**So you’re an ST7? Looking to the future.**

By the start of your ST7 year we hope that you are feeling ready to embark on the next stage of your career. There are a few logistics to make sure you know about, before you finish, plus some training and non-clinical activities which you might find useful to know about.

This document aims to outline some of these so that can approach the end of training with confidence.

**Have you got a formal CCT date?**

The CCT date is set by the College, sometimes in discussion with the TPD if a trainee has had a more complex training plan. The College require your ILTC for this – and as everyone transitions to the new curriculum, this will probably be the Stage 2 certificate, although this has not yet been confirmed.

You should have sent your Intermediate Level Training Certificate (ILTC) to the RCoA Training Department ([training@rcoa.ac.uk](mailto:training@rcoa.ac.uk)). It also needs to be on your portfolio. The training committee also need to know about any maternity leave and LTFT training, so that they can take this into account.

Please be aware that any annual leave taken at the end of maternity leave does count as training time and so the CCT will be calculated with this in mind. Your TPD keeps a record of your training time as well, so that it can be cross checked.

Following receipt of your ILTC, the Training Department will write to you with a Prospective CCT date, which you should check against your own expectations.

The Prospective CCT date is not set in stone and it is well-established that, for a variety of reasons (including LTFT work, parental / sick leave, OOP activities, failure to meet educational milestones), this can be extended or adjusted.

It is possible to bring the CCT date forward. The *Gold Guide* is very specific that training is outcome-based and not time-based, and there is precedence to bring forward your CCT date if, for example, your choice of ATMs in your ST6 year means that you don’t have to complete one of the usual HTMs (Airway, Cardiac, Neuro, or Paeds) in your ST7 year.

If you want to do this, then you should discuss with your Educational Supervisor and make a request at an early stage via the Training Programme Director, who will seek the support of the School Board. The RCOA training committee are reluctant to consider moving the CCT date forward much more than 6 months before the scheduled CCT date, as they understandably require evidence that all competencies are close to completion.

If you wish to explore moving your CCT date forward, it is wise to contact both TPD and the training committee at the beginning of the ST7 year, and ensure that as much of the portfolio as possible is complete.

**Which modules do you still need to complete?**

Check the curriculum carefully to ensure that you will have completed an adequate number of mandatory and optional training modules at both Higher Level and Advanced Level. In the new curriculum, this means checking the key capabilities for each HALO to ensure that you have some evidence against each.

You may have already completed the Generic Advanced Domains 1-6. If not, I would encourage you to try to complete these ASAP. These can be signed off by your Educational Supervisor or any Consultant with whom you have done a significant amount of work – Clinical Supervisors for ATMs or QI projects are popular choices. The new curriculum has these domains under the generic professional capabilities HALOs.

If you have time to spare during your ST7 level and don’t wish to shorten your training time then you may wish to complete additional clinical training (eg experience in vascular or ophthalmic surgery) or to consolidate your existing training with further clinical experience in an area of your choice: the College Tutors and Rota Co-ordinators are very accommodating of these requests, providing that they are given adequate notice.

**ARCP checklist**

The ARCP checklist is on the Oxfordanaesthesia website and you are likely very familiar with the requirements by now.

Review the latest expectations for the ST7 year and make sure that you don’t get caught short at the last minute. Don’t rely on previous derogations due to the COVID-19 pandemic (eg: MSF, QI project) still being in force without checking carefully.

**Study Leave / Courses**

Your study leave time can be put to excellent use in the final year, targeting conferences in your clinical area of interes, but also the non-technical skills and knowledge.

Courses can be a good way of demonstrating some learning relating to a training module and a certificate can be uploaded to your portfolio as proof. Check person-specifications for Consultant jobs and try to make sure that you don’t lose out on credit when applications are scored.

As a minimum:

Advanced Life Support Usually in the essential criteria

Paediatric resuscitation (eg: APLS / EPALS)

Trauma (eg: ATLS / ETC / ATACC)

Teaching (eg: GIC / RCoA Anaesthetists as Educators)

Airway (One recommended course is [www.guysamc.co.uk](http://www.guysamc.co.uk))

Regional anaesthesia

Leadership / Management (eg: Keele 2-day course for anaesthetists)

Transfer and Retrieval (eg: locally-organised course / NAPSTaR)

Human Factors (One recommended course is [www.trainetics.co.uk](http://www.trainetics.co.uk))

Consider other courses according to your own interests and intended job – MEPA and OPERA if paediatrics, mMOET if obstetrics, OneBrain if neuro etc.

**Educational meetings**

It is very helpful to your Educational Supervisor if you are well-organised and take charge of your final year of training. One format is to use the ARCP checklist to formulate a plan on how you are going to meet the expectations in a timely fashion at each meeting, although everyone will have their own preferred way of doing things. These meetings are also a good opportunity to get paperwork signed (eg: study leave applications). Make sure these are documented in your portfolio. The non-clinical part of your portfolio is an important part of the ST7 year.

**What are you going to do next?**

You may wish to take up a fellowship (consider the pros and cons to doing this pre/post CCT), work overseas, take up a Consultant post or do something completely different! Some people have an intentional gap and take a well-earned break.

If you intend to apply for a Consultant post in the region then bear in mind that every year you have served as a Registrar is like a year-long job interview! It’s worth making an appointment with the Clinical Lead of any Department where you are considering working to discuss your interests, availability, and explore what opportunities might become available. You may wish to ensure that such a Department doesn’t ‘forget’ who you are – good ways to stay in touch include offering teaching / completing locum shifts / running ‘life support’ courses there etc.

Consultant job applications probably merit a separate document, or even attendance at a course, but briefly most jobs are advertised on the NHSjobs and TracJobs websites. The window for applications can be quite short and while you can, technically, apply for a post at any stage you cannot be interviewed more than six months prior to your expected CCT date.

**Four months before your CCT date**

Download the Notification of Completion of Training form from the RCoA website. You need to complete details of your HTMs and ATMs (Stage 2 and 3 for the future) and send it to the TPD for countersignature. The form then needs to be forwarded to the RCoA Training Department.

Following scrutiny, the RCoA will then notify the GMC that you are approaching the end of your training and the GMC will invite you to apply to join the Specialist Register (and pay them for this…).

**Three months before your CCT date**

You need to give formal notice in writing to your employer (usually the NDA and Medical Staffing), the TPD, and HEETV (Maxine Grout) of your intended final day of work – this is normally done by email and you should include a note as to whether or not you wish to take up a ‘Period of Grace’. The period of grace has to be formally approved by the TPD and School Board. It is no more than 6 calendar months. The period of grace can be used in any hospital, as long as there is room there. It is not a continuation of training, as you are post CCT.

**One month before your CCT date**

You still have a month of clinical work to go, but most module supervisors are sensitive to the administrative needs and will sign off your final module at this point providing that you have engaged appropriately with the expectations and liaised with them concerning this at the start of your final three month block.

Double check you have had all required modules signed off and meet with your ES to complete the final paperwork.

Your revalidation paperwork (Whole Scope of Practice declarations need a ‘live’ signature and Enhanced Form R) needs to reach the Deanery at least two weeks before your ARCP – it is not sufficient simply to upload to your portfolio – and your ESSR needs completion by your ES and College Tutor.

**Following your ARCP**

Assuming you are awarded an Outcome 6, the RCoA will send the GMC a Recommendation to Award CCT and the GMC will add your name to the Specialist Register. Touch base with the Deanery’s Revalidation Officer and make sure that your Revalidation Date is set appropriately.