

# **The North West School of Anaesthesia**

## **New Starter Induction Booklet**

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## 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 - Dr MacLennan & Pratt. 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 ([www.mmacc.uk](http://www.mmacc.uk)), Health Education England (North West), your College Tutors, TPDs; the Royal College of Anaesthetists website ([www.rcoa.ac.uk](http://www.rcoa.ac.uk)), and the excellent RCOA novice guide (<http://www.e-lfh.org.uk/e-learning-sessions/rcoa-novice/home.html>). Please be aware though that some information found on the internet (particularly the NW deanery website) is now out of date.

# 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 Simon Maguire</b>
<b>Deputy RAs</b>	<b>Dr Karen Kidner Dr</b>
<b>Specialty Training Programme Director (TPD)</b>	<b>Dr Geraint Briggs</b>
<b>2 Core Training TPDs</b>	<b>Dr Oliver Pratt (North school) Dr Kirsty MacLennan (South school)</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 (also an Associate Dean)</b>
<b>Associate Dean with responsibility for Anaesthesia</b>	<b>Professor Dr Simon Carley</b>
<b>College Tutors from each hospital in the rotation</b>	
<b>Specialty School Manager</b>	<b>Emma Woods, HENW</b>

Anaesthetic 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 currently divided into:

- Intermediate (ST3/4) when you will pass the Final FRCA examination,
- Higher (ST5/6)
- Advanced Training (ST7)

*A new anaesthetic curriculum is in development and is expected to be introduced in 2020. As such the structure of training may change in the next few years.*

In the NW we have divided Core Training into 2 Schools, each of which has a Training Programme Director (TPD).

**North School:**

Hospitals: Lancashire Teaching Hospitals (Preston and Chorley), Blackpool, East Lancs (Blackburn + Burnley), and Lancaster, Salford Royal, Royal Bolton, Wigan,

**TPD:** Dr Oliver Pratt at Salford Royal Hospital

Email: [oliver.pratt@srft.nhs.uk](mailto:oliver.pratt@srft.nhs.uk)

**South School:**

Hospitals: Manchester University NHS Foundation Trust (South Manchester (Wythenshawe) and Central Manchester including Trafford) , Stepping Hill, Royal Oldham, Tameside, North Manchester.

**TPD:** Dr Kirsty Maclennan at Central Manchester

Email: [kirsty.maclennan@mft.nhs.uk](mailto:kirsty.maclennan@mft.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 Core 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 and the anaesthetic department. You will be allocated an Educational Supervisor. This person should be your first port of call for any concerns you have regarding your training. At your initial meeting with them, you will talk through your personalised work schedule which will form your educational agreement. At this initial meeting you should also touch on areas such as:

- **Supervision in theatre**
- **E-portfolio**
- **RCOA curriculum**
- **Logbook**
- **Workplace-based Assessments**
- **New-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.

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

It is normal to feel nervous as you commence clinical anaesthesia, and you will be closely supervised as you get used to anaesthetic practice.

As you gain confidence & competence, you will need to show this by completing an **Initial Assessment of Competence** (or IAC) – usually within your first 3 months.

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 IAC. A list of these assessments is attached at the end of this booklet.

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

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)
- A Cased Based Discussion (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 other IAC requirements completed on your e-portfolio.

## The Anaesthetic Curriculum

Basic Level Training is divided up into 2 main sections.

### **i) Introduction to Anaesthesia:**

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

## **ii) Core Anaesthesia:**

This should be completed by the end of 24 months.

Once you have completed all the minimum clinical learning outcomes identified in 'Introduction to Anaesthetic Practice' and have completed an Initial Assessment of Competence (IAC) you should move on to the remainder of Basic Level training. This will provide an introduction to all aspects of elective and emergency anaesthetic practice (with the exception of some special interest areas eg cardiothoracic surgery)

### **The Core 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
- Perioperative medicine
- Regional
- Sedation
- Transfer Medicine
- Trauma and Stabilisation

For each Unit of Training, you will need to have evidence that shows:

- Achievement of 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 of cases pertinent to that unit.

Some units of training, 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.

A useful resource to know what needs to be achieved during each year of training can be found at <https://eanaesthesia.com/arcp/>

**Checklist of 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.	

# 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 Core Level Training Certificate and therefore progression into ST3. This is composed of 2 sections which are taken separately.
- (2) Final FRCA, which is an essential requirement for your Intermediate Level Training Certificate, must be passed by the time you reach 6 months into your ST5 year. 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:

30 Single Best Answer questions and

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

The questions are linked to the Core 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.

### i) 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

## ii) 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:**

E-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.

# The NW Primary FRCA Course

## The “Day Release” 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.

### 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 either try and attend the Final FRCA tutorials in your school, or use the time to gain valuable clinical experience in your hospital. 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:

Around December of your CT1 year, there will be a mock MCQ exam. This was introduced as one of a number of strategies to improve the MCQ pass rate. The aim is 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 other than yourself (including your college tutor). Whilst we realise it is very early on in your training to sit such an exam it is designed to be a “wake-up” call - to make you take the exam seriously.

## 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 of the 2-day blocks can be found on the NW Anaesthesia website: <http://www.mmacc.uk/links.html>

## “Stand-alone” Study Days:

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

Topic	When to Attend
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
Anaesthetic equipment training day	CT1

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

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

## Exam Practice Courses:

You are expected to attend 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** over 3 days.

**The OSCE/SOE course** takes place 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.

## Anaesthetic e-Portfolio & Logbook

You are expected to use the Royal College of Anaesthetists “Lifelong Learning Platform” to record all aspects of your training. ARCPs are all conducted electronically using this system – and as such no paper documents will be accepted.

The RCOA platform is new for August 2018, and as such there may be one or two teething problems. The School of Anaesthesia and the College will be able to support you during this period.

If you haven't already done so, you need to register as a trainee with the Royal College of Anaesthetists. The form you need can be found on line at <https://www.rcoa.ac.uk/document-store/trainee-registration-form-core-training>.

You will be issued with portfolio login details once you have registered.

At the time of writing, it is not possible for us to give you precise details on use of the new Lifelong learning platform, but we aim to have more information to give you at the induction day. In the meantime – there is a good amount of information on line at <https://www.rcoa.ac.uk/lifelonglearning>. This will tell you what the portfolio does, and how to get started.

## ARCPs

You will have an ARCP at the end of each of your CT1 and 2 years. We like to try and see you all in person – as it gives us a chance to catch up with you, review your progress and discuss any issues (positive or negative!). All your evidence will need to be presented electronically, as we have already mentioned.

The School of anaesthesia has developed a website which tells you what evidence we expect to see at your ARCP. It is worth looking at this list early – so you'll have plenty of chance to collect it! The list can be found at [www.eanaesthesia.com/arcp/](http://www.eanaesthesia.com/arcp/)

# 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 North West Deanery website at [www.nwpgmd.nhs.uk/study-leave](http://www.nwpgmd.nhs.uk/study-leave)

## General Principles:

Core trainees are allowed up to 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 30th September.

The study leave budget is currently £764 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**                      [coresurgery@mft.nhs.uk](mailto:coresurgery@mft.nhs.uk)

**North School**                      [Daniel.Moore2@srft.nhs.uk](mailto:Daniel.Moore2@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.

ALS course will be subsidised once primary FRCA completed. One-day update courses are preferred to the full course and please first check for Mersey ALS course. Courses such as APLS/ATLS are considered low priority.

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

Private Study Leave may be granted before the 1st and 2nd exam attempt, up to a maximum of 5 days per year, 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 is required to sit the Primary FRCA - granted as follows:

- Up to 3 attempts: Time granted but no expenses paid
- 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) once passed primary FRCA. Some Trusts may fund these outwith the study leave budget so worth asking. Also see Mersey ALS course as this is subsidised.

#### **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