2012 RCoA Trainee Committee 
/ GAT Joint Survey

The joint survey results regarding the ‘Shape of the Medical Workforce’ paper are now available. The survey asked both anaesthetic trainees and those anaesthetists within 5 years of CCT about potential ways they would like to work in the future, as it is believed that any prospective changes would primarily affect these two groups.

The Centre for Workforce Intelligence (CfWI) document, published in February 2012, used mathematical models to outline seven potential solutions for a future oversupply of consultant-level clinicians (see table below). Most of these have the potential to significantly alter the role of the senior trainee and consultant in healthcare delivery.

The aim of our survey was to garner the opinion of our profession to these potential solutions, determining which (if any) would be palatable to current anaesthetists. As such, we chose a ranking method for the seven propositions, asking our respondents effectively to tell us which they felt were the most and least acceptable.

Firstly, we would like to thank our members who took the time to complete the survey; we very much appreciate your input as the high response rate adds weight to future discussions;

1796 complete responses were obtained. Of those respondents who supplied their grade: 1741 were trainees, 325 were consultants and 94 were made up of Locum Consultants, Specialty Doctors, Clinical and Research Fellows. There are 4870 RCoA-
registered trainees, giving a 35% response rate. It is harder to numerate for those post CCT. The RCoA has recommended 2577 doctors for a CCT since 2007 giving a response rate of 15% but we know that not all of those individuals remain in the UK.

The results demonstrated overwhelmingly that respondents were unhappy about the options modeled by the CfWI. 57.8% of those who ranked the CfWI scenarios placed the ‘graded career structure’ as the most undesirable outcome of the seven options. Of the options presented, ‘business as usual’ was the most universally accepted option with 40.7% choosing this as the most acceptable option.

A full version of the survey results, including free text comments, will be available in forthcoming issues of Anaesthesia News and the RCoA Bulletin.

Audit Recipe Book
A new version of the ever popular audit recipe book was launched towards the end of last year. It is well worth a look when planning audit projects and is available on the RCoA website.

The Gas
This is now our 5th edition of ‘The Gas’. We would love to know what you think about it - any comments – good or bad should be sent to: trainee@rcoa.ac.uk

Trainee Articles for RCoA Bulletin
We are always on the look out for articles to put in the college bulletin. If you have an idea for an article or a project you would like to share please contact us with an outline: trainee@rcoa.ac.uk. In order to minimize your efforts don’t attempt to write the whole article until we have agreed it in principle

Painless
The observant amongst you may have noticed that there is an exhibition on at the Science Museum in the Antenna Gallery about Pain Management. It was curated and instigated by Dr Andrew Morley a Consultant Anaesthetist at St Thomas’ hospital. There was a significant patient involvement in the process and there were a number of supporting events in the Dana Centre including one all about anaesthesia “Knock me out Doc”. The exhibition is well worth a visit and is free.

committee update

The election for the position of trainee representative on RCoA Council was held in the autumn and Dr Peeyush Kumar, an existing trainee committee member was elected. We wish him all the best in his new role.

His election success and other committee members approaching their CCTs means that there will be a number of vacancies. Watch out for information about how to stand for election. If you are interested please don’t hesitate to contact us (trainee@rcoa.ac.uk) and one of us will give you the lowdown on what it involves.
HOW TO GET INVOLVED

Dr Sarah Gibb

As a trainee it can be easy to be so absorbed with exams and completing all the necessary training modules and paperwork that there appears to be little time to get involved in training issues locally or nationally.

However, there are many opportunities available and it can be very rewarding, allowing you to develop some of the non-clinical skills you will require as a consultant. Most Schools of Anaesthesia will have local trainee representatives sitting on the Specialty Training Committee. Contact your local trainee representatives to ask them to discuss issues or put yourself forward for election. Many Schools run Trainee Forums which are an opportunity for trainees to get together and discuss any local training issues. In addition some Deaneries include trainee representatives on cross specialty committees and forums.

The Royal College of Anaesthetists (RCoA) Trainees Committee and the Association of Anaesthetists of Great Britain and Ireland Group of Anaesthetists in Training (GAT) aim to represent anaesthetic trainees on relevant issues nationally. Any trainees can stand for election and it is a great opportunity to keep up to date with issues such as the proposed changes to postgraduate medical education and workforce planning as well as being involved in responding to these proposals. Hopefully you had your voice heard by responding to the joint RCoA Trainee/GAT survey about workforce planning.

In order to best represent the views of trainees nationally it is important that these committees have links to trainees within each region. The RCoA Trainee Committee has links to trainee representatives within each Schools Specialty Training Committee. GAT has set up a network of Trainee Links. Each School of Anaesthesia has one or two trainees acting locally to facilitate the dissemination of information from GAT, collection of local opinions and sharing of ideas. More information on the Trainee Network Link project, how to get involved and a list of all the current links can be found on the AAGBI website.

The sharing of ideas stimulated by the Network Link project has highlighted some other ways of getting involved locally. Examples include “Buddy Schemes” where senior trainees support a new starter or junior anaesthetic trainee. Trainees within the Wessex School have established a Return to Practice Programme and another school has set up a Leadership Development for Anaesthetists group. The GAT webpages have further information on organising similar projects. If you are doing something different to benefit the trainees in your School we would love to hear about it via email.

Finally, it is never too early or too late in your career to have your say on matters related to anaesthetic training and trainees; those who attend the meetings make the decisions! Look out for the call for candidates for upcoming vacancies on the RCoA Trainee Committee.
changing curriculum

The GMC has recently issued a position statement on the requirements for trainees who are working towards a CCT/CESR (CP) to transfer to the most recently approved curriculum. The statement sets out the timelines for Colleges to provide implementation plans for transferral of existing trainees to the most up to date curriculum. For Anaesthetics this is the 2010 curriculum. On 1 January 2016, the GMC will decommission ‘old’ curriculum and assessment systems for each specialty, sub-specialty and also decommission ‘old’ programme approvals.

The 2007 curriculum remains approved until 31 December 2015. Any trainee who is not likely to CCT before this date, must be moved to the 2010 curriculum at the earliest opportunity.

Find out more on the GMC website

clinical services accreditation

This is a new scheme launched by the RCoA aiming to measure quality of service provided to patients by trusts. Each anaesthetic department can opt to be reviewed, at a cost, and rated against a framework, as core, desirable or aspirational.

The assessment framework is available to view on the RCoA website.
The Faculty of Pain Medicine (FPM) held its first exam recently, which was divided into two sections: a theory exam and Structured Oral Exam (SOE) (September & November 2012 respectively). The exam was attempted by 32 candidates. 90% passed the theory exam and about 75% passed the SOE.

More details are available on the RCoA website and the FPM has published an exam guide and several sample questions. The calendar of dates for next few sittings is also available.

The theory exam requires a thorough knowledge of basic sciences as pertaining to Pain medicine along with good clinical knowledge. The SOE also covers basic sciences but has more of a clinical bent as in the Final FRCA Exam. It requires a decent depth of knowledge.

The exam takes a good 6 months of hard graft in preparation as suggested by FPM. There are no recommended books for the exam but acquiring a good textbook is helpful along with recent articles in pain and related journals. The British Journal of Pain and CEACCP publish good review articles. The faculty newsletter "Transmitter" is a good source of information.

The FPM runs an exam tutorial series in London while a Scottish course is planned prior to the September sitting, the details are still being finalised. These courses target both sections of the examination. More details of them will be available in the Events section of the RCoA website. There are currently no other courses recommended by the FPM, but some deaneries run local teaching, which is always useful, as it brings together a cohort of trainees sitting the exam. An internet based course is also available and useful for this exam.

After the first exam, the examinations committee is making a few changes to the syllabus, and exam tutorial series amongst other things. Possible future developments include, an electronic module for Pain medicine suitable for all pain physicians and a textbook like the one for FRCA exams. The current online eLfH (previously e-LA) section on Pain medicine is a useful resource in the meanwhile.

Whilst you are preparing for the exam, please do not forget to complete the requisite work place based assessments, case reports and the logbook.

Good luck!
The NIAA and HSRC are pleased to announce a number of opportunities directed at trainees who are curious, interested or already engaged in research.

Introduction to research and quality improvement in anaesthesia

A new two-day course aimed at anaesthetists new to research and quality improvement. This will be held in London in September: dates and venue to be confirmed. The programme will feature national experts in various areas of clinical research and quality improvement relevant to anaesthesia, provide an introduction to research methodology and how to get started, and review the important studies which have been recently published. This will provide a valuable introduction to research and quality improvement, mapped to the RCoA’s CCT curriculum requirements in these areas. More details will be available on the NIAA website in the next month.

Research week: 30th September – 4th October

The NIAA, ARS and HSRC are joining forces to hold a research week at the RCoA, Churchill House. The week will cover an introduction to research methodology, a peer-reviewing workshop, the ARS Winter meeting and the HSRC Perioperative Research Forum. Save the dates now: further details to follow.

NIAA Research Grants: Round 1 2013

Trainees are invited to apply for a variety of NIAA research grants, closing date 19 April 2013. Full details available on the website at the link above.

NIAA workshops at GAT Annual Scientific Meeting

The NIAA will be holding workshops for trainees with a research idea at the GAT ASM in Oxford on 4 April 2013. Further details can be found at the link above.

From Sept 2012 onwards, of the twelve questions in the SAQ paper:

6 questions will test knowledge of the six mandatory units of training of the intermediate curriculum (one each for neuroanaesthesia, cardiothoracic, intensive care medicine, obstetric anaesthesia, paediatrics and pain medicine).

4 questions will test knowledge of general duties topics (e.g. airway, day surgery, critical incidents, general/gynae/urology, ENT, maxfax & dental, management of cardiac arrest, non-theatre, orthopaedic, regional, sedation, transfer medicine, trauma & stabilisation).

2 questions will be based around the optional units: (ophthalmic, plastics& burns, vascular anaesthesia & advanced sciences).
Eat cake, save lives

GAT is turning up the heat for Lifebox with the first AAGBI Great Anaesthesia Bake! It’s time to swap the oxygen masks, endoscopes and needles for aprons, ovens and mixing bowls and get baking!

The Lifebox Foundation is a global health charity co-founded by the AAGBI, working to make surgery safer in low-resource countries. They provide high-quality, environment-appropriate pulse oximeters to hospitals where surgery is taking place without any monitoring, along with the education and training in pulse oximetry and the WHO Surgical Safety Checklist that makes the equipment life-saving.

Just £160 will send a pulse oximeter directly to the door of a hospital that needs it, and we’re encouraging all anaesthetic departments to put on a baking sale for staff and patients, to raise awareness and funds.

You have from the start of the GAT conference (April 3, 2013) until August 31, 2013 to hold your sale and raise as much money as you can! We will give you an update of the amount raised at the Annual Congress in September 2013.

More info or contact info@lifebox.org for more information!
There have been a number of important changes to National Recruitment to Anaesthesia for August 2013. Anaesthesia recruitment for training posts in England, Wales and Northern Ireland has been coordinated successfully by West Midlands Deanery for several years. However, with effect from the February 2013 intake Scotland have joined in making it a truly national recruitment process.

From now onwards recruitment will take place twice a year with posts commencing in February and August. Online applications for February 2013 closed on 3rd September 2012. The timeline for recruitment for August 2013 has yet to be announced – watch the BMJ and NHS jobs for adverts.

The entire recruitment process has a unified timetable and offers process. Further information about the process and the person specifications for each post are on West Midlands anaesthesia recruitment website.

CT2 Recruitment
In accordance with guidance from the Department of Health there will no longer be recruitment for CT2 at National or local levels in England. Trainees who would have considered applying for CT2 post have two alternatives in England. Some may apply for CT1, providing they meet the eligibility criteria (detailed on the MMC website) and have 18 months or less experience in Anaesthesia and ICM (excluding Foundation modules) by the time of appointment. While those with greater experience, or are ineligible for CT1 should consider applying for ST3.

In the devolved nations, there is likely to be a Deanery-led recruitment process for CT2 entry into a 1-year fixed term placement in Anaesthesia to commence in August 2013. Further application details can be found on local Deanery websites.

The timeline for this process is likely to mirror that of ST3 recruitment. Hence a Core trainee who would like to apply for a National ST3 programme and a Deanery-led CT2 post will need to make 2 separate applications.

ST3 Recruitment
From 2013, applicants for entry into ST3 Anaesthesia must have passed the Primary FRCA in full or equivalent by the time of interview in order to be eligible for a ST3 programme. Further details regarding recruitment 2013 including personal specifications can be obtained via the West Midlands Deanery website.
WITHDRAWAL FROM THE PRIMARY AND FINAL EXAMINATIONS - FAQS

Dr Natashi Joshi

If I withdraw from an examination are the fees refunded?

If you withdraw from the examination before the closing date, you are entitled to a refund of the examination fee less an administrative charge. If you withdraw from the examination after the closing date, you are not entitled to any refund although a discretionary exception may be made in cases of personal illness, bereavement etc. You should write to the Examinations Manager if you fall into this category and you will require a supporting letter from your College Tutor. Success in examinations of a sister College will not attract a refund of the fee. Advice from examiners at guidance interviews, not to sit the forthcoming exam, does not warrant a refund.

Can I transfer my fee or defer to the next examination?

No. Each examination is managed and accounted for separately and will follow the regulations in force on the opening date. Therefore the College cannot defer applications or hold fees from other exams.

I want to withdraw, what do I do?

You should contact the College exams department immediately. Firstly by phone, then follow up in writing either by letter or email. You should keep your College Tutor informed of your decision and reasons for withdrawing.

Does withdrawing from an examination count as an attempt?

No an attempt is where a candidate enters the examination building and commences documentation. Withdrawal or full absence will not count as an attempt.
Primary FRCA Course
This course is intended for those studying for the Primary FRCA exam and will cover aspects of Pharmacology, Physics, Statistics and Clinical Measurement that candidates have particular difficulty with in the examination. The course is aimed at candidates who are preparing for both the MCQ and the SOE/OSCE components.

When: Monday 22/04/2013 - Friday 26/04/2013
Location: Perth Royal Infirmary
Fee: £225

Airway Workshop
The airway workshops provide an opportunity to gain hands-on practice with airway equipment and teaching in core airway skills from experienced consultants. Appropriate for all grades of anaesthetists from CT1 to Consultants.

When: Thursday 23/05/2013
Location: The Carlton Hotel, Edinburgh
Fee: £190

Anaesthetists as Educators: an introduction
Anaesthetists as Educators: an Introduction provides an introduction to post graduate medical education in anaesthesia. The course replaces an “Introduction to Teaching” and is suitable for trainees and consultants who have had no previous training in teaching or medical education.

When: Wednesday 05/06/2013
Location: The Royal College of Anaesthetists
Our regular round up of documents that trainees should know about. Don't approach an interview / exam without checking these out!

GMC: Revalidation for doctors in training
NICE: NICE guidance on Depth of Anaesthesia monitors (November 2012)
AAGBI: Safe Handling of Oxygen Cylinders – AAGBI guidance (November 2012)
RCoA: Safe Sedation of Adults in the Emergency Department (November 2012)
NCEPOD: Bariatric Surgery: Too Lean a Service? (October 2012)
GMC: Time Out of Training: GMC position statement (November 2012)
AAGBI: AAGBI / RA-UK statement on Fascia iliaca blocks and non physician practitioners (January 2013)
Other: The Francis Report (February 2013)
Faculty of Medical Leadership response to Francis for trainees (February 2013)

One of the key roles of the Trainee Committee is to represent trainee opinion within the Royal College of Anaesthetists. We are keen to hear from trainees and learn what issues are important and ensure these are discussed in the right arena within the College.

If you have an issue you think we need to know about then please get in touch.

You can contact us by email or by writing to us at: The Trainee Committee, Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London, WC1R 4SG.

We look forward to hearing from you.