

**THE ROYAL COLLEGE OF ANAESTHETISTS (RCOA) ANNUAL SPECIALTY REPORT**  
**TO THE POSTGRADUATE MEDICAL EDUCATION AND TRAINING BOARD (PMETB)**  
**ACADEMIC YEAR AUGUST 2008 – JULY 2009**

**President's Overview**

1. There have been a number of key issues concerning postgraduate medical education and training over the last academic year. Influences such as the impending introduction of EWTD regulations and the continual conflict between service and training provision have resulted in a considerable number of challenges to trainers, trainees and those supporting training within the specialties of anaesthesia, intensive care and pain medicine. The role of the College within the QF is key to maintaining standards of training, not only required by the regulator, but expected by patients, deaneries and trainees alike. The past year has highlighted the continuing threats and opportunities facing PMET and how the College must proactively engage with all stakeholders to improve and shape the future. It has been encouraging to see the level of involvement that the College has had in both consultations and working parties over the years and it is pleasing that PMETB is seeking the College's advice on specialty specific issues on a regular basis.
2. This report is presented in a number of parts. The main report covers the key aspects of PMET that the College consider important to the specialty. Appendix A has a more detailed breakdown of those concerns and highlights areas of best practice, including reference to evidence and outline details of the College's intentions for the future development of these areas. Appendix B contains examination data from the FRCA examinations whilst Appendix C contains a glossary of terms.

**Training**

3. **College Representatives.** The anaesthesia training programme continues to be delivered through a regional structure. It is apparent that there are increasing pressures on those responsible for delivery of PMET and sustained support for them is essential to ensure the maintenance of effective delivery of training. A continuing good working relationship between the Deans and the College is required in order to support trainers. Memoranda of understanding (MOU), a robust framework of external advisers, supported visits and continued pressure on SHAs and Trusts to emphasise the importance of supporting professional activities is required to maintain effective training. The use of external advisers this year has been of particular benefit both for hospital and school visits and on ARCP panels and the College has continued to recruit to its pool of advisers to accommodate the increased demand for these services. It is to be hoped that employers will continue to facilitate the release of their staff from base hospital duties in order to undertake this essential externality role.
4. **Reviews and Visits.** The College has nearly completed its reviews of the 29 Schools of Anaesthesia this year, with 9 reviews being conducted during the survey period. The reports generated supported evidence from Annual Deanery Reports (ADR) and the PMETB Trainee Survey that trainees consider their programmes to be adequate or better. The introduction of the requirement for trainers to be appropriately trained by January 2010 will require a means of quality assurance and is one reason why the College is keen to continue with regular reviews of both Schools of Anaesthesia and individual training hospitals, with the support of the Deans. The College welcomes steps taken by the Northern Deanery to introduce an MOU which formally establishes a QM process. The College will endeavour over the next year to establish similar MOUs with all Deaneries.

5. **Curriculum Rewrite.** The rewrite has allowed the College to re-evaluate the structure and content of the anaesthesia programme, taking into account the future needs of the NHS across the UK, ability of schools to deliver the anaesthesia programme and the career aspirations of anaesthetists. The new syllabus for conscious sedation for dentistry was approved by PMETB in early 2009 as an optional higher unit of training and has been incorporated into the current curriculum document. The other proposed units of training of anaesthesia in developing countries, pre-hospital care, transfer medicine, and remote and rural anaesthesia are being incorporated into the revised curriculum.
6. **Approvals.** The College has worked with the PMETB over the year to reduce the administration required for out of programme training (OOPT) approvals. PMETB introduced the concept of blanket approval for posts filled by trainees in overseas locations well known to the Colleges such that the period out of programme can be counted towards their training programme leading to the Certificate of Completion of Training (CCT). The College will have the responsibility of quality assuring the training received in the overseas posts on behalf of, and in support of, PMETB's quality assurance of training role. The approved posts are in Australia, Canada, New Zealand and the United States. Additional approval was given for defence field hospitals in Afghanistan to support military trainees on deployment who complete the requirements of the Military Anaesthesia unit of training.
7. **Working Time Regulations (WTR).** Considerable work has been conducted over the year on assessing the impact of WTR, formally EWTD. The College has conducted 2 surveys, one in January and a further survey at the end of the year. Although most Trusts were compliant by the end of the year on paper and only 23 anaesthetic rotas applied for derogation in both rounds, there are still reported gaps on rotas and substantiated reports that trainees are missing training opportunities because of the 48 hour week and enforced rest periods; 73% of the College Tutors surveyed are seriously concerned at the impact WTR will have on training. An interim report on the findings of the survey conducted in September serves to highlight the key concerns over the impact on training and the report is available on request prior to a more detailed report being released in 2010. WTR will have a direct impact on recruitment and there is a renewed need for work to be conducted on consultant expansion and workforce impact. The College will actively engage with DHE, MEE, PMETB and the SHAs on this during the next academic year in reaching workable and sustainable solutions.
8. **Assessment and E-Portfolio.** The good work conducted last year on WPBA continues with a structured paper based format of assessment being uniformly adopted across all schools, It is important to further consolidate this with the introduction of a robust and viable e-portfolio system. The College has employed a project manager to drive the introduction of an e-portfolio as rapidly as possible having now agreed the direction of travel. The College has worked with the Society for Education in Anaesthesia (UK) (SEA (UK)) to deliver assessment training for consultants using the new assessment tools to ensure trainees are assessed in accordance with the PMETB approved assessment system. Assessment courses have been run across the UK with recipients being encouraged to run courses within their Trusts. The London Deanery funded a teaching DVD for workplace assessment which has been completed and distributed to all the Schools of Anaesthesia in the London Deanery. The London Deanery in collaboration with the College have commenced training courses on workplace assessment for all consultants in the London Deanery to develop the knowledge and skills of clinical supervisors in the application of workplace based assessment using the DVD as a resource. The College will use the DVD as a training resource for its 'national *Anaesthetists as Educators* programme.

9. **Recruitment.** A national person specification for training years 1, 2 and 3 was used for recruitment into anaesthesia and acute care common stem in 2009. A coordinated round 2 was conducted by West Midlands Workforce Deanery. Following on from this, steps have been taken towards developing national recruitment for anaesthesia for CT2 and ST3 in 2010, extending to CT1 in 2011. The process will be coordinated by West Midlands NHS Workforce Deanery for 2010 in collaboration with the College; the outcome will be closely monitored and fed back to PMETB.

### Examinations

10. **The Primary MCQ.** There were three sittings of this examination in the 08-09 academic year. In September 2008 negative marking was removed from all the FRCA MCQ examinations. From June 2009 the number of attempts allowed at the Primary MCQ was reduced from unlimited to five; in addition the validity of a pass in the MCQ as part eligibility towards the Primary OSCE/SOE was reduced from three to two years.
11. **The Primary OSCE.** There were three sittings of this examination this year, which also saw the introduction of 3 changes. A total of 1,025 candidates entered the Primary MCQ examination; 51.5% of candidates passed. The 3 sittings of the OSCE and SOE components were attended by 716 candidates; overall 486 candidates passed (67.9% of all entrants). The reduced number of candidates, as in the previous year, can in part be associated with the uncertainties that the MTAS/MMC applications process generated within the profession.
12. **Final FRCA Examinations.** There were two examinations for the Final FRCA, in December 08 and June 09. Of the total of 1,081 candidates who took this examination (569 in December and 512 in June) 592 passed (54.7%), very similar to the performance over previous years. The number of candidates who failed the written elements (MCQ and SAQ papers) and did not progress to the oral examination was 270 (25%), 6% lower than 07-08. The paper setting, standard setting and marking process of the SAQ continues to run well.
13. **Examinations changes.** The various changes that are to come into force from the 1<sup>st</sup> September 2009 have been well publicised. These changes will bring the examinations more into line with the Undergraduate Medical Student (UGMS) assessments and are seen as a positive step forward. They will improve both parts of the examination and enable the Examinations Committee and Boards of Examiners to maintain the current high standards expected of us by patients and the profession.



R A J Bryant  
For President

### Annexes:

- A. Key Learning Points for Academic Year Aug 08-Jul 09
- B. Examinations Data for Academic Year Aug 08-Jul 09
- C. RCoA ASR Glossary of Terms

**RCoA Annual Specialty Report – Key Learning Points for Academic Year Aug 08-Jul 09**

Serial (a)	Issue/Lesson (b)	Key Tenets (c)	Evidence (d)	Action (e)
<b>Domain 1: Patient Safety</b>				
1	The effects of WTR on the continuity of care.	<ul style="list-style-type: none"> <li>• Concerns regarding patients being treated by more than one doctor over a short period and the effect that this potentially has on patient safety.</li> <li>• The reduction of the number of rotas means less availability of anaesthetists to support outlying areas such as emergency departments – resulting in long delays or alternative management of patients with potentially increased risk.</li> </ul>	<ul style="list-style-type: none"> <li>• College EWTD surveys</li> <li>• PLG input to QA Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Continued monitoring of WTR through RAs and CTs</li> <li>• Continued representation from PLG on Training Committee and QM of Training Working Party</li> <li>• QM of Training Working Party coordination of reporting and visits</li> <li>• Use of external advisers to assess impact</li> <li>• Input to PMETB Panel on impact of WTR on training</li> </ul>
2	Consent and MSF.	<ul style="list-style-type: none"> <li>• Some concerns on patient consent and role of patients in MSF.</li> </ul>	<ul style="list-style-type: none"> <li>• PLG representative views</li> <li>• AoMRC STC minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Continued close liaison with PLG</li> </ul>
3	August Start Date	<ul style="list-style-type: none"> <li>• The Aug start date for CT1, CT2 and ST3 posing a number of concerns over service due to CT1 being unable to be put onto the on-call rota until they have their Initial Assessment of Competence (IAC). This takes a minimum of 3 months and as a result other trainees, staff grades and consultants have to cover the gaps. This problem is accentuated because of WTR.</li> </ul>	<ul style="list-style-type: none"> <li>• RCoA WTR surveys</li> <li>• School Reports</li> <li>• AoMRC WTR meetings</li> </ul>	<ul style="list-style-type: none"> <li>• RCoA to lobby stakeholders to consider a staggered start date for trainees to reduce the risk to patient safety on 1 Aug 09.</li> </ul>
<b>Domain 2: Quality Management Review &amp; Evaluation</b>				
4	Requirement for increased cooperation between Deaneries and RCoA.	<ul style="list-style-type: none"> <li>• Need for agreed system of support to Deaneries on areas of concern.</li> <li>• Support for RAs and HoS sometimes lacked clarity.</li> <li>• Occasional communication breakdown between RCoA, School, Deanery and/or Trust.</li> </ul>	<ul style="list-style-type: none"> <li>• ADRs</li> <li>• PMETB Stakeholder Conference</li> <li>• Exception Report</li> <li>• Workshop</li> </ul>	<ul style="list-style-type: none"> <li>• Already evident increase of communication between Postgraduate Deans and RCoA.</li> <li>• MOUs between RCoA and Deaneries to be discussed and agreed academic year 09-10.</li> <li>• Coordinated use of external advisers affiliated</li> </ul>

		<ul style="list-style-type: none"> <li>• Agreements that RCoA has a prevalent role in supporting Deaneries deliver training and the need to find common ground to support this.</li> </ul>	<ul style="list-style-type: none"> <li>• RAs and HoS views and reports</li> <li>• RAs &amp; CTs meetings</li> <li>• School Reports</li> </ul>	<ul style="list-style-type: none"> <li>• to Deaneries when requested.</li> <li>• Use of the QM for training Working Party in coordinating external advisers.</li> <li>• Introduction of RA reports to support HoS for both ADRs and ASRs.</li> </ul>
5	Benefit of the use of the 3 year contract on a 2 year programme.	<ul style="list-style-type: none"> <li>• Wales have introduced an optional 3 year contract for trainees entering CT1. The full impact may not be clear until 2011, but early feedback has indicated strong support for the ensuing widened experience.</li> </ul>	<ul style="list-style-type: none"> <li>• Welsh Advisory Board Meetings</li> <li>• RA for Wales report</li> </ul>	<ul style="list-style-type: none"> <li>• Continued monitoring of the effectiveness of the 3 year contract for CT1 &amp; CT2 trainees.</li> <li>• May offer a possible solution to the requirement to extend training due to pressures such as WTR.</li> <li>• Possible use of time to obtain complementary specialty training for ICM</li> </ul>
6	Overall trainee satisfaction with training.	<ul style="list-style-type: none"> <li>• Completion of further 9 school reviews conducted this year confirms that trainees are generally satisfied with School training programmes.</li> <li>• There was a marked reduction of evidence that trainees have been asked to do something inappropriate to their grade but there is still concern that this is occurring and continues to be investigated.</li> </ul>	<ul style="list-style-type: none"> <li>• PMETB Trainee Survey</li> <li>• School Review reports</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Continued support of visits when requested by Schools, Deaneries and Trusts.</li> <li>• Coordinated investigation in inappropriate demands on trainees and liaison with all stakeholders to mitigate.</li> </ul>
7	Enhanced communication and cooperation between PMETB and RCoA.	<ul style="list-style-type: none"> <li>• RCoA encouraged by PMETB asking for guidance on the selection of specialty partners for triggered visits.</li> </ul>	<ul style="list-style-type: none"> <li>• Triggered visit reports</li> <li>• PMETB partner discussions with RCoA</li> </ul>	<ul style="list-style-type: none"> <li>• Continued open communication between PMETB and RCoA.</li> <li>• RCoA requests to be informed when PMETB requires more partners so as to advise who might be best suited.</li> </ul>
<b>Domain 3: Equality, Diversity &amp; Opportunity</b>				
8	Trainees with disabilities ability to complete the training programme.	<ul style="list-style-type: none"> <li>• There is continued discussion on the different nature of disabilities and where these become preclusive to anaesthesia training.</li> </ul>	<ul style="list-style-type: none"> <li>• Individual situations</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing engagement in accordance with equality and diversity legislation and Trust and Deanery policies.</li> </ul>
<b>Domain 4: Recruitment, Selection &amp; Appointment</b>				
9	Drive for coordinated recruitment.	<ul style="list-style-type: none"> <li>• Selection to Anaesthesia continued to be coordinated locally for 2009 recruitment at all points of entry with the exception of round 2, which was conducted by West Midlands NHS Workforce Deanery with varied result, due more to short timescales than any fault of the Deaneries.</li> </ul>	<ul style="list-style-type: none"> <li>• MMC Programme Board minutes</li> <li>• RCoA National Recruitment Working Party Minutes</li> </ul>	<ul style="list-style-type: none"> <li>• RCoA will conduct coordinated recruitment for 2010 for CT2 and ST3 as directed by MMC in association with West Midlands NHS Workforce Deanery.</li> <li>• Continued work is being conducted by the RCoA Recruitment working party to assist West</li> </ul>

		<ul style="list-style-type: none"> <li>• RCoA set up a working party to scope all options for recruitment.</li> <li>• MMC has been driving coordinated recruitment and has sought support of RCoA but decisions have been made by the programme board without sufficient consultation.</li> <li>• Continued disconnect between Deanery HR staff with HoS, TPDs, RAs and CTs continues to exacerbate recruitment difficulties within the specialty, particularly orientated around interview windows.</li> <li>• There were a number of concerns following Round 2 involving trainees 'swapping' offers due to an uncoordinated approach from UoAs, despite West Midlands' best efforts.</li> </ul>	<ul style="list-style-type: none"> <li>• School Reports</li> </ul>	Midlands and all Deaneries to successfully conduct 2010 recruitment as well as plan for a coordinated process for all points of entry in 2011.
10	Gaps in service delivery during take up of appointments in Aug due to requirement for IAC.	<ul style="list-style-type: none"> <li>• There is an ongoing issue affecting trainees in Aug when CT1 take up appointment and cannot undertake on-call duties until they have attained their IAC which takes a minimum of 3 months. CT2s and above have to cover this gap which results in a reduction of the number of training lists some trainees can attend.</li> </ul>	<ul style="list-style-type: none"> <li>• EWTD survey reports</li> <li>• RAs Meetings and reports</li> <li>• HoS concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing analysis into the impact on both training and service required.</li> <li>• Work will be done by RCoA on scoping options for staggered start times to reduce the disruption.</li> </ul>
11	Selection Centres and MMT Pilots.	<ul style="list-style-type: none"> <li>• South West Peninsula School of Anaesthesia continues to conduct research into selection centres and MMT which is informing the specialty on the best approach to recruitment</li> </ul>	<ul style="list-style-type: none"> <li>• South West Peninsula research and pilot</li> <li>• MMC/AoMRC Pilot</li> </ul>	<ul style="list-style-type: none"> <li>• Continue pilots are continuing in 2010 as well as an additional pilot into MMT in association with MMC and AoMRC. Results will influence decisions made for the specialty for future recruitment programmes.</li> <li>• Supported by a number of deaneries.</li> </ul>
<b>Domain 5: Delivery of Approved Curriculum Including Assessment</b>				
12	Development of WPBA Forms.	<ul style="list-style-type: none"> <li>• Continued work on WPBA to provide a more formative option.</li> <li>• Currently paper based forms in preparation for inclusion into an e-portfolio.</li> <li>• Some uncertainty from trainers on which WPBA tools are in use. Greater clarity and communication required.</li> <li>• Some evidence that trainees are not completing a sufficient amount of WPBA when presenting</li> </ul>	<ul style="list-style-type: none"> <li>• RA reports</li> <li>• RCoA Assessment working party minutes</li> <li>• School Reports</li> </ul>	<ul style="list-style-type: none"> <li>• A plan is in place to increase communication from RCoA on state of WPBA and best practice.</li> <li>• Support to be given to Schools on guidance of WPBA. KSS have produced a guidance document on this.</li> </ul>

		portfolios at their ARCP.		
13	Examinations.	<ul style="list-style-type: none"> <li>• Data as required by PMETB on Examinations (Appendix B).</li> <li>• Changes implemented this year have included: <ul style="list-style-type: none"> <li>➢ The removal of negative marking which came into effect in Sep 08.</li> <li>➢ Candidates final result in the OSCE is now determined by the aggregate sum of their marks in each station, rather than pass/fail for each station</li> <li>➢ The pass/fail boundary for the OSCE is now variable according to question difficulty, as determined by Angoff referencing</li> </ul> </li> <li>• Work is beginning on a FPM examination which will not be embedded within the training to begin with but will meet PMETB standards of assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• Examinations Committee minutes</li> <li>• FPM Training &amp; Assessment Committee minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing work on reliability of FRCA.</li> <li>• The introduction of independent SOE scoring in the Primary FRCA (Oct 09)</li> <li>• The introduction of the allowance to carry forward a pass in just the OSCE or SOE component of the Primary FRCA exam (Oct 09)</li> <li>• The introduction of SBAs into the Final FRCA written examination.</li> <li>• Development of a structured FPM examination.</li> </ul>
14	E-Portfolio.	<ul style="list-style-type: none"> <li>• Work continues on the RCoA e-portfolio. A Project Manager has been employed to deliver the system within the next 18 months.</li> <li>• The introduction of an e-portfolio system is heavily supported by both trainers and trainees.</li> </ul>	<ul style="list-style-type: none"> <li>• RCoA ASR 08</li> <li>• E-Portfolio working party minutes</li> <li>• E-Portfolio survey of trainers and trainees</li> </ul>	<ul style="list-style-type: none"> <li>• A Structured plan is in place.</li> <li>• Pilot of system in Mar 10 TBC.</li> <li>• Implementation by early 2011.</li> </ul>
15	Curriculum Rewrite.	<ul style="list-style-type: none"> <li>• Work has continued on the re-write of the curriculum this year and it has been submitted to PMETB for approval.</li> </ul>		<ul style="list-style-type: none"> <li>• Implementation in Aug 2010.</li> </ul>
16	Training the Trainer	<ul style="list-style-type: none"> <li>• The London Academy of Anaesthesia (LAA) has produced a DVD on WPBA with assistance from the RCoA. This is now widely available and a number of training courses are being delivered. The College will use the DVD as a training resource for its 'national <i>Anaesthetists as Educators</i> programme.</li> <li>• The 2 day College Tutors training course is now firmly established and provides structured training to CTs on WPBA and the mentoring of training, including training on the trainee in difficulty.</li> </ul>	<ul style="list-style-type: none"> <li>• College Tutors training course programme</li> <li>• LAA DVD on WPBA</li> </ul>	<ul style="list-style-type: none"> <li>• Further work is being conducted with LAA on additional DVDs for teaching and assessment.</li> <li>• Work required with PMETB and Deaneries on methods of validating training for trainers from Jan 10. RCoA working with PMETB on this.</li> <li>• Joint work ongoing with AME, AoMRC and PMETB on Educational Supervisors.</li> </ul>
<b>Domain 6: Support for Development of Trainees, Trainers &amp; Local Faculty</b>				
17	Pressures of service on training time.	<ul style="list-style-type: none"> <li>• There is continued work by all trainers to maintain an acceptable amount of training time for trainees. As a</li> </ul>	<ul style="list-style-type: none"> <li>• EWTD Surveys</li> <li>• RAs Reports</li> </ul>	<ul style="list-style-type: none"> <li>• This requirement will be stated in the curriculum.</li> </ul>

		minimum the consensus view is that there must be on average at least 3 training lists each week. The need to deliver service and the implementation of the WTR has made this difficult to maintain at times.	<ul style="list-style-type: none"> <li>• School Review Reports</li> <li>• HoS Reports</li> <li>• CT feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Continued observation will be conducted through RA reports and communications with deaneries and trusts through the HoS, RAs and external advisers.</li> </ul>
18	Reduction of support to trainers.	<ul style="list-style-type: none"> <li>• Allocation of SPAs, study leave and support to consultants is under increasing pressure. Job plans and contracts do not support the work conducted by College representatives to maintain high standards in specialty training. Time away from Trusts is becoming increasingly limited for RAs, CTs, examiners and Council members and restricts their ability to support training.</li> <li>• More support is available to HoS and TPDs than to RAs and CTs. There is some concern that the College representatives are marginalised in some areas.</li> </ul>	<ul style="list-style-type: none"> <li>• College representatives feedback</li> <li>• Examination Committee minutes</li> <li>• RA and CT feedback</li> <li>• Trainers Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Work to be done by the RCoA on how to support College representatives in conjunction with PMETB and NHS Employers stance on support that needs to be afforded to trainers in order to protect training.</li> <li>• Quality Management of Training working group to reassess roles and responsibilities of College representatives and to construct workable solutions on how to support them and apply pressure for financial support from trusts.</li> <li>• Continuing work to advertise the importance of College representatives to the QA process.</li> </ul>
<b>Domain 7: Management of Education &amp; Training</b>				
19	Budget cuts affecting training & education	<ul style="list-style-type: none"> <li>• Trusts are under increasing pressure to reduce spending and as a result the study budget is being cut. Coupled with considerable variation of the study budget across Deaneries there is an inconsistency in support available to both trainers and trainees.</li> <li>• Less study leave is affecting the experience of trainees and the CPD of trainers.</li> </ul>	<ul style="list-style-type: none"> <li>• RAs feedback</li> <li>• RAs meetings</li> <li>• Surveys</li> </ul>	<ul style="list-style-type: none"> <li>• As above.</li> </ul>
<b>Domain 8: Educational Resources &amp; Capacity</b>				
20	Research experience	<ul style="list-style-type: none"> <li>• It remains difficult for trainees to gain research experience and has been raised as an area for concern by some trainees and trainers.</li> </ul>	<ul style="list-style-type: none"> <li>• NIAA meeting</li> <li>• SEA(UK) meeting</li> <li>• Anaesthetists as Educators Group</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing pressure and support from academic organisations within the specialty to increase opportunities for research.</li> <li>• Support from RCoA to NIAA for research posts.</li> </ul>
21	Simulation	<ul style="list-style-type: none"> <li>• Due to increasing resource issues and time limitations there is a need for greater use of simulation.</li> <li>• Simulation must be employed in innovative ways to support training without becoming a burden on time and money.</li> <li>• There is evidence of increased use of simulation and</li> </ul>	<ul style="list-style-type: none"> <li>• School Reports</li> <li>• SEA(UK)</li> </ul>	<ul style="list-style-type: none"> <li>• Encouragement to schools to use simulation as a means of delivering training.</li> <li>• Investigation of the employment of simulation centres and ways to embed this into training programmes over the next few years.</li> </ul>



		training taking place across all Schools, for example KSS.		
22	OOPT	<ul style="list-style-type: none"> <li>• RCoA has worked with PMETB to approve hospitals in Australia, Canada, New Zealand and the United States for OOPT. This has been effective in speeding up trainees OOPT applications and has made the process more efficient.</li> <li>• Approval of field hospitals in Afghanistan for OOPT for Defence Medical Service (DMS) trainees.</li> </ul>	<ul style="list-style-type: none"> <li>• PMETB &amp; RCoA correspondence</li> <li>• DMS Deanery &amp; RCoA correspondence</li> </ul>	<ul style="list-style-type: none"> <li>• Continued assessment and prospective approval and, where appropriate further blanket approvals of hospitals that meet PMETB standards.</li> <li>• RCoA will work with the DMS Postgraduate Dean and PMETB to approve training in Afghanistan hospitals as in-programme training.</li> </ul>
23	E-LA	<ul style="list-style-type: none"> <li>• The establishment of E-LA as part of ELfH has been a notable success this year culminating in the winning of a gold medal at the E-Learning Age Awards. Trainees and trainers are able to access this considerable resource for no cost once they are registered with the College.</li> </ul>	<ul style="list-style-type: none"> <li>• RCoA Bulletin</li> <li>• ELfH press releases</li> </ul>	<ul style="list-style-type: none"> <li>• RCoA will continue to support and improve E-LA for the benefit of both trainees and all College members.</li> </ul>
<b>Domain 9: Outcomes</b>				
24	ARCPs & RITAs.	<ul style="list-style-type: none"> <li>• The ARCP process has bedded in sufficiently to assess benefit.</li> <li>• External advisers have been used extensively (16 in total) by all Schools.</li> <li>• There remain concerns about the relatively low number of Outcome 3 and RITA Es in comparison to additional pressures on training time.</li> <li>• Requirement for increased training time due to WTR not reflected in ARCPs.</li> </ul>	<ul style="list-style-type: none"> <li>• External Advisers reports on ARCP panels</li> <li>• Previous RCoA ASR</li> <li>• RCoA EWTD surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Use of affiliated external advisers to Deaneries to continue to support ARCP process.</li> <li>• Monitoring of impact of WTR and relationship to progression of trainees coordinated by QM for Training Working Party.</li> <li>• Discussion with PMETB and all stakeholders on the introduction of a 'no fault' requirement for increased training time outcome.</li> </ul>

Examination Data


**Annex 10**

**Annual college/faculty Report Form**

**ALL SECTIONS OF THE FORM MUST BE COMPLETED AND ONE FORM SHOULD BE COMPLETED PER SPECIALTY**

This form is a report of the information and data in relation to the national examinations for each specialty.

<b>Section 1. Details of the college/faculty</b>	
Section 1(a) Specialty details	
Details of the college/faculty	
Name	The Royal College of Anaesthetists
Specialty	Anaesthesia
Section 1(b) Please tick <b>ONE</b> box:      x 2009	
<b>Section 2. Headings under which the examination information/data is required</b>	
2.1	The number of trainees who have sat the examinations nationally and for each deanery See Appendix 1, 2 & 3.
2.2	The number of trainees who have passed the examinations nationally and for each deanery See Appendix 1, 2 & 3.
2.3	The number of trainees taking the examinations who are in training 100% By definition a trainee is in training.
2.4	The deaneries in which the trainees are in See Appendix 1, 2 & 3.
2.5	The level that the trainees are at in their training Primary FRCA MCQ – CT1 or CT2 Primary FRCA OSCE & Structured Orals – CT2 Final FRCA – ST3 or ST4 (generally the latter)

2.6	The number of trainees taking examinations who have failed (the same) examination more than three times  See Appendix 1, 2 & 3.
<b>Section 3. Contact details</b>	
Contact details for the person responsible for submitting this form to PMETB	
Name	Richard Bryant
Address	The Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, LONDON WC1R 4SG
Job Title	Director of Training and Examinations
Telephone no.	020 7092 1558
Mobile no.	
e-mail	<a href="mailto:rbryant@rcoa.ac.uk">rbryant@rcoa.ac.uk</a>
<b>Section 4. Declaration</b>	
<b>I confirm that the information given on this annual college/faculty reporting form is correct and I understand that failure to disclose relevant information could result in the curriculum and/or assessment system no longer being approved.</b>	
Signature: 	Date: 17 December 2009
Position held: Director of Training and Examinations	

This form must be submitted electronically to: [curriculum.eval@pmetb.org.uk](mailto:curriculum.eval@pmetb.org.uk)

**And** in hard copy (1 copy) to: Curriculum & Evaluation, Postgraduate Medical Education & Training Board

Hercules House, Hercules Road, London, SE1 7DU

Appendix 1  
To Annex B  
To RCoA ASR  
Aug 08-Jul09

FRCA Primary MCQ Exam Report Aug 08-Jul 2009						
Ser	Deanery/ Category	Total Number			> 3 Attempts	
		Sat	Pass	% Pass	Fail	% Fail
1	All candidates	845	527	62%	46	5%
2	<b>All trainees</b>	<b>775</b>	<b>503</b>	<b>65%</b>	<b>26</b>	<b>3%</b>
3	All non-trainees	70	24	34%	20	29%
4	Defence	10	10	100%	0	0%
5	E England	22	16	73%	1	5%
6	E Midlands	52	31	60%	4	8%
	<i>Leicester</i>	30	16	53%	1	3%
	<i>N'ham &amp; mid Trent</i>	22	15	68%	3	14%
7	KSS Total	50	27	54%	2	4%
	<i>St George's</i>	4	3	75%	1	25%
	<i>South Coast</i>	8	4	50%	0	0%
	<i>South Eastern</i>	9	6	67%	1	11%
8	London Total	134	89	66%	3	2%
	<i>Barts</i>	32	16	50%	0	0%
	<i>Imperial</i>	31	25	81%	0	0%
	<i>N Central</i>	37	23	62%	0	0%
	<i>S East</i>	22	16	73%	2	9%
	<i>St George's</i>	12	9	75%	1	8%
9	Mersey	47	32	68%	2	4%
10	N West	46	32	70%	1	2%
11	Northern	30	17	57%	1	3%
12	N Ireland	17	9	53%	0	0%
13	Oxford	25	18	72%	1	4%
14	Scotland (East)	2	1	50%	0	0%
15	Scotland (NE)	11	9	82%	0	0%
16	Scotland (SE)	16	11	69%	1	6%
17	Scotland (W)	25	16	64%	0	0%
18	Severn	18	15	83%	0	0%
19	SW Peninsula	32	22	69%	0	0%
20	Wales	59	30	51%	2	3%
21	Wessex	30	25	83%	0	0%
22	W Midlands Total	71	42	59%	2	3%
	<i>Birmingham</i>	25	21	84%	0	0%
	<i>Stoke</i>	26	13	50%	0	0%
	<i>Warwick</i>	20	8	40%	2	10%
23	Yorkshire Total	78	51	65%	6	8%
	<i>Hull/York</i>	25	16	64%	2	8%
	<i>Leeds/B'ford</i>	34	22	65%	3	9%
	<i>N Trent</i>	19	13	68%	1	5%
24	Non-trainees	70	24	34%	20	29%
	<i>SAS Grades</i>	23	7	30%	11	48%
	<i>Ireland</i>	10	1	10%	2	20%
	<i>Misc</i>	37	16	43%	7	19%

Appendix 2  
To Annex B  
To RCoA ASR  
Aug 08-Jul09

FRCA Primary OSCE/SOE Exam Report Aug 08-Jul09						
Ser	Deanery/ Category	Total Number			> 3 Attempts	
		Sat	Pass	% Pass	Fail	% Fail
1	All candidates	609	484	79%	5	1%
<b>2</b>	<b>All trainees</b>	<b>571</b>	<b>472</b>	<b>83%</b>	<b>4</b>	<b>1%</b>
3	All non-trainees	38	12	32%	1	3%
4	Defence	12	12	100%	0	0%
5	E England	22	20	91%	0	0%
6	E Midlands	33	30	91%	1	3%
	<i>Leicester</i>	17	14	82%	1	6%
	<i>N'ham &amp; mid Trent</i>	16	16	100%	0	0%
7	KSS Total	27	20	74%	0	0%
	<i>St George's</i>	8	7	88%	0	0%
	<i>South Coast</i>	12	8	67%	0	0%
	<i>South Eastern</i>	7	5	71%	0	0%
8	London Total	123	104	85%	1	1%
	<i>Barts</i>	24	22	92%	0	0%
	<i>Imperial</i>	36	27	75%	1	3%
	<i>N Central</i>	28	26	93%	0	0%
	<i>S East</i>	19	15	79%	0	0%
	<i>St George's</i>	16	14	88%	0	0%
9	Mersey	28	27	96%	0	0%
10	N West	37	32	86%	1	3%
11	Northern	21	15	71%	0	0%
12	N Ireland	6	5	83%	0	0%
13	Oxford	21	20	95%	0	0%
14	Scotland (East)	4	3	75%	0	0%
15	Scotland (NE)	5	4	80%	0	0%
16	Scotland (SE)	11	9	82%	0	0%
17	Scotland (W)	22	15	68%	0	0%
18	Severn	23	22	96%	0	0%
19	SW Peninsula	16	11	69%	0	0%
20	Wales	41	31	76%	1	2%
21	Wessex	22	18	82%	0	0%
22	W Midlands Total	39	28	72%	0	0%
	<i>Birmingham</i>	18	14	78%	0	0%
	<i>Stoke</i>	14	10	71%	0	0%
	<i>Warwick</i>	7	4	57%	0	0%
23	Yorkshire Total	58	46	79%	0	0%
	<i>Hull/York</i>	13	9	69%	0	0%
	<i>Leeds/B'ford</i>	28	24	86%	0	0%
	<i>N Trent</i>	17	13	76%	0	0%
24	Non-trainees	38	12	32%	1	3%
	<i>SAS Grades</i>	13	3	23%	1	8%
	<i>Ireland</i>	6	1	17%	0	0%
	<i>Misc</i>	19	8	42%	0	0%

Appendix 2  
To Annex B  
To RCoA ASR  
Aug 08-Jul09

FRCA Final Exam Report Aug-08-Jul 09						
Ser	Deanery/ Category	Total Number			> 3 attempts	
		Sat	Pass	% Pass	Fail	% Fail
1	All candidates	916	590	64%	38	4%
<b>2</b>	<b>All trainees</b>	<b>782</b>	<b>552</b>	<b>71%</b>	<b>25</b>	<b>3%</b>
3	All non-trainees	135	38	28%	14	10%
4	Defence	11	9	82%	0	0%
5	E England	27	15	56%	3	11%
6	E Midlands	43	30	70%	0	0%
	<i>Leicester</i>	26	18	69%	0	0%
	<i>N'ham &amp; mid Trent</i>	17	12	71%	0	0%
7	KSS Total	43	26	60%	2	5%
	<i>St George's</i>	9	6	67%	1	11%
	<i>South Coast</i>	19	11	58%	0	0%
	<i>South Eastern</i>	15	9	60%	1	7%
8	London Total	177	128	72%	10	6%
	<i>Barts</i>	45	32	71%	5	11%
	<i>Imperial</i>	32	25	78%	1	3%
	<i>N Central</i>	57	41	72%	1	2%
	<i>S East</i>	25	15	60%	3	12%
	<i>St George's</i>	18	15	83%	0	0%
9	Mersey	32	27	84%	0	0%
10	N West	42	31	74%	1	2%
11	Northern	42	29	69%	0	0%
12	N Ireland	16	7	44%	0	0%
13	Oxford	28	23	82%	0	0%
14	Scotland (East)	4	3	75%	0	0%
15	Scotland (NE)	11	6	55%	0	0%
16	Scotland (SE)	20	17	85%	0	0%
17	Scotland (W)	59	37	63%	0	0%
18	Severn	22	19	86%	1	5%
19	SW Peninsula	15	13	87%	0	0%
20	Wales	45	31	69%	2	4%
21	Wessex	22	17	77%	0	0%
22	W Midlands Total	68	43	63%	4	6%
	<i>Birmingham</i>	28	19	68%	2	7%
	<i>Stoke</i>	20	13	65%	0	0%
	<i>Warwick</i>	20	11	55%	2	10%
23	Yorkshire Total	54	41	76%	1	2%
	<i>Hull/York</i>	12	11	92%	0	0%
	<i>Leeds/B'ford</i>	26	20	77%	1	4%
	<i>N Trent</i>	16	10	63%	0	0%
24	Non-trainees	135	38	28%	9	7%
	<i>SAS Grades</i>	87	25	29%	9	10%
	<i>Ireland</i>	8	2	25%	0	0%
	<i>Misc</i>	40	11	28%	0	0%

**RCoA Specific Glossary of Terms**

CT	College Tutor
DMS	Defence Medical Services
E-LA	E-Learning for Anaesthesia
ELfH	E-Learning for Health
FPM	Faculty of Pain Medicine
FRCA	Fellowship of The Royal College of Anaesthetists (Primary & Final examinations)
IAC	Initial Assessment of Competence
ICM	Intensive Care Medicine
LAA	London Academy of Anaesthesia
OSCE	Observed Structured Clinical Examination
NIAA	National Institute of Academic Anaesthesia
PLG	Patient Liaison Group
RA	Regional Adviser
SEA(UK)	Society of Academic Anaesthesia (united Kingdom)
SOE	Structured Oral Examination