

Introduction

Source:

Full details of the curriculum are found in "CCT in Anaesthetics – Intermediate Level Training (Annex C) Edition 2, Version 1.8" (<http://www.rcoa.ac.uk/CCT/AnnexC>).

This assessment guide is based on "Assessment Guidance 2017" ([CCT in Anaesthetics - Assessment Guidance | The Royal College of Anaesthetists](#))

Key Points:

ST3/4 covers 24 months of training

- 11 months General Training
- 3 months ICM
- 3 months obstetrics
- 7 months Intermediate sub-specialty training (Paeds, Cardiac, Neuro – 2 months each; Chronic Pain – 1 month)

Clinical Training

Intermediate level training is divided into 7 essential units of training (with a further 3 optional units), as outlined in the table below.

6 of the units are delivered in separate rotations: ICM, Obstetrics, Paediatrics, Neuro, Cardio-thoracic and Pain.

The 7th unit, general duties, encompasses 12 areas of practice. Each area requires a separate CUT form. Be aware these will generally not be delivered as distinct rotations. A total of 18 '**Completion of Unit of Training (CUT) Forms**' are required. CUT forms can be signed by a designated consultant clinical supervisor for that unit, who will be familiar with the learning objectives required.

- Demonstration of all the Core Clinical Learning Outcomes (CCLOs) identified for that unit in the 2010 curriculum
- Logbook numbers
- Satisfactory number of successful WPBAs (see table below)
- MSF and/or Consultant Feedback (CF) (see below)

The table below represents the **minimum** number of WPBAs required for each unit:

	A-CEX	DOPS	CBD	MISC.	CUT
ICM	See Annex F			MSF	Y
Obstetrics	1	1	1	CF	Y
Paediatrics	1	1	1	CF	Y
Neuro	1	1	1	CF	Y
Cardio-thoracic	1	1	1	CF	Y
Pain	1	1	1	CF	Y
General duties	Consultant Feedback (CF) required Annual MSF required (see below)				
Airway Management	1 or ALMAT	1	*		Y
Critical Incidents			*		Y
Day Surgery	1 or ALMAT		*		Y
Gen/Uro/Gyn Surgery	1 or ALMAT		*		Y
Head & Neck/Maxi-fac/Dental Surgery	1 or ALMAT		*		Y
Resp/Cardiac arrest		1**			Y
Non-theatre	1		*		Y
Orthopaedic Surgery	1 or ALMAT		*		Y
Perioperative Medicine	1 or ALMAT		*		Y
Regional	1 or ALMAT	1	*		Y
Sedation	1 or ALMAT		*		Y
Transfer Medicine	1 or ALMAT		*		Y
Trauma & Stabilisation	1 or ALMAT		*		Y
Optional Units					
Ophthalmic	1	1	1		Y
Plastics/Burns	1	1	1		Y
Vascular	1	1	1		Y

ICM: Details are in Annex F of the curriculum and were updated in July 2014 (<http://www.rcoa.ac.uk/CCT/AnnexF>), If they are unclear please discuss with the FICM Tutor.

Optional Units: While the ophthalmic and plastics units are optional, it is expected that trainees will complete some WPBAs when allocated to these lists. Vascular anaesthesia is being delivered as a distinct module to all trainees in the school and therefore requires a full set of WPBAs and a CUT form. This will be mandatory but may not occur during intermediate training. Trainees completing intermediate level vascular training in ST5 will receive their ILTC without it

The WPBAs indicated in the table are **mandatory**, and represent the absolute **minimum** requirement for 'general duties'. Educational Supervisors may set additional WPBAs for trainees if deemed necessary to support the end of unit sign-off.

Each of the units within 'general duties' requires a separate CUT form.

An ALMAT can be performed instead of an A-CEX if appropriate, meaning a minimum of 10 A-CEX or ALMATs are required across general duties

(*) A minimum of 3 CBDs are required across general duties.

A minimum of 3 DOPS are required across general duties.

(**) DOPS not required for Resp/Cardiac Arrest if ALS, ATLS or APLS currently valid

Multi-Source Feedback

MSF must be completed **annually**.

MSF from an ICM block counts as the MSF for that year

If no ICM block completed, a general MSF is required.

15 forms are sent out to a list of colleagues approved by the Educational Supervisor or College Tutor.

A minimum of 8 returns are required, which must include consultants.

A satisfactory **MSF Summary Form** must be submitted with the Educational

Supervisor's Report for a satisfactory ARCP; **this is the trainee's responsibility.**

Please note the MSF can take several weeks to complete so must be started well in advance of the ARCP submission date.

Consultant Feedback

Consultant feedback (CF) is organised by the College Tutor for **each essential unit of training**. The 'West of Scotland School of Anaesthesia Consultant Feedback Forms' are completed by all consultants in departments to assess global aspects of professionalism and ability to perform at the expected level. College Tutors collate the forms for feedback to the trainee.

Completed **Consultant Feedback Summary Forms**, from the College Tutors, must be submitted with the Educational Supervisor's Report for a satisfactory ARCP; **this is the trainee's responsibility.**

Intermediate Level Training Certificate and ARCP

The **Intermediate Level Training Certificate (ILTC)** can be issued when the trainee has completed all the CUT forms, has passed all components of the Final FRCA and has satisfactory feedback. This should confirm progress in Annex G.

If any units are deferred into ST5, an **Intermediate Level Progress Report (ILPR)** is issued at the end of ST4. The ILTC is issued once the deferred units are completed.

Progress towards the ILTC will need to be evidenced at the ST3 ARCP. The essential sub-specialty units often occur in ST4. Prior to these trainees must plan and complete general WPBAs as there will be little general time in ST4

Annex G

Annex G covers the non-clinical components of the anaesthetic curriculum; the following is a synopsis covering the different aspects of the Intermediate training programme (full details at <https://www.roca.ac.uk/system/files/TRG-CCT-ANNEXG.pdf>).

Academic and Research (including Audit)

Learning outcomes:

- At the end of this period of training the trainee will have consolidated their understanding of evidence based practice and audit
- They will be able to undertake simple audit projects independently
- They will have extended their critical abilities with regard to clinical science
- They will be assured presenters in clinical audit meetings and journal clubs

Assessment:

- Has recorded satisfactory attendance at 15 of local audit, MDT, M & M and journal club meetings

- Reflective portfolio of attendances
- Passed Final FRCA exam
- Has presented at Journal club, Audit and Morbidity and Mortality meeting
- Portfolio shows clinical critical incidents and reports

Improvement Science, Safe and Reliable Systems

Learning Outcomes:

- Consolidates understanding of Quality Improvement principles
- Demonstrates enhanced knowledge and skills of Improvement Science
- Can present evidence of quality improvement outcome and impact of change implemented
- Can demonstrate quality improvement benefit to patient, staff and organisation

Assessment

- Has personally led a Quality Improvement project
- Presentation of a Quality Improvement project (case study, oral or poster presentation)
- Participates in learning sets (face to face or web based)

Teaching and learning

On completion of the Intermediate level competencies the trainee will have enhanced insight into their own educational responsibilities as a Specialty Trainee. They will understand the importance of patient safety in relation to clinical supervision as they will now be directly supervising other trainees. By developing an understanding of the importance of team-based or inter-professional education they will also have developed increased awareness of their role in training others. In support of developing these capabilities trainees will have developed the necessary skills to receive and give effective developmental feedback to others. The intermediate level sees the trainee develop the necessary skills and insight to develop personally as an educator but also to contribute effectively to team-based, inter-professional education. In addition they will participate more actively in departmental teaching and must be able to plan and deliver effective presentations showing evidence of satisfactory preparation. Their progress should be recorded in their portfolio and where they have presented formal sessions they should obtain written feedback from the audience.

Core learning outcomes:

- These outcomes build upon those from basic level training
- Continues to participate appropriately in the management of their own teaching, learning and assessment
- Contributes to institutional educational programmes as participant and presenter developing upon the learning gained in CT 1/2 and now actively seeking
- feedback on their performance
- Undertakes appropriate supervision and practical teaching within the clinical team
- Gives appropriate feedback when they have taught and supervised
- Undertakes opportunistic teaching and in less structured, informal, educational contexts

Assessment

Evidence for ARCP:

- Appropriate reports from educational supervisor and consultant/SAS trainers
- Portfolio recording their engagement in teaching and learning; including reflections
- Record of participation in their institutions formal educational meetings and teaching
- Feedback on teaching delivered, including own reflections
- A-CEX relating to their own teaching and supervision of a more inexperienced trainee
- CBD on selected education topics

Management

At all stages of training the doctor is expected to develop an understanding of the management systems within which they work, at the local level of the trust and at the national level. In this field no distinction is made between the capabilities of basic and intermediate training and no assessment is required beyond the reports of supervising consultants and MSF.

Learning outcomes:

- Understands the structure of local management
- Engages with departmental organisational processes
- Observes local and national systems for clinical governance