

2011

Nottingham & East Midlands School of Anaesthesia

Basic Level Training Handbook for ACCS Trainees



Dr Rob McCahon

Core Training Programme Director

06/08/2011

Welcome to the Nottingham and East Midlands School of Anaesthesia (NEMSA) BASIC LEVEL training programme in anaesthesia for core trainees.

All trainees in the ACCS programme will undertake a six month training placement in anaesthetics and a six month training placement in Intensive Care. Trainees who have a parent specialty of anaesthetics will return to anaesthesia for 12 months in CT3 where they will join the CT2 programme for basic level anaesthetists.

Introduction

This handbook aims to provide you with a comprehensive guide to our training programme. It describes the management of basic level training within the Nottingham & East Midlands School of Anaesthesia (NEMSA) for ACCS trainees, and aims to make the passage to the award of Initial Assessment of Competency Certificate (IAC) easier. It does not replace trainees' contracts, job descriptions or the logbooks that trainees are required to maintain. This guide should be read in conjunction with The Gold Guide "A Guide to Postgraduate Speciality Training in the UK" found at <http://www.mmc.nhs.uk/default.aspx?page=642> and the specialty training curriculum for ACCS which is available from the RCoA website at <http://www.rcoa.ac.uk/docs/ACCS-Manual.pdf> (2010 curriculum) . It is important that trainees are familiar with the scope of the guidance.

All ACCS trainees will be assessed against the 2010 Royal College of Anaesthetists and the ACCS curricula. The following documents relate to BASIC LEVEL training and can be downloaded from the Roca website (<http://www.rcoa.ac.uk/index.asp?PageID=1479>)

- Curriculum for a CCT in Anaesthetics
- Annex B – Basic Level Training
- Annex G – Academic & Research, Teaching & Learning, Management in Anaesthesia, Critical Care, and Pain Medicine.
- ACCS curriculum for trainees in the ACCS training programme; see <http://www.rcoa.ac.uk/docs/ACCS-Manual.pdf>

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EDUCATIONAL AGREEMENT:

We are looking forward to working with you to provide a very high standard of professional training. Our goal is to provide an ideal working and learning environment.

We aim to provide:

- A named Clinical supervisor (in addition to your programme Educational Supervisor)
- Regular teaching in protected time
- Supervised operating theatre lists
- Appropriate clinical supervision at all times
- Opportunities to attend and present at journal club
- An adequate library and other learning resources
- Regular constructive feedback
- An appraisal system
- Support in developing a learning portfolio
- Regular assessments
- Support for the ARCP organised by the Training Programme Director for ACCS

For your part we expect you to:

- Familiarize yourself and adhere to the duties and responsibilities of a doctor registered with the General Medical Council and outlined in the GMC document "Good Medical Practice".
- Familiarize yourself with your job description and with the anaesthetic departments' guidelines and protocols.
- Participate fully in your clinical and educational programme
- Be prepared to spend some of your own time on educational activities
- Be receptive to feedback and develop your personal learning plan and personal portfolio with your educational supervisor
- Complete promptly all training and assessment documentation required by your educational supervisor
- Seek help from your educational & clinical supervisors if you have any problems
- Maintain standards of punctuality, cleanliness and appearance expected of a healthcare professional
- Be responsible and considerate when booking leave

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Your Educational Supervisor is:

(This only applies to ACCS [Anaesthesia] trainees; Emergency Medicine and Acute Medicine parent specialty trainees will have their Educational Supervisors appointed by the respective Training Programme Directors)

From time to time during your training your trainers may need to discuss your progress with each other and with other appropriate bodies such as the Post-graduate Dean's office. We will also need to keep some confidential documentation relating to your progress so that we can work with you to plan your training appropriately. These records are kept for a period of five years post CCT and may be referred to if required by the GMC. In rare circumstances, if progress is unsatisfactory, it may be necessary for us to recommend to the Postgraduate Dean that an individual's training in anaesthesia should be discontinued. By signing below you are indicating your acceptance of these conditions and that you understand the implications of the agreement and that you are willing to participate fully in your professional development.

Trainee

Name:

Signed:

Date:

NEMSA representative

Name: Dr Rob McCahon, Core Training Programme Director

Signed:

Date: 10th August 2011

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WHO'S WHO IN NEMSA: educational roles

Medical Specialties Dean for East Midlands North

Dr David Williams

Responsible for overall management of postgraduate education. Carries out Central Government instructions to train specialists. Formulates contracts with Trusts to provide training posts and monitors performance through educational contracts. Ensures trainee well-being and provides resources and staff to assist poorly performing trainees.

Associate Post-graduate Dean for ACCS

Dr Jo Jones

Deanery School Co-ordinator

Mrs June Prior

June Prior is an essential point of contact at the East Midlands Deanery for trainees. She can be contacted by email (june.prior@nottingham.ac.uk) or telephone (0115 8468530).

Training Programme Director for ACCS

Dr Dan Becker

Consultant Emergency Medicine Derby Hospitals

Responsible for managing ACCS training on behalf of the deanery. Coordinates placements and leads on recruitment, assessment and manages the ARCP process.

Head of School of Anaesthesia

Dr Andy Norris

Consultant Anaesthetist, Queen's Medical Centre

Acts as the representative of the postgraduate dean in the School of Anaesthesia

Core Training Programme Director

Dr Rob Mccahon

Consultant Anaesthetist Queen's Medical Centre

Responsible for managing core training on behalf of the Deanery. Coordinates placements and leads on recruitment and assessment. (Rob.Mccahon@nottingham.ac.uk or telephone 0115 9249924 extn. 61195)

RCA Regional Advisor

Dr Andy Norris Consultant Anaesthetist Queen's Medical Centre

The RA is appointed by the College and monitors training on behalf of the College throughout the region (Mid Trent). He implements College policies through the College Tutors, has a role in assuring the quality of training and helps to develop educational strategy within the school.

NEMSA Administrator

RA Regional Advisor for Intensive Care Medicine

Dr Mark Ehlers Consultant Intensivist Queen's Medical Centre

The RA for ICM is appointed by the Intercollegiate Board and monitors training on behalf of the College throughout the region (Mid Trent). He implements Board policies through the Board Tutors, has a role in assuring the quality of training in ICM.

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College Tutors

Queen's Medical Centre	Dr Chris Gornall & Dr Jonathan Mole
Nottingham City Hospital	Dr Munib Malik and Dr Henry Skinner
Derby Hospitals	Dr Zulfi Sadiq and Dr Roberto Caranza
Kings Mill Hospital	Dr Sri Narra

The College Tutor is the local point of contact with the RCoA for trainees. He/she represents the RCA at each hospital and organises training. He/she also oversees examination preparation, facilitates professional development and gives career advice.

Clinical Supervisors

A named Clinical Supervisor will be allocated to each trainee at their educational induction or by the College Tutor in the hospital. These are:

- Dr Isla Crighton Queen's Medical Centre
- Dr Vicky Webster Nottingham City Hospital
- Dr Irena Guzik Kings Mill Hospital
- Dr Rob Caranza Royal Derby Hospital

This consultant supervises the novice training module and at the end of the six months completes the trainee assessment form for time spent in that module. This is a structured report that is essential for the Annual Review of Competence Progression. Trainees will work under the supervision of a number of consultants within the department and it is the Clinical Supervisor who acts as a point of contact between consultants and the trainees.

Unit of Training Assessor/Supervisor

Supervises the individual Unit of Training and completes the trainee assessment form for time spent in that Unit of Training. The supervisor acts as a point of contact between other consultants in that field and trainees. These Consultant supervisors should be approached for sign-off of Units of Training. A list of Unit of Training Supervisors can be found at:

<http://www.nemsa.net/modulesupervisors.xls>

Useful sources of training information

- The East Midlands Healthcare Workforce Deanery (EMHWD); see www.eastmidlandsdeanery.nhs.uk
- The NEMSA website contains information and documentation on all aspects of Basic Level Training; see www.nemsa.net On the website, information can be accessed regarding the Deanery arrangements for flexible training, out of programme training, inter-deanery transfers and training support.
- ACCS trainees with Anaesthesia as their parent specialty will be given a NEMSA e-mail address which you are expected to check on a regular basis as this is the main means of communication within the School of Anaesthesia. Your email address will be initial.surname@nemsa.net

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ORGANISATION OF THE BASIC TRAINING PROGRAMME

College Requirements

1. All trainees with a parent specialty of Anaesthesia/ICM must be **registered** with the Royal College of Anaesthetists
 - a. The registration form and explanatory notes are included in this pack or will be completed at the educational induction.

2. Every trainee **must** maintain a **logbook**.
 - a. This should be stored electronically preferably on the RCoA electronic logbook. Further information is available from the College website; see <http://www.logbook.org.uk/>
 - b. You must be able to **provide accessible summaries when requested. Frequent backing up of data is strongly recommended.**
 - c. The trainee log will be analysed at the time of formative and summative assessments.

Deanery Requirements

All trainees must be registered with the Deanery for Postgraduate Training. The Deanery will issue a unique Deanery Reference Number (DRN) to new Core Trainees in Anaesthesia. It is important to ensure that the information on the Deanery database is kept up to date.

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CLINICAL TRAINING

Annex B (Basic Level Training) of the RCoA Curriculum for a CCT in Anaesthesia details the curriculum for the entire Basic level training period. This is a very comprehensive document. **It is strongly recommended that you refer to this frequently to guide your learning and progress.**

Training in Anaesthesia/ICM for CT1 & CT2 ACCS is 12 months long and comprises clinical and non-clinical components. The clinical aspect of basic anaesthetic training comprises of:

1. The Basis of Anaesthetic Practice (months 0 – 3)
2. Basic Anaesthesia (months 3 – 6):
3. ICM for 6 months
4. Those ACCS trainees with Anaesthesia as their parent specialty will complete a further 12 months in Anaesthesia following completion of their 2 year ACCS programme.

The Basis of Anaesthetic Practice (months 0 – 3)

During the first three months the trainee should concentrate on acquiring the knowledge and skills required to pass the **Initial Assessment of Competence (IAC)**.

The following units of training must be completed satisfactorily to achieve the IAC:

- Pre-operative assessment
- Premedication
- Induction of general anaesthesia
- Intra-operative care
- Post-operative and recovery room care
- Management of respiratory and cardiac arrest
- Control of infection
- Introduction to anaesthesia for emergency surgery

The assessment requirements for the IAC are set out on page 13. Trainees new to anaesthesia will not work unsupervised until they have successfully completed the **Initial Test of Competency**, as mandated by the RCoA. The same applies to anaesthetists in training who are new to the UK.

Basic Anaesthesia (months 3 – 6)

Section 6.3 of the 2010 ACCS curriculum states that all ACCS trainees must complete:

- Basis of Anaesthetic Practice (see above)
- Airway management
- Critical incidents
- Paediatric competencies listed for ACCS

For trainees completing 3 – 9 months of Anaesthesia, it is expected that they will also complete a number of the following additional units of training:

- Introduction of anaesthesia for emergency surgery
- Transfer medicine
- Sedation
- Aspects of regional anaesthesia

Locally, ACCS trainees complete 6 months of Anaesthesia. Therefore it is expected that local ACCS trainees will complete two of the above additional units of training. However, it should be relatively easy to complete Transfer medicine, Sedation and Critical incidents during your Intensive Care Medicine attachment which is 6 months long.

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CLINICAL SUPERVISION

To ensure patient safety, all trainees new to the specialty must, at all times, be directly supervised until they have passed the Initial Assessment of Competence (IAC).

All trainees in the ACCS programme will be allocated a named Clinical Supervisor for their period in anaesthetic training. The Clinical Supervisor at each hospital is detailed below:

- Dr Isla Crighton Queen's Medical Centre
- Dr Vicky Webster Nottingham City Hospital
- Dr Irena Guzik Kings Mill Hospital
- Dr Rob Caranza Royal Derby Hospital

This consultant supervises the novice training module and at the end of the six months completes the trainee assessment form for time spent in that module. This is a structured report that is essential for the Annual Review of Competence Progression. Trainees will work under the supervision of a number of consultants within the department and it is the Clinical Supervisor who acts as a point of contact between consultants and the trainees.

The trainee should expect to have around 3 meetings with their Clinical Supervisor, in addition to regular meetings with their Educational Supervisor. These meetings serve the following purpose:

Initial meeting:

This should be arranged as soon as practical at the start of the training period. The aims of this meeting should be to:

- Ensure appropriate induction has taken place
- Gain knowledge of trainee's medical experience and educational needs
- Advise trainees on sources of help if required.
- Clarify the assessment / appraisal process
- Encourage proactive self learning, self awareness and reflective practice.
- Develop a relevant focussed personal learning plan (PLP).

Middle meeting:

- To review progress to date.
- Review assessment documents and discuss outcomes.
- Provide constructive feedback (2-way).
- If trainee difficulties are identified the Clinical Supervisor may need to notify College Tutor, Educational Supervisor, TPD or local clinical director depending on issue of concern.

Final review meeting:

- To review further progress
- To construct the formal **Clinical Supervisors Structured Report**, this is a new key document that is used to inform the ARCP. All these meetings come under the umbrella of **Educational Appraisal**.

Many other consultant anaesthetists in the department will also provide clinical supervision to the trainee during day to day work. To protect the interests of patients a trainee is responsible to and subject to supervision by a designated consultant at all times. This includes those occasions when a trainee is delegated the authority to make decisions without immediate reference to a more senior clinician.

It is expected that trainees receive clinical supervision appropriate to their experience.

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Generally, Basic level trainees are not expected to anaesthetize patients with significant co-morbidities (ASA grade 3+) or children under 10 years without close supervision.

All trainees are encouraged to seek advice and/or assistance as early as possible when they are concerned about patient management.

Trainees should never be expected to undertake a task for which they have insufficient experience or expertise.

Trainees should always have direct access to a senior colleague who can advise them in any clinical situation.

The Royal College of Anaesthetists recognises three levels of trainee supervision:

1. *Direct supervision*: the trainer is actually with the trainee or can be within seconds of being called.
2. *Indirect local supervision*: the supervisor is on the same geographical site, is immediately available for advice and is able to be with the trainee within 10 minutes of being called.
3. *Indirect distant supervision*: the supervisor is rapidly available for advice but is separated from the trainee by more than 10 minutes.

The supervisor covering the basic level trainee may be a consultant or a higher level trainee.

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Initial Assessment of Competence

A-CEX

Assessment Code	Assessment
IAC_A01	Preoperative assessment of a patient who is scheduled for a routine operating list [not urgent or emergency] [0-3 months]
IAC_A02	Manage anaesthesia for a patient who is not intubated and is breathing spontaneously [0-3 months]
IAC_A03	Administer anaesthesia for acute abdominal surgery [0-3 months]
IAC_A04	Demonstrate Rapid Sequence Induction [0-3 months]
IAC_A05	Recover a patient from anaesthesia [0-3 months]

DOPS

Assessment Code	Assessment
IAC_D01	Demonstrate functions of the anaesthetic machine [0-3 months]
IAC_D02	Transfer a patient onto the operating table and position them for surgery [lateral, Lloyd Davis or lithotomy position] [0-3 months]
IAC_D03	Demonstrate cardio-pulmonary resuscitation on a manikin. [0-3 months]
IAC_D04	Demonstrates technique of scrubbing up and donning gown and gloves. [0-3 months]
IAC_D05	Basic Competencies for Pain Management – manages PCA including prescription and adjustment of machinery [0-3 months]
IAC_D06	Demonstrates the routine for dealing with failed intubation on a manikin.

CBD

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.

Assessment Code	Assessment
IAC_C01	Discuss the steps taken to ensure correct identification of the patient, the operation and the side of operation
IAC_C02	Discuss how the need to minimise postoperative nausea and vomiting influenced the conduct of the anaesthetic
IAC_C03	Discuss how the airway was assessed and how difficult intubation can be predicted
IAC_C04	Discuss how the choice of muscle relaxants and induction agents was made
IAC_C05	Discuss how the trainee's choice of post-operative analgesics was made
IAC_C06	Discuss how the trainee's choice of post-operative oxygen therapy was made
IAC_C07	Discuss the problems emergency intra-abdominal surgery causes for the anaesthetist and how the trainee dealt with these
IAC_C08	Discuss the routine to be followed in the case of failed intubation.

ASSESSMENT

Assessment Guidance

The College published an Assessment Guidance document in July 2010 to assist all schools by defining suggested assessments for the DOPS, A-CEX, CBD and ALMAT for all the units of training from the basic level to the higher level. There now appears to be some confusion on what is assessed and how many assessments are needed. The purpose of this Training Programme Update is to clarify College guidance.

Assessment requirements – Specific

a. *Basis of anaesthetic practice.* The assessment for this section is the Initial Assessment of Competence [IAC]. Trainees must pass all the defined DOPS, A-CEX, and CBDs for the IAC listed in Annex B of the curriculum document and reproduced in the Assessment Guidance Document. **The End of Unit signoff is not required for the individual units within this section**, but Educational Supervisors and College Tutors should ensure that the trainee meets the core clinical learning outcomes for each unit.

NEMSA Workplace Assessments for Basic Level Competences

The ACCS curriculum (2010) stipulates the minimum number and type of WPBAs that must be completed by ACCS trainees during their Anaesthesia and ICM attachments. For those trainees with Anaesthesia as their parent specialty, the RCoA have made it clear that a CEX, DOPS, and CbD should ideally be completed for each training unit. The ALMAT (Anaesthesia List Management Assessment Tool) can be completed for a General/Gynae/Urology list in the latter half of Core Training; please use an A-CEX form. Similarly, the ACAT (Acute Care Assessment Tool) and I-CEX (Intensive Care Medicine Clinical Evaluation Exercise) can be completed during your ICM block.

Workplace-based assessment forms can be downloaded from the RCoA website at:

- DOPS <http://www.rcoa.ac.uk/docs/DOPS-Mar2010.doc>
- A-CEX <http://www.rcoa.ac.uk/docs/A-CEX-Apr2010.doc>
- CbD <http://www.rcoa.ac.uk/docs/CBD-Mar2010.doc>

NEMSA Workplace Assessments for Basic Level Training Units

The RCA curriculum sets out learning objectives with an emphasis on preoperative assessment, intra-operative and post-operative care skills across a range of areas.

Unit of training summary forms for the following Units of Training are available at http://www.nemsa.net/index_files/Page2962.htm.

Behavioural Assessment Documentation

Attitudes and behaviour are a very important part of a trainee's performance. These are continuously assessed by a range of tools and assessment methods both formal and informal. The following documentation is required for ARCP:

1. NEMSA Behavioural Assessment Document – Basic Level

Trainees are asked to use these documents to seek feedback and assessment from trainers at least once every six months. They should usually be given to the College Tutor or Module supervisor and may be returned to the trainee directly with feedback given.

2. Multi Source Feedback documents

MSF assessment forms can be downloaded from the RCA website. They should be circulated at least once per year. The responses must be returned directly to the College Tutor who will collate the responses in the RCA summary sheet.

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The Annual Review of Competence Progression ARCP

Formal summative assessments (**ARCP Annual Review of Competence Progression**) will occur towards the end of a year of training. The constitution of the ARCP panel will conform to standards determined by the Gold Guide.

The ARCP process will be managed by the Training Programme Director for ACCS.

Anaesthesia trainees entering specialty training via the ACCS programme only have 18 months to complete all the training units rather than 21 months for the anaesthesia programme trainees. **Consequently ACCS trainees in this situation are encouraged to make as much progress as possible with the training units during their initial six month ACCS anaesthesia placement.**

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Education

Dr Adam Carney is the Teaching Programme Lead for the School of Anaesthesia. Dr Carney oversees all teaching programmes for Basic Level Trainees, and should be contacted with regard to any problems with attendance; email address Adam.Carney@nuh.nhs.uk .

Attendance at the teaching programmes is mandatory. You are expected to maintain a record of your attendance which you must present for consideration at ARCP. Reasonable absences from teaching include being:

- On-call
- Post on-call
- On annual leave
- On Intensive Care; the ITUs may not be able to let you attend. However, it is expected that you attend their departmental teaching sessions and that you keep a record of your involvement/attendance.

Novice Programme

There is an introductory tutorial programme during the first few weeks which all novice trainees within the school are expected to attend. The tutorial programme is co-ordinated by Dr Townsley and Dr George (Jane.Benson@nuh.nhs.uk).

In order not to confuse the new trainee with too wide a range of techniques each novice is allocated to work with a small number of consultant trainers in the first 3 months of work. Training is mainly experiential practice based learning. For experiential learning to be effective it is essential to “reflect” on developing practice and to ask for and be receptive to regular feedback from senior colleagues.

There are also formal educational opportunities comprising local department based teaching programmes, journal club, mortality and morbidity meetings (M&M), audit meetings, ICU meetings and study days in the Simulation Centre.

ACCS Teaching Programme

The ACCS Teaching Programme consists of a rolling 2 year programme of monthly half days/days. This comprises 20 core sessions plus four simulation training and presentation days. Please contact Dr Dan Becker with any queries.

Dates are as follows:

- 23rd August 2011
- 27th September 2011
- 25th October 2011
- 22nd November 2011
- 27th December 2011
- 24th January 2012
- 28th February 2012
- 27th March 2012
- 24th April 2012
- 22nd May 2012
- 26th June 2012
- 24th July 2012

Basic Level Anaesthetic Teaching Programme (BLAT)

This follows on from the Novice Programme. There are normally 10 BLAT days per annum and these are arranged by Dr Arry Kathirgamanathan (arryknathan@gmail.com) and Dr Sri Narra (rcoatutor@yahoo.com) who are both based at Kings Mill Hospital. BLAT dates for 2011/2012 are:

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- 23rd September 2011
- 14th October 2011
- 25th November 2011
- 27th January 2012
- 24th February 2012
- 23rd March 2012
- 27th April 2012
- 25th May 2012
- 22nd June 2012
- 13th July 2012

e-Learning Anaesthesia

This award winning educational resource has been developed by the RCoA in partnership with the Department of Health. It is cited as the most useful resource in examination preparation by successful candidates at the Primary FRCA. It is highly recommended that you register and use this resource; see <http://www.e-lfh.org.uk/projects/ela/index.html>

Note

There is an abundance of educational opportunities within the ACCS and Anaesthesia programmes. However, please take note of the following restrictions:

- All ACCS trainees in Anaesthesia must attend the Novice Programme; there are no exceptions to this.
- ACCS trainees cannot expect to attend two separate teaching sessions in any one week, where this would impact on their direct clinical experience, e.g. Novice/BLAT plus ACCS programme in any one week. Please refer to the Study leave entitlements overleaf; these figures reflect the Deanery study leave policy.

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Basic Level Trainee Study leave allowance

The total study leave allowance for trainees is 30 days per annum. The following makes up the type of activities that are included within this time.

1. External or personal study leave approved by your local RCA College Tutor.
2. NEMSA educational days.
3. Local departmental teaching.

Core trainees (CT 1 & 2)

Type of Study Leave	Days per annum
External or Personal (approved by College Tutor)	10
NEMSA educational days	10
Departmental teaching	10 (20 half days)

Special Circumstances

1. ACCS/Novice anaesthetists: The novice introductory program and 3 basic training days account for the entire NEMSA educational allowance in the first 6 month attachment.
2. The RSI day accounts for 1 external day of study leave.
3. Primary FRCA OSCE/SOE course: This course runs for 10 half days on a Thursday morning. The balance for leave should be taken from either your personal study leave or from the departmental teaching days (this should be negotiated on a local basis). NEMSA educational days cannot be used for attendance at the Primary FRCA course.

THE PRIMARY FELLOWSHIP EXAMINATION

The RCoA Basic level training manual (Annex B) is also the syllabus for the primary FRCA examination.

This examination tests extensively knowledge in basic sciences in addition to clinical knowledge and skills. Success in this examination depends largely on individual study, guided by the syllabus. College tutors and other consultants and senior trainees will help examination candidates, often by informal tutorial sessions and in theatre teaching.

Exam Structure:

Consists of three sections over 2 days:

1. MCQ – Day 1
2. OSCE & SOE - Day 2

You must pass the MCQ to be eligible to sit the OSCE and SOE. A pass at the MCQ examination remains valid for 3 years; after this, you will have to re-sit the MCQ if you have not passed the OSCE and SOE. Please see <http://www.rcoa.ac.uk/docs/Regulations2011.pdf> for further detail.

Eligibility for MCQ Examination:

- The RCoA recommend that you have achieved the Initial Assessment of Competence before you sit the MCQ. Please bear in mind that this is only a recommendation and not a rule.
- You must be registered with the RCoA as a trainee in a Deanery approved programme in Anaesthesia, ACCS or the UK Foundation Programme.
- Basically, once you have registered with the RCoA, you are in a position to sit the MCQ provided you have done the work.

Many of the departments hold local teaching sessions directed towards the exam curriculum. A primary OSCE/SOE course is organised by the school, for those who have passed the MCQ, in the period leading up to the oral exam. This course is organised by Dr Henry Skinner who is based at Nottingham City Hospital. For those who sign up for this there is the expectation of a commitment to prepare for and to attend all the planned sessions, which include various workshops, OSCE, and viva practice.

Basic science will be assessed in the following areas:

- Human anatomy relevant to the practice of anaesthesia, intensive care medicine and pain management.
- Human physiology and biochemistry and their application to the clinical practice of anaesthesia, intensive care medicine and pain relief.
- General pharmacological principles and a knowledge of drugs likely to be encountered in (a) basic anaesthetic practice, (b) current treatment of patients presenting for anaesthesia, (c) intensive care medicine and (d) pain relief.
- Physics and clinical measurement with an emphasis on monitoring equipment and safety
- Statistical methods, emphasising data summary and presentation and choice of statistical tests for different data types.

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PERSONAL PORTFOLIO

Postgraduate deans, the medical colleges and other regulatory bodies are now requiring all individual doctors to develop a personal portfolio. The documentation is essential and will play an important part in assessment, including consultant revalidation.

The School of anaesthesia has developed a Basic Level Appraisal Portfolio for use by trainees. It includes important local and national guidance and you are requested to make use of the suggested format, not least to assist your educational supervisor who may be supervising a number of trainees. It is expected that this will be available at educational appraisal meetings. The document including the suggested format for a personal portfolio can be downloaded from the NEMSA website.

The portfolio document also includes the following documentation

- Reflective notes for appraisal
- Personal Development Plan form
- Appraisal outcome form

The RCA is currently developing an e portfolio. It is envisaged that in the future this will be the preferred format.

MENTORING

Mentoring is a formal process of supporting a colleague over a period of time, one way of describing a mentor would be a “critical friend”.

It is **confidential** and **completely independent** of all systems of appraisal and assessment.

The roles of the mentor include listening non-judgmentally, giving feedback, challenging the mentee to move forward and become increasingly self-reliant. Areas of discussion may be many and varied. Possible areas to explore include:

- Stress related to training programme expectations
- Anxiety associated with feelings of inadequacy in certain clinical situations
- Dealing with death and disease
- Examination stress
- Developing professional attitudes and behaviour
- Awareness of personal strengths and limitations
- Problems of a personal nature

The departments in the School of Anaesthesia make their own arrangements regarding mentoring – some allocate mentors and some do not. Ideally trainees should choose their own mentor and almost all consultants are happy to fulfil this role. Often the ideal person to turn to for educational advice is the educational supervisor or college tutor. It is recognised that some trainees also gain from the development of a mentoring relationship with another consultant outside the formal educational structure. Trainees are encouraged to approach consultants to act as a mentor or request the College Tutor to do so on their behalf.

The anaesthetic departments and school of anaesthesia regard mentoring positively. Seeking help is regarded as a learning opportunity rather than a sign of weakness or failure.

**NEMSA
BASIC LEVEL TRAINING HANDBOOK
2010 RCoA CURRICULUM (August 2010, Ed. 2, v 1.2)**

WHAT TO DO IF YOU ARE HAVING PROBLEMS
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Not infrequently trainees encounter difficulties some of which are described above. We would encourage you in the first instance to discuss any difficulties with either your educational supervisor, mentor or college tutor. If the problem is likely to affect your professional work then we would **expect** you to raise it with someone.

Occasionally individuals may wish to self refer to the Training Support Unit at East Midlands Deanery. This service is completely confidential and is available to all trainees free of charge.

What is the TSU?

The TSU is a support service to help trainees tackle any problems they may face during their training. It is not uncommon for trainees to experience personal or professional difficulties which impact directly or indirectly upon their work or training.

Examples of these difficulties include:

- Personal illness or stress
- Family illness and/or bereavement
- Performance concerns, either informal or formal, e.g. unsatisfactory RITA or ARCP outcomes
- Exam stress/academic study problems
- Communication issues
- Time management and/or organisation
- Uncertainty around future career path

The TSU exists to provide a support service for East Midlands trainees, as well as a co-ordinated approach to deal with performance issues sensitively and effectively. TSU offers a consistent approach for trainees within the East Midlands, in clarifying issues and concerns regarding a trainee's performance. This facilitates early intervention for any significant problems identified, and helps avoid inappropriate GMC referrals.

Where is the TSU?

The TSU is based at the Nottingham office of the East Midlands Healthcare Workforce Deanery (EMHWD) and serves trainees throughout the whole of the East Midlands.

When can you contact the TSU?

We are available Monday to Friday, during the core office hours of 9am to 5pm. Telephone messages can be left outside these hours and we aim to respond to enquiries as soon as possible. If you would like to speak to somebody in person in the TSU, please call the Nottingham office on **0115 8467641** in the first instance.