

Anaesthetics

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Anaesthetics. You will also need to read the [Curriculum for a CCT in Anaesthetics](#)

Can I get advice before I submit my application?

You can [contact us](#) and ask to speak to the Specialist Applications Team for advice before you apply. You are strongly advised to contact the Royal College of Anaesthetists (RCOA) for guidance **before** you submit an application.

What is the indicative period of training for a Certificate of Completion of Training (CCT) in Anaesthetics?

The indicative period of training for a CCT in Anaesthetics is seven years and it is very unlikely that an applicant would achieve the competencies required for a CCT in a shorter period of time.

The structure of the programme (in indicative timescales) is two years at the **basic level** of training (or two years in Acute Care Common Stem (ACCS) plus one additional year in anaesthesia), followed by two years at the **intermediate level** and then three years at the **higher or advanced level**. Applicants need to demonstrate that they have achieved the competencies for:

- Intermediate level obstetrics [Annex C]
- Intermediate level pain medicine [Annex C]
- Higher level cardiothoracic anaesthesia [Annex D]
- Higher level neuro anaesthesia [Annex D]
- Higher level general duties [Annex D]
- Higher level perioperative medicine [Annex D]
- Higher level intensive care medicine {Annexes D and F}
- Higher level paediatric anaesthesia [Annex D]
- Advance practice in one of the areas listed in Annex E of the curriculum
- Higher level academic and research [Annex G]
- Advanced level teaching and learning [Annex G]
- Higher level management [Annex G]

For full details please refer to the [Curriculum for a CCT in Anaesthetics](#).

Submitting your evidence

Do not submit original documents.

All your copies, other than qualifications you're getting authenticated **must** be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do this in our [important notice about evidence](#).

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

Your evidence **must** be accurate, and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

How much evidence to submit

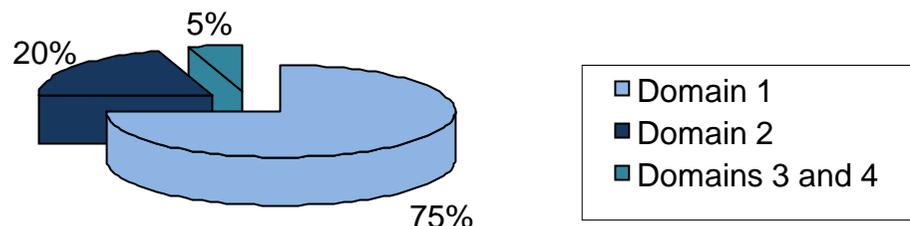
This guidance on documents to supply is not exhaustive and you may have alternative evidence. In general, CESR applications in Anaesthetics tend to include **800-1000 pages** of evidence. **You should be able to successfully demonstrate your competence in no more than 1200 pages.**

We recognise that you may not have all the evidence listed here and you may wish to delay submitting an application until you are able to gather it.

Your evidence **must** cover the knowledge, skills and qualifications to demonstrate the required competencies in all areas of the [Curriculum for a CCT in Anaesthetics](#). If evidence is missing from one area of the curriculum for example, then the application may be unsuccessful.

If you have a piece of evidence that is relevant to more than one domain, do not include multiple copies in your bundle. Instead, include one copy and list it in your evidence list under each relevant area, stating that the document is located elsewhere. (For example you might state: "document included in teaching and training section".)

Evidence breakdown



It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.

Evidence that is more than five years old will be given less weight than more recent evidence, so you may not need to include it. As a general guide, we would usually expect to see around 800 - 1000 pages of evidence.

Types of evidence are divided into four different domains. We recommend that you apportion the evidence you provide with your application as shown in the pie chart.

Domain 1: 75%

Domain 2: 20%

Domains 3 and 4: 5%

It is important to note that you will not be able to compensate for shortfalls in your evidence of training and experience in a particular area of the curriculum by providing extra evidence in other areas.

Organising your evidence - A message from the Royal College of Anaesthetists

This statement has been prepared to help you prepare your CESR application in Anaesthesia. You will also need to read in depth the RCoA 2010 Curriculum for Specialist Training which can be found at: <http://www.rcoa.ac.uk/careers-training/training-anaesthesia/the-training-curriculum/CCT2010>.

It is **strongly** recommended that, where possible, you seek advice from someone familiar with the UK training programme.

Your application should be presented in a structured and ordered way as outlined below. You must present evidence of having been trained in and continuing to practise safely across all domains of the GMC's Good Medical Practice. A well-structured application is more likely to be successful than one which is disordered or poorly-prepared.

It is our experience that applications from doctors in the specialty of Anaesthetics often do not provide evidence to cover the full breadth of the CCT curriculum i.e. that they have not gained the appropriate competencies in the key areas of obstetrics and pain medicine [acute and chronic] in Annex C; cardiothoracics, neuroanaesthesia, paediatrics, general duties and intensive care medicine in Annex D and F or academic, research, teaching and learning or management defined in Annex G or equivalent of advanced

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practice as specified in Annex E. If you have not covered a specific area of the curriculum it is advisable to postpone an application until you have been able to gain this experience.

We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas. We also strongly recommended that all your referees should be fully conversant with the current curriculum and able to provide detailed support for your competence across all or most areas.

Additionally, the following points should be addressed across the four Domains of Good Practice:

Domain 1

This is where most of your evidence will be located. **Your evidence must be organised to present each clinical subspecialty in turn. You may find it helpful to insert a divider page between subspecialties. If you have no evidence in a particular subspecialty then your application is likely to be unsuccessful. The eight subspecialties are:**

- Intermediate level obstetric anaesthesia [Annex C]
- Intermediate level pain medicine [Annex C]
- Higher level cardiothoracic anaesthesia [Annex D]
- Higher level neuro anaesthesia [Annex D]
- Higher level general duties [Annex D]
- Higher level perioperative medicine [Annex D]
- Higher level intensive care medicine {Annexes D and F}
- Higher level paediatric anaesthesia [Annex D]

You must present evidence of having the appropriate skills and knowledge at the relevant level of training (intermediate, higher or advanced) in all the areas of the curriculum outlined in the specialty specific guidance. You must present each subspecialty area separately. This will involve delineation of:

1. The training you have received organised by subspecialty- this should include where and when you received the training, in the form of a dated, ordered list. Please do not include theatre and on-call rotas
2. The experience you have had organised by subspecialty - a detailed record of experience is a very important part of your application, but individual cases listed in a logbook are generally not as helpful as summarized annual data. The RCoA logbook summary form is a recommended format for presenting this data, and it can be found at Appendix 4 of the [CCT Curriculum Guidance](#). Logbook data will still need to be presented for triangulation with the logbook summary.
3. Evidence of satisfactory performance organised by subspecialty - it is appreciated that it could be a long time since you practised in a particular subspecialty but you should still concentrate on providing high quality evidence of satisfactory performance. **Quality cannot be substituted for by quantity**, so large volumes of low quality evidence are unlikely to make your application successful. **The very best evidence consists of workplace-based assessments and a sign-off at the end of a module or unit of training.** If a sign-off such as a Completion of Unit of Training (CUT) form is used, make sure that it indicates the level of training (intermediate, higher or advanced), as well as the specialist area.

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Domain 2

Audit:

You must demonstrate full involvement in the audit process from formulation of the study, through to carrying this out, and satisfactory presentation. Re-auditing (closing the audit loop) is ideal and would provide added evidence in this domain, but it might be impractical in some instances.

Domains 3 & 4

Your structured references are a large source of evidence in these domains. Other evidence that is very useful to demonstrate your competence in these domain includes Multi Source Feedback (360°), including feedback from patients, letters and testimonials.

Some points to remember:

Within your General Duties evidence you must demonstrate:

1. Airway skills, for example a satisfactorily completed training course and workplace based assessments, case histories or references attesting to your skills
2. Resuscitation skills - ATLS, ALS and APLS are acceptable if they are up to date. Other evidence such as workplace based assessments for these skills may also be acceptable
3. Six other modules of your choice - it is accepted that there can be much overlap in some general duties evidence and so combined evidence can be presented.

Advanced subspecialty:

You must nominate one module as an advanced subspecialty (it can be general duties) and provide the requisite evidence of completion. You do not need to present intermediate or higher evidence for your advanced unit.

Teaching and Training:

You should present evidence that you have been trained in teaching skills (there are many courses available including the ALS generic instructor course and other 'train the trainer' courses), have delivered teaching on a regular basis and have been satisfactorily assessed doing so (audience feedback is the best form of evidence in this area). Such feedback should ideally refer to you specifically, not to a course or study day as a whole.

Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You must remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted.

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This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

The following details don't need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](#).

Domain 1 - Knowledge, skills and performance

Qualifications

Primary medical qualification (PMQ)	<p>If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.</p> <p>If you do not hold registration, you will need to have your primary medical qualification independently verified by ECFMG before we can grant you full registration with a licence to practise.</p> <p>You can find out more about primary source verification on our website.</p> <p>You only need to get your primary medical qualification verified by ECFMG. The rest of your evidence should be verified in line with our guidance.</p>
Specialist medical qualification(s)	<p>Please provide an authenticated copy of any specialist medical qualifications you hold.</p> <p>For College examinations the College may confirm details of any examinations you have undertaken.</p> <p>The College website has a list of qualifications by country recognised as an acceptable test of knowledge.</p> <p>If your Specialist qualification is covered by these documents then curricula/syllabi do not need to be submitted with your application.</p> <p>There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.</p> <p>Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the application form.</p>

Curriculum or syllabus (if undertaken outside the UK)	<p>This should include the requirements of the qualification and must relate to the specialty in which you are applying. The curriculum or syllabus (including assessment methods) must be the one that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>For qualifications, we will look to evaluate:</p> <ul style="list-style-type: none"> • where the curriculum covers areas of the CCT curriculum • the complexity of the work undertaken • how examinations are evaluated or quality assured (external assessment). <p>The College has the 2007 and 2010 curriculums for a CCT in Anaesthetics on their website.</p> <p>The College does not hold curricula or syllabi for non-UK anaesthetic training.</p> <p>All applicants must provide evidence of the curricula used for the award of their specialist qualifications. This evidence should be made up of curricula/syllabi, methods of assessment and standard setting. This should be endorsed by the organisation awarding the qualification. Also logbook summaries linked to the training period detailing case mix, age range and numbers of cases are required. Other evidence may include work place based assessments and summative appraisals of progress. Applicants should also provide evidence of completion of training.</p> <p>Applicants must demonstrate an appropriate test of knowledge to that required for the CCT which is the Fellowship examination FRCA or provide evidence that demonstrates equivalent knowledge.</p>
Specialist registration outside the UK	<p>Please provide an authenticated copy of details of the registration requirements of that authority.</p> <p>This will demonstrate what is expected of a registrant by that authority and how your application for registration was evaluated.</p>
Honours and prizes	<p>Please provide copies of certificates or letters showing what the prize or honour was for, including the selection and eligibility criteria and pool of eligible individuals.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>

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Other relevant qualifications and certificates	Please provide copies of certificates including ALS, ATLS, certificates of completion of specific training units in the training programme. Other examples of evidence include degrees or diplomas in relevant areas such as management, business, IT, communication, education or law.
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Assessments and appraisals

Appraisals and assessments	<p>For non training posts you should provide evidence of ongoing evaluation of your performance.</p> <p>This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).</p> <p>In the UK, a revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).</p> <p>Alternative evidence may include letters (written at the time) commenting on your performance. In addition where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression There are many different forms of assessment which form part of the various CCT curricula. Many of these tools are available for those not in training to use.</p>
RITAs, ARCPs and training assessments	<p><u>It is essential that evidence of assessment in clinical training and practice is organised by subspecialty as listed above on Page 4. You may find it helpful to insert a divider page between subspecialties. If you have no evidence in a particular subspecialty then your application is likely to be unsuccessful.</u></p> <p>Formal records of assessment have been in place in the UK since 1996 (for posts of Registrar, Specialist Registrar, and Specialty Registrar). If you have undertaken training in the UK in these grades you should provide a copy of your formal records. In addition if you held any of these approved training posts (except locum posts), please provide evidence of your training number. The very best evidence consists of workplace-based assessments and a sign-off at the end of a module or unit of training.</p> <p>If you have undertaken training outside the UK you must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, you must provide the curriculum to demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.</p> <p>If that training was recognised by relevant authorities outside the UK please provide evidence and recognition standards.</p> <p>If areas for development were highlighted please provide evidence to demonstrate that you have subsequently addressed them There are many different forms of assessment which form part of the CCT curriculum. Many of these tools are available for those not in training to use.</p>

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360° and multi-source feedback	You may wish to supply evidence of feedback from colleagues of all levels (peers, nursing, auxiliary staff, patients, management) completed at the time and may be in the format of letters, references for posts applied for etc.
Awards and discretionary points letters	You must provide copies of certificates and letters if you have been awarded any awards or discretionary points.
Personal development plans (PDP)	For details of what to include please see NHS appraisal information You must also provide evidence of review of your PDP at appraisal. PDPs normally form part of your annual appraisal system and you should submit them with appraisal documentation.

Logbooks, records of daily clinical practice and portfolios

The evidence you supply here **must** demonstrate that you have achieved **all** the requirements and competencies as set down in the CCT curriculum for your specialty.

Where you have, for a substantial period of time, worked in a specialised area, you should submit evidence that at one stage in your career you achieved the requirements and competencies of the curriculum for your specialty and that have maintained these skills. You will also need to provide evidence that your current specialised practice allows you to meet all of the requirements of [Good Medical Practice](#).

Logbooks

All evidence in this area **must** be **anonymised** for individual patient data.

All patient names (first and last), contact details (including full address) and any patient ID numbers (such as NHS numbers or hospital numbers) must be removed from your evidence before you submit it to us.

It is essential that logbook evidence of clinical training and practice is organised by subspecialty as listed above on Page 4. You may find it helpful to insert a divider page between subspecialties. If you have no evidence in a particular subspecialty then your application is likely to be unsuccessful.

Photocopies of operating lists and theatre record books are not satisfactory evidence of procedures and you should not include them. You should provide copies of your logbook as well as a logbook summary. If you did not complete a logbook at the time you undertook the procedures, you should create a logbook summary from the information you have. If you do submit a logbook, it should contain the following information:

- only procedures that you were personally involved in
- age and gender
- date of the procedure
- full name of the procedure
- your role in the procedure (assisted, performed personally, performed under direct supervision of someone more senior, supervised a junior)
- Patient ASA
- any critical incidents
- name of the hospital or clinic where procedure was performed
- outcomes data.

It is important that these cover the full range of the curriculum demonstrating the breadth and depth of the specialty. This may mean that you have to go back further than 5 years.

For guidance on the most appropriate format for your logbook summary please refer to the Royal College of Anaesthetists [website](#) where you can obtain a copy of the electronic logbook. The format for a logbook summary is available in Appendix 10 in the Curriculum for a CCT in Anaesthetics.

For those applicants who do not have a logbook, testimonials or theatre records summarising case mix, specialty and age range of patients are suitable types of evidence.

<p>Consolidation, cumulative data sheets, summary lists and annual caseload statistics</p> <p>All evidence in this area must be anonymised for individual patient data.</p>	<p>You should provide a summary of the total numbers for the various procedures listed in the logbook. This should be completed annually and include your role in the procedure.</p> <p>It is important that the logbooks and logbook summary covers the full range of the curriculum demonstrating the breadth and depth of the specialty. This may mean that you have to go back further than five years.</p>
<p>Medical reports</p> <p>All evidence in this area must be anonymised for individual patient data.</p>	<p>You should provide examples across the breadth of your practice following the Academy of Medical Royal Colleges and NHS agreed format:</p> <p>Standards for the clinical structure and content of patient records</p> <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your handling of patient paperwork • your respect and protection of confidential information • triangulation with logbook information.

<p>Case histories</p> <p>All evidence in this area must be anonymised for individual patient data.</p>	<p>Case histories that you provide should include:</p> <ul style="list-style-type: none"> • dates • diagnosis • nature of your involvement in the management of the case • which curriculum competencies were involved. <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • Patient ASA • your handling of patient paperwork • your respect and protection of confidential information • triangulation with logbook information.
<p>Referral letters discussing patient handling</p> <p>All evidence in this area must be anonymised for individual patient data.</p>	<p>Please provide a variety of copies of letters to cover all aspects of your work and to demonstrate the breadth of your practice. This may include examples of letters:</p> <ul style="list-style-type: none"> • requesting a second opinion • advising clinical colleagues or answering particular questions regarding patient management • from clinical colleagues regarding applicants involvement in patient management. <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your relationship with your colleagues in other disciplines • your handling of patient paperwork • your recognition of the limits of your professional competence • your respect and protection of confidential information.

<p>Patient lists</p> <p>All evidence in this area must be anonymised for individual patient data.</p>	<p>Do not include operating theatre lists or photocopies of theatre record books.</p> <p>You may wish to include copies of anonymised patient lists in pain management and Intensive care medicine. You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your participation in teaching and training (where you are supervising a junior colleague) • the volume of cases you undertake • triangulation with rota, timetable and job plan information • triangulation with logbook information.
<p>Departmental (or trust) workload statistics and annual caseload statistics</p>	<p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • the size of the hospital in which you work • the volume of work undertaken within your trust and the percentage that you undertake • the range of work that you undertake and that is undertaken within your trust • triangulation with logbook information
<p>Rotas, timetables and job plans</p>	<p>Rotas and timetables are not required for Anaesthetics do not include them. You should provide job plans.</p> <p>Where you have undertaken a number of roles provide details for each post or role. You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • details of clinical and non-clinical duties you undertake • your on-call commitment • your participation in meetings and teaching • triangulation with logbook information.

Courses relevant to curriculum	<p>The below certificates could be included in your evidence in order to demonstrate competence in 'Management of respiratory and cardiac arrest in adults and children'.</p> <ul style="list-style-type: none"> • Advanced Life Support • Advanced Trauma Life Support • Advanced Paediatric Life Support. <p>These certificates are not a mandatory requirement, as competence in this area can also be demonstrated through submission of suitable WPBAs or other course certificates.</p>
Portfolios (electronic or revalidation)	Do not submit your whole portfolio. You need to separate the evidence in it and submit that under the correct headings as set out in this guidance.

Details of posts and duties (including both training and experience posts)

Employment letters and contracts of employment	<p>The information in these letters and contracts must match your CV. They will confirm the following:</p> <ul style="list-style-type: none"> • dates you were in post • post title, grade, training • type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)
Job descriptions	<p>These must match the information in your CV. They will confirm the following:</p> <ul style="list-style-type: none"> • your position within the structure of your department • your post title • your clinical and non clinical commitment • your involvement in teaching or training.

Job plans	<p>Where you have undertaken a number of roles, provide details for each post or role. You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the main duties and responsibilities of the post• your out of hours responsibilities, including rota commitments• that you have covered for colleagues' periods of leave• any professional supervision and management of junior medical staff that you have undertaken• your responsibilities for carrying out teaching, examination and accreditation duties• your contribution to postgraduate and continuing medical education activity, locally and nationally• any responsibilities you had that relate to a special interest• requirements to participate in medical audit and in continuing medical education• your involvement in research• your managerial, including budgetary, responsibilities where appropriate• your participation in administration and management duties.
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Research, publications and presentations

Research papers, grants, patent designs	<p>Please include any research relevant to your current practice.</p> <p>If the research is published - please submit the first page of the published paper.</p> <p>If the research is not published - please provide a summary or abstract of the research.</p> <p>Colleges may undertake web searches to check the information you provide.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• working with colleagues (where research is joint or multi disciplinary)• Continuing Professional Development (CPD). <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>
Publications within specialty field	<p>Include a copy of the front page of each publication.</p> <p>More weight is given where:</p> <ul style="list-style-type: none">• the applicant is first author• the publication has a high impact factor. <p>You must not change the listing of the authors (the order in which the authors are listed) in papers where there is more than one author.</p> <p>Colleges may undertake web searches to check the information you provide.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• working with colleagues (where publications are joint or multi disciplinary)• CPD. <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge:</p>

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Presentations, poster presentations	<p>You may wish to supply invitations to present at national or international meetings to demonstrate your recognition within your specialty. You may also supply feedback from presentations or meeting agendas or programmes that show your participation.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • the types and complexity of cases you are involved in • triangulation with logbook information • CPD • teaching and training. <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>
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CPD and CME

CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences	<p>Applicants should provide evidence of CPD. This should include local, national and international courses, conferences and meetings attended (supported by certificates of attendance for the five most relevant courses conferences and meetings to your specialty and/or practice</p> <p>You should provide a variety of these to cover all aspects of your work and to demonstrate the breadth of your practice. Where you have specialised the provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills.</p> <p>Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc).</p> <p>See the Royal College of Anaesthetists guidelines at www.rcoa.ac.uk.</p>
CPD registration points from UK Medical Royal College (or equivalent body overseas)	<p>Please provide evidence of registration within a formal system. Royal Colleges or Faculties may confirm attainment of their requirements.</p> <p>See the Royal College of Anaesthetists guidelines at www.rcoa.ac.uk.</p>

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Membership of professional bodies and organisations	<p>List the following for your current membership of professional bodies and organisations. Provide documentary evidence showing membership information:</p> <ul style="list-style-type: none">• organisation name• date of joining• status of membership (member, associate etc)• how membership is achieved (evaluation, examination, is membership restricted or open to all?) <p>Where membership has been attained through an evaluation or examination and you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> <p>See the Royal College of Anaesthetists guidelines at www.rcoa.ac.uk.</p>
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Teaching and training

Teaching timetables	<p>Where you have undertaken a number of roles provide details for each post or role, indicate the level of the teaching. Where teaching is not formal (timetabled) indicate how you participate in teaching. Teaching may include medical students, non-medical practitioners, and foundation year (or equivalent) trainees.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> <p>Evidence could include teaching timetables (including subject), letters from consultants or Directors of Medical Education (or equivalent) specifying the training and timetable.</p>
Lectures	<p>Please include evidence showing the audience and topics covered, such as posters advertising event, educational timetable from trust education centre, letter from education centre indicating your involvement in specialty trainee formal education programme.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• CPD• teaching and training• communication skills. <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>

<p>Feedback or evaluation forms from those taught</p> <p>All evidence in this area must be anonymised for individual patient data.</p>	<p>Please provide copies of feedback from teaching events you have participated in.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • the types and complexity of cases you are involved in • triangulation with logbook information • CPD • teaching and training • leadership • relationships with colleagues • communication skills.
<p>Letters from colleagues</p> <p>All evidence in this area must be anonymised for individual patient data.</p>	<p>You can use copies of letters from colleagues to demonstrate similar information to feedback forms (see above).</p>
<p>Attendance at teaching or appraisal courses</p>	<p>Please provide documentary evidence that you attended the courses and information on the content of the course including whether they were generic or aimed at medical professionals.</p>

<p>Participation in assessment or appraisal and appointments processes</p> <p>All evidence in this area must be anonymised for individual trainee data.</p>	<p>You may provide the following types of evidence to support this area:</p> <ul style="list-style-type: none"> • copies of invitations to appraisals or assessments including attendance at appraisal/assessment courses • evidence of participation in the Deanery ARCP or RITA processes • evidence of participation in appointments for trainees (including invitations to participate and interview panel information, including attendance at interview and appointment related courses). <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • contribution to postgraduate and continuing medical education activity, locally and nationally • any responsibilities which relate to a special interest • participation in administration, management duties • participation in teaching and training • communication, partnership and teamwork • relationships with colleagues (including giving feedback) • leadership.
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Domain 2 – Safety and quality

Participation in audit, service improvement

Audits undertaken by applicant	<p>You should provide evidence of the five stages of the audit process:</p> <ol style="list-style-type: none">1. Definition of criteria and standards2. Data collection3. Assessment of performance against criteria and standards4. Identification of changes (alterations to practice)5. Re-evaluation <p>Evidence you could supply includes:</p> <ul style="list-style-type: none">• audit reports (collections of data alone are not considered as a full clinical audit)• publications• submissions to ethics committee (not satisfactory alone)• presentations of audit work (see above for details required for presentations)• letter from audit or clinical governance lead confirming participation in audit or governance activities• guidelines produced to reflect lessons learned within audit• notes from self-reflective diaries. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information CPD• communication, partnership and teamwork• relationships with colleagues, patients• leadership• multi disciplinary working.
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<p>Reflective diaries</p>	<p>You can use this document to demonstrate</p> <ul style="list-style-type: none"> • triangulation with logbooks • relationships with colleagues • your recognition of the limits of your professional competence • handling of critical incidents or complaints • how you have changed your practice in the light of experiences (part of audit). <p>As this evidence is self produced for its content to be given weight it must be supported or triangulated by other evidence.</p>
<p>Service Improvement and clinical governance meetings</p> <p>All evidence in this area must be anonymised for individual patient data.</p>	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none"> • invitations to attend meetings • minutes of meetings demonstrating your attendance and participation in the meeting. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • communication, partnership and teamwork • relationships with colleagues • leadership • multi disciplinary working • participation in audit or clinical governance.

Safety

Health and safety	<p>Please provide evidence to support awareness and following Health and Safety requirements.</p> <p>This can be demonstrated by:</p> <ul style="list-style-type: none">• declaration of health on your application form• attendance at appropriate course• involvement in infection control (membership of committees etc)• logbook information on infections• audit on infections and subsequent changes in activity.
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Domain 3 – Communication, partnership and teamwork

Communication

Colleagues	<p>Please provide evidence to support your communication with colleagues, both within your immediate team and the wider team (including non clinical).</p> <p>This can be demonstrated by:</p> <ul style="list-style-type: none">• letters from colleagues (examples of shared cases or “To whom it may concern letters” or testimonials)• letters of correspondence between you and your colleagues, demonstrating collaboration over management of patient care across multidisciplinary teams• management – including organising staff rotas• presentations• copies of appraisals or references written for colleagues (these must be anonymised with relation to colleague data). <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi disciplinary working• participation in directorate and management meetings• honesty and objectivity.
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<p>Patients</p> <p>All evidence in this area must be anonymised for individual patient data.</p>	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• thank you letters and cards from patients• letters from colleagues (examples of cases shared or "To whom it may concern letters" / testimonials)• complaints and responses to complaints. <p>This may include complaints received against your department or a colleague where you have been involved in the resolution. This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application. You must anonymise colleague information from this evidence.</p> <ul style="list-style-type: none">• 360° feedback. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication• relationships with patients• honesty and integrity• protecting patient confidentiality.
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Partnership and teamwork

<p>Working in multidisciplinary teams</p> <p>All evidence in this area must be anonymised for individual patient data.</p>	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• invitations to attend meetings• minutes of meetings demonstrating your attendance and participation in the meeting• job plans which indicate this as a duty• appraisals which include this information. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi disciplinary working.
<p>Management and leadership experience</p> <p>All evidence in this area must be anonymised for individual patient data.</p>	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• invitations to attend meetings• minutes of meetings demonstrating your attendance and participation in the meeting• job plans which indicate this as a duty• appraisals which include this information. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• management skills.

Chairing meetings and leading projects

All evidence in this area **must** be **anonymised** for individual patient data.

This area could be demonstrated in a number of ways including:

- invitations to attend meetings
- minutes of meetings demonstrating your attendance and participation in the meeting
- job plans which indicate this as a duty
- appraisals which include this information
- project reports
- letters from colleagues
- publications or presentations.

You can use these documents to demonstrate:

- communication, partnership and teamwork
- relationships with colleagues
- leadership
- multi disciplinary working
- participation in directorate and management meetings
- CPD.

Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.

Domain 4 – Maintaining trust

Acting with honesty and integrity

Honesty and integrity	You can demonstrate this with: <ul style="list-style-type: none">• the declarations on your application form• statements from your referees• appraisal forms• having no restrictions on your registration (UK based doctors)• Certificate of Good Standing (overseas based doctors).
Equality and human rights (including disability, human rights, race, religion and ethnicity awareness and equal opportunities)	You can demonstrate this with: <ul style="list-style-type: none">• evidence of attendance at relevant courses (please provide details of course content)• feedback from patients and colleagues• statements from your referees• testimonials.
Data protection	You can demonstrate this with: <ul style="list-style-type: none">• attendance at relevant courses (please provide details of course content)• feedback from patients and colleagues• your application and evidence being appropriately anonymised.

Relationships with patients

<p>Testimonials and letters from colleagues</p> <p>All evidence in this area must be anonymised for individual patient data.</p>	<p>You may include "To whom it may concern letters".</p>
<p>Thank you letters, cards from colleagues and patients</p>	<p>Please ensure that these are anonymised (for individual patient data).</p>
<p>Complaints and responses to complaints</p> <p>All evidence in this area must be anonymised for individual patient data.</p>	<p>This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application.</p> <p>You may include complaints received against the department within which you worked or one against a colleague where you have been involved in the resolution.</p> <p>You may provide a reflective diary of how you would handle a hypothetical complaint.</p>

Appendix A

What is the difference between a generalist or a specialist anaesthetist?

If you are applying as a generalist you will need to demonstrate that you have broad and balanced experience which would normally include periods of 3 months in each of obstetric, paediatric, neuro and cardiothoracic anaesthesia. The competencies are defined in the curriculum. A specialist anaesthetist will have devoted a longer period of time, usually an indicative 6 to 12 months in the chosen special interest area. Any applicant applying for a CESR in Academic or Research medicine will need to demonstrate training/experience equivalent to the advanced level of training as specified in the curriculum for that special interest area

In addition it is a requirement of the CCT curriculum for all doctors to have completed a minimum of 9 months in Intensive Care Medicine in total consisting of at least 3 of the 9 months at the higher level. The indicative timescales are based on experience in the UK training programme and it may take longer in alternative environments

a. If I have not obtained the Basic/Intermediate Level training certificate(s) what alternative evidence should I supply?

The basic and intermediate level certificates are progression milestones within the UK anaesthetics programme. The College does not require equivalent certificates for CESR applications.

b. If I have not obtained the Fellowship (FRCA) examination what alternative evidence should I supply?

The Fellowship examination is a test of knowledge for all trainees. Applicants who have not passed the Final fellowship exam will have to demonstrate that the test of knowledge they have obtained meets the same standard in terms of coverage of the advance sciences and Clinical knowledge as outlined in the curriculum. In addition, the applicant would need to supply a curriculum, assessment methods, method of standard setting and approximate pass mark.

A list of accepted tests of knowledge is available on the College website (www.rcoa.ac.uk)