

CT3 Equivalence Webinar

22 June 2022

18.10 – 19.10

Questions and answers

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1. CLINICAL EXPERIENCE AND REQUIREMENTS FOR CT3 POSTS:

What training experiences are needed for a CT3 top up?

Detailed guidance of CT3 top up can be [found here](#). Trainees in this position need to complete a stage 1 equivalence sign off. The EQ1A form is found in the milestones and certificates section of the LLP.

How do I use my experiences out of training to sign off CT3?

Any evidence you have from time out of training, MSF, SLEs, courses etc should be linked to the appropriate section of Top Up and then be reviewed by your supervisor to ascertain if you have met the requirements.

Will it be possible to use evidence from anaesthetic experience gained abroad (e.g. in Australia/New Zealand) towards the CT3 top up requirements? Do you have any suggestions about how best to present this evidence?

Yes, this is possible. However, in this situation, a Stage 1 signoff would need to be approved before ST4 application to ensure that the correct areas have been covered. The most important requirement is to collate the evidence on your LLP and discuss it with your local trainers. The recent guidance from the RCoA on recognition of experience outside of training can be [found here](#)

Would it be possible to use evidence gained from locum shifts in obstetrics or ICU to count towards the ct3 top up domains? For example, if we were to do an extra 3 months of ICU as a locum and do some WPBA - could we use that?

Unfortunately, no. The educational governance of locum posts is not equivalent in areas such as clinical supervision, assessment and educational supervision. The requirements require some formal assessment rather than just being about time served and that is particularly true for obstetrics and ICM.

Is there a possibility that a trainee who is no longer in the training programme and has stepped out as a staff grade midway through CT2 could count the accumulated assessments to apply for CT3 equivalence at some point?

If you have recorded your previous training on the LLP it can count towards training. You would need to complete the outstanding competencies at CT2 as well as the CT3 year. You would need to then get your stage 1 equivalence certificate signed off by the college tutor and ES at your trust.

If for health reasons, occupational health has said I cannot undertake night shifts, although I can do long day shifts, how will this affect meeting CT3 equivalent sign off?

This would require discussion with your Training Programme Director and Head of School. The 2021 curriculum does not specify that you must have completed work out of hours, but there will be areas that need particular thought and attention. Discuss with your local College Tutor how you can still get the clinical exposure you need to achieve the clinical and non-clinical domains of Stage 1 Equivalence.

My College Tutor doesn't seem very clued up on CT3 top up and just keeps referring me to the RCOA documents. What should I do about getting better guidance?

You should contact your Regional Advisor to see if they can provide some additional information and support. But do make sure that you have read the guidance on the website which can be [found here](#).

Is there a time limit within which we need to have completed a CT3 top up year after leaving training after ACCS or core training?

No time limit, as long as you meet the person specifications and eligibility criteria on the ANRO website when applying for ST4.

If working in a CT top up post with a specified amount of time dedicated to a specific role e.g., 25% of time is dedicated to education, does 12 months still count as the year requirement, or would you need longer to demonstrate the equivalent of 12 months full-time clinical contact

The education part will count towards the non-clinical aspects of the new curriculum, such as education and teaching, management and teamworking. As long as you and your College Tutor are satisfied that you are achieving the clinical components needed for Stage 1 Equivalence there should be no need to extend your 12 month post.

Will the CT3 equivalence year opportunity continue indefinitely, even when ST4 recruitment is up and running?

Yes, it will remain possible to undertake some or all of Stage 1 in a locally employed post if you choose and sign it off as Stage 1 Equivalence.

I plan to spend some time away after my CT3 year before applying for ST4. Is there a time period before the primary exam, core training certificate or Stage 1 Equivalent certificate expire?

The Primary FRCA lasts for 7 years but this can be extended in exceptional circumstances. CLTC and Stage 1 Equivalence signoff is not time limited.

I'm an SAS grade doctor and unfortunately, I have no ES or CS. I am struggling with my stage 1 top up and not sure how I will get everything signed off. Can you help?

The RCoA website has detailed guidance on the requirements for stage 1 equivalence [here](#). If you have had a Core Level Equivalence Certificate previously, you will need to evidence the domains of learning outlined in the Stage 1 top up requirements on the RCoA website and evidence with and EQ1A certificate. Your College Tutor or Training programme Director within region will be able to help you navigate this.

I am currently an SAS doctor working toward the Stage 1 top up requirements. Will I need anything extra to sign off apart from those requirements for stage 1 equivalence?

There are no additional requirements beyond what is laid out on our website [here](#). Don't forget the non-clinical domains. For example, doing an ALMATs list can count towards professional behaviours and communication, management and teamworking. The primary FRCA is a requirement for stage 1 equivalence. If you are plan to apply for ST4 you should also look at the [portfolio requirements](#) and think about how to make your application competitive.

If I am able to sign of elements of stage 2 prior to entering higher training, will it reduce my subsequent training time?

The latest RCoA guidance allows for 12 months of experience outside of training, in addition to a CT3 equivalent year, to count towards CCT - the guidance has been agreed with the GMC and can be [found here](#)

On return to training, you will need to meet with your Training Programme Director at an early ARCP and ensure that you have evidence to support the equivalent experience being counted and agree the point at which you will move onto the next stage of training.

2. ICM EXPERIENCE AND EVIDENCE QUESTIONS:

I am currently filling in the top-up year while I am on old curriculum LLP. Regarding the ICU domain for CT3 top-up, do I have to complete the 39 competencies of the intermediate level or the supporting letter from the FICM tutor stating that I did more than 6 months in ICU would be enough?!

You should have evidence that you have met the same competency levels as someone who has completed intermediate training. If you have this evidence, a letter that states you have met this level would be appropriate.

As a Specialty Doctor, I often spend a day on ITU, with local consultant cover, as well as night on-call cover as the ITU reg, will this be able to count to further time in ITU? Or will it be necessary to do an CT/SHO level block for 3 months?

The additional ICM should be done as a 3-month block as previously done in core. You should evidence using either the Intermediate CUT form or the Intermediate documentation in Annex F (see my talk).

Does experience on PICU count towards the ICM required for CT3 Top Up?

Yes, the guidance on the [RCoA Website](#) states that PICU experience can contribute towards the ICM requirements for Stage 1 Top-Up.

If I have a letter from my previous ICM College Tutor stating that I did 8 months in total of ICU during COVID, without been linked to any SLE, would that count?

It is unlikely that COVID ICU on its own would meet all the requirements for Stage 1 top up in ICU. There is a recognition of ICU training document during COVID produced by FICM that may be helpful for you to evidence that time [here](#). To get the required sign off for CT3 Equivalence your ICU tutor will need to look through the evidence on your LLP, which can include a logbook of cases, personal reflections and educational activities, along with SLEs. If this meets the requirements of the CT3 top up year, then this can be signed off.

I have a letter from my FICM Tutor letter stating that I did an 18-month ITU placement. Should I complete all the Intermediate level competencies as well?

You need to look at the competencies outlined in the 2021 curriculum and make sure that the 18 months that you completed has signed the equivalent competencies off. The requirement for Stage 1 is 6 months in total but you will need the evidence in the LLP. I would speak with your local College Tutor/ICU Tutor and show them what you have completed.

If the ICU top up is equal to intermediate ICU, can my ICU tutor sign that instead?

Yes, if you have the evidence for them to sign it off on LLP.

3. DOCUMENTING ON LLP AND OTHER PAPERWORK QUESTIONS:

I am currently in a CT3 top-up post, but still on the old curriculum. At what point should I convert to the new curriculum? I have been linking WBAs to the 'intermediate' outcomes on the old curriculum as well as 'stage one top up' - will these be lost when I go to the new curriculum on LLP?

EQ1A certificate completed, you should create an ESSR that covers all the time you were in Core training and any CT3 top up post. Save the draft ESSR as a pdf. You can then request to move to C2021. Once you have been moved create a personal activity and link the ESSR pdf to the activity. You can then link this to any Stage 2 Domains which were evidenced by your old intermediate evidence. You can see a video of this [here](#)

I'm a CT3 who finishes CT3 in February 2023. Should I stay on the old curriculum on LLP to gain Stage one equivalence?

Transition from 2010 to 2021 within the LLP is best done once you have achieved all the requirements for Stage 1. Once you have completed Stage 1, you should create an ESSR that covers all the time you were in Core training. Save the draft ESSR as a pdf. You can then request to move to C2021. Once you have been moved create a personal activity and link the ESSR pdf to the activity. You can see a video of this [here](#).

I completed the old core anaesthetics training programme a few years back and my portfolio was the old e-portfolio. I now wish to do a CT3 equivalent post to be eligible to re-enter training. Do I only need to enter CT3 competencies onto the LLP or upload the old portfolio content?

You will need to ensure IAC, IACOA, CLTC and evidence of Full Primary FRCA examination is uploaded to LLP. This can be either into the document store or as a Personal Activity which can be linked to Stage 1 Top Up.

I have had my stage 1 top up cut signed off. Can I now request my LLP be switched to the new curriculum and start working towards stage 2 sign offs?

Yes, you can. You can start collating evidence on you LLP. The new guidance outlines how time outside of training can be counted towards CCT [here](#). We would recommend however before you switch that you create an ESSR which covers the all of the Core and Top Up evidence and save the draft as a pdf. You can then save this in your Document Store to allow easier access to old information on the 2010 side of the LLP. You can see a video of this [here](#).

I am using the old (2010) format on LLP. How am I best to get CUT forms signed off for all the different units of training? Do I need Consultant feedback for every unit of training?

The 2010 LLP will allow a CUT to be generated once there is evidence attached to the Unit of Training. You can attach evidence to a personal activity and link the activity to the Unit of Training or you can link additional evidence to the WBAs. You will need to discuss, with the lead for each Unit of Training, what evidence they require in order to sign off the CUT. Consultant Feedback can be done for several modules at the same time, but the responses should cover all the units of training, especially cardiac, neuro, paed and ICM.

How do I demonstrate evidence for the additional 3 months ITU and obstetrics experience needed for CT3 top up? I have done my CT 2 on the old e-portfolio.

The minimum evidence which needs to be uploaded from the 'old' Premier IT e-portfolio to the LLP is: IAC, IACOA, CLTC and evidence of completion of Full Primary examination. Additional ICM can be evidenced either by using the intermediate CUT on 2010 curriculum, the Intermediate requirements table within Annex F which should be completed and uploaded linked to ICM top up, or completing the Stage 1 ICM HALO if you have transitioned to 2021 curriculum. Obstetric experience would link to the General/Regional anaesthesia sections of Stage 1 Top-up.

I have completed Core Training but have yet to get Stage 1 signed off. But I have already got some CUT forms signed off for intermediate on the 2010 curriculum. How will this translate across to Stage 2?

Once your stage 1 training has been signed off you can start accruing stage 2 competencies. Your Educational Supervisor/College Tutor will be able to look at the evidence you gained against the intermediate level training on the 2010 curriculum and help you assign this against stage 2 (but only once stage 1 has been completed) you can see a video of this [here](#)

For the ESSR for the CT3 top up post, do we still need to download and attach a Form R?

The Form R is for Revalidation with your Deanery - If you are in Trust posts then no you do not need a Form R but will have to complete the Trust requirements for appraisal / revalidation

My EQ1 form was signed by my College Tutor and ES. I then received an email from my School stating this form should be signed by the TPD or the Regional Advisor not my ES. What should I do?

The minimum requirement set by the RCoA is for a College Tutor or other designated trainer and educational supervisor to sign this form. Some Schools of Anaesthesia may have chosen specific people within their regions, so discuss with your College Tutor or TPD how they would like you to proceed.

I am hopefully on track to have CT3 top up signed off this July via EQ1B (the end of a 12-month post). I never got my CLTC after CT2 as I did not have the Viva component of the Primary FRCA (I now have this). My EQ1B is nearly complete but I do not have a CLTC on this. Is a CLTC necessary for EQ1B?

Now you have been successful in the Primary FRCA, you should get your CLTC signed within the LLP as well as your EQ1B. I presume you have moved to C2021 within LLP. You will need to temporarily move back to C2010 in order to send it within the LLP.

As an appraisal requirement, those in locally employed posts need an MSF. If this is done on the trust's appraisal system, can I use it for my LLP portfolio or do I need to do 2 separate MSFs?

It is easier to use the MSF facility on the e-portfolio but if a local appraisal process requires you to use a separate system, then the output can be assigned to the LLP as an activity and will count.

If all of my previous experiences (ST equivalent) were not in UK (2 years in Ireland) and I now wish to apply for ST4, how should I present my evidence to get my Stage 1 sign off? Can I get the hardcopy core level equivalence certificate signed by Regional Advisor and upload into LLP?

Uploading a hard copy is fine. Approach your local College Tutor for advice and you can approach your Regional Advisor for signoff of Stage 1 Equivalence. Make sure you look at the ANRO website to stay up to date with person specifications and eligibility criteria for ST4.

4. EXAMS:

Can I sit the final FRCA outside of training? I am worried about leaving it too long after my primary.

Yes you can

Will having the Final FRCA count against me when applying for ST4?

The Primary FRCA is required to successfully complete Stage 1 and apply for ST4 training. Having the Final FRCA is not a requirement and will not gain you points in your ST4 portfolio self-assessment score. However, having it will certainly not count against you.

5. ST4 APPLICATIONS:

Do I need to have completed the stage 1 equivalence before I can apply for ST4 jobs, or can I still apply and complete my stage 1 certificate by the potential start date of a ST4 job?

The RCoA made specific representations to MDRS to request that those who have completed a 2-year Core Training programme and are currently in CT3 Equivalent Posts be treated equitably with applicants completing the new 3-year Core Training programme for ST4 Posts. It has been confirmed that anyone in this situation will not need to have Stage 1 Equivalence Certificate until the time of appointment to your ST4 post. However, you will need a letter from your College Tutor at the point of application, stating you are on course to successfully completing Stage 1 Equivalence. More details on this will be announced shortly, keep reviewing the ANRO website for the release of the eligibility criteria and person specifications.

Can I apply for ST4 unlimited times?

Yes, there is no limit on ST4 applications

I am currently a Locally Employed Doctor in anaesthetics. If I continue this and complete the required sections on the LLP, can I obtain the CT3 equivalence certificate and enter training at ST4 without having been in training (core or ACCS)?

If you have a Core training equivalence certificate which includes CT3 as long as it's signed by a Regional Advisor you are eligible to apply into ST4. You will need to have this at the point of application

Would overseas experience be counted as a supporting experience to sign off stage 1 top up if I want to apply for ST4 post?

Yes it will. You will need to have evidence on your LLP of the experience you have gained and contact your local College Tutor or Regional Advisor in the UK to ask for their support to sign a Stage 1 Equivalence Certificate. Please review the ANRO website regularly to make sure you know how the eligibility criteria apply to you. More information can be found here <https://www.rcoa.ac.uk/confirmation-stage-1-equivalence-certificate>

I am a current CT2 and due to personal circumstances, would like to leave training to undergo a CT3 stand-alone year. Would leaving training negatively impact my ST4 application?

To apply for ST4 training you will need to have evidence that you have completed stage 1 training. This will either be through:

- a) completing 3 years of stage 1 training (first cohort finishing in August 2023)
- b) completing a CT3 top up year (having completed the old 2-year Core Training Programme - and have a CLTC) or
- c) applying for Stage 1 equivalence (where you have not completed old core training programme or have undertaken core level training outside of UK). All routes to Stage 1 are equal and allow you to apply for ST4. All routes need to include passing Primary FRCA

What happens if you are not successful in getting a ST4 training position?

There is an opportunity to start working towards Stage 2 before appointment to an ST4 post. Details are here: <https://www.rcoa.ac.uk/training-careers/training-hub/training-programme-update-no-012022> . There is no limit to ST4 applications. It's likely that some regions will be far more competitive than others (which has always been the case) but there is no limit on how many regions you can apply to.

6. MISCELLANEOUS QUESTIONS:

What are the contact details for the Core Anaesthetic Top Up Support (CATS) Network?

www.theCATSnetwork.co.uk

cats.network.uk@gmail.com

Twitter: @TheCATSnetwork

Can you claim for car parking charges in your tax relief?

Is there a way to claim for commute expenses / accommodation costs as a ct3 equivalent top up staff grade?

Car parking is rarely reimbursed by trusts when you are locally employed. Most will have a relocation policy which may include temporary accommodation, it would depend on your employer's policy! Commuting reimbursement is variable - you can claim business mileage if you work in a multisite trust or commuting miles if your base of employment differs to where you provide clinical care.

What's the difference between Specialist and a Consultant?

A Specialist Anaesthetist is a senior, experienced and independent SAS doctor who may not have followed a conventional training path or completed CESR. They therefore may not be on the Specialist Register. They are expected to work autonomously within their clinical niche, which may or may not be as broad as that of a Consultant colleague. The RCoA Person Specification for this role is here <https://www.rcoa.ac.uk/sites/default/files/documents/2021-08/PS%20for%20specialist%20posts.pdf>