

Acute Common Care Stem training in Wales

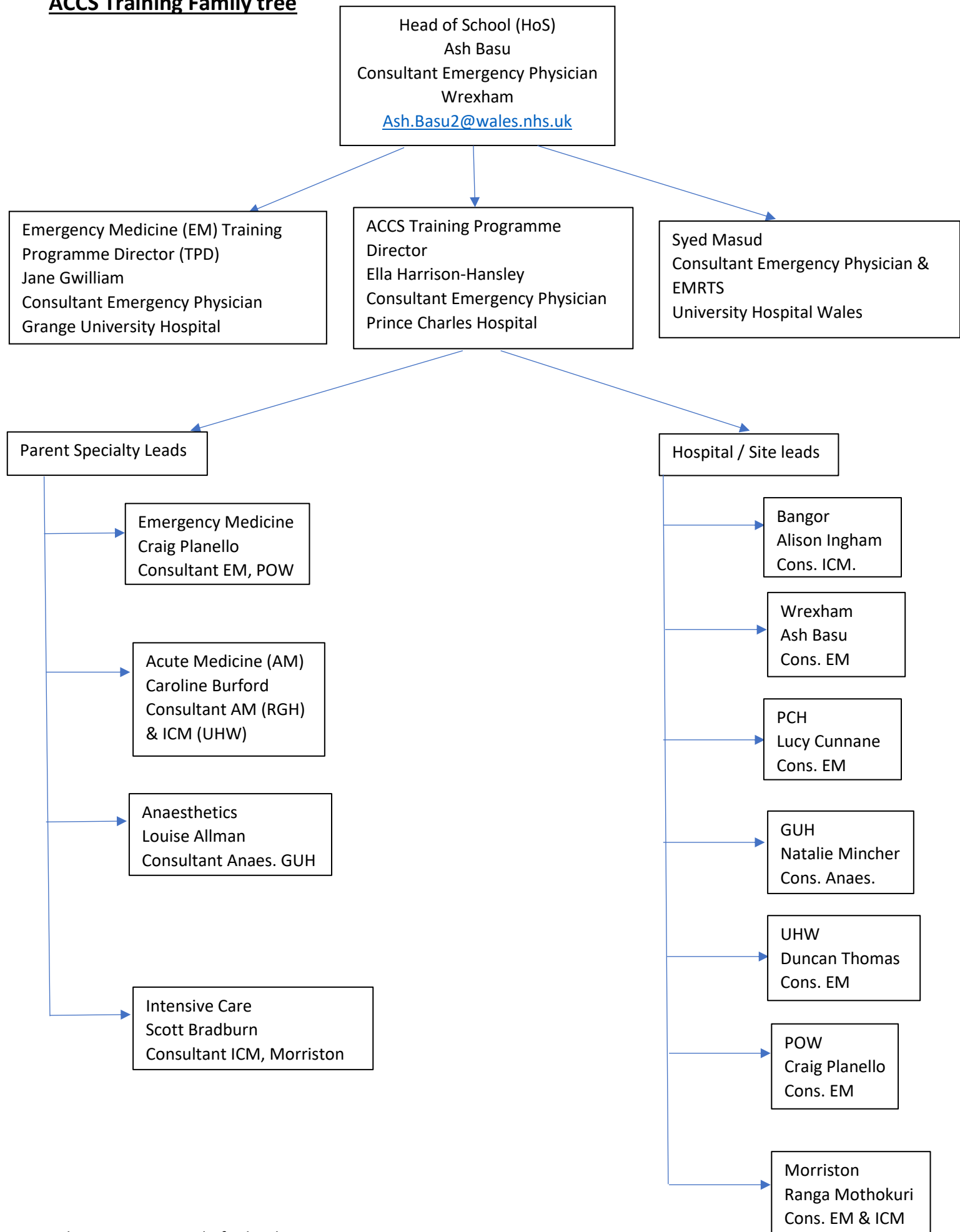
Acute Common Care Stem (ACCS) training is undertaken in 7 hospital sites in Wales. Two of these sites, The Grange University Hospital (GUH), and the Wrexham Maelor Hospital (WMH) have ACCS trainees from all three parent specialties, Emergency Medicine (EM); Anaesthesia (Ana); and Acute Medicine (AM). Three of these sites have specialties from EM & Ana; University Hospital Wales (UHW); Morriston Hospital; and Ysbyty Gwynedd (YG / Bangor). The last two hospital training sites, Prince Charles Hospital (PCH) and Princess of Wales Hospital (POW) solely have EM ACCS trainees.

This document sets out the key stakeholders involved in delivering ACCS training in Wales and explains the educational governance framework that exists to support this training.

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ACCS Training Family tree



Relevant contacts

<u>Role</u>	<u>Name</u>	<u>Location</u>	<u>Email</u>
ACCS Head of School	Ash Basu	Wrexham	Ash.Basu2@wales.nhs.uk
Training Programme Director	Ella Harrison-Hansley	PCH	Ella.HarrisonHansley@wales.nhs.uk
ACCS Lead Anaesthetics	Louise Allman	GUH	Louise.Allman2@wales.nhs.uk
ACCS Lead Acute Medicine	Caroline Burford	RGH / UHW	Caroline.Burford2@wales.nhs.uk
ACCS Lead Intensive Care	Scott Bradburn	Morrison	Scott.Bradburn@wales.nhs.uk
ACCS Lead Emergency Medicine	Craig Planello	POW (Bridgend)	Craig.Planello@wales.nhs.uk
ACCS Teaching Lead	Craig Planello	POW (Bridgend)	Craig.Planello@wales.nhs.uk
Lifelong Learning Platform (LLP) Lead	Simon Ford	Morrison	Simon.Ford@wales.nhs.uk
Specialty Manager	Liz Babbage	HEIW	heiw.recruitment@wales.nhs.uk
Specialty Training Assistant	Kaitlin Barnes	HEIW	

Training Programme Directors

ACCS	Ella Harrison-Hansley	PCH	Ella.HarrisonHansley@wales.nhs.uk
Emergency Medicine	Jane Gwilliam	GUH	Jane.Gwilliam@wales.nhs.uk
Anaesthetics (Core)	Graeme Lilley	GUH	coretpdanaesthesiawales@gmail.com
Acute Medicine	Tom Cozens	GUH	Thomas.Cozens@wales.nhs.uk
Intensive Care	Bethan Gibson	RGH	Bethan.Gibson@wales.nhs.uk

Heads of School

Emergency Medicine & ACCS	Ash Basu	Ash.Basu2@wales.nhs.uk
Anaesthesia	Sarah Harries	Sarah.Harries5@wales.nhs.uk
Medicine	Shaun Smale	Shaun.Smale2@wales.nhs.uk
Intensive Care Medicine (Regional Advisor)	Matt Dallison	Matthew.Dallison@wales.nhs.uk

Hospital Leads

Hospital Leads should be the initial point of contact if the CS or ES are unable to resolve training issues

<u>Hospital</u>	<u>Health Board</u>	<u>Name</u>	<u>Specialty</u>	<u>Email</u>
Morrison (Swansea)	Swansea Bay	Ranga Mothukuri	EM & ICM	Rangaswamy.Mothukuri@wales.nhs.uk
GUH (Cwmbran)	ABU	Natalie Mincher	Anaesthetics	Natalie.Mincher@wales.nhs.uk
YG (Bangor)	BCU	Alison Ingham	Anaesthetics & ICM	Alison.Ingham@wales.nhs.uk
Wrexham Maelor	BCU	Ash Basu	EM	Ash.Basu2@wales.nhs.uk
POW (Bridgend)	CTM	Craig Planello	EM	Craig.Planello@wales.nhs.uk
PCH (Merthyr)	CTM	Lucy Cunnane	EM	Lucy.Cunnane@wales.nhs.uk
UHW (Cardiff)	C&V	Duncan Thomas	EM	Duncan.Thomas@wales.nhs.uk

Supervisors

- Educational Supervisors (ESs) should be from the trainee's parent specialty, and should supervise the trainee for the whole two-year ACCS training period
- Clinical Supervisors (CSs) supervise the trainee for the 6-month period
- ES & CS may be the same supervisor if they are the same parent specialty as the trainee, whilst the trainee is working in said specialty 6-month rotation

<u>Hospital</u>	<u>Role</u>	<u>Name</u>	<u>Specialty</u>	<u>Email</u>
Wrexham	ES	Sarah Dyer	AM	sarah.dyer@wales.nhs.uk
	ES	Kiran Dasari	ANA	Kiran.Dasari@wales.nhs.uk
	ES	Robin Roop	EM	robin.roop@wales.nhs.uk
	CS	Claire Halligan	ANA	Claire.Halligan2@wales.nhs.uk
	CS	Harsha Reddy	ICM & ANA	harsha.reddy@wales.nhs.uk
Morriston (Swansea)	ES	Stuart Jenkins	ANA	Stuart.Jenkins@wales.nhs.uk
	ES	Tom Lawson	ANA	Thomas.Lawson@wales.nhs.uk
	ES	Ranga Mothukuri	EM & ICM	Rangaswamy.Mothukuri@wales.nhs.uk
	CS	Srikanth Chenna	AM	Srikanth.Chenna@wales.nhs.uk
	CS	Maneesh Udiawar	AM	Maneesh.Udiawar@wales.nhs.uk
	CS	Lewys Richmond	ANA	Lewys.Richmond@wales.nhs.uk
	CS	Suresh Pillai	EM & ICM	sureshkumar.gopalapillai@wales.nhs.uk
UHW	ES	Catrin Maidment	ANA	CatrinMair.Maidment@wales.nhs.uk
	ES	David Newhall	ANA	David.Newhall@wales.nhs.uk
	ES	Duncan Thomas	EM	duncan.thomas@wales.nhs.uk
	CS	Tessa Bailey	ANA	tessa.bailey@wales.nhs.uk
	CS	Micaela Antonius	AM	Micaela.Antonius@wales.nhs.uk
	CS	Amlan Bhattacharya	AM	Amlan.Bhattacharya@wales.nhs.uk
	CS	Bethan Nicholas	EM	bethan.nicholas@wales.nhs.uk
	CS	Melvyn Jenkins-Welch	ICM	Melvyn.Jenkins-welch@wales.nhs.uk
GUH	ES	Louise Allman	ANA	Louise.Allman2@wales.nhs.uk
	ES	Lliffon Edwards	AM	Lliffon.Edwards@wales.nhs.uk
	ES	Nirmal James	EM	nirmal.james@wales.nhs.uk
	ES	Naresh Thirumalai	EM	Naresh.Thirumalai@wales.nhs.uk
	ES	Ed Curtis	ICM	edward.curtis@wales.nhs.uk
	CS	Phil Campbell	AM-Cardiology	Philip.Campbell@wales.nhs.uk
	CS	Alina Ionescu	AM-Respiratory	Alina.Ionescu2@wales.nhs.uk
	CS	Natalie Mincher	ANA	Natalie.Mincher@wales.nhs.uk
	CS	Matt Carwardine	ANA & ICM	Matthew.Carwardine@wales.nhs.uk
	CS	Jenna Stevens	ANA	Jenna.L.Stevens@wales.nhs.uk
	CS	Bethan Thomas	ANA	Bethan.Thomas100@wales.nhs.uk
	CS	Phillippa Jones	ICM	Phillippa.Jones@wales.nhs.uk
POW	ES	Craig Planello	EM	craig.planello@wales.nhs.uk
	CS	John Hounsell	AM	JohnMichael.Hounsell@wales.nhs.uk
	CS	Paulo Antoniazzi	ANA	Paulo.Antoniazzi@wales.nhs.uk
	CS	Sonia Sathe	ICM	Sonia.Sathe@wales.nhs.uk

PCH	ES	Lucy Cunnane	EM	Lucy.Cunnane@wales.nhs.uk
	CS	Ranj Khaffaf	Ana	Ranj.Khaffaf@wales.nhs.uk
	CS	Najia Hasan	ICM	Najia.Hasan@wales.nhs.uk
	CS	Aled Huws	AM	aled.huws@wales.nhs.uk
Bangor	ES	Lisa Handcock	ANA	lisa.handcock@wales.nhs.uk
	ES	Richard Griffiths	EM	Richard.Griffiths5@wales.nhs.uk
	ES	Phil Morgan	EM	Phil.Morgan@wales.nhs.uk
	ES	Nikki Sommers	EM	Nikki.Sommers2@wales.nhs.uk
	CS	Chris Subbe	AM	christian.subbe@wales.nhs.uk
	CS	Leesa Parkinson (going on M/L)	EM	leesa.parkinson@wales.nhs.uk
	CS	Alison Ingham	ICM	Alison.Ingham@wales.nhs.uk

Roles and responsibilities of Educational and Clinical supervisors

Clinical Supervisors (CSs) are consultants that provide supervision whilst trainees are in that specific specialty rotation, and these individuals have a responsibility of providing initial, mid-term, and end of rotation educational meetings, as well ensuring that all necessary Work-Place Based Assessments (WPBAs) that are required are undertaken.

Educational Supervisors (ESs) provide supervision throughout the entire two-year ACCS rotation and are from the same specialty of the trainee's parent specialty. It is the role of the ES to complete the end of year Educational Supervisors Structure Training Report (ESSR / STR), which considers the meetings held with the CSs, including all the necessary WBPAs undertaken, as well as Multi-Source Feedback (MSF), and Multiple Consultant Report (MCR), Multiple Trainer Report (MTR), or Faculty Educational Governance Statement (FEGS).

If the trainee is in their parent ACCS specialty rotation, then the CS can be the same as the ES. If, however, the trainee does not commence in their parent specialty, then they should seek out, and meet with their ES as soon as is practically possible at the beginning of the year, as well as regular 'touching base' meetings.

Roles and responsibility of the trainee

The ethos of the new curriculum is that it is very much trainee led, in that with the new e-portfolio platforms, it is wholly dependent on the trainee sending event requests for WBPAs, and if this does not occur on a regular basis, then it will be very easy to fall behind in what is required of them during their ACCS rotations.

To gain access to the relevant specialty e-portfolio, and to register their training, trainees must pay their specific specialty royal college training membership subscription.

Whilst the supervisor may request or set dates for the regular supervision meetings, the responsibility also lies with the trainee to ensure that these meetings occur in a timely fashion as a professional adult learning, taking ownership for their own education and training.

The trainee should also ensure that they have a valid email address that is checked regularly for the HEIW team to contact them regarding ARCP dates, and particularly to receive, complete, and return the form R that is required for the ARCPs, and subsequent revalidation. This should also be the email address that the GMC National Trainee Survey (NTS) is sent to.

Support for trainees will always be available with those in, or anticipated difficulty, and this may be accessed through their supervisors, trainee reps., TPD, Head of School, directors of medical education, or the Professional Support Unit at HEIW, as well as other available organisations that may provide additional assistance (see wellbeing section), but it is imperative that should such difficulties arise, or be anticipated that these are highlighted early.

ACCS Trainee Representatives

- Each hospital that hosts an ACCS rotation should have (at least) one ACCS trainee representative*

<u>Hospital</u>	<u>Specialty</u>
Bangor	either Anaesthesia or EM
Wrexham	AM, Anaesthesia or EM
PCH	EM
GUH	AM, Anaesthesia or EM
UHW*	either Anaesthesia or EM
POW	EM
Morriston	either Anaesthesia or EM

*UHW trainee rep. is a joint role between two trainees

- All 3 specialties should be represented, such that the make-up of the trainees should be the following:
 - 1 x Acute Medicine ACCS trainee
 - Given minority of AM trainees, one should be from this specialty, with one of these having to be from either Wrexham or GUH
 - 3 x Anaesthetic trainees
 - 3 x Emergency Medicine trainees
 - These will inevitably have to be one from PCH, and one from POW, owing to sole parent specialties (of EM) on these sites
- As per the HEIW job description and appointment process, the appointments should be a 12-month tenure, extendable to a maximum of 2-years.
- Once a trainee exits the CT2 year into CT3, they will relinquish their ACCS trainee representative position, as they will no longer be under the governance of the School of ACCS, but under their parent specialty stream.
- Expressions of interest should be sought from trainees approaching the August changeover
- Decisions should be sought by CT1 trainee representatives to determine whether they wish to continue this position into their second and final 12-month tenure.
- Available positions per site, and specialty should be made available by July of each year.
- Each hospital trainee rep. will be the go-to person for all trainee related issues and will also act as a conduit between the trainees and ACCS lead, TPD, Head of School, and Specialty Training Committee (STC).
- In addition, the parent specialty reps., will also be a conduit for their own parent specialty trainees to feedback specialty specific concerns, although it is anticipated that the majority of ACCS training ought to be generic, and appropriately transferrable.
- It is anticipated that wherever possible the trainee reps. will attend STC meetings, but there is a realisation that owing to shift patterns and leave, that this may not always be possible, and so any issues to be raised should be handed over, and communicated to other trainee reps., or the TPD / Head of School.
- Trainee reps. should also be available, in addition to TPD, and Head of School, for any queries pertaining to upcoming ARCPs.

Name	Hospital	Specialty	Grade	email
Marc Franklin	GUH	AM	CT2	MarcFranklin@hotmail.co.uk
Tom Abberton	Wrexham	Anaesthetics	CT2	thomasabberton@gmail.com
Katie Bowes	PCH	EM	ST2	kbowes2304@gmail.com
Stefan Merrix	POW	EM	ST2	stefan_merrix@hotmail.co.uk
Lara Jesani*	UHW	Anaesthetics	CT2	larajesani4@gmail.com
Tom Loka*	UHW	Anaesthetics	CT2	tloka92@gmail.com
Jia Cheung	Morriston	EM	CT2	jia.cheung@hotmail.co.uk
Maeve Graham	Bangor	Anaesthetics	CT2	megraham@doctors.org.uk

1 x AM rep.; 3 x EM reps; 4 x anaesthetic reps.

*UHW has 2 (joint) ACCS trainee reps (both anaesthetics)

College / Specialty tutors

These individuals may be able to provide additional specialty or career advice that the ES may not be able to help with.

Hospital	Specialty	Name	email
Bangor	Anaesthesia	Suman Mitra	Suman.Mitra@wales.nhs.uk
	Emergency Medicine	Helen Salter	Helen.Salter@wales.nhs.uk
	Medicine	Martin Royle	martin.royle@wales.nhs.uk
Wrexham	Anaesthesia	Harsha Reddy*	Harsha.reddy@wales.nhs.uk
	Emergency Medicine	Ash Basu	Ash.Basu2@wales.nhs.uk
	Medicine	Currently vacant – being interviewed shortly *due to step down from Mar. / Apr. '22	
PCH	Anaesthesia	Matt Williams	Matthew.Williams5019@wales.nhs.uk
	Emergency Medicine	Vicki Goodwin	Victoria.Goodwin@wales.nhs.uk
	Medicine	Jo Morris	joanne.morris3@wales.nhs.uk
GUH	Anaesthesia	Non Morris	NonGibbon.Morris@wales.nhs.uk
	Emergency Medicine	Rhian Farquharson	Rhian.Farquharson@wales.nhs.uk
	Medicine	Khalid Ali	Khalid.Ali@wales.nhs.uk
UHW	Anaesthesia	David Leslie	David.Leslie@wales.nhs.uk
	Emergency Medicine	Hannah Murch	Hannah.Murch@wales.nhs.uk
	Medicine	Govind Menon	Govind.Menon@wales.nhs.uk
POW	Anaesthesia	Paulo Antoniazzi	Paulo.Antoniazzi@wales.nhs.uk
	Emergency Medicine	Zareena Jedaar	Zareena.Jedaar@wales.nhs.uk
	Medicine	John Hounsell	JohnMichael.Hounsell@wales.nhs.uk
Morrison	Anaesthesia	Anna Roberts	Anna.Roberts@wales.nhs.uk
	Emergency Medicine	Kirsty Dickson-Jardine	Kirsty.DicksonJardine@wales.nhs.uk
	Medicine	Maneesh Udiawar	Maneesh.Udiawar@wales.nhs.uk

Directors of Medical Education

These individuals have overall responsibility to postgraduate medical training for every Health Board, and may be contacted, should there be any concerns regarding medical training in hospitals.

Health Board	Name	Title	Email
Swansea Bay (Morrison)	Prof. Jeffrey Stephens	Assistant Medical Director for Medical Education	Jeffrey.W.Stephens@wales.nhs.uk
CTM (PCH & POW)	Mr Shakir Mustafa	Assistant Medical Director for Medical Education	Shakir.Mustafa@wales.nhs.uk
ABU (GUH)	Dr Hywel Jones	Assistant Medical Director for Medical Education	Hywel.Jones3@wales.nhs.uk
C&V (UHW)	Dr Ben Hope-Gill	Assistant Medical Director for Medical Education	Ben.Hope-Gill@wales.nhs.uk
BCU (Bangor & Wrexham)	Miss Emma Woolley	Director of Medical and Dental Education	Emma.Woolley@wales.nhs.uk

Educational governance

HEIW has a contract with all ACCS training site health boards, or Local Education Provider (LEP), for training to be provided to the respective core and specialty trainees that the LEP is recognised for training in. Occasionally, training standards are not met, and so this is required to be escalated, with trainees often unaware who to raise this formally with. These issues can be multi-faceted and can require differing levels of interventions or solutions to address them, and so bringing this to the attention to the correct people in a timely and proportionate fashion is key to a quick resolution.

Approaches can be made to the Educational Supervisor as the first port of call, and the ACCS site lead beyond this. Issues can also be brought to the attention of the site ACCS rep., as they usually may have an idea of the issue, if it is an on-going concern, and this can be subsequently discussed in the ACCS site and specialties meeting, or the ACCS Specialty Training Committee (STC) meeting, which are both held twice a year.

If there are still on-going concerns regarding training on a particular LEP, then each site will have a Faculty Lead, who's name will be available from your local Postgraduate Centre / Manager, or the Director of / AMD for Medical Education, listed above.

Specialty specific issues can also be brought to the attention of College / Specialty Tutors, and ACCS specialty leads.

When sites are identified as having quality issues, then this is usually escalated to the Quality Unit at HEIW, and further investigations and possible subsequent (virtual) visits may be undertaken to evaluate this further. Issues of concern can also therefore be raised by emailing HEIW.Open@wales.nhs.uk directly. Education and training concerns can also be noted in the annual GMC National Trainees' Survey (NTS), which is **mandatory** to be completed by all trainees, however by the nature of how this data is collected and processed, it can be skewed dependant on a low number of trainees in specific specialties, or the data can be nearly one year old, and therefore not always wholly reliable.

Lastly, always remember you are always able to contact your TPD or Head of School to discuss any issues with regards to education and training on your LEP, in confidence should you need to.

Useful websites

Aside from the usual ACCS parent specialty college websites, the following websites will be of use for ACCS training in Wales:

Intercollegiate Committee for Acute Care Common Stem Training (ICACCST) website
<https://www.accs.ac.uk/accs>

Website for Core Medical Trainees in Wales
<https://thecore.wales/>

Welsh School of Anaesthesia (WSA) website
<http://www.welshschool.co.uk/#gsc.tab=0>

All Wales School of Emergency Medicine (AWSEM) website
<https://awsem.co.uk/>

Communication

All trainees are required to have a valid email address that they check regularly for HEIW, their parent specialty college, and the GMC to be able to get in touch. In addition to this, there are several WhatsApp groups which provide close and direct communication with other trainees, and the School of ACCS. In addition, notifications of regional events, such as teaching are posted here. Whilst the nature of these numerous WhatsApp group may appear intrusive, it is a very useful and timely way of keeping in close contact and spreading key information by a more rapid means than is possible by email.

Important dates

Induction

ACCS induction usually occurs at the start of September, which is a mandatory event, where vital information relating to the ACCS programme is outlined, particularly how this is approached and managed in Wales.

Regional teaching

Regular regional ACCS teaching exists, which is mapped to the relevant and specific aspects of the ACCS curriculum, that are either commonplace in their presentation or are difficult to achieve. With the introduction of the new curriculum in August 2021, some modifications and adaptations have been made for these regional teaching days. The days are held in different ACCS training sites, with an attempt for all the events to be replicated in both North and South Wales to avoid unnecessary long-distance travelling. Specific details of the content of the training days will be outlined during the induction day. Finally, a unique collaboration exists between postgraduate ACCS training, and Cardiff University Medical School. The Emergency Pre-Hospital and Immediate Care intercalated BSc. (EPIC iBSc.) comprise of Cardiff medical students who undertake a clinically based one-year intercalated BSc. programme, spending 80% of their time in the Emergency Department, and 20% with the Welsh Ambulance Service, whilst undertaking a research project to achieve the intercalated degree. The EPIC iBSc. programme closely follows the ACCS & EM training scheme, and so these students attend the ACCS regional teaching days, and this collaborative approach allows for funding from the university that follows these students to benefit not only their education and training, but also that of the postgraduate ACCS trainees.

ACCS Specialty Training Committee

The ACCS STC sits twice a year, once in Autumn, and a second time in Spring, and is chaired by the Head of School. All aspects of ACCS training are discussed with invited trainee representatives attending, collating any potential issues that have arisen from the trainee perspective. These meetings are minuted, which are available to review at future dates. Should any trainees wish to raise any issues at the STC, then contact should be made with their respective trainee reps, or the ACCS TPD or Head of School.

ACCS site and specialty leads meeting

This is a new initiative for the ACCS site and specialty leads to meet twice a year with the TPD, Head of School and regional teaching lead to discuss any specific issues with regards to specifics of ACCS training on specific sites, or within specific ACCS specialties. This group is intended to identify potential issues that are arising, for them to be addressed or remedied prior to formal discussion at the wide STC.

Annual Review of Competence Progression (ARCP)

The ARCP is usually held in late spring / early summer (May to July), and is the annual assessments where trainees progress is assessed and reviewed by the TPD, Head of School, and the ARCP panel, as the title suggests. Trainees who are out of sync., owing to Less Than Full Time Training (LTFT), or owing to maternity leave, are also required to have ARCPs prior to transitioning from one training year to the next.

The standards that trainees are assessed against are determined nationally by ICACCST, and the respective ACCS parent colleges, and the role of the School of ACCS is to ensure that these are achieved. The ARCPs are chaired by the ACCS TPD convened by a panel of ACCS trainers with expertise in assessing all necessary aspects of the ACCS training. All trainees are required to compile their evidence and meet with their Educational Supervisor in sufficient time so that the ARCP panel can review all the evidence as required, so to aid this, a deadline of one week prior to the ARCP date was set for the summer 2021 ARCPs.

ARCP outcomes to be aware of, are:

ARCP outcome 1 – Satisfactory progress - achieving progress and the development of competences at the expected rate

ARCP outcome 2 – Development of specific competences required – additional training time not required

ARCP outcome 3 – Inadequate progress by the trainee – additional training time required

ARCP outcome 4 – Released from training programme - with or without specified competences

ARCP outcome 5 – Neutral outcome / holding response - panel cannot issue an outcome because evidence is incomplete

ARCP outcome 6 – Recommendation for completion of training - gained all required competences

Outcomes 2 and 3 are less than favourable outcomes, but it is important to note that outcome 2 does not incur any additional training time, and merely considers aspects of training not yet achieved by the trainee, that is still required, but were not critical to progress to the next stage of training. If trainees receive these outcomes, then they are automatically referred to the Professional Support Unit.

Trainees have a right to appeal all less than favourable outcomes; outcomes 2, 3, and 4, and information will be provided from HEIW regarding this process.

It is also important to note that an outcome 5 is **not** a less than favourable outcome, as it often can be viewed to be by trainees; this is merely a lack of available evidence produced to the ARCP panel, and is a 'holding outcome', pending that evidence being gathered and presented, within a set time frame suggested by the TPD. As these are not ideal, as they generate more work for the trainee, ES, ARCP panel and TPD, there should be an attempt to avoid these, but should they occur, it shouldn't be viewed as a poor outcome.

Outcome 6 is only given to trainees who are exiting the ACCS programme, having completed their core training, so only applies to ACCS AM and anaesthetic trainees, and ACCS EM trainees who are **not** run through EM trainees.

Further information regarding ARCP outcomes, or any aspect of postgraduate medical training can be found in the A Reference Guide for Postgraduate Foundation and Specialty Training in the UK, known colloquially as the '*Gold guide*'.

Wellbeing

Working in acute care specialties that the ACCS programme rotates through is tough, which has been even more highlighted during the Covid-19 pandemic. Healthcare workers work under often extremely pressurised environments, whether this is because of hospital crowding, increasing complexity of cases and decision making, difficult rotas, including busy out of hours shifts, not to mention the burden of studying for the various specialty exams, whilst maintaining one's CPD, as part of their e-portfolio curriculum mapping, or additional requirements, such as courses, audits, QI projects, and research.

It is also a recognised fact that doctors have a high incidence of relationship breakdown, substance misuse, and other addictions, and an increased *declared* prevalence of mental health issues. This is not to say that mental health is becoming more common, only that it is now more common and socially accepted to declare that individuals are struggling with their mental wellbeing, albeit on a temporary, longer term, or permanent basis, whereas traditionally this was viewed as a sign of weakness by some. Furthermore, the mental wellbeing agenda is much more prevalent in the wider society and has been additionally spot-lighted since the onset of the pandemic, particularly in the realms of (acute) healthcare.

It is therefore important to note that nobody should ever be suffering in silence, and that support is ever present from numerous sources. Aside from trainee's own personal support mechanisms, support may be sought from peers; trainee reps.; CSs or ESs; ACCS specialty or site leads; hospital faculty tutors and postgraduate managers, clinical directors; directors of medical education; medical directors; and of course, the Training Programme Director and Head of School.

It is understood and appreciated that not all these above individuals may necessarily be approachable, or even be someone that you would find it particularly easy to open up to, but having a number of options, hopefully increases the likelihood of someone being available to help and support. Aside from these named individuals, all hospitals have occupational health departments, which are an avenue of support, with more and more of these units, having access to psychological support services that have increased since the pandemic.

Aside from occupational health, HEIW's Professional Support Unit (PSU) can be accessed by all trainees, with a confidential service for support and access to psychological services also. Each specialty school has a PSU lead, who may also be a point of contact. Lastly all healthcare professionals in Wales have access to a service called Health for Health Professional Wales, who offer a free, confidential service that providing NHS staff, students and volunteers in Wales access to various levels of mental health support by offering self-help, guided self-help, peer support, and

virtual face-to-face therapies with accredited specialists at <https://hhpwales.nhs.wales/>, as well as wellbeing support services for BMA members at <https://www.bma.org.uk/advice-and-support/your-wellbeing>.

Finally, owing to the nature of the clinical work we all do, it is not uncommon to experience confrontation or hostility from other healthcare professionals, and sometimes when we are having a bad day we may end up having less than ideal interactions with others ourselves, too. To that aim, there should be an effort to be kind, and supportive with each other, as it has been proven that rudeness or incivility in healthcare is not only harmful to the receiver but has a negative impact on patient care, as demonstrated by <https://www.civilitysaveslives.com/> and <https://vimeo.com/95243749>. So, remember be kind to each other, but particularly to yourselves; you're all doing an amazing job!