

Requirements for Stage 2 top up and completion of EQ2 certificate

For the School of Anaesthesia to assess the Stage 2 top up requirements and approve an EQ2 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 **the period of your ST5 top up period** 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 ILTC is needed as evidence for some domains. Upload the ILTC as a personal activity so that it can be linked and submitted as evidence where appropriate.

Final 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	<i>Demonstrates the professional values and behaviours required of senior anaesthetists in training</i>	<p>Supervised Learning Events (SLEs) can be used to demonstrate:</p> <p>Discussion with patients' relative on ICU</p> <p>Formulation of treatment plans for a patient with complex needs in the pre-operative assessment clinic or ICU setting and discussion of this plan with the wider team</p> <p>Professional behaviours during an emergency situation in theatre, ICU, A&E, etc</p> <p>leadership in theatre lists (ALMAT)</p>	<p>Highly Desirable evidence:</p> <p>MSF</p> <p>ALMAT</p> <p>Reflection on communications</p>	

		<p>High standards in prescribing medication.</p> <p>Personal Activities and Personal Reflections may include:</p> <p>Simulation and other courses such as resuscitation, communication skills, inter-hospital transfer</p> <p>Awareness and application of Caldicott principles</p> <p>Participation in junior doctors forum meetings</p> <p>Delivery of teaching sessions and feedback</p> <p>Satisfactory MSF.</p>		
<p>Management and professional and regulatory requirements</p>	<p><i>Understands and undertakes managerial, administrative and organisational roles expected of senior anaesthetists in training</i></p>	<p>Supervised Learning Events (SLEs) can be used to demonstrate:</p> <p>Ability to use hospital investigation IT systems, electronic prescribing, electronic medical records</p> <p>Participation in patient advice and decision making pathway in pre-operative assessment</p> <p>Obtaining consent for procedures.</p> <p>Personal Activities and Personal Reflections may include:</p> <p>Management of a project in the anaesthetic department such as a teaching programme, a QI project, rota administration for anaesthetists in training</p> <p>Attendance at departmental business meetings</p> <p>Courses or eLearning: NHS structure and management, NICE guidance on shared decision making.</p>	<p>Mandatory requirement:</p> <p>Evidence of mandatory training, Equality and Diversity certificate. Hospital Induction attendance.</p>	

<p>Team working</p>	<p><i>Demonstrates safe and effective followership and leadership in clinical teams</i></p>	<p>Supervised Learning Events (SLEs) can be used to demonstrate:</p> <p>Supervision of more junior anaesthetists in training out of hours</p> <p>Ability to lead resuscitation teams in the clinical setting</p> <p>Leadership and management of theatre teams (ALMAT)</p> <p>Decision making in clinical management of cases in theatre, etc.</p> <p>Personal Activities and Personal Reflections may include:</p> <p>Completion of resuscitation courses</p> <p>Simulation training</p> <p>Being part of simulation course faculty</p> <p>Reflection on constructive feedback given to colleague</p> <p>Portfolio evidence of personal development plans and regular meetings with educational supervisors</p> <p>Satisfactory MSF.</p>	<p>Highly Desirable evidence:</p> <p>ALMAT MSF Simulation course certificate</p>	
<p>Safety and Quality improvement</p>	<p><i>Able to lead a local quality improvement project</i></p> <p><i>Applies the principles of patient</i></p>	<p>Supervised Learning Events (SLEs) can be used to demonstrate:</p> <p>Leadership of local QI project</p> <p>Presentation of QI project results</p> <p>Implementation of QI project outcomes recognising challenges eg sustainability, up-scaling, spreading</p>	<p>Highly Desirable evidence:</p> <p>A-QIPAT Reflection on CI/investigation/other</p>	

	<i>safety in the hospital context</i>	<p>A-QIPAT</p> <p>Case(s) resulting in completion of incident form</p> <p>Observance of theatre safety practices such as Stop Before You Block, WHO checklist.</p> <p>Personal Activities and Personal Reflections may include:</p> <p>Courses or eLearning: quality improvement methodology, medicines management, human factors</p> <p>Reflection on a critical incident</p> <p>Involvement with critical incident investigations</p> <p>Attendance at quality improvement meetings.</p>		
Safeguarding	<i>Recognises safeguarding concerns in patients and healthcare professionals</i>	<p>Supervised Learning Events (SLEs) can be used to demonstrate:</p> <p>Management of consent with a child or adolescent involving parents</p> <p>Knowledge of the local procedure for referral of a child for safeguarding concerns</p> <p>Involvement with cases where there are safeguarding issues with children or adults</p> <p>Adjustment to pre-operative assessment and consent when dealing with vulnerable adults or children</p> <p>Involvement with cases dealing with vulnerable adults and children such as those with learning disabilities, autism, acute confusion, dementia, and mental illness.</p>	<p>Mandatory requirement:</p> <p>In date Child and Adult safeguarding certificate, Mental capacity act, Information Governance certificate or screenshot of mandatory training.</p>	

		<p>Personal Activities and Personal Reflections may include:</p> <p>Attendance at local mandatory training including safeguarding, information governance, and mental capacity act</p> <p>Experience of the involvement of an Independent Mental Capacity Advocate.</p>		
Education and Training	<i>Plans, delivers, and reflects on educational activities provided to other learners</i>	<p>Supervised Learning Events (SLEs) can be used to demonstrate:</p> <p>Use of SLEs throughout stage of training to facilitate learning and guide progress</p> <p>Supervision of more junior colleagues.</p> <p>Personal Activities and Personal Reflections may include:</p> <p>Courses: teaching and training courses such as Generic Instructor (GIC), Anaesthetists as Educators</p> <p>Acting as part of teaching faculty in simulation courses</p> <p>Planning and delivery of teaching sessions with feedback</p> <p>Development of patient information material</p> <p>Involvement with development and/or delivery of department teaching programmes.</p>	<p>Highly Desirable evidence:</p> <p>Up to date PDP and engagement with LLP.</p> <p>Other evidence: LLP CPD diary, evidence of teaching sessions attended.</p>	
Research and managing data	<i>Is research ready: develops critical appraisal skills; gains a broader</i>	<p>Supervised Learning Events (SLEs) can be used to demonstrate:</p> <p>Use of evidence-based national or local guidelines</p>	<p>Highly Desirable evidence:</p> <p>Journal club presentation.</p>	

	<p><i>understanding of data management and research methodology; communicates research evidence to patients and colleagues in a meaningful way</i></p>	<p>Accessing and interpreting evidence from the literature (CBD).</p> <p>Personal Activities and Personal Reflections may include:</p> <p>Involvement in data collection as part of a local, regional, or national study</p> <p>Critical appraisal of journal article for example at a journal club meeting</p> <p>Presentation of poster or paper at a regional or national meeting</p> <p>Involvement in developing local guidelines</p> <p>Appropriate use of statistics when contemplating research projects</p> <p>Participation in trainee research network activities</p> <p>GCP certificate completion</p> <p>Courses: research methodology, information governance.</p>		
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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	<i>Works with patients to reduce the risks associated with surgery</i>	<p>Further exposure to pre-operative assessment clinics with experience of ASA 1-4 patients for elective surgery</p> <p>Experience of emergency surgery for ASA 1-3 patients</p> <p>Safe delivery of perioperative care for these patients with supervisor on call from home for queries able to provide directions via phone or non-immediate attendance (supervision level 3).</p>	<p>Supervised Learning events (SLEs) across a range of surgical specialties and pre-operative assessment clinics, including high risk obstetric clinics, demonstrating:</p> <p>Delivery of high quality, individualised perioperative care to ASA 1-4 patients for elective surgery and ASA 1-3 emergency patients including obs and paed, focusing on optimising patient experience and outcome</p> <p>Supervision level 3.</p> <p>Personal activities and reflections:</p> <p>Knowledge of NICE guidance on shared decision making</p> <p>Awareness of integrated care pathways in the devolved nations.</p> <p>Involvement with health promotion interventions with patients in pre-operative assessment clinics such as</p>	<p>Note: Check logbook of preassessment clinics .</p> <p>SLEs demonstrating performance at Supervision level 3</p>	

			<p>smoking cessation, prehabilitation.</p> <p>Knowledge of guidance of use of blood and blood products in Jehovah's Witnesses</p> <p>Knowledge of local and national guidance on management of anaemia perioperatively</p> <p>Attendance at obstetric anaesthesia clinics.</p>		
General Anaesthesia	<i>Provides safe and effective general anaesthesia with distant supervision for ASA 1 - 3 patients undergoing non-complex elective and emergency surgery within all settings</i>	<p>Further experience of cardiothoracic, neuro, paediatric and obstetric anaesthesia to achieve the capabilities at the supervision level outlined below</p> <p>Evidence of the use of TIVA in different settings</p> <p>Exposure to more complex ASA 3 patients for emergency and elective surgery.</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>Evidence of use of TIVA in different settings at supervision level 2b</p> <p>Neuro-anaesthesia</p> <p>This may be evidenced by the CUT form for intermediate level neuro-anaesthesia provided that the supervision level 2a is met.</p> <p>Cardiothoracic anaesthesia (old intermediate and higher)</p> <p>This may be evidenced by the CUT form for intermediate level</p>	<p>Note: Check Logbook summary for more complex patients. Including SLEs supporting practice.</p> <p>Paediatrics - provide logbook of cases with supervision level 2a (1-5years), 2b > 5 years, MTR and MSF. E-learning for principles of Neonates.</p> <p>Obstetrics - provide logbook of cases with supervision level 3, MTR and MSF.</p>	

			<p>cardiothoracic anaesthesia provided that the supervision level 2a is met</p> <p>Paediatric anaesthesia</p> <p>Supervision level: minimum 2a for ASA 1-3 children aged 1-5, Supervision level 2b for children 5 years and above</p> <p>Principles of general anaesthetic care of neonates</p> <p>Obstetric anaesthesia</p> <p>Anaesthesia for elective and emergency obstetric patients including those with co-morbidities and obstetric complications; supervision level 3.</p>	<p>Logbook demonstrating TIVA use. SLE demonstrating supervision level 2b.</p> <p>Higher CUT form for Neuro and Cardiac.</p>	
Regional Anaesthesia	<i>Performs a wider range of regional anaesthetic techniques</i>	Some experience with other regional anaesthetic blocks such as upper limb and chest and abdominal wall	<p>Supervised Learning events (SLEs) can be used to demonstrate:</p> <p>Wider range of ultrasound guided regional blocks</p> <p>Including ultrasound guided brachial plexus and chest or abdominal wall blocks</p>	<p>Note: Check their logbook summary for breadth of cases required</p> <p>ILTC</p> <p>Review Annex F for procedures and</p>	

			Requirements set out in Practical Procedures Grid .	supervision levels. See below	
Resuscitation and Transfer	<p><i>Able to manage the on going care of post-resuscitation patients</i></p> <p><i>Independently cares for critically ill adult patients during inter-hospital transfers by road</i></p>	<p>Inter hospital transfer</p> <p>Trauma and paediatric resuscitation skills</p> <p>Post-resuscitation management of patients.</p>	<p>Supervised Learning events (SLEs) demonstrating:</p> <p>Safe inter hospital transfer of a patient at a supervision level of 3</p> <p>Resuscitation skills including those for major trauma, paediatrics, and patients with acute neurological deterioration at supervision level 3.</p> <p>Personal Activities and Personal Reflections may include:</p> <p>Simulation training including transfer</p> <p>Resuscitation training courses including paediatric life support (courses that are still 'in date' are suitable evidence)</p> <p>Training in medical ethics.</p>	<p>Note: Check logbook and SLEs supporting supervision level 3 for interhospital transfers and trauma calls.</p> <p>Up to date ALS/EPLS/ATLS or equivalent courses. Transfer courses</p>	

<p>Sedation</p>	<p><i>Provides safe sedation to ASA 1 to 3 adults and children in any location within the hospital</i></p>	<p>Safe delivery of sedation for ASA 1-3 adult patients with supervisor on call from home for queries able to provide directions via phone or non-immediate attendance (supervision level 3)</p> <p>Experience of sedation in children</p> <p>Use of TCI for sedation.</p>	<p>Supervised Learning events (SLEs) for appropriate cases eg ophthalmic surgery, trauma, dentistry, endoscopy, Intensive Care, cardioversion, radiology.</p> <p>Use of target controlled infusions</p> <p>Supervision level 3</p> <p>This may be evidenced by the CUT form for intermediate level sedation provided that the supervision level for the capability described above is met.</p>	<p>ILTC and SLEs evidencing practice at supervision level 3 and experience in non-theatre environment</p>	
<p>Pain</p>	<p><i>Understands the aetiology and management of acute, acute on chronic and chronic pain</i></p>	<p>Some experience of specialist pain clinics and pain intervention lists</p> <p>Experience of leading the acute pain round.</p>	<p>Supervised Learning events (SLEs)</p> <p>For example: regional anaesthesia techniques for post-operative pain</p> <p>Leading acute pain round</p> <p>Management plans for the transition to oral analgesia from PCA, neuraxial, or regional anaesthesia techniques</p> <p>Management of patient with acute on chronic pain.</p>	<p>Note: Check logbook of pain management clinics and leading acute pain rounds. SLEs/reflections to demonstrate above.</p> <p>e-learning such as fpm.ac.uk/e-pain</p>	

			Personal Activities and Personal Reflections may include: Attendance at specialist pain clinics and pain intervention lists.		
Intensive Care	<i>Provides safe and effective care for critically ill patients with specialist help and guidance</i>	Three months training in Intensive Care Medicine equivalent to Higher ICM in 2010 curriculum (to demonstrate achievement of the capabilities required for stage 2) If additional time has been spent in ICU because of COVID then this experience can be counted where appropriately evidenced.	Completion of three months ICM (old higher) Supervised Learning events (SLEs) from experience in ICU demonstrating achievement of FICM capability levels. 2010 curriculum higher level competences, if signed off by the ICM faculty tutor, will be acceptable evidence.	Higher CUT form and Logbook of ICM cases. MTR demonstrating working at expected Supervision level.	

Stage 2 Practical Procedures summary prior to ARCP

<i>Airway management</i>	Required Supervision Level	Completed in LLP Signed (ES/CT)
Insertion of supraglottic airway	3	
Intubation using standard laryngoscope	3	
Intubation using video laryngoscope	3	
Fibreoptic intubation	2a	

Intubation in the awake patient	2a	
Emergency front of neck access (simulation)	3	
Lung isolation technique (eg double lumen tube or bronchial blocker)	2a	
<i>CVS</i>		
Central venous line insertion	3	
Venous access line for renal replacement therapy	3	
Arterial line	3	
Ultrasound guided peripheral venous cannulation	3	
<i>Respiratory</i>		
Needle thoracocentesis (simulation)	3	
Chest drain insertion (simulation)	3	
<i>Regional Techniques</i>		
Lumbar epidural	3	
Low thoracic epidural	2b	
Spinal anaesthesia	3	
Combined spinal/epidural	3	
Simple peripheral nerve block	3	
Ultrasound guided chest wall plane block	3	
Ultrasound guided abdominal wall plane block	3	
Ultrasound guided lower limb block including femoral nerve block and fascia iliaca block	3	
Ultrasound guided upper limb block including brachial plexus block	3	