

**The North West School of Anaesthesia  
Stage 1 Training**

**New Starter's Handbook**

**February 2023**

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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 Bishop & 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 Please be aware though that some information found on the internet (particularly the NW deanery website) is now out of date.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 2021 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>	Dr Geraint Briggs
<b>Royal College Regional Advisor (RA)</b>	Dr Simon Maguire
<b>Deputy RAs</b>	Dr Karen Kidner Dr Simon Tomlinson
<b>Specialty Training Programme Director (TPD)</b>	Dr Louise Evans
<b>2 Core Training TPDs</b>	Dr Sophie Bishop Dr Oliver Pratt
<b>Head of School for Intensive Care Medicine</b>	Dr Aj Eusuf
<b>ICM Training Programme Director (TPD)</b>	Dr Emily Shardlow
<b>Head of school for Acute Care Common Stem</b>	Dr Roisin Haslett (she is also an Associate Dean)
<b>Associate Dean with responsibility for Anaesthesia</b>	TBC
<b>College Tutors from each hospital in the rotation</b>	
<b>Specialty School Manager</b>	Denise McCracken, HENW

Anaesthetic training is split into:

- Stage 1 (CT1-3)
- Stage 2 (ST4&5)
- Stage 3 (ST6&7)
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There is a national recruitment process between stages 1 & 2

The content & structure of Stage 1 training is set in the 2021 Curriculum from the Royal College of Anaesthetists. You are also required to pass the Primary FRCA examination.

There are currently 2 TPD's for Stage 1 Training.

Dr Oliver Pratt at Salford Royal Hospital

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

Dr Sophie Bishop at Wythenshawe Hospital

Email: [sophie.bishop@mft.nhs.uk](mailto:sophie.bishop@mft.nhs.uk)

Stage 1 training in anaesthesia will normally consist of 3 years, named CT1-3. Trainees joining the programme from ACCS, will normally complete 4 years in total. We would expect each of these years to be spent in a different hospital, but trainees may occasionally rotate between hospitals more frequently in order to maximise learning opportunities. One of your training years will be spent in a hospital in the north of the region - Lancaster, Blackpool, Preston or Blackburn.

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

The start of your anaesthetic career can seem very daunting - particularly for those who have had little exposure during Medical School or Foundation Training. Anaesthesia is quite different to most other specialities, with a new way of working, new machines, drugs and personnel to get to used to. It is important, therefore, to know where you can access help & advice.

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
- Life-long learning platform (LLP)
- RCOA curriculum
- Logbook
- Supervised Learning Events (Workplace based assessments)
- New-starter tutorials

Most of the time, if there are issues with your training, they can be sorted by your ES and College Tutor. However, on the rare occasion that doesn't happen - there are other layers of support within the NW School of Anaesthesia. Your TPD should be informed of any major concerns or problems - they will provide additional support, help and advice. Sometimes it is appropriate for the Head of School or Regional Advisor, who work closely with the TPDs, to be involved.

You will have contact with the Specialty School Manager and admin team at HENW about rotations, ARCPs etc.

# Stage One Training

## CT1

CT1 represents the introduction to anaesthetics. It is normal to feel nervous as you commence anaesthesia, and you will be closely supervised as you get used to anaesthetic practice.

### Initial Assessment of Competence (IAC)

Once you've settled in to your department, your initial aim should be completing the Initial Assessment of Competence (IAC) using the "Entrustable Professional Activity" workbooks (EPA 1&2). These can be downloaded at <https://www.rcoa.ac.uk/documents/2021-curriculum-assessment-guidance/entrustable-professional-activities-iac-iacoa>

Most trainees obtain the IAC around 3 months into CT1. We run a School-wide "IAC day" which allows us to assess some of the core skills at an agreed level. Specifically these are:

- Machine Check
- Rapid Sequence Induction
- Failed Intubation drill

The IAC day will usually be in late October (for August starters) or late April (for February starters). Ideally you will have all other IAC requirements completed on the LLP by this time.

The IAC day isn't an exam – it doesn't really matter if you're not successful, as you can be reassessed back at your Trust. Please don't worry about it too much !!

Most clinical time in CT1 should be spent in theatres, but you may undertake a 3 month ICU block towards the end of CT1, depending on the trainee/department. During the year, you should start to gain evidence to show you're attaining the key capabilities in all learning domains of the stage 1 curriculum - both clinical and generic. Evidence should be uploaded to the LLP, and mapped to the appropriate domains of learning. You do not need to complete the final sign off (HALO) for any domains of learning in CT1, but you need to show progress at ARCP.

ACCS trainees usually do their 6 months ICU block in ACCS2 – and as such the "CT1" anaesthetics block will be based in theatres.

## CT2

- Theatre work continues in CT2
- An initial 3 month block of obstetrics should be undertaken, culminating in the Initial Assessment of Competence in Obstetric Anaesthesia (EPA 3&4)  
<https://www.rcoa.ac.uk/sites/default/files/documents/2021-06/EPA-3and4-workbook.pdf>
- If an initial ICU block was not undertaken in CT1, it should be undertaken in CT2
- Trainees joining from ACCS do not need to undertake an ICU block
- Theatre work should include experience necessary to complete outstanding Key Capabilities from all domains of learning. This should include initial exposure to paediatric anaesthesia.
- Evidence of experience in other clinical domains should be accrued – including pain medicine, resuscitation, sedation etc
- Key capabilities from the Generic Professional Domains should continue to be accrued.
- The primary FRCA exam must be passed by the end of CT3 – so we advise that most trainees should attempt the written paper in CT2 as a minimum, and if passed consider attempting the oral exam towards the end of CT2
- Completion of any HALOs is not required for the CT2 ARCP, but if a pain medicine block has been completed, it should be evidenced with the stage 1 pain HALO.

## CT3

- CT3 will be the final part of Stage 1 training. It is important that the trainee and Educational Supervisor establish what is outstanding at their initial meeting, and formulate a plan to ensure exposure to appropriate clinical areas.
- A second 3-month ICU block must be undertaken by all (Non-ACCS) CT3s.
- Experience of out of hours, on-call Obstetrics must be gained in CT3. This should include management of ASA 3 parturients. We expect this to necessitate some daytime obstetrics commitment, but not necessarily a full 3-month block.
- Experience of paediatric anaesthesia should be expanded, including remote supervision as specified in the General Anaesthesia HALO guide.
- By the end of CT3, all 14 HALOs must be signed off, and the Primary FRCA passed.

The requirements of the curriculum are quite complex, and more detail is available on the RCOA website, or in the NW Stage 1 Training guide which can be found on the MMACC website [here](#).

# The Primary FRCA Examination

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

- Primary FRCA, which must be passed by the end of CT3 - to complete your Stage 1 Training. You cannot progress into ST4 without the primary FRCA.
- Final FRCA, which is an essential requirement for your Stage 2 Training, must be passed by the time you complete your ST5 year.

At the time of writing, the RCOA is conducting a review of the structure of the FRCA examinations. Changes are therefore likely – but currently, the primary exam is structured as follows:

The Primary FRCA consists of a written exam, and 2 oral exams. The written paper must be passed before sitting the orals. The oral exams are a Structured Oral Exam (SOE or Viva) – and an OSCE. The Primary exam covers knowledge of basic sciences (physiology, pharmacology, physics & measurement, anatomy) and the clinical skills expected of a Stage 1 trainee.

The written exam is held 3 times per year and is done online. Questions are “single best answer” in format. The OSCE & SOE exams are also held 3 times per year. Initially both the OSCE & SOE sections must be taken together. If you are unsuccessful in one section, it can then be retaken independently.

The primary FRCA 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. We recommend most trainees start to sit the exam in CT2.

You can have up to 6 attempts at the MCQ and, when passed, it is valid for 3 years.

You will hear much more about the exam during teaching sessions – and there is a lot of information on the RCOA website [here](#)



# The NW School of Anaesthesia Teaching Programme

## The “Day Release” Tutorial Programme:

### First 10 Weeks

All new starters in anaesthesia (CT1 and ACCS) attend a new starter tutorial programme. This is face to face, and usually occurs on a Monday afternoon. Your College Tutors will give you details. The programme runs for about 10 weeks, finishing with the IAC assessments.

### Week 10 Onwards – Educational Development (SPA) Time:

When the new starter tutorial programme has finished, you should be given a Tuesday afternoon as Educational Development Time. Over the course of your stage 1 training, this time should be used for private study, revision, and to gain evidence towards the Generic Professional domains of learning in the 2021 curriculum.

The School of anaesthesia has developed a library of video tutorials (the SAVED Tutorials) – and we expect you to use these tutorials in your SPA time. These tutorials and your SPA time replace “local day release” teaching sessions. Your use of the SAVED tutorials should be recorded in the STEP workbook. More information about the tutorials, the STEP workbook & SPA time can be found on the MMACC website [here](#) and [here](#).

Once you have passed the Primary FRCA you may use Tuesday afternoons for further educational development, teaching, portfolio and gathering evidence for your GPC’s. ***Please note that we will look at your CPD evidence at your ARCP to ensure you have been using your SPA time effectively.***

## Other Courses & Study Leave

At the school of anaesthesia induction, you will be told how to register with the School administrator. This allows attendance at the study blocks, exam practice days and stand alone study days. The study leave money for each trainee is “top-sliced” by the School of Anaesthesia – and this allows us to fund the teaching programme. The top-slice represents 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 on the MMACC website.

The anaesthetics teaching programme includes the following:

### 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 written exam pass rate. It is a 3 hour paper, and attendance is mandatory. Results are fully anonymised and not fed back to anyone other than yourself (including your college tutor). We know that it is very early in your training to sit such an exam - it is designed to be a “wake- up” call - to make you take the exam seriously & realise the standard of knowledge required to pass..

## **The 2 Day Study Blocks:**

Each month from November until July a 2-day study block takes place. The exam 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. There 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:**

A number of additional study days are provided for you. You are expected to attend all the stand-alone study days during Stage 1 Anaesthesia. Details can be found in an appendix to this document, but also on the the MMACC website <https://www.mmacc.uk/>.

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 the School administrator.

## **Exam Practice Courses:**

The School runs MCQ & OSCE/SOE courses. Each course is run 3 times per year. You should attend the course that runs immediately before the exam you are sitting. We don't routinely fund exam courses run by external providers.

**The MCQ course** we provide is now an RCOA on-line revision course. You will need to book this course and pay upfront and be re-imbursed by contacting the school administrator. Dr JP Lomas also runs an SBA masterclass online session prior to each exam sitting.

**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. Again, it is booked via the School administrator.

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

Private Study Leave may be granted before your 1st and 2nd exam attempt, up to a maximum of 5 days per year, and 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.

When sitting the exam – time will be granted from your study leave allowance.

Exam expenses are not covered by your Study Leave Budget.

## **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.

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 the RCOA website [here](#).

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

### **ARCPs**

You will have an ARCP every 12 months. Currently all ARCP's are carried out on Teams remotely. All your evidence will need to be presented electronically, as we have already mentioned.

The NW 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 the evidence ! The list can be found at [www.eanaesthesia.com/arcp/](http://www.eanaesthesia.com/arcp/)

Take your ARCP seriously – and gather the evidence early.