



# Training in Anaesthesia in the North Central Thames School of Anaesthesia

*This document is a guide to the way training is organised locally and outlines many of the administrative responsibilities that you have as a trainee.*

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## Introduction

The changes occurring due to Modernising Medical Careers and now the EWTD mean that everything we do for training is under scrutiny, and subject to quality control and quality assurance processes. No-one is exempt, regardless of stage of training.

There is a contract in both directions, for you to be offered training in your placements, and for you to take up that offer, as well as undertaking self-directed learning.

If we/you do not follow the guidelines, your training may be affected, and your CCT date may get delayed, or at worse you may not get a CCT.

## Who does what?

### *The Royal College of Anaesthetists*

The Royal College of Anaesthetists is the professional body responsible for the specialty of anaesthesia throughout the United Kingdom.

Its principal responsibility is to ensure the quality of patient care through the maintenance of standards in anaesthesia, pain management and intensive care.

The College's activities include setting of standards of clinical care, establishing the standards for the training of anaesthetists setting and running examinations, and the continued medical education of all practicing anaesthetists. They are also involved in revalidation.

The College sets the curriculum and standards for training, along PMETB guidelines, which follows the principles set out by the GMC in their guidance Good Medical Practice. The College works with PMETB in terms of defining the standards and setting the exams.

### *PMETB*

The Postgraduate Medical Education and Training Board is a statutory body that regulates training and the award of a CCT (Certificate of Completion of Training).

There are three routes to the award of a CCT:-

- A training programme undertaken fully within a Deanery-run training programme.
- A training programme undertaken within a Deanery-run programme but with some periods taken "Out of Programme" (OOP). This allows trainees to spend time in specialised units in this country or abroad. Time spent Out-of-Programme needs to be approved prospectively by PMETB and the Deanery. This involves considerable bureaucracy and form-filling in advance, and the regulations need to be followed very precisely,



- It is possible to obtain a CCT without being appointed to a Deanery programme using the 'Equivalence' (CESR) route. This is expensive and not completely straightforward. A CESR allows you to practice as a consultant in the UK but may not be recognised in other countries.

## ***The Deanery***

The Main Role of the Deanery through its 'London Academy of Anaesthesia' is:

- "to ensure all education, training and assessment processes meet college and Postgraduate Medical Education and Training Board (PMETB) curricula
- to monitor the quality of training, ensuring it enhances the standard of patient care and produces competent and capable specialists

The Deanery is responsible for the delivery of training.

It manages recruitment, and it monitors individual trainees' progress by means of the RITA/ARCP process. The Deanery also Quality Assures training, by assessing both trainers and local education providers (Trusts). This is done through Trust visits, and through seeking trainees' opinions using the results of PMETB surveys, as well as taking into consideration any concerns raised by trainees or trainers at any time.

The Deanery will issue you with a training number. They can also take it away, if you do not progress or your training is slipping without good reason.

The Deanery delegates the organisation of training programmes to Schools of Anaesthesia. There are five Schools of Anaesthesia in London.

## ***The Central London School of Anaesthesia***

The Central London School grew out of the former UCH/Royal Free Teaching Hospital rotations. It now has around 250 trainees and stretches from Central London to Colchester and Stevenage.

As part of the Quality Assurance programme all the hospitals in the schools are visited regularly to ensure that they continue to meet minimum standards for training. Visits to hospitals are now supervised by PMETB with some form of College representation. The visits are done on a cyclical basis.

Each hospital will have problems from time to time which may affect the quality of training. If this is more than just a temporary problem the School and the Deanery will need to know. Please talk to us, about this.

All members of the School are easily approachable, and we are there to help and advise you - mostly on your training, but if there are personal problems, particularly if this affects your ability to continue with your training, we will try to help.



## About The Central London School of Anaesthesia

### *Officers of the School.*

The School has an Executive which has an overview on how training is organised. Members of the committee are:-

**Regional Advisor** who is also Head of School, - Dr R Milaszkiwicz  
**Deputy Regional Advisors** – Dr R Marks (ST3-7 trainees, trainees in difficulty and website administrator) and Dr I Sockalingam ( CT1/2 & ACCS trainees , and Educational activities in School)  
**Regional Advisors in ICM** – Dr N Harper  
**Regional Advisor in Pain Medicine (North London)** – Dr A Baranowski,  
**Training Programme Directors (TPDs)** for each level of training  
**College Tutors** from the 2 teaching hospital.  
**2 Trainee representatives** – Currently Ed Burdett and Jane Lowery.

The School holds meetings twice a year to which College Tutors from all the hospitals in the rotation attend.

### *Regional Advisors*

The Regional Advisors are appointed by the Royal College. The RA for Anaesthesia oversees the whole process of your training, ensuring that the curriculum is met and that the training programme has been a balanced one. The Specialist RAs in Pain and ICM work closely with the Anaesthetic RA.

If you are considering a career in Pain Medicine or Intensive Care you should liaise directly the RA Pain Medicine, or RA ICM

All certificates (basic and intermediate level) and applications for OOPE need either the RA or a Deputy RAs signature.

The RAs and deputy RAs are independent of the Deanery, so you can turn to them if there are any queries or problems about your training.

### *The Training Programme Directors and organisation of rotations*

The TPDs are the people with whom the Deanery communicate about you.

Each trainee will have their programme of training coordinated by a Training Programme Director (TPD). The Lead TPD is Dr Lila Dinnerr. TPDs for the different levels are currently:-

CT1/2	Dr Warwick Marchant
ACCS & CT1/2	Dr Roger Cordery
ST3 – 7	Dr Alan McGlennan and Dr Lila Dinner.
Pain TPD	Dr Ian Goodall



**Less than Full Time (LTFT)** trainees (formerly known as flexible trainees) are managed by two TPDs - Dr Mira Tewari and Dr Anna Fowler - who coordinate these placements across the whole of North London.

**ACCS** The School oversees the training of ACCS (Anaesthetics) trainees even when they are doing the AM and EM parts of the training. Please keep in touch with Anaesthetic College Tutors at your hospital, and with Dr Cordery.

### *College Tutors*

Within each hospital there is one or more College Tutor. Whatever the local arrangements for Educational Supervision, the College Tutor has an overview of training within each hospital. College Tutors will liaise with the Training Programme Director about your placements and your progress.

## **Pain Medicine and Intensive Care**

There are quite specific requirements for trainees who wish to undertake Advanced training in Pain Medicine, or to undertake a CCT in Intensive Care. The RCoA Pain Medicine Faculty Website gives information on Pain training. The IBTICM site gives guidance in Intensive Care  
The Local Educational Advisors for Pain are:  
NHNN – Ali Mofeez  
RNOH – Jonathon Berman  
RFH – Anthony Ordman.  
Advice on Intensive Care training is from the RA in ICM, Dr Harper.

## **Rotations**

All the hospitals in the School and their allocated trainees are visible on the rotations page on the school website. You need to register with the site to be able to view the rotations. You should review the rotations page regularly, as occasionally changes do need to be made.

Not every trainee can go to the hospitals that they perceive to be 'the best'. All rotations are put together to ensure all elements of training are completed. Trainees would normally have a period of general training, usually at one of the DGHs, both at the beginning and at the end of your training.

Trusts need to be notified in a timely fashion, and changes to the rotations are occasionally necessary within 6 weeks of a changeover date, and while late changes are unusual they occasionally occur.

**Changeover dates are on the first Wednesday of August, November, February or May.** CT1/2s will rotate to both DGH and Teaching hospitals in order to experience aspects of anaesthetic training required at that level. This will



occur in a mixture of 6 month and 1 year placements. ST3 and above will rotate in order to acquire all the modules required.

## **OOPEs, Career Breaks and Fellowships (including those within the School)**

The School strongly supports trainees who wish to spend time in these posts, since we believe they are educationally very important. We ask that you give adequate notice of your intentions in writing. Getting approval from the College and PMETB is time-consuming, and you need to prepare well in advance. *Any training like this, taken without prospective approval from PMETB, cannot count towards the CCT*

If you have obtained a fellowship, even if it is within the School, you must *personally* notify your TPD. It is not automatic that they will be informed. There are often formalities that need to be completed, and the TPD is best placed to advise you

If the TPDs are not given adequate written notice then permission cannot be granted. Unfortunately we have to be very strict about this because of the risks of leaving hospitals understaffed.

## **Communication within the School**

The School maintains a website at <http://www.schoolofanaesthesia.co.uk> and important information is posted on the site. It is important that all trainees register on it. The email address that you use to register is the one we will use to contact you.

The website allows person-to-person email. Email addresses are not visible in order to maintain confidentiality.

Most importantly communication with TPDs or RAs must be written communication not just phone calls or corridor consultations. You are important to us, but we cannot hold details of 250 people in our heads.

## **Registration with the College and Training Certificates**

All trainees in anaesthesia are required to register with the Royal College of Anaesthetists. This is one of your own responsibilities. Without this you are not eligible to sit exams or gain a CCT. If you have been appointed to either CT 1 or CT2 you must register – if you have been appointed to ST3 you must re-register with the College.



## ***Basic and Intermediate level Certificates***

There are 'landmarks' in your training which are marked by a certificate. Copies of these will be held at the College when you send them to the Training Department.

Your College Tutor has access to these certificates, which need to be countersigned by the Regional Advisor, (or deputy).

A **Basic Level Certificate** is issued when you have achieved all core competences, completed both parts of the Primary exam and have completed the necessary time in the specialty.

An **Intermediate Level Certificate** is issued at the end of ST4, if you have completed the Final FRCA, and the key competences and are making appropriate progress. Following the presentation of evidence to support this, the certificate then is countersigned by the Regional Advisor, (or deputy) and a copy sent to the College.

If you are in ST4 (or above) and do not have an Intermediate Level certificate you should notify your College Tutor urgently – your training may be at risk.

## **Assessments and Appraisal**

### ***Induction***

You should expect to meet with your College Tutor in the first few weeks of each placement to discuss your career to date, your educational plans and your future career development. Your College Tutor will need to see your appraisals and/or certificates from your previous training posts.

### ***Portfolio and Log Book***

You need to keep your portfolio of certificates and assessments – this will be inspected at ARCPs.

***You must also keep a log book of cases*** that you have anaesthetised. The Royal College has a logbook computer programme, and there are also commercial alternatives available.

### ***Workplace Based Assessments***

Work place based assessments (WBA) will need to be presented at the ARCP as supporting evidence for the modules of training. You will not progress at the ARCP if you do not complete WBA.

The requirements of which/how many WBA you need can be found on the College website. However, soon you will also be given a Training Booklet which makes it clear how many of each type of WBA you need to get per year.

**BUT you MUST get only those trained to do WBA to sign off your Anaes-Cex and CBD and at least 50 % of your DOPS. If too many are signed off by other trainees**



then this will ring alarm bells either about you or about the place where you are training.

## Professionalism

Revalidation will be the method by which the GMC will check that all doctors (not just Consultants) are fit to continue to practice and are following the guidelines set out in the Good Medical Practice Guide. Information is assessed in a variety of ways, but focus on the broad categories of Knowledge, Skills and attitudes. As a trainee you have several different 'hats'

**First and foremost you are a Doctor**, with all the obligations and responsibilities of this role. You will be assessed as a Doctor throughout your career, and any deviations from the rules set out in the GMCs guidelines will always be dealt with by the GMC.

Remember that you are a professional and you should behave in a manner that demonstrates this, particularly as patients do have expectations of professional people - and that includes simple things like how you dress and your personal hygiene. Torn jeans, dirty tee-shirts and unpleasant body odour are really not very professional or pleasant for patients!

**You are an Anaesthetist.** You train in conjunction with your trainers. You agree to be trained and to take up any training opportunities you can. Training is not a passive exercise, and it is up to you to take the initiative in your training and to prove that you are reaching the standards required of you. You will sign an educational contract. That means there are obligations on you as well as on your trainers.

Just because you are a trainee does not take away any responsibilities as a doctor. You must always practice medicine /anaesthesia with the best interests of your patients in mind. This is your duty, and covered in the GMC guidelines

**You are an employee.** You sign a legally binding contract of employment. This means you must abide by the Trusts regulations in all things. In particular the things which cause most trouble are usually On-call, Annual and Study leave. With any leave you must ensure that you book it in a timely manner, giving the correct amount of notice, and you must ensure that you have found adequate cover for any leave you take, particularly if it involves an on-call. Your on-call is part of your contract of employment. If you cannot do it for whatever reason, it is your obligation to ensure that it is appropriately covered.

You must also abide by sickness rules and ensure that you also notify your employers appropriately, as per national and any local guidelines for reporting of sickness if you are not fit to work. False declarations of sickness are a probity issue and may land you in front of the GMC.

Although most departments of anaesthesia will do a lot of this for you, it is your legal obligation to abide by employment law, otherwise you could face both an internal disciplinary enquiry and the GMC may need to know if the 'offence' is serious enough.





## Contact details and references

London Deanery: [www.londondeanery.ac.uk](http://www.londondeanery.ac.uk)  
Anaesthetics: [anaesthetics@londondeanery.ac.uk](mailto:anaesthetics@londondeanery.ac.uk)  
ACCS: [accs@londondeanery.ac.uk](mailto:accs@londondeanery.ac.uk)

The School Website [www.schoolofanaesthesia.co.uk](http://www.schoolofanaesthesia.co.uk)  
The Royal College [www.rcoa.ac.uk](http://www.rcoa.ac.uk)  
IBTICM: [www.rcoa.ac.uk/ibticm](http://www.rcoa.ac.uk/ibticm)  
PMETB: [www.pmetb.org.uk](http://www.pmetb.org.uk)

For queries about your training you should refer to the Gold Guide, which is available at the MMC Website <http://www.mmc.nhs.uk/default.aspx?page=281>

For queries about your Employment you should refer to your Terms and Conditions of Service at <http://www.nhsemployers.org/PayAndContracts/JuniorDoctorsDentistsGPRReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx>