
ANNUAL SPECIALTY REPORT 2014

Section 1. Details of the college/faculty
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Name of college/faculty: Royal College of Anaesthetists
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Specialty: Anaesthetics

Section 2. Contact details

Contact details for the person responsible for submitting this form to the GMC

Name: Claudia Moran

Address: Churchill House, 35 Red Lion Square, London WC1R 4SG
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Job title: Training Manager

Telephone number: 020 7092 1557
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E-mail: cmoran@rcoa.ac.uk

*****Please read the guidance prior to completing the questions*****

Quality Assurance

1. Please provide specific information about concerns at National, Deanery/LETB or LEP level where you don't consider improvement to be acceptable.

Description	Specialty	Location	Evidence	Action & Outcome
<p>Reconfiguration of services: Queen Elizabeth Hospital, Kings Lynn under review by a Contingency Planning Team, as appointed by Monitor. They are looking to remove paediatric surgical services from the hospital. Currently it delivers care for minor and intermediate paediatric surgical procedures only. This means the hospital will not be able to deliver the paediatric anaesthetic unit of training at basic level since core trainees will not be exposed to emergency and elective paediatric surgical cases.</p> <p>As a result of certain services being reconfigured, both locally and nationally, some regions have reported difficulty getting trainees through their respective units of training.</p> <p>As a result of reconfiguration of services, the RCoA has also received reports of trainees frequently rotating in order to receive exposure to the required curriculum competences. Frequent, short rotations are</p>	Anaesthetics	<p>Queen Elizabeth Hospital, Kings Lynn, East of England.</p> <p>HENCL HEEM (South) Wales</p>	<p>Correspondence from College Tutor.</p> <p>Correspondence from Head of School, Regional Advisers and trainees.</p>	<p>The Training Committee have advised the East of England Head of School that removing paediatric surgical services from this hospital would put the training programme in jeopardy, as other Trusts in the area would be unlikely to be able to accommodate trainees for this module of training . In addition there is a concern that there may be serious patient safety implications for this hospital as the consultant body would not be able to maintain paediatric anaesthetic and resuscitation skills. This would impact the ability to deal with emergency paediatric admissions to A&E and Intensive Care, and internal referrals from paediatric medicine if no paediatric surgical services were available (e.g. trauma or severe sepsis).</p> <p>RCoA will continue to monitor the situation via the College Tutor/Regional Adviser networks.</p>

problematic due to; frequent induction programmes, lack of continuity, unfamiliarity with colleagues, domestic rearrangement etc.				
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Description	Specialty	Location	Evidence	Action & Outcome
<p>WTR rota compliance: Pressures on hospitals to deliver service have resulted in incidences of requests to reduce rotas to below the recommended 1:8 stated by the RCoA. WTR is cited as the reasons that Clinical Directors have to look for solutions in terms of manning the on-call rotas. The College has received requests to support 1:7 rotas to maintain sufficient on-call rotas. There is a real danger that learning outcomes will not be met with rotas more onerous than 1:8 resulting in a likelihood that training time will need to be extended. Most departments have managed to work around the 48hr ceiling with rotas that provide an acceptable balance of training time (3 supervised sessions per week, and delivery of curriculum), and work life balance for trainees. This requires 8 trainees per rota as a minimum and becomes undeliverable when there are rota gaps. Gaps in trainee numbers are becoming more frequent due to a variety of reasons:</p> <ul style="list-style-type: none"> • Fewer LATs/LASs with appropriate 	Anaesthetics	Sheffield Teaching Hospitals NHS Foundation Trust, St Mary's (Imperial), Oxford University Hospitals NHS Trust and other LEPs	Correspondence from Clinical Directors	<p>LEPs and Schools are made aware of the RCoA recommendation for a minimum 1:8 rota. Advice for achieving this is given on the RCoA website and is available to College Tutors through the Training Department. Instances of good practice in departments are shared widely and that of rota management and safe staffing levels, particularly how to work around issues that are arising, will be part of the ACSA agenda (the RCoA's peer review accreditation scheme)</p> <p>The RCoA has responded to the Call for Evidence to the WTR Task Force chaired by Sir Norman Williams and the Review of the Working Time Directive. The RCoA has managed to deliver training within the constraints of the WTR but this relies substantially on the professionalism and commitment of both trainees and trainers. Challenges remain particularly regarding compensatory rest periods but where these occur individual anaesthetic departments attempt to address the issues.</p>

<p>competencies (particularly at ST6 level).</p> <ul style="list-style-type: none"> • Sick leave/maternity leave • OOP time <p>Concerns relate to managing these gaps and occasions where trainees are put under pressure to cover these either by their own departments or others. The compensatory rest required to accommodate this results in loss of daytime training within the trainees own Trust. Locum nights taken outside the trainees own Trust are not monitored but may result in trainees working more than 48hours or taking leave at short notice.</p>				
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Description	Specialty	Location	Evidence	Action & Outcome
<p>Work for the Wider NHS: This continues to be an issue and has been raised in every RCoA ASR to date. It remains pertinent for the quality assurance of training. Examiners, Regional Advisers and Council Members are particularly affected and this also includes consultants attending interviews as panel members for national recruitment, ARCP panels and advisory appointment committees.</p>	Anaesthetics	National (widespread)	Feedback from Examiners, Regional Advisers and Council Members	The RCoA continues to support individuals where their Hospitals have expressed dissatisfaction with external commitment. The CMO's letter all too often has little impact on intransigent local senior Trust management. Letters to CEOs and Medical Directors from the President has had some success but the issue continues, is national and pertains to all specialties.

Description	Specialty	Location	Evidence	Action & Outcome
<p>Provision of dedicated, skilled</p>	Anaesthetics	East Sussex Healthcare NHS	Information	The RCoA, through its College Tutors

<p>assistance for anaesthetists: Some Trusts are failing to provide appropriate anaesthetic assistance as recommended by the AAGBI and the RCoA's GPAS standards, as well as the OAA.</p>		<p>Trust, Royal Infirmary of Edinburgh, St Mary's Hospital (Imperial School)</p>	<p>provided during the 2014 NTS GMC Patient Safety Concerns Pilot/External Adviser hospital visit report. Concerns raised by Associate Medical Director and KSS Head of School.</p>	<p>network and external advisers have raised concerns about the threatened withdrawal of resident ODP cover at Eastbourne hospital. Anecdotal evidence suggests that this advice has been heeded and the threatened withdrawal of key personnel has been put on hold at least in the short term.</p>
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Description	Specialty	Location	Evidence	Action & Outcome
<p>Emergency and Out of Hours Anaesthesia: The in-theatre out of hours provision is being covered by different groups of staff including consultants and other permanent staff including SAS grade doctors. Feedback from trainees is that they are experiencing a diminution in training and experience in the management of general emergency surgical cases at the expense of service provision in obstetric anaesthesia and intensive care. Lack of experience in the management of general emergency surgical cases is potentially very challenging and high risk and causes newly appointed consultants the most degree of anxiety on appointment.</p>	<p>Anaesthetics</p>	<p>National (widespread)</p>	<p>Hospital visit reports submitted by Heads of Schools and College External Advisers. CCT Curriculum survey conducted by the joint KSS/RCoA Education/Research Fellow.</p>	<p>The conflict between the needs of delivering service and delivering training is well-known and has been raised in previous ASRs. On-call and out of hours provision is a question of balance and overall exposure to all aspects of anaesthetic practice. The wording of the recommendations in the curriculum in relation to the issue of on-call and out of hours is being reviewed as part of a full Curriculum Review being undertaken by the Training Committee. In addition, revisions to the Unit of Training sign offs to highlight the requirement to review exposure to appropriate emergency as well as elective work, are being considered. The conflict between Units of Training and on-call requirements will be monitored and reviewed continually and solutions sought via discussion and resolution at Training Committee and at regional meetings. However this issue is</p>

				<p>long term and there are no immediate solutions to enable a satisfactory balance between service provision and training. The College is improving the communication and liaison between the Clinical Directors' Network and the Regional Advisers and College Tutors. Finally, as trainee numbers in ICM increase, this may redress the need for anaesthetic trainees to provide service cover for ICM.</p>
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Description	Specialty	Location	Evidence	Action & Outcome
<p>IT Access in Trusts: There is ongoing difficulty for trainees and trainers in accessing e-Portfolio and other training tools (e-LA, webcasting, and online assessor training for recruitment) in hospitals. IT systems and software regularly do not support requirements and many Trusts continue to restrict access to wireless networks, which impinges on the ability to conduct WBAs in a timely fashion.</p>	Anaesthetics	National (widespread)	Hospital visit reports submitted by Heads of Schools and College External Advisers.	The RCoA continues to encourage hospitals through the College Tutor and Clinical Director networks to allow access to wireless internet and to improve IT systems but the sphere of influence of the College is limited in this respect.

Description	Specialty	Location	Evidence	Action & Outcome
<p>Protected teaching time: Pressures on hospitals to deliver service has led to difficulties with educational provision. In some Trusts formal teaching sessions are described as 'impractical' as insufficient numbers of trainees can be freed up to attend.</p>	Anaesthetics	North Middlesex, Derriford (Plymouth), Bedford, Ysbyty Gwynedd, Basildon & Thurrock University Hospitals	Hospital visit reports submitted by Heads of Schools and College External Advisers.	The College has provided guidance on numbers and standards of supervised training sessions and continues to monitor that recommendations resulting from quality visits are acted upon through the College Tutor network.

Description	Specialty	Location	Evidence	Action & Outcome
<p>Reduction of Specialty Training Numbers in England: As a result of the increased emphasis on primary and community care and the requirement to ensure 50% of all medical graduates enter GP training, anaesthetic posts have been disestablished in a number of LETBs. This trend is likely to continue into 2015/16. The decisions made by LETBs are essentially financial and with no additional funding to support increased GP, psychiatry and other pinch point specialties, cuts have to be made. There is currently no national evidence to support cuts in England other than the out dated CfWI <i>Shape of the Medical Workforce</i> report from 2010. The latest CfWI in-depth review on Anaesthetics and ICM reported in late February 2015 which is subsequent to the specialty numbers having been agreed for 2015. Planning is based on the requirement to increase numbers elsewhere and not on the requirement for the specialty. Clinical Directors and Regional Advisers have expressed serious concerns and are beginning to notice the impact on both training quality and service that are consequent on these reductions. Planning remains based on the number of current CCTs against</p>	Anaesthetics	HEYH HEWM HENCL	HEE Workforce Plan 2014/15. Correspondence between RCoA, HEE and HEYH, HEWM and HENCL.	The RCoA has raised these issues both locally and nationally to LETBs and HEE. RA and CDs at local levels continue to monitor the impact of these cuts to service and training quality. The CfWI in-depth review has now reported and proposes that HEE should continue to fill the current number of training posts for anaesthetists and intensivists in England to minimise the risk of short term supply and that the parallel organisations responsible for education and training in the rest of the UK take note of the report's findings when considering their future workforce needs. Scotland has addressed this issue and has set their workforce numbers appropriately with an increase at both core and higher specialty training using a capitation rate of 1.4. The RCoA intends to launch a census of workforce later in 2015 and this will hopefully be reported on in the next ASR.

<p>the expected retirement rate without consideration of attrition and participation rates or the expected reduction in experienced SAS grades due to retirement. There is no coherent plan to replace this workforce. 'Innovative solutions' such as the use of PA(A)s poses significant risks as the numbers of trained PA(A)s and those currently in training are small, and cannot address the shortfall. A lack of national registration and regulation via the HCPC is a major impediment to progress for this part of the perioperative workforce and they must not be seen as a replacement to trained anaesthetists, especially in the out of hours emergency cover.</p>				
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2. Quality improvement and areas of good practice

<p>Specialty: Anaesthetics</p>
<p>Describe any programmes or initiatives you have implemented to improve the quality of training</p>
<p>The Royal College of Anaesthetists is committed to developing a collaborative programme for the delivery of perioperative care across the UK; to deliver more efficient healthcare and better outcomes for patients from contemplation of surgery until full recovery. As the largest single hospital specialty, we are uniquely placed to lead the future development of perioperative medicine.</p>
<p>How did you identify and develop actions that were taken?</p>
<p>The creation of a Perioperative Medicine Working Party to produce an options appraisal and recommendations for the integration of perioperative medicine into the specialty of anaesthesia as per the key 'education, training and research' priorities identified by a Task and Finish Group. This included specific consideration of the training implications for this new venture for all grades of staff including undergraduates and postgraduates both pre and post CCT.</p>
<p>What evidence do you have regarding the outcomes?</p>

This has been universally welcomed as an initiative both internally and by external stakeholders as evidenced by the Perioperative Medicine stakeholder event held at the College on 23rd January 2015. This initiative has endorsement from the National Director for Reducing Premature Deaths, Celia Ingham Clark and the NHS Medical Director, Sir Bruce Keogh. The College has also produced a short animated film to describe what good perioperative care should look like, which has received widespread multi-disciplinary support.

How could this be used by others?

The development of perioperative medicine meets the need for integrated and patient centred care as highlighted in the NHS Five Year Forward View. The multi-disciplinary perioperative medicine team can be led by doctors from various specialties. GPs and Surgeons will have a single point of contact in co-ordinating the care of high risk surgical patients.

Specialty: Anaesthetics

Describe any programmes or initiatives you have implemented to improve the quality of training

Working with a GMC question-writer to identify ways to refine the National Training Survey Programme Specific Questions in order to better focus on areas of training which could be improved.

How did you identify and develop actions that were taken?

Members of the Training Committee met with the question-writer to look at the relevance of the current Programme Specific Questions, to identify more useful questions and to distil the essence of these into an accurate question.

What evidence do you have regarding the outcomes?

The questions resulting from this workshop will be utilised as part of the 2015 National Training Survey and their effectiveness judged as soon as the results are available later in the year.

How could this be used by others?

The RCoA was one of the first Colleges to take part in these workshops and has promoted the value of the experience at a recent meeting of quality leads from several colleges. As host of the ACCS Committee, the RCoA has recommended a similar workshop take place for members of this committee.

Specialty: Anaesthetics

Describe any programmes or initiatives you have implemented to improve the quality of training

The regular organising and hosting of the ACCS Trainer and Trainee Day.

How did you identify and develop actions that were taken?

The ACCS Committee identified that there was a need to clarify many issues surrounding the training of ACCS trainees. This event is a chance for both ACCS Trainers and Trainees from each of the parent specialties to get together, discuss and share ACCS related matters. This includes sharing examples of best practice, e.g.: clarification/updates on the curriculum; how best to navigate the various ACCS specialties' e-Portfolio systems; and sharing ways that different LETBs across the UK deal effectively with issues that other LETBs are struggling to deal with successfully.

What evidence do you have regarding the outcomes?

Feedback forms from those attending shows that trainees, trainers and deanery administrators received the event very well. Later anecdotal evidence

contained within emails from attendees shows that the examples of best practice shared at the events are being adopted throughout the UK.

How could this be used by others?

Depending on the developments of the Shape of Training the experiences of ACCS as a highly successful broad based training initiative could be a template for adoption by other aligned specialty groups.

Specialty: Anaesthetics

Describe any programmes or initiatives you have implemented to improve the quality of training

The RCoA offers each School of Anaesthesia within the UK one training day per year on the RCoA e-Portfolio system.

How did you identify and develop actions that were taken?

College external adviser hospital visit reports can contain examples of hospitals where trainers and/or trainees are having difficulties with engaging with e-Portfolio. This helps the College identify which Schools are in greater need of these training sessions and the School is then approached.

What evidence do you have regarding the outcomes?

Later College external adviser reports, whether pertaining to ARCPs or hospital visits, contain evidence as to whether the e-Portfolio training session was useful.

How could this be used by others?

Specialty: Anaesthetics

Describe any programmes or initiatives you have implemented to improve the quality of training

Educational and Clinical Supervisors' Training Day

How did you identify and develop actions that were taken?

The RCoA Training department was contacted by the Northern Ireland School of Anaesthesia to collaborate in a Faculty training morning for their Educational and Clinical Supervisors, covering areas such as e-Portfolio, the CCT Curriculum and a general training update.

What evidence do you have regarding the outcomes?

Feedback from the Faculty Development Day was generally very positive. The Northern Ireland School of Anaesthesia aim to hold a similar meeting again in the autumn 2015, possibly for a full day.

How could this be used by others?

The RCoA is willing to support similar meetings for other LETBs/schools, with a collaboration already planned with the Anaesthesia Training Committee, HE West Midlands.

Specialty: Anaesthetics

Describe any programmes or initiatives you have implemented to improve the quality of training

OOP Opportunities in Developing Countries
How did you identify and develop actions that were taken?
Opportunities for OOPT in developing countries were more limited than those in established training environments such as Australasia and other first world countries. The number of approved OOPTs by the College reflected this and identified a need to provide better training opportunities overseas. The International Programmes Adviser and the Training Department have introduced opportunities in developing countries, along with the provision of support to facilitate them.
What evidence do you have regarding the outcomes?
An increase in OOPT opportunities that broaden the experience base of UK trainees in anaesthetics.
How could this be used by others?
To similarly develop developing country OOP opportunities. To work more collaboratively across specialties with organisations such as MSF etc.

Specialty: Anaesthetics
Describe any programmes or initiatives you have implemented to improve the quality of training
Public Sector Equality Duty Compliance Group
How did you identify and develop actions that were taken?
The Public Sector Equality Duty Compliance Group (PSEDCG) was formed as a result of a judicial review on differential attainment in medical assessment and its impact on medical royal colleges. The view of the Audit & Internal Affairs Committee is that better and more informed scrutiny of College activities is required in order to identify actions required to meet PSED. The first meeting of the PSEDCG was held on 20 November 2014 and discussions at that meeting led to a number of proposed actions and recommendations which include data collection, the process of selection of individuals for committees and equality and diversity training for College representatives.
What evidence do you have regarding the outcomes?
No evidence regarding outcomes as yet.
How could this be used by others?
The work conducted by the group could be used by other Colleges as processes would be very similar. Any learning outcomes could be shared as best practice.

Specialty: Anaesthetics
Describe any programmes or initiatives you have implemented to improve the quality of training
Establishment of a joint RCoA/KSS Education Fellow to review the 2010 Curriculum documentation
How did you identify and develop actions that were taken?
Widespread survey of trainers and trainees identified concerns within the training environment and inconsistencies within the documentation and delivery

of the curriculum. This has identified the need for two short-term working parties to consider the documentation itself and the assessment process. These will report back later in 2015.

What evidence do you have regarding the outcomes?

Proposed changes will be reviewed at Regional Adviser and College Tutor meetings once agreed.

How could this be used by others?

Specialty: Anaesthetics

Describe any programmes or initiatives you have implemented to improve the quality of training

Establishment of an Examinations Review Group to conduct an in depth review of the FRCA examinations processes and standards in order to ascertain fitness for purpose as the recognised test of knowledge within the training programme leading to the UK CCT in Anaesthetics.

How did you identify and develop actions that were taken?

The FRCA is reviewed tri-annually set against the GMC Standards for Assessment. The review looked at issues including differential attainment, the timing of the Final exam within the training programme and recognition of overseas examinations. Findings/proposed actions are due to be reported to the RCoA Council later in 2015.

What evidence do you have regarding the outcomes?

Any proposed changes will be reviewed by Examiners, and at Regional Adviser and College Tutor meetings once agreed.

How could this be used by others?

Curriculum Approvals Updates

3. Please provide an update for actions in curricula approval decision letters from August 2013 to September 2014.

Description of request	Update
Curriculum submission 2013 (letter dated 28 August 2013) Introduction of Quality Improvement training	The Quality Improvement unit of training was introduced into the CCT in Anaesthetics in September 2013, so that improvement work or projects can be assessed in lieu of other similar work (such as more traditional audit activity) and also usefully complement research based activities. The RCoA has conducted a survey requesting feedback on the uptake of this optional

	<p>unit of training, which indicates that current QI activity varies across the regions. There also exists a high degree of variation across anaesthesia departments and across the UK in the way they engage in QI.</p> <p>Quality improvement training is delivered for all new College Tutors at the meetings held biannually and the RCoA has now run two one day meetings (Quality Improvement and Patient Safety: Improvement Science in Anaesthesia) aiming to <i>“build knowledge, insight, enthusiasm, reassurance and confidence amongst the training community to support the introduction and spread of systematic Quality Improvement using proven Improvement Science methodology”</i>.</p> <p>The RCoA has recently established a working group with a view to considering an anaesthesia-wide QI strategy looking at the next three to five years, focussing on coordinating all the QI- related activities which the College is undertaking including in new areas such as perioperative medicine and the National Emergency Laparotomy Audit which provides local hospitals with access to their data on demand to facilitate quality improvement.</p>
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4. Please provide an update on progress for moving doctors to the current curriculum

Specialty	Update	Number of doctors on each curriculum If known)
Anaesthetics	Anaesthetic trainees are now all on the 2010 Curriculum with the exception of a small number of LTFT trainees remaining on the 2007 Curriculum. All trainees must have transferred to the 2010 Curriculum by 31 st December 2015.	

Small Specialty Review – Progress Update (Only complete if pre-populated by GMC with items requiring an update)

5. Please provide a progress update on outstanding actions from any Small Specialty Reviews

Specialty:					
Report ref	Description	Action taken to date	Further action planned	Timeline for action	Progress update

Appendix 1 – FRCA Examinations Statistical Report 2013 - 2014