Career Development for Specialty / SAS Doctors in Anaesthesia, Critical Care and Pain Medicine

Royal College of Anaesthetists Council
Recommendations

The Royal College of Anaesthetists

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Introduction

Council of the Royal College of Anaesthetists (RCoA) recognises the pivotal role that doctors working in non-training posts who are not consultants in anaesthesia, critical care and pain medicine make to the NHS. It also recognises that patient safety is paramount and that identifying the levels of clinical competence required by such anaesthetists in their daily practice is as important as it is for consultants and trainees. The Tooke report’s [1] emphasis on the importance of promoting the credibility and status of Specialty / SAS doctors is fully supported by Council and forms the basis of many of the recommendations proposed.

The recommendations made in this document apply to all doctors working in non-consultant non-training grade posts in anaesthesia, critical care and pain medicine. These include Specialty Doctors (SD), Non Consultant Career Grade (NCCG) and Staff and Associate Specialist grade (SAS) doctors (all on nationally agreed Terms and Conditions (T&Cs) of Service), as well as all other posts using locally agreed T&Cs including Trust Grades, Trust Doctors, Clinical Fellows and Clinical Assistants (this list is not exhaustive). The RCoA strongly recommends that all new appointments are to posts on nationally agreed T&Cs.

Over their careers, many such doctors have developed areas of specific clinical expertise. Such career development should be encouraged as it benefits both the doctor and the employer. To date this has often been haphazard and this document aims to address this and other objectives by:

- Providing clear guidance on clinical competencies (incorporating the necessary knowledge, skills and attitudes) required by all such doctors to enable them to provide high quality, safe clinical care
- Providing guidance on career development within the clinical setting
- Recognising that the needs and aspirations of those who have been in such posts before the introduction of the SD grade may be different, and provide appropriate guidance

By encapsulating the career development needs of all these doctors (referred to generically as SDs throughout the document) Council expects that this guidance will be valuable for doctors in post and employing Trusts, as well as providing public reassurance. It is hoped that all the recommendations will be in place by January 2010. Finally, the recommendations do not seek to provide criteria for movement through the thresholds of the SD grade.

The Membership of the Working Party and Terms of Reference (TOR) are attached as Appendix 1.
Each component of the TOR is considered in turn with recommendations made for each.

1. Levels of clinical competence required for the safe delivery of anaesthesia, critical care and pain management services

Council recommends that the clinical competencies outlined in the CCT in Anaesthetics form the basis of the list of core competencies required to deliver a safe clinical service by all anaesthetists and that this should be linked to a robust career structure for SDs.

What should the minimum competency level and time in the specialty be for appointment to a SD post?

a) Minimum competency level

I. Doctors appointed from a UK training programme: Council recommends that the clinical competencies required should be those needed for the “Basic Level Training Certificate” (BLTC). This demonstrates a satisfactory level of clinical competence accompanied by the core basic science knowledge necessary to underpin safe practice of anaesthesia, critical care and pain medicine. [The BLTC does include the need to obtain the Primary FRCA (or equivalent). It is important to recognize that over the last few years the Primary FRCA examination has changed significantly and approximately 90% of those who now sit the Primary FRCA pass the Examination by their 4th attempt (information obtained from the Examinations Dept)].

II. Doctors applying for a move to another SD (or equivalent) post within the UK. Levels of competence (clinical and knowledge based) will have been demonstrated whilst in their current post. This information should be requested within the structured reference ideally provided by the Educational Supervisor. The minimum requirement expected would be as outlined in (I) above.

III. Doctors appointed directly from outside the UK. In hospital Trusts where this occurs it is Council’s recommendation that, before such doctors are given clinical responsibilities, the Clinical Director of Anaesthesia (or equivalent) must ensure they undergo a period of formal induction and work place based assessments (WPBA) by senior members of the department to ensure that they have achieved the level and breadth of clinical competencies equivalent to that required to obtain a BLTC. It is also essential that the level of core basic science knowledge forms part of this assessment unless the individual doctor has formal evidence of such an assessment (e.g. the European Diploma; the Diploma of the National Board [India]; MD [Sri Lanka] etc – a full list is available from the Examinations Department). Until this has been achieved,
such doctors should work with immediate supervision only throughout their clinical duties. *(Note: if such doctors wish to progress to apply for a certificate of eligibility for specialist registration via Article 14 for entry to the Specialist Register (see later), it is important that they recognize that they will need to demonstrate an adequate level of knowledge and understanding of the practice of anaesthesia equivalent to that assessed in the FRCA examinations.)*

**b) Minimum time in the specialty**

Whilst the new generic entry requirements from the Department of Health for SD posts states “…at least two (years) of which will be in a specialty training programme…” Council asserts that, in the interests of patient safety and maintenance of standards, the equivalent of three years training in anaesthesia is the appropriate minimum requirement. This is supported by recent expansion of the initial direction by NHS Employers, which states:

“Eligibility”: ST1/CT1 and ST2/CT2 training is delivered either through specialty training or through completion of two fixed term specialty training appointment (FTSTA) years delivering equivalent of levels one and two of ST/CT. Please check with the clinical director because in some specialties successful completion of two years of specialty or core training at levels one and two may not provide the employer with a doctor with the right skills to perform effectively in a specialty doctor post.” (Ref: ‘Employing and supporting specialty doctors A guide to good practice’ April 2008, DH and NHS Employers)

**2. Improving career development opportunities for Specialty Doctors in anaesthesia**

Council recommends that all departments employing SD / SAS anaesthetists identify a named consultant as Educational Supervisor (ES) responsible for overseeing their career development. As it is recommended that such career development be based on attainment of competencies identified in the CCT document, the ES should link with the College Tutor. It is hoped that this will help reduce the feelings of isolation frequently reported by such doctors.

An individual’s clinical skills and competencies will be expected to develop over time and this is essential to ensure a satisfying career. Such competencies should be based on those identified for trainees in ST3 and higher as detailed in the CCT in Anaesthetics document. The additional competencies acquired should match the individual doctor’s area of clinical practice (e.g. if an individual is required to develop a subspecialty interest in obstetric anaesthesia or regional anaesthesia he / she should complete the intermediate and / or higher level competencies in the appropriate area satisfactorily, forming an important part of Continuing Professional Development). Acquisition of such intermediate / higher
competencies should be collated to form part of an individual’s portfolio. SAS anaesthetists
with significant years of experience wishing to include evidence in their portfolio of such
competencies already gained should demonstrate equivalence by collating the necessary
experiential evidence.

3. Re-entry routes into training and / or top-up training in preparation for
application to the Specialist Register by the CESR route

Attainment of intermediate and higher level competencies as outlined in 2 above, might
assist SD / SAS anaesthetists wishing to re-enter training. There are significant restrictions
however particularly in the specialist areas of anaesthetic practice (i.e. cardiac, neuro and
paeds) because of insufficient training opportunities, although this may vary between
schools of anaesthesia.

Opportunities for top up training might be available as and when Specialty Registrars (StR)
take time “out of programme training” (OOPT), although almost all these would be in
Specialty Training years 6 and 7; ideally the StR posts vacated would be ring-fenced for SD / SAS
anaesthetists seeking top-up training; this will require employers and postgraduate
deanes to support such career development. The appointment of SD / SAS Associate Deans
with specific responsibility for SD / SAS career development would assist this process.

Intermediate level top-up training is likely to be even more difficult to obtain than that at the
higher level as very few trainees leave a training programme during these earlier years. If
trainees numbers fall, training slots vacated could be filled by SD / SAS anaesthetists,
allowing top-up training to be gained; again employer support, in conjunction with the
deanery, will be required. Whist it is recognised that this may impose significant difficulties
and responsibilities on Training Programme Directors, such training opportunities could be
highly competitive and it would be essential that appropriate selection processes were in
place.

If SD / SAS anaesthetists wish to gain eligibility for entry to the Specialist Register (via the
Certificate of Eligibility for Specialist Registration (CESR) route), attainment of the Final
FRCA (or equivalent) would be a requirement for completion of intermediate level training
before seeking top-up training opportunities at the higher level.

Employers and post-graduate deans will have to actively support such career development
opportunities if they are to be realistic goals; the reason being a need to commit periods of
time for top-up training, not service delivery. Farsighted employers should see this as an
opportunity to develop the careers of some of their permanent “non-training” staff to ensure
long-term retention of its workforce.
4. To identify mechanisms by which individual SAS doctors who do not wish to re-enter formal training can acquire new competencies

Implicit in maintaining good medical practice is the knowledge that the balance of skills and expertise will change as a doctor’s career progresses. This may include special interest areas of clinical practice, where the acquisition of new competencies should be encouraged. Council recommends that this can be achieved at local level, based on the mechanisms in item 3 above. Where appropriate, such experience should be matched to the objectives stated in the intermediate / higher competencies found in the CCT document. Should the doctor wish to apply for inclusion to the Specialist Register via the CESR route, these new competencies can be used to enhance their portfolio and application.

5. To identify how to encourage anaesthetists working in non-standard posts to link with the RCoA

The current system of appointment to Associate membership is deemed the most appropriate route by Council.

References


Appendix 1


1. To identify levels of clinical competence that will assist hospitals in the delivery of anaesthesia, critical care and pain management services.
   • Develop a list of core competencies (with a grandfathering clause).
   • Identify minimum competency level for entry to each grade

2. To identify how doctors in each grade maintain competencies in their individual areas of current clinical practice. This will inform the revalidation process for these doctors.

3. To develop proposals that will lead to improved career development opportunities for SAS doctors in anaesthesia, critical care and pain management
   • Link with Tooke Report and re-entry routes into training and / or top-up training for CESR
   • To identify mechanisms by which individual SAS doctors who do not wish to re-enter formal training can acquire new competencies

4. To identify how to encourage anaesthetists working in non-standard posts to link with the RCoA
Membership

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