Welcome to the Autumn edition of the Wessex School of Anaesthesia Newsletter. We are looking at ways to improve the flow of information to all involved in anaesthetic training and will be producing this newsletter 3 times a year. This edition includes news and information from the Deanery, School and Royal College as well as articles written by local trainees and trainers. We hope you find this helpful and let us know if you would like to contribute in the future.

Dr Jon Chambers, Deputy Regional Advisor

News from the Royal College of Anaesthetists

Hospital Transfers
In June the College Training Committee discussed the curriculum competences required for hospital transfers following queries raised on the College Official's Discussion Forum. The curriculum states at Basic Level (CT1/2) that the competence is for "intra-hospital" transfers i.e. taking the patient from one hospital department to another. The "inter-hospital" transfer competence is at Intermediate level (ST3/4), and specifies land transfer up to 4 hours. The College recognises that core trainees are increasingly required to conduct transfer duties. It is therefore imperative that a suitable transfer course and / or training is completed prior to any transfer by trainees who have not completed intermediate training to cover the required competences.

June Rush!
The average number of assessments completed per month using e-Portfolio is circa 13000. Last year’s ‘spike’ in June 2013 of 22595 has been surpassed this year with a total of 27494 assessments having been completed in June 2014. This is concerning and supports the suggestion that assessments are being treated as a ‘tick box exercise’, with trainees completing most assessments shortly before their ARCP. Work has started within the RCoA to address this approach towards assessment.

'E-portfolio Helpline'
An official ‘e-Portfolio Helpline’ is now available within the College which can be reached on 0207 092 1556 (Monday to Friday 09:00 to 17:00).

FICM News

Dual Training in ICM
It has been confirmed that an upper limit of end of ST5 has been agreed for trainees wishing to apply for Dual Training Programmes from 2016 i.e. “any trainee who will have commenced ST6 by August 2016, their final opportunity to apply for dual CCTs programme will be the 2015 recruitment round”.

Annexe F Update
Annexe F is the RCoA curriculum document relating to ICM training. This has been updated following a review undertaken by the RCoA and FICM. All trainees starting their ICM placements as of August 2014 will need to complete the competencies outlined in this new document. It is available on the RCoA website at www.rcoa.ac.uk/CCT/AnnexF

ICM e-portfolio
The ICM e-portfolio has been formally launched as of August 2014 for all trainees on the ICM CCT programme. More information is available on the FICM website but a helpful user guide can be found on the www.ficm.ac.uk
National Recruitment Update

Core Training - 100% fill rate achieved at CT1 Recruitment (for August 2014).
Specialty Training - Concerns have been raised over the low ST3 fill rate at 86% with some Regions having more posts than appointable candidates. The Recruitment Committee has agreed to reallocate the scores awarded for attainment of the FRCA in the self-scoring assessment. Concerns have been raised that in some cases trainees are taking their FRCA components too early in order to increase points in this area and that this is driving trainee behaviour.

FRCA Examination Validity
There will be an increase in the validity of a pass in the Primary SOE, Primary OSCE and Final Written examination, from two to three years with effect from August 2014.

Changes to Final FRCA MCQ paper composition
With effect from the 1 August 2014 the composition of the Final FRCA MCQ examination will change to ensure the question topics fully reflect the breadth of the relevant anaesthetic training curriculum. The question structure of the Final MCQ will remain unchanged and continue to consist of 90 MCQs in three hours:

- 60 Multiple True-False (MTF):
  - 20 Advanced sciences
  - 20 General duties (essential units)
  - 17 Specialist (essential units)
  - 3 Optional units

- 30 Single Best Answer (SBA):
  - 15 General duties (essential units)
  - 15 Specialist (essential units)/Optional Units

Trainee Competence in Total Intravenous Anaesthesia (TIVA)

This has been raised as an issue following the March 2014 SAQ paper. Use of a TIVA technique is the default position when an anaesthetist faced with providing general anaesthesia to a patient with known or unexpected malignant hyperthermia risk as morbidity and mortality can be avoided or minimized.

Question 8 in the March 2014 SAQ examined the knowledge and understanding of the principles for providing a propofol TCI, and the pass rate of 17% suggests that this is lacking in the majority of the candidates who were successful in achieving an FRCA in June 2014. This question failed to discriminate between generally strong and generally weak candidates due to widely distributed ignorance of the subject matter within the cohort attending for examination in March 2014. The pass rate was the lowest obtained in any SAQ question on record, and this was despite the pass mark being re-aligned to generate an appropriate reliability statistic for the question. This draws attention to the lack of formal teaching of TIVA in UK Schools of Anaesthesia and suggests that competence in the management of malignant hyperpyrexia is not being fully addressed.

Understanding the NHS - a guide
This guide is for everyone working and training within the NHS. Written by doctors in training, the guide outlines the organisations, systems and processes that define, sustain and regulate the NHS.
www.england.nhs.uk/2014/06/26/understanding-nhs/

NAP 5 - Accidental awareness during anaesthesia
Conducted over 3 years, NAP5 found that patients spontaneously reported awareness in approximately 1 in every 19,000 cases. This reported incidence is much lower than estimates of awareness when patients are specifically asked about it after anaesthesia, which is as high as 1 in 600. www.nationalauditprojects.org.uk/NAP5report
Wessex School of Anaesthesia News

ARCP feedback on posts
We have now stopped using the paper feedback forms. Once your ARCP has finished you will be asked to complete a Survey Monkey questionnaire before leaving the Deanery. Your feedback is vital in assessing the quality of each post within the School. Please can you make sure that you complete the survey before leaving your ARCP as this information helps us to maintain our quality of training.

ARCP & E-portfolio
ARCP panels review the information placed on your e-portfolio in advance of the ARCP day. To enable this, your e-portfolio will be locked with 7 days to go. After this date no additional information can be added so please make sure that your ESSR & MSFs are completed well in advance and signed off by your

ARCP Outcomes
There has been a degree of confusion over the ARCP outcomes being awarded. We hope the summary below will provide some clarification:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Achieving progress and competencies at the expected rate</td>
</tr>
<tr>
<td>2</td>
<td>Development of specific competencies required - additional training time not required</td>
</tr>
<tr>
<td>3</td>
<td>Inadequate progress by the trainee - additional training time required</td>
</tr>
<tr>
<td>4</td>
<td>Released from training or academic programme with or without specified competencies.</td>
</tr>
<tr>
<td>5</td>
<td>Incomplete evidence presented - additional training time may be required</td>
</tr>
<tr>
<td>6</td>
<td>Gained all required competencies</td>
</tr>
<tr>
<td>7.1</td>
<td>Satisfactory progress in or completion of the LAT / FTSTA placement</td>
</tr>
<tr>
<td>7.2</td>
<td>Development of specific competencies required - additional training time not required LAT / FTSTA</td>
</tr>
<tr>
<td>7.3</td>
<td>Inadequate progress by the trainee - additional training time required LAT / FTSTA placement</td>
</tr>
<tr>
<td>7.4</td>
<td>Incomplete evidence presented - LAT / FTSTA placement</td>
</tr>
<tr>
<td>8</td>
<td>Out of programme experience for approved clinical experience, research or career break</td>
</tr>
<tr>
<td>9</td>
<td>Top-up training (outcome indicated in one of the above areas)</td>
</tr>
</tbody>
</table>

Post-FRCA Teaching in Wessex
Following a review of the teaching days for post-FRCA trainees, a number of changes have been made. There will now be 6 days per year rotating through each anaesthetic department in Wessex with additional topics added. The days will be a combination of clinical and non-clinical topics and are now opened up to SAS doctors within each Trust as well as trainees from within region. Dates alternate between Tuesdays and Thursdays to enable LTFT trainees to attend some of the sessions:

- Tues 2nd December - Dorchester - Team Working and Leadership
- Thurs 7th February - Portsmouth - Professionalism
- Tues 7th April - Poole/Bournemouth - Preparing for the Consultant Interview
- Thurs 4th June - Winchester/Basingstoke - Law and Ethics
- Tues 4th August - Salisbury - Medical Management

The current committee responsible for coordinating the programme (Yousra Ahmad, Dan Willbridge and Adam Edwards) are looking for new members to join them so if you are interested please get in touch with them at wessexpostfrca@gmail.com
A message from Julie Onslow, Core Programme Director:

The primary has been split into two component parts; the multiple choice questions and the OSCE/SOE exam. The pass rate for the June sitting of the MCQ was 61.3%.

For many of you it maybe your first postgraduate exam. The MCQ has three sittings per year; March, September and November and is followed by a sitting of the OSCE/SOE approximately 1-2 months later. It requires 3-6 months of solid revision, and practise papers are best utilised in the latter stages of revision. It is very unlikely that a candidate will be able to pass the MCQ by doing practice questions alone without a good foundation of knowledge underpinning it - and if they do they will almost certainly not pass the OSCE and SOE. Preparation for the exams requires book work, courses and practise sessions with colleagues and trainers. Candidates are most likely to pass if they treat and work towards both parts of the exam as one and after passing the MCQ immediately go on to the next sitting of the OSCE/SOE.

Wessex offers a number of courses to aid your success. The basic science component is covered by the Wessex Intensive Primary Revision course (WIP), this is free of charge to Wessex trainees. The OSCE/SOE component is covered by three courses; The WIP OSCE/SOE day in Salisbury and the OSCE/SOE day held in Poole/ Bournemouth (WOSOC) both of these are free to Wessex trainees. The excellent South Coast Intensive Primary (SCIP) course offers two days of practice for OSCE/SOE, this does have a charge. All of these courses can be booked via the Wessex courses website or their own websites.

There is some technique required for passing the exam but the most common reason for failing is a lack of knowledge resulting from too little study, and none of the courses will be able to make up for that.

The primary exam is not an easy one to pass. We recommend that the first part, the MCQ is considered after the first six-nine months of anaesthetic training. Wessex can offer lots of exam guidance and I have set up a network of advisors to help you if needed. If you get in touch with your Core Training Programme Director, College Tutor or Educational Supervisor they can offer valuable advice.

Good luck!

Getting Through the Primary
Rob Wiltshire

There’s no doubt about it, the Primary FRCA is a tough series of exams and those who have passed it can feel justifiably proud. That said, despite the vast and varied syllabus, with time, effort and the right resources, it is achievable.

There are two parts to the Primary, the written paper consisting of 60 true/false questions (each with five stems) and 30 single best answer questions. Those who pass the written paper may then attend the Objective Structure Clinical Exam and the two Structured Oral Examinations (formerly known as vivas).

As with any kind of test, you first need to have a pretty good understanding of what it is you’re going to be tested on. Print off a copy of the syllabus from the Royal College website and start to plan your time.

Exactly which resources you will use really depends on you. For many, books are the way forward and there are some fantastic ones out there. The Anaesthesia UK website (www.frca.co.uk) has a great reading list for the exam. Like many, I jumped straight on the band wagon and bought loads of books (much to the disappointment of my wife), half of which I never even picked up and ended up selling on Amazon! That said there were a few that proved essential; Pharmacology for Anaesthesia and Intensive Care by Peck, Hill and Williams, A-Z of Anaesthesia and Intensive Care by Tentinis, Hirsch and Smith and definitely The Royal College’s Guide to the Primary’. The latter of these you have to buy direct from the college. To my knowledge there are three editions; get hold of all three as they each have over a hundred or so MCQ’s and SBA’s from the question bank.
Personally, I used a combination of e-learning, books and past papers. The e-learning anaesthesia website provides hundreds of online modules which closely follow the syllabus and have practice MCQs at the end. This firstly keeps you focused and ‘in the zone’ but also means that you invariably get practice at MCQ technique. Even if e-learning isn’t for you, going through revision MCQs is an absolute must as many of them come up in the actual exam. Do these repeatedly in the weeks before the written paper and you may well be pleasantly surprised on the day! Working through past questions are important. I felt that the likes of ‘oneexamination.com’ and ‘past test’ didn’t ask questions in the same style as the Royal College. *Anaesthesia UK* has stacks of past MCQ’s remembered by previous candidates, however the downside is that none of the answers come with explanations and some answers are unreliable.

**The OSCE and SOEs**

The OSCE is composed of 16 stations, each lasting five minutes, testing a range of skills from anatomy to interpreting a chest radiograph, to advanced life support. There are two SOE’s each lasting around 30 minutes. The first covers pharmacology and physiology, and the second; physics and clinical anaesthesia.

Preparation for this exam is all about practice, practice and more practice. It can feel quite intimidating being asked question after question on topics that you thought you knew inside out but can’t seem to string a sentence together to describe under the pressure of a viva. This is where practice and technique help. Whilst knowledge is important, it isn’t everything. A well structured, confidently delivered answer (with a couple of small errors) will go down a lot better than a hesitant and muddled, but nevertheless, more accurate answer.

**Books**

I used *Physics, Pharmacology and Physiology for Anaesthetists* by Cross and Plunkett. This covers all of the key graphs and equations that come up. *Anaesthesia OSCE* by Arthurs and Elfurdi has most of the OSCE skills you need and the *Master Pass Primary SOE* study guides cover the vast majority of key SOE topics. It makes sense to meet up in small groups and work your way through these books, taking turns to viva each other. The Royal College Guide also has some example SOEs and OSCEs; well worth going through as they are occasionally repeated in the exam.

**Preparation**

Give yourself six months of revision before sitting the written paper. The syllabus is big and to stand a chance at covering it all and refine your exam technique, in addition to working a full time job and having a life outside of medicine, you’ll definitely need these six months. Try planning your six months on a week-by-week basis, covering one section of the syllabus each week. As well as planning the work that you’re going to do, plan time off and make sure that you take it. Regular weekends away with the family can do wonders for morale and makes your revision time much more productive.

**Courses**

All of the Wessex courses for the Primary FRCA are a ‘must do’ (see page 9). They are free to Wessex trainees, locally run and of a very high quality. There are many other courses out there. *Anaesthesia UK* provides a comprehensive list with reviews on the quality. Courses help focus the mind and reinforce subject matter that perhaps didn’t quite go in the first time round. This is especially the case for the OSCE and SOEs. I attended the South Coast Intensive Primary (SCIP) course and the Mersey School of Anaesthesia OSCE and SOEs Course before the big day and found them both immensely helpful. In hindsight, it probably was a bit overkill attending both, one would have been plenty!

To sum up, preparing for the Primary is no easy task but is an essential element of our training. Use the resources that work best for you and plan your study time, ensuring you have regular time off. If you have any further questions or queries please contact me on robwiltshire@doctors.org.uk
The Final Countdown...
Andrew Nash

I was approached by a colleague (and friend) to write an article on how to pass the Final. Apparently, I was chosen for my sense of humour and down-to-earth nature, I would like to think it was my anaesthetic and academic ability, but in any case, I hope the following proves to be helpful.

Preparation
Whilst the exam is about you, your career progression, signing your emails with FRCA (with an increased membership fee for the privilege!) and signifying the progression to a fully grown anaesthetist, do spare a thought for those close to you. This exam impacts upon your friends and family. Prepare them and explain (lovingly) that for at least 6 months, your life will be consumed by this beast.

I would advocate a “revision (aka moaning) circle”. Find friends who are also doing the exam. Practice as much as you can when you can with them. Teach one another, and then have a beer/glass of wine, unwind and whinge until your heart is content.

Stick to a plan. If you make a list, cover it. It’s too easy to get caught up chasing topics, one A-Z topic to the next and back again. It feels good, but gets you no further forward. In terms of books, there are numerous options, but my advice is to hire them from the library (or a colleague) and then buy them if they suit you. The RCoA guides are worth learning (especially MCQs), A-Z for diagrams and AAGBI/NICE guidelines. The CEACCP journals seem to be what many questions are based on and I would advocate reading the editions published from about 2 years before. Apply the CEACCP articles to past relevant questions and you’ll soon learn how to use them to predict future questions - bingo!

With the written, it’s about question practice. MCQs and SBAs have many apps and websites to practise from. Practise MCQs and SBAs between lists, over coffee, in bed, anywhere. The SAQs, I practised with a friend, who had an entirely different strength and weakness to me. This rubbed off, and after practising for three or four weeks, two or three times a week, we easily covered a whole book and significantly improve our marks.

The viva is all about technique and delivery. Classify or die is the Primary FRCA motto. With the Final it’s more “try not to hang yourself”. Start with a solid overview and definition, the examiners will then invite you to elaborate. I remember after the Wessex Viva Course being told I should be more “polished” and that my knowledge is great. This is very common feedback and is exactly where you want to be with a month before the exam, not a week. Practise at work, at home, practise on anyone you can, especially the science. Don’t be afraid to tell your neighbour how the electrical supply is produced for their lawnmower (they love it). Just don’t go around telling your colleagues, as I did, that you are practising your oral skills on eminent members of the department! I advise you to stay up in London the night before.

Courses
Wessex Intensive Final Revision Course (8 days) is excellent. SCIF and the Wessex Viva day prepares you in good time and politely “breaks you” (and scare you) into action. Final Friday, which is a local course run in Bournemouth/Poole, provides the confidence to move into the exam and knock them dead! At least that’s the plan...

When you pass
Results are given out on photocopied grids. I won’t lie – it’s horrendous! Suddenly, on entering the college, trying to remember a four digit number is harder than anything you’ve done before. You even doubt your own name for a split second. Take yourself somewhere quiet and hope it’s there! If it is, you’ll feel like a child on Christmas Day, or as my friend described it "a 5-year old with his first ice cream!" You get to sign the book, shake hands with the examiners and congratulate your friends. Spare a thought for anyone whose name is not on the piece of paper. Whilst the wine is not worth the money, try not to drink too much as order and decorum is all part of being a fellow. Finally, whilst trying to battle the networks, rather like on New Year’s Eve, ring your long suffering partners/mums/dads and put them out of their misery.

I hope this helps!
Southcoast Perioperative Audit and Research Collaboration

Ben Harris

SPARC (Southcoast Perioperative Audit and Research Collaboration) was established in November 2013 after a group of Wessex anaesthetic and intensive care trainees became fed up with the endless cycle of small, single-centre, limited-value audit projects.

We imagined a group of anaesthetic trainees, from multiple hospitals, all collaborating together on the same project. The result would be bigger, more relevant and more publishable.

Since November 2013, we have completed a multicentre fluid prescribing project involving 431 patients. This has been presented as a poster at a national meeting and won the Scott prize for best oral presentation at the Wessex Intensive Care Society Summer Symposium. The manuscript is currently being prepared for publication.

We have also contributed cardiac output monitoring data to a national, trainee-led project.

SPARC/ICM is a discussion group within the main structure of SPARC. The aim is to formulate ICM related projects and run them through SPARC. A CVC insertion audit across multiple centres has already been completed and accepted as an international poster presentation and we are about to launch a survey of how patient weight is recorded in multiple ICU’s around the region. Other current and future projects include the quality of cricoid pressure and anaesthetic management of rib fractures. We are always open to other ideas and want to hear from you.

SPARC always needs new members. If you are interested please contact sparc.wessex@gmail.com or visit our website www.wessex-sparc.com

Upcoming events

SPARC Education and Research Day: 3rd November, Wessex Deanery. Book your study leave now!

SPARC Annual General Meeting: 20th November, Southampton. Evening meeting with free food and drink.

Academic Research

Visit the NIAA website for a free online resource providing an introduction to the key principles of how to design a study and the regulations governing clinical research: www.niaa.org.uk/article.php?newsid=886

The NIAA website also has lots of information regarding numerous research opportunities, grants and awards www.niaa.org.uk/CurrentOpportunities

New for 2014, Imperial School of Anaesthesia is offering a Masters in research: www1.imperial.ac.uk/apmic/mres/

The Society of Educators in Anaesthesia (SEA UK) offers awards and grants from £500 upwards towards any project or research relating to education and training within anaesthesia and critical care.

Apply via www.sea.uk.org

Fellowship Opportunities

Regional Anaesthesia: http://www.ra-uk.org/index.php/fellowships


Obstetric Anaesthesia: http://www.oaa-anaes.ac.uk/Research_Interest_and_Fellowships

Management and Leadership

The Edward Jenner Programme is a free online management and leadership learning resource. This highly practical and patient-focused development package is designed to help you use your own experience to develop your management and leadership skills, giving you the knowledge and confidence to embark on further projects.

See www.leadershipacademy.nhs.uk
Trainee Update

Helen Bryant

I am delighted to have been elected as the new chair of trainee representatives. I qualified in 1999 and worked as a paediatric SHO before commencing anaesthetics in KSS deanery. I moved to Wessex in 2003, completed the FRCA in 2005 and have since enjoyed time out-of-programme as a staff grade whilst my three boys were small. I returned to training in 2012 in a LTFT capacity and I am currently working in Southampton as an SpR (ST 6).

It is an interesting time to be involved in training as the Department of Health considers how best to implement the Shape of Training recommendations. The RCOA have appointed an education fellow to review the curriculum for the CCT in Anaesthesia and the results of the trainee survey which accompanies this project, are awaited. One aspect of my role includes participation in the RCOA Anaesthesia Trainee Representative Group (ATRG), which is the collective voice of the trainee chairs from each school. I hope to inform you of the latest developments in this curriculum review following the next ATRG meeting.

The GAS newsletter, which can be downloaded from the RCOA website, is a good source of news and information for trainees. There have also been some interesting training articles in the recent Bulletin and Anaesthesia News publications (several of which are written by Wessex trainees!). Rhys Lewis (ST 7, Wessex), highlights the importance of familiarisation with anaesthesia emergency guidelines when working abroad during OOPT, since they may differ from those accepted in the UK. Another useful article on the subject of OOPT introduces the increasing practice of interviewing candidates using an internet-based video link. The authors provide some great tips on professional Skype etiquette including selecting an appropriate name and profile picture, checking timezones, tackling technical faults and ensuring the background is clutter and child-free!

In the latest Bulletin, there is a focus on cardiothoracic anaesthesia training and the introduction of a new, free e-LFH programme on echocardiography, which forms part of the Focused Intensive Care Echo (FICE) accreditation framework. This year’s GAT report includes mention of the parent and baby room with live-streamed lectures which was well received and will continue to be available at future AAGBI conferences. For trainees who are considering or already working as a LTFT, the RCOA is hosting the second national LTFT day on the 9th October.

With regard to regional training news, I am looking forward to meeting with the Wessex trainee representatives in the next few weeks to establish and collate local training issues, prior to the meeting of the School Board. In the meantime, I hope to provide a point of contact, support and advice for any individual training concerns.

I would like to thank Ben Harris, as the outgoing chair, for representing us all so well this year and supporting me in the transition.

Message from immediate past-chair of trainee representatives

I recently stood down from this role after one year in post. I have thoroughly enjoyed representing you on the School Board over the last year. Thank you to everyone who put their name forward in the election for my successor and thank you to everyone who voted. Dr Helen Bryant was elected and has taken over from me as chair of trainee representatives. I know she will do an excellent job.

Best wishes, Ben Harris
Conferences and Courses

Portsmouth Airways Workshop (PAWS)
www.pawscourse.co.uk/

Wessex Obstetric Anaesthesia Conference
8th October 2014, Portsmouth.
Email: maya.kai@porthosp.nhs.uk

Introduction to Obstetric Anaesthesia
http://www.wessexdeanery.nhs.uk/courses__conferences_centre.aspx

BASIC Assessment and Support in Intensive Care for novice trainees.
Email Dr Christopher Loew: christopher.loew@poole.nhs.uk

Managing Emergencies in Paediatric Anaesthesia (MEPA)
Portsmouth and Oxford
www.mepa.org.uk/centres/uk/portsmouth/

9th Wessex Medical Education Conference
Southampton, 13th Nov www.wessex.hee.nhs.uk

Exam Courses

Primary FRCA Examination

Wessex FRCA Primary - Scientific Principles
9th Oct 2014, Southampton Hospital
http://www.wessexdeanery.nhs.uk/courses__conferences_centre.aspx

Wessex Intensive Primary Revision Course (OSCE VIVA Day)
11th Nov 2014, Salisbury Hospital

Wessex Primary OSCE and SOE Course
31st Oct and 23rd Jan, Royal Bournemouth Hospital
Email wosoc1@gmail.com

South Coast Intensive Primary Course (SCIP)
13th-14th Oct 2014
www.scipcourse.co.uk/

RCOA Primary FRCA Revision Course
19th - 21st Jan 2015
www.rcoa.ac.uk/education-and-events/primary-frca-masterclass-0

School of Anaesthesia

Final FRCA Courses

South Coast Intensive Final Course (SCIF)
www.scifcourse.org.uk/

Final Friday Viva Course
5th Dec 2014
Royal Bournemouth Hospital
To apply email: frca.final.soe@gmail.com

Mersey SOA Courses:
http://www.msoa.org.uk/courses/
Final Viva Revision Course, 1st - 7th Nov 2014
Final Viva Weekend, 28th – 30th Nov 2014

RCOA Final FRCA Revision Course
12th -16th Jan 2015
www.rcoa.ac.uk/education-and-events/final-frca-revision-course

Final FRCA Courses

South Coast Intensive Final Course (SCIF)
www.scifcourse.org.uk/

Final Friday Viva Course
5th Dec 2014
Royal Bournemouth Hospital
To apply email: frca.final.soe@gmail.com

Mersey SOA Courses:
http://www.msoa.org.uk/courses/
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RCOA Final FRCA Revision Course
12th -16th Jan 2015
www.rcoa.ac.uk/education-and-events/final-frca-revision-course
A Trainee's Experience: Clinical Simulation Fellowship

Jai Vedwan

So what can you do with a 6-month gap between your core training and registrar training? The options are endless...skiing until your legs (and liver) give up...working abroad for a charity...a diploma in tropical medicine...the world is your oyster. Or you could do a fellowship in simulation-based education as I did. Before you start booking your ski trip let me just take you through why I took the simulation option and why you should think about doing this if you have a hiatus in training as I did.

After my core training I was offered a six month post on the SHO rota in Dorchester and the chance to make use of a well stocked simulation suite. I’d always enjoyed simulation but had a slight fear of The Room of Doom and so didn’t think I had tapped its full potential both as a student or teacher. Luckily at the same time I also was appointed as Simulation Fellow with the Wessex Deanery, which meant I could neatly combine the two roles.

The Fellowship involved writing and delivering simulation based training with a focus on preventing Never Events. This was following on from the importance of staff training being highlighted in the Francis Report so there was an easily accessible framework on which to base my simulations. The target audience was wide, including different medical and surgical specialities, physiotherapists, nurses and theatre staff. Typically each session would start with some lecture style teaching followed by simulation and a Never Event buried within the sim.

The delivery of the teaching actually took up a relatively small amount of time with the majority of it being spent on research, writing lectures and scenarios, practice runs and getting people to sign up for the sessions. As satisfying as delivering the teaching was, the planning and preparation was often frustrating. As you can imagine NHS staff rarely have free time for training so organising a time when it suited everyone within work hours was tricky.

By taking a project through it's entirety; from writing an initial proposal, presenting it to the deanery to assessing outcomes, I learnt a huge amount in my six months. I developed new teaching methods and refined old ones as well as improving my awareness of the structure and workings of the NHS in the deanery led sessions. Importantly, I learnt how to manage my own time effectively without feeling guilty- which is surprisingly difficult when you are used to having you work life rota’d for you on a week by week basis.

So would I recommend it? Yes, without hesitation. The satisfaction of delivering a training session is huge. With the pressures of full-time work, on-calls and exams it's often difficult to make a difference to training and patient safety and having time dedicated to do this is a privilege.

I'd like to thank Jon Chambers, Richard Jee and especially Dorchester's Simulation Technician Matt Cape, without whom the simulation project would not have been possible.

Full details, including application details can be found at: www.wessexdeanery.nhs.uk
GAT Update
Nigel Chee

Oh captain, my captain- thanks for waiting for the GAT update; forget any holidays you’ve had- this is the schizlze. Let’s get straight into it.

The Government has reviewed the report of the Independent Taskforce looking at the impact on the NHS of the EWTR. They have accepted all the review’s recommendations and have committed to looking at the possibility of separating training from service and raising awareness of the opt-out clause. The AAGBI and GAT have many concerns about this and have written to Jeremy Hunt. The issues they address include:

i) Clarification on how the government would consider separating training time from service provision without the risk of prolonging training time

ii) EWTD- and the encouragement of how widespread op-out could be encouraged, but ensuring this remains an individual decision that is both safe and appropriate. There must be consideration on its use and possible abuse by clinical and non-clinical managers.

As always, if there are any other training/GAT issues or you just fancy a chat, then let drop me a line: nigelchee@doctors.org.uk
November 3rd

**SPARC educational research day**

An all day free course (with lunch) sponsored by the National Institute of Academic Anaesthesia. **If you are interested in research and want to learn more come along.**

1. What is the NIHR and how can it help you?
2. Research or Audit? What is needed for research.
3. Workshops/Q&A Session (discuss your project ideas with the experts)
4. Leadership and its Role in the NHS & Research. (Faculty of Medical Leadership and Management)
5. Publications: the good the bad and the dubious statistics.
6. How to get involved in research
7. SPARC and RAFT update.
8. How to get published and enhance your CV!

All grades and speciality of trainee welcome.

Contact sparc.wessex@gmail.com for more information.

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**October 1st**

**SPARC.Trauma discussion group**

SPARC.Trauma is a new discussion group. They are just starting a very exciting multi-centre project on the management of rib fractures across Wessex that will involve both a retrospective review and hopefully an RCT. Come along and help formulate and plan the next exciting SPARC project: Management of rib fractures in Wessex.

**Venue to be confirmed. Evening meeting. Contact hmorton@doctors.org.uk**

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**October 15th**

**SPARC.ICM discussion group**

We will informally discuss the following ideas and start new projects.

1. Dr Sarah Birkhoelzer: Results of the ICM weight recording survey and planning a regional guideline.
2. Lung protective ventilation Dr’s Nigel Chee & Neil Richardson: The concept of prescribing ventilation parameters. How well do we do this, which patients?
3. CVC project Dr’s Adrian Wong & Huw Wilkins: The next steps after the initial region wide survey of CVC insertion practice.
4. Delayed discharge from ICU Dr Sonya Daniel: What is the extent of the problem? This is about to become an important financial target. How can we reduce the numbers?

Romsey Rugby club, 6:30pm. Snacks & Bar provided. Contact sparc.icm@gmail.com

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**Don’t forget the SPARC AGM on 20th November. 6:30PM Southampton. Free Pizza.**
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SPARC dates for your diary.

All welcome!

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