but other competencies can be achieved in any of the modules. A minimum number must be achieved by the end of CT2.

You should use the relevant e-portfolio or paper portfolio for your parent specialty, and paper forms for WBPAs in other modules if necessary. However, WBPAs 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 forms, as well as other specialty-specific paperwork can all be found on the relevant college websites.

Both this booklet and a completed portfolio will be required by your trainer to enable them to complete your structured training report in preparation for your ARCP.

Mal Jones – Head of School

Sharon Shenfine – ACCS CT1 TPD

Sohom Maitra – ACCS CT1 TPD

Suzy O'Neill - ACCS CT2 TPD

Nick Roper – ACCS AM co-ordinator

General Information

Trainee's Name	
GMC number	
ACCS parent specialty	
College training number	
Date of commencement of rotation	

Module 1	Specialty:	Dates:
	Location:	Supervisor ¹ :
Module 2	Specialty:	Dates:
	Location:	Supervisor ¹ :
Year 1 ARCP	Date:	Outcome:
Year 1 ARCP	Date:	Outcome:
Module 3	Specialty:	Dates:
	Location:	Supervisor ¹ :
Module 4	Specialty:	Dates:
	Location:	Supervisor ¹ :
Year 2 ARCP	Date:	Outcome:
Year 2 ARCP	Date:	Outcome:

¹ *Supervisor* is the person responsible for the trainee during that module and will be the person completing the Structured Training Report at the end of that specific module with the trainee.

Common Competencies

The common competences are those that should be acquired by all doctors during their training period starting within the undergraduate career and developed throughout the postgraduate career.

At least 50% of the common competencies must be signed off at **level 2 or above by the end of the CT2 year, and all at level 2 or above by the end of CT3**

Descriptors of the required performance at each level can be found in the 2012 curriculum: pages 26-79

Please ensure your supervisor signs off your competence level in your portfolio prior to ARCP. The table below should be used as a record of achievement in those trainees with a paper based CT1 portfolio but may be used by all trainees.

Many of these competences 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.

For a few common competences alternative evidence should be used e.g. assessments of audit and teaching, completion of courses, management portfolio, e-learning etc

Competency	Level achieved (Sign + name and date)			
	1	2	3	4
1. History taking				
2. Clinical examination				
3. Therapeutics and safe prescribing				
4. Time management and decision making				
5. Decision making and clinical reasoning				
6. The patient as central focus of care				
7. Prioritisation of patient safety in clinical practice				
8. Team working and patient safety				
9. Principles of quality and safety improvement				
10. Infection control				

Competency	Level achieved (Sign + name and date)			
	1	2	3	4
11. Managing long term conditions and promoting patient self-care				
12. Relationships with patients and communication within a consultation				
13. Breaking bad news				
14. Complaints and medical error				
15. Communication with colleagues and cooperation				
16. Health promotion and public health				
17. Principles of medical ethics and confidentiality				
18. Valid consent				
19. Legal framework for practice				
20. Ethical research				
21. Evidence and guidelines				
22. Audit				
23. Teaching and training				
24. Personal behaviour				
25. Management and NHS structure				

Major Presentations

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 CT2 year. Major presentation assessment / summative assessments should be undertaken by a consultant.**

Two must be completed in the Emergency Medicine module and must be assessed in a **summative** assessment using the Mini-CEX descriptor tool or a pass/fail Cbd. Summative tools are available for major trauma, shock, altered level of consciousness, and sepsis.

Two should be assessed in the Acute Medicine module and the other two can be done in any of the modules but it is recommended that the septic patient should be signed off in the Intensive Care Medicine module.

Clinical presentations are assessed using the ACCS Workplace-based assessments (WPBAs):

- 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

Presentation	ACCS Module AM/EM/ICM/An	Assessment method DOPS, M-CEX, CBD, ACAT	Date in portfolio	Name of assessor Level of assessor (should be cons or equivalent)
1. Anaphylaxis – may be simulated case				
2. Cardio respiratory Arrest				
NB: Valid ALS certificate mandatory			Expiry date	
3. Major Trauma				
4. Septic patient				
5. Shocked patient				
6. Unconscious patient				

Acute Presentations

There are 38 Acute Presentations (APs), a minimum of 20 should be signed off by the end of CT2, all by the end of CT3.

These APs are generally most applicable to AM and EM; a minimum of 10 in AM and 10 in EM should be signed off in each of these modules. There are 5 APs that require the trainee to complete **specific summative WBAs in the EM** attachment. Up to 5 APs can be cover by a single ACAT in either EM or AM.

Presentation	ACCS Module AM/EM/ICM/An	Assessment method	Date in portfolio	Name of assessor Level of assessor
1. Abdominal pain, including loin pain	EM	M-CEX		
2. Abdominal swelling, mass & constipation				
3. Acute Back Pain				
4. Aggressive/disturbed behaviour				
5. Blackout/Collapse				
6. Breathlessness	EM	M-CEX		
7. Chest Pain	EM	M-CEX		
8. Confusion (acute), delirium				
9. Cough				
10. Cyanosis				
11. Diarrhoea				
12. Dizziness and vertigo				
13. Falls				
14. Fever				
15. Fits / Seizure				
16. Haematemesis and melaena				
17. Headache				

Presentation	ACCS Module AM/EM/ICM/An	Assessment method	Date in portfolio	Name of assessor Level of assessor
18. Head Injury	EM	M-CEX		
19. Jaundice				
20. Limb pain and swelling - atraumatic				
21. Neck pain				
22. Oliguric patient				
23. Pain Management				
24. Painful ear				
25. Palpitations				
26. Pelvic pain				
27. Poisoning				
28. Rash				
29. Red eye				
30. Suicidal ideation / mental health	EM	M-CEX		
31. Sore throat				
32. Syncope and pre- syncope				
33. Traumatic limb and joint injuries				
34. Vaginal bleeding				
35. Ventilatory support				
36. Vomiting and nausea				
37. Weakness and paralysis				
38. Wound assessment and management				

General Practical Procedures

There is a list of 45 Practical procedures in the ACCS Curriculum. **39 out of 45 (ideally all) are expected to be complete by the end of the second year, 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. The remaining general procedures are listed below. There are 4 practical procedures that **must be completed in the EM module** and these are highlighted.

Practical procedures	Module	WBA type	Date in portfolio	Name of assessor Level of assessor
1. Lumbar puncture				
2. Pleural tap and aspiration				
3. Intercostal drain Seldinger				
4. Intercostal drain - Open				
5. Ascitic tap				
6. Abdominal paracentesis				
7. Basic airway protection	EM	DOPS		
8. Basic and advanced life support		DOPS		
9. DC Cardioversion				
10. Knee aspiration				
11. Temporary pacing (external or transvenous)				
12. Fracture manipulation and joint reduction	EM	DOPS		
13. Large joint examination				
14. Wound management	EM	DOPS		
15. Trauma primary survey	EM	DOPS		
16. Initial assessment of the acutely unwell				
17. Secondary assessment of the acutely unwell				

Record for Acute Medicine Module

This record will help direct your training and ensure your supervisor is able to complete your structured training report for ARCP. It is your responsibility to ensure this record is completed. Your supervisor will complete your STR, having reviewed this information, your learning portfolio and WPBAs.

Current Placement	
Base Hospital/Department	
Dates	
Clinical supervisor	
Dates of Clinical Supervisor meeting - be proactive and plan ahead	1.
	2.
	3.

WPBAs in Current Placement		
Assessment	Number	Dates and comments
Mini-CEXs (min 3 in 6 months)		
DOPs (min 5 in 6 months)		
CBDs (min 3 in 6 months)		
ACATs (min 3 in 6 months)		
MSF (min 1 in 6 months)		Number of respondents:

Summary of outcomes (to be completed by the trainee , trainer to please review evidence and comment as required)

Topic	Date of assessment in portfolio and comments
<i>Major Presentations (at least 2); M-CEX or CBD</i>	
1.	
2.	
3.	
<i>Acute Presentations (at least 10); M-CEX, CBD or ACAT</i>	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
<i>Additional Acute Presentations; M-CEX, CBD, ACAT, e-learning, reflection.</i>	
1.	
2.	
3.	
4.	
5.	
<i>Practical Procedures (at least 5); DOPS</i>	
1.	
2.	
3.	
4.	
5.	
6.	

Summary of experience (trainee to complete with trainer comments as necessary)	
Activity	Details / comments
Anonymised log book - numbers and case mix	Reference guidance – anticipate > 800 cases during 6 months
Clinical governance, audit	
Progress against PDP	
Management, leadership	
Exams, educational achievements	MRCP part 1 should have been completed before entering CT3
Courses, study days	
Teaching experience	
Plaudits, thanks	
Number E- learning modules completed	
Periods of absence	Any period of absence of greater than 2 weeks may prolong training
Concerns, complaints, investigations – Trainer to please to review this information ¹ :	
Have you been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event investigation, or named in any complaint?	Yes ² / No
If so, are you aware that the issue(s) has/have been resolved satisfactorily, with no unresolved concerns?	Yes /No / NA
² You must include a reflection in your portfolio covering what you have learned – please reference this here with other relevant anonymised details:	

¹If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please ensure your Trust completes the Exception Exit Report, and notify the TPD/Head of school.

Summary of Trainees Assessment - Trainer to complete or reference STR :

Please sign below that the contents of the workbook have been reviewed with the trainee

Please attach supporting evidence if available or give examples of behaviours.

Clinical knowledge and skills

Professionalism and attitudes

Communication and relationships

Academic endeavour and learning

Overall strengths of Trainee

Areas for improvement

Supervisor signature:

Trainee signature:

Date:

Date:

Record for Emergency Medicine Module

This record will help direct your training and ensure your supervisor is able to complete your structured training report for ARCP. It is your responsibility to ensure this record is completed. Your supervisor will complete your STR, having reviewed this information, your learning portfolio and WPBAs.

Current Placement	
Base Hospital/Department	
Dates	
Clinical supervisor	
Dates of Clinical Supervisor meeting - be proactive and plan ahead	1.
	2.
	3.

WPBAs in Current Placement		
Assessment	Number	Dates and comments
Mini-CEXs (min 4 in 6 months)		
DOPs (min 5 in 6 months)		
CBDs (min 3 in 6 months)		
ACATs (min 1 in 6 months)		
MSF (min 1 in 6 months)		Number of respondents:

Summary of outcomes (to be completed by the trainee, trainer to please review evidence and comment as required)

Topic	Date of assessment in portfolio / Outcome / Comments
<i>Major Presentations (at least 2); summative M-CEX or CBD (by consultant or senior specialty doctor)</i>	
1.	
2.	
3.	
<i>Acute Presentations (at least 5); summative M-CEXs or CBDs (by consultant or senior specialty doctor)</i>	
1. Chest Pain	
2. Abdominal pain	
3. Breathlessness	
4. Mental Health	
5. Head Injury	
6.	
<i>Acute Presentations (at least 5); 1 ACAT-EM (required), formative M-CEXs, CBDs; additional APs can also use e-learning or reflective practice</i>	
1.	
2.	
3.	
4.	
5.	
6.	
<i>Practical Procedures (at least 5); formative EM-DOPS</i>	
1. Basic Airway	
2. Trauma primary survey	
3. Wound management	
4. Fracture manipulation and joint stabilisation	
5.	
6.	

Summary of experience (trainee to complete with trainer comments as necessary)	
Activity	Details / comments
Anonymised log book-numbers and case mix	Reference guidance – anticipate > 800 cases during 6 months : - breakdown into adult/paed & majors / minors
Clinical governance, audit	
Progress against PDP	
Management, leadership	
Exams, educational achievements	MCEM part A should have been completed before entering CT3
Courses, study days	
Teaching experience	
Plaudits, thanks	
Other achievements including number of e-learning modules	
Periods of absence	Any period of absence of greater than 2 weeks may prolong training
Concerns, complaints, investigations – Trainer to please review this information ¹ :	
Have you been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event investigation, or named in any complaint?	Yes ² / No
If so, are you aware that the issue(s) has/have been resolved satisfactorily, with no unresolved concern?	Yes/No / NA
² You must include a reflection in your portfolio covering what you have learned – please reference this here with other relevant anonymised details:	

¹If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please ensure your Trust completes the Exception Exit Report, and notify the Deanery and TPD/Head of school.

Summary of Trainees Assessment – Trainer to complete or reference STR:

Please sign below that the contents of the workbook have been reviewed with the trainee

Please attach supporting evidence if available or give examples of behaviours.

Clinical knowledge and skills

Professionalism and attitudes

Communication and relationships

Academic endeavour and learning

Overall strengths of Trainee

Areas for improvement

Supervisor signature:

Trainee signature:

Date:

Date:

Record for Anaesthesia Module

This record will help direct your training and ensure your supervisor is able to complete your structured training report for ARCP. It is your responsibility to ensure this record is completed. Your supervisor will complete your STR, having reviewed this information, your learning portfolio and WPBAs.

Current Placement	
Base Hospital/Department	
Dates	
Clinical supervisor	
Dates of Clinical Supervisor meeting - be proactive and plan ahead	1.
	2.
	3.

WPBAs in Current Placement		
Assessment	Number	Dates and comments
Mini-CEXs (min 3 in 6 months ¹)		
DOPs (min 5 in 6 months ¹)		
CBDs (min 7 in 6 months ¹)		
MSF (min 1 in block)		Number of respondents (minimum 12 and spread including nursing staff)
Consultant feedback		One from anaesthetics
¹ For modules in Airway Management, Sedation, Transfer Medicine and Critical incidents one of each M-CEX, DOPs and CBD per module should be completed.		

Practical procedures in Anaesthesia (Initial Assessment of Competence)

Procedure	WBA type	Date in portfolio	Name of Assessor
1. Preoperative assessment	M-CEX		
2. Management of spontaneously breathing patient	M-CEX		
3. Administer anaesthesia for laparotomy	M-CEX		
4. Demonstrate RSI	M-CEX		
5. Recover patient from anaesthesia	M-CEX		
6. Demonstrates function of anaesthetic machine	DOPS		
7. Transfer of patient to operating table	DOPS		
8. Demonstrate CPR on a manikin	DOPS		
9. Technique of scrubbing up and donning gown and gloves	DOPS		
10. Basic competences for pain management	DOPS		
11. Demonstrate failed intubation drill	DOPS		
12. Patient Identification	CBD		
13. Post-operative nausea and vomiting	CBD		
14. Airway assessment	CBD		
15. Choice of muscle relaxants and induction agents	CBD		
16. Post-operative analgesia	CBD		
17. Post-operative oxygen therapy	CBD		
18. Emergency surgery	CBD		
19. Routine for managing failed intubation	CBD		
Certificate IAC completed AND uploaded to e-portfolio			

Summary of outcomes – Basis of Anaesthetic practice			
Topic	WBA	Date in portfolio	Name of Assessor
Preoperative assessment: history	M-CEX		
	CBD		
	DOPS		
Preoperative assessment: examination	M-CEX		
	CBD		
	DOPS		
Preoperative assessment: specific anaesthetic evaluation	M-CEX		
	CBD		
	DOPS		
Premedication	M-CEX		
	CBD		
	DOPS		
Induction of general anaesthesia	M-CEX		
	CBD		
	DOPS		
Intra-operative care	M-CEX		
	CBD		
	DOPS		
Postoperative and recovery room care	M-CEX		
	CBD		
	DOPS		
Introduction to anaesthesia for emergency surgery	M-CEX		
	CBD		
	DOPS		
Management of respiratory and cardiac arrest	M-CEX		
	CBD		
	DOPS		
Control of infection	M-CEX		
	CBD		
	DOPS		

Summary of outcomes – Basic Anaesthesia modules (for trainees doing 6 - 9 months anaesthesia)			
Topic	WBA	Date in portfolio	Name of Assessor
Airway management ₂	M-CEX		
	CBD		
	DOPS		
Sedation ₂	M-CEX		
	CBD		
	DOPS		
Transfer Medicine ₂	M-CEX		
	CBD		
	DOPS		
Critical Incidents ₂	M-CEX		
	CBD		
	DOPS		
Confirmation of satisfactory communication skills, attitudes and behaviour			
For ACCS-anaesthesia trainees: are they making reasonable progress with achieving competencies (approx. 50% before entering CT2b year)		Yes / No	

₂ EM and AM themed trainees need to complete WBPA in 3 out of 4 of Basis of Anaesthesia Modules

₂ Anaesthetic themed trainees need to complete competencies in all 4 Modules

Summary of experience (trainee to complete with trainer comments as necessary)	
Activity	Details / comments
Log book - numbers and case mix	
Clinical governance, audit	
Progress against PDP	
Management, leadership	
Exams, educational achievements	
Courses, study days	(anaesthetic new starters course mandatory)
Teaching experience	
Plaudits, thanks	
Other achievements, e-learning completed	
Periods of absence	Any period of absence of greater than 2 weeks may prolong training
Concerns, complaints, investigations – Trainer to please review this information ¹ :	
Have you been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event investigation, or named in any complaint?	Yes ² / No
If so, are you aware that the issue(s) has/have been resolved satisfactorily, with no unresolved concerns?	Yes/No / NA
² You must include a reflection in your portfolio covering what you have learned – please reference this here with other relevant anonymised details:	

¹If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please ensure your Trust completes the Exception Exit Report, and notify the Deanery and TPD/Head of school.

Summary of Trainees Assessment – Trainer to complete or reference STR :

Please sign below that the contents of the workbook have been reviewed with the trainee

Please attach supporting evidence if available or give examples of behaviours.

Clinical knowledge and skills

Professionalism and attitudes

Communication and relationships

Academic endeavour and learning

Overall strengths of Trainee

Areas for improvement

Supervisor signature:

Trainee signature:

Date:

Date:

Record for Intensive Care Medicine Module

This record will help direct your training and ensure your supervisor is able to complete your structured training report for ARCP. It is your responsibility to ensure this record is completed. Your supervisor will complete your STR, having reviewed this information, your learning portfolio and WPBAs.

Current Placement	
Base Hospital/Department	
Dates	
Clinical supervisor	
Dates of supervisor meetings - be proactive and plan ahead	1.
	2.
	3.

WPBA in Current Placement		
Assessment	Number	Dates and Comments
Mini-CEXs (min 3 in 6 months)		
DOPs (min 6 in 6 months)		
CBDs (min 4 in 6 months)		
ACATs		
MSF (min 1 in 6 months)		Number of respondents: (minimum 12 and spread including nursing staff and AHP)
Consultant feedback		One from intensive care
Anaes trainees only Annex F Basic ICM competencies		Evidence of mandatory Annex F Basic ICM competencies Completed and signed table uploaded to RCoA e-portfolio (see appendices 1 and 2)

Practical Procedures in Intensive Care Medicine			
Practical Procedure	WBA	Date in portfolio	Name of Assessor
1. Demonstrates aseptic peripheral venous cannulation	DOPS		
2. Demonstrates aseptic arterial cannulation (+ local anaesthetic)	DOPS		
3. Obtains an arterial blood gas sample safely, interprets results correctly	DOPS or M-CEX		
4. Demonstrates aseptic placement of central venous catheter	DOPS		
5. Connects mechanical ventilator and selects initial settings	DOPS		
6. Describes safe use of drugs to facilitate mechanical ventilation	CBD		
7. Describes principles of monitoring respiratory function	CBD		
8. Describes the assessment of the patient with poor compliance during ventilatory support ('fighting the ventilator')	CBD		
9. Prescribes safe use of vasoactive drugs and electrolytes	M-CEX or CBD		
10. Delivers a fluid challenge safely to an acutely unwell patient	CBD		
11. Describes actions required for accidental displacement of ETT or tracheostomy	CBD		

Summary of experience – trainee to complete with trainer comments as necessary	
Activity	Details / comments
Log book – numbers, case mix, procedures	
Clinical governance, audit	
Progress against PDP	
Management, leadership	
Exams, educational achievements	
Courses, study days	
Teaching experience	(Training for transfer course mandatory)
Plaudits, thanks	
Other achievements, elearning completed	
Periods of absence	Any period of absence of greater than 2 weeks may prolong training
Concerns, complaints, investigations – Trainer to please review this information ¹ :	
Have you been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event investigation, or named in any complaint?	Yes ² / No
If so, are you aware that the issue(s) has/have been resolved satisfactorily, with no unresolved concerns?	Yes/No / NA
² You must include a reflection in your portfolio covering what you have learned – please reference this here with other relevant anonymised details:	

¹ If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please ensure that your Trust completes the Exception Exit Report, and notify the Deanery and TPD/Head of school

Summary of Trainees Assessment – Trainer to complete or reference STR :

Please sign below that the contents of the workbook have been reviewed with the trainee

Please attach supporting evidence if available or give examples of behaviours.

Clinical knowledge and skills

Professionalism and attitudes

Communication and relationships

Academic endeavour and learning

Overall strengths of Trainee

Areas for improvement

Supervisor signature:

Trainee signature:

Date:

Date:

Appendix 1: Annex F Basic ICM competencies (anaesthetic trainees only)

Anaesthetic themed trainees also need to complete the ICM competencies which are required by the RCoA for the overall completion of basic level anaesthetic core training.

The ICM competencies can be found in the Annex F document page 9-11. **A summary table** is also included in this handbook. The competencies are mapped to 12 domains and include recognition, diagnosis, investigation and management of critically ill patients.

The Annex F Basic ICM summary table (appendix 2) lists:

Mandatory and additional competencies

Those mandatory competencies which **must** be achieved in the 3/12 Basic ICM block are listed in the table below. These competencies must be signed off by a trainer or supervisor who is based in ICM.

The additional ICM curriculum competencies which have been cross-mapped as achievable either within the 3/12 Basic ICM module or elsewhere in Core Anaesthesia Training is shown separately in the second section of the Grid. These competencies are **not** mandatorily assessed in the 3/12 Basic ICM module **but anaesthesia trainees are encouraged to map their cross-specialty competency achievement**. This will enable easy demonstration of competency acquisition should they later wish to Dual accredit in ICM.

At least one piece of suitable evidence is required for each of the competencies. One assessment can be used to cover multiple curriculum competencies.

CAT target level to be achieved

'CAT Target Level' indicates the final competency level for the stage of training

Suitable assessment tools for each competency

'Assessment Tools' column describes what type of workplace-based assessment is suitable for each competency. Other types of evidence may be used to demonstrate competencies, as described in 'Additional Assessment Tools Key' and includes multi-source feedback.

You need to ensure that the numbering of evidence items in this table matches that in your e-portfolio. Number each assessment in your portfolio (e.g. for DOPS ICM D1, ICM D2 etc). Complete the table columns 'Trainee Evidence' by identifying the relevant item(s) of evidence in your portfolio by its code (ICM D1, ICM D2 etc).

You need to upload the completed table for mandatory competencies, signed by either your ICM educational supervisor or ICM Faculty Tutor, to your e-portfolio for review at ARCP.

Appendix 2: Annex F Basic ICM summary table

Basic Level Intensive Care Medicine:

Number each assessment in your ICM portfolio (e.g. for DOPS D1, D2 etc). Complete the table columns 'Trainee Evidence' by identifying the relevant item(s) of evidence in your portfolio by its code (D1, D2 etc).

At least one piece of suitable evidence is required for each of the relevant competencies. One assessment can be used to cover multiple curriculum competencies. The 'Assessment Tools' column describes what type of workplace-based assessment is suitable for each competency. Other types of evidence may be used to demonstrate competencies, as described in 'Additional Assessment Tools Key' below. Please ensure that the numbering of evidence items in this table matches that in your portfolio.

'CAT Target Level' indicates the final competency level for this stage of training. Trainees should **not normally** be marked higher than these levels at the end of CAT unless in exceptional circumstances with accompanying evidence. **Please see the full ICM Syllabus for details of the knowledge, skills and behaviours which make up each competency.**

Those competencies which **must** be achieved in the 3/12 Basic ICM block are delineated below. ICM curriculum competencies which have been cross-mapped as achievable either within the 3/12 Basic ICM module or elsewhere in Core Anaesthesia Training are shown separately in the second section of the Grid. These competencies are **not** mandatorily assessed in the 3/12 Basic ICM module **but Core Anaesthesia trainees are encouraged to map their cross-specialty competency achievement.** This will enable easy demonstration of competency acquisition should they later wish to Dual accredit in ICM.

A copy of this completed grid should be uploaded and linked to Basic ICM in your ePortfolio.

Competency Level Descriptors			
Level	Task orientated competence	Knowledge orientated competence	Patient management competence
1	Performs task under direct supervision.	Very limited knowledge; requires considerable guidance to solve a problem within the area.	Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these.
2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.	Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.	Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.
3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives.	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically.	Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases.
4	Independent (consultant) practice.	Expert level of knowledge.	Specialist.

Workplace-Based Assessment Tools Key			
D	Direct Observation of Procedural Skills [DOPS]	C	Case-Based Discussion [CBD]
I	ICM Mini-Clinical Evaluation Exercise [I-CEX]	M	Multi-source Feedback [MSF]
Additional Assessment Tools Key			
L	Anaesthetic List Management Tool [ALMAT]		
EE	Educational Event		
G	Logbook page ... [include page ref, i.e. G22]		

These competencies **must be mandatorily assessed** during 3/12 block of Basic ICM during Basic Level Anaesthetic Training:

ICM Domain and Competencies	CAT Target Level	Level Achieved	Assessment Tools	Trainee Evidence	ICM Educational Supervisor	
					Sign-off	Date
Domain 1: Resuscitation and management of the acutely ill patient						
1.1 Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology	1		I, C, M, T, S			
1.4 Triage and prioritises patients appropriately, including timely admission to ICU	1		C, M, T			
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation						
2.1 Obtains a history and performs an accurate clinical examination	1		I, M			
2.2 Undertakes timely and appropriate investigations	1		I, C, M			
2.4 Obtains appropriate microbiological samples and interprets results	1		D, C			
2.8 Integrates clinical findings with laboratory investigations to form a differential diagnosis	1		I, C, T, S			
Domain 3: Disease Management						
3.1 Manages the care of the critically ill patient with specific acute medical conditions	1		D, I, C, M, T, S			
3.2 Identifies the implications of chronic and co-morbid disease in the acutely ill patient	1		C			
3.3 Recognises and manages the patient with circulatory failure	1		I, C, T, S			
3.4 Manages the patient with, or at risk of, acute renal failure	1		I, C, T			
3.6 Recognises and manages the patient with neurological impairment	1		I, C, T, S			
3.9 Recognises and manages the septic patient	1		I, C, T			
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure						
4.2 Manages antimicrobial drug therapy	2		I, C, M			

4.6 Initiates, manages, and weans patients from invasive and non-invasive ventilatory support	1		D, C, T		
4.8 Recognises and manages electrolyte, glucose and acid-base disturbances	1		I, C, T, S		
Domain 5: Practical procedures					
<i>Domain 5 competencies can be covered elsewhere in CAT or not assessed at this level</i>					
Domain 6: Perioperative care					
6.1 Manages the pre- and post-operative care of the high risk surgical patient	1		C, M, T		
Domain 7: Comfort and recovery					
7.1 Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families	1		M, C		
7.2 Manages the assessment, prevention and treatment of pain and delirium	2		D, I, C, M, T		
7.4 Communicates the continuing care requirements, including rehabilitation, of patients at ICU discharge to health care professionals, patients and relatives	1		M, T, S		
7.5 Manages the safe and timely discharge of patients from the ICU	1		M, T		
Domain 8: End of life care					
8.1 Manages the process of withholding or withdrawing treatment with the multi-disciplinary team	1		C, M		
Domain 9: Paediatric care					
9.2 Describes national legislation and guidelines relating to child protection and their relevance to critical care	1		C		
Domain 10: Transport					
10.1 Undertakes transport of the mechanically ventilated critically ill patient outside the ICU	1		D, I, C, M		
Domain 11: Patient safety and health systems management					
11.2 Complies with local infection control measures	3		C, M		

Domain 12: Professionalism						
12.8 Ensures continuity of care through effective hand-over of clinical information	2		C, M, T, S			

Basic ICM module sign-off: *To be completed following 3/12 CAT Basic ICM module and acquisition of mandatory competencies*

Trainer Signature: _____
(ICM Educational Supervisor or FICM Tutor)

Trainer Name (Print): _____

Date (DD/MM/YYYY)

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Trainee Signature: _____

Trainee Name (Print): _____

Date (DD/MM/YYYY)

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Comments: _____

Additional Basic level Intensive Care Medicine Competencies

These competencies are **not mandatory** for assessment within the 3/12 ICM block in Basic Level Anaesthesia. However, trainees **may** acquire them during their Basic ICM module or via the cross-mapped Anaesthetic CCT competencies detailed below – this table provides the opportunity to demonstrate this competency acquisition. Due to the competency-sampling nature of *The CCT in Anaesthetics*, trainees may not be exposed to all of the areas of practice detailed below; therefore trainees are **not** expected to record evidence against every competency listed below, only those competencies which they have acquired.

All Core level trainees are encouraged to record their cross-specialty competencies to remain pluri-potential for Dual CCTs ICM recruitment at ST3 level. Trainees who do not record cross-competency acquisition during CAT are **fully eligible** for entry to ST3 ICM, but the portfolio-mapping exercise may be useful when first entering ICM CCT and working with TPDs and trainers to determine the rest of their Stage 1 requirements.

ICM Domain and Competencies	CAT Target Level	Level Achieved	Assessment Tools	Anaesthesia CCT Competency	Trainee Evidence	ICM Educational Supervisor	
						Sign-off	Date
Domain 1: Resuscitation and management of the acutely ill patient							
1.2 Manages cardiopulmonary resuscitation – ALS recommended	3		I, M, T, S	RC_BS_01			
1.3 Manages the patient post resuscitation	1		I, M, T, S	RC_BK_21			
1.5 Assesses and provides initial management of the trauma patient	1		D, I, M, T, C, S	MT_BS_01 MT_BS_02 MT_BS_06			
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation							
2.3 Performs electrocardiography (ECG / EKG) and interprets the results	2		D, I, C	OA_BS_03			

2.5 Obtains and interprets the results from blood gas samples	2		D, C	OA_BS_04			
2.6 Interprets imaging studies	1		I, C	OA_BS_05			
2.7 Monitors and responds to trends in physiological variables	2		I, T, S	CI_BS_02 CI_BS_03 IG_BK_03 GU_BK_03 MT_BK_03			
Domain 3: Disease Management							
3.5 Recognises and manages the patient with, or at risk of, acute liver failure	1		I, C, T	IO_BS_10 PB_BK_78 PB_BK_79			
3.7 Recognises and manages the patient with acute gastrointestinal failure	1		I, C, T	PR_BK_55 GU_BK_05			
3.10 Recognises and manages the patient following intoxication with drugs or environmental toxins	1		I, C, S	RC_BK_01 RC_BK_02 RC_BK_16 RC_BK_18			
3.11 Recognises life-threatening maternal peripartum complications and manages care	1		I, C, S	OB_BK_06 OB_BS_11 OB_BS_12			
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure							

4.1 Prescribes drugs and therapies safely	2		D, C, M	Annex A Domain 2: CC_D2_02 PM_BS_02 OA_BK_08 IG_BK_01 PO_BS_07 PD_BS_01			
4.3 Administers blood and blood products safely	2		D, C, M	GU_BK_06 GU_BK_07 CI_BK_24 OB_BK_06 IO_BS_09			
4.4 Uses fluids and vasoactive / inotropic drugs to support the circulation	2		I, C	ES_BK_02 MT_BK_06 PR_BK_41 PR_BK_42 PR_BK_43			

4.9 Co-ordinates and provides nutritional assessment and support	2		I, C, T	PB_BK_82 PB_BK_84 PB_BK_85 GU_BK_08 OA_BS_02			
Domain 5: Practical procedures							
5.1 Administers oxygen using a variety of administration devices	2		D, S	PO_BK_05 AM_BK_08 IAC_C06			
5.2 Performs emergency airway management	2		D, S				
5.3 Performs difficult and failed airway management according to local protocols	2		D, S	Airway Management IAC_D06 IG_BS_12			
5.4 Performs endotracheal suction	2		D	AM_BS_11 IG_BS_11			
5.7 Performs chest drain insertion	1		D	MT_BS_04			
5.8 Performs arterial catheterisation	1		D, C	MT_BK_07			
5.9 Performs ultrasound techniques for vascular localisation	1		C	AN_BK_39			
5.10 Performs central venous catheterisation	1		D, C	MT_BK_07			
5.11 Performs defibrillation and cardioversion	2		D, C, S	RC_BS_08			
5.13 Describes how to perform pericardiocentesis	1		C	RC_BK_16			

5.14 Demonstrates a method for measuring cardiac output and derived haemodynamic variables	1		D, C			
5.15 Performs lumbar puncture (intradural / 'spinal') under supervision	2		D, S	OB_BS_05		
5.16 Manages the administration of analgesia via an epidural catheter	1		I	OB_BS_04 PM_BS_03		
5.18 Describes Sengstaken tube (or equivalent) placement	1		C			
5.19 Performs nasogastric tube placement	3		D			
5.20 Performs urinary catheterisation	3		D	PO_BK_06		
Domain 6: Perioperative care						
6.5 Manages the pre- and post-operative care of the trauma patient	1		C, T	MT_BS_06 MT_BK_17		
Domain 7: Comfort and recovery						
7.3 Manages sedation and neuromuscular blockade	2		D, I, C, M, T	IO_BS_04, CS_BS_01/02		
Domain 8: End of life care						
8.2 Discusses end of life care with patients and their families / surrogates	1		C, M, D	Annex A Domain 1b: CC_D1_07 CC_D1_08 Domain 10: CC_D10_01		
Domain 9: Paediatric care						

9.2 Describes national legislation and guidelines relating to child protection and their relevance to critical care	1		C	Child Protection CP_BK_02 CP_BK_03 PA_BK_18			
Domain 10: Transport							
<i>Domain 10 competencies are covered in 3/12 Basic ICM module or not assessed at this level</i>							
Domain 11: Patient safety and health systems management							
11.3 Identifies environmental hazards and promotes safety for patients and staff	2		C, M	Annex A Domain 8: CC_D8_01 CC_D8_02 CC_D8_05 IF_BK_01 IF_BS_04 DI_BK_03			
11.4 Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness	1		C, M	Annex A Domain 8: CC_D8_03 CC_D8_04 CC_D8_06 CI_BK_32 CI_BK			

11.6 Critically appraises and applies guidelines, protocols and care bundles	2		C	Annex A Domain 8: CC_D8_03 CC_D8_06 AR_BS_02 AR_BS_03 AR_BS_04			
11.7 Describes commonly used scoring systems for assessment of severity of illness, case mix and workload	1		C	-			
Domain 12: Professionalism							
12.1 Communicates effectively with patients and relatives	2		D, M, T, S	Annex A Domain 10			
12.2 Communicates effectively with members of the health care team	2		D, M, S	Annex A Domain 3: TF_BK_15			
12.3 Maintains accurate and legible records / documentation	2		D, M, T	Annex A Domain 1a: CC_D1_03 IO_BS_06			
12.4 Involves patients (or their surrogates if applicable) in decisions about care and treatment	1		C, M, T	Annex A Domain 10			
12.5 Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making	2		C, M, T	Annex A Domain 1e			
12.6 Respects privacy, dignity, confidentiality and legal constraints on the use of patient data	2		C, M	Annex A Domain 9			
12.7 Collaborates and consults; promotes team-working	2		M	Annex A Domain 3			
12.9 Supports clinical staff outside the ICU to enable the delivery of effective care	2		C, M, T	Annex A Domain 4			

12.10 Appropriately supervises, and delegates to others, the delivery of patient care	1		C, M, T	Annex A Domain 8: CC_D8_01			
12.11 Takes responsibility for safe patient care	2		D, C, M, T	Annex A Domain 9 and 11			
12.12 Formulates clinical decisions with respect for ethical and legal principles	1		C, M, T	Annex A Domains 2 and 8			
12.13 Seeks learning opportunities and integrates new knowledge into clinical practice	2		M	Annex G			
12.14 Participates in multidisciplinary teaching	3		M	Annex G			
12.15 Participates in research or audit under supervision	2		M	Annex A Domain 3			

Useful Contacts

Mr Malcolm Jones – Head of School

- Based at Sunderland – malcolm.jones@chsft.nhs.uk

Dr Sharon Shenfine – ACCS Programme Director

- Based at Wansbeck – sharon.shenfine@northumbria-healthcare.nhs.uk

Dr Sohom Maitra – ACCS Programme Director

- Based at the RVI – Sohom.Maitra@nuth.nhs.uk

Dr Suzy O’Neill – Training Programme Director for CT2

- Based at the Freeman - Suzanne.O'Neill@nuth.nhs.uk

Dr Nick Roper – ACCS AM Lead

- Based at North Tees - Nick.Roper@nth.nhs.uk

Chrissie Modral – Human Resources Officer

- Based here at Waterfront 4 - chrissie.modral@nhs.net

Jon Adcock – Specialty Programme Coordinator

- Based here at Waterfront 4 – jon.adcock@ne.hee.nhs.uk

Eportfolio

You need to enrol with the respective College / Faculty for the ACCS theme you’ve been appointed to. The Anaesthetics eportfolio runs on a different system to the Emergency Medicine / Acute medicine, both of which use the NES version. Websites / contacts for these are:

For AM theme trainees:

- ePortfolioteam@jrcptb.org.uk

For EM theme trainees:

- eportfolio@collemergencymed.ac.uk

AM / EM trainees use:

www.nhseportfolios.org

For Anaes theme trainees:

<https://www.trainingportfolio.rcoa.ac.uk/login>

- e-Portfolio@rcoa.ac.uk

NB – for Anaesthetics trainees in CT1 – a paper portfolio is used.

Dates for your Diary

Teaching dates / locations shown below confirmed. Programmes will be sent out closer to the time.

Date	Location
14nd Sept 2015	JCUH
10th Nov 2015	RVI
19th Jan 2016	North Tees
15th March 2016	Sunderland
26th Apr 2016	Northumbria
21st June 2016	QEH
13th Sept 2016	RVI
8th Nov 2016	JCUH
6th Dec 2016	Sunderland
17th Jan 2017	QEH
28th Feb 2017	Durham
25th April 2017	Northumbria
6th June 2017	Carlisle
18th July 2017	North Tees

About the School & Programme:

ACCS is part of the [School of Acute Specialties](#) and is both a challenging and rewarding training programme. There is a wealth of information on the [HENE website](#) covering all aspects from the structure of the Programme through to the intricacies of your ARCP requirements.

It is vital that you ensure you are familiar with your ARCP assessment evidence requirements. Trainees moving through the ACCS programme should be aware that rotations / placements are not repeated; meaning you have one opportunity to gather evidence of your training experience and acquisition of competencies.

The HENE website also has full details of the policies for Study leave, OOP, IDT, the Trainee Support Service and much more.

Trainees' needed for the ACCS STG (Specialty Training Group)! If you're interested, please contact:

Jon.adcock@ne.hee.nhs.uk

The ACCS STG meets on a quarterly basis and forms part of the School of Acute Specialties. The School of Acute Specialties is required to form as a functional entity to provide a structure and framework for the delivery of quality assured training through the Acute Specialty postgraduate training programmes. The initial focus is on the acute care common stem (ACCS) programme and the higher training programme in emergency medicine. The ACCS engages with the training specialties of anaesthesia, intensive care medicine, acute medicine and emergency medicine.

We're now on twitter too...

Check us out [@AccsNe](#)