The North West Trainees’ Guide to Core Training in Anaesthesia

Contributors

Compiled By
I. Okonkwo & M. Bowler
**Introduction**

The first two years of anaesthesia can be challenging. Many aspects of core training will be very different to your previous clinical experiences and it isn’t uncommon to feel uncertain or like a fish out of water. This guide has been written by core trainees to help facilitate your journey through CT1 and CT2. It isn’t a replacement of the literature or guidance provided by your supervisors/the college/deanery/books/other organisations. We have included hints & tips, and hopefully definitive answers to some of the questions that arise regarding training, study leave, paperwork, logbook etc. We hope that this guide will act as a useful point of reference as the relevance of the sections change as you progress through the next two years of training.

---

**Contents**

| 1. Who’s Who In the North West School of Anaesthesia | 2 |
| 2. Core Training: | 4 |
| - The Major Milestones | |
| - The New Starter Period & Months 6-24 | |
| 3. ACCS Anaesthetics: Differences Months 6-24 | 9 |
| 4. The Annual Review of Competency Progression | 10 |
| 5. Audit | 12 |
| 6. Annual Trainee Events | 12 |
| 7. Curriculum & Assessments | 13 |
| - Guide to getting the most out of them | |
| 8. The E-portfolio | 15 |
| 9. Teaching | 16 |
| - Post Primary Teaching | |
| 10. The Primary FRCA Exam | 18 |
| 11. ST3 Applications | 22 |
| - Dual & Single Accreditation: ICM, Anaesthesia | |
| 12. Failure to Achieve the Primary FRCA Exam | 23 |
| 13. Housekeeping | 24 |
| - Study Leave | |
| - Annual Leave | |
| - Long Term Sickness | |
| - Your Travel Entitlement | |
| 14. Booklist | 26 |
| 15. Websites | 29 |
| 16. Appendix | 30 |
Who’s Who in the North West School of Anaesthesia

The Specialist Training Committee
Anaesthetic training is organised and delivered by the Specialist Training Committee (STC). This board is made up of consultants from each hospital, some of whom represent the Royal College of Anaesthetists and Intensive Care Society, trainees and deanery management. It meets on a quarterly basis to provide guidance and implement the standards of training, as set out by the Royal College of Anaesthetists (RCOA). Member Include:

*See figure 1, page 3 for the STC Consultants’ contact details.*

- **The Primary Course Administrator**
  Janet Coulson, University Hospital of South Manchester NHS Foundation Trust
  Janet.coulson@uhsm.nhs.uk; Tel: 07517456401
  Janet organises the administration and delivery of the Primary FRCA and Anaesthetic Courses within the Region. You must contact her in order to register for your Primary FRCA courses throughout CT1 & CT2.

- **Education Administrators**
  Liz Campbell, NHS North West Offices, Three Piccadilly Place
  E.Campbell@NWpgmd.nhs.uk; Tel: 44 (0)161 625 7675
  Organises the administration of aspects of ACCS and Anaesthetic Core training & are a useful source for ARCP information.

- **Core Training Representative**
  Dr. Ross Milton, CT2 in Core Anaesthesia, Royal Blackburn Hospital
  rossmilton@doctors.org.uk
  The CTR represents the interests and views of the core trainees on the STC. It is helpful to let them know of your concerns and problems that you experience with teaching/training so that they can feedback to the STC.

- **Speciality Schools Manager for Anaesthesia**
  Jennifer Smith, NHS North West Offices, Three Piccadilly Place
  j.smith@nwpgmd.nhs.uk; Tel: 01616257676.
  Organises and manages the speciality schools of Anaesthesia, ACCS, ICM and NIHR Academics at a deanery level.

- **Head of the School of Anaesthesia**
  Dr. Sarah Thornton, Bolton NHS Foundation Trust
  Head of the STC and the representative of the post graduate dean in the School of Anaesthesia. Useful contact if you are experiencing difficulties within training.

- **RCOA Regional Advisor**
  Dr. Russell Perkins, Central Manchester Foundation Trust
  Appointed by the Royal College of Anaesthetists, monitors training on behalf of the college throughout the region. You will need to contact him to sign your RCA Trainee Registration form.

- **Training Programme Directors**
  South School: Dr. Simon Maguire; Central School: Dr. Simon Tomlinson; North School: Dr. Karen Kidner
  Manage core training on behalf of the deanery. It is important to contact them if you are experiencing difficulties within your teaching/training, particularly if you are unable to resolve them within your hospital.

- **College Tutors**
  The local point of contact with the RCOA for trainees, they represent the RCOA at each hospital and organise training. They oversee examination preparation, facilitate professional development and give careers advice.

**Educational Supervisors**

Your educational supervisor is allocated by the College Tutor at the start of your rotation (New Starter Period/ICM/etc.) Throughout the year it is important to meet regularly (at least 3 times per rotation) so that they can appraise and review your progress, offer constructive feedback, support and guidance. They are responsible for approving your Multi-Source Feedback, signing off units of training and completing other essential ARCP Paperwork.
Figure 1: The Speciality Training Committee
*these hospitals have more than one college tutor
# Core Training

## Contents

<table>
<thead>
<tr>
<th>Timeline of Training</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>- New Starters</td>
<td>4</td>
</tr>
<tr>
<td>▪ Week 1</td>
<td></td>
</tr>
<tr>
<td>▪ Months 1-3</td>
<td>5</td>
</tr>
<tr>
<td>- The Primary Study Days</td>
<td>6</td>
</tr>
<tr>
<td>- Other Organisations to consider joining</td>
<td>7</td>
</tr>
<tr>
<td>- The Basis of Anaesthetic Practice: 3-6 months</td>
<td>7</td>
</tr>
<tr>
<td>- The Basic Level Training Certificate: 6-24 Months</td>
<td>8</td>
</tr>
<tr>
<td>- Signing off Critical Incidents</td>
<td>8</td>
</tr>
</tbody>
</table>

## Figure 2: Timeline of Core Training

<table>
<thead>
<tr>
<th>CT1</th>
<th>0 – 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- New Starter</td>
</tr>
<tr>
<td></td>
<td>- New Starter Tutorials: North / Central / South School</td>
</tr>
<tr>
<td></td>
<td>- Commencement of Work Place Based Assessments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CT1</th>
<th>3 – 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Basis of Anaesthetic Practice</td>
</tr>
<tr>
<td></td>
<td>- Initial Assessment of Competence</td>
</tr>
<tr>
<td></td>
<td>- NW Regional Primary FRCA Course (November – July)</td>
</tr>
<tr>
<td></td>
<td>- Primary FRCA Tutorials: North / Central / South School</td>
</tr>
<tr>
<td></td>
<td>- Basis of Anaesthetic Practice: Completion of 1st 8 Units of Training</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CT1</th>
<th>6 – 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Basic Anaesthesia</td>
</tr>
<tr>
<td></td>
<td>- Intensive Care Medicine Module (3-6 months during CT1 or CT2)</td>
</tr>
<tr>
<td></td>
<td>▪ Basic ICM Training Certificate</td>
</tr>
<tr>
<td></td>
<td>- Primary FRCA MCQ Examination: March sitting</td>
</tr>
<tr>
<td></td>
<td>- Primary FRCA OSCE/SOE Examination: May sitting</td>
</tr>
<tr>
<td></td>
<td>- CT1 Annual Review of Competency Progression (June – July)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CT2</th>
<th>12 – 18 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Basic Anaesthesia</td>
</tr>
<tr>
<td></td>
<td>- Obstetric Module (3 months during CT2)</td>
</tr>
<tr>
<td></td>
<td>▪ Initial Assessment of Obstetric Competence</td>
</tr>
<tr>
<td></td>
<td>- Primary FRCA MCQ Examination: September and November sittings</td>
</tr>
<tr>
<td></td>
<td>- Primary FRCA OSCE/SOE Examination: November and January sittings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CT2</th>
<th>18 – 24 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Completion of Basic Training</td>
</tr>
<tr>
<td></td>
<td>- Completion of Primary FRCA Examination</td>
</tr>
<tr>
<td></td>
<td>- ST3 Application Round 1 (February – April)</td>
</tr>
<tr>
<td></td>
<td>- Basic Level Training Certificate</td>
</tr>
<tr>
<td></td>
<td>- CT2 Annual Review of Competency Progression (June – July)</td>
</tr>
</tbody>
</table>
New Starters

This section aims to give you a heads up about what will be expected from you in the coming months, to try to make it easier for you to get to the bottom of your many commitments both clinical and non-clinical.

Before we start to tell you about all the things that you are expected to do just pause.

You are now an anaesthetist. The people around you are your colleagues and will help you through the next few steps. Where the few words of advice here run out, they will be able to give you much more complete guidance and advice.

So the 1st piece of advice is just settle in. This might be the job that you are doing for the rest of your working life – see if you enjoy it.

Week 1

The most important people to find in the 1st week or so are your educational supervisor and the college tutor. In order to make your life easier try and do a few simple things

– Turn up early and see your patients pre-operatively
– Find out how to get copies of the theatre lists so you can find out what you will be doing a week in advance
– Book your annual leave with the secretaries

When you are a bit more comfortable there are some housekeeping tasks you need to complete.

• Look at the curriculum (https://www.rcoa.ac.uk/CCT/AnnexB): Dull but really helpful.

• Register with the Royal College of Anaesthetists: You will need a signature from your college tutor and the Regional Advisor. You need be registered before you can access the e-portfolio or sit your exams.

• Familiarise yourself with the e-portfolio (https://www.trainingeportfolio.rcoa.ac.uk/login) and the deanery training videos (http://www.nwanaesthesia.org.uk/NW%20Anaesthesia%20October2011/etraining/index.html).

• Get a logbook: (http://www.logbook.org.uk/) It is available on PC, MAC, smart phone or tablet – if you keep it up to date it saves days of your life later

• Book your study leave: Look at the North West Anaesthesia website. It has all the courses on it. There are Primary Study Days (for the exam) and extra study leave days. Book them off as soon as possible. The extra study days you can add in when you want/need – do the obstetric one when you are doing obstetrics.

• Find out where your new starter tutorials are (http://www.nwanaesthesia.org.uk/) – they are for the 1st 8 weeks and you should be off on the rota.

• Sit down with your educational supervisor and make a personal development plan on the e-portfolio to familiarise yourself with the “Learning Cycle”. They will mention the “Initial Assessment of Competence” – familiarises yourself with the requirements (curriculum page 98.)
• Start thinking about books. The learning curve during the new starter period is incredibly steep so it is beneficial to do some private study. There are loads of books out there; it's worth having a look at the books in your hospital library/anaesthetic department before you decide what to buy.

Useful Books for the new starter period (see page 27 for the complete booklist)

• How to survive in anaesthesia – a trainees guide: Simple, practical and easy lay out – a pretty good start.
• Lecture notes in anaesthesia: A bit more academic, and quite a good grounding for more complex principles
• Peck, Hill and Williams. Pharmacology for Anaesthesia and Intensive Care: All you will ever need to know about drugs.
• West. Respiratory Physiology – The essentials. Or just 'West'. More than you will ever need to know about lungs. Everyone is still waiting for someone to write something similar about the heart.
• A-Z of anaesthesia: Great reference book – pithy short explanations of anything that will bother you at work.
• Kenny. Basic Physics and Measurement in Anaesthesia: Not a page turner but as simple as you will get for the Primary
• Al-Shaikh. Essentials of anaesthetic equipment. Colourful, easy to read and includes all the gadgets you’re going to use.
• Pinnock. Fundamentals of Anaesthesia: Everything all in one place - Your new Bible – except for a few typos.

Months 1-3

“...introduction to the principles and practices of the delivery of safe and effective anaesthetic care to patients for trainees new to the specialty...develop [and demonstrate] safe clinical practice [including a basic understanding of basic sciences underpinning practice]...” RCOA CCT in Anaesthesia Basic Level Training

• Now you are up and running there are a few other things to do
• “The Initial Assessment of Competence”...is what it says on the tin. There is a list of the required work place based assessments (WPBAs). It is helpful if you get these signed off early. In addition to the new paperwork some hospitals arrange a formal ‘in-house’ assessment before you are signed off.
• After the New Starter Tutorials finish you will have study leave on the rota to go to weekly teaching. This is geared towards the Primary exam (but it is different from the Primary Study Days)
• Look at the Units of Training for “The Basis of Anaesthetic Practice”: – there are 8 Units covering > 100 learning points, these competencies need to be completed in the first 6 Months of training. Start organising your days to fulfil these targets to avoid last minute panic.
• Start using the e-LA (http://www.rcoa.ac.uk/e-la) – it has sections that are geared up for new starters and the things you need to know

The Primary Study Days

The first Primary Study Day is in November, from this point (if not earlier) people will start to talk to you about the Primary FRCA Exam. The 1st time you go to a Primary Study Day feels like an intellectual baptism of fire, it is helpful to remember that they are attended by a mixture of CT1 and CT2 trainees with differing levels of knowledge and experience nevertheless most people find them intimidating. The exam is difficult, but it is passable, you’ll feel pressured to take the exam early. Doing it early saves a little stress but it isn’t the only way through. The whole point of all the teaching you get is to prepare you for it. Everyone around you has been through it and will help you get there.
Other Organisations to Consider Joining

1) The Association of Anaesthetists of Great Britain and Ireland (AAGBI).
   Benefits include: Anaesthesia (a useful journal), Insurance for Patient transfers, the GAT Handbook (a useful guide to training, useful for ST3 interviews), 1 Free Course/Conference and free copies of any guidelines.

2) The Manchester Medical Society.
   This organisation puts on lectures within the region for your further learning.

3) Association of North Western Intensive Care Units (ANWICU)
   This organisation links together the Intensive Care Units of the North West of England. It is useful to join if you have an interest in Intensive Care Medicine. They hold meetings and events throughout the year.

4) The Intensive Care Society (ICS)
   If you wish to have a career in ICU it’s an unofficial requirement to be a member of this organisation and to have attended some of their meetings +/- study days prior to your ST3 applications.
   Benefits include: Journal of the Intensive Care Society (a quarterly journal), Insurance for Patient transfers, discounted attendance of ICS meetings and events.

The Basis of Anaesthetic Practice: 3-6 months

By the end of 6 months you are required to have completed “The Basis of Anaesthetic Practice”.

This consists of 8 units of training. In order to be signed off you need a minimum of 1 CbD, 1 ACEX and 1 DOPs per Unit of Training. Ideally each WPBA should cover as many learning outcomes as possible and can count towards more than one Unit of Training.

For example: The anaesthetic management of a hypertensive patient (pre-operative assessment inc. review and modification of anti-hypertensives [e.g. omission of the ACE-i and delivery of the rest], followed by the safe induction of anaesthesia) could be an A-CEX linked to 3 units of training: pre-operative assessment, pre-medication, and induction of anaesthesia. If you had cannulated and given some antibiotics prior to going into theatre, it could count towards infection too.

Tips

- Being organised and familiar with you assessments will enable you to be more efficient and work smarter.
- If you are aiming towards the June Primary FRCA Examination it is a good idea to complete an audit project within this time period before you get bogged down with exam revision.
The Basic Level Training Certificate: 6-24 months

This is the real meat of your training. It involves

1) General duties in theatre
2) On calls (now you have your IAOC)
3) ICU module
4) Obstetric module
5) Pain module
6) The Primary FRCA Examination

There are more Units of Training to get signed off. Page B-102 on the curriculum contains a summary of the minimum requirement of assessments.

Intensive Care Medicine Module
This 3 month Rotation has slightly different assessments (e.g. I-CEXs and ACATs instead of A-CEXs and ALMATs) an additional MSF, and a separate logbook (www.accsuk.org.uk/icuhomefolder/icmlogbook.xls). You will be appointed an ICM specific educational supervisor (it is advisable to have 3 meetings with them over the attachment) who will direct you to the relevant ICS paperwork required to obtain your basic ICM competencies. Additional information can be found on (http://www.anwicu.org/). During your time in ICM it is advised to complete the non-theatre, transfer medicine and trauma and stabilisation units in addition to your ICM module.

Obstetric Module
See Page B-99 in the curriculum for the assessments required to be eligible for the “Initial Assessment of Obstetric Competence”. There is a separate unit of training which must also be completed by your supervisor. The University Hospital of South Manchester obstetric study day forms an essential accompaniment to the module.

Pain
Most hospitals provide you with a block of dedicated to both acute and chronic pain. This includes work in clinic, on ward rounds and theatre sessions doing blocks.

Signing off Critical Incidents
Over CT1 and CT2 most people come across critical incidents (e.g. anaphylaxis, cardiac arrests etc.) within their clinical practice. However, if you are less lucky (...or perhaps lucky...) you may not witness any first hand. The Critical Incident Courses, Transfer Course and Obstetric Study Day all include simulated critical incidents, so it is worth getting an assessment (A-CEX, I-CEX or DOPs) signed off. You will need to ask the course facilitator in advance of starting your scenario (where possible, assessments are best completed prospectively) and for practical purposes it would be best to bring a paper assessment (http://www.rcoa.ac.uk/document-store) and scan it into your e-portfolio at a later date.
ACCS Anaesthetics: Differences Months 6-24

ACCS trainees whose parent specialty is anaesthetics have a slightly different structure to their training in comparison to core anaesthetic trainees. In order to fulfil the requirements for Basic ICM training they tend to have 6 months in ICM in comparison to 3 months experienced by core anaesthetic trainees. Consequently the ACCS CT2 ARCP requires a more extensive range of assessments than their CT1 anaesthesia counterparts.

See appendix 1 for details.

At the moment all ACCS anaesthetic trainees should be utilising the RCOA e-portfolio from ACCS CT2 year onwards; note you will need to register with the college in order to gain access to this. Ideally the paper based portfolio from the ACCS CT1 year should be uploaded to the e-portfolio. Once in ACCS Year 3 (CT2 Anaesthetics) you adopt the same ARCP requirements as your anaesthetic counterparts. It is important to keep in contact with Liz Campbell (E.Campbell@NWpgmd.nhs.uk).

A useful organisational workbook tool that other trainees have found helpful can be found on the Severn Deanery website (www.accs.severndeanery.nhs.uk/about-us/accs-curriculum/). Please note this is for illustrative purposes only do not use it!

Trainees should keep a logbook for both anaesthesia and ICM components of their CT2 year, they are also expected to complete an MSF in both ICM and anaesthesia placements. The ‘Initial Assessment of Competence’ should be completed in the first 3 months and the ‘Basis of Anaesthetic Practice’ should be completed in the next 3 months of the CT2 anaesthetics placement. Please refer to ‘Annex B – Basic Level Training’ on the RCOA website for further details. As well as this the ACCS curriculum requires completion of the following ‘Basic Anaesthesia’ units of training modules by the end of ACCS Year 2:

- Airway management
- Critical incidents (can be completed by attending the critical incident course see ‘Teaching’ section)
- Paediatric competencies listed for accs
- One of the following modules:
  - Introduction of anaesthesia for emergency surgery
  - Transfer medicine
  - Sedation
  - Aspects of regional anaesthesia

Obtaining all these competencies is not easy so you will need to be very proactive in completing your assessments in order to have a stress free run up to your ARCP. For further information about the specific requirements please refer to the ACCS curriculum: www.accsuk.org.uk/documents/accscurriculum2010.pdf
The ARCP

The ‘Annual Review of Competence Progression’ is the trainees’ version of Revalidation. It normally takes place in June/July and consists of a panel which convene to discuss your progress throughout the preceding year. The ARCP panel is made up of 3-5 individuals, usually 2 or 3 consultants with a special interest in training (i.e. College Tutors and Training Programme Directors) and an administrator/lay assessor.

Your portfolio is reviewed by the ARCP panel before you are invited to join them to discuss your progress (i.e. whether your portfolio adequately demonstrates that you have achieved the minimum competencies required for your year of training as identified by the RCOA and North West School of Anaesthesia). Although largely formal, the panel tend to be very approachable and are generally very keen to hear your feedback, particularly regarding any difficulties that you have had or any deficiencies that you might have identified within you training.

An extremely useful resource in preparing for ARCP is e-anaesthesia (//eanaesthesia.com/) which has a list of ARCP requirements for each stage of training.

Your ARCP Outcome

The ARCP is graded on a scale of 1 – 5. Your ARCP outcome has been decided before you join the panel in the room, this is why it is so important that your portfolio is accessible and accurately reflects what you have achieved. The ARCP is electronic, primarily conducted by the review of your e-portfolio, however you are permitted to bring a folder with supplementary evidence.

<table>
<thead>
<tr>
<th>ARCP Outcome</th>
<th>What it Means to you</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Achieving progress and competences at the expected rate</td>
</tr>
<tr>
<td>2</td>
<td>Development of specific competences required</td>
</tr>
<tr>
<td>3</td>
<td>Insufficient progress by the trainee – extra time is required</td>
</tr>
<tr>
<td>4</td>
<td>Released from the training programme with or without specified competences</td>
</tr>
<tr>
<td>5</td>
<td>Incomplete evidence presented</td>
</tr>
</tbody>
</table>

What is Required at the ARCP

The definitive list alters on an annual basis so it is important to clarify what is required on e-anaesthesia.

Below is a summary of requirements that rarely change; this is not an exhaustive list (there are other forms e.g. educational supervisors report, probity and health declaration form, etc....). We have included the items below so that you can avoid unnecessary stress, often the pressure to get your ARCP paperwork together coincides with exams and other commitments.
- An up to date CV
- RCOA Logbook Summary +/- ICM Logbook Summary
- Completed Units of Training
  - CT1 requires the 8 covering ‘The Basis of Anaesthetic Practice’ plus evidence of progression in other units whilst CT2 requires all 23 to be complete.
  - To complete a unit of training requires 1 DOPS, 1 A-CEX, 1 CBD (plus 1 ALMAT for ‘General, Urological & Gynaecological Surgery’ [see curriculum page B-102])
- ≥ 1 MSF
  - an MSF is required for ICM in addition to your anaesthetic practice
  - make sure you’ve sent this off at least a month before you need it as they can take some time to come back!
- ≥ 1 Audit per year – completed audit summary
  - Discretionary: evidence of an ongoing audit may be accepted in the absence of a completed audit.
- GMC Trainee Survey: evidence of completion
  - This annual survey is released in April/May each year.
- Evidence of reflective practice
  - Discretionary: it is often advised to do 3 reflections every 6 months
- Internal & External CPD/CME: minimum 25 points of each
- Certificates
  - CT1: The Initial Assessment of Competence Certificate
  - CT1/2: Completed Basic ICM Competencies
    - you will need to clarify what this entails with your supervisor at the start of your ICM
  - CT2: Initial Assessment of Obstetric Competence Certificate
  - CT2: The Basic Level Training Certificate
Audit

All core trainees are expected to complete at least one audit project per year. It is recommended, particularly for ACCS trainees, that you complete two audits. Although at times tedious doing two audits will improve your score on the ST3 application form. The RCOA have produced a compendium of ‘audit recipes’, it is useful to have a look at this to get an idea of audit topics: http://www.rcoa.ac.uk/document-store/audit-recipe-book-contents-and-introductions-2006

Tips

- Speak to your educational supervisor before starting.
- Try to do an original audit...or at least a re-audit that is clinically useful/might result in changes in practice
- Where possible, audit an area of Anaesthesia/ICM that you find interesting/will learn a lot from.
- Keep it simple and don’t take on too much.
- Don’t be afraid to say no to an audit - your seniors understand that you may be under pressure and have other commitments (e.g. exam revision)...be wary of being foisted with sub-optimal re-audit projects.
- Start early so your audit does not interfere with your exam revision.
- Try to do your audit in a pair.
- Always present your work: we constantly rotate, but it is important to go back and present even if you have moved onto a different site.
- Complete the audit cycle: as Core Trainees we are lucky to be placed in most hospitals for 1 year, so if you start early this is probably one of the best opportunities that you will get within your training.
- Always submit your work to a Regional/National Conference - even if you don’t think it is particularly good. It is easy to underestimate the quality of your work, you’ll be surprised by what gets accepted to many conferences. GAT (June) and The NW Anaesthesia Trainees’ Audit Day (November) are good places to start.

Annual Trainee Events

Deanery events calendar: http://nwanaesthesia.org.uk/htdocs/EVENTS%203.html

1. The Annual North West Anaesthesia Trainees’ Audit Day
   Usually held in November (deadline for abstracts is normally in September). Trainees have the opportunity to give oral presentations and present posters. The winning audit is awarded the Robbie McKendrick Prize.
   Venue: changes annually

2. Manchester Medical Society, Trainees Prize Papers
   Usually held in February (deadline for the submission of papers is normally in November). Trainees are encouraged to submit papers (approx 500 words) for consideration, successful applicants are then invited back to present their work.
   Venue: changes annually

3. Association of North Western Intensive Care Units Trainee’s Prize
   Usually held in November (deadline for abstracts tbc). Trainees have the opportunity to give oral presentations. The winning project audit is awarded a Prize.
   Venue: changes annually

4. North West School of Anaesthesia Trainee Social
   Date & venue tbc.
The Curriculum

As a core trainee starting post-August 2012, you will be expected to follow the 2010 Curriculum. This is split into four levels; Basic (CT1 and 2), Intermediate (ST3 and 4), Advanced (ST5 and 6), and Higher (ST7). You will therefore be aiming to complete your basic level training by the end of CT2 in order to progress to ST3.

The basic level consists of the basis of anaesthetic practice and basic anaesthesia. The basis of anaesthetic practice is usually completed within the first six months and includes the initial assessment of competence milestone. The remainder of the two years is dedicated towards completing basic anaesthesia and passing the Primary FRCA examination. Trainees who enter via the ACCS route complete the basic level in three years. Two of the years are in ACCS and the third year is just anaesthesia.

It is well worth downloading and printing a copy of this to keep with you at all times to help guide your workplace based assessments. If you identify an area you need more experience you should notify your educational supervisor so they can arrange for you to attend more lists in that specific unit of training.

Method of assessment

The training programme in anaesthetics uses workplace-based assessment (WPBA) as part of the assessment process for each unit of training. The tools are similar to those used in Foundation Training, and consist of:

- **Direct Observation of Practical Skills (DOPS)** - designed to assess a particular procedure that is directly observed then scored by the assessor.
- **Anaesthesia Clinical Evaluation Exercise (A-CEX)** - intended to evaluate key skills that are required in many clinical scenarios throughout the curriculum. The assessor observes the management of a particular situation and may further investigate management decisions made through the course of a procedure or list.
- **Multi-Source Feedback (MSF)** - You are expected to do one MSF per year (and one for your ICU training). This should include at least 15 assessors, and a minimum of 8 responses.
  
  **Tips: MSFs on the E-portfolio**
  - To complete an MSF on the e-portfolio you require your educational supervisor to approve it and around one month for the summary to be collated and released by the RCOA. Therefore if you are under time pressures it is worth performing a paper MSF and uploading the summary to your e-portfolio. ([http://www.rcoa.ac.uk/document-store/multi-source-feedback-msf-assessment-form](http://www.rcoa.ac.uk/document-store/multi-source-feedback-msf-assessment-form); [http://www.rcoa.ac.uk/document-store/multi-source-feedback-msf-summary-form](http://www.rcoa.ac.uk/document-store/multi-source-feedback-msf-summary-form)).

- **Anaesthesia List Management Assessment Tool (ALMAT)** - this should be completed towards the end of core training and assesses your ability to manage a complete theatre list. The most suitable lists are gynaecology, general, or urology.
- **Case Based Discussion (CBD)** - Case-based discussion is intended to assess the clinical decision-making process and the way in which the trainee used medical knowledge when managing a single case. In practical terms, you will arrange a CbD with an assessor and use the anaesthetic records of a recent case as the starting point of a discussion around the choices and reasons for selection of techniques and the management decisions with respect to pre-, intra- and post-operative management.

The DOPS, A-CEX and ALMAT are used during clinical sessions, and the assessments are based on the observed performance of the trainee’s skills, attitudes and behaviours, and knowledge. The CBD is used away from the clinical environment — it allows the assessor to question the trainee about a clinical episode to assess the trainee’s knowledge and rationale for their actions or what they would do if presented with the clinical scenario.

There are some useful training videos on the use of WBPAs which can be found on e-anaesthesia ([//eanaesthesia.com/](http://eanaesthesia.com/))
The minimum number of WPBAs is one DOPS, one A-CEX and one CBD per unit of training. They can be completed by consultants or senior trainees, as well as during simulation, so it is worth asking the tutors at the local training days to complete assessments for situations you are unlikely to encounter on a regular basis (eg. critical incidents).

**Assessment and the E-portfolio**

The WPBAs should all be completed on line, and then ‘linked’ to a particular unit of training and the GMC domains and attributes. When completing an assessment, you will be asked to enter a code for the particular case or skill. These can be found on the curriculum document, and as mentioned above, it is worth keeping a paper copy of this with you so that you can cross reference you WBAs with the curriculum (*it is not possible to do this on line as I write*) by dating/signing the curriculum each time you complete a WBA.

It may be possible to cover more than one area of the curriculum/unit of training with one WPBA so for example if you complete a DOPS for a spinal on an orthopaedic list, you could potentially complete your DOPS for orthopaedics, regional and pain.

To be signed off for your basic level ICM training you should have enough assessments to prove you are competent in all the domains documented in the Intercollegiate Board for Training in Intensive Care Medicine (copy in appendix). You should also keep a logbook of practical procedures undertaken during your module. It is worth remembering the other units of training you could potentially get signed off during your ICM module, for example trauma, transfer and stabilisation, and non-theatre.
E-portfolio

The RCOA e-portfolio was introduced in 2011, in the North West School if Anaesthesia it is the standard format in which to demonstrate your progression in anaesthesia. It can be accessed from the portal on the RCOA website or via the link: [www.trainingeportfolio.rcoa.ac.uk/login](http://www.trainingeportfolio.rcoa.ac.uk/login). To log in, you need to have registered with the college as your college reference number forms your username.

Similar to the E-portfolio’s used in Foundation Training, Medicine, Obstetrics and Gynaecology etc. it has a number of functions and you are expected to upload evidence and utilise it for your Personal Development Plans, WPBAs, reflective practice, recording your CPD and other personal activities. It also allows you to monitor your training progress with respect to achieving the required number and type of assessments for ARCPs. Overall, the best way to get to grips with it is to log-on and have a go.

E-Portfolio Training

It is quite an intuitive system but if you wish to training outside that provided on your CT introductory day (held in August) the deanery have released training videos which can be found on e-anaesthesia.

Deanery Videos: [//eanaesthesia.com/](http://eanaesthesia.com/)

RCOA Advice: [http://www.rcoa.ac.uk/trainee-e-portfolio-and-online-cpd-systems](http://www.rcoa.ac.uk/trainee-e-portfolio-and-online-cpd-systems)

A Few Common Problems

If you’re having problems with the e-portfolio, in addition to rectifying them with your educational supervisor/college tutor/RCOA, it’s helpful to pass on concerns to the Core Training Rep. The system has been progressively improved since its introduction however still has its limitations. Problems are often recurrent and a good way to rectify them is by making sure they are brought to the attention of the Speciality Training Committee.

**My assessor doesn’t have a password**
- At present only consultants and senior registrars (ST5-7) are able to complete online assessments
  - if one of the above does not have a password they can contact the RCOA and rectify this
- ST3/4: You will need to have any assessments completed by intermediate trainees approved by a consultant.

**My uploaded documents always come under the incorrect training year**
- This is most commonly due to the incorrect year being stated in your ‘Portfolio Trainee Details’ if this is the case you may need your educational supervisor/college tutor to contact the RCOA to have this amended.

**My assessor cannot see my uploaded documents**
- This happen commonly if your portfolio is being reviewed by a non-colleague tutor or non-TPD.
- Uploaded documents are allocated to the shared or private area in your portfolio.
  - Shared area uploads must be formally approved before they can be viewed (...in practice this is problematic, as it is at times unclear who has the authority to do this, therefore it rarely happens...)
  - The Private area, can only be viewed by college tutors and a limited number of other individuals within the STC.
- *Solution*: At your ARCP the panel can access all uploaded files. In the meantime if you need a consultant/senior trainee to view an assessment (e.g. if you were being signed off for a unit of training) you may need to log in under your own username to show them the uploaded documentation before proceeding.
Teaching

Teaching during core training years provides the knowledge that is required to join the on-call rota and also secure a pass in the primary FRCA exam. Teaching is delivered in the following ways:

1. New Starter Programme (North/Central/South Schools)
2. Primary FRCA Tutorials (North/Central/ South Schools)
3. Primary FRCA Study Days (North West Deanery)
4. Anaesthesia Study Days (ICM/Obstetrics/Critical Incident/Transfer/Airway)
5. Local teaching including clinical governance activities (eg audit)

Getting the Most Out of Teaching

Teaching sessions tend to be very interactive so in order to get the most from the study days and weekly tutorials it is important to read around the subject matter prior to the session. As well as ensuring that there are no uncomfortable silences, reading, will also enable you to ask questions on areas that you do not understand; which will aid your learning.

New Starter Programme and Weekly Primary FRCA Tutorials

The new starter programme occurs for half a day every week and lasts 8 weeks. It will provide you with the basic knowledge required to pass the initial assessment of competence in anaesthesia. It normally starts within 2 weeks. ACCS acute medicine and emergency medicine trainees should also attend. Once complete you attend school specific primary FRCA tutorials, these half day sessions are geared towards passing the primary FRCA.

Primary FRCA Study Days

The primary FRCA study days commence in November, following completion of the new starter course, they occur over 2 days monthly, the cost is covered by your study budget so you will need to fill out a study leave form for the days. Exam practice days (MCQ and OSCE/VIVA) are also included as part of the course. The anaesthesia study days cover core aspects of anaesthetic practice and are run throughout the deanery, again you will need to apply for study leave.

Local Teaching

Finally most hospitals run a local teaching programme, usually delivered by trainees but chaired by consultants. These normally take the form of journal clubs or clinical topic presentations. They provide the trainee with an opportunity to present and deliver teaching. Trainees should ensure they attend audit meetings as well as mortality and morbidity meetings recording this in their portfolio.

North Western Anaesthesia Study Days

There are five of these in total, you are required to all of them within the core training years.

1. Critical Incident Training
   Simulation training course that allows you to manage critical incidents within a theatre environment. Take this opportunity to complete a WPBA.
2. Intensive Care Medicine Study Day
An ANWICU affiliated course which gives you an overview of many important principles underlying ICM. It is best to do this course during or just before the start of your ICM module.

3. Obstetric Anaesthesia Study Day
An overview of the practical and theoretical aspects underlying of obstetric anaesthesia and the IAOC. It is advisable to do this course during or just before you start your obstetric module.

4. Airways Study Day
Perhaps the most interactive practical course that you will experience. This course provides an excellent opportunity to see and use specialist airway equipment.

5. START Right Course [Stabilisation, Transfer & Resuscitation Training]
An introduction to transfer medicine, utilising simulation and theoretical sessions. Do this course before ICM, particularly if you cover A&E or are expected to perform intra/interhospital transfers.

**Attendance and CPD**

Attendance at teaching is either recorded in the form of a register or by obtaining the signature of the facilitator (in the case of the primary FRCA tutorials), do not forget to do this! Trainees are required to attend 75% of organised teaching sessions. Attendance is counted if the trainee is on-call/on nights/zero day/sick leave/annual leave, however, the trainee cannot claim the CPD points unless they are physically present. For each year of training the trainee is expected to obtain a minimum of 25 internal CPD points and 25 external CPD points. This is explained further in the tables below.

<table>
<thead>
<tr>
<th>CPD Points</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>For each hour of teaching / preparation of teaching</td>
</tr>
<tr>
<td>3</td>
<td>Half day of teaching</td>
</tr>
<tr>
<td>5</td>
<td>Full day of teaching</td>
</tr>
</tbody>
</table>

Nb. You cannot claim more than 3 or 5 CPD points for half day or full day teaching even if the actual teaching time is longer than 3 or 5 hours. Also when claiming points for preparation a good rule of thumb is to double the points eg. 2 points for a 1 hour teaching session, 6 for a half day, etc.

<table>
<thead>
<tr>
<th>Internal</th>
<th>External</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local teaching</td>
<td>Primary FRCA study days</td>
</tr>
<tr>
<td>Primary FRCA tutorials</td>
<td>Anaesthesia study days</td>
</tr>
<tr>
<td>Audit</td>
<td>ALS/APLS/ATLS/GIC</td>
</tr>
<tr>
<td>M+M meeting</td>
<td>Conferences (national/regional)</td>
</tr>
</tbody>
</table>

It is very easy to hit the required CPD points with the wealth of formal teaching that is offered in the North West so do not stress too much about it!

**Teaching: Post Primary FRCA**

All trainees who have passed the Primary FRCA Examination should ideally attend the weekly Final FRCA Teaching Tutorials (see [http://www.nwanaesthesia.org.uk/](http://www.nwanaesthesia.org.uk/) for details). Once you have passed the primary, it becomes more difficult to hit the required CPD points (though it is still fairly easy!), the Final FRCA Tutorials are a good way to ensure regular formal teaching. In order to do this you need to discuss it with your educational supervisors and inform your hospital rota co-ordinator.
The Primary FRCA Examination

“THE DREADED EXAM. Time, sacrifice and hard work....”

STRUCTURE
Part 1 MCQ/SBA
Part 2 OSCE/SOE (all based on basic level curriculum)

MCQ/SBA: 3 Hours
60 True/False Questions (5 marks per question)
  • 20 pharmacology
  • 20 Physiology/Biochemistry/Anatomy
  • 20 Physics/Clinical measurement/Data interpretation
30 Single Best Answer Questions - from any of the above categories (4 marks per question)

There is no negative marking with a total possible mark of 420. The pass marks vary but you are usually aiming for 80% in MCQ and 60% in SBA. There are 3 sittings per year – (September / November / March) in London, Sheffield, Manchester, Edinburgh, Cardiff, Belfast and Birmingham. To apply you need a form from RCOA website, a signature from your College Tutor and £320 to donate to the RCOA. Make sure you know the closing date and send it in on time! The results are normally published on RCOA website the 2nd Friday after the exam and a pass is valid for 3 years.

Where do I start?
The task you are faced with seems huge and you don’t know where to begin. How do you prepare for this exam? Should you start reading and learning all the core topics first and then approach some MCQ questions or should you spend more time on MCQ practice and technique?

It doesn’t really matter...just make a start!! Everyone has different techniques and you will find the one that suits you best.

Tips from my own personal experience of this exam, that may or may not suit you:
  • PLAN – give yourself enough time
  • Print a copy of the Basic Level Curriculum syllabus
  • Tick off topics as you cover them
  • Do not neglect MCQ practice – start early (even if you think you haven’t read enough)
  • Try after every revision or reading session to do 10 MCQs
  • MCQs will feel slow and painful to begin with but you soon speed up. The earlier you start MCQ practice, the more questions you will cover. You will then begin to see repeats, patterns and would have covered almost all available questions before the exam.
  • Form study groups to discuss and correct MCQ questions. I found it useful as it was nice to feel that you are not on your own!

Sources For Revision
TEXTS
  Fundamentals of Anaesthesia (Pinnock)
  Training in Anaesthesia – Oxford Speciality Training (Spoors)
  A-Z of Anaesthesia (v good quick reference book for MCQ practice)
Physiology
- Principles of Physiology for Anaesthetists (Kam)
- Respiratory Physiology the Essentials (West)

Physics and Clinical Measurement
- Basic Physics and Measurement in Anaesthesia (Davies)
- Essentials of Anaesthetic Equipment (Al-Shaikh)

Pharmacology
- Pharmacology for Anaesthesia and Intensive Care (Peck and Hill)
- Drugs in Anaesthesia and ICU

MCQ BOOKS / SAQ BOOKS—there is an endless supply of resources available, here are some recommendations
- Access to Anaesthetics Primary FRCA: Pharmacology and Clinical MCQ Book 1 (Mac Lennan)
- Access to Anaesthetics Primary FRCA: Physics, Clinical Measurement and Equipment MCQ Book 2 (Mac Lennan)
- Access to Anaesthetics Primary FRCA: Physiology and Anatomy MCQ Book 3 (Mac Lennan)
- Q Base Anaesthesia MCQs for Anaesthesia Primary Vol 1,3,4,6,7
- FRCA: MCQs for Primary FRCA

Single Best Answer MCQs in Anaesthesia: 1 (Mendoca)
Single Best Answer MCQs In Anaesthesia : Basic Science Vol 2 (Mendoca)

WEB SOURCES
- Anaesthesia UK [www.frca.co.uk](http://www.frca.co.uk) (register at exam home and complete MCQs available)
- e-Learning [www.e-lfh.org.uk](http://www.e-lfh.org.uk) (register then launch e-learning anaesthesia, launch e-LA, self assessments will take you to MCQ Questions. 2 wks prior to every exam sitting new MCQs appear on this webpage from RCOA Primary MCQ course in London and are available for a limited period of time only)
- e-anaesthesia //eanaesthesia.com (MCQ database)

COURSES
- North West Primary MCQ Exam Practice – 3 day course (usually 2 wks prior to exam and must be attended)

Other courses are available, but make sure they do not clash with the northwest course.
- Mersey Primary MCQ + SBA Course – 1 week of intense long days £450
- Coventry Primary MCQ Course - 3 days £260

PRIMARY OSCE/SOE
OSCE – 17 stations in 1hr 42mins
Stations that will definitely be included – 1 resuscitation station
- Technical skills
- Anatomy (general procedure)
- History Taking (x2)
- Physical Examination
- Communication skills
- Anaesthetic Hazards
- Interpretation of x-rays
- Critical Incident
1 or more stations may involve simulator

1 station that will not count towards mark and is unidentified. Each station is marked out of 20. Marks from each station are summed so, performing well in one station may make up for a poor performance in another.
SOE

Section 1 - 30 mins with 2 examiners
• 1st examiner will ask 3 questions in pharmacology (15 mins, max 4 marks per question, max total score 12)
• 2nd examiner will ask 3 questions in Physiology (15 mins, max 4 marks per question, max total score 12)

Section 2 – 30 mins with 2 examiners
• 1st examiner will ask 3 questions in Physics, Clinical Measurement and Safety (15 mins, max 4 marks per question, max total score 12)
• 2nd examiner will ask 3 questions on clinical topics including a critical incident (15 mins, max 4 marks per question, max total score 12)

Both examiners mark independently. Each examiner scores 2=pass, 1=borderline or 0=fail bringing max score 4 per question. There are 12 questions with max overall score 48, pass mark 37.

There are 3 sittings a year (January/May/October) in London and will cost £590 (OSCE £325 SOE £295). Exams run over the course of a week and you can state your preferred day on application form. Usually you will be allocated one of your top 3 choices. Results normally published 2pm the day after you take the exam on RCOA website

Sources for Revision

OSCE BOOKS
The Objective Structured Clinical Exam in Anaesthesia (Mendoca)
Anaesthesia OSCE (Arthurs)

SOE BOOKS
The Primary FRCA Structured Oral Examination Study Guide 1 Masterpass (McCombe, Wijayasiri)
The Primary FRCA Structured Oral Examination Study Guide 2 Masterpass (McCombe, Wijayasiri)
The Structured Oral Examination in Anaesthesia: Practice Papers for Teachers and Trainees (Mendoca and Pinnock)
The Anaesthesia Viva Volume 1 – Physiology and Pharmacology (Pinnock)
The Anaesthesia Viva Volume 2 – Physics, Clinical Measurement and Safety (Pinnock)
Physics, Pharmacology and Physiology for Anaesthetists: Key concepts for FRCA (Cross and Plunkett)
Dr Podcasts Scripts for Primary FRCA

WEB SOURCES
Anaesthesia UK www.frca.co.uk
Podcasts www.dr-podcast.co.uk/podcasts Primary FRCA 90 podcasts available

COURSES
North West Deanery OSCE/SOE exam practice – 2 day course 1 month prior to exam (Must be attended)

Other courses are available, but make sure they do not clash with the northwest course.
Mersey Primary OSCE weekend - £300
Mersey Primary VIVA weekend - £250
Mersey Primary OSCE/ORAL week - £600
More Useful Tips

- Group work sessions are very helpful for OSCE/VIVA practice
- Practice out loud!
- Exam technique - classify, classify, classify
- Utilise your time at work, get some practice during supervised theatre sessions
- Take all the exam practice that is offered and ask for more
- Believe me, it is terrifying to begin with and you may sound awful in your first few sessions. Practice makes perfect! With every session, you remember a little more, increase in confidence and improve technique.
- Aim to pass first time, don’t attempt the exam half-heartedly, it will save you so much money and heartache!

Remember Prior Preparation Prevents Poor Performance! Get the exam out of the way, the hard work is definitely worth it!
Applying for an ST3 post

Anaesthesia ST3 posts are appointed every six months. The application process is coordinated nationally by the West Midlands Deanery with locally organised interviews. Each applicant can apply to two units of application (deaneries). Scottish ST3 posts are appointed separately. Those applying must have the Primary FRCA MCQ at the time of application and full Primary FRCA by the time of interview. The application process for Speciality Training is very similar to the Core Training Applications.

The following are excellent sources of up to date information:

- The Royal College of Anaesthetists – www.rcoa.ac.uk
- West Midlands Deanery – http://anro.wm.hee.nhs.uk/ST3
- Your college tutor who may refer you to the training programme director, head of school or regional advisor

The person specification, short listing criteria and information regarding the interview process can all be found on the West Midlands Deanery website. Read the applicant guidance thoroughly. Important dates are also found here; applications tend to be February and August with interviews in April and October.

The application process is online and consists of self assessment and short answer questions. Topics include: undergraduate and postgraduate qualifications and prizes, audit, research, teaching, publications, presentations, training courses attended, clinical skills, and teamwork and leadership.

Intensive Care Medicine

It is now possible to train in intensive care medicine as a single specialty; the first intensive care medicine ST3 trainees were appointed in 2012. Entry is from ACCS (any specialty), core anaesthetic and core medical training. The application process occurs annually and is coordinated by the West Midlands Deanery.

Dual training in anaesthesia and ICM

Those who wish to dual train in intensive care medicine and anaesthesia can do so, but need to be appointed to both specialties independently, using the processes described above. Although you may apply to both specialties in one appointment round, you can only accept a post in either anaesthesia or ICM. You must then reapply and be appointed to the second specialty, in the same deanery, within 18 months.

Please consult the following for up to date information including timetable, person specification, shortlisting criteria and applicant guidance:

- The Faculty of Intensive Care Medicine – www.ficm.ac.uk
- West Midlands Deanery - http://icmnro.wm.hee.nhs.uk/ST3-Recruitment
- Your local faculty tutor in intensive care medicine - these are listed on www.icmnorthwest.com

If you have further questions regarding applying to ST3 intensive care medicine please contact either Dr Sarah Clarke, Regional Advisor in ICM (sarah.clarke2@elht.nhs.uk) or Dr Ken McGratten, Training Programme Director (Kenneth.mcgratten@lthtr.nhs.uk).
What Happens if You Don’t Pass the Primary FRCA

Implications for Your ST3 Application
This is new territory; from February 2013 all applicants applying for ST3 must have passed all 3 components of the Primary FRCA exam. The implications of this are unclear for trainees, the deanery and RCOA. Generally around 50% of people fail at least one component of the exam. Prior to 2013, you could apply to ST3 with a completed MCQ and obtain a conditional job offer, however this resulted in trainees with the exam losing out and certain deaneries having avoidable unfilled ST3 posts (due to offers given to trainees who failed to achieve the Primary Exam).

...watch this space, this may be a temporary change. A school of thought is that there will become an increasingly prominent ‘Round 2’ of ST3 applications (similar to that seen by FY2s who apply for core training)... However, for definitive answers speak to your college tutor or training programme director.

Implications for the Rest of Your Training: ARCP Outcome 3 or 4?
If you are unfortunate enough to find yourself in this position, do not panic. This happens more commonly than you might think and has happened to many trainees that have gone before you. Generally if you haven’t successfully completed the exam before the end of CT2, as long as your performance is satisfactory you will be granted an additional 6 months of training by your Training Programme Director and the ARCP panel, becoming a CT2+. However, your core training can only be extended by a maximum of 1 year before you are given an Outcome 4.

If you’re having problems don’t be afraid to contact people within the deanery. If you need to talk to someone outside your hospital contact the training programme directors, regional advisor or head of school. In our experience they’ll give you excellent guidance in a friendly, relaxed, confidential and non-judgmental manner.
Study Leave

All details of the study leave process for trainees in the North West deanery can be found at:
https://www.nwpgmd.nhs.uk/studyleave

Entitlement
CT1/2 trainees in anaesthesia are entitled to 30 days of study leave per year. This will include all primary course (2 x 9 = 18 days) and any other single study days in FRCA program (OSCE/SOE 2 days, MCQ course 3 days, ICU day, Obstetric day, Critical incident day, airway day, transfer day). 28 days of study leave are taken up by North West Anaesthesia study days, although not all of these will be taken in the 1st year. Trainees can also take up to 7 days of personal study leave (i.e. revision for an exam).

Application Process
The study leave process is all done electronically. An electronic form can be found at the above link. This should be filled in and sent to both the rota coordinator and educational supervisor. Once these have been approved by email, both emails and study leave form should be sent to the appropriate study leave administrator at the deanery (found at the above link).

Forms need to be provided at least 1 month prior to the proposed leave. Once study leave has been approved and receipt gained, a claim form can be sent to the study leave administrator.

Annual Leave
Annual leave entitlement will depend on years served within the NHS. It will be a minimum of 5 weeks per annum for doctors in training on the 1st or 2nd incremental point of the pay scale (e.g. CT1 and CT2 if straight from FY2). For doctors in training on the 3rd or higher incremental point of the pay scale (e.g after 5 years in the NHS) the annual leave entitlement is 6 weeks per annum. The annual leave arrangements are made with the host department and vary across the deanery. There are two extra days that everyone is also entitled to.

For example - A CT1 who has come straight from FY2 will be entitled to 27 days of annual leave throughout the year.

Public holidays
You are entitled to 8 public holidays per year if these fall on days usually worked. If in the course of work you are required to be present in hospital between midnight and 09:00 on a statutory or public holiday you should receive a day off in lieu.

The deanery annual leave policy is found below:
http://www.pat.nhs.uk/uploads/20120621_LeadEmployer_Rotation_Info_.pdf

Less than Full Time Training
Following a trainee may wish to take up less than full time training. This is usually at 60% or 80%. Further details of the deanery policy can be found at:
https://www.nwpgmd.nhs.uk/content/less-full-time-training
Long Term Sickness

For short term sickness each hospital will have a policy of whom to contact. If you are unlucky enough to sustain long term sickness, you are entitled to some degree of payment whilst on leave. This depends on your term of service and may require you to submit to a medical examination. Full details of the deanery sickness policy can be found on the Pennine Acute Care Care Trust website.

Your Travel Entitlement

Travel Reimbursement

The Northwest deanery operates a travel reimbursement policy for trainees. The deanery will not actively advertise this, but it very important especially for long commutes! This operates between your home address and your place of work. Miles will be reimbursed beyond 11 miles travel in a single journey.

For example, from Didsbury to Bolton the journey is 20 miles. Therefore, 9 miles per single journey can be claimed and 18 miles per return journey per day. This is refunded at a flat rate of roughly 23p/mile. However, if you can demonstrate that it is NOT possible to use public transport to get to work for your shift pattern then you can be refunded at 47p per mile. There are few hospitals where public transport is possible! This can be done by contacting your medical personnel department at your hospital who will provide a letter for the deanery showing that you cannot commute by public transport.

The claims form can be found at the following web page on the Pennine Acute Care Trust site:

Fill in the form documenting journeys per week for period being claimed and send it by post to Steve Langham (address on the claims form). It must be signed by an authorising officer (this can be a consultant in your department or departmental manager). You can claim for a 3 month period. Beyond 3 months it must be authorised by the medical director of the hospital (not really worth it!).

More details of claiming travel expenses can be found at the above link under FAQ's - Payroll Staff Benefits.

The Cycle to Work Scheme

If you are a keen cyclist or just want to reduce your global footprint you can join the cycle to work scheme and get up to 33% off a new bicycle. Email Barry Waterhouse for further information: Barry.Waterhouse@pat.nhs.uk: Travel and Access Manager, Pennine Acute Hospital NHS Trust.
The list is non-exhaustive and it is well worth trying books out, before you buy, particularly to see whether you prefer a large core text book (e.g. Fundamentals of Anaesthesia) to multiple smaller books.

Purely New starter: these books are a good intro but lack the detail expected for the Primary FRCA

- ‘How to Survive in Anaesthesia’. Robinson, Hall & Fawcett. A simple introductory book, essential for the new starter with some gems to carry into later training!
- ‘Lecture Notes in Anaesthesia’. Gwinnutt. Slightly more academic, a good grounding for some of the more complex principles

Core books

General

- ‘Anaesthesia and Intensive Care A-Z’. Yentis, Hirsch & Smith. Very popular with all grades of anaesthetist...maybe almost a bible...
- ‘Training in Anaesthesia: The Essential Curriculum’. Spoors & Kiff. This book is a more recent addition and is not a necessity. It presents much of the information found in other core books but has the feature of delivering key points on a topic spread over 2 pages.

Pharmacology

- ‘Pharmacology for Anaesthesia and Intensive Care’. Peck, Hill & Williams. This is the essential pharmacology book that covers the curriculum.
- ‘Medical Pharmacology at a Glance’ by Neal. Useful for revision of key principles underpinning non-anaesthetic drugs.
- ‘Drugs in Anaesthesia and Intensive Care’. Smith, Scarth & Sasada. A very detailed pocket sized guide with information structured in a SOE-friendly manner. Outside many of the core drugs, the detail in this book is often beyond what is required.

Physics & equipment

- ‘Essentials of Anaesthetic Equipment’. Al-Shaikh & Stacey. Equipment is covered in many of the core texts but this book has some useful images/diagrams as well as a few self-test MCQ’s at the end of each section.

Physiology

- ‘Respiratory Physiology: The Essentials’. West. It is indeed essential reading...but not the only way, there are alternative
- ‘Principles of Physiology for the Anaesthetist’. Power & Kam. An easier read, though it has been criticized for failure to highlight some of the key concepts.
- ‘The Physiology Viva: Questions & Answers’. Brandis
An Australian book, useful for developing your understanding of or revising a topic once you know the basics.

Anatomy


Exam texts: Also see Exam Chapter (Page 18)

MCQs

There are many books available containing example MCQ questions plus a large number of practice papers in circulation. In addition to these, some other resources to take a look at are:

- ‘Guide to the FRCA examination: The Primary’ written by the Royal College of Anaesthetists. This also contains past SOE questions and examples of OSCE stations from the college bank. It is an invaluable resource and is free from the college for candidates taking the primary exam for the first time. It is likely that at least one or two questions from this book would come up ‘word-for-word’ as part of an MCQ exam.
- MCQ’s are published by the college online via the RCoA website. These are accessible for only a two-week period around the time of the college primary MCQ practice days and are taken directly from this course.
- Anaesthesia ‘Tutorial Of The Week’ prepared by the World Federation of Societies of Anaesthesiologists. A weekly web-based resource containing some MCQ’s and revision of many fundamental topics.
- Some MCQ are also published at the back of BJA ‘Continuing Education in Anaesthesia, Critical Care & Pain’ supplement with answers appearing on-line.
- ‘Primary FRCA in a Box’, Armstrong, Clifton & Davis. These are flip cards that seem to go in and out of print. I found them quite useful for the MCQ, particularly closer to the exam and when revising with friends.

SBAs

The single-best answer style questions were only recently introduced into the primary exam and as a result there are few books available, though some past papers written by previous candidates are now filtering through.

- 12 example questions have been issued by the college and appear on their website in the ‘Examinations’ section
- ‘Single Best Answer MCQ’s in Anaesthesia. Volume II: Basic Sciences’. These questions appear easier than those on the exam but give the opportunity to practice the technique.

SOE/OSCE

- ‘Dr Podcast Scripts for the Primary FRCA’ (also available as podcasts). Leslie, Johnson & Goodwin.
- ‘Physics, Pharmacology and Physiology for Anaesthetists’. Cross & Plunkett. This contains some very useful and easily reproducible diagrams and is ideal for the viva.
- ‘The Objective Structured Clinical Examination in Anaesthesia: Practice papers for teachers and trainees’. Mendonca & Balasubramanian. There are too many potential OSCE topics to cover but this book provides examples of some of the common themes with answers.
Other books:

Intensive Care Medicine

- See icm northwest website for further books

Obstetric Anaesthesia

  A useful pocket sized guide laid out in the usual oxford handbook style.
  An informative text for the obstetric anaesthesia module in CT2 but too detailed to be used as an exam/revision aid.
Websites

Useful Educational Resources

Anaesthesia UK: http://www.frca.co.uk/: Excellent resource with good quality information and downloads covering almost every single topic in core training, MCQs, Journal links etc. presented in an accessible format.

The Royal College of Anaesthesia E-Learning: https://www.rcoa.ac.uk/e-la

Deanery

The North West School of Anaesthesia Website: http://www.nwanaesthesia.org.uk/

The North West Intensive Care Medicine Website: http://www.icmnorthwest.com/

The Association of North Western Intensive Care Units: http://www.anwicu.org/

The North Western Medical Leadership School (NWMLS): http://www.nwpgmd.nhs.uk/content/north-west-medical-leadership-school: Initiative of the North Western Deanery that aims to inspire and develop leadership skills in medical trainees through organising accessible workshops and events.

The North Western Deanery Website: https://www.nwpgmd.nhs.uk/

Manchester Medical Society: http://www.mms.org.uk/

Eanaesthesia: http://eanaesthesia.com

National

The Royal College of Anaesthesia Website: http://www.rcoa.ac.uk/

The Faculty of Intensive Care Medicine: www.ficm.ac.uk

The Association of Anaesthetists of Great Britain and Ireland: http://www.aagbi.org/

The British Journal of Anaesthesia: http://bja.oxfordjournals.org/

Recruitment

The Westmidlands Deanery website: http://www.westmidlandsdeanery.nhs.uk/: the organise national recruitment in anaesthesia and intensive care medicine.
# Appendices

## Appendix 1: ACCS Year 2 ARCP Crib Sheet: June 2012

<table>
<thead>
<tr>
<th>Evidence Required</th>
<th>Acute Internal Medicine</th>
<th>Emergency Medicine</th>
<th>Anaesthesia</th>
<th>Intensive Care Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAT</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBD</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOP</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>MINI CEX</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>MSF</td>
<td>1 (either AIM or EM)</td>
<td>(either AIM or EM)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ALS</td>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Educational Supervisors Report
- Yes

### EM Badged trainees note
- min number of WPBAs = 13
- 2 MP, 5 AP, 1 ACAT & 5 DOPs
- See link at end.

### Basis of anaesthetic practice
- 1 Preoperative assessment
  - A) History taking
  - B) Clinical examination
  - C) Specific anaesthetic evaluation
- 2 Premedication
- 3 Induction of general anaesthesia
- 4 Intra-operative care
- 5 Postoperative and recovery room care

### Airway management

### Critical incidents

### The paediatric anaesthetic competences listed for ACCS

End of module appraisal signed off by tutor.
**Other**

Initial Assessment of Competence

It is expected that all ACCS trainees will achieve Basic Level Competence as outlined by IBTICM during ACCS training. Used alongside the rest of the ACCS Curriculum, these ICM specialty specific competencies are designed to inform the IBTICM Basic Level Training Competency Document (Part 3). Assessment should be made using the work place based assessment tools described, as part of the overall process used to complete this documentation.

**Generic Evidence required at each year of ARCP**

| Form 4 | Evidence of Audit – Audit Assessment Tool |
| MSF – one in CT1 with a minimum of 12 responders. Two in CT2 from Anaesthesia and ICM attachments. |
| CPD Summary |
| One teaching observation per year of training. |
| Reflective practice |
| Patient Survey |

**Updated CV**

**Specialty Specific Requirements**

| Major presentations: 2x formative assessments (Mini-CEX or CbD) |
| Acute presentations: 10x formative assessments (mini-CEX, CbD, ACAT) |
| Plus: 8-10 of the remaining acute presentations covered using ACATs, elearning, reflective entries, teaching and audit. |
| Practical procedures: 5x DOPs covering 5 of the 44 listed practical procedures not covered elsewhere. |
| EM Badged trainees see appendix 2 page 111 of the following link for further |

**Major presentations: 2x summative assessments (either summative mini-CEX or CbD) from the following list: (i) Major trauma; (ii) Shock; (iii) Altered level of consciousness; (iv) Sepsis; (v) Anaphylaxis; NB: CPR to be completed within anaesthesia module**

**Acute presentations: 5x summative assessments (either summative mini-CEX or CbD) covering: (i) Chest pain; (ii) Abdominal pain; (iii) Breathlessness; (iv) Mental Health; (v) Head injury**

**Plus: 5x formative assessments (mini-CEX, CbD or ACAT) covering**

| Anaes-CEX for IAC: |
| 1. Pre-operative assessment of a patient undergoing routine surgery |
| 2. Manage anaesthesia for a patient who is not intubated and is breathing spontaneously. |
| 3. Administer anaesthesia for a laparotomy |
| 4. Demonstrate rapid sequence induction |
| 5. Recovery of a patient from anaesthesia |

| Further Anaes-CEX required for ACCS: |
| 1. Manage anaesthesia for a patient who is intubated and ventilated. |
| 2. Manage anaesthesia for emergency surgery requiring a rapid sequence induction |

**DOPs required for both the Anaesthesia IAC and ACCS:**

| 1. Demonstrate functions of the anaesthetic |

**Major presentations: 2x formative assessments (Mini-CEX or CbD) ideally covering sepsis**

**Acute presentations: No formal requirements to cover additional acute presentations in ICM though trainee may cover any listed or non-listed topic to complete the required work place assessments.**

**Practical procedures: 13 of the 44 listed practical procedures need to be covered while in intensive care using DOPs plus other WPA tools.**

**Required ICM assessments:**

| DOPs: (i) Peripheral venous cannulation; (ii) arterial cannulation; (iii) Placement of central venous catheter; (iv) Connects mechanical ventilator and selects initial settings. |
5 different acute presentations.

The CEM also recommends that a further 10 acute presentations are covered using ACATs, elearning, reflective entries, teaching and audit.

Practical procedures: 5x DOPs covering: (i) Airway maintenance; (ii) Primary survey in trauma; (iii) Wound management; (iv) fracture or joint manipulation; (v) plus one other topic of the 44 listed practical procedures not covered elsewhere.

EM Badged trainees see appendix 2 page 111 of the following link for further specialty specific requirements.

<table>
<thead>
<tr>
<th>Mini-CEX or DOPs: (i) Obtains an arterial blood gas sample safely, interprets results correctly.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-CEX or CbD: (i) Prescribes safe use of vasoactive drugs and electrolytes.</td>
</tr>
<tr>
<td>CbDs: (i) Describes Safe Use of Drugs to Facilitate Mechanical Ventilation; (ii) Describes Principles of Monitoring Respiratory Function; (iii) Describes the Assessment of the patient with poor compliance during Ventilatory Support (‘fighting the ventilator’); (iv) Delivers a fluid challenge safely to an acutely unwell patient; (v) Describes actions required for accidental displacement of tracheal tube or tracheostomy.</td>
</tr>
<tr>
<td>Evidence of attendance at ICM Trafford Course.</td>
</tr>
<tr>
<td>Evidence of completion of ICM Deanery Survey.</td>
</tr>
</tbody>
</table>