

2011

Nottingham & East Midlands School of Anaesthesia

Basic Level Training Handbook



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.

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 (RCoA) 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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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 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: Dr Rob McCahon, Training Programme Director

Signed:

Date: 10/08/2011

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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 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) 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) or telephone 01158467113.

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

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 or telephone 0115 9249924 extn. 61195)

NEMSA Administrator

Vacant

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.

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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	Dr Jonathan Mole & Dr Chris Gornall
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
Lincoln County Hospital	Dr Matthew Dolling

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.

You should arrange a minimum of 3 meetings with your Educational Supervisor throughout the year. These will allow your educational progress to be reviewed and appraised, using constructive feedback, support and guidance. Your Educational Supervisor is responsible for completing and signing the formal Educational Supervisor Report that is essential for the Annual Review of Competence Progression. They will also complete an annual workplace-based NHS appraisal.

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. A list of Unit of Training Supervisors can be found at:

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

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 Unit of Training supervisor. They are responsible for patient 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 Andy Norris
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	Associate Professor 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 TBC (basic level) Dr Tom Heinink (intermediate level) Dr Steve Gill (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
- 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.
- You will be given a NEMSA e-mail address which will be set up by the School to forward to your usual email address. It is important that you check your email with regard to School activities.

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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; 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

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

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)**. The Basis of Anaesthetic Practice consists of the following units of training:

- Preoperative assessment
- Premedication
- Induction of general anaesthesia
- Intra-operative care
- Postoperative 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 – 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

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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). During the Novice period each Supernumerary Trainee will be supervised by a small team of Consultant Anaesthetists. At each hospital, one Consultant will act as a co-ordinator for Novice Anaesthetists; 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
- Dr Matt Dolling Lincoln County Hospital

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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Initial Assessment of Competence

A-CEX	
<i>Assessment Code</i>	<i>Assessment</i>
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	
<i>Assessment Code</i>	<i>Assessment</i>
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	
<i>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.</i>	
<i>Assessment Code</i>	<i>Assessment</i>
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.

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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.

b. *Basic anaesthesia.* Due to the introductory nature of a number of the units of training, the Assessment Guidance document suggests that it is possible to merge some of the units for the purpose of assessment. This means that you do not have to assess the trainee with a minimum of 1 DOP, CBD and A-CEX for each unit of training, but a representative number of each should be undertaken to help inform the final professional judgement as to whether the trainee has achieved the core clinical learning outcomes. For example, you could complete Sedation, Non-theatre, and Transfer Units of Training during your 3 month block in Intensive Care Medicine. However, paediatrics, obstetrics, regional anaesthesia, critical incidents and control of infection must be assessed as standalone units.

c. *Obstetric anaesthesia.* There are two components to basic level obstetrics. The first assessment for obstetrics is initial assessment of competence of obstetric anaesthesia [IACOA]. Trainees must pass all the assessments defined for the IACOA in Annex B of the curriculum document and reproduced in the Assessment Guidance document. The second component is completing the training for basic obstetrics. The IACOA does not signify completion of the basic obstetrics unit. The IACOA allows the trainee to go on call for obstetrics. Trainees must achieve the core clinical outcomes before they can be signed off as having completed the unit, and must have completed 20 supervised sessions in Obstetric Anaesthesia. It is not possible to defer basic obstetrics training until ST3. Trainees who fail to achieve the IACOA and the end of unit sign off, should not be issued with a BLTC and will not be eligible for ST3.

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.

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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 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>

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- 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; the current documents will be updated in due course.

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.

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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/Page1838.htm

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Education

Dr Adam Carney is the Teaching Programme Lead. 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.

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:

- 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

The Virtual Learning Environment (VLE)

You will be sent log-on details in due course. The VLE is in its infancy, but you should log-on frequently for updates on the above teaching programmes and to use the interactive educational resources which are available or under development. See <http://www.vle.eastmidlandsdeanery.nhs.uk/course/category.php?id=14>

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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>

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.

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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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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EDUCATIONAL SUPERVISION

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

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Assessment documents that have been completed in the workplace will be used to inform 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.

NHS APPRAISAL

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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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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The following pages are taken from:

Core Training in the 2010 curriculum: a survival guide

In brief, within 2 years, a core trainee is expected to:

1. Complete 'the basis of anaesthetic practise' (the old initial assessment of competence).
2. Pass the primary FRCA.
3. Complete the remainder of 'basic anaesthesia' which comprises of 15 units of training.
4. engage with audit, teaching, management and research at an appropriate level
5. provide supporting evidence in the form of multiple satisfactory workplace based assessments

Top tips for Success:

1. Firstly, motivation and planning are crucial; you need to view the entirety of core training as a unit rather than compartmentalising it into modules. At the outset, familiarize yourself with all of the requirements. Failure to do this will result in missed opportunities to gain competencies, and to get paper work signed. For example, anaesthetising a 7 year old for a routine tonsillectomy is relevant for at least four units of training, i.e. Paediatrics, ENT/Maxfax/Dental, Airway, Day case, and who knows possibly critical incidents if you have a testing day!

2. Know your local area and the opportunities that it presents. Find out what goes on in each hospital, if your hospital doesn't have an emergency department then you are unlikely to achieve your trauma and stabilisation competencies whilst there. If it does, see what you can achieve, for example shadowing a more senior trainee running a trauma call in the emergency department. Likewise if they don't have a labour ward you won't be doing your obstetric placement there.

3. Be your own boss. No one is going to organise your training for you. Educational supervisors and college tutors are there to guide you but the onus is on you to ensure that you are getting enough, and importantly the right training. Keep an accurate and thorough logbook, not just the bare minimum. There are numerous smartphone apps that allow you to do this as you go. This allows you to keep a track of your case mix. If you anaesthetise an interesting or challenging case then photocopy the charts (ensuring strict data security) and find a consultant to do a case based discussion (CBD).

4. The exam! Take it as soon as you can. At the very latest you should attempt it in June of your CT1 year. You are disadvantaging yourself if you don't. The drive to learn should come from the novice period where everything is completely new and the learning curve is steep; don't detach your clinical work from the sometimes-dry material of the primary. When holding a new piece of equipment, ask yourself how it works? Read about the physics that are important to its working.

5. Have an idea of likely learning opportunities and assessments you might be able to complete before you join a list. Meet with consultants as early as you can beforehand. You can then talk about how to get the most from the list and they may be less stressed and more prepared to agree to help. Ask for feedback. You may need to stimulate this by being specific, "Were there any problems with my aseptic technique?", "Were you happy with the way I prepared this procedure?"

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Things happen opportunistically from which you can learn in clinical practice all the time. If you are familiar with the curriculum, record some of these events and put them towards the required units of training

6. Don't limit yourself to one operating list in a day. With agreement from the consultant/group of consultants that you are working with you may be able to make use of learning opportunities elsewhere. You may be able to step out and perform a rapid sequence induction or a spinal in the next theatre. Ask politely first. Behaving in this way takes tact and diplomacy but it is possible to see and do a lot in one day with this approach. Many hospitals used computerised systems for booking theatre cases, allowing you to plan ahead. This is common in other countries and some advocate this method of learning where time is of the essence. Some of my colleagues would go to a hand list in the morning post nights and do one regional block before going home!

7. Keep a spread-sheet: have a column with each unit of training, and a row with the assessments that need completing. I used Dropbox© so that I could access it on the move. Don't forget about parts of the curriculum like child protection and infection control.

8. Whilst doing your ICM unit of training aim to get the following units of training completed; trauma and stabilisation, sedation, transfer, remote site anaesthesia and aspects of acute pain. This will leave a lot more time to get the other more bulky units achieved whilst doing anaesthesia.

9. When on call try to get exposure to as many opportunities as possible. Add experience and cases to ongoing units of training like trauma and stabilisation, remote anaesthesia etc. See below, but view on call time as a learning opportunity and not just as service provision.

10. Don't forget all the other bits... when you attend your ARCP you are also expected to have participated in audit, been involved in teaching, shown evidence of management activity, attended course (ALS, APLS, ATLS etc), shown evidence of an interest in certain sub-specialities (this may help for ST3 interviews).

11. Engage with the School and take time to work out how it functions. If there is a website, have a good look round. Find out when educational supervisor, college tutor meetings and ARCPs are expected. Identify, and if possible fill out the paperwork you'll need, while trainers are there to help, they commonly look after many trainees, and time can be limited. So, it is a good idea to have collated and read any information given to you, and familiarized yourself with the curriculum. Not only will this make your trainers feel like you are meeting them half-way it will maximize the value of your meetings. If you get half an hour with the College Tutor you don't want them to spend it telling you things you could have read for yourself.

12. Don't forget to have a life! This is really important, the exam is a hard slog and getting all of the above done can seem daunting and exhausting at the start, but it is possible (just!). Without some sort of balance outside of work you can easily become burnt out. Timetable or schedule rest (or exercise) so that it is protected. Plan and book your annual leave well in advance; time off post the exam is a good idea! Some people find study groups helpful and some schools appoint mentors to support trainees.

The 'out of hours' problem

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Multiple factors are to blame for the apparent decrease in trainee numbers and the clinical experience to which they are exposed. The EWTD regulations and other pressures have resulted in hospitals frequently finding that there are not enough trainees to staff rotas. Trusts get around this in different ways. Some of them employ permanent staff and associate specialists (SAS) grade doctors to cover the shifts whilst others rely on locum doctors. Trainee time in elective lists is generally decreased while proportionately more time is spent in hospital out of hours. There is a perception that 'out of hours' has meant service provision and not much training, however my experience at a large teaching hospital has been quite the contrary to this. The workload and experience itself is different from that found in the day-time and there is often greater responsibility for assessment and decision making placed on the trainee. In addition, with senior trainees and often consultants being present out of hours to provide service, these can be great opportunities for some one to one teaching. I am not saying that I had in-depth discussions about respiratory physiology at 03:00am, but seeing and doing cannot be overemphasised as an important means to learn in a craft based speciality such as anaesthesia. The transition from core trainee to intermediate trainee is made smoother by having direct senior support whilst working out of hours.

James Plumb, A Norris

Nottingham