

**CT3 EQUIVALENT (STAGE 1
'TOP UP') TRAINING
GUIDANCE**

V1.0 – MARCH 2021

Introduction

This guidance sets out the experience and evidence required for the transition year between Core Level training on the 2010 Anaesthetics Curriculum and Stage 2 training on the 2021 Anaesthetics Curriculum.

What is a CT3 Equivalent Year?

In the new 2021 Anaesthetics Curriculum, Stage 1 training is an indicative 3 years duration CT1 – CT3, with Stage 2 commencing from ST4.

For a number of reasons, there will be a cohort of doctors who complete Core Level training on the 2010 Anaesthetics Curriculum, or ACCS (Anaesthesia) but who will not commence a ST3 anaesthetics post by February 2022 when the final recruitment to ST3 occurs.

These anaesthetists will need to gain the necessary experience and demonstrate the learning outcomes required for Stage 1 of the 2021 Anaesthetics Curriculum, in order to be eligible for recruitment to Higher Specialty Training in Anaesthesia at the ST4 (Stage 2) entry point. This will be done in a CT3 equivalent year.

A CT3 (Stage 1 'top up') equivalent post that is not in the training programme is the type of post that may have been called a clinical fellow post, occupied by core trainees who required time after core training to perhaps pass the full Primary FRCA exam, or those who wished to take time out before applying for a higher specialty training post.

Who should read this guidance?

Doctors who have completed Core Level training of the 2010 Anaesthetics Curriculum but who are not in an ST3 post.

These doctors can still demonstrate evidence and experience for the equivalent of a CT3 training year.

Attainment of the following experience and evidence will allow individuals to apply for ST4 as it is consistent with the completion of Stage 1 as part of the new 2021 Anaesthetics Curriculum.

This guidance may also be useful for Educational Supervisors to support doctors as part of their development during this time.

Separate but complementary guidance has been developed for Clinical Directors in this area.

What additional training will I need to undertake to be eligible for ST4 (Stage 2) applications?

The additional experience required is detailed below in **Table 1**.

Will I need to demonstrate evidence of attainment of Generic Professional Capabilities (GPC) as part of the CT3 equivalent year?

Yes. However, Structured Learning Events (SLEs) for the clinical domains can also be used to evidence capabilities in the GPC domains. In addition, individuals can use previous evidence from Core Level training of the 2010 Anaesthetics Curriculum, from the non-clinical sections of the Lifelong Learning platform (LLP).

Will I be able to evidence attainment of CT3 level capabilities within the LLp?

Yes. The LLp will be updated to include a section that will enable anaesthetists with access to the LLp, to record and evidence attainment of CT3 capabilities. More details on this will be available prior to August 2021.

What evidence do I need to show attainment of CT3 level capabilities?

Examples of evidence for all the domains of learning at Stage 1 of the 2021 Anaesthetics Curriculum are detailed below in **Table 1**.

What happens at the end of the CT3 equivalent training period?

Your Educational Supervisor and /or College Tutor will review the evidence that you have accumulated and will assess this together with your logbook and consultant feedback.

They will then be able to issue a CT3 End of Training Equivalence Certificate, which will show equivalence for completion of Stage 1 training of the 2021 Anaesthetics Curriculum (see Appendix 1).

What can I do once I have completed CT3 equivalent training but do not yet have an ST4 post?

Capabilities attained in a locally employed post can count towards the award of a CCT in Anaesthesia provided a minimum of three years training occurs in a UK GMC approved training programme.

Once CT3 equivalent training is completed, you can start using Stage 2 of the 2021 Anaesthetics Curriculum and collect evidence for these capabilities. This evidence can be presented to ARCP panels in the future once you have been appointed to a Higher Specialist Training post in anaesthesia, where it can count towards your training.

It is likely that overseas experience may also count towards training.

You should discuss any experience of this sort with your Training Programme Director once you have commenced ST4 training.

Experience

The experience required for the CT3 equivalent year should be achievable in most acute trusts, providing they have general surgical and emergency services, an obstetric unit and Intensive Care provision.

Specific experience and learning requirements for the domains of training is outlined below in **Table 1**.

Perioperative Medicine

- Some exposure to pre-operative assessment clinics. This may include obstetric anaesthetic clinics.
- Broad knowledge of national guidelines.

General Anaesthesia

- Experience in elective and emergency surgery of more complex ASA 3 patients including those who are obese, frail or elderly.
- Additional on call experience in obstetrics including the management of ASA 3 parturients.

- Paediatric experience and ability to anaesthetise children over five for non-complex surgery with the supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals (supervision level 2a).
- Some experience with TIVA at supervision level 2a.

Regional Anaesthesia

- Able to use ultrasound to perform simple peripheral nerve blocks and femoral or fascia iliaca blocks with supervisor within hospital for queries, able to provide prompt direction/assistance (level 2b).
- Additional obstetric regional anaesthesia experience including ASA 3 parturients.
- Some experience with other regional anaesthetic blocks such as upper limb and chest and abdominal wall.

Resuscitation and Transfer

- Continued practice of resuscitation skills and being part of the medical emergency team.
- Able to do an inter-hospital transfer with supervision level 2b.

Procedural Sedation

- Learning outcomes are similar to those for core training but continued experience is encouraged.

Pain

- Learning outcomes similar to Core Level training in 2010 Anaesthetics Curriculum, but access to pain management clinic or specific teaching session needed to cover the biopsychosocial model of pain management if not already learnt.

Intensive Care

- A total of six months experience in Intensive Care Medicine is required. If only three months has been completed then a further three months will be needed. If extra time has been spent in ICU because of COVID then this experience can be counted where appropriately evidenced, as can some of the experience gained in a PICU job.
- The capabilities include recognition and initial management of the acutely ill child. This experience may be gained on a suitable resuscitation course.

Evidence

Table 1 provides examples of the varieties of evidence that may be used to show achievement of the learning outcomes. **Table 1 is intended as a guide only and other evidence may be used if relevant.**

Evidence may come in the form of supervised learning events (SLEs) such as A-CEX, DOPS, CBD, ALMAT and A-QIPAT. It may also be in the form of personal activities such as courses, eLearning, teaching sessions, simulation training or attendance at departmental meetings.

SLEs generated for clinical domains can also be used to evidence attainment of the capabilities in the GPC domains.

There are many examples and anaesthetists may sample from the lists or give other evidence if relevant.

Evidence for the Generic Professional Capabilities may have been included previously in the non-clinical section of the LLP. Logbook data is also part of the evidence of experience.

Evidence existing from previous years in training may be used.
The full Primary FRCA exam is required by the end of CT3.

Table 1: Examples of evidence to support Stage 1 'top up'

2021 Domain	Stage 1 Learning Outcome	Examples of evidence
Generic Professional Capabilities		
Professional behaviours and communication	Demonstrates the professional values and behaviours required of doctors in training	<p>Supervised Learning events (SLEs) can be used to demonstrate:</p> <ul style="list-style-type: none"> Effective communication skills with patients during pre-operative assessment Accurate recording of details of pre-operative assessment on anaesthetic chart Discussion of event where demonstration of duty of candour is appropriate Safe and effective handover to another member of the health care team High standards in prescribing medication Active involvement with safety checks in theatre eg. WHO checklist <p>Personal Activities and Personal Reflections may include:</p> <ul style="list-style-type: none"> Maintenance of professional portfolio on LLP including evidence of regular meetings with educational supervisor Completion of GMC trainee survey Reflection on examples of good and poor behaviour by members of the multidisciplinary team Demonstration of confidentiality within all means of communication including social media Simulation training: critical incidents, transfers Attendance at quality improvement/clinical governance meetings Satisfactory MSF
Management and professional and regulatory requirements	Understands and undertakes managerial, administrative and organisational roles expected of all doctors	<p>Supervised Learning events (SLEs) can be used to demonstrate:</p> <ul style="list-style-type: none"> Application of principles of information governance Knowledge of guidance from GMC and other professional bodies <p>Personal Activities and Personal Reflections may include:</p> <ul style="list-style-type: none"> Equality and diversity training Attendance at hospital induction and completion of mandatory training requirements Attendance at departmental clinical governance meetings eLearning or reading literature on employment law Presentation at clinical governance meeting Attendance at junior doctors' forum meetings
Team working	Works effectively as a member of a clinical team	<p>Supervised Learning events (SLEs) can be used to demonstrate:</p> <ul style="list-style-type: none"> Evidence of good team working through reflection Participation with teams in theatre (eg ALMAT) Acting as a member of Medical Emergency Team Management of the critically ill patient as part of the ICU Team Multi source feedback <p>Personal Activities and Personal Reflections may include:</p> <ul style="list-style-type: none"> Completion of resuscitation courses Simulation training Satisfactory MSF
Safety and quality improvement	Understands and applies quality	<p>Supervised Learning events (SLEs) can be used to demonstrate:</p>

	<p>improvement methodology</p> <p>Applies the principles of patient safety to their own clinical practice</p>	<p>Understanding of quality improvement methodology (A-QIPAT for relevant projects)</p> <p>Engagement with surgical safety initiatives and departmental guidelines relating to patient safety</p> <p>Learning from critical incidents</p> <p>Learning from pre-briefs and de-briefs on own and team's performance</p> <p>Evidence of applying good non-technical skills and effective multi-disciplinary team working (e.g.ALMAT)</p> <p>Safe prescription and administration of drugs</p> <p>Personal Activities and Personal Reflections may include:</p> <p>Attendance at quality improvement training</p> <p>Involvement with local, regional or national quality improvement projects</p> <p>Submission of excellence and incident reports</p> <p>Simulation training e.g. crisis resource management, critical incident, resuscitation</p> <p>Attendance at local clinical governance/quality improvement meetings</p> <p>Self-directed learning regarding duty of candour</p>
Safeguarding	<p>Describes the importance of safeguarding vulnerable people</p>	<p>Supervised Learning events (SLEs) can be used to demonstrate:</p> <p>Management of consent in an adult who does not have capacity</p> <p>Knowledge of the local procedure for referral of an adult for safeguarding concerns</p> <p>Involvement with cases where there are safeguarding issues with children or adults</p> <p>Personal Activities and Personal Reflections may include:</p> <p>Attendance at local mandatory training including safeguarding</p> <p>eLearning: child and adult safeguarding, mental capacity act</p>
Education and training	<p>Takes responsibility for their own education and training needs and contributes to departmental education</p>	<p>Supervised Learning events (SLEs) can be used to demonstrate:</p> <p>Engagement with feedback on education and training</p> <p>Personal Activities and Personal Reflections may include:</p> <p>Maintenance of professional portfolio on LLP</p> <p>Setting out and review of personal development plans</p> <p>Record of attendance at local and regional/school teaching sessions</p> <p>Completion of GMC trainee survey</p> <p>Teaching session delivered (presentation slides)</p> <p>Attendance at pre-assessment (POA) or perioperative medicine (POM) clinic and reflection on learning</p> <p>Production of patient educational materials</p> <p>Attendance at hospital induction session(s)</p> <p>Mandatory training</p> <p>Simulation training</p> <p>Use of eLearning Anaesthesia</p> <p>Personal learning activities such as journal articles read and reflections on them</p>
Research and managing data	<p>Is research aware:</p> <p>Demonstrates an understanding of the evidence-based approach to anaesthetic and peri-operative care</p>	<p>Supervised Learning events (SLEs) can be used to demonstrate:</p> <p>Use of evidence-based national or local guidelines</p> <p>Accessing and interpreting evidence from the literature to aid shared-decision making</p> <p>Personal Activities and Personal Reflections may include:</p> <p>Presentation at journal club: academic paper, review article, national reports or guidelines such as CEMACH, NCEPOD, NICE</p>

		<p>Undertaking or completed GCP certificate</p> <p>Assisting with data collection for research project</p> <p>Involvement in review article / literature review</p> <p>Awareness of local Trainee Research Network activity (TRN)</p>
Clinical domains		
Perioperative medicine and health promotion	<p>Identifies clinical and social challenges that increase risk for patients undergoing surgery</p> <p>Appreciates the principles of sustainability in clinical practice</p>	<p>Supervised Learning events (SLEs) across a range of surgical specialties and pre-operative assessment clinics</p> <p>Personal Activities and Personal Reflections may include:</p> <p>Attendance at pre-operative assessment clinics</p> <p>Evidence of blood transfusion training</p> <p>eLearning or teaching sessions including NICE guidelines</p>
General anaesthesia	<p>Provides safe and effective general anaesthesia with distant supervision for ASA 1-3 patients undergoing non-complex elective and emergency surgery within a general theatre setting</p>	<p>Supervised Learning events (SLEs) across a range of surgical specialties and obstetrics including more complex ASA 3 patients, obese, frail and elderly, obstetrics and paediatrics</p> <p>Use of TIVA</p>
Regional anaesthesia	<p>Performs simple peripheral nerve blocks and performs spinal anaesthesia and lumbar epidural anaesthesia/analgesia independently</p>	<p>Supervised Learning events (SLEs) can be used to demonstrate:</p> <p>Use of ultrasound for a range of regional techniques</p> <p>Simple nerve blocks and femoral or fascia-iliaca blocks at supervision level 2b</p> <p>Experience of other regional techniques such as upper limb, chest or abdominal wall blocks</p> <p>Obstetric regional anaesthesia</p>
Resuscitation and transfer	<p>Able to recognise and initiates resuscitation of the deteriorating patient</p> <p>Works as an effective member of the medical emergency team</p> <p>Cares for stable critically ill adult patients independently during inter-hospital transfers by road</p>	<p>Supervised Learning events (SLEs) demonstrating safe inter hospital transfer of a patient at a supervision level of 2b and continued resuscitation skills</p> <p>Personal Activities and Personal Reflections may include:</p> <p>Simulation training including transfer</p> <p>Resuscitation training courses</p>
Procedural Sedation	<p>Provides safe procedural sedation to ASA 1-3 adult patients within theatre complex</p>	<p>No additional evidence needed if sedation completed in Core Level training 2010 Anaesthetics Curriculum</p>
Pain	<p>Recognises, assesses and treats acute pain independently</p>	<p>Supervised Learning events (SLEs) from a range of surgical specialties, obstetrics and paediatrics including experience from acute pain rounds</p> <p>Personal Activities and Personal Reflections may include:</p> <p>Attendance at pain management clinics</p>

	Differentiates between acute and chronic pain	Teaching sessions or eLearning on biopsychosocial model of pain
Intensive Care	Provides safe and effective care for critically ill patients under close supervision	Supervised Learning events (SLEs) from experience in ICU demonstrating achievement of FICM capability levels 2010 Curriculum Intermediate level competences, if signed off by the ICM faculty tutor, will be acceptable evidence Recognition of the acutely ill child and initial management of paediatric emergencies at capability level 1 may be evidenced by simulation training

Appendix 1: CT3 Training Certificate

Stage 1 Equivalence Certificate

This is to certify that (name): _____

GMC number: _____ College Reference number: _____

- has completed the Initial Assessment of Competence (IAC) on (DATE): _____
- has completed the IAC in Obstetric Anaesthesia (IACO) on (DATE): _____
- has completed core level training (2010 curriculum) on (DATE): _____
- has passed the Primary FRCA exam on (DATE): _____
- has completed the equivalent of the stage 1 Anaesthetic curriculum 2021 by demonstrating achievement of the learning outcomes as defined in the 2021 Curriculum for a CCT in Anaesthetics, for the domains of learning completed:

Domains of learning		Achieved
Generic Professional	Professional Behaviours and Communication	
	Management and Professional Regulatory Requirements	
	Team Working	
	Safety and Quality Improvement	
	Safeguarding	
	Education and Training	
	Research and Managing Data	
Specialty-specific	Perioperative Medicine and Health Promotion	
	General Anaesthesia	
	Regional Anaesthesia	
	Resuscitation and Transfer	
	Procedural Sedation	
	Pain	
	Intensive Care	

The requirements to complete stage 1 training as defined in the 2021 Anaesthetics Curriculum have therefore been achieved.

Signed: _____ Date: _____

(Educational Supervisor) Name (Print): _____

Signed: _____ Date: _____

(College Tutor) Name (Print): _____