

Advice to trainees and trainers completing ACCS CT2 ARCP paperwork

- 1) When the **new** ACCS CT2s join you in August, they should come with a partially completed and signed ACCS Curriculum Coverage that shows you what they have signed off so far and what they need to get signed off by end of CT2 year. This list should be fully completed and signed to present at their end of ACCS CT2 ARCP. If this is not completed, they cannot obtain an outcome 1.
- 2) **Current** ACCS CT2 trainees will need to complete this ACCS Curriculum Coverage list by showing the relevant proofs to their ES and have them sign the box to confirm they have seen the evidence
- 3) The ACCS CT2 checklist is only for that year.
- 4) ACCS CT3s should follow the checklist that core trainees use on our BSA website (because they have finished the ACCS curriculum by then and they are following the same anaesthetic curriculum as our core trainees)
- 5) There is a recognised discrepancy in curriculums so the ACCS curriculum requires minimum 12 MSF replies for their ACCS CT2 year but once they move to ACCS CT3, they only need 10 MSF replies as stated on the core trainee ARCP checklist
- 6) There is an 'Anaesthesia box' on the checklist which is specific for anaesthetic stream trainees only - this highlights the additional requirements for their ARCP i.e. 3x IPR in a year and PDP / learning agreement; the need to demonstrate CPD, teaching and give reflective practice
- 7) Checklist needs to be signed and uploaded to ESSR
- 8) Curriculum coverage checklist must be uploaded to ESSR
- 9) All ANAES stream trainees should aim to complete another TWO anaesthetic modules in addition to the basic ACCS requirements otherwise it leaves a lot to do in ACCS CT 3
- 10) Common competency is a guide for trainers and trainees to ensure they have achieved 50% of them by end of year 2. It does not need to be uploaded but trainees/trainers should make sure that whatever e-port assessments have been completed, they would cover the domains listed in this Common Competency Document.

1. Common Competencies (ACCS Curriculum pages 26-73)

*These are competencies that should be acquired by all doctors during their training period starting within the undergraduate career and developed throughout postgraduate training. For ACCS trainees, competence to at least **level 2** descriptors will be expected prior to progression into further specialty training.*

Many of these competencies 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. Descriptors of the required performance at each level can be found in the curriculum.

At least 50% of the common competencies must be signed off at level 2 or above by the end of the CT2 ACCS year. For a few common competencies alternative evidence should be used e.g. assessments of audit and teaching, completion of courses, management portfolio, which can be used to record management and leadership competencies.