



Educational Supervisor Evening

Thursday 28th February 2019

Scott Marshall

Objectives

- Overview of school
- Annual review of competency progression (ARCP)
 - What evidence is required
 - What do the outcomes mean
- ACCS
- Trainee welfare

West of Scotland School of Anaesthesia



West of Scotland School of Anaesthesia
Scotland (West) Deanery

Head of School – Dr S Marshall, Monklands Hospital

Regional Adviser – Dr N O'Donnell, Queen Elizabeth University Hospital, Glasgow

Deputy Regional Adviser – Dr K Walker, Ayr Hospital,
Deputy Regional Adviser – Dr D Smith, Glasgow Royal Infirmary

Deputy Regional Adviser – Dr P Harrison, Queen Elizabeth University Hospital, Glasgow

Regional Adviser in Pain Medicine – Dr L Manchanda, Western Infirmary, Glasgow

Regional Adviser in Intensive Care Medicine – Dr C Murdoch, Glasgow Royal Infirmary

Programme Director - Dr M Smith, Royal Alexandra Hospital, Paisley

[School e-Portfolio contacts](#)

College Tutors

Ayr Hospital – Dr K Kerr

Crosshouse Hospital, Kilmarnock – Dr R Junkin

Dumfries and Galloway Royal Infirmary – Dr S J Wilson

Forth Valley Royal Hospital – Dr N M Crutchley

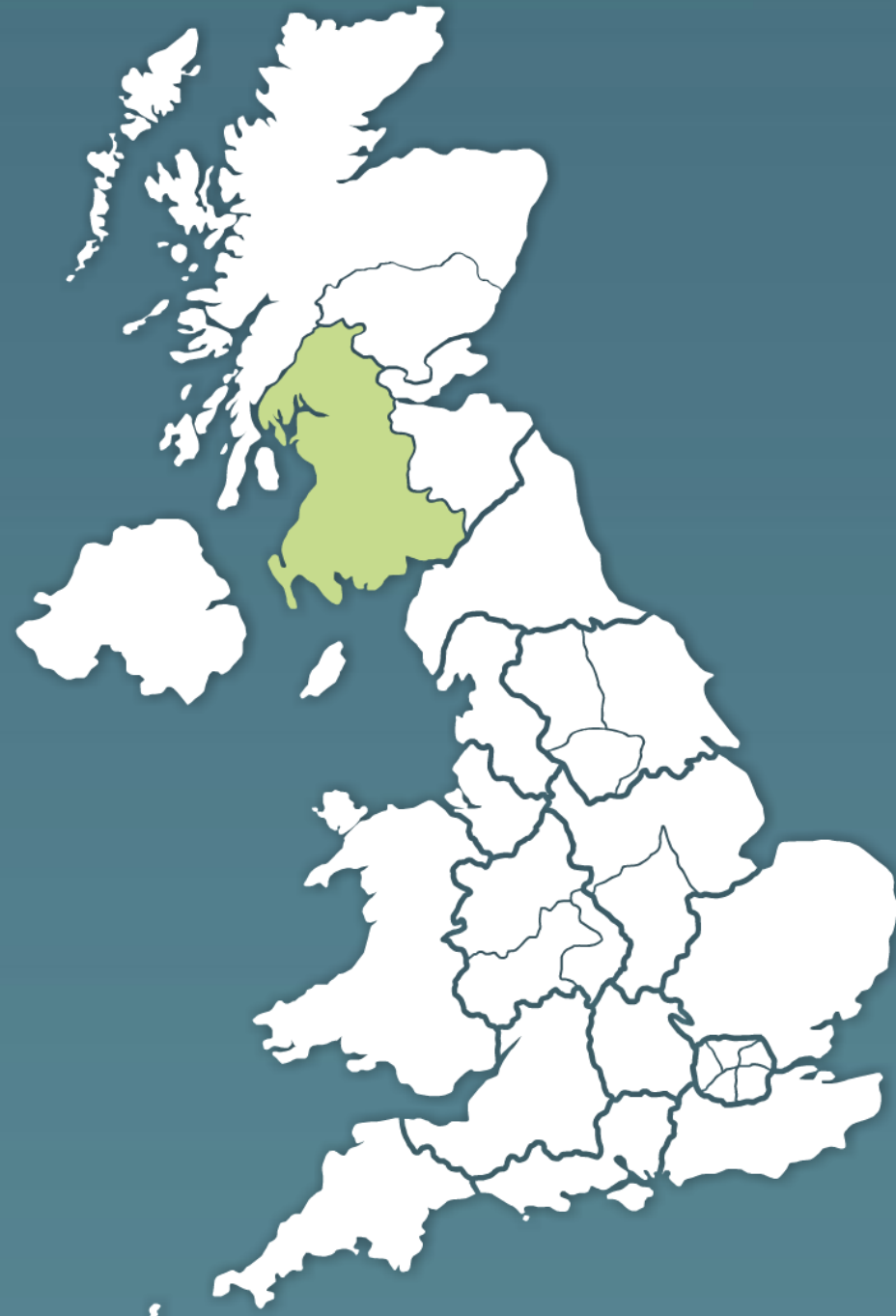
Hairmyres Hospital, East Kilbride – Dr J H Duffy

Glasgow Royal Infirmary – Dr S Smith

Glasgow Royal Infirmary – Dr G A Gallagher

Golden Jubilee Hospital, Clydebank – Dr D A W Reid

Institute for Neurological Sciences, Glasgow – Dr K R Fitzpatrick



West of Scotland School of Anaesthesia

West of Scotland School of Anaesthesia



West of Scotland School of Anaesthesia



West of Scotland School of Anaesthesia

- 15 Hospitals
- All subspecialties are represented
- 220 trainees (including ACCS)
- 18 College Tutors
- Educational Supervisors



West of Scotland School of Anaesthesia Executive Committee

- Training Programme Director Malcolm Smith
- Regional Adviser Anaesthesia Neil O'Donnell
- Head of School/Chair of STC Scott Marshall
- Regional Advisor in ICM Radha Sundaram
- Regional Advisor in Pain Lisa Manchanda
- Deputy Regional Advisor Kevin Walker
- Deputy Regional Advisor Paul Harrison
- Deputy Regional Advisor Drew Smith
- Ass. Dean for Anaesthesia/Em. Med. Cieran McCeirnan

Curriculum for a CCT in Anaesthetics

Edition 2 | August 2010 | Version 1.8

A Reference Guide for Postgraduate
Specialty Training in the UK

The Gold Guide
Sixth Edition
Version: GG6.FEB2016

Training Department

CCT in Anaesthetics

Annex B
Core Level Training

Edition 2 | August 2010 | Version 1.8

Curriculum for a CCT in Anaesthetics

Edition 2 | August 2010 | Version 1.8

A Reference Guide for Postgraduate Specialty Training in the UK

The Gold Guide
Sixth Edition

Version: GG6.FEB2016



Excellence by design:

standards for postgraduate curricula

Working with doctors Working for patients

General
Medical
Council

ARCP - What evidence is required?

- Educational Supervisors Report
- Clinical experience – Logbook, CUT forms

- **Professional Attitudes**
- **Team Working**
- **Leadership**
- **Ethics**

CCT in Anaesthetics

Annex A
Professionalism
in Medical Practice

ARCP - What evidence is required?

- Educational Supervisors Report
- Clinical experience – Logbook, CUT forms
- MSF summary
- Consultant feedback

- **QI / Audit**
- **Research**
- **Teaching**
- **Management**

CCT in Anaesthetics

Annex G
Teaching and Training, Academic
and Research (including Audit),
Quality Improvement, and
Management for Anaesthesia,
Critical Care and Pain Medicine

ARCP - What evidence is required?

- Educational Supervisors Report
- Clinical experience – Logbook, CUT forms
- MSF summary
- Consultant feedback
- Portfolio
- All previous ARCP outcome forms

ARCP Outcomes

- 1 – Satisfactory progress
- 2 - Development of specific competencies, extra time not required
- 3 - Inadequate progress - extra time required to achieve competencies
- 4 - Released from training programme
- 5 - Inadequate evidence presented
- 6 - Completed training programme

ARCP Outcomes

Outcome from Fixed term/LAT post

- 7.1 - satisfactory progress
 - 7.2 - Development of competencies
 - 7.3 - Inadequate progress
 - 7.4 - Insufficient evidence
-
- 8 OOP

ARCP and Revalidation

- ARCP is annual review for revalidation purposes
- Dean is RO
- Trainees must submit absence declaration and SOAR declaration
- Failure to do so results in outcome 5
- Trainee given 10 working days to submit
- Failure to submit results in unsatisfactory outcome

Information

WOSSA website www.jet5.com/wossa

RCoA website www.rcoa.ac.uk

WOSSA

West of Scotland School of Anaesthesia



Welcome

The West Region of the Scotland Deanery oversees training in the Health Boards of Greater Glasgow and Clyde, Ayrshire and Arran, Dumfries and Galloway, Forth Valley and Lanarkshire — a population of 2.55 million. The specialty training program complies with the RCoA 2010 Curriculum for a CCT in Anaesthetics and ICM.



The Queen Elizabeth University Hospital

Noticeboard

Final FRCA Preparation Course Winter 2019
Each Monday for 9 weeks from Monday 7th January 2019, leading up to the Written Paper in March. Takes place at Postgraduate Centre, Munro Building, GRI. Application form available in Education section. Posted 22nd October 2018.



About the College

Careers and Training

Examinations

Education, Events and Research

Clinical Quality, Standards and Safety

Revalidation and CPD

News and the Bulletin

For Patients and Relatives

Home > Careers and Training

> Careers and Training Overview

- > Shape of Training
- > Considering a Career in Anaesthesia
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- > Regional Advisers and College Tutors
- > Working Time Regulations
- > Workforce Planning
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Careers and Training



'Anaesthesia merges all the reasons I wanted to become a Doctor. It involves communicating with patients and their loved ones, performing intricate clinical skills, relieving pain, teaching others, advanced understanding of basic science and continually expanding my own knowledge and understanding'.

This section provides information on all aspects of training and career support for every grade of anaesthetist.

Training News

Launch of Acute Care Common Stem (ACCS) website
08 Jan 2016
 The ICACCST are pleased to announce the launch of...

New and improved RCoA assessor e-learning training tool
07 Jan 2016
 We are pleased to announce the launch of the new...

Joint statement on industrial action by junior doctors
06 Jan 2016
 The AAGBI, RCoA and FICM acknowledge the recent...

Final report of the AoMRC Shape of Training mapping exercise
17 Dec 2015
 The Academy of Medical Royal Colleges (AoMRC) has...

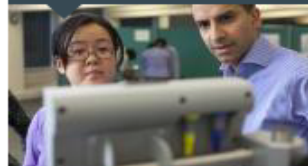
> [More news](#)

Considering a Career in Anaesthesia



Information on anaesthesia, careers in anaesthesia and careers fairs

The Training Programme and Curriculum



Regulations, Curricula and detailed information about the Anaesthetic Training Programme

Map of UK Schools of Anaesthesia



Information on UK Schools of Anaesthesia

International Programmes



Information for non-UK doctors to train in the UK

CCT in Anaesthetics

Assessment Guidance

June 2015



THE ROYAL
COLLEGE OF
ANAESTHETISTS

This screenshot of the Higher airway management unit of training highlights the difference between competences and core clinical learning outcomes:

Figure 1

Airway management*

This higher unit is one of the two mandatory units of higher training which all trainees are expected to complete satisfactorily during their general duties training block. It shares a number of important competencies with ENT, maxillo-facial and dental surgery and it is expected that it can be delivered in many of the non-specialist hospitals that form part of many, if not all, Schools of Anaesthesia.

Learning outcomes:

- Become skilled at managing the more complex airways by building upon intermediate knowledge, skills and experience

Core clinical learning outcomes:

- Able to perform elective fiberoptic intubation in patients without serious intra-oral/laryngeal pathology, safely and proficiently, in awake or anaesthetised patients under distant supervision
- Able to manage patients with complex airway disorders, safely and proficiently, in all situations, under local supervision

Knowledge			
Competence	Description	Assessment Methods	GMP
AM_HK_01	Discusses the use of novel airway techniques, including the use of retrograde catheters and airway exchange devices	A,C	1,2

Skills			
Competence	Description	Assessment Methods	GMP
AM_HS_01	Demonstrates ability to perform awake elective fiberoptic intubation, including obtaining consent	A,D	1,2
AM_HS_02	Demonstrates ability to perform fiberoptic intubation for elective cases including for those with airway pathology under distant supervision	A,D	1,2,3,4
AM_HS_03	Demonstrates ability to perform fiberoptic intubation for emergency cases including for those with airway pathology under direct supervision	A,D	1,2,3,4
AM_HS_04	Demonstrates management of an operating list involving multiple patients for airway related surgery, including patients with predicted difficult airway, with appropriate airway management decision making	A	1,2,3,4

Essential

Essential

Possible areas for WPBAs, not essential to achieve every competence

The Faculty of Intensive Care Medicine has set the number of assessments for Intensive Care Medicine, which are listed in Annex F, and some assessments achieved in the anaesthesia curriculum may be cross-counted to satisfy ICM competences.

ACCS

ACCS

   
INTERCOLLEGIATE COMMITTEE FOR ACUTE CARE COMMON STEM TRAINING (ICACCST)
AICEM.17.02



Acute Care Common Stem (ACCS) Educational Supervisor Handbook 2016–2017

November 2016

INTERCOLLEGIATE COMMITTEE FOR ACUTE CARE COMMON STEM TRAINING (ICACCST)



» Home

» ACCS Trainees'
Guide

» 2012 Curriculum

» News

» Events

» Assessments and
appraisals

» Assessment
Forms

» ACCS Portfolios

Acute Care Common Stem (ACCS)

Welcome to the national training website for the Acute Care Common Stem (ACCS) specialty training programme.

This website is intended to provide information and resources for current trainees and those looking to apply for ACCS training and is endorsed by the Intercollegiate Committee for Acute Care Common Stem Training.

As a new and growing training programme, ACCS is continually developing - as are the pages of this website. Please be aware that local deanery requirements may be different to those specified here which are based on the ACCS curriculum and current guidance. If in doubt please check with your Educational Supervisor.

ACCS Introduction

ACCS is a three year training programme that normally follows Foundation Year 2. It is the only Core training programme for trainees wishing to enter Higher specialty training in Emergency Medicine and is an alternative Core training programme for trainees wishing to enter Higher specialty training in General Internal Medicine (GIM), Acute Internal Medicine (AIM) or Anaesthesia. The first two years are spent rotating through Emergency Medicine (EM), Acute Internal Medicine, Anaesthetics and Intensive Care Medicine (ICM). The third year is spent in training that will ensure the trainee meets the minimum requirements for entry into Higher specialty training in their parent specialty (EM, GIM/AIM, Anaesthetics and also ICM). The components of training in ACCS are:

- > 1 year Emergency Medicine + Acute Internal Medicine (usually 6 months each)
- > 1 year Anaesthesia + Intensive Care Medicine (usually 6 months each)

ACCS CURRICULUM

- Common Competencies
- Major presentations
- Acute presentations
- Practical procedures
- Anaesthesia and ICM

ACCS Training

- All do year 2 in Anaesthesia and ICM
- Register with own parent College and use own portfolio
- Requirements for ARCP – Paper copies and scan
- Initial Assessment of Competence (IAC)
- 8x CUT forms –Basis of Anaesthetic Practice
- CUT from ICM
- MSF
- Consultant feedback
- Portfolios from WOSSA

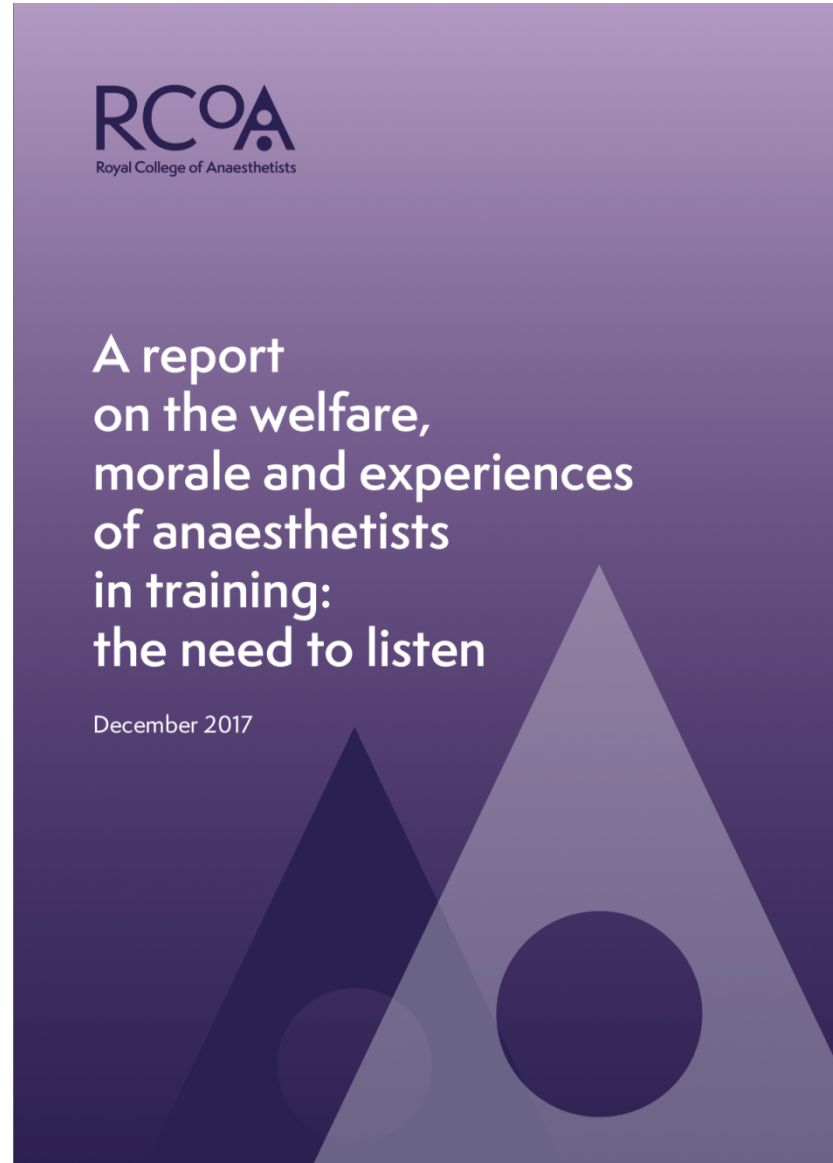
Trainee Welfare

Trainee Welfare

RCOA
Royal College of Anaesthetists

A report
on the welfare,
morale and experiences
of anaesthetists
in training:
the need to listen

December 2017





Trainee Information

[Home](#) / [Trainee Information](#) / Thriving in Medicine

Trainee Information

[Welcome to the Scotland Deanery](#)

[Study Leave](#)

[Less Than Full Time Training \(LTFT\)](#)

[Transfers](#)

[Annual Review of Competence Progression \(ARCP\)](#)

Thriving in Medicine

- » [Resilience, Stress And A Growth Mindset](#)
- » [Developing Skills To Thrive](#)
- » [Further Help And Support](#)

Thriving in Medicine



Training in Medicine, in any specialty, can be extremely positive and rewarding. Medicine is stimulating and challenging. We can positively impact on our patients lives and those of their families. We are entrusted with people's bodies and health and wellbeing: this can be a big responsibility, but also helps to serve our sense of personal value.

Yet often experiences in medicine, although rewarding, can prove to be intellectually and emotionally demanding and stressful.

Completing training often involves intense work on long shifts. Responsibilities and professional relationships can shift and change; rotations are frequent and may mean moving or being away from home. We need to supply empathy for our patients while being exposed to difficult or traumatic situations. All of this means our personal reserves of resilience can become tested. At times it can feel as if we have little or no control over our working or personal life.

There will be many positive times in a life in medicine. but it is likely that everyone at some point will be challenged and stressed by

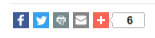
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- > Contact the Training Department

Calendar of Events

August

M	T	W	T	F	S	S
	1	2	3	4	5	6

Career and Personal Difficulties



Anaesthesia and medicine are stressful careers. The College recognises the importance of supporting the wellbeing of anaesthetists, and recognises that from time to time individual doctors go through times of difficulty. The following websites and resources may be useful for individual doctors to refer to.

Please note that the College cannot advise individual doctors on specific episodes of clinical care or medico-legal issues. Support for individual practitioners is in the domain of the medical defence organisations and the College strongly advises anaesthetists and related medical professionals to obtain appropriate independent insurance cover and membership of a medical defence organisation.

Alcoholics Anonymous (AA)

Do you think you may have a problem? Checklists can be found on the [AA website](#). The majority of AA or NA meetings are 'closed' and are only for recovering addicts/alcoholics and those who think they may have a drug problem. A meeting described as 'open' may be attended by anyone e.g. Professionals working with addicts or family members, friends etc. Meetings lists are on the AA or NA websites with details of open meetings at each venue.

[For more information visit the AA website](#)

Association of Anaesthetists (AAGBI) Support and Wellbeing

The AAGBI Support and Wellbeing service provides Anaesthetists with access to the appropriate support and guidance for their professional and personal wellbeing. It provides a number of schemes that are relevant for anaesthetists. The AAGBI 'glossy' entitled [Drug and Alcohol Abuse amongst Anaesthetists - Guidance on Identification and Management](#) was published in March 2011. The AAGBI [Welfare Resource Pack](#) describes the particular difficulties that 'doctors-as-patients' can experience.

[For more information visit the AAGBI website](#)

BMA Doctors for Doctors

This is a helpful option for mental health concerns, but is not addiction specific. It is not necessary to be a BMA member. There is currently a pilot scheme running with the GMC to provide support for doctors at their hearings, and along the course of their GMC involvement. Uptake has been good & favourably reviewed.

Up to six counselling sessions are available for members or helpline support. Callers can also ask to speak to Doctor Advisor. Three of these advisors are anaesthetists.

The BMA can help with some of the employment laws and issues surrounding return to work after a period of suspension or ill-health.

[For more information visit the BMA website](#)

The British Doctors and Dentists Group (BDDG)

This is a countrywide network of doctors and dentists at various stages in recovery from addiction, who are well again and who meet on a monthly basis at one of 18 groups covering the UK. Following initial contact, callers may be put in touch with another doctor (in some cases from the same speciality) nearer to their home who may then introduce a new doctor to the group at the local meetings.

Problems can be discussed at these meetings which it may not be appropriate to discuss at meetings of AA or NA for instance GMC proceedings and issues surrounding return to work etc.

Doctors under the GMC for substance abuse problems will be required to attend these meetings as conditions on their practice, or as part of their stipulated undertakings. Certificates and proof of attendance can be obtained from the group secretary and given to the GMC.

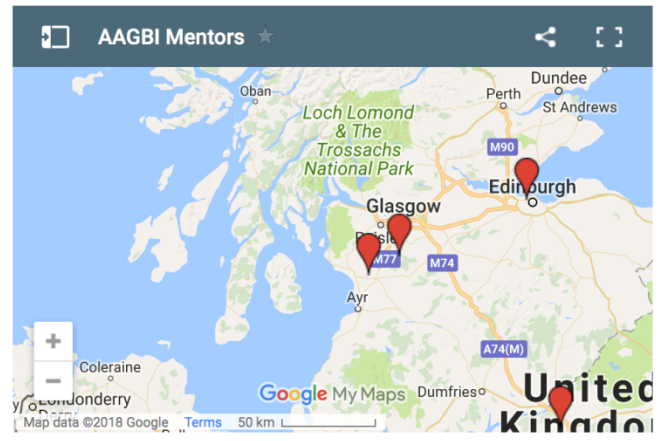
Home » AAGBI Mentoring Scheme

AAGBI Mentoring Scheme

The AAGBI Mentoring scheme has been set up so that members interested in having a mentor or receiving coaching can access a team of trained AAGBI mentors throughout the country.

This is a voluntary scheme for both mentors and mentees, with services being provided free of charge. Potential mentees can book a session with one of our trained mentors in their region via the scheme.

Find a mentor in your region by clicking on the pins in the map below.



How to choose a mentor

- Potential mentee to specify (on the booking form below) the region in which they wish to attend a mentoring session. The AAGBI will give the mentee 2-3 options for available mentors in the region. Please note, we avoid matching mentors with mentees from the same hospital, unless this is specified as a preference.
- The potential mentee chooses which of these they would prefer, or indicates they

AAGBI Mentoring Scheme

Do I need a mentor?

- Do you have a personal/professional dilemma?
- Are you going through a period of transition?
- Would you benefit from a productive conversation?



Possible outcomes for the mentee include:

- Enabled reflection leading to change which produces valued outcomes
- Achieving something the mentee cares about, that makes a positive difference in their working life or career
- Help mentees clarify their values and goals, and explore what will help or hinder them in making changes

WORKING WELL AT NIGHT

Before nights

- Make sure you usually have a good sleep routine.
- Get extra sleep before your shift. An afternoon nap is ideal as it reduces the length of time you have been continuously awake. A lie-in is an alternative.
- Plan how you will get home. Is there an option other than driving?
- Will you need to rest before driving home?



During nights

- Keep well hydrated and eat healthy snacks. Calories on nights DO count; they contribute to the adverse health effects of night working.
- Maximise exposure to bright lights in non-clinical areas.
- Breaks are essential: work as a team to cover each other for these.
- A 15-20 min nap can significantly improve alertness.
- Longer naps may result in sleep inertia.
- Be vigilant for the 04:00 dip: your lowest physiological point.
- Work as a team to check calculations and be aware of the effects of fatigue on decision making.
- If you can, a consistent routine during shifts can help.



Between nights

- If you are too tired to drive, have a short nap before leaving work.
- Have a snack before sleeping so you don't wake up hungry.
- Go to bed as soon as possible to maximise the amount of sleep you will get.
- Do not plan deliveries or daytime activities for the days between night shifts. Warn your housemates that you need to sleep.



Recovery after nights

- Have a short sleep in the morning and then get up.
- Aim to go to bed at your usual time; avoid a long lie in the next day.
- You'll need at least 2 normal nights sleep to reset your sleep routine.



References

Royal College of Physicians of London. Working the nightshift: preparation, survival and recovery. A guide for junior doctors. 2006 ISBN 1 85016 259 2
M Farquhar. Fifteen-minute consultation on problems in the healthy paediatrician: managing the effects of shift work on your health. Arch Dis Child Educ Pract Ed 2016; 116: 1-6



QUESTIONS
and
COMMENTS