

# **ACCS (Anaesthetics) – Hints and tips**

## **Contents**

- 1. Induction day**
- 2. Representation**
- 3. Supervisors**
- 4. Order of placements**
- 5. Teaching**
- 6. Exams**
- 7. Portfolio and ARCP**
- 8. CT2+/CT2b/CT3**
- 9. Useful contact information**

## **Introduction**

Congratulations! You have obtained a place on a very competitive training programme and you should be proud of what you have achieved.

The benefits are numerous and you will come out of the other side a more rounded and experienced clinician ready to take on whatever branch of anaesthetics/ICM you decide may be for you.

No training programme is perfect and ACCS has its fair share of “niggles” to navigate. These are minor and with the right preparation and knowledge you can easily overcome them.

The NW Trainees’ guide to core training in Anaesthesia and the induction day should provide you with the bulk of the information

required however this guide will hopefully address certain ACCS specific issues or certainly provide you with the contact details of someone who can help.

## **1. Induction day**

In the first year you should attend only the ACCS specific deanery induction day. The core anaesthetic induction day should be attended in the second year and you should receive an email inviting you to this at the end of the first year. There is no need to attend earlier as the information will not be relevant.

## **2. Representation**

For the first 2 years you will come under the ACCS speciality training committee (STC). This committee, made up of track leads and various other consultants from all 3 specialities, meets 3 times per year and addresses specific training issues pertinent to the ACCS programme only. The anaesthetic STC also meets three times per year and is focused on Core/Intermediate/Higher anaesthetic training and will become more relevant in the 3<sup>rd</sup> year of ACCS.

Up to date contact details for all of the representatives mentioned below will be attached to this guide.

The training programme director for ACCS is Dr Chris Clarke who oversees all branches of ACCS and chairs the STC committee.

The ACCS (Anaesthetics) lead is a consultant that oversees anaesthesia-badged trainees. Currently this is Dr Nick Smith.

Each branch of ACCS will have an STC trainee rep. The anaesthetic rep attends both the ACCS and anaesthetic STC meetings and can raise any issues relevant to either of these committees and should update you after the meetings on any outcomes or relevant information that was discussed. They will be able to help with any questions about either anaesthetics or ACCS.

Each track will have a track lead. This is a consultant who will oversee the logistics of the track. They are a useful port of call should there be any issues/questions regarding the track, supervisors etc.

The Speciality school manager is part of the deanery and will oversee administration of the ACCS programme such as the ARCP.

### **3. Supervisors**

This is an area that has caused some confusion in the past especially the clarification between the educational supervisor and clinical supervisor. For anaesthetic-badged trainees, certainly for the first 2 years, the educational supervisor and clinical supervisor role can be amalgamated. You should always be provided with a clinical supervisor from the placement that you are undertaking. This person can also perform the education supervisor role.

#### **4. Order of placements**

Hopefully by now you know the basic outline of the ACCS programme. The first year will entail emergency medicine and acute medicine; the order that you undertake these placements should not matter. When you come to the second year the order of the placements becomes more relevant. As an anaesthetic trainee it is desirable to undertake the 6 months of anaesthesia first. This is mainly for primary FRCA purposes as whilst not compulsory, it is desirable to have some anaesthetics under your belt prior to sitting the exam. This should be an automatic process however should you find that you are allocated to ICM first, I would contact your respective track lead in order to discuss this further.

#### **5. Teaching**

There are a number of different teaching programmes.

During the first year full day teaching occurs for all ACCS trainees every 2 months. These are held in Blackpool and run by Dr Jon Argyll. You do not need to apply for formal study leave to attend but should secure leave from your department as early as possible. Details of these sessions can be found on [nwanaesthesia](#) website or on St Emlyn's.

During your acute medicine placement it may be possible to attend core medical teaching although this is not compulsory and should be discussed with your rota masters.

Anaesthetic teaching is attended once you start your anaesthetic placement. It entails a half-day of teaching every week, details will be communicated to you once you start your anaesthetic placement.

During your ICM placement, there may be local teaching provided, if so this should be your main teaching. It may be possible to continue to attend the weekly anaesthetic teaching however this is again reliant on discussion with your relevant rota coordinator and supervisor and is by no means guaranteed.

The Primary FRCA course is a set of teaching days run by the NW school of anaesthesia. It consists of two-day blocks of teaching held around the region roughly every month as well as certain stand alone study days. This should be attended in your second year and requires registration with Janet Coulson at the beginning of your second year. Details can be found on [nwanaesthesia.org.uk](http://nwanaesthesia.org.uk). These days require formals deanery study leave forms to be completed.

## **6. Exams**

These present a number of different issues/questions that regularly get asked.

MRCP – You may choose to undertake the MRCP with a view to a career in ICM. If you do choose to do this it is certainly desirable to complete this in the first year. By the time you reach your second year the task of learning anaesthetics, the pressures of the ICU rota and the looming primary FRCA will make time scarce. MRCP is by no

means a compulsory exam to obtain a job in ICM (provided you are planning to take the primary FRCA!).

Primary FRCA – This will become a regular topic of discussion. The majority of ACCS trainees will choose to do this at the beginning of the third year. Whatever you decide, remember it takes a good 6 months of revision and must be completed by the time you apply for SpR training in the spring of your third year so don't leave it too late.

## **7. Portfolio**

Portfolio is probably the area that causes the most angst among ACCS trainees.

If you read the curriculum you will have all the necessary information required. However to help further, each year you will be sent a list of ARCP criteria by the deanery. Read this early and make yourself very familiar with the requirements for that year. If you do this there should be no surprises or panic later on.

### *CT1*

The majority of trainees will be paper-based for the CT1 year. The Severn deanery has a template portfolio which you can use to help guide your portfolio organisation.

Some trainees decide to pay for e-portfolio including the RCOA ePortfolio however this is not necessary and will provide little benefit.

EM – there are specific acute and major presentations as well as practical procedures that need to be completed for this training. Make sure you know what these are early, you may only get one opportunity to sign these off.

## *CT2*

For this year you can move onto the ePortfolio but be aware that it is not designed for ACCS and therefore some issues exist. Only anaesthetists will be able to sign off the WPBAs online. Paper forms can be printed to get around this issue. Don't forget that for your CT2b year you will need to complete the same portfolio requirements as the core trainees so don't stop getting forms done when you finish the IAC.

## **ARCP**

ARCP is a simple process – turn up on time and dress smartly. Make the assessors lives easier by ensuring you have everything in your portfolio in the order on the checklist.

## **8. CT2+/CT2b/CT3**

Allocation to hospitals will occur towards the end of your CT2 year. You should get an email requesting preferences but this does not guarantee that you will get what you have asked for as it depends on space.

You become the equivalent of the CT2 core trainees and will be treated as such, make sure you get as much of your portfolio signed

off in your first 6 months of anaesthetics as you can to make your life easier.

Good luck, please feel free to email me with any questions no matter how trivial they seem and I will endeavour to answer as soon as able.

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### **9. Useful contact information**

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