# Self Assessment Guidance and Checklist for Staff and Associate Specialist Doctors

The Royal College of Anaesthetists

## *Foreword*

Self-assessment for equivalence – a support tool for career grade doctors.

Are you thinking of applying for CESR (to get on to the specialist register)? Perhaps you aren't sure about that and simply want to identify your learning needs and career development pathway for the next few years…

Whatever your motivation this document is intended to support and assist you in thinking about your experience, your training and how that stands against the requirements for the specialist register.

Please do not be daunted by the size of the document and the degree of detail which it demands. These are put there deliberately so that you will develop a clear understanding of what has to be done to satisfy the GMC if you want to go on to the specialist register. Please note that this specification/ degree of detail is not of our devising, it lies out with the College and is beyond our control. The detailed reflection on whether a post was 'training' or not and whether or not you can clearly evidence this is essential. Experiential learning can count towards a CESR application but the onus lies with the applicant to prove that they have covered the required curriculum. It is hard to do this without some form of assessment.

Having sat through numerous applications for equivalence and the enormous piles of paperwork that go with it, it is our common experience that many unrealistic applications are put in where, in fact, the applicant falls a long way short of the standard required by the GMC. We want to help avoid this. Applying for equivalence is a time consuming (about 2 years of paperwork) and expensive (see the GMC website for fees) process. There is no point in embarking on it unless you have a reasonable prospect of success.

What am I going to do when I have done this? The idea is that you use this as a reflective process. When you have done it you will have a much better idea about where you stand. At that point you may wish to discuss it with a local friend/advisor or mentor or, if you wish, you can apply to see an adviser at the Royal College of Anaesthetists.

Why do you want me to do this work in advance? It is not useful trying to have an advisory session in which the preliminary work hasn't been done. It isn't fair to simply produce an enormous number of photocopied operating lists or audit meeting agendas and expect somebody else to pick over them. This is your job and it is part of the reflective process for you to look critically at your own achievements and, if there are any, shortcomings.

Where can I go after that? If you can identify that your training for the specialist register (against the RCoA 2010 curriculum which you can find on the website) is nearly complete but for one or two things, then you can think about some top-up training. Again, it is your responsibility to organise this, although individuals may well be able to assist you. The College can certainly tell you in clear terms what it is that you need to do and may be able to point you towards individuals to contact for advice on achieving it.

Now a disclaimer. The ultimate decision on equivalence applications lies not with the College but with the General Medical Council. It is therefore the case that the use of this template and

the reflective process and any subsequent meeting with College staff or an equivalence adviser can only be advisory. The final decision of equivalence lies with the GMC.

Now, read on! We hope that you find this helpful. We'd really appreciate your feedback, good or bad and please let us know how you get on with it.

As a final comment, on behalf of the College, I would like to extend my sincere thanks to Dr Ian Barker for the time and effort in creating this guidance. Further thanks are extended to the College's Training Committee, Equivalence Committee and the Career Grade Committee for their contribution.

**Professor Robert Sneyd FRCA**
**Vice President**

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# *Introduction*

This document is intended for anaesthetists to assess **for themselves** their progress in training. It is a guide and checklist it is not a substitute for a comprehensive portfolio of evidence.

It is aimed at anaesthetists compiling a portfolio of evidence of their training and experience in Anaesthesia, ICM and pain medicine in preparation for a return to training or an application for CESR. Completion of the checklist will give anaesthetists and their trainers and assessors a clearer picture of which elements of the **higher curriculum** have been completed and which remain to be done.

NB: In anticipation of a CESR application, checklists for training in **intermediate** Obstetric Anaesthesia and Pain Medicine are included.

This self-assessment tool should be used in parallel with the RCoA 2010 curriculum at http://www.rcoa.ac.uk/index.asp?PageID=1479 and the guidance notes for CESR applicants at https://www.rcoa.ac.uk/document-store/guidance-new-committee-members-educational-supervisors-and-applicants

**This document is deliberately not comprehensive.** It does not address the basic, advanced or most of the intermediate units of training in the 2010 curriculum. It does not address the general duties units of Higher training. Using the principle laid out in this document the anaesthetist can add further units of training as appropriate.

At the end of each unit of training you are asked to state whether in **your opinion** you have completed the unit to the appropriate level.

# *Evidence*

The quality of the evidence is important because it makes it easier to determine whether the requirements have been met or not. The following points about evidence should be fully understood before completing the self assessment checklist.

- **The paediatric section gives some further information on what should (and should not) be included as evidence.**

- Detailed evidence is recommended throughout in the assumption that an anaesthetist completing this document will at some point be making an application for CESR even if that is several years hence after a return to training.

- To be valid, evidence must be validated by a relevant third party. Such validation might be an official hospital stamp, a supporting letter or a corroborating

signature from a tutor or other supervisor. The GMC application process provides clarification.

- Types of workplace based assessments have been identified in the curriculum for every competency. This does **NOT** mean that each and every competency should be individually assessed! Rather the intention is 'to provide a series of snapshots of work from the general features of which it can be inferred whether the trainee is making the necessary progress'

- By definition compilation of a portfolio of evidence is a retrospective process. Many areas in which an anaesthetist has gained substantial training and experience may not have been formally assessed. Examples of evidence can be in the form of

    - **Summarised** validated log books
    - Supporting letters from trainers, supervisors, colleagues, patients
    - For CESR applicants evidence may be provided in the structured references. Do not rely on this as a substitute for the evidence you can provide for yourself.

- All the evidence supplied will be read. It is essential that it is given in sufficient detail, dated and where rotas, logbooks etc are provided these are summarised in a logical fashion. For example the RCoA logbook is strongly recommended as a template to be used. It cannot be stressed too much that **validated log book SUMMARIES** are much more acceptable than pages and pages of photocopied theatre lists or long lists of individual cases.

- Similarly **validated summaries** possibly in the form of an appropriate educational supervisor's letter are preferable to pages and pages of rotas demonstrating on call duties or attendance in clinics or ICU.

# Paediatrics and child protection/safeguarding

| | Possible evidence | An example of a detailed response | An inadequate response | My evidence comprises… |
|---|---|---|---|---|
| **General recommendation** | | | | |
| Evidence should be provided of satisfactory completion of a period of a training and experience in the sub-specialty | A satisfactory appraisal at the end of sub-specialty training detailing dates and signed by the relevant educational supervisor | *My dated signed appraisal summary from this attachment is attached* | | |
| **Core clinical learning outcomes** | | | | |
| Be able to resuscitate and stabilise a sick baby or child prior to transfer to a specialist centre | 1. Evidence of successful completion of training in resuscitation and stabilisation of a sick baby and child [eg APLS, EPLS].<br>2. Documented evidence of supervised clinical involvement with paediatric resuscitation to a satisfactory standard. | *APLS certified 12th June 2013*<br><br>*3 months attachment at ST Matthew's Children Hospital (1/6/2011 – 30/8/2011). I received training in paediatric resuscitation from Dr XXX and was part of the resuscitation team.* | *APLS* (no date)<br><br>*My post at St Theresa's hospital included many paediatric cases.* (Not dated, not clear whether this was a supervised training post) | |

# Cardiothoracic anaesthesia and cardiothoracic critical care

| General Recommendation | Possible Evidence | My evidence comprises |
|---|---|---|
| Evidence should be provided of satisfactory completion of a period of training and experience in the sub-specialty | A satisfactory appraisal at the end of subspecialty training detailing dates and signed by the relevant educational supervisor.<br><br>Evidence of the ability to undertake independent practice is not required. Evidence must demonstrate an understanding of the principles and practice of cardiothoracic anaesthesia. Including preoperative assessment, intraoperative and postoperative care. | |
| **Core clinical learning Outcome** | | |
| Deliver perioperative anaesthetic care to complicated ASA 1-3 adult patients requiring elective aortic or mitral valve surgery under direct supervision | Validated log book summary documenting this experience<br><br>Satisfactory workplace based assessments demonstrating both practical skills and an understanding of the risks, benefits and techniques employed | |
| Deliver perioperative anaesthetic care to complicated ASA 1-3 adult patients requiring open resection of lung tissue under local supervision | Validated log book summary documenting this experience<br><br>Satisfactory workplace based assessments demonstrating both practical skills and an understanding of the risks, benefits and techniques employed | |
| I believe that I have achieved all of these learning outcomes **– circle YES or NO** | | |

# Intensive care medicine

| General Recommendation | Possible evidence | My evidence comprises |
|---|---|---|
| Evidence should be provided of satisfactory completion of a period of training and experience in the sub-specialty of ICM | A comprehensive logbook of ICM experience which may include a number of case studies, should include workplace – based assessments, a Multi–Source Feedback and must contain documentary evidence of satisfactory completion of the attachment from the relevant educational supervisor. | |
| **Core clinical learning outcomes** | | |
| Recognise and manage the factors which may lead to deterioration in sick patients | Workplace-based assessments in particular Intensive Care Medicine Clinical Evaluation Exercise (I-CEX) and Case based discussions | |
| Be able to undertake post-resuscitation management and be able to manage the initial resuscitation of more complex specialist patients. | Documentary evidence of successful completion of resuscitation training course(s)<br>Logbook evidence (validated) of peri-resuscitation management<br>Workplace-based assessments in particular Case Based Discussions | |
| Have an understanding of the pathology, clinical features and prognosis of the majority of problems presenting to ICU, and be able to initiate management of them, with distant supervision. | For most people this will comprise a summary appraisal at the end of an attachment to an ICU.<br><br>The factual knowledge will have been tested in the recognized 'test of knowledge' | |
| Be able to appropriately request and interpret (in discussion with appropriate specialists) investigations such as CT, ultrasound, and microbiology. | Successful completion of relevant workplace based assessments, in particular Case-Based Discussions | |
| Be able to make a critical appraisal of the evidence for treatment and investigations. | Workplace-based assessments in particular Mini CEX and Case based discussions | |
| Appreciate that ICUs are complex systems which require management and | Multi source feedback relevant to demonstrating leadership in the Intensive | |

| | | |
|---|---|---|
| leadership skills. | Care environment. | |
| Be able to lead a ward round, planning care for the next 24 hours. | Validated log book evidence of such a ward round<br><br>Multi source feedback relevant to demonstrating leadership in the Intensive Care environment. | |
| I believe that I have achieved all of these learning outcomes **– circle YES or NO** | | |

# Anaesthesia for neurosurgery, neuroradiology and neurocritical care

| General Recommendation | Possible Evidence | My evidence comprises |
|---|---|---|
| Evidence should be provided of satisfactory completion of a period of training and experience in the sub-specialty | A satisfactory appraisal at the end of subspecialty training detailing dates and signed by the relevant educational supervisor. | |
| **Core learning Outcome** | | |
| Deliver safe peri-operative anaesthetic care to complicated ASA 1-3 adult patients requiring complex elective intra-cranial and spinal surgery and neuroradiological investigations under direct supervision. | Validated log book of cases undertaken indicating level of supervision<br><br>Relevant workplace based assessments with satisfactory outcomes | |
| Deliver peri-operative anaesthetic care to complicated ASA 1-3 adult patients for emergency non-complex intracranial and spinal surgery with indirect supervision [i.e. craniotomy for acute sub-dural / acute decompressive lumbar laminectomy] | Validated log book of cases undertaken indicating level of supervision<br><br>Anonymised case note evidence<br><br>Relevant workplace based assessment undertaken retrospectively ie CBD | |
| Lead the resuscitation, stabilisation and transfer of adult patients with brain injury | Evidence of satisfactory completion of a relevant training course in resuscitation<br><br>Validated log book of cases managed indicating level of supervision | |
| I believe that I have achieved all of these learning outcomes **– circle YES or NO** | | |

# Intermediate Pain medicine

| General Recommendation | Possible Evidence | My evidence comprises |
|---|---|---|
| Evidence should be provided of satisfactory completion of a period of training and experience in the sub-specialty | A satisfactory appraisal at the end of subspecialty training detailing dates and signed by the relevant educational supervisor.<br><br>The curriculum **does not** require the doctor to demonstrate practical technical skills (eg nerve blocks) | |
| **Core learning Outcome** | | |
| To be competent in the assessment and management of acute surgical and non-surgical pain in most patient groups and circumstances | Satisfactory workplace-based assessments.<br><br>Third party evidence including appraisal | |
| To be an effective member of the acute pain team | Satisfactory workplace-based assessments.<br><br>Third party evidence including appraisal. | |
| To understand the importance of managing acute or chronic pain in a timely manner | Satisfactory workplace-based assessments.<br><br>Third party evidence including appraisal. | |
| To have knowledge of assessment and management of chronic and cancer pain | Satisfactory workplace-based assessments.<br><br>Third party evidence including appraisal. | |
| I believe that I have achieved all of these learning outcomes **– circle YES or NO** | | |

# Intermediate obstetric anaesthesia

| General Recommendation | Possible Evidence | My evidence comprises |
|---|---|---|
| Evidence should be provided of satisfactory completion of a period of training and experience in the sub-specialty.<br><br>Evidence should demonstrate that the anaesthetist can work in obstetric anaesthesia with **distant supervision**. | A satisfactory appraisal at the end of subspecialty training detailing dates and signed by the relevant educational supervisor. | |
| **Core learning Outcome** | | |
| Able to provide emergency and non-emergency obstetric anaesthetic care in the majority of patients including those with co-morbidities and obstetric complications with distant supervision | Validated log book documenting this experience<br><br>Satisfactory workplace based assessments demonstrating both practical skills and an understanding of the risks, benefits and techniques employed<br><br>Third party evidence of safe delivery of care to obstetric patients without immediate supervision from a senior anaesthetist. | |
| Perform immediate resuscitation of acute obstetric emergencies | Satisfactory completion of a course of training in managing obstetric catastrophes.<br>Satisfactory workplace based assessment following such a case<br>Third party evidence of satisfactory provision of immediate resuscitation of acute obstetric emergencies | |
| I believe that I have achieved all of these learning outcomes **– circle YES or NO** | | |

# General Duties

**This part of the curriculum has two compulsory units (airway and cardiorespiratory arrest) and eleven others. To successfully complete the General Duties section an anaesthetist must provide evidence of satisfactory completion of the two compulsory units and SIX others.**

**From here this self-assessment checklist requires you to add the units of training you have undertaken. It is suggested that you continue with the pattern provided and always include the summary question '**I believe that I have achieved all of these learning outcomes **– circle YES or NO' at the end of each unit.**

**Basic, Intermediate and Advanced units can also be added as the Anaesthetist wishes.**

| General Recommendation | Possible units of training | I have chosen the following units |
|---|---|---|
| Evidence should be provided of satisfactory completion of eight units including the two compulsory units.<br><br>Much of the evidence of satisfactory completion of the six chosen units might be historical and might Pre-date Workplace Based Assessments. Evidence from validated log books, letters from colleagues etc could be provided. | **Airway management**<br>**Management of respiratory and cardiac arrest**<br>Day surgery<br>General, urological and gynaecological surgery<br>ENT, maxillo-facial and dental Surgery<br>Non-theatre<br>Obstetrics<br>Orthopaedic<br>Regional<br>Sedation<br>Transfer medicine<br>Trauma and stabilisation<br>Vascular Surgery | **Airway management**<br>**Management of respiratory and cardiac arrest**<br><br>**List the 6 other units chosen** |

## General Duties: Airway management: Compulsory unit of training

| General Recommendation | Possible Evidence | My evidence comprises |
|---|---|---|
| Evidence should be provided of satisfactory completion of a period of training and experience in the sub-specialty | A satisfactory appraisal at the end of subspecialty training detailing dates and signed by the relevant educational supervisor. | |
| **Core learning Outcome** | | |
| | | |
| | | |
| I believe that I have achieved all of these learning outcomes **– circle YES or NO** | | |

## General Duties: Management of respiratory and cardiac arrest: Compulsory unit of training

| General Recommendation | Possible Evidence | My evidence comprises |
|---|---|---|
| Evidence should be provided of satisfactory completion of a period of training and experience in the sub-specialty | A satisfactory appraisal at the end of subspecialty training detailing dates and signed by the relevant educational supervisor. | |
| **Core learning Outcome** | | |
| | | |
| | | |
| I believe that I have achieved all of these learning outcomes **– circle YES or NO** | | |

## General Duties: Selected unit of training:

| General Recommendation | Possible Evidence | My evidence comprises |
|---|---|---|
| Evidence should be provided of satisfactory completion of a period of training and experience in the sub-specialty | A satisfactory appraisal at the end of subspecialty training detailing dates and signed by the relevant educational supervisor. | |
| **Core learning Outcome** | | |
| | | |
| | | |
| I believe that I have achieved all of these learning outcomes **– circle YES or NO** | | |

## General Duties: Selected unit of training:

| General Recommendation | Possible Evidence | My evidence comprises |
|---|---|---|
| Evidence should be provided of satisfactory completion of a period of training and experience in the sub-specialty | A satisfactory appraisal at the end of subspecialty training detailing dates and signed by the relevant educational supervisor. | |
| **Core learning Outcome** | | |
| | | |
| | | |
| I believe that I have achieved all of these learning outcomes **– circle YES or NO** | | |