



Royal College of Anaesthetists

THE CCT IN ANAESTHESIA V: *Guidance for Trainers and Trainees*

Issue 1: October 2007

This document contains decisions of Council and the Training and Examination Committees clarifying details of the College's training programme.

Much of the guidance from the last edition of *Guidance for Trainers* is now included in *The CCST in Anaesthesia* and is not repeated here.

This edition contains some totally new items, marked in red, and "old favourites" from previous editions.

This document is updated on the College website www.rcoa.ac.uk whenever precedents are set so that all trainers *and* trainees can keep up to date with College policy.

Copies are revised and issued to all Regional and Deputy Regional Advisors, College Tutors and Programme Directors by e mail as and when necessary

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AMENDMENTS TO *THE CCST IN ANAESTHESIA*

The following amendments have been made to *The CCT in Anaesthesia* since its publication in January 2007. Amended pages are sent to College Tutors and Regional Advisors as they occur and can also be downloaded from the College website.

No	Date amended ¹	Date to be implemented ²	Pages
1.			
2.			
3.			
4.			
5.			

1. This is the date that the amendment was approved by the Training Committee **and or PMETB**.
2. This is the date that the amendment has to be implemented by Schools of Anaesthesia.

ACCS

Progression of ACCS trainees in anaesthesia StR year 2 [*The CCT in Anaesthesia I Section 3.2*]

Trainees who complete ACCS training will normally join the anaesthesia CCT programme at an appropriate point in StR year 2. The subsequent content and duration of an individual's anaesthetic CCT training will depend on the competences already achieved during ACCS training. A trainee who completed all or part of the intermediate level syllabus for ICM during ACCS training will not normally have to repeat these competences provided that they have been successfully assessed and recorded.

Progression of ACCS trainees from anaesthesia StR year 2 to StR year 3 [*The CCT in Anaesthesia III Section 2*]

Trainees who entered the anaesthesia CCT programme via ACCS may have acquired some or all of the intermediate level ICM competences at the expense of basic level anaesthesia competences. The exact balance will depend on the ACCS training provided for them. This imbalance should not prevent the progression of these trainees from StR2 to StR3, but the "missing" anaesthetic competences must be acquired at an early stage of StR3 and before starting intermediate level training. These arrangements must be recorded on the *Basic Level Training Certificate*.

ANAESTHESIA PRACTITIONERS (AP): implications for the training of StRs

{*Prof Stds February 2005*}

If a hospital wants to take part in the project to train APs (**in Scotland Physician Assistants (Anaesthesia)**), it must consider if its training capacity will be sufficient to meet the requirements of the StRs normally in training at any given time plus the AP trainees. Before giving a decision on training capacity for APs the College will require an assessment of the situation by the Programme Director and Regional Advisor. Support for ACP training will not be given without this assessment.

CAREER BREAKS

(see Returning to Training)

THE CCT IN ANAESTHESIA

Distribution

- *The CCT in Anaesthesia* was produced by the College in July 2006 and a decision was taken in late 2006 to publish the draft document on the website until such time as the implications of MMC became clearer and PMETB approved the programme. Since then a large number of changes have become necessary to this draft; some are minor e.g. aligning terminology and policy with the *Gold Guide*, but others are major e.g. proposed changes to sections of the syllabus. Because all the changes have to be approved by PMETB the definitive edition of *The CCT in Anaesthesia* will not be published for some months. Tutors and trainers should continue to work to the draft edition and *Guidance for Trainers and Trainees* until the definitive edition is ready.
- When *The CCT in Anaesthesia* was published in 2003 copies were distributed on CD ROMs to every trainee. Paper copies were also produced for College Tutors, Regional Advisors and Programme Directors and amended pages were distributed as necessary.
 - Now that memory sticks and broadband are widely available the College sees no requirement to produce a revised CD ROM. When trainees register they will be advised as to where they can find and download the CCT programme.
 - Unless there is a great demand for a paper copy the College does not intend to produce a new version. The programme is available on the website; College Tutors, Regional Advisors and Programme Directors will be informed of amendments by e mail.

Proposed changes to the CCT

The training committee is currently considering two new units of training for inclusion in the CCT programme:

- Emergency Anaesthesia
- Transportation

Trainers will be consulted fully before any changes are presented to PMETB for approval and plenty of time will be allowed to introduce the new units.

CLINICAL LECTURERS

[Med Sec 17 December 2002]

Clinical lecturers holding honorary StR/SpR posts have traditionally taken part in the same on-call pattern as their NHS counterparts. In certain circumstances this may no longer be acceptable to employers. A suggested way of dealing with this is for such lecturers to be on-call on one fixed night per week with the remaining hours, up to the maximum permitted, being allocated to weekend duties. The cases anaesthetised during these periods can then be assessed by inspection of the logbook. Should there be wide deficiencies when comparing individual lecturers' caseloads with NHS trainees it is possible the situation may have to be reassessed.

DATA PROTECTION ACT

[RCA Bulletin 20: July 2003] There has been considerable discussion about the influence of the Data Protection Act on the use of an electronic logbook to record trainee experience and whether or not each trainee must register their system. The major problem is that there is no established case law and therefore no precedent to provide us with definitive guidance on the correct way to proceed.

- The UK Data Protection Act states that:

‘Personal data means data which relate to a living individual who can be identified – (a) from these data, or (b) from these data and other information which is in the possession of, or is likely to come into the possession of, the data controller ...’.

- The GMC Confidentiality Guidance (glossary) defines anonymised data as: *‘Data from which the patient cannot be identified by the recipient of the information. The name, address and full post code must be removed together with any other information which, in conjunction with other data held by or disclosed to the recipient, could identify the patient’.*
- NHS numbers or other unique numbers may be included only if recipients of the data do not have access to the ‘key’ to trace the identity of the patient using this number.
- It therefore seems clear that if the patient hospital number were to be included in the data collected by the trainees, then no one who would have access to the electronic logbook data would be able to ascertain the identity of the patient in question, since they would not have access to the relevant ‘key’ referred to in the GMC guidance. On that basis, no data protection issues should arise under the Data Protection Act since neither the trainee nor anyone who would have access to the trainee log will be dealing with ‘personal data’ as defined under the Data Protection Act.
- One option to avoid any complications arising from the Data Protection Act, may be not to take any data outside the hospital environment and simply keep all the information within the anaesthetic department on the department’s desktop. If the hospital number or the patient’s date of birth is not recorded, then this would be an alternative strategy, in which case, it would be important to use one’s own individual case numbering system, with the ‘key’ kept completely separately from the main logbook data files.

DEFENCE MEDICAL SERVICES (DMS)

Deployment on military operations [TRG.30/02]

A StR/SpR serving with the DMS on military operations must obtain PMETB’s prospective approval if the time is to count towards his/her CCT. As part of the approval process the Dean must certify that the deployment is within College policy.

College policy is that a StR/SpR serving with the DMS may spend a maximum of 3 months on military operations without affecting his/her CCT date, provided that it does not occur during the last 6 months of training which must take place in the UK. Further College approval is not required.

DEFERRAL OF INTERMEDIATE LEVEL KEY UNITS OF TRAINING

[The CCT in Anaesthesia III Section 3.1]

Occasionally, due to local circumstances, some schools may need flexibility in the delivery of key units of intermediate level training. The College accepts therefore, that some flexibility of timing should be allowed between StR years 3, 4 and 5 (SpR years 1, 2 and 3) without destroying the fundamental concepts that have been agreed with the PMETB.

The College will consider requests from Schools for the deferral of particular key units of training from StR years 3 and 4 to StR year 5 (SpR 1 and 2 to SpR year 3). Such deferrals may only occur after formal agreement between the School and the College, are time limited and are subject to regular review. *The CCT in Anaesthesia III: Intermediate Level Training and Assessment* therefore takes into account that certain units of higher training may have to occur during intermediate level training and that some intermediate level “key units of training” may have to be signed off during higher level training. Deferred units should

normally completed within the first 6 months of StR year 5 (SpR year 3) and must be completed before any off-rotation training can be allowed.

Where a deferral has been agreed for a specific School, this must be available to all trainees within the School but deferrals will not be available on the basis of requests from individual trainees in other Schools.

EDUCATION FOR StRs 3 & 4 (SpRs 1 & 2)

[Med Sec 26/01/2004]

The duration of formal educational activity and whether or not it should exclude study-leave are employment matters of the Postgraduate Deans and the Trust and are not something that the College can dictate should be ring-fenced. The College advises, however, that *in total* the time available for the formal educational activity for StR 3/4 (SpR 1/2) trainees should normally amount to the equivalent of one half day each week (this is averaged over a period of time and excludes external study leave).

EQUIVALENCE

Appointing consultant anaesthetists with EEA qualifications *[TRG.77/99]*

- Nationals of an EEA state who obtained their primary *and* specialist qualifications in the EEA, *and* who are on the specialist register of their own country have automatic right of entry to the GMC's Specialist Register and are eligible to apply for a UK consultant post. (Nationals of an EEA state who obtained their primary qualification *outside* the EEA, their specialist qualifications *in* the EEA, *and* who are on the specialist register of their own country must seek advice from the GMC).
- The AAC, on the advice of the College's assessor, must determine the suitability of such applicants for specific consultant posts. If their experience and training is considered to be insufficient or inappropriate for the post, such an anaesthetist could apply for a LAT or SAS grade post to gain the experience to bring them up to the required standard.

Top-up Training *[Trg Dept 04/2005]*

Some foreign trained specialists and SAS grade doctors are advised by PMETB that before they can be recommended for entry to the Specialist Register via the equivalence route (Article 14) they require a specified period of "top-up" training or experience to make their qualifications experience and training equivalent to that needed for a CCT. Each case has to be considered on its merits therefore Tutors/RAs are advised to ask the Training Department for advice before committing themselves to an answer. If such training is provided it must be managed, assessed and recorded in the same way as for trainees, including the right of appeal.

EUROPEAN UNION TRAINING

Recognition of training in EU towards a UK CCT *[PMETB FAQs]*

College Tutors, RAs and Programme Directors may come across trainees who have already received some training in an EU state and want it to be recognised towards their CCT. The College understanding is that:

"PMETB recognises training approved by the competent authorities in other EU states. Therefore providing that a trainee is transferring between posts which comply with European directive requirements and has written confirmation that the competent authorities approve those posts, this training can be recognised towards a CCT. This is

applicable to non EU nationals as well as EU nationals. PMETB does not need to receive any paperwork in this situation.”

(For the Republic of Ireland the competent authority, to the best of the College’s knowledge, is the College of Anaesthetists RCSI.)

EXAMINATIONS

Primary FRCA OSCE/SOE Examinations: January and May 2008 [Council September 2007]

Due to the uncertainties created by MTAS many candidates eligible to sit the OSCE/SOEs did not apply for the May or October 2007 exams. The consequence of this is that the College could be faced with an unmanageable number of applicants for the OSCE/SOEs in 2008. The College only has capacity to examine a maximum of 360 candidates per sitting and due to the professional demands on examiners it is unlikely that it could extend the duration of the examination. At its meeting in September 2007 Council agreed to prioritise candidates for the January and May 2008 examinations as follows:

- Subject to eligibility in all respects to sit the Primary FRCA OSCE/SOE examination priority will be given to applicants who are:
 - Trainees in StR year 2 (anaesthesia) and FTSTA year 2 (anaesthesia)
 - The following applicants will be accepted, in the order listed, if the College has the capacity to examine them at the sitting applied for:
 1. Trainees in StR year 1 (anaesthesia) and StR years 1 and 2 ACCS (anaesthesia)
 2. Trainees in FTSTA year 1 (anaesthesia) and FTSTA years 1 and 2 ACCS (anaesthesia)
 3. Trainees sponsored by the College under the ODTs
 4. SAS Grades who have formerly been in a UK training programme
 5. Former UK trainees
 6. Trainees in approved Irish training posts
 7. Former Irish trainees
- Applicants who fall into 1 – 7 above will be held on a waiting list until the closing date of the examination applied for. Places will be allocated to candidates in numerical order of lists and strict order of receipt of applications within each list. Applicants will be notified of their position of acceptance no later than 5 working days after the closing date.
- An appropriately modified OSCE/SOE Application form will be posted on the Royal College of Anaesthetists website before 20th October 2007.

Eligibility to sit the Primary FRCA MCQ Examination [Council September 2007]

- At its meeting in September 2007 the Examinations Committee were informed that around 25% of ACCS (Anaesthesia) trainees are not starting their anaesthesia module until the final 6 months of the 2-year ACCS course and therefore are not obtaining the Initial Assessment of Competence in Anaesthesia (IAC) until 22 months into their 2 year ACCS training. This could limit the opportunities such trainees have to sit the Primary FRCA Examinations.
- To address the problem Council has agreed to allow **any** registered trainee to apply to sit the Primary FRCA MCQ Examination as soon as they start an approved training post in anaesthesia or ACCS. This replaces the previous regulation that a trainee must have passed the IAC before applying to sit the MCQ Examination
- *College Tutors are strongly recommended to advise their trainees not to attempt the MCQ before they have obtained their IAC.*

Eligibility to sit the Final FRCA Examination [Council June 2007]

Because of the uncertainties and disruption to some trainees' careers created by MTAS both the old and new eligibility rules will apply for entry to the Final FRCA Examinations until December 2008. Until that date candidates will be eligible who:

- Have been awarded the UK Basic Level Training Certificate or the SHO Training Certificate or the Irish equivalent; or
- Have completed thirty months of training in the speciality of anaesthesia. Except for a period of up to twelve months which may be completed overseas, the specified period of training shall have been completed in approved posts in the UK or in posts in the Republic of Ireland approved by the CARCSI. Candidates, which may include 12 months overseas training,
- This concession will allow candidates disadvantaged by MMC, who have already completed 30 months training but might not have been awarded their BLTC or SHO Certificate to have at least three attempts at the Final.
- If any of the Examinations are over-subscribed the prioritisation listed in Section 4 of the Examination Regulations will apply.

Guidance

There is occasionally confusion as to when and what guidance the College provides for candidates who fail FRCA examinations. The situation is as follows:

- Examination Regulation 32
 - **No guidance is provided to candidates who fail the Primary FRCA MCQ Examination.**
 - No candidate may attempt the OSCE/SOE section of the Primary FRCA Examination more than twice without attending a guidance interview.
 - No candidate may attempt the Final FRCA Examination more than three times without a guidance interview.
 - Guidance interviews should normally be attended within six months of the date of the examination failure that triggered the need for guidance.
 - For the purposes of this Regulation, "guidance" shall comprise:
 - Subject to the consent of the candidate, the provision to the College by their College Tutor of a confidential report on that candidate and
 - The attendance by the candidate at a guidance session arranged by the College.
 - Any other requirement that Council may from time to time authorise
- Guidance procedures
 - Guidance interviews are held in London and regional centres on dates published in the Examinations Calendar. College Tutors are encouraged to attend with their trainees. *Responsibility for booking a guidance interview rests with the trainee not the College.*
 - The letter sent to candidates confirming their result includes bare details of their closed marks eg SAQ (2), SOE 1 (1+) and SOE 2. (1+).
 - If a candidate asks the Examinations Department for more information they will be given a breakdown of their marks in the MCQ, OSCE and SAQ as appropriate, and a summary of the comments made by the Structured Oral Examiners.
 - Candidates who have failed the Primary twice or the Final three times are not allowed to sit the examination again until they have attended a formal guidance session. These sessions are conducted by two examiners who have all the relevant examination paperwork in front of them. The examiners go through the marks in great detail and discuss in particular viva examiners' comments in order to determine why the candidate is failing. College Tutors are encouraged to attend these sessions.

Photographic identification [Exams 03/2004]

No candidate will be admitted to any part of an FRCA examination unless they produce photographic identification eg passport or photographic driving licence.

EXPOSURE PRONE PROCEDURES

[Professional Standards 22/10/2002]

The DoH's website defines exposure prone procedures as those "...where there is risk that injury to a health care worker could result in their blood contaminating a patient's open tissues... and occur mainly in surgery, obstetrics and gynaecology, dentistry and midwifery". Anaesthetists are seldom involved in these procedures ie where the operator's hands are not visible to him/her, therefore there is no reason in principle why a trainee who carries a communicable disease should not embark on a career in anaesthesia, although local Trust policies and GMC guidance on this must always be followed. Where someone already in training contracts a communicable disease advice should be sought from the Trusts' occupational health team.

INDEMNITY

[TRG 80/99]

The Training Committee reviewed Health Service Circular 1999/015 which governed indemnity issues for senior medical staff with regard to education and training responsibilities. The circular had raised a number of questions concerning the position of College Tutors and Programme Directors. It appeared that those acting under the authority of the Postgraduate Deans were indemnified under their policies. Anybody acting under the authority of the College would similarly be indemnified under College insurance policies. Some uncertainty existed regarding which actions were undertaken under whose aegis and this would probably only be clarified through experience and case law.

INDEPENDENT SECTOR

Training in the Independent Sector [TRG.09/02]

The College agrees that in principle supervised trainees can work and learn in the private sector but that the same constraints must apply as if they were working in the NHS.

Training in Independent Sector Treatment Centres (ISTCs) [Trg Dept 05/04]

Any plans for transferring training to an ISTC must be reported to Medical Secretary as soon as possible.

INTENSIVE CARE MEDICINE

CCT in Intensive Care Medicine [The CCT in Anaesthesia IV Section 4.6]

Trainees who aspire to a consultant post with a substantial or whole time commitment in ICM should, as early as possible in their training (and in any event before starting their second 3 months of intermediate ICM training) should liaise with their local educational supervisor and their RA in ICM to clarify the acceptability of their proposed ICM training programme. Training in ICM at this level will be guided by the IBTICM's syllabus. If the training conforms in all respects to the requirements of the Board (including the length of training blocks) it may be recognised towards a dual CCT in Anaesthesia and ICM, or towards Board-recognised "Intermediate" or "Advanced" Training Certification.

LIBRARY FACILITIES

[TRG.April/98 & TRG.18/03]

The College's broad guidelines on provision of library facilities are summarised as follows:

- wherever there are trainees, there should be a good, up-to-date supply of standard textbooks available to them, preferably throughout the 24 hours;
- although an on-site library is ideal, where this is not possible, the trainees must have access to a library which can be easily reached for periods of private study allocated for this purpose;
- we would encourage all anaesthetic directorates to develop information technology to enable consultants and trainees to be able to have access to journals and other media through the Internet; and
- all trainees should have access to the journals *Anaesthesia* and the *British Journal of Anaesthesia*. The choice of further anaesthetic journals in a hospital should be governed by local choice but should also include those relevant to the sub-specialist areas of clinical practice (i.e. there should be critical care journals where there is an Intensive Care Unit, and pain journals where there is pain management etc.).

OVERSEAS DOCTORS TRAINING SCHEME (ODTS)

Because of recent changes to immigration rules the ODTS has effectively been suspended. Any Tutor or trainee wanting further information should contact the Training Department for advice.

OUT OF PROGRAMME TRAINING (OOPT)

Information for trainees going to developing countries [IRC/12/03]

See Appendix 1.

Approval of OOPT

Any OOPT must be *prospectively* approved by PMETB if it is to count towards a CCT. When coming to its decision PMETB will take into account College advice which is based on knowledge of other trainees' experience. Guidance on how to gain approval for OOPT is at Appendix 2. Trainees should not leave their applications until the last minute because PMETB will not give approval after the commencement date of the OOPT placement.

PAEDIATRIC ANAESTHESIA

Training for consultant posts with an interest in paediatric anaesthesia [TRG.175/97]

There is no change to the existing recommendations from the Association of Paediatric Anaesthetists that StRs 5/6/7 who aspire to a consultant post *with an interest in* paediatric anaesthesia should spend a minimum of 6 months training in paediatric anaesthesia. StRs 3/4/5 who aspire to a *full-time career* in paediatric anaesthesia should acquire a minimum of twelve months of training, some of which could be overseas. The normal rules with respect to overseas out of programme training apply.

Paediatric anaesthesia for those intending to work in a DGH [CCT in Anaesthesia IV: Section 4.7]

All trainees aspiring to be generalists should acquire the competences listed for higher training in paediatric anaesthesia. Normally this will require a period of higher training in

paediatric anaesthesia during StR years 5, 6 and 7 (SpR years 3, 4 and 5). This training does not have to be taken as a single block; the important thing is to acquire the necessary competences.

PAEDIATRIC ICM (PICM)

PICM training for the generalist [The CCT in Anaesthesia IV Sections 4.7]

- Paediatric ICM is not a major part of training in *paediatric anaesthesia* at either higher or advanced level. Except for those trainees who have chosen paediatric ICM as their special interest training (see below), time spent in paediatric ICM should be strictly limited during units of paediatric anaesthetic training within the anaesthetic CCT programme. Employment in paediatric ICM during paediatric anaesthesia rotations should not exceed the following proportion:
 - rotations \leq 3 month NIL
 - 6 month rotations 33%
 - 12 month rotations 25%

PICM training for the specialist [The CCT in Anaesthesia IV Sections 4.6]

- Unlike advanced training in adult ICM, training in paediatric ICM *does not* lead to a joint CCT in anaesthesia and paediatric ICM. At the end of their training anaesthetic trainees will be awarded a CCT in anaesthesia and, depending on the duration and content of their paediatric ICM training, may be issued with a letter from the Inter-Collegiate Committee for Training in Paediatric Intensive Care Medicine (ICTPICM) confirming their training.
- Trainees who aspire to a consultant post in paediatric ICM should seek the advice of ICTPICM at the College, before commencing higher level training. Unless paediatric ICM training is carefully planned and prospectively sanctioned the CCT date may be delayed by up to one year to ensure that a balanced programme of training is completed for the award of a CCT in anaesthesia.
- Normally the College will accept one year of training in paediatric ICM provided that the remaining two years of training produce a *balanced* programme. If, however, a trainee wants to combine one year of paediatric ICM with a block of higher training in paediatric anaesthesia prospective approval must be obtained from the Medical Secretary.
- Exceptionally the College may approve a block of two years training in paediatric ICM to allow those who so wish to receive training comparable to special interest training for paediatricians. Such trainees however should be aware that this may severely limit their employment prospects outside paediatric ICM and may delay the award of a CCT in anaesthesia. Each case will be considered on its merits.

PROTOCOLS

[TRG.237/99(d)]

It is recommended that the protocols listed below should be displayed or be immediately available in all locations where anaesthesia is delivered:

- Adult resuscitation guidelines (Resuscitation Council (UK))
- Paediatric resuscitation guidelines (Resuscitation Council (UK))
- Management of peri-arrest arrhythmias (Resuscitation Council (UK))
- Anaesthetic machine checklist (AAGBI)
- Management of anaphylaxis (AAGBI and/or Resuscitation Council (UK))
- Management of malignant hypothermia (AAGBI)
- Failed intubation and ventilation drill (Protocols for this should be determined locally)

RESEARCH

Research prior to CCT training

The CCT is a prospectively planned and approved programme of training. No retrospective credit can be given for research undertaken prior to being appointed to the StR/SpR grade.

RETURNING TO TRAINING AFTER AN ABSENCE

[Med Sec October 2004]

When someone wants to return to work or training after a prolonged absence each case will be different. The advice given has to be pragmatic depending on the person's previous experience, level of capability and confidence, and the length of absence from anaesthetic practice. The most useful advisor is often the Regional Adviser who may be aware of the individual circumstances.

For trainees or career grades contemplating a career break it is often beneficial maintain some clinical practice for even a limited number of hours.

SASGs

Appointment of SAS grades

The College booklet *Advisory Appointment Committees - Guidance for College Representatives* was published in 2006 and is available from the Professional Standards Directorate.

Role of SAS grades in Supervision *[TRG.117.98 (c)]*

The College cannot require that an SAS grade anaesthetist supervising a trainee *must* hold the FRCA or FFARCSI, but it is acceptable to recommend that he or she *should* hold the qualification.

TRAINING CERTIFICATES

Master copies of Basic and Intermediate Level Training Certificates can be downloaded from the College Official' secure are of the College website.

WORKPLACE BASED ASSESSMENT

Trainees' responsibilities *[Trg Dept 22/7/2003]*

- It is the responsibility of trainees, not their trainers or Tutor, to ensure that Workplace Assessment Records are maintained and signed off. Trainees who fail to do this risk delaying their progress through the training programme and hence their CCST date.
- The College receives enquiries from Schools as to the form that Workplace Assessment Records should take. For the reasons stated in Section 1.3 in *The CCST in Anaesthesia I: Competency Based SHO Training and Assessment* the College is not prepared to be prescriptive about this because assessment has to reflect local training patterns. An example of an SHO Workplace Assessment Record can be found on page II-62 and one for SpRs on page III-59. These should be adapted as necessary to meet local needs.
- If any Schools have examples of Workplace Assessment Records that they consider represent best practice and that they would like to share with others they should send copies to the Medical Secretary, preferably by e mail at medsec@rcoa.ac.uk.

Guidance on using workplace based assessment tools

- Section 6.5 of *The CCT in Anaesthesia I* describes the workplace based assessment tools that have been approved by PMETB. These tools have been tested in Northern Ireland for StRs 1 and 2 since 2005 and guidance based on this experience can be found in the Training section of the College website. The College expects all Schools to use these tools for StRs 1 and 2. As further experience is gained in the use of tools such as CbD and MSF it will be copied to all Tutors and published on the website.
- The College is aware that some Tutors and trainers are concerned about the standards they should apply when reaching judgements on individual trainees using these tools. This must be, as it always has been, a question of using professional judgement and recording the evidence in case of a challenge. The College will shortly issue further guidance on this.
- Training in the use of these tools will shortly be provided by the College.
- Northern Ireland will continue to assess the use of these tools for later years of StR training and their findings will be published. If Tutors and other trainers wish to use these tools for StR years 3 and beyond or SpR training they are free to do so, but the Training Department would like to be kept informed of the outcomes.

Appendix 1

Guidance for Anaesthesia Trainees wishing to work in Developing Countries [IRC/12/03]

Professor R K Mirakhur

Trainees in the UK quite often spend some time training outside the UK. While the majority go to other developed countries with well established training programmes, a few may wish to go to a third world country. This may be both for altruistic reasons as well as for gaining first hand experience of working in a totally different environment, with different disease patterns, and with limited facilities. Such experience may also be valuable in gaining leadership and organizational skills.

The College is often asked if this period of time can be recognised for training purposes. **All training overseas requires prospective approval from PMETB if it is to be considered towards CCT time. It is essential that the trainee seeks this approval in good time before making firm arrangements. Advice on seeking approval is at Appendix 2.**

Trainees should only consider going to work abroad after having completed the StR 3/4 (SpR 5/6) competencies. The trainee should discuss the proposed training with their Programme Director and Regional Adviser before seeking College approval.

The College will take the following into consideration when advising Deans and PMETB and will need to receive as much written information as possible about training and supervision.

Work plan and training

The trainee should check what they will be doing there. It is likely that the training offered in such a place will not match the UK programme but it may still be acceptable as long as there is a clear plan of work and suitable supervision. It is important that the type of cases and the likely amount of work to be undertaken are known. It makes it more worthwhile if there are elements of audit, teaching and possibly research. This visit may be an opportunity to collect data about management of such cases as are not commonly seen in the UK. It is obviously of benefit if the type of experience gained is different from that in the UK.

Supervision

A crucial factor in obtaining approval for such training is proof that it will be supervised to the satisfaction of PMETB.

Often the trainee going to a third world country may be relatively senior and expected to carry out work without direct supervision and indeed, to supervise and train others. The ideal arrangement is where there is a credible local supervisor who is familiar with the criteria of assessment but this may not always be possible. Therefore some arrangement needs to be made for regular review of the trainees' work and for support and guidance. This has been done successfully by email to a (distant) supervising consultant in the UK. Other supervising arrangements such as by fax and by post have not been tried but their merits or otherwise could be considered.

As in the UK, it is paramount that the trainee keeps a record of cases for their log book and of their other activities, be these in the Theatre, the A&E department or in teaching, audit and research. Specifically, experience gained in the use of novel anaesthetic techniques, or equipment should be highlighted. The College will also like to know the contribution made in

training and skill development of the local workers. The log book will be an important part of the assessment when the trainee returns to the UK. The trainee will also be expected to submit a full report of their experience. This, together with the report of the supervisor (local or distant in the UK), will be considered by the Training Committee as to whether working in the third world country has proven to be worthy of counting towards CCT training time.

Other considerations

While the important consideration for the trainee may be whether the time spent in a third world country counts towards a CCT programme, the trainee needs to consider very carefully, other aspects of working in a third world country. Although these may seem obvious, they should be thought about carefully before making a commitment.

Salary: The trainee must consider if they will be paid enough for their required living standard. The trainee should consider any ongoing financial responsibilities in the UK such as payment of mortgage etc. They should think about the advisability of continuing superannuation contributions. This may need some discussion with the employer in the UK. The cost of travel to the third world country needs to be planned for.

Family: Is the trainee's family going to accompany him/her? There will be the expense of temporary relocation for the whole family. Financial security should be maintained if the family is to remain behind in the UK.

Visa: The trainee needs to check with the Embassy/High Commission of the country about the visa requirements and the right to work for a salary if it is being paid by the local hospital.

Knowledge about the place; It is obviously important to know about the climate (temperatures, rainfall etc) of the place where the trainee is intending to go in order to take suitable clothing.

Accommodation: The arrangements should preferably be made before leaving the UK or at least for temporary accommodation. The standard may not be the same as they are accustomed to in the UK.

Health requirements: It is important to check if any vaccinations are required before going to a third world country. Travellers are advised to have inoculations and/or other prophylaxis for typhoid, malaria, yellow fever, hepatitis, polio etc. Advice should be taken from the Malaria Reference Laboratory (24 hour No 09065 508908 – Premium rate £1.00 per minute; Health Professionals Tel No: 0207 636 3924) or Health Protection Agency Tel No: 0208 200 6868). The provision of healthcare while living in the third world country should be made before leaving the UK (illness can happen without warning!). It is also important to know about the possible health risks in the country where the trainee is intending to go. (Useful information can be found on the following websites: The Department of Health www.dh.gov.uk and then search for "travel advice" and the Centre for Disease Control and Prevention www.cdc.gov/travel/). There may be other bodies such as the BMA who may be able to give additional advice.

Other considerations: It is advantageous to find out a little about the local customs, religion, taboos etc. It is useful for integrating within the community and the work place.

It is also useful to check with the Foreign Office about the advisability of travelling to a particular destination (this will be superfluous in most cases but is advisable in the presence of a conflict in the area or nearby).

Although this appears to be a daunting list to consider, the college wants to encourage a realistic approach to what can be a very rewarding experience.

The author is grateful to Dr Griselda Cooper and members of the International Relations Committee for their constructive comments.

Appendix 2

PROSPECTIVE APPROVAL OF OUT OF PROGRAMME TRAINING/RESEARCH (OOPT/OOPR)

What was called off-rotation training (ORT) is now called Out of Programme Training (OOPT) or Out of Programme Research (OOPR) and *prospective* approval must be sought from PMETB if this time is to count towards CCT training. Failure to get PMETB approval will mean that the OOPT/R time and competences will not be credited towards a CCT by PMETB thus delaying the award of a CCT. This policy was introduced retrospectively by PMETB in February 2007. The College has brought in a national procedure which is being used by most Deaneries for dealing with OOPT/R requests¹. The procedure applies to:

- training and research outside the UK;
- research in the UK outside the parameters of what is already allowed in the CCT programme; and
- training in the UK in a post that is not approved for training by PMETB e.g. a clinical fellowship in cardiac anaesthesia (we believe that this will apply even if the post is in the trainee's own hospital).

PMETB's policy does not apply if a trainee moves to a PMETB approved post in another Deanery (what the *Gold Guide* calls secondment between Deaneries).

Application Form

An application form which PMETB and most Deaneries accept can be downloaded from the Training pages of the College website www.rcoa.ac.uk.

Application procedure

The procedure has 6 stages:

1. Trainee gets provisional approval from the Deanery Training Programme Director (TPD).
2. Trainee gets approval from the RA(s) (anaesthesia/ICM or both) that the OOPT/R will form part of a balanced training programme that can be signed off towards a CCT.
3. Trainee submits to the College the form that is available on the Training section of the College website with sufficient evidence to satisfy PMETB that the training will meet their criteria.
4. The College makes a recommendation based on its knowledge of overseas training regimes and returns the application to the Deanery TPD.
5. The Deanery, if it supports the request, writes to PMETB requesting prospective approval for the OOPT/R.
6. PMETB makes its decision and informs the Deanery, the trainee and the College.

Trainees must allow adequate time for approval to be granted by PMETB; the College advice is that applications should be made at least 6 months before the OOPT/R is due to start. *Under no circumstances is PMETB prepared to grant retrospective approval for late applications.*

On their return to the UK all trainees will be required to submit a report of their training experience supported by a satisfactory assessment report from their designated supervisor.

Trainees must plan for the final six months of their training to be undertaken in the UK. Only in exceptional circumstances would this period be reduced to a minimum of three months.

¹ It is up to individual Deaneries if they wish to use their own procedure, but their recommendation to PMETB must still take into account College policy.

Defence Medical Services (DMS)

Trainees deployed with the DMS on military operations (not exercises) will be subject to different procedures agreed between the College and the Defence Postgraduate Medical Dean.

Guidance

PMETB requires that any trainee who takes up an OOPT/R post overseas as part of their UK training programme must get a statement from the competent authority in the country where the training will take place detailing the purpose and structure of the post. The College is collecting guidance from the most popular countries for OOPT/R as to how a trainee can obtain evidence to satisfy PMETB. Information gathered so far (to the best of our knowledge) is as follows:-

Australia and New Zealand

The Australian and New Zealand College of Anaesthesia <http://www.anzca.edu.au>

Singapore

The Australian and New Zealand College of Anaesthesia <http://www.anzca.edu.au>

Malaysia

The Australian and New Zealand College of Anaesthesia <http://www.anzca.edu.au>

South Africa The College of Anaesthetists within the CMSA can give details of regulations covering training in South Africa but it is the relevant University which would be the competent authority for the purpose of OOPT/R approval.

http://www.collegemedsa.ac.za/view_college.asp?Type=Form

USA

Accreditation Council for Graduate Medical Education

<http://www.acgme.org/acWebsite/home/home.asp>

Canada

The Royal College of Physicians and Surgeons of Canada accredit all residency programmes. The relevant competent authority to give a statement can be obtained from the appropriate university. Details of the individual universities in Canada can be found on the Royal College of Physicians and Surgeons of Canada website.

http://rcpsc.medical.org/residency/accreditation/arps/anesthesia_e.php

Hong Kong

<http://www.hkca.edu.hk/>

Problem areas

Problems *will* arise with PMETB for trainees who want to go to developing countries or non-governmental organisations without clearly defined and assessed training programmes.