

Stage Three Training

Stage three training is completed over 2 years [adjusted for LTFT working patterns] across several rotational allocations to hospitals in the training programme. The guide below will help you plan which areas of the curriculum to concentrate on during each rotation and will provide advice as to the ARCP requirements during these two years. For further advice, see the WSOA website, the RCOA website or discuss your training with your educational supervisor, college tutor or training programme director.

Broadly speaking, stage 3 is divided into two components:

1. The core stage 3 curriculum – providing evidence for the key capabilities of all 14 domains. Some evidence towards these domains can also be obtained during the special interest areas where relevant.
2. The special interest area(s) – advanced experience in an area or areas of subspecialty interest over 12 months.

Generic Professional Capabilities [GPCs]

- There are 7 GPCs which require evidence to complete stage 3 training.
- Collect evidence for these GPCs throughout the stage of training.
- **Do not complete the HALO for these domains until just before your ARCP at the end of ST7.**
- Examples of suitable evidence for these domains are listed [here](#).
- You should use your educational development time [EDT] to work towards the requirements of these domains.

Perioperative Medicine and Health Promotion and the General Anaesthesia Domains

- These are the 2 largest domains of this stage of training.
- **Do not complete the HALO for these domains until just before your ARCP at the end of ST7 [see below if you are on a dual CCT programme with ICM].**
- These domains require subspecialty experience in 2 areas. Each should be evidenced with a triple-c form [click below for more details].
 - [Obstetric Anaesthesia](#)
 - [Paediatric Anaesthesia](#)
- An MTR will be required for each of the above triple-c forms.
- Other areas of these domains are indicated [here](#).
- Experience during on-call work will help provide evidence for these domains.
- An MTR will be required for these HALOs and this can be the generic MTR for your ST5 year.

Regional Anaesthesia and Pain Domains

- HALOs for these two domains can be completed at any point during this stage of training.
- The specific requirements of these domains are indicated [here](#).
- An MTR will be required for these HALOs – a generic MTR for the year of training could be used if it comments on these domains of training.
- When completing the regional anaesthesia domain, ensure all regional techniques listed in the practical procedures grid are evidenced to the appropriate supervision level.

Practical Procedures Grid

- The practical procedures grid must be evidenced, to the appropriate supervision levels, during this stage of training and will be assessed at the ARCP at the end of ST7.
- The regional components of this grid are best linked to the regional anaesthesia domain and assessed as part of this HALO.
- The other components should be linked to appropriate parts of the curriculum and details of their location should be included as part of the ESSR at the end of ST7 for ease of assessment.

Procedural Sedation

- The HALO for this domain can be completed at any time during this stage of training.
- It is likely to include evidence from elective or emergency experience.
- The requirements of the domain are listed [here](#).
- It should be supported by an MTR, which could be a generic MTR for ST6 or ST7 if there is a comment on this area of practice.

ICM and Resuscitation and Transfer

- A specific ICM placement is not required in stage 3.
- The key capabilities often reflect the interaction of the anaesthetist with ICM and the critically ill patient and can be evidenced from work in theatres, labour ward and any ICM oncalls.
- Use evidence obtained for experience of managing ITU patients who return to theatre for surgical intervention or procedures.
- Likewise the resuscitation and transfer domain involves a maintenance of previous skills along with some key discussion areas which are detailed [here](#).

Special Interest Areas [SIAs]

- 12 months of stage 3 will be spent exploring one or more area of specialist interest.
- These SIAs can be undertaken at any point during stage 3 training.
- You are able to choose any of the SIAs available. However, if you are on a dual training programme, then your SIA selection is mandated by this programme – see below.
- Some SIAs require a minimum of 6 months and some a minimum of 3 months.
- Short SIAs of 3 months need to be planned meticulously if they are to be of benefit.
- The details of the SIAs and the key capabilities within them are listed [here](#).

Additional Requirements of this Stage of Training

- Evidence of a personal development plan with appropriate goals set and achieved.
- A minimum of 3 supervisory meetings documented on the LLP per year.
- A logbook maintained on the LLP.
- A cumulative logbook since starting core training will also be required at ARCP.
- A minimum of one Multisource Feedback Assessment [MSF] per year.
- A minimum of one Multiple Trainer Report [MTR] per year. although additional MTRs are recommended to support triple-c assessments.
- Involvement in at least one audit/QI project during each year of training – ideally evidenced with an A-QIPAT.
- A Form R for each year of training.
- Evidence of reflective practice throughout the LLP portfolio.
- An ESSR should be completed for each placement [except short placements at BCH which will be evidenced using the triple-c form]. An ESSR for an ARCP should cover the start and end dates under review of that ARCP. The start date should reflect the end date of the previous years' ARCP.

Dual Training in Intensive Care Medicine

- For those on a dual training programme in anaesthesia and ICM, the SIA year will be entirely in ICM.
- You should not complete any other SIAs unless you choose to do so during an OOPE or post-CCT fellowship.
- Your SIA in ICM will usually be in ST7.
- As such, the general anaesthesia and perioperative medicine and health promotion HALOs should be completed at the end of ST6 rather than ST7 as this will be the completion of anaesthetic training.
- The HALOs for the GPCs should still be completed at the end of ST7, with evidence being collected for these domains during the ICM year.
- The specific requirements of ICM training should be discussed with your FICM tutor.

Dual Training in Prehospital Emergency Medicine

- For those on a dual training programme in anaesthesia and PHEM, evidence must be provided for the SIAs in Transfer Medicine and Trauma and Stabilisation.
- More information can be obtained [here](#).

See the [ARCP checklists](#) on the WSOA website for more information.