The Wessex School of Anaesthesia

Prospectus

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**Introduction**

The School was formed in 1995 to coordinate the training of anaesthetists in the Wessex Deanery. Geographically, it now covers Portsmouth, Southampton, Poole and Bournemouth, Dorchester, Salisbury, Winchester, Basingstoke, Jersey and the Isle of Wight. There are no anaesthetic trainees in the Isle of Wight or Jersey. Although previously associated with the Severn Deanery (Severn & Wessex Deanery) and Oxford Deanery (NHS Education South Central), Wessex Deanery is now independent, with its headquarters at Southern House, Otterbourne.

**Administration of the School**

The executive Anaesthetic School Board ensures that training conforms to the pattern required by the Royal College of Anaesthetists (RCoA) and the Deanery and to implement it locally. The School Board includes the Head of School, the Regional Adviser, Deputy Regional Adviser, the RAs for ICM and Pain Management, the Anaesthetic Programme Directors, a Consultant representing the small hospitals, a Military Consultant and a Trainee Representative. A larger training committee (the STC), which also includes the College Tutors, meets three times per year.

The School also liaises with the Armed Forces Anaesthetic Training Scheme. The Portsmouth Hospitals Trust is the MDHU in Wessex.

**Recruitment**

Recruitment to UK anaesthetic training programmes is mostly by national application (coordinated by West Midlands Deanery) and then Deanery (Unit of Application) based interviews although some posts are appointed locally following national advertisement. The criteria and person specifications for entry to the training programmes are available on the RCoA website ([www.rcoa.ac.uk/](http://www.rcoa.ac.uk/)).

At the moment, in Wessex, successful applicants start in either August or February. Anaesthetic trainees will undertake their first year (CT1) in any of the hospitals except Southampton and rotate for their second year (CT2) to a different hospital but on the same side of the region. We currently have 22 posts in each year of training level.

**Core Training in Anaesthesia**

At present, trainees can enter anaesthetic training via two routes, either Core Training (CT) or Acute Care Common Stem (ACCS) training ([www.accsuk.org.uk](http://www.accsuk.org.uk)).

**Anaesthetics Core Training** is a two year programme which comprises 21 months of anaesthesia and 3 months of Intensive Care Medicine (Basic ICM). Following this, subject to satisfactory progression including passing the Primary FRCA, the trainee will be eligible to apply for ST3 training.

**Acute Care Common Stem Training (ACCS)** is a three year programme which gives core training in the acute specialties. In Wessex the first two years consist of six months each of Acute Medicine, Emergency Medicine, Intensive Care Medicine and Anaesthetics. In Wessex, applicants must nominate their chosen specialty, ‘base specialty’, at the outset. This can sometimes be changed, but usually only if a swap can be arranged or a vacancy arises. If anaesthesia is the declared base
specialty the trainee will complete the third year purely in Anaesthesia. ACCS trainees are based in Southampton, Portsmouth and Poole.

The curriculum for anaesthetic competency based training has been recently been rewritten by the Royal College of Anaesthetists and has been formally approved by the GMC. The format for the first 2 years of training is clearly outlined in the CCT in Anaesthetics Curriculum 2010 (which can be downloaded [here](#)). ACCS trainees will necessarily have done 18 and not 21 months in anaesthetics. Trainees should note that there have been changes made to the regulations about the FRCA examinations which can be accessed via the [RCoA website](#). Once they have passed the Primary FRCA and completed the necessary competences, the trainee will be issued with a Basic Level Training Certificate and will then be eligible to apply for ST3 training in anaesthesia. It is expected that all trainees will have annual ARCPs (Specialty Registrars [STs] and Core Trainees [CTs]) or RITAs (Specialist Registrars [SpRs]), see below.

Courses for all parts of the FRCA exam are run by the [Wessex Courses Centre](#) and are available for all trainees in the region.

**Specialty Training in Anaesthesia (ST 3-7)**

After completion of core training or ACCS, trainees must apply competitively for speciality training.

**Intermediate Training (ST3 and ST4)** posts are distributed between either Portsmouth or Poole & Bournemouth and Southampton (one year in each hospital). The Final FRCA must be completed by the end of ST4.

**Higher and Advanced Training** begin in the ST5 year. This progression will usually follow on in the ST4 placement before moving for 12 months to one of the smaller District General Hospitals (DGHs): Basingstoke, Salisbury, Dorchester or Winchester. A valued and important aspect of the training scheme is to experience specialty training in hospitals differing in size and specialisation. The balance of ST6&7 are principally at Portsmouth, Poole & Bournemouth and Southampton. At least two of the last three years must be undertaken in the UK but there are options for Out of Programme Training/Research/Experience – see [below](#). During Higher and Advanced Training the wishes of the trainee for specialised work will be respected as far as possible within the guidance of the curriculum. Trainees should discuss their aims with their Educational Supervisor/College Tutor and with the Programme Director at an early stage.

**The Period of Grace.** Following the award of CCT trainees may request a period of grace for up to six months whilst they apply for their next job. Since they are no longer trainees they can expect to be used by their departments for service delivery and may be asked to rotate to any hospital in the Region to occupy gaps in the registrar rotations. Once a trainee opts to take a period of grace they are then obliged to give three months notice to terminate their contract. After the period of grace (or at the CCT date if no POG is requested) the NTN is reclaimed.

**Intensive Care Medicine (ICM)**

All of the Intensive Care Units in Wessex are approved for core training with intermediate, higher and advanced training taking place in Portsmouth, Poole & Bournemouth and Southampton. During
CT1 and 2, a period of three months ICM training is mandatory and in Wessex this is usually arranged in CT1. Any additional time spent in ICM cannot be “carried over” to ST training. A further three months of ICM training is required during Intermediate Training (ST3-4) and three months in Higher Training (ST5-6). Trainees accepted for Dual ICM training usually opt to bring the Higher Training block forward to ST4.

At the moment the simplest route of entry to ICM training leading to a dual CCT is through Acute Care Common Stem training (ACCS) as this delivers sufficient training in the complementary specialities - to obtain a Dual CCT in ICM via the Anaesthetics route would require the trainee to either spend six months extra out of programme in medicine or to have completed an appropriate post before entry to anaesthetics. Trainees must apply competitively for Dual Training during ST3/4. Advanced training placements of 12 months duration (in ST6-7) leading to a Dual CCT in ICM and anaesthesia are available in Portsmouth and Southampton. There is a separate Programme Director and Regional Adviser in ICM who organise this training in close liaison with the Anaesthetic TPD.

**Appraisal & Assessment**

All trainees are allocated an educational supervisor and each anaesthetic department in Wessex has active appraisal and assessment systems in place. All trainees are required to follow competency-based training and assessment as described in the 2010 curriculum. The Royal College of Anaesthetists has published comprehensive training guides which should be read thoroughly. The current assessment tools are Anaesthesia Clinical Evaluation Exercise (A-CEX), Direct Observation of Procedural Skills (DOPS), Anaesthesia List Management Assessment Tool (ALMAT), Case-based Discussion (CbD) and Multi-Source Feedback (MSF).

All trainees are expected to maintain a logbook of their clinical activities which conforms to the patterns laid down by the College.

For most trainees, acquisition of the Primary or Final FRCA remains the main academic goal during the first years of training (CT1-2 for Primary and ST3-4 for Final) and there are regular protected teaching sessions directed at this. For each trainee, there is an annual budget for study leave. At present, ST1-4s are allowed 30 days per annum to include 30 half days protected teaching and 15 days leave to attend courses. ST5-7s are allowed 30 days per year to include 10 days per annum to attend appropriate external courses/conferences. The use of study leave to obtain additional clinical training is a legitimate use of that time and is encouraged. Trainees must discuss and agree their use of study leave with their educational supervisor. A record of research and educational activities must be kept (a blank CPD diary is downloadable from the school website). Applications to Postgraduate Directors of Medical Education for study leave will only be considered when accompanied by a signed training agreement.

**The ARCP/RITA process**

The progress of trainees is monitored by local appraisal throughout each hospital attachment. In addition, at the end of each year an assessment report is provided to inform the ARCP (Annual Review of Competency Progression) or RITA (Record of In-Service Training Assessment) which are performed by School representatives. Face to face ARCPs and RITAs normally take place at Southern House, Otterbourne. Trainees are informed of the date of their forthcoming ARCP/RITA date by the
Specialty Programme Administrator at the Deanery well in advance and are responsible for ensuring the necessary documentation is submitted. A calendar of ARCP/RITA dates is available on a restricted area on the school website. An ARCP or RITA is not an assessment in itself but a record of the most recent assessments performed locally. It also covers the work performed in the year, an inspection of the logbook, a record of academic progress and professional development in general. A more detailed explanation of the ARCP/RITA process is available on the school website. All new entrants to the training program are expected to attend the ARCP workshop held twice a year.

Trainees are advised to maintain a Personal Portfolio (which can be, but does not have to be according the format laid down by the Royal College of Anaesthetists), which should be brought to the ARCP/RITA. Accurate details of the training modules they have undertaken should also be kept. The College will soon roll out an e-portfolio which trainees should then use. Trainees should maintain a detailed Continuing Professional Development Diary of the various educational activities (including research) in which they have participated. The ARCP/RITA is also a used to discuss and agree plans for the subsequent year or years.

The ARCP process is considered an extremely serious part of the training programme overall. The final ARCP/RITA is conducted within three months of the proposed CCT date. Failure to satisfy the ARCP/RITA panel or to provide a logbook or diary of activities at the ARCP/RITA can lead to a recommendation that the year, or part of it, be repeated and that progress to the subsequent year(s) be stopped. This should happen rarely: problems should be identified in-house well before an ARCP/RITA. Trainees dissatisfied with an ARCP or RITA outcome may appeal to the Postgraduate Dean. The “Gold Guide” (A guide to Postgraduate Specialty Training in the UK) published on the MMC website is a very useful source of information – it is essential reading for all trainees (www.mmc.nhs.uk/).

Out of Programme Training/Research

Time may be taken out of programme to work abroad or in the UK but still be counted toward the training time up to a maximum of 12 months – this was previously known as off-rotation training (ORT) but is now called Out of Programme Training/Research (OOPT/R). It is restricted to the last three years of the seven year programme. The final arrangements need to have been completed at least 3 months in advance to provide sufficient notice to departments. GMC regulations stipulate that a trainee must spend the final six months prior to obtaining CCT in the UK. Any plans must be discussed with the Programme Director and prospective approval must be obtained from the Deanery and the College and GMC. Trainees must be clear as to what areas of the curriculum they will cover during OOPT. Planning ahead is essential as this process can take up to 6 months. Application forms are available from the school website.

The Wessex School has a number of established overseas contacts. Further information is available from the Programme Director. Trainees taking a year out need to request a formal written assessment from their (overseas) supervisors at the end of such a year to present to the College and at their next ARCP/RITA assessments.
Out of Programme Experience.
The 7-year ST programme is a minimum requirement. A trainee may request to take time out of programme for further training or research which will NOT count towards CCT. Applications must be discussed with the Programme Director in advance and will be considered on an individual basis.

Less than full time training LTFTT (previously flexible training)
Applications to train flexibly should be made to the Training Programme Director and the Deanery. Funding for LTFTT is very limited and there may be a waiting list to start LTFTT. Slot sharing is usually necessary. Occasionally, a single LTFT trainee may occupy a fulltime slot. It is accepted that LTFT trainees may be limited geographically and although the training content of posts must conform to RCoA requirements, this will be taken into consideration when allocating placements.

Sources of Advice (link will take you to contacts section on deanery website)
The Regional Adviser Dr J Nightingale; Portsmouth
Head of School & Chair of School Board Dr P Spargo ; Southampton
Deputy RA and Education Coordinator Dr S Hill; Southampton
Defence Consultant Adviser in Anaesthesia Surgeon Commander David Birt, Plymouth
ST3+ Programme Director Dr Ian Mettam, Southampton
CT1/2 Programme Director Dr Kathy Torlot, Portsmouth
Regional Adviser in Intensive Care Dr Gordon Craig, Portsmouth
Programme Director in ICM Dr Susie Tanser, Southampton
Regional Adviser in Chronic Pain Dr Nick Campkin, Portsmouth
Consultant with special responsibility for less than full time training Dr Delia Hopkins, Southampton
Representative from a small DGH Dr Julie Onslow, Salisbury
Postgraduate Dean of the Wessex Deanery Dr Vicky Osgood, Southern House, Otterbourne
Programme Manager Ms Karen McCarthy, Southern House, Otterbourne
Specialty Programme Administrator Ms Anna Simpson, Southern House, Otterbourne