

**The North West School of Anaesthesia**

**New Starter Induction Booklet**

**(Essential Information You Must Know)**

**August 2016**

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## **1. Introduction**

Welcome to the North West School of Anaesthesia! We hope this is the start of a long, enjoyable and satisfying career in anaesthesia and its related specialties.

This brief guide has been written by the 2 Core Training Programme Directors- Drs Maguire and Tomlinson. It contains information we consider essential to smooth your entrance into the start of your anaesthetic training. You must read and absorb the information it contains. Further information on all of the topics may be obtained from the NW Anaesthesia website; Deanery; College Tutors; TPDs; RCoA website and novice guide (<http://www.e-lfh.org.uk/e-learning-sessions/rcoa-novice/home.html> ). Be aware though that some information found on the internet is now out of date.

## **2. Structure of the NW School of Anaesthesia**

The NW School of Anaesthesia is designed to guide and assist you with your training in anaesthesia from CT1 through to ST7. We are committed to providing you with high quality training and our responsibilities include recruitment, appraisal, development of specialty-specific skills and examination preparation. We map your training to the 2010 Curriculum as set out by The Royal College of Anaesthetists. The School Board meets on a regular basis to ensure we provide consistent and 'joined-up' training across the region.

### **The School Board consists of:**

<b>Head of School</b>	<b>Dr Sarah Thornton</b>
<b>Royal College Regional Advisor (RA)</b>	<b>Dr Russell Perkins</b>
<b>Deputy RAs</b>	<b>Dr Simon Maguire Dr Karen Kidner</b>
<b>Specialty Training Programme Director (TPD)</b>	<b>Dr Geraint Briggs</b>
<b>2 Core Training TPDs</b>	<b>See below</b>
<b>Head of School for Intensive Care Medicine</b>	<b>Dr Ken MacGrattan</b>
<b>Head of school for Acute Care Common Stem</b>	<b>Dr Roisin Haslett ( she is also an Associate Dean)</b>
<b>Associate Dean with responsibility for Anaesthesia</b>	<b>Mr Gurpreet Singh</b>
<b>College Tutors from each hospital in the rotation</b>	
<b>Specialty School Manager</b>	<b>Emma Woods, HENW</b>

Training is split into:

- • Core Training (CT1 and CT2)
- • Specialty Training (ST3-7)

In Core Training you will attain the basics of anaesthesia as set out in the 2010 Curriculum from the Royal College of Anaesthetists and pass the Primary FRCA examination.

Specialty Training is divided into:

- • Intermediate (ST3/4) when you will pass the Final FRCA examination,
- • Higher (ST5/6)
- • Advanced Training (ST7).
- In the NW we have divided Core Training into 2 Schools, each of which has a Training Programme Director (TPD). These are:

#### **North School:**

Hospitals: Lancashire Teaching Hospitals (Preston and Chorley), Blackpool, East Lancs (Blackburn + Burnley), and Lancaster, Salford Royal, Royal Bolton, Wigan,  
 TPD: Dr Simon Tomlinson at : Salford Royal Hospital  
 Email: [simon.tomlinson@srft.nhs.uk](mailto:simon.tomlinson@srft.nhs.uk)

#### **South School:**

Hospitals: University Hospital of South Manchester (Wythenshawe), Stepping Hill, Royal Oldham, Tameside, North Manchester, Central Manchester (MRI)(including Trafford).  
 TPD: Dr Simon Maguire at Wythenshawe Hospital  
 Email: [simon.maguire@uhsm.nhs.uk](mailto:simon.maguire@uhsm.nhs.uk)

You will stay within your School for Core Training. Normally, trainees will spend a year in one hospital where they will gain the Initial Assessment of Competency after 3 months and then consolidate that experience further. The second year is usually in a different hospital. By the end of the second year you should have completed the basic curriculum, passed the Primary FRCA examination and completed modules in Intensive Care and Obstetric Anaesthesia. You will then be issued with the Basic Level Training Certificate.

#### **What To Expect When You Start:**

The initial introduction to anaesthesia can seem very daunting for those who have had little exposure to it during Medical School or Foundation Training. There are an intimidating variety of machines, drugs and personnel to get to grips with. It is important, therefore, to know who to ask advice and get support from. You will meet up with your College Tutor during the first week and have an induction into both the Trust as well as the anaesthetic department. You will be allocated an Educational Supervisor (in some hospitals this will be the College Tutor). This person should be your first port of call for any concerns you have regarding your training. Your initial meeting should be an educational agreement. You should touch on areas such as:

- • **Supervision in theatre**
- • **E-portfolio**
- • **RCOA curriculum**
- • **Logbook**
- • **Workplace-based Assessments**
- • **Starter tutorials**

There are other layers of support within the NW School of Anaesthesia. If there are issues which cannot be resolved at a local Trust level, your TPD must be informed and will support you through this. Sometimes it is appropriate for the Head of School or Regional Advisor to be involved for specific concerns. You will have contact with the Specialty School Manager about rotations, ARCPs etc

### 3. Initial Assessment of Competency (IAC)

Basic Level Training is divided up into 2 main sections.

- **1. The Basis of Anaesthetic Practice:**

This should be complete by 6 months.

This provides a comprehensive introduction to the principles and practices of the delivery of safe and effective anaesthetic care to patients for trainees new to the specialty. The following units of training must be completed satisfactorily:

- 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

- **2. Basic Anaesthesia:**

This should be completed by the end of 24 months.

“Once the trainee has completed all the minimum clinical learning outcomes identified in ‘The Basis of Anaesthetic Practice’ and has obtained the IAC, they will move on to the remainder of Basic Level training. This will provide a comprehensive introduction to all aspects of elective and emergency anaesthetic practice [with the exceptions some special interest areas of practice including that for cardiothoracic surgery, neurosurgery and specialist paediatric surgery amongst others].” RCOA.

**The Basic Anaesthetic Units Of Training Are:**

- Airway management
  - Critical Incidents
  - Day Surgery
  - General and Emergency Surgery
  - ENT, max-fax + Dental
  - Intensive Care
  - Non-theatre
  - Obstetrics
  - Orthopaedics
  - Paediatric anaesthesia Child Protection
  - Pain Medicine
  - Regional
  - Sedation
  - Transfer Medicine
  - Trauma and Stabilisation
- For each Unit of Training, you will need to have evidence for:
- The core (minimum) learning outcomes for that unit
  - Workplace based assessments (**minimum** of 1 DOPS, 1 CBD and 1 CEX for each unit)
  - A logbook pertinent to that unit.

“Some sections, such as Intensive Care Medicine, are usually undertaken as specific placements and clearly the assessments must be complete by the end of the block. Other clinical specialties, such as Orthopaedics, are not usually seen as block placements. The trainee must take steps to complete these assessments when suitable work presents. At some stages of training there are few block placements and it would be easy to fall into the trap of leaving the assessments until the end of the year. If you do this you will not have the necessary documentation for your ARCP.” RCOA.

### **Initial Assessment of Competence (IAC) in the North West:**

Separate to the above are the IAC.

The RCOA has set out very specific assessments (5 A-CEX, 6 DOPS and 8 CBD) which you will need to complete satisfactorily to gain your ‘Initial Assessment of Competence’. Ideally this will be complete by 3months.

You will carry these out at your own hospital and your College Tutor (or Educational Supervisor) will guide you through these.

We do, however, have a **School-based IAC Day** when you will be assessed on some of these areas. Specifically, these are:

- Machine check (IAC\_D01)
- Failed intubation (IAC\_D06)
- CBD (IAC\_C07) – you will need to bring along 3 (anonymised) anaesthetic charts of intra-abdominal cases.

This usually will be late October/ early November (for August starters) and you will be expected to have all your other IAC completed on your e-portfolio.

**Assessments to be used for the Initial Assessment of Competence:**

<b>A-CEX</b>		
<b>Code</b>	<b>Assessment (0-3 month level)</b>	<b>Date done</b>
IAC_A01	Preoperative assessment of a patient who is scheduled for a routine operating list [not urgent or emergency]	
IAC_A02	Manage anaesthesia for a patient who is not intubated and is breathing spontaneously	
IAC_A03	Administer anaesthesia for laparotomy	
IAC_A04	Demonstrate Rapid Sequence Induction	
IAC_A05	Recover a patient from anaesthesia	
<b>DOPS</b>		
<b>Code</b>	<b>Assessment (0-3 month level)</b>	<b>Date done</b>
IAC_D01	Demonstrate functions of the anaesthetic machine	
IAC_D02	Transfer a patient onto the operating table and position them for surgery [lateral, Lloyd Davis or lithotomy position]	
IAC_D03	Demonstrate cardio-pulmonary resuscitation on a manikin.	
IAC_D04	Demonstrates technique of scrubbing up and donning gown and gloves.	
IAC_D05	Basic Competencies for Pain Management – manages PCA including prescription and adjustment of machinery	
IAC_D06	Demonstrates the routine for dealing with failed intubation on a manikin.	
<b>CBD</b>		
<b>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.</b>		
<b>Code</b>	<b>Assessment</b>	<b>Date done</b>
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 minimize 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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- **4. The Primary FRCA Examination**

The FRCA examination is essential for progressing in your career. It is divided into 2 parts:

- (1) Primary FRCA, which must be passed in order to gain your Basic Level Training Certificate and therefore progression into ST3. This is composed of 2 sections which are taken separately.
- (2) Final FRCA, which must be passed in order to gain your Intermediate Level Training Certificate and therefore progression into ST5. It also has 2 components.

**The Primary FRCA MCQ Exam:**

The Primary MCQ is held 3 times per year and can be done at various venues across the UK.

It consists of:

60 Multiple True/False (MTF) questions (each with 5 stems). These are:

- 20 MTF in pharmacology
- 20 MTF in physiology (incl. biochemistry/anatomy)
- 20 MTF in physics, clinical measurement and data interpretation
- 30 Single Best Answer questions

The questions are linked to the Basic Level Training Curriculum, which therefore makes up the exam syllabus. It is important to have a working knowledge of this. This can be found in the document 'CCT in Anaesthetics – Basic Level Training (Annex B)' on the RCOA website:

[www.rcoa.ac.uk/exam-syllabus-and-regulations/examination-syllabus](http://www.rcoa.ac.uk/exam-syllabus-and-regulations/examination-syllabus)

This is a difficult examination and requires 6 months of dedicated revision. It would be unusual for trainees to be prepared for the exam before 9 months into their training. You should be aiming to score more than 80%. You can have up to 6 attempts at the MCQ and, when passed, it is valid for 3 years.

**The Primary FRCA OSCE/SOE:**

You must pass the MCQ paper before applying for the OSCE/SOE. At the first attempt, both sections must be taken together. If you are unsuccessful in one section, it can then be retaken independently. There are a maximum of 5 attempts.

**OSCE:**

This consists of 16-18 stations that last for 5 minutes each. The stations are comprised of:

- Resuscitation
- Simulation
- Anatomy
- Technical skills
- History taking
- Physical examination
- Communication skills
- Hazards
- Radiology
- Anaesthetic equipment/monitoring



**SOE:**

The SOE has 2 sections:

- SOE 1 (30mins) with 3 questions in pharmacology and 3 questions in physiology and biochemistry.
- SOE 2 (30 mins) with 3 questions in physics, clinical measurement, equipment and safety and 3 questions on clinical topics.

**Textbooks and Revision Aids:**

Books are a very personal choice and therefore you should have a look at various texts from friends, colleagues and departments before deciding which to purchase. We would recommend you buy individual books for the following areas:

- General anaesthesia
- Pharmacology
- Physiology
- Physics/equipment/clinical measurement
- MCQ/SBA books for the Primary FRCA
- OSCE/SOE books for the Primary FRCA

**Other Resources:**

L. E-L Learning for Anaesthesia (e-LA) – a very useful web-based resource launched between the RCOA and DoH [www.e-lfh.org.uk](http://www.e-lfh.org.uk).

Anaesthesia UK – [www.frca.co.uk](http://www.frca.co.uk)

Dr Podcast – a website offering 90 podcasts specifically for the Primary FRCA.

**Some Exam Tips:**

- Treat the Primary FRCA with respect. It demands a significant amount of time, dedication and application.
- Do not take the MCQ too early.
- Use the Primary Course and Tutorials well by preparing for and reading around the topics.
- Ensure you organise plenty of local practice for the OSCE/SOE. Find out from your College Tutor which trainers (consultants and senior trainees) are interested in giving exam practice.
- Try and form a group of trainees who are sitting the exam together and plan your revision and SOE practice together.

- **5. The NW Primary FRCA Course**

**The Tutorial Programme:****Aug-Nov:**

All new starters in anaesthesia (CT1 and ACCS) attend the new starter tutorial programmes in their school (North or South). These run from early August for about 10 weeks.

**November Onwards:**

When the new starter tutorial programme has finished each trainee will attend the Primary FRCA tutorial programme in their school. This takes up ½ day per week on Tuesdays or Thursdays. Over the 12 month programme the main areas in the curriculum should be covered. You should try to do some background reading before each tutorial. Some tutors may contact you to complete some work prior to the tutorial. The full programme for each school can be found on the NW Anaesthesia website.

Non-anaesthetic badged ACCS trainees should attend the continuing ACCS tutorial programme which takes place at Bolton on a Friday for the last 3 months of their 6 month anaesthetic placement.

**CT2:**

You may want to attend tutorials you missed in the previous year or want to revisit difficult topics. Once you have passed the Primary FRCA you will not want to attend these tutorials. You should try and attend the Final FRCA tutorials in your school. What you CANNOT do is miss both tutorial and work. Attendance is recorded for all tutorials/courses and is robustly examined at the ARCPs. Any unauthorised absence will be investigated. If a trainee is supposed to be at work or a tutorial and is at neither then we regard this as a serious probity issue and it may have an adverse outcome on your ARCP.

**Mock MCQ Examination:**

In December 2011 we introduced a mock MCQ exam for all CT1s. This was one of a number of strategies to improve the MCQ pass rate. Its aim was to give you a true flavour of the high standard of knowledge required to pass the MCQ. It is a 3 hour paper of 60 MCQs and 30 SBAs. Attendance is mandatory, results fully anonymised and not fed back to anyone (inc your College Tutor) other than yourself. Whilst we realise it is very early on in your training to sit such an exam its aim is as a “wake- up” call to make you take the exam seriously. It will be repeated this year.

**The 2 Day Study Blocks:**

Every trainee must register with Janet Coulson. This allows attendance at the study blocks, exam practice days and stand alone study days. The money for each trainee is “top-sliced” from each trainees study leave budget and comes to the NW Anaesthesia school from the Deanery. It is a substantial proportion of your annual study leave budget and leaves little else for funding of other courses. Further details on study leave budget and processes are described below.

Each month from November until July a 2 day study block takes place. The whole syllabus is divided into 9 blocks of 2 days. Each block is delivered at a different hospital in the region. It is expected that you do some preparatory reading around the topics that will be discussed at each block. Each block will be a mixture of lectures, small group work, tutorials and some MCQ practice.

Full details are on the NW Anaesthesia website: <http://www.mmacc.uk/links.html>

### **Stand-alone Study Days:**

You are expected to attend 5 stand alone study days during your first 2 years in anaesthesia.

<b>To pic</b>	<b>When to attend</b>
Airway study day	CT1 or 2
Transfer Training	CT1 ASAP
Critical Incident Training/ SIMMAN	CT1
Obstetric Anaesthesia Training	Immediately before starting obs
ICM	During your ICU module
Regional training	CT2

The cost of these are included in your top-sliced fee. A cancellation charge exists however if you do not attend when you have said you were going to attend. You must register for each of these days through Janet Coulson.

Email: [janet.coulson@uhsm.nhs.uk](mailto:janet.coulson@uhsm.nhs.uk). All Course Information is on the NW Anaesthesia website.

### **Exam Practice Courses:**

Your initial fee includes attendance at an MCQ practice course and an OSCE/SOE course. Each course is run 3 times per year. You should attend the course that runs immediately before the exam you are sitting.

**The MCQ course** is run by Drs Parkes and Sadhu from Pennine Acute Trust. It lasts 3 days.

**The OSCE/SOE course** takes place at Chorley Hospital roughly 1 month before each OSCE/SOE exam. It lasts 2 days and is a mixture of formal and informal OSCE/ Viva practice.

Trainees are often keen to attend MCQ/OSCE/Viva courses outside of the North West. We are unable to fund these courses but will usually allow private study leave to be taken to attend them. This usually only happens to trainees who have failed the exam at least once.

## • **6. Anaesthetic e-Portfolio**

This was introduced in 2011 and is now the method used by the North West School of Anaesthesia to record all training. All ARCPs are now conducted electronically and paper based records are no longer acceptable.

All trainees will be issued with login details from the Royal College of Anaesthetists. After logging in you must select your current hospital and educational supervisor in order to use the portfolio.

Both the College and the NorthWest School have produced training materials to help with using the e-portfolio. These can be accessed at:

**College:** <http://www.rcoa.ac.uk/trainee-e-portfolio/guidance-notes>

**School:** <http://www.eanaesthesia.com/etraining/>

There are also training sessions run throughout the year particularly before ARCPs. These are advertised via Janet Coulson on the [nwanaesthesia.org.uk](http://nwanaesthesia.org.uk) website.

A particularly useful website has been developed in this region and will tell you what you need to complete to pass your ARCP. Please check it regularly to ensure you are meeting the minimum standards of documentation required.

[www.eanaesthesia.com/arcp/](http://www.eanaesthesia.com/arcp/)

### **What It Does:**

The e-portfolio will record and log Workplace Bases Assessments (WPBAs) to the appropriate Unit of Training (UoT). However it does not map to the individual competencies listed on the curriculum. For this reason it is essential to have a copy of the core curriculum to hand in order to record codes accurately on the WBAs. Codes cannot be added after the form has been submitted for approval to your supervisor so it's best to ensure you use all appropriate codes from the outset. Each WPBA can map to more than one code and more than one UoT. The key to using the e-portfolio is mapping to the curriculum. All WPBAs should also be assigned to an ARCP year to help with tracking progress throughout the year.

MSF can be collected and collated easily via the e-portfolio. In order for an MSF to be valid at least 12 responders are required. It is recommended that you select 15 people to allow for non-responders. As the system takes a month to produce a report it is a good idea to plan early. If you do an MSF but some responders do not reply you are best to phone the college e portfolio team and ask them to close your MSF once sufficient numbers of replies have been received. This action will ensure a report is generated and sent to your college tutor.

Additional information such as PDPs, reflective practice, and reviews of teaching or courses attended can all be logged on the e-portfolio. Documents such as certificates or logbooks can be uploaded onto the library. In order for these to be accessible for the ARCP they should be recorded on the public area of the portfolio. If you record them in the private area only you can view them.

### **What It Doesn't Do:**

The e-portfolio currently does not have provision for recording CPD records. You will be issued with an online form to record your CPD evidence eg audits, tutorials and study days. This can then be uploaded onto the e-portfolio prior to the ARCP.

Audit is an essential part of training and it is expected that each trainee will complete and present one audit project per year. An electronic audit proforma can be used to record the audit details and this can be uploaded onto your portfolio along with any presentations, data sheets etc

For each ARCP you will require an educational supervisors report (ESSR) and a summary of consultant feedback form.

### **Problems:**

If you have any problems using the portfolio speak to your College Tutor in the first instance. Most problems such as supervisors not being on the system have been resolved. The training videos also go through WBAs, MSF and creating a PDP in detail. At the end of the day the more proactive you are in putting in information the better your portfolio will be and thus make life easier for ARCP.

### **7. Study Leave**

This information is in addition to the Deanery study leave guidelines and is not intended to replace them. These guidelines can be found on the NorthWest Deanery website at [www.nwpgmd.nhs.uk/study-leave](http://www.nwpgmd.nhs.uk/study-leave)

### **General Principles:**

Core trainees are allowed a maximum of 30 days study leave per year. The study leave year from which the number of days is calculated runs from 1<sup>st</sup> October through to 30<sup>th</sup> September.

The study leave budget is currently £805 per year and the budget year is from 1<sup>st</sup> March until 28<sup>th</sup>/29<sup>th</sup> February. This budget covers all course fees, travel and subsistence. Any unused study leave budget cannot be carried over to the following year.

### **The Process:**

All study leave applications require approval for both time and funding. If you do not require time off but wish to claim expenses then it is still necessary to apply for study leave. When calculating study leave, all days applied for and carrying a liability for expenses must be counted. This includes weekends and bank holidays.

It is the responsibility of the trainee to plan their required Study Leave well in advance. Most departments will require 6 weeks notice for any study leave due to rotas being planned in advance. Study Leave is an entitlement but not a right and a department may refuse a particular absence if it would unreasonably interfere with service provision or the educational needs of other trainees.

The electronic application form can be found on the Deanery website and should be completed and submitted electronically to your College Tutor for educational approval and rota master for leave approval. No expenses can be claimed unless they have been approved. If no details of expenses are given, it will be assumed that none will be claimed.

Once approval has been obtained the application should be sent to your Study Leave Administrator. These are:

**South School**                      [erc.postgrad@manchester.ac.uk](mailto:erc.postgrad@manchester.ac.uk)

**North School**                      [CHRISTINE.CHAPPELL@srft.nhs.uk](mailto:CHRISTINE.CHAPPELL@srft.nhs.uk)

The application will then be approved by the TPD and forwarded to the Deanery. If expenses have been requested a claim form will be sent out. All claims should be supported by receipts and should be submitted within 3 months of the course. Further details regarding expenses can be found on the Deanery website.

Please note that retrospective study leave applications will not be considered. It is your responsibility to ensure that you plan and organise your time appropriately.

A copy of the study leave process can be found at the end of this document.

### **Cancellation:**

You must notify both the Deanery and Study Leave Administrator of any changes to approved study leave. This includes cancellation, date changes etc.

### **Use of Study Leave:**

It is expected that the main focus of study leave time for core trainees will be for attendance at the Primary FRCA study blocks along with the supporting study days and exam practice. The study leave budget is currently top sliced £500 per year to fund these courses.

Attendance at exam courses outside the region is supported for time only and no expenses can be claimed for these courses.

All additional study leave is at the discretion of the TPD. Courses such as APLS/ATLS are considered low priority prior to the exam. ALS one-day update courses are preferred to the full course.

### **Examination Leave and Private Study Leave:**

Private Study Leave of up to 7 days may be granted before the 1st and 2nd exam attempt subject to the discretion of the department. This is part of the total study leave allowance not in addition to it. Applications should be made well in advance to avoid disruption to Departments' rotas and to other trainees.

Study Leave to sit the Primary FRCA will be granted as follows:

1st and 2nd attempt: Leave with pay and expenses.

3rd attempt: Leave with pay but no expenses.

Subsequent attempts: Unpaid leave only.

**8. APPENDIX 1**  
**STUDY LEAVE PRIORITIES FOR CORE TRAINEES**

THE CATEGORIES BELOW ARE INDICATIVE AND THE LISTS ARE NOT EXHAUSTIVE

*'Local' in all cases means within the North West Deanery. In all cases leave outside region will not be approved if a similar meeting is available within a region in a reasonable time scale.*

**High**

Primary course

Primary study days eg airway, ICM, obstetric, critical incidents, transfer MCQ practice days

OSCE/SOE practice days

Local ALS course (revalidation day only) Some Trusts may fund these outwith the study leave budget so worth asking.

**Intermediate (post Primary FRCA) Presenting**

paper/poster at UK meeting APLS locally

Local courses eg ANWICU, obstetric, ultrasound or other similar meetings OSCE or PBL

tutor training

GIC course

**Low**

ATLS

Non-local ALS course GAT meeting

AAGBI, Portland Place seminars FRCA course outside region.

AAGBI Annual or Winter Scientific meetings

Meetings of anaesthetic specialty groups outside Region