

**ST5 EQUIVALENT (STAGE 2
'TOP UP') TRAINING
GUIDANCE**

V1.1 – MAY 2021

Introduction

This guidance sets out the experience and evidence required for the transition year between Intermediate Level training on the 2010 Anaesthetics Curriculum and Stage 3 training on the 2021 Anaesthetics Curriculum.

What is an ST5 stage 2 equivalent top up year?

In the new 2021 Anaesthetics Curriculum the Stages of training do not match the previous levels of training in the 2010 curriculum. So anaesthetists in training completing Intermediate Level training on the 2010 curriculum will find that they are part way through Stage 2 when they move to the 2021 curriculum. The Stage 2 'top up' year covers the training requirements that meet the gap between Intermediate Level training on the 2010 curriculum and Stage 2 on the 2021 curriculum.

Who should read this guidance?

This guidance will apply to anaesthetists in training in years ST3-5 in August 2021, depending on their circumstances. It should be used in conjunction with the 'Plans for Transition' document.

This guidance should also be read by trainers managing the training of this group.

What additional training will I need to complete Stage 2 training in ST5?

The additional training requirements are set out below.

Additional training in cardiac, neuro, paediatrics, obstetrics and intensive care may be required

Will I be able to evidence this on the LLp?

Yes, there will be a tab on the LLp where evidence for the Stage 2 'top up' year can be linked. This will then populate the certificate to sign off Stage 2 equivalence (EQ2).

EQ2 may be done on the 2010 curriculum LLp (EQ2a) or the 2021 curriculum LLp (EQ2b).

Use EQ2a on 2010 LLp if Stage 2 top up year contains all the training required for the top up including ICM: Option A and Option 2 on the Plans for Transition document. Anaesthetists in training in this group will end up with an ILTC plus an EQ2a.

Use EQ2b on the 2021 LLp if Stage 2 top up has to be combined with Stage 3 due to the previously planned programme: Options B and C on the Plans for Transition document. This may apply to ST5s who need more flexibility in their training programmes because of ICM or other units of training.

What evidence do I need?

The examples of evidence are set out below in Table 1.

Evidence existing from previous years such as CUT forms from Intermediate Level training may be used.

Do I need to achieve ALL of the Stage 2 capabilities within my ST5 year?

No. The ST5 'top up' year builds on experience and training already gained during Intermediate Level training.

Experience

The experience required for Stage 2 top up:

Perioperative Medicine

- Further exposure to pre-operative assessment clinics with experience of ASA 1-4 patients for elective surgery
- Experience of emergency surgery for ASA 1-3 patients
- Safe delivery of perioperative care for these patients with supervisor on call from home for queries able to provide directions via phone or non-immediate attendance (supervision level 3)

General Anaesthesia

- Further experience of cardiothoracic, neuro, paediatric and obstetric anaesthesia to achieve the capabilities at the supervision outlined in the table below.
- Evidence of the use of TIVA in different settings
- Exposure to more complex ASA 3 patients for emergency and elective surgery

Regional Anaesthesia

- Ultrasound guided blocks including brachial plexus and chest or abdominal wall blocks

Resuscitation and transfer

- Inter hospital transfer
- Trauma and paediatric resuscitation skills
- Post resuscitation management of patients

Procedural Sedation

- Safe delivery of sedation for ASA 1-3 adult patients with supervisor on call from home for queries able to provide directions via phone or non-immediate attendance (supervision level 3)
- Experience of sedation in children
- Use of TCI for sedation

Pain

- Some experience of specialist pain clinics and pain intervention lists
- Experience of leading the acute pain round

Intensive Care Medicine

- Three months training in Intensive Care Medicine equivalent to Higher ICM in 2010 curriculum (to demonstrate achievement of the capabilities required for Stage 2)
- If additional time has been spent in ICU because of Covid then this experience can be counted where appropriately evidenced.

Generic Professional Capabilities

- Evidence required for the GPC learning outcomes is detailed below. Some of this may have been collected during intermediate training and may be transferred to the EQ2 tab on the LLp
- Quality Improvement project: leadership of a local project with presentation of results and implementation of outcomes

Evidence

Table 1 provides examples of the varieties of evidence that may be used to show achievement of the learning outcomes.

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 in training may sample from the lists or give other evidence if relevant.

Table 1 is intended as a guide only and other evidence may be used 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. This may include existing completion of unit of training (CUT) forms.

The full Final FRCA exam is required by the end of ST5.

Table 1: Examples of evidence to support Stage 2 'top up'

2021 Domain	Stage 2 Learning Outcome	Examples of evidence
Generic Professional Capabilities		
Professional behaviours and communication	Demonstrates the professional values and behaviours required of senior anaesthetists in training	<p>Supervised Learning Events (SLEs) can be used to demonstrate:</p> <ul style="list-style-type: none"> Discussion with patients' relative on ICU Formulation of treatment plan for a patient with complex needs in the pre-operative assessment clinic or ICU setting and discussion of this plan with the wider team Professional behaviours during an emergency situation in theatre, ICU, A&E etc Leadership in theatre lists (ALMAT) High standards in prescribing medication <p>Personal Activities and Personal Reflections may include:</p> <ul style="list-style-type: none"> Simulation and other courses such as resuscitation, communication skills, inter-hospital transfer Awareness and application of Caldicott principles Participation in junior doctors forum meetings Delivery of teaching sessions and feedback Satisfactory MSF
Management and professional and regulatory requirements	Understands and undertakes managerial, administrative and organisational roles expected of senior anaesthetists in training	<p>Supervised Learning Events (SLEs) can be used to demonstrate:</p> <ul style="list-style-type: none"> Ability to use hospital investigation IT systems, electronic prescribing, electronic medical records Participation in patient advice and decision making pathway in pre-operative assessment Obtaining consent for procedures

		<p>Personal Activities and Personal Reflections may include: Management of a project in the anaesthetic department such as a teaching programme, QI project, rota administration for anaesthetists in training Attendance at departmental business meetings Courses or eLearning: NHS structure and management, NICE guidance on shared decision making</p>
<p>Team working</p>	<p>Demonstrates safe and effective followership and leadership in clinical teams</p>	<p>Supervised Learning Events (SLEs) can be used to demonstrate: Supervision of more junior anaesthetists in training out of hours Ability to lead resuscitation teams in the clinical setting Leadership and management of theatre teams (ALMAT) Decision making in clinical management of cases in theatre etc</p> <p>Personal Activities and Personal Reflections may include: Completion of resuscitation courses Simulation training Being part of simulation course faculty Reflection on constructive feedback given to colleague Portfolio evidence of personal development plans and regular meetings with educational supervisors Satisfactory MSF</p>
<p>Safety and quality improvement</p>	<p>Able to lead a local quality improvement project. Applies the principles of patient safety in the hospital context</p>	<p>Supervised Learning Events (SLEs) can be used to demonstrate: Leadership of local QI project Presentation of QI project results Implementation of QI project outcomes recognizing challenges eg sustainability, up-scaling, spreading (A-QIPAT) Case(s) resulting in completion of incident form Observance of theatre safety practices such as Stop Before You Block, WHO checklist</p> <p>Personal Activities and Personal Reflections may include: Courses or eLearning: quality improvement methodology, medicines management, human factors Reflection on critical incident Involvement with critical incident investigations Attendance at quality improvement meetings</p>
<p>Safeguarding</p>	<p>Recognises safeguarding concerns in patients and healthcare professionals</p>	<p>Supervised Learning Events (SLEs) can be used to demonstrate: Management of consent with a child or adolescent involving parents Knowledge of the local procedure for referral of a child for safeguarding concerns Involvement with cases where there are safeguarding issues with children or adults Adjustment to pre-operative assessment and consent when dealing with vulnerable adults or children Involvement with cases dealing with vulnerable adults and children such as those with learning disabilities, autism, acute confusion, dementia and mental illness</p>

		<p>Personal Activities and Personal Reflections may include: Attendance at local mandatory training including safeguarding, information governance and mental capacity act Experience of the involvement of an Independent Mental Capacity Advocate</p>
<p>Education and training</p>	<p>Plans, delivers and reflects on educational activities provided to other learners</p>	<p>Supervised Learning Events (SLEs) can be used to demonstrate: Use of SLEs throughout stage of training to facilitate learning and guide progress Supervision of more junior colleague</p> <p>Personal Activities and Personal Reflections may include: Courses: Teaching and training courses such as Generic Instructor (GIC), Anaesthetists as Educators Acting as part of teaching faculty in simulation courses Planning and delivery of teaching sessions with feedback Development of patient information material Involvement with development and/or delivery of department teaching programmes</p>
<p>Research and managing data</p>	<p>Is research ready: Develops critical appraisal skills; gains a broader understanding of data management and research methodology; communicates research evidence to patients and colleagues in a meaningful way</p>	<p>Supervised Learning Events (SLEs) can be used to demonstrate: Use of evidence-based national or local guidelines Accessing and interpreting evidence from the literature (CBD)</p> <p>Personal Activities and Personal Reflections may include: Involvement in data collection as part of a local, regional or national study Critical appraisal of journal article for example at a journal club meeting Presentation of poster or paper at a regional or national meeting Involvement in developing local guidelines Appropriate use of statistics when contemplating research projects Participation in trainee research network activities GCP certificate completion Courses: research methodology, information governance</p>
<p>Clinical domains</p>		
<p>Perioperative medicine and health promotion</p>	<p>Works with patients to reduce the risks associated with surgery</p>	<p>Supervised Learning events (SLEs) across a range of surgical specialties and pre-operative assessment clinics, including high risk obstetric clinics, demonstrating: Delivery of high quality, individualised perioperative care to ASA 1-4 patients for elective surgery and ASA 1-3 emergency patients, focusing on optimising patient experience and outcome Supervision level 3</p> <p>Personal activities and reflections: Knowledge of NICE guidance on shared decision making Awareness of integrated care pathways in the devolved nations Involvement with health promotion interventions with patients in pre-operative assessment clinics such as smoking cessation, prehabilitation Knowledge of guidance of use of blood and blood products in Jehovah's Witnesses</p>

		<p>Knowledge of local and national guidance on management of anaemia peri-operatively</p> <p>Attendance at obstetric anaesthesia clinics</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 all settings</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>* Evidence of use of TIVA in different settings Use of TIVA supervision level 2b</p> <p>* Neuro-anaesthesia Anaesthesia for ASA 1-3 adults, simple elective and emergency intracranial, spinal and neuroradiology procedures. Minimum supervision level 2a This may be evidenced by the CUT form for intermediate level neuro-anaesthesia provided that the supervision level for the capability described above is met</p> <p>* Cardiothoracic-anaesthesia (old intermediate and higher) Anaesthesia for elective cardiac and non-complex thoracic procedures including one lung ventilation. Supervision level 2a This may be evidenced by the CUT form for intermediate level cardiothoracic anaesthesia provided that the supervision level for the capability described above is met</p> <p>* Paediatric anaesthesia Supervision level: Minimum 2a for ASA 1-3 children aged 1-5, supervision level 2b for children 5 years and above Principles of general anaesthetic care of neonates</p> <p>* Obstetric anaesthesia Anaesthesia for elective and emergency obstetric patients including those with co-morbidities and obstetric complications. Supervision level 3</p>
Regional anaesthesia	<p>Performs a wider range of regional anaesthetic techniques</p>	<p>Supervised Learning events (SLEs) can be used to demonstrate:</p> <p>* Wider range of ultrasound guided regional blocks Including ultrasound guided brachial plexus and chest or abdominal wall blocks Requirements set out in Practical Procedures Grid</p>
Resuscitation and transfer	<p>Able to manage the on going care of post-resuscitation patients.</p> <p>Independently cares for critically ill adult patients 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 3 Resuscitation skills including those for major trauma, paediatrics and patients with acute neurological deterioration at supervision level 3</p> <p>Personal Activities and Personal Reflections may include: Simulation training including transfer Resuscitation training courses including paediatric life support (courses that are still 'in date' are suitable evidence) Training in medical ethics</p>
Procedural Sedation	<p>Provides safe sedation to ASA 1 to 3 adults and children in any location within the hospital.</p>	<p>Supervised Learning events (SLEs) for appropriate cases eg ophthalmic surgery, trauma, dentistry, endoscopy, Intensive Care, cardioversion, radiology. Use of target controlled infusions Supervision level 3</p> <p>This may be evidenced by the CUT form for intermediate level sedation provided that the supervision level for the capability described above is met</p>

Pain	Understands the aetiology and management of acute, acute on chronic and chronic pain	<p>Supervised Learning events (SLEs) For example: Regional anaesthesia techniques for post-operative pain Leading acute pain round Management plans for the transition to oral analgesia from PCA, neuraxial or regional anaesthesia techniques Management of patient with acute on chronic pain</p> <p>Personal Activities and Personal Reflections may include: Attendance at specialist pain clinics and pain intervention lists</p>
Intensive Care	Provides safe and effective care for critically ill patients with specialist help and guidance	<p>Completion of three months ICM (old higher) Supervised Learning events (SLEs) from experience in ICU demonstrating achievement of FICM capability levels. 2010 Curriculum Higher level competences, if signed off by the ICM faculty tutor, will be acceptable evidence</p>

Appendix 1: ST5 Training Certificate

Stage 2 Equivalence Certificate

This is to certify that (name): _____

GMC number: _____ College Reference number: _____

- has completed intermediate level training (2010 curriculum) on (DATE): _____
- has passed the Final FRCA exam on (DATE): _____
- has completed the equivalent of the stage 2 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	
Speciality-specific	Perioperative Medicine and Health Promotion	
	General Anaesthesia	
	Regional Anaesthesia	
	Resuscitation and Transfer	
	Procedural Sedation	
	Pain	
	Intensive Care	

The requirements to complete stage 2 training as defined in the 2021 Anaesthetics Curriculum have therefore been achieved.

Signed: _____ Date: _____

(College Tutor or Training Programme Director) Name (Print): _____

Signed: _____ Date: _____

(Regional Advisor) Name (Print): _____