Guidance for ARCP requirements during 2010 to 2021 curriculum transition years: 2023

In addition to this guidance, the requirements as set out in the ARCP checklist, eg MTR and MSF, should be adhered to.

Year of training	Transition arrangement	Guidance for 2023 ARCP requirements for outcome 1
ST6 and ST7	Staying on 2010 curriculum	As per 2010 requirements
	ST6 and ST7 who have transitioned to 2021 curriculum	EOY ST6: Generic professional domains: There should be some evidence for the majority of generic professional domains (research may be an exception)
		SLEs such as ALMATs should be linked to generic professional domains, eg Professional Behaviours and Team Working. There should be at least engagement in QI activities.
		Special Interest Areas (SIA): If SIAs have been completed then the relevant HALO should be approved.
		SIA evidence may also be linked to Stage 3 domains, for example General Anaesthesia key capability E. Time spent whilst doing an SIA should be clearly recorded.
		Stage 3: Evidence linked to key capabilities. SLEs should demonstrate progression. Triple C forms should be completed for discrete areas of the curriculum if appropriate such as paediatrics and obstetrics.
		It is possible that some domains may sufficient evidence but the expectation would be that the majority of HALOs are completed towards the end of ST7.

ST6	Option A: All of Stage 2 'top up' completed in year ST5	EOY ST6: Generic professional domains: There should be some evidence for the majority of generic professional domains (research may be an exception)
		SLEs such as ALMATs should be linked to generic professional domains, eg Professional Behaviours and Team working. There should be at least engagement in QI activities.
		SIAs: If SIAs have been completed then the relevant HALO should be approved.
		SIA evidence may also be linked to Stage 3 domains, for example GA key capability E. Time spent whilst doing an SIA should be clearly recorded.
		Stage 3: Evidence linked to key capabilities. SLEs should demonstrate progression. Triple C forms should be completed for discrete areas of the curriculum if appropriate such as paediatrics and obstetrics.
		It is possible that some domains may sufficient evidence but the expectation would be that the majority of HALOs are completed towards the end of ST7
	Option B: All of Stage 2 'top up' completed with the exception of ICM	Stage 2: If ICM training completed then Stage 2 'top up' HALO should be approved and EQ2 certificate completed.
		EOY ST6: Generic professional domains: There should be some evidence for the majority of generic professional domains (research may be an exception)
		SLEs such as ALMATs should be linked to generic professional domains, eg Professional Behaviours and Team Working. There should be at least engagement in QI activities.
		Special Interest Areas (SIA): If SIAs have been completed then the relevant HALO should be approved.
		SIA evidence may also be linked to Stage 3 domains, for example General Anaesthesia key capability E. Time spent whilst doing an SIA should be clearly recorded.
		Stage 3: Evidence linked to key capabilities. SLEs should demonstrate progression. Triple C forms should be completed for discrete areas of the curriculum if appropriate such as paediatrics and obstetrics.
		It is possible that some domains may sufficient evidence but the expectation would be that the majority of HALOs are completed towards the end of ST7.

ST6	Option C: Transition requiring more flexibility from Higher 2010 to Stage 3 2021	Stage 2: If outstanding areas of training have been completed then Stage 2 'top up' HALO should be approved and EQ2 certificate completed.
		EOY ST6: Generic professional domains: There should be some evidence for the majority of generic professional domains (research may be an exception)
		SLEs such as ALMATs should be linked to generic professional domains, eg Professional Behaviours and Team Working. There should be at least engagement in QI activities.
		Special Interest Areas (SIA): If SIAs have been completed then the relevant HALO should be approved.
		SIA evidence may also be linked to Stage 3 domains, for example General Anaesthesia key capability E. Time spent whilst doing an SIA should be clearly recorded.
		Stage 3: Evidence linked to key capabilities. SLEs should demonstrate progression. Triple C forms should be completed for discrete areas of the curriculum if appropriate such as paediatrics and obstetrics.
		It is possible that some domains may sufficient evidence but the expectation would be that the majority of HALOs are completed towards the end of ST7.
ST5	Option A: Anaesthetists in training who have moved to the 2021 curriculum and are doing a hybrid of mostly Stage 1 'top up' but also some Stage 2 This option is better for anaesthetists in training who have not done specialty areas of practice like cardiac, neuro or paediatrics in ST3	EOY ST5: All Stage 2 HALOs should be completed and Final FRCA passed. Stage 2 certificate can then be issued. Anaesthetists in training should have an EQ1 certificate on the LLP as Stage 1 'top up' should have been completed by the end of ST4 year.
	Option B: Anaesthetists in training who have stayed on the 2010 curriculum to complete Intermediate Level training This option is better for anaesthetists in training who have done specialty areas of practice in ST3	EOY ST5: ILTC completed and Stage 2 'top up' HALO approved. Stage 2 certificate can then be issued.

ST4	Anaesthetists in training have moved to 2021 curriculum and are doing Stage 1 'top up' or may be doing a hybrid of mostly Stage 1 'top up' but also some Stage 2	EOY ST4: Stage 1 'top up' should be completed by the end of ST4 year if not completed before. EQ1 certificate completed. In addition there should be progress with Stage 2 capabilities.
CT3	Anaesthetists in training have moved to 2021 curriculum and are continuing with Stage 1	EOY CT3 (ACCS CT4): all Stage 1 HALOs completed. Primary FRCA pass. Stage 1 certificate can then be issued.
CT2	Anaesthetists in training have moved to 2021 curriculum and are continuing with Stage 1	EOY CT2 (ACCS CT3): progress with Stage 1 capabilities in both the Generic Professional and clinical domains. There should be evidence in all domains with the exception of ICM if this has not been completed. IACOA by end of CT2. generic professional domain HALOS should be kept open and approved towards end of Stage 1.
CT1		EOY CT1: IAC by end of year and progress with Stage 1 capabilities ie some evidence in terms of supervised learning events, personal activities or reflections across a number of domains both generic professional domain and clinical.
ACCS CTs in year 1 of anaesthesia		Refer to ACCS ARCP guidance.