

Dear all,

Firstly, welcome into registrar training. I am Omar Al-Rawi, your Training Programme Director, I work at Liverpool Heart and Chest and will be having a lot of communication with you. Just to give you some useful tips about your training please read this email and keep it as a reference.

Curriculum: Full details of the 2010 curriculum, which you should read, are available at <http://rcoa.ac.uk/careers-training/training-anaesthesia/the-training-curriculum/CCT2010>.

The curriculum has an emphasis on general duties with some additional units of training. There is also a far more stringent requirement in terms of the number of sessions done i.e. experience to achieve a unit of training sign off. There are also some additional areas of training that have to be fulfilled such as academic, teaching and learning. You must demonstrate the minimum clinical learning outcomes for intermediate training in each section by the end of ST4.

Unit of Training Sign Off: To achieve this, you need 3 things: a minimum of 3 linked WPBAs (1x DOPS, 1xA-Cex, 1xCBD), logbook evidence of suitable experience and you must aim to get the equivalent of 20 sessions for all essential units and ideally for the majority of the general duties e.g. day surgery, general/urology/gynae, ENT/maxfax and orthopaedics which should all be easy (although not absolutely essential). It may be more difficult for non-theatre and impractical for the rest so some common sense must prevail about how you demonstrate enough experience. Remember that you can multiple count so that a THR under spinal with sedation can count towards all three unit of training sign-offs. The third thing is evidence of achieving the minimum clinical learning outcomes as detailed in the curriculum. This will be demonstrated from your WPBAs, MSF and trainer feedback but this will ultimately be up to you and your College Tutor/Educational Supervisor. This should then be signed off on the eportfolio. Finally, there is a new (Perioperative Medicine Unit of Training) which has been added to the curriculum, this is a mandatory module for trainees starting from August 2016 or later.

Workplace Based Assessments: The suggested topics for WPBAs for the 2010 curriculum are in the Assessment Guidance document on the RCA website <http://rcoa.ac.uk/training-and-the-training-programme/workplace-based-assessments-wpba>. Because of the large number of training units to be achieved in the relatively short time period, you must plan ahead and ensure that everything is done in an organised fashion throughout the next 2 years. Some of the WPBAs required for general duties can be done during your 3m ICM such as transfer medicine, sedation, some airway and perhaps some trauma and stabilization. There are 19 units to be signed off, of which 16 need a minimum of 3 WPBAs so that is upwards of 50 in 2 years. The good news is that a minimum of only 3 CBDs is required across all the sub-units of general duties so this lightens the load a little. However 12+ units must be done in 15m so you should be aiming to get one WPBA done every week whilst in the DGH attachments.

Rotation: The idea of the rotation is to spend 12m in the teaching centres comprising 6m at the Royal (or occasionally Aintree) of which 3m will be spent in ICM, 3m at Walton, 3m at the Women's and 12m in the districts. You will be allocated to your training unit on a 3m basis, even if you are expected to stay for 6m. So you should expect to receive your placement every 3m. Provisional versions of rotation will be sent out approximately 5m in advance followed by the final version 2-3 months prior to the rotation date. There are 2 supernumerary placements which you need to organise by contacting the admin / secretaries yourself. These modules

should be completed during your DGH placements and should not both fall in the same 6m placement to reduce effect on service at the DGH:

1. Intermediate cardiothoracic module:

You all need to do 2 weeks of cardiothoracic training during your intermediate training, ideally before you sit your exam to get the most of it. To organise your attachment contact my secretaries at LHCH (Sue Macklin sue.macklin@lhch.nhs.uk or Lorraine Boyne lorraine.boyne@lhch.nhs.uk Tel. 01516001396). Please note that it's not a choose and book service, you check with them when it is mutually suitable to be allocated taking in consideration your placement and available slots at LHCH. It is your obligation to inform the department you are at that you need 2 weeks off for this attachment. If you don't, you are likely to be disappointed and will have to contact me to admit your failure (and several regularly do). Sue or Lorraine will then have to re-organise the attachment. If the department won't let you go due to rota shortages, then let Sue or Lorraine know and they will re-arrange the attachment.

2. Intermediate pain module:

Similar to the above, you all need to do 2 weeks of pain training at Whiston OR RLUH during the other 6m DGH placement. To organise your placement contact: Kirsty Dineley at RLUH kirsty.Dineley@rlbuht.nhs.uk Senthil Jayaseelan at Whiston senthil.Jayaseelan@sthk.nhs.uk Again, it is your responsibility to contact either of the above to arrange your placement taking in consideration your leave plans and slot availability at the units of training. You are expected to complete 20 pain sessions during this placement and get your intermediate pain training signed off. Programmes for both units are attached to this email.

In terms of getting **unit of training** acquisitions over the next 2 years, you need to take all your chances. During your 3m at Walton for your neuro training, you should also be able to do some chronic pain training. You will be doing 3m at the Women's for obstetrics so don't waste your time getting that done anywhere else. Further pain training at the Royal and in the districts can be found to make up your 20 sessions. Paediatrics must be achieved in the districts and you must have the equivalent of 20 sessions by the end, meaning about 10 sessions in each DGH. You will normally do your 3m block of ICM at the Royal (or occasionally at Aintree). A couple of the DGH ICUs are also recognised for this 3m block but your DGH attachments are for general duties and not ICM so make sure that you only do one 3m block in ICM as any other time when not on call will be wasted.

You should meet with your College Tutor and/or your Educational Supervisor at the start of each attachment and ensure that there is a plan as to what you are going to do and get signed off in the following 3-6m. This should be documented on your ePortfolio as a PDP for the placement, ensure you put the title of the item in the description section rather than describing the objective as it confusingly suggest on the website!.

You should also include a plan for an annual **MSF** in your discussion with your Educational supervisor. Furthermore, if there is something you need to get done particularly in ST4, getting in contact with the Tutor as soon as you know your allocation, is often a good way of avoiding late panic and ultimate disappointment!

Maternity Leaves: For organisational purposes, please inform me as soon as possible when you plan to go on Mat leave and when you are expected to come back to the rotation. Please send

me a separate email with a subject “Maternity Leave” to make easier to find in the sea of emails I get every day!

E-Portfolio: This is mandatory for all ST3 entrants in Mersey and most of you will already be familiar with it. You should put all details of work activity on it including logbook, record of WPBAs, unit of training sign offs etc.

Ideally, we would like you to use the new ESSR to prepare for your ARCP, this is a summary report with multiple sections to include the required items for ARCP. The report needs to be reviewed and approved by your educational supervisor before it can be submitted for ARCP. In theory it should make it easier for you and for us (ARCP panel) to review your yearly progress and achievements.

If you don’t have a completed ESSR, you won’t fail the ARCP assuming that all the required information is present, but you are likely make our job significantly more difficult and time consuming (and hence the wait to be seen). The guide is attached for your information

ARCP:

Your training progression will continue to be reviewed on an annual basis by an ARCP panel (Regional Adviser, Head of School myself and a deanery representative). Your attendance is not compulsory but it is highly appreciated and encouraged! if you can not attend you are expected to provide a minimum of 300 word reflective summary for the year of training which should include what are your plan for the coming year.

The panel would highly appreciate if you could use the following format when you prepare your **essential documents for ARCP outcome 1**, this is to facilitate the process for the panel and to prepare you for what you will be doing when you become a consultant:

Essential documents to be prepared for your ARCP:

1. Upload a nicely laid out and up to date CV on e portfolio
2. Upload a logbook covering the year of training being assessed (NOT YOUR ENTIRE LOGBOOK OR SEPARATE LOGBOOK PER PLACEMENT). Please name the file using the format “**Logbook ST3**”
3. Upload a CPD summary, summarising your educational activities with CPD points awarded per activity with a running total. This should include local departmental meetings, M&M and audit meetings. Please name the file using the format “**CPD summary ST3**”
4. Upload an Audit and Clinical Governance summary, summarising your involvement and any completed or ongoing projects with dates. Please name the file using the format “**Audit and Clinical Governance summary ST3**”
5. Ensure that there is an up to date MSF on e portfolio - you need at least 1 every 12 months
6. Consultant Feedback Summary, at the end of every placement we expect a feedback summary from a number of consultants in the department prepared by your ES at the placement, this is an essential component of your ARCP process. **Please name the file using the format e.g “Consultant Feedback Summary ST3 Whiston”**
7. PDP: should have clear and achievable objectives as separate items. Please use the description box to give a title for you PDP rather than what it implies to

describe the PDP. Ideally, have a PDP per placement titled for e.g “**Whiston ST4**” and then add objectives by clicking “**ADD OBJECTIVE**” button at the bottom of the screen. Ensure that each objective is approved by your ES and have them Marked As Complete by your ES when have your final meeting with your ES at the end of your placement.

8. Ensure that there is an End of Placement Educational Supervisor’s Report uploaded on e portfolio from EVERY hospital you have been to during the year of training being reviewed. Please name the file using the format “**ES report Aintree Theatres ST3**” or “**ES report RLUH ST3**” etc.
9. Ensure that there is an up to date Health and Probity Declaration on e portfolio
10. Evidence of reflection: According to the GMC guidelines, all doctors should keep a record of reflective practice. This needs to cover two aspects of our practice, reflection on educational activities (courses, meetings, etc.) and clinical reflection on significant events, interesting clinical cases and critical incidence.

Please note, having an ESSR is not mandatory but encouraged, however, the above list of requirements is essential for a favourable ARCP outcome.

Intermediate Training Certificate: The Intermediate Training Certificate for the new curriculum must be completed by the end of ST4 for you to enter ST5. This should be ideally signed off contemporaneously but can be done in retrospect from ARCP or unit of training sign off documentation. It can be downloaded at <http://www.rcoa.ac.uk/document-store/intermediate-level-training-certificate>

ST3 Teaching Programme: You will receive an email from Dr Mruga Diwan with the dates for the MAFIT 1 programme, these dates should go into your diaries and it is your responsibility to request these days off as study leave from the departments in which you work to attend these days of teaching. They will take place at Whiston Hospital Education Centre unless otherwise stated. The education programme will roll annually so if you miss the day this year, you should try to attend the following year as each day will count towards your sessional commitment to a unit of training sign off. The School Review and ARCP panels receive details of your attendance at these sessions. The fees for the MAFIT 1 have been top sliced from your study leave budget, so you do not have to pay to attend.

It is mandatory that you should apply for study leaves using the study leave forms to book your MAFIT days. Forms should be signed by your local college tutor and then sent to Dr Simon Mercer Associate Head of School for approval.

Exam Preparation Class: We expect most of you to take the Final FRCA at the start of ST4 when you have at least a year’s registrar experience and have attended the ST3 year’s educational programme (MAFIT 1). For 3m prior to your planned exam date, there will be an exam preparation class (MAFIT 2) on a Thursday morning. When you attend it, you should not expect to attend the Tuesday class at the same time (unless this is in your own time) so we would plan you to attend this Thursday class from June 2014. There is also a viva class (MAFIT 3) along these lines for 3m prior to the structured oral exam.

There is increasing bureaucracy in training and it will be a test of your organizational skills to get everything done and signed off in time. The best consultants are usually the best organised and

chaos will inevitably lead to failure. Consultant appraisal and revalidation is following the trainee model to some extent and therefore the electronic paper workload will be unending throughout your entire career.

Finally, it would be helpful for me to know roughly where you live so that I can avoid sending someone who lives in Chester to Southport and vice versa!

Before emailing me with questions, please ensure that you have read everything. So it is really very straightforward for the next 2 years; get all your units of training signed off and pass the Final FRCA!.