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

### **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) and aims to make the passage to the award of Basic Level Training Certificate (BLTC) 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"

<http://www.mmc.nhs.uk/default.aspx?page=642>

, and it is important that trainees are familiar with the scope of the guidance.

The Royal College of Anaesthetists (Roca) has published guides to speciality training within Anaesthesia in order to comply with PMETB/GMC requirements. These documents describe the competency programme of training which leads to a CCT in Anaesthesia. You **must** familiarise yourself with the content of these documents as they detail what you are required to achieve in order to progress satisfactorily through the 2 year Core Training in Anaesthesia and achieve the BLTC. 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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<b>EDUCATIONAL AGREEMENT:</b>
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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 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
- An annual review of competence progression (ARCP)

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 supervisor 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:**

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:

Signed:

Date:

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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 Anaesthetics (North)**

**Dr Des Green**

**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](mailto:june.prior@nottingham.ac.uk)) or telephone (0115 8468530).

**Deanery Assistant for Anaesthetics**

**Ms Heather Montgomery**

Heather Montgomery is the PG Deanery assistant responsible for anaesthetic trainees. She can be contacted by email ([heather.montgomery@nottingham.ac.uk](mailto:heather.montgomery@nottingham.ac.uk)) or telephone 01158467113.

**Head of School of Anaesthesia**

**Dr Bernard Riley**

Consultant Anaesthetics and ICU, Queen's Medical Centre

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

**Training Programme Director**

**Dr Grainne O'Dwyer**

Consultant Anaesthetist Lincoln County Hospital

Responsible for managing Specialty training on behalf of the Deanery. Coordinates placements and leads on recruitment and assessment. (Catherine.O'Dwyer@ulh.nhs.uk or telephone 01522 573690 or 573692)

**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](mailto:Rob.Mccahon@nottingham.ac.uk) or telephone 0115 9249924 extn. 61195)

**NEMSA Administrator**

**Alice Jackson**

(University Dept of Anaesthesia)

Provides administrative support to the consultants involved in organising educational activities. Responsible for distributing some paperwork. Maintains the trainees' School based master training files. Alice can be contacted by email at [alice.jackson@nottingham.ac.uk](mailto:alice.jackson@nottingham.ac.uk) or telephone 0115 823 1009

**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

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Tutors, has a role in assuring the quality of training and helps to develop educational strategy within the school.

**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.

**RCA Regional Advisor for Pain Management**

**Dr Adrian Searle Consultant Anaesthetist Derby Hospitals**

The RA is appointed by the College. He carries out the similar roles for Pain Management as the RA for anaesthesia.

**College Tutors**

Queen's Medical Centre	<b>Dr Iain Moppett</b>
Nottingham City Hospital	<b>Dr Munib Malik and Dr Henry Skinner</b>
Derby Hospitals	<b>Dr Sujad Kiani and Dr Roberto Caranza</b>
Kings Mill Hospital	<b>Dr Sri Narra</b>
Lincoln County Hospital	<b>Dr Matthew Dolling</b>

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.

**Flexible Training Advisor**

**Dr Amelia Banks, Consultant Anaesthetist City Hospital Nottingham**

**Educational Supervisors**

A named Educational Supervisor will be allocated to each trainee at their educational induction or by the College Tutor in their starting hospital.

The educational supervisor will arrange a minimum of 3 meetings with you throughout the year. These will allow your educational progress to be reviewed and appraised, using constructive feedback, support and guidance. They are responsible for completing and signing the formal educational supervisors structured report that is essential for the Annual Review of Competence Progression. They will also complete an annual workplace-based NHS appraisal.

**Module Assessor/Supervisor**

Supervises the individual training module or unit of competence and completes the trainee assessment form for time spent in that module/unit. The module supervisor acts as a point of contact between consultants in that field and trainees.

**Clinical Supervisor**

Any Consultant that is supervising your training in the workplace, e.g. training lists in theatre, clinics, critical care. They will provide input to the assessment process through communication with the module/unit assessor/supervisor. They are responsible for patient

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safety during a training session. It is usual for novice trainees to be allocated a named overall Clinical Supervisor.

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**Membership of NEMSA School Board**

Chair	Dr Bernard Riley
Training Programme Director	Dr Grainne O'Dwyer
Core Training Programme Director	Dr Rob McCahon
Regional Advisor RCA	Dr Andy Norris
Regional Advisor Pain	Dr Adrian Searle
Regional Advisor ICM	Dr Mark Ehlers
Associate Postgraduate Dean	Dr Des Green
Deanery coordinator / assistant	June Prior and Heather Montgomery
University Department Representative	Dr Jon Hardman
College Tutors all NEMSA Hospitals	as above
Flexible Training Coordinator	Dr Amelia Banks
Teaching Programme Co-ordinator	Dr Adam Carney
Trainee Representatives	Dr Tom Heinink (basic level) Dr Steve Gill (intermediate level) Dr Dan Harvey (higher level)

NEMSA Board meetings take place quarterly.

**Useful sources of training information**

- The East Midlands Healthcare Workforce Deanery (EMHWD); see [www.eastmidlandsdeanery.nhs.uk](http://www.eastmidlandsdeanery.nhs.uk)
- The NEMSA website contains information and documentation on all aspects of Basic Level Training; see [www.nemsa.net](http://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.
- You 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](mailto:initial.surname@nemsa.net)

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## **ORGANISATION OF THE BASIC TRAINING PROGRAMME**

### **College Requirements**

1. All trainees 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.
  - 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.

Core Training in Anaesthesia is 24 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 – 24):
  - ICM for 3 months
  - Anaesthesia for 18 months

## **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.**

At each stage of training or when working within a particular sub-speciality/module/unit of anaesthesia it is useful to refer to the guide and consider any particular learning objectives for that period. The module/unit supervisors are able to help with this if requested.

### **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)**. Emphasis is placed on the role of the anaesthetist in the perioperative care of the surgical patient. The anaesthetist has a special responsibility as the patient's physician before, during and after surgery. Therefore, an introduction to preoperative assessment and postoperative care is just as important as the practice of anaesthesia.

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

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(The assessments to be completed for the IAC are listed on page B-97 of Annex B.)

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 Corrie 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.

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 – 24)**

Progression to this phase of training is dependent on achievement of the IAC. The basic anaesthetic units of training are:

- Airway management
- Critical incidents
- Day surgery
- General & emergency surgery
- ENT, Maxillo-facial, and dental surgery
- Intensive Care Medicine (ICM) – dedicated 3 month block
- Non-theatre, i.e. remote site anaesthesia
- Obstetrics – dedicated block
- Orthopaedic surgery
- Paediatrics (including Child Protection)
- Pain medicine
- Regional anaesthesia
- Sedation
- Transfer medicine
- Trauma & stabilisation

As the Core Training Programme is limited to 24 months, the majority of these units of training cannot be delivered as dedicated blocks of training. Therefore, it is important that you keep your logbook up-to-date so that you can identify early which units of training you are lacking so that you can focus your subsequent work and study leave.

## **NON-CLINICAL TRAINING**

### **Professionalism / Generic skills**

Training in professional knowledge, skills, attitudes and behaviour is important for all doctors in training. These non-specialist or generic areas include:

- Communication skills, attitudes and behaviour
- The responsibilities of professional life
- Teaching and medical education
- Health care management
- Information technology
- Medical ethics and law.

It is the view of the RCoA that the affective competencies for learning do not relate to particular stages of training; they should be developed and followed throughout practice, both during training and post-CCT. Thus, the professional attitudes, behaviours and common competencies listed are those expected of all doctors throughout their professional practice and, as a result, there are no changes to the competencies over the years of training; inevitably some of the descriptors are more specific to the specialty of anaesthesia, intensive care and pain medicine.

The specific professionalism and common competencies expected throughout training are also embedded in the clinical units of training at all levels; they will be expected to be included within the assessments of clinical training.

Twelve domains have been identified covering professionalism and common competencies. These are as follows:

Domain 1: Professional attitudes

- Commitment
- Compassion
- Honesty and personal integrity
- Respect for others
- Community
- Competence

Domain 2: Clinical Practice

Domain 3: Team working

Domain 4: Leadership

Domain 5: Innovation

Domain 6: Management

Domain 7: Education

Domain 8: Safety in Clinical Practice

Domain 9: Medical ethics and confidentiality

Domain 10: Relationships with patients

Domain 11: Legal framework for practice

Domain 12: Information Technology

### **Communication skills, attitudes and behaviour**

During Basic Level training trainees will be expected to build on the competences already acquired during the Foundation Years' training. Particular emphasis is to be placed on;

- Establishing the confidence and trust of the patient
- Eliciting the necessary and relevant information from the patient, including areas of specific concern

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- Promoting meaningful dialogue with the patient
- Discussing a management plan in terms appropriate to the patient's level of understanding and sensitive to the patient's concerns
- Communicating any risks in a way that the patient can understand
- Establishing an effective working relationship with other team members
- The ability to share relevant information with staff concerning the management of the patient while respecting issues of confidentiality.

### **Teaching and medical education**

By the end of basic level training trainees should be displaying a personal commitment to teaching, learning, and assessment. The minimum learning outcomes are:

- You manage your own programme of learning derived from the RCoA curriculum.
- You become experienced in the use of e-learning systems, e.g. eLA.
- You contribute to institutional educational programmes by attending teaching and engaging as a teacher/presenter when appropriate. You are required to record your attendance at teaching; this will be reviewed at ARCP.
- You deliver a lecture or audio-visual presentation using appropriate multimedia devices. It is important that you seek feedback on your teaching sessions and reflect on this. It is expected that all Core Trainees will have delivered at least one formal teaching session per annum during their core training; this will be reviewed at ARCP.
- You always ensure that your level of supervision is appropriate to your capabilities.
- You engage properly with the process of personal educational supervision.
- You engage in the assessment process by appropriately managing your own portfolio of assessments.

Assessment at ARCP:

- Teaching attendance record; this should include sessions that have been missed including an explanation for non-attendance.
- Teaching sessions delivered.
- Organisation and content of training portfolio.

### **Academic & Research (including Audit)**

Learning outcomes include:

- Understand and commit to the principles of evidence-based practice.
- Contribute actively to local audit processes.
- Commit to the belief that evidence-based practice improves patient safety and clinical outcomes.
- Can present a topic at an audit, clinical governance meeting and/or journal club.
- Passed Primary FRCA.

Assessment at ARCP:

- Attendance record at local audit, M&M, MDT and journal club meetings.
- Reflective portfolio of attendances.
- Personal engagement in audit.
- Success at Primary FRCA.

### **Health care management**

During basic level training trainees should develop an understanding of:

- The necessity to fulfill their responsibilities within the department including appropriate communication when they are unable to meet a commitment.
- The structure and running of a department of anaesthesia and intensive care medicine including the different roles of such as Clinical Director

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- Factors influencing efficient operating theatre and day surgery unit utilisation and critical care bed occupancy
- Show a recognition of a team approach to the management of the service
- A commitment to good communication
- The reporting of critical incidents
- Equality and diversity issues

**Information technology**

It is quite possible likely that a trainee may have acquired many of the necessary IT skills before starting their specialist training. By the end of basic level training all trainees should have proved their computing ability at an equivalent level to the European Computer Driving Licence including:

- General concepts of information technology
- Managing files/folders, using the computer and storage media
- Word processing -preparing a cv, case report or scientific paper
- Spreadsheets –entering data and making simple analyses
- Presentations – using Powerpoint to deliver a presentation or lecture
- Databases-understanding how data is stored and retrieved
- Information and communication – accessing the Internet to search for and retrieve information.
- Basic communication skills using email

**Medical ethics and law**

During basic level training trainees should show that they understand basic health care law, including:

- The Bolam principle
- Informed consent
- Consent and mental competence, and how to proceed in their absence.
- The legal requirements for record keeping.

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<b>THE PRIMARY FELLOWSHIP EXAMINATION</b>
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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.

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 Rob McCahon. 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.

The primary examination consists of two parts, the first is a stand alone MCQ paper, and the second part consists of, 2 oral examinations and an OSCE.

An MCQ pass is valid for 2 years. If the OSCE/SOE components are not passed by this time, the MCQ will have to be repeated

**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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<b>CLINICAL SUPERVISION</b>
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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).

Thereafter, on average a minimum of three supervised sessions per week (averaged over 3 – 6 months) is required. To protect the interests of patients a trainee will be 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.

**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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<b>EDUCATIONAL SUPERVISION</b>
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The PMETB guide to Specialist training, “the Gold Guide”, requires that each individual trainee has a named **Educational Supervisor**. NEMSA will allocate an Educational supervisor who will be responsible for the trainee for the duration of basic training.

The supervisor and trainee will need to arrange a **minimum of 3 meetings a year**, more if necessary. For each meeting the supervisor will maintain a record of the meeting briefly outlining key areas discussed and any actions required. A copy of record should be retained in the trainee’s portfolio.

Always bring to your meetings with your educational supervisor:

- All assessment documents
- RCoA log book summaries – this should be for the current year of assessment, i.e. not your entire logbook.
- Personal portfolio
- Personal learning plan

**Initial meeting:**

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

- Gain knowledge of trainee’s medical experience, educational achievements, exams etc.
- Review and support development of speciality portfolio.
- Advise trainees on sources of help if required.
- Clarify the assessment / appraisal process explained to them at NEMSA educational induction.
- Encourage proactive self learning, self awareness and reflective practice.
- Help them to 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 Educational Supervisor may need to notify College Tutor, TPD or deputy, or local clinical director depending on issue of concern.

**Final review meeting:**

- To review further progress
- To construct the formal **Educational Supervisors Structured Report**, this is a new key document that is used to inform the ARCP. The timing of this report will be crucial because it will need to be done before the ARCP which will be in July. So realistically this last meeting may need to be in June about 10 months into a training year.

All these meetings come under the umbrella of **Educational Appraisal**.

Appraisal is primarily educational being a mechanism for giving a trainee structured feedback on their progress. It is **not** a process to identify whether established targets have been met – this is assessment and will be formally documented at the ARCP. However Assessment documents that have been completed in the workplace will be used to inform

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the appraisal process and help the trainee pass the ARCP. Educational appraisal may be used to identify strengths and weaknesses. This should help the trainee to build on their strengths and feel encouraged by areas of good performance. Any weaknesses that are identified may be addressed and a plan agreed to help improve these aspects of performance.

If significant problems with progress come to light as a result of the educational appraisal process then these should be documented and addressed and will lead to communication with the College Tutor.

Trainees should also expect to receive and are encouraged to also request informal feedback from their trainers on a day to day basis.

<b>NHS APPRAISAL</b>
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**An annual Workplace based (NHS) Appraisal**, in the Gold Guide is also the responsibility of the educational supervisors. It is partly required to fulfil the governance requirements of the NHS employing trust. The example documentation given in the Gold Guide appendix is the same as the NHS Consultant appraisal documentation with a few tweaks and is based on GMC good medical practice. Within the School of Anaesthesia, workplace appraisal will effectively be incorporated into the ARCP when a detailed review of the portfolio will take place. A brief summary documentation will be generated at the same time as the final review.

Appraisal is a two way process providing an opportunity for the trainee to share information about their perception of their work and their learning and working environment.

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**ASSESSMENT**

The following information is an important summary of the documented assessments that each trainee will require to have a satisfactory outcome at ARCP and subsequently progress to intermediate training. These assessments are mandatory. It is the responsibility of each individual trainee to request these assessments at the appropriate time.

The RCoA tutor and other designated consultants who meet the criteria to be trainers can undertake the workplace assessments.

There is no expectation that every sub-component of a 'Skill' will be individually investigated and assessed, but rather that trainers will become confident, through their personal knowledge of the trainees, that the individual trainee has acquired sufficient competence in an area of practice to be signed off. If they cannot be signed off, the reason why should be identified, documented and advice given to the trainee.

Points to note:

- The trainee's logbook must be kept up to date and reviewed.
- Please retain the original assessment documents in your training portfolio and send copies to Mrs June Prior and Dr Rob McCahon.
- If the trainee does not meet the required standard the reasons must be given and documented.
- The sum of the assessments must allow the Basic Level Training Certificate to be issued with confidence at the end of basic training.
- If a trainee does not meet the necessary standard on an individual assessment, they must be re-assessed at a later date.

### **1. RCA Initial Assessment of Clinical Competency (IAC)**

For a novice trainee the competency assessment is carried out after about three months training in anaesthesia. Each trainee will be given the assessment forms and information about the assessment process by their educational supervisors or at induction. The competences for assessment are summarised on page 97 of Annex B Basic Level Training.

### **2. RCA Basic Competency in Obstetric Anaesthesia**

This will need to be completed during basic level training before practising obstetric anaesthesia unsupervised. The relevant documents should be downloaded from the RCA website and printed off. Clearly it is important to look at the learning objectives early in an obstetric attachment.

### **3. NEMSA Workplace Assessments for Basic Level Competences**

There is a requirement to map assessment of trainees to their curriculum. Within the School of Anaesthesia we take the view that we prefer to avoid an approach whereby a box is ticked for each and every individual component of the curriculum. Assessment always depends partly on the context and we view the professional considered opinion of consultants of the trainee's whole performance and ability to integrate their skills and knowledge as more valuable.

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

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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>

The following competences are considered mandatory; failure to complete these assessments will delay award of the Basic Level Certificate.

- a. DOPS for Lumbar Epidural Anaesthesia (not in Obstetrics)
- b. DOPS for Spinal Anaesthesia (not in Obstetrics)
- c. A-CEX for Emergency Anaesthesia
- d. A-CEX for Patient Transfer: trainees are strongly encouraged to undertake a formal transfer training course, preferably the Mid Trent Critical Care Network study day, before undertaking this assessment.

#### **4. 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.

The following are mandatory Basic Level Training Units (refer to CCT Annex B, p. 34):

- Airway management
- Critical incidents
- Day Surgery – record day case patients in your logbook as such.
- General & Emergency Surgery
- ENT, maxillo-facial, and dental surgery
- Intensive Care Medicine – 3 month block; Anaesthesia trainees interested in pursuing a career in ICM are advised to undertake the IBTICM basic level workplace assessments.
- Non-theatre
- Obstetrics
- Orthopaedic surgery
- Paediatrics, including child protection (complete Mandatory training)
- Pain medicine
- Regional anaesthesia
- Sedation
- Transfer medicine – this is for intra-hospital transfer only; attendance at the Mid-Trent Critical Care Network transfer course is advised. Complete this during ICM block.
- Trauma & stabilisation – attendance at an ATLS course is advised.

It is anticipated that the majority of these units of training will not be delivered in dedicated blocks; the exception is ICM which is completed in a dedicated 3 month block.

Basic Level Training Unit assessment forms can be downloaded from [http://www.nemsa.net/index\\_files/Page2962.htm](http://www.nemsa.net/index_files/Page2962.htm); the current documents will be updated in due course.

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## **5. 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:

### **a. 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.

### **b. 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.

## **6. The Annual Review of Competence Progression ARCP**

The ARCP is a formal summative assessment which occurs towards the end of a year of training. The constitution of the ARCP panel will conform to standards determined by the Gold Guide.

Key to the process is the educational supervisor's report. Trainees are advised to look at this well in advance as the guidance notes set minimum standards which the trainee is expected to meet. The generation of the educational supervisor's structured report involves a formal review of all documentation in the trainee's file.

The ARCP panel reviews the evidence without the trainee being present. The evidence that should be presented for review by the panel includes:

1. The Educational Supervisor report (ESR); this is based on a review of the various workplace-based assessments, training units completed, and non-clinical practice.
2. A logbook summary relating to the year of assessment, e.g. CT1 or CT2, and a cumulative summary for the entirety of your anaesthetic training.
3. Teaching attendance record
4. An up-to-date personal learning plan.
5. Letters from the RCoA for examination success/failure.
6. A copy of all training unit modular assessment forms for the end of CT2 assessment, i.e. before a Basic Level Training Certificate is issued.

It is recommended to prepare for the ARCP well in advance. Failure to provide documentation by the date it is required will result in the panel failing to consider the progress of a trainee.

If a trainee is anticipated to have an unsatisfactory outcome, e.g. for examination failure, they will be invited to attend in person.

The Educational Supervisor Report may be downloaded at [http://www.nemsa.net/index\\_files/Page2962.htm](http://www.nemsa.net/index_files/Page2962.htm)

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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.

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**WHAT TO DO IF YOU ARE HAVING PROBLEMS**

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.

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