

## **Introduction**

Full details of the curriculum are found in: 'CCT in Anaesthetics – Higher Level Training (Annex D) Edition 2, Version1.6' (<http://www.rcoa.ac.uk/CCT/AnnexD>).

This assessment guide is based on 'Assessment Guidance (2010 Curriculum) Edition 2 Version 2' (<http://www.rcoa.ac.uk/document-store/cct-anaesthetics-assessment-guidance-2010>) and the 'Assessment Blueprint Edition 2 Version1.6' (<http://www.rcoa.ac.uk/document-store/blueprints-assessments-2010-curriculum>).

Trainees **must** do all workplace based assessments **electronically** on the **e-portfolio**.

Higher level training is divided into 5 essential and 8 optional units, as outlined in the table below. Four of the units are separate rotations: ICM, Paediatrics, Neuro and Cardio-thoracic.

## **Units of Training:**

### ***Essential Units:***

ICM  
Paediatrics  
Neuro  
Cardio-thoracic  
General duties

### ***Optional Units:***

Ophthalmic  
Pain medicine  
Plastics/burns  
Paediatric ICM  
Anaesthesia in developing countries  
Conscious sedation in dentistry  
Military anaesthesia  
Remote and rural anaesthesia

The fifth unit, General Duties, is a collection of up to 13 areas of practice (see table below) which will not be carried out as distinct rotations. Each area of practice requires a separate Completion of Unit of Training (CUT) form.

Airway management(\*)  
Day surgery  
ENT, maxillo-facial and dental surgery  
General, urological and gynaecological surgery  
Management of respiratory and cardiac arrest(\*)  
Non-theatre  
Obstetrics

Orthopaedic surgery  
Preoperative medicine(\*)  
Regional  
Sedation  
Transfer medicine  
Trauma & stabilisation  
Vascular surgery

The vast majority of anaesthetic trainees will do 12 months of higher general duties. Many have a significant number of transferable competencies which may be obtained in the course of ST years 5-7 training without being part of a specific 'block' of training. Trainees must complete **a minimum of 8** of these units satisfactorily, whatever their final career aspirations may be. There are 3 mandatory units (\* as above), 'airway management' and 'management of respiratory and cardiac arrest', as these are core areas for all anaesthetists. Within the School, obstetrics is mandatory at higher level, the block lasting between 1-3/12.

Trainees doing less than 12 months higher general duties must receive prospective approval from the RCoA Training Department and complete a pro-rata minimum number of units satisfactorily. The minimum time any trainee can spend on higher general duties is 6 months.

It is feasible for a trainee to complete an advanced unit of training for a period of 6 to 12 months before completing all the essential higher units of training as an ST7. However, if a trainee intends to undertake a 12/12 advanced general programme, higher general time must be completed before this commences and all required WBAs to ensure an adequate number of higher general CUT forms must have been completed.

Non-clinical competencies (research, audit, teaching, education, management) are assessed at ARCP from your portfolio. Separate guidance is available for these areas.

Trainees are required to obtain 'Completion of Unit of Training (CUT) Forms' for all units of training completed, including the sub-units of general training. These forms can be signed off by any consultant clinical supervisor who is a recognised trainer however most departments now have details of consultants who should sign off specific sub-units. The following will be considered when signing CUT forms:

- 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:

Essential Units	A-CEX	DOPS	CBD	Misc.	CUT
<b>ICM</b>	See Annex F			MSF/CF	Y
<b>Paediatrics</b>	1		1	CF	Y
<b>Neuro</b>	1		1	CF	Y
<b>Cardio-thoracic</b>	1		1	CF	Y
<b>General Duties</b>	See below				
<b>General Duties Sub-units</b>	Consultant Feedback (CF) required Annual MSF required (see above)				
<b>Airway Management</b>	1 or ALMAT	1			Y
<b>Resp/Cardiac arrest</b>	1**		*		Y
<b>Day surgery</b>	1 or ALMAT		*		Y
<b>Head &amp; Neck/Max-fac/Dental</b>	1 or ALMAT		*		Y
<b>Gen/Uro/Gyn</b>	1 or ALMAT		*		Y
<b>Non-theatre</b>	1		*		Y
<b>Obstetrics</b>	1 or ALMAT		*	CF	Y
<b>Orthopaedics</b>	1 or ALMAT		*		Y
<b>Regional</b>	1 or ALMAT	1	*		Y
<b>Sedation</b>	1 or ALMAT		*		Y
<b>Transfer Medicine</b>	1 or ALMAT		*		Y
<b>Trauma &amp; Stabilisation</b>	1 or ALMAT		*		Y
<b>Vascular</b>	1 or ALMAT		*		Y
<b>Optional Units</b>					
<b>Ophthalmic</b>	1 or ALMAT		1		Y
<b>Pain Medicine</b>	1 or ALMAT	1	1		Y
<b>Plastics/Burns</b>	1 or ALMAT		1		Y
<b>Paediatric ICM</b>	1		1		Y
<b>Anaesthesia in developing countries</b>	1		1		Y
<b>Conscious sedation in dentistry</b>	1		1		Y
<b>Military anaesthesia</b>	1		1		Y
<b>Remote and rural anaesthesia</b>	1		1		Y

ICM: details are in Annex F of the curriculum, <http://www.rcoa.ac.uk/CCT/AnnexF>, if this is unclear then 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 between ST3-5 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 the need for a Vascular CUT form.

Where listed, an ALMAT is preferred to an A-CEX but may not always be appropriate.

(\*) A minimum of 3 CBDs are required across the general units.

(\*\*) A-CEX 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, but if no ICM block completed a General Anaesthesia 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 and 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 relevant College Tutor for each essential unit of training, and, at least annually for general training. The 'West of Scotland School of Anaesthesia Consultant Feedback Forms' are completed by all consultants in the department to assess global aspects of professionalism and ability to perform in the post at the expected level. College Tutor collates 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 and **this is the trainee's responsibility.**

### **Normal Structure of Higher and Advanced Training in West of Scotland School of Anaesthesia**

#### **ST 5/6**

3 months ICM

1-3 months obstetrics

2 months paediatrics

2 months cardio-thoracic

2 months neuro

12 months general (Obstetric unit can be included as higher general time)

#### **ST 6/7**

12 months Advanced training in sub-specialty and/or general duties.

Non-clinical experience in ST5 can count as part of an advanced year (research, teaching, management etc) with approval from the College and GMC. However, only clinical experience undertaken in ST6/7 can count as advanced training.

Trainees are advised to plan advanced training as early as possible, in order to complete all the components of ST5-7 on time.