



Trainee Newsletter

From the Trainee Committee

February 2012 Issue 2

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Welsh Organ Donation – Presumed Consent

Across the UK, 1000 people a year die whilst waiting for an organ transplant and whilst almost everyone would be willing to accept an organ, only 31% of the Welsh population are on the organ donation register. Missed donation opportunities occur regularly because people do not make their wishes known in life.

The Welsh government believes that a soft opt out system for organ donation would normalise donation and encourage discussion of this issue, resulting in an increase in the number of available organs. Evidence from countries where opt out systems are already in place estimate a 25–30% increase in organ availability

The proposed legislation will only cover people who live and die in Wales. Unless an individual makes an objection, their tissues and organs will be available for donation after their death, thus consent is presumed.

The term soft opt out is used because individuals will be able to record their objection to the process and as a safeguard, families will be involved after death to enable them to raise unregistered objections.

The existing organ donor register will continue to co-exist as individuals who die outside Wales or do not meet the residency requirements will be ineligible for the soft out system and will be managed in line with current procedures.

Children and adults who lack capacity will also be ineligible for soft opt out.

It is hope that the introduction of the soft op-out system and an extensive public awareness programme will result in more discussion amongst families about organ donation so that individuals views are known prior to death.

[The Welsh Government consultation White paper](#) was published on 8 November 2011 and is currently inviting views until 31 January 2012, especially related to:

- i What period of time constitutes 'living in Wales'
- ii Will discussions between clinicians and family identify and safeguard those who lack capacity
- iii Should the soft opt-out only apply to persons aged 18 and over
- iv Should the existing organ donation register co-exist
- v Which option in relation to record keeping should be used
- vi What is the role of the family in safeguarding the wishes of the deceased.

Legislation could be in place following this by the end of 2013 with the soft opt out system coming into effect by 2015.

Dr Ami Jones

Pain Medicine Update

The Faculty of Pain medicine (FPM) was established in 2007 to represent the professional, educational and training needs of doctors in Pain Medicine. Since then it has taken giant strides, and now has a sizable number of Fellows; educational meetings; a newsletter and is in the process of developing an examination to award the Fellowship of the Faculty (FFPMRCA).

Training

Training in pain medicine, now entails an intermediate (mandatory for CCT), higher and advanced module (mandatory for FFPMRCA). UK based trainees undertaking higher or advanced modules in Pain medicine are required to [register](#)

[with the FPM](#). In cases of overseas training, information is available in the [FPM area of the RCoA website](#). Guidance on OOPT and the relevant documentation is also available.

Logbook

It is recommended that a logbook be used by higher and advanced trainees in Pain Medicine. The [FPM logbook](#) is available to download. An update is expected soon so those who are already using it may wish to monitor this area of the website.

Examination

Trainees who have entered Advanced Pain Medicine Training as part of an approved CCT training programme after 1 February 2011 now have to sit an examination to become a Fellow of the Faculty of Pain Medicine (FFPMRCA). [The examination area](#) of the FPM website includes an exam guide which details eligibility criteria, the syllabus and an essential reading list, sample questions and exam dates.

Newsletter and publications

The Faculty newsletter [Transmitter](#) has an interesting mix of articles for all grades of Doctors (pain and others). If you have not received a paper copy it is available online.

The [news and events](#) section of the website is worth browsing as is the [publications section](#) where guidelines and other documents are stored.

Dr Prit Singh

The National Institute of Academic Anaesthesia (NIAA)

The [NIAA](#) was founded in 2008 with the vision of promoting and enhancing research in anaesthesia. The Board and Research Council of the NIAA consist of representatives



from the RCoA, AAGBI, the BJA, Anaesthesia, Military anaesthesia and the specialist societies. The Chair is Professor Ravi Mahajan from Nottingham.

One of the core principles of the NIAA is to support young researchers in anaesthesia and related specialities. The NIAA offers a number of research grants on a twice yearly basis. At the time of writing, the [first application round of 2012](#) has just been announced, with a closing date of 20 April. There are multiple opportunities to seek grant support for small and large projects, and the funding for these grants is provided by the NIAA's partner organisations.

Additionally, we are seeking to enable trainees interested in academic anaesthesia to contact potential supervisors/collaborators through our new [Researchers' Database](#). Such initiatives are aimed at providing the means for any trainee, anywhere in the UK, to have the opportunity to get involved in academic anaesthesia. The database is in its infancy, but we hope it will grow to become an invaluable resource.

A recent development of the NIAA is the formation of the Health Services Research Centre (HSRC) led by Prof Mike Grocott. The HSRC differs from the NIAA, in that it is focussed entirely on the conduct of studies involving patients (i.e. not lab-based benchtop studies) and excluding early phase clinical studies (experimental medicine). It is leading and coordinating large scale academic projects including several multi-centre clinical studies, the [NAP5 Project](#) (led by Jaideep Pandit and Tim Cook), and supporting the development of the previously established Emergency laparotomy and Hip Fracture (anaesthesia) Networks. The HSRC is inviting trainees to apply for a rolling programme of [one year ICU research fellowships](#).

The NIAA Board has two places for trainee reps, which until now, have been myself and Dr Rob Sanders, (an anaesthesia trainee who was on the NIHR Academic Clinical Fellowship

scheme, and is now undertaking a PhD at Imperial College London). Applications are invited to replace me on the Board; any trainee who is currently enrolled in an academic training programme of some description (e.g. an ACF scheme or doing a higher degree) is eligible to apply. [Application details are on the NIAA website](#). Closing date for applications is Friday, 16 March 2012.

The NIAA is there to support trainees who are interested in academic anaesthesia – do get in touch, and join the [mailing list](#) to be kept updated.

Dr Ramani Moonesinghe

2011 GMC Trainee Survey

'Trainee doctors are the future of this profession and the education and training they receive now will affect the quality of healthcare in this country for many years to come. The trainee survey tells us what these doctors think about the training they have received and how it could be improved.'

GMC Survey 2011

Concerns over a lack of training, support and supervision?

Has the implementation of EWTD meant your training requirements haven't been met?

Want to know how your region or deanery compares to the rest?

Want to know how Anaesthesia compares to the rest?

Then take a look at the recently published [GMC National Training Survey](#).

Dr Sanjiv Patel

Coursing about

The College runs Courses and Study Days for anaesthetists of all grades. The events provide a chance to acquire new skills and knowledge in a relaxed environment with colleagues of every grade from all over the country (and beyond!) The workshops provide a chance to practice skills and the CPD days are a useful catch-up for those who may have taken their final FRCA a couple of years ago! All grades

of trainee are welcome at the College courses, but to give you a hand deciding which to attend, here is a list of some of the upcoming courses and suggestions of who would particularly enjoy them.

Dr Davina Ross-Anderson

CT 1–2 and ACCS

15–16 March 2012

Training in emergency airway management (TEAM)

CT 1–2, ACCS and ST 3–4

7 March 2012

Airway Workshop (Cardiff)

13 March 2012

Research Methodology Workshop

ST 3–7

20–21 February 2012

Anaesthetists as Educators – Delivering in the Workplace

14–15 March 2012

Quality and outcome in anaesthesia

27 March 2012

Airway management: Training the trainer

24 February 2012

Children in the District Hospital

26 March 2012

CPD study day: Ultrasound and regional anaesthesia

Clarifying the Curriculum

The 2010 curriculum has now been up and running for sometime. For those unfamiliar with it – it includes the concept of spiral learning – meaning that trainees revisit curriculum areas to build upon their knowledge and skills throughout their training programme. The curriculum also introduced new areas such as conscious sedation and transfer medicine.

Two helpful articles aimed at Trainees and Trainers using the curriculum were included in the [November 2011 RCoA Bulletin](#). The first describes the background to the development of the curriculum and the second is a practical survival guide.

Dr Katy Nicholson



Bedtime reading

A large volume of guidelines, good practice statements and consultation documents are issued every month to aid and inform clinicians. For those studying for exams or important job interviews this can seem like an insurmountable amount of paper (or increasingly PDFs) to read. In this the first of a regular series we attempt to highlight those particularly relevant to trainee anaesthetists. If you think we have missed anything out we would love to hear from you. Please e.mail us thegas@rcoa.ac.uk.

- › [NHS Diabetes – Management of adults with diabetes undergoing surgery and elective procedures: improving standards \(April 2011\)](#).
- › [AAGBI Ultrasound in anaesthesia and intensive care: A Guide to Training \(July 2011\)](#).
- › [RCOA/OAA/RCOG – Providing equity of critical and maternity care for the critically ill pregnant or recently pregnant woman \(July 2011\)](#).
- › [AAGBI Malignant Hyperthermia \(August 2011\)](#).
- › [NPSA Signal – Retained Guidewires \(September 2011\)](#).
- › [Royal College of Surgeons – Higher Risk General Surgical Patients \(September 2011\)](#).
- › [NPSA Alert – mismatched spinal and epidural connectors \(November 2011\)](#).
- › [SALG statement on neuroaxial connectors \(November 2011\)](#).
- › [NCEPOD Perioperative care, knowing the risks \(December 2011\)](#).
- › [NICE – Organ donation for transplantation: improving donor identification and consent rates for deceased organ donation \(December 2011\)](#).
- › [GMC – Leadership and Management for Doctors \(December 2011\)](#).

The Health Bill – have your say

The RCoA has opened e.mail consultation to allow members and fellows to express their views on the proposed health bill.

Interested parties are asked to e.mail the response which best suits their opinion to: healthbill@rcoa.ac.uk. The number of the statement which applies should be contained within the subject line of the email.

- 1 I would support an amended bill.
- 2 I would fully support the existing Bill.
- 3 I completely oppose the existing Bill.

More information about the consultation exercise is available on the [College website](#). More information about the Health Bill is located on the [UK parliament website](#).

Dr Katy Nicholson

RCOA Trainee Committee Election

The Trainee Committee will shortly have two vacancies as James Dawson and Davina Ross Anderson are demitting office because they are completing their anaesthetic training. We would like to thank them both for their contributions.

The committee meets to discuss trainee issues, provides representation of trainee opinion on both internal and external committees/working groups, and disseminates information to trainees.

If you would like to get involved please stand for election. The only requirements are that you be an ST3 (or greater) and in good standing with the college. More information and nomination forms [are available here](#).

Position of Trainee Representative on the NIAA Board

Applications are invited for the role of co-opted Trainee Representative on the Board of the National Institute of Academic Anaesthesia (NIAA).

Trainees who hold a National Training Number in Anaesthesia, and are either Academic Clinical Fellows, Academic Clinical Lecturers or are undertaking/have completed an MD(Res) or PhD are eligible to apply.

The appointment will be made for two years or until achievement of CCT in the first instance, with the potential for re-appointment for a second two year term.

The successful applicant will be expected to attend Board meetings and participate in activities to promote and enhance the work of the NIAA and academic anaesthesia in the UK.

If you wish to apply, please provide a one page CV, and the names of two referees (one academic and one clinical) to Clare Bunnell at the email address below. The closing date for applications is **Friday, 16 March 2012**. The successful candidate will be notified by **1 April 2012**.

Terms of reference for the NIAA can be found on their website [here](#) and a list of meetings can be found [here](#).

If you require any further information please contact [Miss Clare Bunnell, NIAA Administrator](#).