East of England
School of Anaesthesia

Requirements for Stage 1 top up and completion of EQ1 certificate

For the School of Anaesthesia to assess the Stage 1 top up requirements and approve an EQ1 certificate:

An ESSR must be generated to collate and present all information

An MTR and an MSF for the current year are required, linked to the ESSR.

A logbook covering **all anaesthesia training to date** must be linked or uploaded to the ESSR.

In addition, **Domain specific logbook summaries** are needed for Obstetrics, Paediatrics, Regional and POM (eg POAC clinics): Use the logbook filter function to produce specialty specific logbooks and upload each as a personal activity, clearly labelled. These should then be linked to the appropriate CCC or HALO if using 2021 Curriculum.

The CLTC is needed as evidence for some domains. Upload the CLTC as a personal activity so that it can be linked and submitted as evidence where appropriate.

Primary FRCA exam pass is required and the letter must be uploaded via personal activity.

DOMAINS	STAGE LEARNING OUTCOME	Examples of evidence	Evidence provided	Signed off on LLP
Professional Behaviours and Communication	Demonstrates the professional values and behaviours required of doctors in training	**Supervised Learning events (SLEs) can be used to demonstrate:** 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	Highly Desirable evidence: MSF plus other evidence as suggested.	

		safe and effective handover to another member of the healthcare team high standards in prescribing medication active involvement with safety checks in theatre eg WHO checklist **Personal Activities and Personal Reflections may include:** 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 satisfactory MSF		

Management and professional and regulatory requirements	Understands and undertakes managerial, administrative and organisational roles expected of all doctors	Supervised Learning events (SLEs) can be used to demonstrate: 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	Mandatory Evidence: Evidence of mandatory training, Equality and Diversity certificate. Hospital Induction attendance.	
Team working	Works effectively as a member of a clinical team	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	Highly Desirable evidence: ALMAT MSF Simulation course certificate	

		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 satisfactory MSF		
Safety and Quality improvement	Understands and applies quality improvement methodology Applies the principles of patient safety to their own clinical practice	Supervised Learning events (SLEs) can be used to demonstrate: understanding of quality improvement methodology (A-QIPAT for relevant projects) 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	Highly Desirable evidence: A-QIPAT Reflection on CI/investigation/other	

		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		
Safeguarding	Describes the importance of safeguarding vulnerable people	Supervised Learning events (SLEs) can be used to demonstrate: management of consent in an adult who does not have capacity	Mandatory Evidence: In date Child and Adult safeguarding certificate + Mental capacity act certificate or	

		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 **Personal Activities and Personal Reflections may include:** attendance at local mandatory training including safeguarding eLearning: child and adult safeguarding, mental capacity act	screenshot of mandatory training.	
Education and Training	Takes responsibility for their own education and training needs and contributes to departmental education	Supervised Learning events (SLEs) can be used to demonstrate: engagement with feedback on education and training **Personal Activities and Personal Reflections may include:** maintenance of professional portfolio on LLp setting out and review of personal development plans record of attendance at local and regional/school teaching sessions completion of GMC trainee survey	Highly Desirable evidence: Up to date PDP and engagement with LLP. Other evidence: CPD diary, evidence of teaching sessions attended.	

		teaching session delivered (presentation slides) attendance at pre-assessment (POA) or perioperative medicine (POM) clinic and reflection on learning production of patient educational materials attendance at hospital induction session(s) mandatory training simulation training use of eLearning Anaesthesia personal learning activities such as journal articles read and reflections on them		
Research and managing data	Is research aware: Demonstrates an understanding of the evidence-based approach to anaesthetic and peri-operative care	**Supervised Learning events (SLEs) can be used to demonstrate:** use of evidence-based national or local guidelines accessing and interpreting evidence from the literature to aid shared-decision making **Personal Activities and Personal Reflections may include:**	Highly Desirable evidence: Journal club presentation.	

		presentation at journal club: academic paper, review article, national reports or guidelines such as CEMACH, NCEPOD, NICE		
		undertaking or completed GCP certificate		
		assisting with data collection for research project		
		involvement in review article / literature review		
		awareness of local Trainee Research Network activity (TRN)		

DOMAINS	STAGE LEARNING OUTCOME	Experience and Learning Requirements	Examples of evidence	Evidence provided	Signed off on LLP and checked by ES/CT
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*	some exposure to pre-operative assessment clinics; this may include obstetric anaesthetic clinics broad knowledge of national guidelines	**Supervised Learning events (SLEs)** across a range of surgical specialties and pre-operative assessment clinics **Personal Activities and Personal Reflections may include:** attendance at pre-operative assessment clinics evidence of blood transfusion training	Logbook of preassessment clinics	

		eLearning or teaching sessions including NICE guidelines		
General Anaesthesia	*Provides safe and effective general anaesthesia with distant supervision for ASA 1-3 patients undergoing non-complex elective and emergency surgery within a general theatre setting*	experience in elective and emergency surgery of more complex ASA 3 patients including those who are obese, frail or elderly additional on call experience in obstetrics including the management of ASA 3 parturients 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	**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 use of TIVA	Logbook summary for more complex patients. **Paediatrics** - provide logbook of cases with supervision (local = 2a), MTR and MSF. **Obstetrics** - provide logbook of cases with supervision (distant = 3), MTR and MSF. Logbook demonstrating TIVA use. Check they can work to supervision level 2a for paediatrics and TIVA; supervision level 3 for obstetrics

Regional Anaesthesia	*Performs simple peripheral nerve blocks and performs spinal anaesthesia and lumbar epidural anaesthesia/analgesia independently*	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 (supervision level 2b) additional obstetric regional anaesthesia experience including ASA 3 parturients some experience with other regional anaesthetic blocks such as upper limb and chest and abdominal wall	Supervised Learning events (SLEs) can be used to demonstrate: Use of ultrasound for a range of regional techniques simple nerve blocks and femoral or fascia-iliaca blocks at supervision level 2b experience of other regional techniques such as upper limb, chest or abdominal wall blocks obstetric regional anaesthesia	Logbook summary for breadth of cases required Supervision level 2b for simple nerve blocks. SLEs to evidence. Upload CLTC Review Annex F for procedures and supervision levels.	
Resuscitation and Transfer	*Able to recognise and initiates resuscitation of the deteriorating patient* *Works as an effective member of the*	continued practice of resuscitation skills and being part of the medical emergency team able to do an inter-hospital transfer with supervision level 2b	Supervised Learning events (SLEs) demonstrating safe inter hospital transfer of a patient at a supervision level of 2b and continued resuscitation skills **Personal Activities and Personal Reflections may include:** simulation training including transfer	Logbook and supervision level 2b for interhospital transfers. ALS, Transfer training course. SLEs of inter-hospital transfers	

			resuscitation training courses		
	medical emergency team *Cares for stable critically ill adult patients independently during inter-hospital transfers by road*				
Sedation	*Provides safe procedural sedation to ASA 1-3 adult patients within theatre complex*	learning outcomes are similar to those for core training but continued experience is encouraged	no additional evidence needed if sedation completed in core level training 2010 Anaesthetics curriculum	Upload CLTC	
Pain	*Recognises, assesses and treats acute pain independently* *Differentiates between acute and chronic 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	**Supervised Learning events (SLEs)** from a range of surgical specialties, obstetrics and paediatrics including experience from acute pain rounds **Personal Activities and Personal Reflections may include:**	Logbook of pain management clinics and acute pain rounds. SLEs/reflections to demonstrate above. e-learning as suggested or equivalent learning	

| | | | attendance at pain management clinics

teaching sessions or eLearning on biopsychosocial model of pain

e.g fpm.ac.uk/e-pain   Module 3 | | |
|---|---|---|---|---|---|
| Intensive Care | *Provides safe and effective care for critically ill patients under close supervision* | 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 | **Supervised Learning events (SLEs)** from experience in ICU demonstrating achievement of FICM capability levels

2010 Curriculum intermediate level competences, if signed off by the ICM faculty tutor, will be acceptable evidence

recognition of the acutely ill child and initial management of paediatric emergencies at capability level 1 may be evidenced by simulation training | Required Evidence:

Letter from College Tutor at previous trust to confirm time spent in ICM. Evidence of SLEs, MSF and Consultant feedback demonstrating performing at intermediate level.

ACCS – CTLC

EPLS or similar course. | |

Stage 1 Practical Procedures summary prior to ARCP

Airway management	Required Supervision Level	Completed in LLP Signed (ES/CT)
Insertion of supraglottic airway	3	
Intubation using standard laryngoscope	3	
Intubation using video laryngoscope	2a	
Fibreoptic intubation	1	
Intubation in the awake patient	1	
Emergency front of neck access (simulation)	2a	
Lung isolation technique (eg double lumen tube or bronchial blocker)	0	
CVS		
Central venous line insertion	2b	
Venous access line for renal replacement therapy	2b	
Arterial line	2b	
Ultrasound guided peripheral venous cannulation	2b	
Respiratory		
Needle thoracocentesis (simulation)	2b	
Chest drain insertion (simulation)	2a	
Regional Techniques		
Lumbar epidural	3	
Low thoracic epidural	0	
Spinal anaesthesia	3	

Combined spinal/epidural	2b	
Simple peripheral nerve block	2b	
Ultrasound guided chest wall plane block	2a	
Ultrasound guided abdominal wall plane block	2a	
Ultrasound guided lower limb block including femoral nerve block and fascia iliaca block	2a	
Ultrasound guided upper limb block including brachial plexus block	2a	