**Intermediate Level Training Certificate**

This is to certify that: Click or tap here to enter name

GMC number \* \* \* \* \* \* \* College Reference Number \* \* \* \* \* \*

* has completed the full intermediate level competency based programme of training in anaesthesia;
* has completed the intermediate level units of training by demonstrating achievement of the core clinical learning outcomes as defined in Annex C to the CCT in Anaesthetics;
* passed the FRCA Final Examinationon Click or tap to enter a date, and;
* can commence higher level training on Click or tap to enter a date.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): Click or tap here to enter name Date: Click or tap to enter a date

(*Regional or Deputy Regional Adviser in Anaesthesia)*

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): Click or tap here to enter name Date: Click or tap to enter a date

*(College Tutor or other designated trainer)1*

**The Regional or Deputy Regional Adviser and one other designated trainer must sign this certificate1**

Hospital or

department

date stamp

1 Other designated trainer must be a consultant anaesthetist

The original of this certificate should be kept by the trainee with copies held by the School of Anaesthesia and/or hospital. A copy should also be sent to the Training Department at the Royal College of Anaesthetists in order to confirm the completion date of intermediate training.

**Record of intermediate level units of training**

|  |  |  |
| --- | --- | --- |
| **Unit of training** | **Completion date** | **Competent signed/dated** |
| ***Essential units*** | | |
| Anaesthesia for neurosurgery, neuroradiology and neurocritical care | Enter a date |  |
| Cardiothoracic anaesthesia and cardiothoracic critical care | Enter a date |  |
| Intensive care medicine | Enter a date |  |
| Obstetrics | Enter a date |  |
| Paediatric | Enter a date |  |
| Pain medicine | Enter a date |  |
| General duties | Enter a date |  |
| Airway management | Enter a date |  |
| Critical incidents | Enter a date |  |
| Day surgery | Enter a date |  |
| General, urological and gynaecological surgery | Enter a date |  |
| Head, neck, maxillo-facial and dental surgery | Enter a date |  |
| Management of respiratory and cardiac arrest | Enter a date |  |
| Non-theatre | Enter a date |  |
| Orthopaedic surgery | Enter a date |  |
| Perioperative medicine | Enter a date |  |
| Regional | Enter a date |  |
| Sedation | Enter a date |  |
| Transfer medicine | Enter a date |  |
| Trauma and stabilisation | Enter a date |  |
| ***Optional units*** | | |
| Ophthalmic | Enter a date |  |
| Plastics/burns | Enter a date |  |
| Vascular surgery | Enter a date |  |

**Higher level units brought forward to ST year 4**2

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit of training** | **Approval Number**3 | **Completion date** | **Signed/dated** |
| Click or tap here to enter text. | \* \* \* | Enter a date |  |
| Click or tap here to enter text. | \* \* \* | Enter a date |  |
| Click or tap here to enter text. | \* \* \* | Enter a date |  |

**Intermediate level units deferred to ST year 5**2

|  |  |
| --- | --- |
| **Unit of training** | **Deferral Approval Number**3 |
| Click or tap here to enter text. | \* \* \* |
| Click or tap here to enter text. | \* \* \* |
| Click or tap here to enter text. | \* \* \* |

2 Prospective approval required from the RCoA Training, Curriculum, and Assessment Committee.

3 Approval number issued by the RCoA Training Department.