

QUESTIONS AND ANSWERS
ACUTE COMMON CARE STEM (ACCS) INDUCTION
14TH AUGUST 2020

1. Do we have individual study budgets? *The allocation of funding is dependent on completing all mandatory training before participating in optional courses. The study leave funding is approved by your Training Programme Director (TPD) (the study leave budget year runs from 1st March - 28th/29th February each year). Some specialties may top-slice your allocation. Allowances for Part time trainees/part years worked are calculated pro-rata.*
2. When we have exams, does it count to apply for study leave? *Can apply for 7 days pro rata private study every year for exams and revision.*
3. So is there a contractual agreement to be released for time to study for exams? or to be released for exams? *No contractual agreement but needs to be discussed locally at your Trust.*
4. Do we have a certain number of days we are entitled to by ACCS for study (for exam revision)? or is it just up to our rota master to approve? *Can apply for 7 days pro rata private study every year for exams and revision. Rota master then approves.*
5. What's the deal with the 800 patient log? *Statement in Structured Training Report that performing at the right level and seeing the right number of patients. Ensuring spending time in the right area and experience.*
6. What is the difference between a summative and formative CBD? When do we do which form? *Summative CBD pass or fail, have a discussion with a supervisor and they will tell you if pass or fail. Summative Mini-CEXs are more helpful and appropriate.*
7. Do the mandatory MINI-CEX and ACAT have to be done with your educational supervisor or are other consultants ok? *No – any Clinical Supervisor/ consultant can do them. Structured Training Report to be done with your Educational Supervisor.*
8. Has it to be my clinical supervisor to sign me off doing the 5 MINI-CEX? Or any other consultant on the shop floor. *Any consultant on the shop floor can complete these.*
9. For activities that our supervisor needs to observe - what do we do if our clinical supervisor is no longer active in clinical practice and is just in a managing role? *Clinical Supervisor must be in clinical practice on the GMC register.*
10. Do we include COVID isolation days (i.e. if a restaurant contacts us to isolate) in our illness leave count? *Yes, these will count as time out of training days. Please enter on Form R.*
11. If you are revalidating this year do you need to have a patient survey in your portfolio? *No, it is an Acute Medicine requirement*

12. How do we find the ACCS training dates? Are these currently online or in person?
https://www.nwpgmd.nhs.uk/Specialty_Schools/ACCS/Manchester or
https://www.nwpgmd.nhs.uk/Specialty_Schools/ACCS/Mersey
13. How do we access the checklist you shared earlier? https://www.nwpgmd.nhs.uk/Specialty_Schools/ACCS/ARCP
14. The ACCS regional teaching days considered part of your study leave days? **Yes**
15. When you say clinical supervisor do you mean any consultant, as I have not been given a named clinical supervisor? I have been given a named educational supervisor. *any active Clinical Supervisor will do WPBA. ES = named clinical supervisor on portfolio. Will be a consultant upon your unit, TATL= ES*
16. Is there an expectation we should be released from clinical work for ACCS regional teaching days? ie nights / on-calls? *Yes, not every trust will release and working with trusts to resolve. Can attend MER or NWN*
17. ALS courses are very hard to find. They are all fully booked for the next year and a lot have been cancelled due to COVID. Will these difficulties be taken into account? *Not mandated until the end of year 3*