TRAINING UPDATE

Royal College of Anaesthetists

Guidance on supervision levels and practical measures to develop independent practice in training

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A practical guide

This document complements the existing 2021 Curriculum Assessment Guidance and describes local approaches that may be considered to optimise training opportunities.

Supervision levels are a concept that are new to the 2021 curriculum and as such are one element that has taken longer to embed. This has come to the attention of the Training, Curriculum and Assessment Committee through feedback from the Anaesthetic Training Representative Group and the Anaesthetist in Training (AiT) representatives on Council. Alongside this we have become aware that there is variation nationally in the ability of AiTs to access opportunities to work under indirect supervision to develop greater independence of practice.

It is important to our training programmes, and essential in this time of increased pressure on our service, that our doctors in training are allowed to participate in providing appropriately supervised lists to develop their skills to become an autonomously practising anaesthetist (APA).

Background

Anaesthetic training is a unique training system. AiTs spend much of their training working alongside a consultant or APAs, such as a senior SAS grade doctor, providing a high quality service. The delivery of anaesthesia has become increasingly led by consultants or APAs which has resulted, in some areas, in a reduction in opportunities for AiTs to gain exposure to independent practice under indirect supervision. This can make it difficult for AiTs to find opportunities to demonstrate their independence, both clinically and in the generic professional domains. Demonstrating independent practice is a requirement of the curriculum at each stage.

Indirect supervision for increased autonomy may be managed by a department in a number of ways. These can include prior agreement with the named consultant/APA allocated to the list, or the allocation of an AiT to a list as the primary anaesthetist with named consultant/APA mentor identified for advice. Where the AiT is the primary anaesthetist on the list the requirements of the Capuccini test must be met.

Consultant/APA mentors should be able to attend the indirectly supervised list easily in an emergency. The departments should make provision to cover the list should it overrun and the AiT or mentor be unable to stay. Should they decide to stay late, appropriate TOIL or remuneration should be provided to both parties.

Encouraging appropriate autonomy will develop a doctors clinical practice, decision making and allow the department to make full use of the knowledge, skills and capabilities outlined in the curriculum; whilst deploying AiTs to work in areas that aligns with the increasing level of seniority and capability. This process should be managed carefully, and integrated alongside other training and development that is taking place for an AiT.

To help facilitate this change in practice we would like to offer some guidance for each stage of training regarding indirect supervision. The recommendations below are for full time AiTs and would be pro rata for the AiT who is training less than full-time.

Stage 1

In CT1, after the acquisition of the Initial Assessment of Competence (IAC) it is normal for AiTs to undertake on calls and be should be encouraged / supported to work independently on the CEPOD list where possible and out of hours with cases appropriate to their level of experience in consultation with the consultant/APA on call. This should lead to them being responsible for ASA1 and 2 patients out of hours for simple procedures with level 3 supervision. Please see the curriculum requirements for the IAC for more details.

By the end of CT1, and throughout CT2 and CT3, they should be given the opportunity to undertake a designated suitable elective list once or twice a week with indirect supervision. Not all patients on that list are suitable for the level of training, they should complete the appropriate patients with indirect supervision.

Stage 2

This stage of training includes acquisition of the Final FRCA examination. Post FRCA, these AiTs have demonstrated a high level of knowledge and judgement alongside their technical skills and should be treated accordingly.

In stage 2 AiTs should expect to have one or two independent lists per week, where appropriate. There will be exceptions to this, eg, more specialist areas such as cardiac, neuro and paediatrics, which may require closer supervision.

Access and opportunities to lead clinics, pain ward rounds and ICU ward round should be encouraged. As in other specialties, there are opportunities to have consultant and trainee clinics running in parallel (obstetrics, pain, preoperative) which allows independence with nearby support.

Stage 3

This should represent a consultant case mix. There should ideally be at least two indirectly supervised lists a week with an opportunity to have more junior AiTs allocated to the list to become familiar with simultaneously running a list and training. At the end of this stage of training, AiTs should be able to run a preoperative medicine clinic and a pain ward round. They should be provided with these opportunities during this stage of training. There should also be opportunities to run obstetric anaesthetic clinics, if that is an interest they would have as a consultant.

There may be opportunities towards the end of training for AiTs to 'act up' as the consultant on call from home. Guidance on this is available in Section 4.6 of the 2021 Anaesthetics Curriculum: Requests to complete training as a locum consultant.

SLEs should be aiming towards completion as level 3 and level 4 supervision.

SAS doctors

All doctors are required to recognise and work within the limits of their clinical competence, seeking assistance from colleagues or others when appropriate. However, some SAS doctors may be relatively junior and may be unfamiliar with the specific case mix that they are required to manage or the operational procedures of the hospital, particularly if they are new to the UK. These doctors must be closely supervised by a consultant/APA, either directly or indirectly, depending on the clinical situation.

Summary

We have provided this guidance for several reasons.

1 AiTs throughout their training are delivering a level of service both in and out of hours which is often unacknowledged explicitly at a national level. It is important that the skills, knowledge and experience gained during anaesthetic training are properly recognised and utilised within the departments in which they work.

2 There are reports nationally of AiTs who are less confident at the end of training to take on a consultant workload and are not achieving level 4 supervision levels as a result. So far this has not led to extensions of training. This guidance is designed to prevent that occurring in the future.

3 There is a need to ensure that any list provision asked of the AiT in hours is appropriate to the individual's training level. Any list provision should be constructive and helpful in enabling an AiT progress through the supervision levels.

4 All AiT providing out of hours (OOH) work at night with a consultant at home, supervising junior colleagues, managing many competing specialties for access to emergency theatres and dealing with calls from the emergency department, catheter laboratory or wards should be able to access SLEs reflecting that work and the contribution of this towards independent practice and CCT.

5 This guidance can also be applied to doctors in the early stages of their SAS careers, ensuring that they receive appropriate supervision and mentorship from senior colleagues to support their development and clinical competence.

Tips that may help implement this guidance

- Lists can be partially completed with indirect supervision if the casemix is not suitable for fully independent practice.
- Supervision levels on SLEs are the supervision level the anaesthetist in training would require if they were to repeat that same activity right here, right now.
- Lists can be designated as trainee lists with a designated mentor providing indirect supervision to give the AiT more automony to apply their own anaesthetic techniques rather than doing what their supervising consultant would do.
- AM lists work better for this so overruns do not cause as many issues for both trainers and trainee should the list overrun (see above).
- If rota pressures lead to last minute indirectly supervised lists, encourage the AiT to complete an appropriate SLE.
- Ideally lists designated as trainee-led should not be overbooked to avoid overruns and associated stresses to all. A list comprises of pre op and post op visiting and the time allocated should acknowledge that.

The Association of Anaesthetists Trainee Commitee has produced Guidance on solo working: tips for anaesthetists in training and SAS doctors and we recommend that this is signposted to all AiTs.

Glossary

- List – AM or PM list. All day list would count as two lists.
- SLE – Supervised learning events.

Excerpt from the 2021 Anaesthetics Curriculum on supervision levels:

5.7 Evidence of progress

1.1 Levels of supervision summary

- Anaesthetists in training will need to demonstrate progression through the supervision levels for the different key capabilities within the HALOs.
- The assessor should identify the supervision level that the anaesthetist in training requires for that activity at the time the SLE is completed.
- This is the supervision level the anaesthetist in training would require if they were to repeat that same activity right here, right now.

In other words, if the AiT was presented with a similar case, what supervision level would the assessor think that they would need? Would they need a supervisor to be with them at all times, to stay close (in the anaesthetic room), to be around but not necessarily that close (in the department), or could the supervisor be at home?

1.2 Using supervision level judgments and other evidence to determine progress

- Anaesthetists in training do not have to have a specific SLE with the suggested supervision level to meet the HALO requirements but they do need to demonstrate progress and the faculty decision will be made based on all the evidence supplied and observation in practice.
- Supervision levels are indicative and are intended to guide and reflect progress; SLEs are not individual assessments of competence.
- To allow trainers to review progress, the Lifelong Learning Platform (LLP) automatically creates a HALO when an SLE or personal activity is linked to that domain of learning. This then allows both trainer and anaesthetist in training to see evidence as it is linked to the clusters of capabilities. It will also show the supervision levels in due course, although this function is still in progress by the LLP team.

1.3 Levels of Supervision detailed outline

Anaesthetists in training will need to demonstrate progression through the different levels of supervision detailed in the table below for clinical activities.

Table 1 The levels of supervision

1	Direct supervisor involvement, physically present in theatre throughout.
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance.
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

For some activities it may be more appropriate to assign 'not applicable' for the supervision level.

The trainer should identify the level of supervision that the anaesthetist in training requires for that activity at the time the SLE is completed. This is the supervision level the anaesthetist in training would require if they were to repeat that same activity 'right here, right now'.

At each stage of training, the specialty specific domains of the curriculum will describe the level of supervision that should be demonstrated by the anaesthetist in training by the end of the stage of training. Please refer to Appendices 1, 2, and 3.

It is expected that the anaesthetist in training will have demonstrated capabilities at the supervision levels described in stage 3 at the time of CCT.

SLEs and other activities should be used to illustrate engagement in the training programme and the opportunity to gain and record structured feedback on performance. **Ongoing engagement in the training programme is also reflected in the key capabilities within the generic professional domains.**

1.3.0.1 Key points to remember

- SLEs are low stakes episodes of feedback and reflection in the workplace. They are not individual assessments of competence.
- Supervision levels are indicative and are intended to guide and reflect progress.
- Supervision levels are not marks. They are the outcome of a reflective discussion and feedback between the anaesthetist in training and the trainer.
- Supervision levels should indicate the level of supervision the anaesthetist in training would require for the activity if they were to repeat it 'right here, right now.'

- Supervision levels may not necessarily be the same as the supervision that took place for that activity, eg a senior trainee may require the consultant to attend a challenging case because guidelines dictate that. The anaesthetist in training is observed doing the case, and the reflective discussion during and after the case indicates that if they were given that case to do again, they have the ability to undertake it independently. The supervision they had for the case may indicate a level of 2b but the supervision level that they would need if the activity were to be repeated 'right here, right now' is 4.
- Anaesthetists in training do not have to have a specific SLE with the suggested supervision level to meet the HALO requirements but they do need to demonstrate progress and the faculty decision will be made based on all the evidence supplied and observation in practice.
- When completing an SLE, anaesthetists in training can suggest the supervision level that they feel is appropriate for them if they were to repeat this activity.

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