

STAGE 1 EQUIVALENT TRAINING GUIDANCE

V1.2 – MAY 2022

This guidance was updated on 16 May 2022 to improve clarity and ease of understanding; there have been no changes made to the requirements for attaining stage 1 equivalence.

Introduction

This guidance sets out the experience and evidence required for the transition year between completing core level training on the 2010 Anaesthetics curriculum and commencing 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, from CT1 to CT3, with stage 2 commencing from ST4.

For a number of reasons, there will be a cohort of doctors who completed core level training on the 2010 Anaesthetics curriculum, or ACCS (Anaesthetics), but who did not commence a ST3 anaesthetics post by February 2022 - the final recruitment round to ST3.

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 Anaesthetics at the ST4 (stage 2) entry point. This will be done in a CT3 equivalent year. Doctors are eligible to apply to work on a less than full time basis, following the normal procedures.

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 anaesthetists in training 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. Any anaesthetist in such a post should ensure that they comply with trust appraisal and GMC revalidation requirements.

What if I am in an ST3 post?

This guidance should also be used by anaesthetists in training who commenced ST3 posts in either August 2021 or February 2022.

For this group, some rotations may already be planned in areas such as cardiothoracic and neuro-anaesthesia. Training in these blocks counts towards stage 2, so some flexibility has been allowed in the transition period so that training progression is not negatively impacted - anaesthetists in training will be able to collect evidence towards elements of stage 2 without having completed all the requirements for stage 1. However, stage 1 equivalence should be completed as soon practicable, although individuals are still expected to complete 12 months WTE indicative training time in completing stage 1 capabilities.

Who should read this guidance?

Doctors who have completed core level training of the 2010 Anaesthetics curriculum but have not completed stage 1 training of the 2021 Anaesthetics Curriculum. These could be in either CT3 or ST3 posts.

Attainment of the following experience and evidence will allow individuals in CT3 posts 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 stage 1 capabilities within the LLp?

Yes. The LLp has been updated to include a section that will enable anaesthetists with access to the LLp, to record and evidence attainment of stage 1 capabilities. This section is called 2021 Stage 1 'top-up' and can be found under the core curriculum in the 2010 version of LLp and the stage 1 curriculum in the 2021 LLp.

What evidence do I need to show attainment of stage 1 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 stage 1 equivalent training?

Your Educational Supervisor and 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 Stage 1 Equivalence Certificate, which will show equivalence for completion of stage 1 training of the 2021 Anaesthetics curriculum. This should be completed on the LLp; the equivalence certificates - also known as EQ1A and EQ1B - can be found on the Milestones and certificates section. NB all the evidence linked to stage 1 equivalence will be listed against each of the individual 2021 domains of learning in the certificate, you can view this at any time prior to getting the certificate signed off.

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 Anaesthetics provided a minimum of 3 years training occurs in a UK GMC approved training programme.

Once stage 1 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 some of it may count towards your training.

It is likely that overseas experience may also count towards training. For guidance regarding counting time from outside the training programme towards a CCT, please see Training programme update - No. 01/2020: Completion of units of training outside the training programme.

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 stage 1 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 (supervision level 2b).
- 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 (supervision level 2b).
- Additional on call experience in obstetrics including the management of ASA 3 parturients. (supervision level 3).
- 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 (supervision level 3).
- Some experience with other regional anaesthetic blocks such as upper limb and chest and abdominal wall (supervision level 2a).

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. You should provide some evidence for each of the domains.**

Evidence may come in the form of supervised learning events (SLEs) such as A-CEX, DOPS, CBD, ALMAT and A-QIPAT (NB the A-QIPAT is only available on the 2021 LLp). 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. Anaesthetists in training should liaise with their Educational Supervisor to determine whether is suitable.

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		
<i>Professional Behaviours and Communication</i>	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 A minimum of 1 satisfactory MSF (RCoA requires a minimum of 12 respondees, individual Schools of Anaesthesia may require more; please check locally.)
<i>Management</i>	Understands and	Supervised Learning events (SLEs) can be used to demonstrate:

<p><i>and professional and Regulatory Requirements</i></p>	<p>undertakes managerial, administrative and organisational roles expected of all doctors</p>	<p>Application of principles of information governance Knowledge of guidance from GMC and other professional bodies Personal Activities and Personal Reflections may include: 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</p>
<p><i>Team Working</i></p>	<p>Works effectively as a member of a clinical team</p>	<p>Supervised Learning events (SLEs) can be used to demonstrate: 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 Personal Activities and Personal Reflections may include: Completion of resuscitation courses Simulation training A minimum of 1 satisfactory MSF (RCoA requires a minimum of 12 respondees, individual Schools of Anaesthesia may require more; please check locally.)</p>
<p><i>Safety and Quality Improvement</i></p>	<p>Understands and applies quality improvement methodology Applies the principles of patient safety to their own clinical practice</p>	<p>Supervised Learning events (SLEs) can be used to demonstrate: Understanding of quality improvement methodology (A-QIPAT for relevant projects; NB the A-QIPAT is only available on the 2021 LLp) Engagement with surgical safety initiatives and departmental guidelines relating to patient safety Learning from critical incidents Learning from pre-briefs and de-briefs on own and team's performance Evidence of applying good non-technical skills and effective multi-disciplinary team working (e.g.ALMAT) Safe prescription and administration of drugs Personal Activities and Personal Reflections may include: Attendance at quality improvement training Involvement with local, regional or national quality improvement projects Submission of excellence and incident reports Simulation training e.g. crisis resource management, critical incident, resuscitation Attendance at local clinical governance/quality improvement meetings Self-directed learning regarding duty of candour</p>
<p><i>Safeguarding</i></p>	<p>Describes the importance of safeguarding vulnerable people</p>	<p>Supervised Learning events (SLEs) can be used to demonstrate: Management of consent in an adult who does not have capacity Knowledge of the local procedure for referral of an adult for safeguarding concerns 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 eLearning: child and adult safeguarding, mental capacity act</p>
<i>Education and Training</i>	<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>
<i>Research and Managing Data</i>	<p>Is research aware: 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>
<p>Specialty Specific domains</p>		
<i>Perioperative Medicine and Health Promotion</i>	<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>Examples of SLEs could be: A-CEX for pre-operative assessment in the clinic or theatre setting,</p> <p>CBD including the discussion of local or national guidelines</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> <p>Resources for sustainability can be found at: https://www.rcoa.ac.uk/about-college/strategy-vision/environment-sustainability</p>
<i>General Anaesthesia</i>	<p>Provides safe and effective general anaesthesia with distant supervision for ASA 1-3 patients undergoing non-complex elective and</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> <p>Please refer to the Experience section of this guidance for appropriate supervision levels</p>

	emergency surgery within a general theatre setting	
<i>Regional Anaesthesia</i>	Performs simple peripheral nerve blocks and performs spinal anaesthesia and lumbar epidural anaesthesia/analgesia independently	<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 (supervision level 2a)</p> <p>Obstetric regional anaesthesia (supervision level 3).</p> <p>Examples of SLEs may include: CBD of the management of complications of regional anaesthesia</p> <p>A-CEX involving the management of an inadequate block for operative delivery</p>
<i>Resuscitation and Transfer</i>	<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>
<i>Procedural Sedation</i>	Provides safe procedural sedation to ASA 1-3 adult patients within theatre complex	No additional evidence needed if sedation completed in Core Level training 2010 Anaesthetics Curriculum
<i>Pain</i>	<p>Recognises, assesses and treats acute pain independently</p> <p>Differentiates between acute and chronic pain</p>	<p>Supervised Learning events (SLEs) from a range of surgical specialties, obstetrics and paediatrics including experience from acute pain rounds</p> <p>This should be covered by the Pain unit of training in the 2010 curriculum, but in addition should include evidence of</p> <p>Attendance at pain management clinics</p> <p>Teaching sessions or eLearning on biopsychosocial model of pain if not previously demonstrated</p>
<i>Intensive Care</i>	Provides safe and effective care for critically ill patients under close supervision	<p>Evidence for this domain can be either:</p> <ol style="list-style-type: none"> 1. Evidence demonstrating achievement of FICM capability levels 2010 Curriculum Intermediate level competences signed off by the ICM faculty tutor, plus recognition of the acutely ill child and initial management of paediatric emergencies at FICM capability level 1 (may be evidenced by simulation training). You can view a (pdf) copy of Annex F (Intensive Care Medicine) of the 2010 curriculum here. 2. Completion of Stage 1 HALO for ICM (for those on the 2021 LLp and access to the EQ1B certificate). 3. Evidence of six months training completed as ACCS, plus recognition of the acutely ill child and initial management of paediatric emergencies at FICM capability level 1 (may be evidenced by simulation training).

Appendix 1: The Stage 1 Equivalence certificate and how to put evidence for this on the LLp – a guide for anaesthetists in training

All evidence for stage 1 top up should be added to the Stage 1 top up 'HALO'/domain in the Stage 1 or Core training part of the LLp. This may show as unit of training if you are using the 2010 LLp:


2021 Stage 1 'top-up'		Domain details
Entries	Stage Learning Outcomes	Examples of Evidence
<ul style="list-style-type: none">0 SLES0 Personal activities0 Personal reflections		

This is done by linking the capabilities to 2021 Stage 1 'top-up':

Key Capabilities

No capabilities are currently linked to this entry.

[Add Capabilities](#)



You can link your chosen capabilities by selecting your chosen Domain.

Linked Capabilities

No capabilities are currently linked to this entry


[Return to assessment](#)

Stage:
ACC5 Stage 1 Stage 2 Stage 3

ACC5 Stage 1

Stage 1

- ACC5 01 - ACC5 - LO1 - Care for physiologically stable adult patients presenting to acute care across the full range of complexity (EM/IM)
- EPA 1: Performing an Anaesthetic Pre-operative Assessment
- 2021 Stage 1 'top-up'**
- ACC5 02 - ACC5 - LO2- Make safe clinical decisions appropriate to level of experience, knowing when and how to seek effective support (EM/IM)
- EPA 2: General Anaesthesia for an ASA III patient having uncomplicated SURGERY



Evidence should be linked to one or more of the generic professional or specialty specific domains in the 2021 Stage 1 'top-up':

3) Knowledge

Link	A2021_01	Professional Behaviours and Communication: Demonstrates the professional values and behaviours required of doctors in training	▼
Link	A2021_02	Management and Professional and Regulatory Requirements: Understands and undertakes managerial, administrative and organisational roles expected of senior anaesthetists in training	▼
Link	A2021_03	Team Working: Works effectively as a member of a clinical team	▼
Link	A2021_04	Safety and Quality Improvement: Understands and applies quality improvement methodology. Applies the principles of patient safety to their own clinical practice	▼
Link	A2021_05	Safeguarding: Describes the importance of safeguarding vulnerable people	▼
Link	A2021_06	Education and Training: Takes responsibility for their own education and training needs and contributes to departmental education	▼
Link	A2021_07	Research and Managing Data: Is research aware: demonstrates an understanding of the evidence-based approach to anaesthetic and perioperative care	▼
Link	A2021_08	Perioperative Medicine and Health Promotion: Identifies clinical and social challenges that increase risk for patients undergoing surgery. Appreciates the principles of sustainability in clinical practice	▼
Link	A2021_09	General Anaesthesia: Provides safe and effective general anaesthesia with distant supervision for patients undergoing non-complex elective and emergency surgery within a general theatre setting	▼
Link	A2021_10	Regional Anaesthesia: Performs simple peripheral nerve blocks and performs spinal anaesthesia and lumbar epidural anaesthesia/analgesia independently	▼
Link	A2021_11	Resuscitation and Transfer: Able to recognise and initiates resuscitation of the deteriorating patient • Works as an effective member of the medical emergency team • Cares for stable critically ill adult patients independently during inter-hospital transfers by road	▼
Link	A2021_12	Procedural Sedation: Provides safe procedural sedation to ASA 1 to 3 adult patients within the theatre complex.	▼
Link	A2021_13	Pain: Recognises, assesses and treats acute pain independently. Differentiates between acute and chronic pain	▼
Link	A2021_14	Intensive Care: Provides safe and effective care for critically ill patients under close supervision	▼

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Stage 1 equivalent training guidance

Once this evidence is linked it will automatically appear in EQ1B, if you are using the 2021 LLp, or, EQ1A if you are using the 2010 LLp. You will need to click on the EQ1 in the *Milestones and certificates* section to view the evidence you have linked. Evidence will be updated automatically as you add it.

You may wish to show this to your trainer so that they can see how you are progressing.

Do not link evidence to any other part of the curriculum if you are doing your 'top-up' year.

At the end of the period of training you should create the EQ1 certificate for your trainers to approve. If you are using the 2010 LLp then ensure that you save a pdf version before transferring to the 2021 LLp, as this will not be visible in the 2021 LLp *Milestones and certificates*.

Development

- [Personal Development Plan](#)
- [Milestones and Certificates](#)
- [Multi-source Feedback](#)
- [Multiple Trainer Report](#)
- [ACCS MTR/MCR](#)
- [FEES](#)
- [ESSR Records](#)
- [ARCP Outcomes](#)
- [Document Store](#)

Milestones and Certificates

Milestones

Please choose the milestone to complete:

Milestone	Progress	Evidence
MC	Not yet submitted	Initial Assessment of Competence
UCDA	Not achieved	Initial Assessment of Competence in Otolithic Anesthesia
ECDA	Not achieved	Equivalence Stage 1a
ECDB	Not achieved	Equivalence Stage 2a
Stage 1	Not achieved	Stage 1 Certificate
Stage 2	Not achieved	Stage 2 Certificate
Stage 3	Not achieved	Stage 3 Certificate

This is an example of what can be seen when EQ1 is then opened:

Record of assessments

Unit of Training

2021 Stage 1 'top-up'

A2021_14 Intensive Care: Provides safe and effective care for critically ill patients under close supervision	
Three months additional ICM sign off	Activity
A2021_01 Professional Behaviours and Communication: Demonstrates the professional values and behaviours required of doctors in training	
GMC survey	Activity
GMC survey/Activity	Personal Reflection

Evidence needs to be linked to each of the 14 domains.