



College of Anaesthetists RCSI

Regulations for Specialist Training and Accreditation in Anaesthesia

March 2006

FOREWORD

This document has been prepared by the College of Anaesthetists RCSI Training Committee and outlines the Rules and Regulations pertaining to Training and Accreditation.

This document replaces previously published documents and reflects the continuously evolving nature of Training and Accreditation in Anaesthesia, Intensive Care and Pain Medicine.

Previous College of Anaesthetists Documents include:

- A Diploma in Pain Medicine (September 1999)
- College of Anaesthetist's RCSI Guidance on Training in Anaesthesia (2001)
- "Specialist Training in Anaesthesia", College of Anaesthetists (2002)

Important

Information in this document is accurate at the date of publication, to the best of our knowledge. However Regulations are continually evolving and up-to-date information should be obtained in writing from the College. An updated version of these Regulations will be available on the College website www.anaesthesia.ie.

There is inevitably some repetition in this document as it is intended to be used as a reference. If Regulations are unclear or contradictory, the College of Anaesthetists will determine the correct interpretation.

Where other institutions are referred to (e.g. Medical Council, Comhairle na nOspideal) we have given our interpretation of their Regulations but the institution itself should be contacted for definitive information.

Dr R Dwyer, Chairman, Credentials Committee

Dr I Surgeon, Post-Graduate Dean

Dr C Motherway, Chairman, Training Committee

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1. Specialist Training in Anaesthesia

Introduction

1.1

This document is intended to inform Anaesthetists and training institutions of the requirements for training and the criteria for approval of institutions for training in Anaesthesia.

Specialist training in Anaesthesia, including Intensive Care and Pain Medicine, is a minimum seven-year programme. The programme is organised and supervised by the College of Anaesthetists RCSI in conjunction with the recognised Regional Training Programmes.

Basic and SpR Anaesthetic training is based in approved hospitals associated with recognised Training Programmes. Training is structured to maximise opportunities for learning and to provide a broad range of experience in different types of hospitals and of different sub-specialties in Anaesthesia.

Training comprises a combination of practical experience, clinical teaching, theoretical teaching, teaching in non-clinical areas and individual study. Training will be subject to close supervision and trainees will be subject to assessment and formal examination throughout their training with a process of accreditation at the end of training before undertaking independent practice.

1.2 Training structures

These consist of:

- 2 years minimum at **Basic Specialist Training (BST)** level (SHO/Registrar)
- 5 years minimum at **Specialist Registrar (SpR)** level

SpR Training consists of two distinct phases.

- Intermediate Anaesthesia Training (SpR Years 1-3)
- Advanced Anaesthesia Training (SpR Years 4 / 5)

2. Basic Specialist Training (BST)

2.1 General Principles

The College of Anaesthetists Training Committee approves BST training which complies with the educational requirements of the College and is part of an approved Anaesthetic Training Programme.

The College approves training posts in suitable hospitals for a specific duration of time. Currently approved posts are listed in Appendix 1 or on the College website www.anaesthesia.ie.

Anaesthetic Training Programmes provide rotations of trainees between or within hospitals to provide an appropriate range of training and experience to meet the College's requirements for **Years 1 and 2** of training.

Basic Specialist Training will allow trainees to prepare for the College's Primary Examination in Anaesthesia. Trainees must be successful in this Examination before progression to SpR training.

2.2 Regional Anaesthetic Training Programmes

BST Hospital rotations will be co-ordinated by the Regional Anaesthetic Training Programmes or by special Programmes sanctioned by College Council e.g. the TRAS Exemption Programme.

Ultimate responsibility for BST training rests with the College of Anaesthetists. The College may require involvement in the selection and management of the Regional Anaesthetic Training Programmes.

Hospitals within the Regional Anaesthetic Training Programmes will be subject to regular review of their Teaching/Training Programmes with visits to individual hospitals at intervals determined by the College Training Committee. Trainees should be enabled to comment on the quality of the training/teaching experience in each hospital. The Regional Training Programme should review these hospital evaluations at regular intervals.

2.3 Criteria for Approval of Training posts at BST level

- The hospital should provide an appropriate number and range of elective and emergency surgical procedures suitable for BST trainees.
As a general guide the College currently requires more than 1500 cases under general anaesthesia per annum (with some variety in the types of surgical procedures performed rather than a single specialty) before granting training recognition.
- There should be adequate consultant supervision to ensure patient safety and to provide clinical teaching in theatre and other clinical areas.
- An Anaesthetist should see patients pre-operatively and post-operatively. Whenever possible, this should be the Anaesthetist responsible for care of the patient.
- Monitoring equipment and equipment checking procedures should comply broadly with the recommendations of the Association of Anaesthetists of Great Britain & Ireland.
- There should be dedicated skilled assistance available for anaesthetists at all times.
- Appropriate Anaesthetic records should be maintained.
- A properly staffed and equipped recovery room should be available.
- The immediate post-operative recovery period should be supervised by specifically designated nursing staff. Appropriate HDU and ICU facilities should be available.
- There should be a teaching area identified within the hospital. Audio visual aids, digital projector, photocopying services, access to library facilities and to the Internet should be available.
- There should be a continuing programme of appropriate theoretical teaching integrated with clinical activity. This should include Physiology, Pharmacology and Clinical Measurement to prepare the trainee for the Primary Fellowship Examination. Records of attendance at teaching sessions should be maintained.
- Audit, including Mortality and Morbidity conferences and Journal Clubs should be included in the teaching programme.
- The hospital must allow study and examination leave for trainees as their contract permits.
- Maintenance of a logbook by trainees is required.

Consultant Staffing and Department Organisation

- For approval for training the Department of Anaesthesia must be adequately staffed to meet clinical needs, based on the clinical services provided.
- Each hospital or group of hospitals must have sufficient consultant staff to provide instruction and supervision. There should be at least 1 consultant for every 2 trainees, with a minimum consultant establishment of 3, each with an adequate number of sessions.
- The number of trainees should be sufficient to allow working hours in line with agreed national guidelines and to ensure that education and training are not impeded by unduly onerous on-call duties.
- The Department of Anaesthesia will have a designated Chairman who takes overall responsibility for administration of the Department.
- The Department must nominate a College Tutor who takes responsibility for coordinating training in the institution (Section 2.6). The Tutor should ensure that an institutional teaching programme is organised i.e. tutorials, conferences, etc.
- The Training Committee must be satisfied that Consultants are motivated to undertake teaching and training and to adequately supervise trainees.
- Consultants involved in training should be in good standing with the College, should have fulfilled the College's CME requirements (Appendix 2) and should be included on the Register of Medical Specialists.
- The Anaesthesia Department shall formally assess trainees' progress and complete an In-Training Assessment every six months. The In-Training Assessment should be shown to trainees and discussed with them (Appendices 3-5).
- Hospitals are recognised for a specific duration of training (Appendix 1)

2.4 Entry to BST training

Basic Specialist Training is undertaken in hospitals recognised for training by the College of Anaesthetists.

- Appointment to a training post is normally by competitive interview, either by the Regional Training Programme or as advertised directly by the hospital.
- Trainees must have Full or Temporary Registration with the Irish Medical Council
- Anaesthetic trainees must be registered with the College of Anaesthetists throughout training. Unless a trainee is registered with the College (or the Royal College of Anaesthetists), training may not be recognised and permission to sit College exams will be refused.
- Exam regulations are available from the College on application or on the Website.

2.5 Competency Assessment during Basic Specialist Training

Initial Competency Assessment: This Assessment is normally performed after three months of BST training or when a trainee is newly arrived in Ireland. The Assessment reflects the skills which should normally be acquired by this stage and which are needed before undertaking the extra responsibility of on-call duties. The College recommends that this Assessment is undertaken before a trainee can administer anaesthesia without immediate supervision or when a trainee has newly arrived in Ireland.

Details of the assessment are contained in Appendix 6 or on the College website www.anaesthesia.ie.

Certificate of Completion of Basic Specialist Training (CCBST)

This reflects the skills which should be acquired during the first 2 years of training in Anaesthesia. CCBST is a requirement for recognition of training at SpR level from July 2005 onwards. Details of the Assessment are in Appendix 7.

2.6 Unsatisfactory In-Training Assessments

For the vast majority of trainees, In-Training Assessments will confirm that they are on course in training to date. However, when a six monthly review of a BSTs progress is unsatisfactory or below average, the trainee will normally be interviewed. The purpose of the interview will be to identify if there is a significant problem and to discuss the resolution of this with the trainee.

- BSTs on Regional Schemes will be dealt with by the relevant college tutor and Officers of the Scheme.
- BSTs rotated under the auspices of the College TRAS exemption scheme will be dealt with by Officers of the College Training Committee and the Coordinator of the scheme. All ITAs in this group are automatically notified to the Irish Medical Council.
- BSTs not on a scheme will be dealt with by the Officers of the College Training Committee and the relevant College Tutor.

If a significant problem is identified there are three levels of action that may follow.

Stage 1. Recommendation for Targeted Training

This would involve closer than usual monitoring and supervision and would provide specific training experience to address particular needs with more frequent feedback on progress. Targeted training will not usually mean that progress through training will be delayed.

Stage 2. A recommendation for Intensified Supervision or Repeat Experience

Normally, but not necessarily, Stage 2 would follow where Stage 1 had proved unsuccessful. The tutor and trainers reviewing In-Training Assessments might consider it necessary to delay the progress of the trainee through training and to repeat a section of the Training Programme. This time would then need to be repeated to be eligible for CCBST and eligible for SpR appointment.

Stage 3. Discontinuation from Training Programme

This may rarely occur when formal and informal action has failed to help the trainee achieve a satisfactory standard and it is clear that there is no reasonable prospect of them ever reaching that standard. Discontinuation from the Training Programme must always be passed by the Training Committee of the College and referred to College Council. This process should involve support and counseling to ensure the correct career choices are made.

The Training Committee will be asked to endorse the recommendations of the Officers reviewing the In-Training Assessments. Trainees have the right to ask for a review of a Stage 1 decision. A Stage 2 or Stage 3 decision attracts the right of appeal.

2.7 College Tutors

The College has implemented a system of College Tutors to enhance communication between the College, Hospitals and Trainees and to maximise training opportunities and the quality of training. The role of the Tutor will be increasingly important as training contact time decreases and as Competence Assessment is increasingly introduced to Anaesthesia training. All training hospitals should appoint one designated College Tutor. It is possible in the future as the role develops and expands that some larger hospitals will need 2 Tutors, e.g. to deal with BST and SpR trainees.

Role of tutors

The tasks below would not all be undertaken personally but the Tutor should ensure these aspects of training are provided.

1. Liaise with College; Coordinate completion of Census, In Training Assessments, Hospital Inspections applications etc.
2. Organise ± perform competency assessments
3. Coordinate formal didactic teaching; presentations, lectures, exam teaching, tutorials etc
4. Be responsible for in-hospital training structures; modules, rotations
5. Be responsible for secondment of trainees to external training structures eg Simulator sessions, airway workshops etc.
5. Be responsible for training materials; projectors, IT equipment, library etc
6. Mentor trainees
7. Act as the link point between College and Trainees

Rationale for setting up tutor posts

1. To provide a different focus to the role of Chairman, who may experience tension between service provision and training needs.
2. To offload some of the onerous workload of the Chairman .
3. Tutors may have different skills and interests to those required of a Dept Chairman
4. To develop expertise in educational and training skills
5. To provide adaptability with future likely separation of service / training aspects of trainees' work.
6. Post EWTD there will be a need for dedicated consultant sessions for these functions as current working patterns are likely to change.

Appointment of College Tutors

Tutors should be appointed by each Department and the name notified to the Post-Graduate Dean. Tutors should hold their position for a 3 year term whereupon they may be reappointed by their Department or a new Tutor nominated. Current tutors are listed in Appendix 8.

The College recommends that there should be a minimum allocation of 3 Consultant sessions (i.e. 9 hours per week) for up to 10 trainees in a Department. There should be proportionately more Consultant sessions in hospitals with more trainees.

Definition of 'trainers'

Trainees in Anaesthesia are assigned to a hospital Department of Anaesthesia rather than to an individual Consultant. All Consultants in Departments with recognition for training are considered to be trainers. It is the policy of the College of Anaesthetists that all trainers should be in good standing with the College, should be on the Register of Medical Specialists for Anaesthesia, and should have fulfilled the College's CME requirements.

3. Specialist Registrar Training.

3.1 The basic premises of SpR Training are that it should –

- Be a minimum of 5 years duration
- Be continuous
- Be well structured and have clear objectives
- Include formal 6 - monthly assessments by way of In Training Evaluations (SPRITES)
- Be closely monitored and supervised
- Be flexible to allow for individual trainee interests and career objectives

SpR Training is divided into

1. Intermediate Anaesthetic Training; SpR Yrs 1 - 3
2. Advanced Anaesthetic Training; SpR Yrs 4 / 5

The aim of the SpR training programme is to produce well-trained Anaesthetists of a high calibre who are capable of independent practice. Rotations are structured to ensure exposure to the sub-specialties listed below (Section 3.2) and to meet, as much as possible, the career objectives of individual trainees.

3.2 Criteria for Approval of Training posts at SpR level

Criteria for approval of posts for BST training are applicable for SpRs (Section 2.3 above).

Posts suitable for SpR training should offer trainees exposure to a high volume of complex or sub-specialty cases with adequate teaching input from consultants / trainers.

The following sub-specialities are important for SpR training

- Paediatric and Neonatal Anaesthesia
- Anaesthesia for Vascular Surgery
- Anaesthesia for Cardiac and Thoracic Surgery
- Anaesthesia for Neurosurgery and Neuroradiology
- Anaesthesia for Plastic and Maxillofacial Surgery
- Anaesthesia for Ambulatory Surgery
- Management of Burns Patients
- Acute and Chronic Pain Management
- Intensive Care Medicine

SpR training should also include further exposure to sub-specialties experienced in BST training (e.g. Obstetrics, Regional Anaesthesia, ENT, Ophthalmic Surgery, Genitourinary Surgery, Orthopaedic Surgery, General Surgery).

Sub-specialty experience should be structured in a modular format. There should be an adequate volume of cases and range of experience to provide worthwhile training for a minimum of six months in any post.

Single specialty hospitals (e.g. Orthopaedics and Obstetrics) which can provide modules of specialised training may be recognised for SpR training.

While competence in sub-specialty areas is essential for SpRs it is also important that they are exposed to different types of practice in different sizes of hospitals. Therefore a number of posts in smaller hospitals are included in the rotations to offer high-quality training in a different environment.

Issues considered during hospital inspection for SpR posts include the following

- Number of cases
- Case complexity
- Range of sub-specialities available
- Modular structures for sub-specialty training
- Degree of consultant supervision and teaching
- Quality of teaching
- Availability of research opportunities

Issues relating to the infrastructure for Anaesthesia in the hospital are also considered including equipment, consultant CME activity, overall quality of Anaesthesia care etc (see Section 2.3 above).

SpR 4/5 posts; Posts recognised for SpR 4/5 training should offer an increased complexity of cases particularly in the recognised sub-specialty areas in Anaesthesia (see above).

Modules in other sub-specialty areas are considered if case complexity and consultant input make these a useful training opportunity at SpR 4/5 level. Modules which offer training in Research or Management could also be considered.

SpR 4/5 posts should allow trainees to undertake an increased level of clinical and administrative responsibility while still ensuring there is adequate consultant input to make these training rather than service posts.

3.3 Entry Requirements.

To be appointed to the Specialist Registrar grade, trainees must present for competitive interview under the aegis of the **College of Anaesthetists Training Committee** and must

- have Temporary or Full Registration with the Irish Medical Council.
- have completed a minimum of 24 months Basic Specialist Training in the Republic of Ireland or the United Kingdom in posts approved by the College of Anaesthetists, RCSI or the Royal College of Anaesthetists.
- have been successful in the Primary FCARCSI Examination or examinations that the College recognises as providing exemption from the Primary FCARCSI (See College Examination Regulations).
- hold a Certificate of Completion of BST (CCBST) (Appendix 7) (or CSHOT from the RCA).

3.4 Retrospective recognition of training at the level of SpR Year 1

After appointment to the SpR Programme the College may allow retrospective recognition of training up to a maximum duration of one year (in order to avoid unnecessary duplication of training).

Training time may be considered for retrospective recognition subject to the following conditions;

- (i) the trainee has been appointed to the SpR Programme at Year 1
- (ii) training took place after passing the Primary FCA Examination (or equivalent)
- (iii) training took place in hospitals which are part of the SpR Year 1-3 rotation
- (iv) the College Tutor (or Chairman) confirms that the training undergone was similar to that of an SpR 1-3
- (v) In-Training Assessments completed for each six month period of training are satisfactory
- (vi) training time will only be recognised for the duration of time for which SpRs from the SpR Programme are normally rotated to the hospital.

3.5 Responsibilities of SpR on Appointment.

Following interview and on the recommendation of the Training Committee Selection Panel, newly appointed Specialist Registrars receive formal letters of appointment to the National SpR Programme. They will receive a copy of their provisional Hospital Rotations for the first three years of SpR training. They should contact the Chairman of each Anaesthetic Department some months before the start of their post to discuss and organise their training.

Those appointed to the SpR Programme should ensure they resign in good time from other rotations or appointments they have undertaken.

All SpR's must accept and move through their rotations as allocated but the College may allow a degree of flexibility where there are valid educational reasons for doing so (if circumstances permit).

3.6 Intermediate Anaesthesia Training (SpR Years 1, 2 & 3)

SpR Years 1 - 3 comprise the Intermediate years of Anaesthetic training. These years will include time spent before and after sitting the Final FCA Examination. Training opportunities in SpR Year 1 should facilitate the trainee in preparing to sit the Final FCA RCSI Examination.

It is expected that trainees in SpR years 1 and 2 will spend time in specific clinical modules e.g. –

- Paediatric and Neonatal Anaesthesia
- Anaesthesia for Vascular, Cardiac and Thoracic Surgery
- Anaesthesia for Neurosurgery and Neuroradiology
- Anaesthesia for Plastic and Maxillofacial Surgery
- Anaesthesia for Ambulatory Surgery
- Management of Burns Patients
- Acute and Chronic Pain Management
- Intensive Care Medicine

Additional exposure to clinical areas covered in BST training could include Obstetrics, Regional Anaesthesia, ENT, Ophthalmic Surgery, Genitourinary Surgery, Orthopaedic Surgery, General Surgery, etc.

All trainees should maintain a logbook. A summary of clinical activity should be returned to the Post-Graduate Dean every six months. Logbook summary forms will be assessed at the Year 3 interview and at the Exit Interview at the end of Year 5.

3.7 In-Training Assessments (SPRITES) and Continuous Appraisal

Towards the end of each six - month rotation, the Training Committee seeks a formal report on the progress of all SpR's. The In-Training Assessment form (SPRITE) is a structured questionnaire sent to the College Tutor in each Department of Anaesthesia. The report should reflect the consensus opinion of the entire Department and should be signed by the Tutor or Chairman on behalf of the Department.

The trainees' knowledge, clinical skills, interpersonal skills and academic performance are graded from "unsatisfactory" to "outstanding". The report must indicate whether the trainee is suitable to proceed to the next stage in SpR training. In the final six months of training, the report must state whether the trainee demonstrates the professional attitudes and abilities for independent practice.

All reports must be discussed with the trainee and must be signed by them. The process of reviewing these reports with the trainee is in itself an educational exercise and is intended to guide and assist the trainee. All reports are held on the trainee's file at the offices of the College of Anaesthetists.

Continuous Appraisal

Appraisal is an integral informal part of the overall assessment process, which is complementary to the formal assessment procedure.

The College Tutor in each Department should ensure regular informal discussion sessions between the trainee and Consultants in the Department. This makes the trainee aware of how his or her performance is viewed by members of the Department, identifies any areas of weakness and advises on how these might be corrected. The purpose of appraisal is therefore to identify educational needs at an early stage, to provide feedback on these to the trainee, to allow remedial action to be taken early when required, to assist in developing the skills of self appraisal and to allow for feedback from trainees on the quality of training to make training more effective. The Training Committee feels it is vital that a trainee who is underperforming should be informed of this and a written memo made that this has happened.

Appraisal is not normally part of the formal assessment procedure but where a trainee fails to heed advice given in an informal setting, a written account of an appraisal session may form part of formal assessment. The trainee must be made aware of this.

3.8 Trainee Report on Hospital Rotation

Feedback from trainees is essential to ensure the quality of training throughout all hospitals. At the end of each six-month rotation, SpRs receive a detailed questionnaire on the quality of training in their current post to return to the Post-Graduate Dean (Appendix 9).

These reports are signed by the trainee to enable action if serious issues arise. However the name of the trainee will be known only to the officers of the Training Committee. Criticisms by trainees may be acted on immediately by the Training Committee if appropriate although the identity of the trainee will be protected.

A summary of these reports is presented to the Training Committee annually. Anonymised data and comments from the reports are given to the Tutor of each Department of Anaesthesia to provide feedback on the trainees' perception of the Department. Reports relating to each hospital are available to the representatives of the College during Hospital Inspections.

3.9 "Training Points" for academic activities

From 1st January 2005, there will be a compulsory requirement to accrue "Training Points" from (i) attendance at Meetings and Courses, (ii) sitting Examinations and (iii) publication of research or case reports.

Details of this system are listed in Appendix 10 and on the College website www.anaesthesia.ie. Achieving a minimum of 25 points per annum will be compulsory for continued progress through SpR training.

Involvement in academic activities will be assessed via regular audit of Training Points. Assessment of Training Points will be part of the formal interview process for progress to SpR Year 4 and for Completion of Training.

3.10 SpR rotations; principles underlying the structures of rotations and allocation of posts to each hospital

Below are the general principles of the SpR rotations as implemented by the Training Committee.

Aims of SpR rotations;

The aims of the Programme are

- to produce Anaesthetists with adequate expertise for independent practice in a broad range of clinical areas to fill the available Consultant posts throughout the country.
- to optimise training by exposure to a complex caseload. This should occur in Departments where high quality care is provided with an emphasis on training rather than purely service provision.
- to expose trainees to a variety of types of hospitals inside and outside Dublin.
- to ensure exposure to core sub-specialties in Anaesthesia plus other worthwhile sub-specialty areas
- to support service provision and to promote the development of Anaesthesia in as many hospitals as possible by linkage with the National Training Programme
- to minimise disruption to trainees' personal lives.

Current structures of rotations:

SpR 1-3: 3 years with requirement for 1 year rotation outside Dublin (option for more if desired). A broad range of hospital types and a broad range of sub-specialty exposure will be included.

There is provision of choice of posts within SpR 1-3 rotations to (i) allow the inclusion of more hospitals on the rotation (ii) allow trainee input into their rotations (iii) reward hospitals which offer 'better' training.

There is potential for a 'Year out' for research or work abroad or experience in specialties outside Anaesthesia.

SpR 4/5: 2 years, with a mixture of posts inside and outside Dublin.

This provides high complexity, sub-specialty exposure in a training (rather than service) environment.

There should be increased responsibility especially on-call and exposure to models of good practice in terms of Departmental organisation and status.

Allocation to rotations is influenced by trainee's requests at interview at end SpR Yr 3.

Coordination of SpR rotations:

The day to day running of the SpR rotations is undertaken by the Post Graduate Dean under the aegis of the Training Committee. The Dean is available for discussion of issues which arise either with trainees or with hospitals.

3.11 SpR Year 3

SpR Year 3 offers the trainee the possibility of additional modules in the clinical areas defined above within the Training Programme.

Alternatively, trainees may undertake for a maximum of 1 year's recognition and subject to prior approval from the Training Committee :

- a specialist training opportunity in Ireland or abroad
- a dedicated research post
- a suitable academic post

The relevant criteria are included in Section 12 – "Special Leave from SpR Rotation".

Progression from Year 3 to Year 4 of SpR training depends on the following criteria:

1. Success in the Final FCA RCSI Examination or equivalent.
2. Completion of a minimum three years of SpR training.
3. Satisfactory In - Training Assessments.
4. The College of Anaesthetists Training Committee deems the overall performance of the trainee (clinical, academic and CME activity) to be satisfactory.

A formal interview will be conducted at completion of SpR Year 3 to confirm the suitability of the trainee to progress to Year 4 on the basis of these criteria.

3.12 Advanced Anaesthesia Training (SpR 4 & 5)

Two years of training at the level of SpR 4/5 are seen as essential to develop the clinical expertise and skills, attitudes and interests that will prepare the trainee for independent Consultant practice.

To achieve this, the Training Committee structures flexible rotations for these SpR grades. These rotations may include experience in:

- specialised clinical practice (cardiothoracic, neurosurgical, paediatrics, burns, plastics)
- Intensive Care Medicine
- Pain Medicine
- management and departmental organisation
- lecture and tutorial preparation and delivery
- research (or other academic activity e.g.audit, case reports, reviews etc) during the Non-Clinical Day recommended for SpR 4/5
- training and supervision of BST trainees

Maintenance of clinical skills in anaesthesia for general surgery, orthopaedic surgery, trauma, ENT, ophthalmic surgery and obstetrics will be required.

In order to facilitate academic and non-clinical training activities the College recommends that trainees at the level of SpR Year 4/5 should be rostered for one non-clinical day per week separate to time off post-call. The College Tutor (or other designated trainer) should ensure the utilisation of this day for useful training purposes.

To be eligible for a Certificate of Specialist Training (CST) a maximum of one year of accredited time on leave from the five year SpR Programme is allowed. The trainee must complete at least 18 months of SpR Years 4/5 in the Programme.

Provided these conditions are fulfilled the College may allow trainees to complete the final 6 months of training in a suitable alternative Programme. This will be subject to the criteria in Section 12 "Special leave from the SpR rotation". Completion of training will be subject to a satisfactory report from the Director of Training in the alternative Programme.

3.13 Training in ICU, Pain Medicine and Paediatric Anaesthesia

Trainees must complete a minimum period of training in the sub-specialty areas of Intensive Care Medicine, Pain Medicine and Paediatric Anaesthesia.

The requirement in Intensive Care is six months total to include at least one 2-month module recognised for training for the purposes of the Diploma in Intensive Care Medicine of the Irish Board of Intensive Care Medicine.

SpRs completing training from June 2005 onwards must have undertaken a 2 month module of training in Pain Medicine (which must include regular attendance at a Pain Clinic).

All trainees must complete a minimum of three months training in a specialist Paediatric hospital during SpR training.

These minimum requirements will be assessed at the Exit Interview to confirm completion of training. Those who have not completed such modules will be required to continue training for a further six months to acquire the necessary sub-specialty training.

3.14 Temporary SpR 4/5 posts

The College has recognised there are a number of trainees who need further training at the level of SpR Years 4/5 in order to achieve entry onto the Register of Medical Specialists. These trainees may already have many years training in Anaesthesia and do not require the entire 5 year Programme of SpR training. The Temporary SpR 4/5 Programme was set up to enable such trainees to complete training of a quality and duration equivalent to those completing the substantive SpR Programme in Anaesthesia.

There are two methods of achieving eligibility for appointment to the post of Temporary SpR 4/5;

1) Recommendation by the Credentials Committee of the College of a period of two years or less in further training to achieve entry onto the Register of Medical Specialists

2) After completion of training which can be considered equivalent to that of SpR Yrs 1-3 i.e. by passing Primary Fellowship (or equivalent) and subsequent satisfactory completion of three years in approved training posts in hospitals which are part of the SpR 1-3 rotation in the Republic of Ireland. A maximum of one year can be recognised in any one hospital.

Appointments to Temporary SpR 4/5 posts are for 6 months in the first instance but are normally renewable for the period required to achieve accreditation. Temporary SpR 4/5 appointees occupy standard SpR 4/5 posts which are allocated on the basis of the training needs of the individual.

Appointees to Temporary SpR 4/5 are treated in the same way as substantive SpR 4/5s in terms of rotations, In Training Assessments, requirements for sub-specialty exposure and the need to satisfactorily complete an Exit Interview for accreditation.

3.15 Exit interview at the end of Year 5 SpR

Completion of training for all trainees is subject to an interview to approve their accreditation. The purpose of the interview is to ensure those accredited by the College have the skills, experience and personal attributes for independent practice in Anaesthesia, Intensive Care and Pain Medicine.

This interview should be straightforward for the vast majority of trainees as deficiencies in experience or in clinical abilities should have been detected and resolved before this stage.

Trainees should provide a written summary of their SpR training to include their SpR rotations, sub-specialty areas experienced, a summary of academic activities and of management training, details of time spent away from the Programme in research, in training abroad or in training in other disciplines and details of time away from training due to illness, pregnancy, leave of absence etc.

Accreditation will be based on the following criteria;

- 1) Appropriate duration of training with adequate exposure to sub-specialty areas. Completion of compulsory modules in Intensive Care, in Pain Medicine and in Paediatrics will be assessed and the duration of any leave of absence from the Programme will be considered. Training summary forms will be reviewed.
- 2) In-Training Assessments (SPRITEs) will be reviewed.

- 3) Assessment of academic activity. Involvement in the academic programme in each training hospital is an essential part of training. The Training Committee must also be satisfied that the trainee has participated in CME outside the hospital. In addition it is considered appropriate for trainees to gain experience in research activities, in writing and in presenting to national meetings. Training Points documentation will be reviewed.

This interview also provides the trainee an opportunity for feedback to the Training Committee on the strengths and weaknesses of the Training Programme. The Training Committee is also interested in the future career plans of those completing training in Ireland.

A situation may arise where the Training Committee is unable to recommend the accreditation of a trainee at the end of SpR Year 5. The Training Committee will then make recommendations for the trainee so that they may complete training at a later date or alternatively that they are not suitable to be accredited to undertake independent practice.

3.16 Part-time or 'flexible' training

The College supports the concept of part-time or 'flexible' training. The Training Committee will structure rotations to facilitate this within the constraints of maintaining a clinical service and protecting training opportunities for other trainees.

In order to maintain the quality of training for flexible trainees the following principles should be incorporated

1. The posts should be structured so that flexible trainees benefit from all the essential elements in training i.e. working during normal hours, working outside normal hours (on-call), attendance at tutorials and meetings, study leave etc
2. Recognition of training time will be in proportion to the hours worked e.g. 12 months working 50% of normal hours in a post will be recognised as equivalent to 6 months full-time training.
3. Recognition of training often requires a minimum of six months spent in one post. For a 50% part-time trainee this will require 12 months in a single post i.e. six months part-time in one hospital and six months part-time in a different hospital would not be recognised as six months training.
4. The title of the post should be 'part-time' or 'flexible' rather than 'job-sharing' to emphasise that the post is structured around the needs of the trainee rather than the service needs of the hospital.

3.17 Unsatisfactory In-Training Assessments

For the vast majority of trainees, In-Training Assessments will confirm that they are on course to complete training. However, when a six monthly review of an SpR's progress is unsatisfactory or below average, the trainee will normally be interviewed by the officers of the Training Committee. The purpose of the interview will be to identify if there is a significant problem and to discuss the resolution of this with the trainee.

If a significant problem is identified three levels of action that may follow.

Stage 1. Recommendation for Targeted Training

This would involve closer than usual monitoring and supervision and would provide specific training experience to address particular needs with more frequent feedback on progress. Targeted training will not usually mean that progress through training will be delayed.

Stage 2. A recommendation for Intensified Supervision or Repeat Experience

Normally, but not necessarily, Stage 2 would follow where Stage 1 had proved unsuccessful. The Officers reviewing In-Training Assessments might consider it necessary to delay the progress of the trainee through training and to repeat a section of the Training Programme.

Stage 3. Discontinuation from Training Programme

This may rarely occur when formal and informal action has failed to help the trainee achieve a satisfactory standard and it is clear that there is no reasonable prospect of them ever reaching that standard. This process should involve support and counselling to ensure the correct career choices are made.

The Training Committee will be asked to endorse the recommendations of the Officers reviewing the In-Training Assessments. Trainees have the right to ask for a review of a Stage 1 decision. A Stage 2 or Stage 3 decision attracts the right of appeal.

3.18 Appeals Procedure

The Appeals Committee functions according to the constitution and procedural rules of the Appeals Committee. The over-riding principle must be to ensure that the Trainee is dealt with fairly.

- (i) The Appeals Committee will examine appeals relating to all the Regional Training Committees in addition to the National Training Committee.
- (ii) The Appeals Committee will examine cases referred to it by candidates, in relation to either BST or SpR training.
- (iii) The Appeals Committee does not have a role in relation to other issues – for example: examinations.
- (iv) The Appeals Committee mechanism cannot be invoked if legal proceedings have been instituted prior to notification of intention to appeal.
- (v) The Training Committee assesses the progress of trainees as laid down in their regulations. Assessments may lead to one of three decisions.
 - a. Progress is deemed satisfactory.
 - b. Recommendations for further training before progressing.
 - c. Discontinuation from the Training Programme.
- (vi) In the case of decision (b) or (c) above the trainee has a right to contest the decision. A trainee may:-
 - 1) Request a review
 - 2) If still dissatisfied, appeal

(vii) 1) Review

This requires the Training Committee, which made the decision to reconsider this decision in light of the Trainee's representation and any evidence presented, whether that evidence is new or was taken into consideration in making the original decision.

2) Appeal

An independent committee i.e. the Appeals Committee considers the decision made by the Training Committee.

(viii) Referral Procedures

The Appeals Committee may consider cases if:

- (i) The standard procedures of referral are followed.
 - (ii) College Council refers a case.
 - (iii) There is a direct communication from complainant to Appeals Committee.
- (ix) **Standard Procedure for Referral of Appeal**
A standard procedure for referral to the Appeals Committee is set down here. However, it may be that on occasion, a complainant will write directly to the Committee, or College Council may refer a case.
- (x) **Procedure for referral of an Appeal**
Where a trainee is dissatisfied with the decision of a Training Committee, then he or she should inform the Chairman of the Training Committee, in writing, of their dissatisfaction and ask that the Training Committee review the decision. A time limit of 4 weeks will apply for the trainee to register their dissatisfaction.

The Chairman will arrange for the Trainee to meet the Training Committee when the Trainee may present their case, with a mentor or other supporter present if desired. The Training Committee will review the previous decision and decide on the appropriate action. This review should take place at the next meeting of the Training Committee.

If the Trainee is dissatisfied with the decision of the Training Committee at the review interview, then he or she has a right to appeal to the Appeals Committee of the Council. They should notify the Chairman of the Training Committee, within 10 working days of the review decision that they wish to make a formal appeal. The Chairman of the Training Committee will then write to the Chairman of the Appeals Committee informing them that an appeal has been lodged within the specified time limit. This letter will include a summary of the reasons why the Training Committee has made the decision that is the subject of the appeal. This is the formal 'signing off' of the role of the Training Committee and brings the Appeal within the remit of the Appeals Committee. (In order that the appeal is dealt with quickly full details need not be contained in this letter.)

A copy of this letter will be sent to the President of the College, for information.

The Chairman of the Training Committee will also write to the Appellant advising of the above action and advising of the steps that will follow and the anticipated time-scale.

(xi) Conduct of an Appeal by the Appeals Committee

The Appeals Committee will conduct the Appeals process in accordance with the constitution and procedural rules of the Appeals Committee.

3.19 Mentors.

The Training Committee strongly advocates the development of Mentor programmes in each training hospital, particularly in larger Departments where a trainee with problems may not be noticed or where some trainees may not get to know any consultant well.

An SpR (or other trainee) who wishes the help of a Mentor outside their hospital should communicate this to the Post Graduate Dean or Chairman of the Training Committee. These officers are available themselves or will arrange a suitable Mentor for advice and support.

4. Role of Training Committee in SpR training

SpR training is provided by Consultants / trainers in hospitals with approval for SpR training, rather than by the Training Committee directly. The role of the Training Committee is to structure and monitor SpR training by inspection of hospitals, interviews with trainees, written feedback from trainees about hospitals and written feedback from trainers about trainees.

The role of the Training Committee includes

- (i) interviewing and selection of trainees for SpR rotations
- (ii) recognition of posts as suitable for training at SpR level
- (iii) construction of suitable rotations for SpRs to provide comprehensive structured training in essential areas in Anaesthesia
- (iv) recommendation of SpRs to hospitals for appointment.
- (v) evaluation of the training progress of each trainee with appropriate intervention where required
- (vi) the maintenance of training standards
- (vii) assessment of trainees as suitable for accreditation in Anaesthesia.

The Training Committee of the College of Anaesthetists RCSI has no function in contractual matters or funding issues between trainees and employing authorities.

The Training Committee writes to each hospital to recommend the appointment of individual SpRs in accordance with the rotation designed for that trainee; it is a matter for the hospitals whether they accept or do not accept these recommendations. SpRs must contact the Hospital and the Hospital's Human Resources Department to arrange contractual matters in advance of taking up appointment.

Comhairle na nOspideal is responsible for regulating the numbers of SpRs in training in each specialty. The Training Committee requests approval from Comhairle for the numbers of SpRs to be appointed. Subsequent training rotations are the responsibility of the Training Committee.

The Training Committee informs Comhairle na nOspideal of posts with educational approval for SpR training. Funding of posts at SpR level is a matter for the individual hospital to arrange with the relevant health authority.

5. Hospital Inspections and Approval for BST and SpR Training

5.1 The process of Hospital Inspection is a vital part of the activities of the College. The main aim of the process is to ensure high quality training for trainees in each hospital approved for training. This involves an assessment of the quality of anaesthetic practice in the hospital, an assessment of the training capacity of the hospital in terms of numbers and seniority of trainees and an assessment of the quality of training activities in the hospital, both clinical and academic. Other aims of the process include communication between the hospital and the College, feedback from the Inspectors on the quality of training in the institution and support for the Anaesthetic Department in achieving adequate resources and status within the hospital.

5.2 The Hospital Inspections Coordinator is responsible for the implementation, coordination and supervision of this process. Detailed review of hospitals involved in BST and SpR Training will include a inspection visit to the hospital, normally at five-year intervals. The Training Committee may undertake more frequent reviews if deemed necessary or if requested by the hospital.

Applications from hospitals for educational approval should be made in writing to the Hospital Inspections Coordinator. Applications should be accompanied by a completed Application Form for Hospital Inspection (Appendix 11).

The Hospital Inspections Coordinator will nominate either two Council members or one Council member and a member of the Training Committee to conduct hospital inspections. The Application Form for Hospital Inspections outlines the information required by the Inspectors before visiting the hospital (Appendix 11). The recommended template for the Inspection Report is detailed in Appendix 12.

5.3 The Hospital Inspections Coordinator tables the reports from the Hospital Inspectors at the Training Committee (or if appropriate at a meeting of the College Council). Normally at least one of the Inspectors will be present to discuss the report. The Training Committee will then agree recommendations in relation to the number and seniority of posts to be recognised, the duration of training to be recognised, recommendations for changes to be implemented by the hospital inspected and the time before the next Inspection.

5.4 If a Training Committee visit or trainee report identifies problems in a hospital, the Training Committee will decide the appropriate action to maintain the quality of training in the institution and to protect the interests of trainees. The Training Committee may require

a satisfactory supplementary report within a set period of time or may require a re-inspection.

5.5 The College Council will receive an Annual Report of the status of Anaesthetic training in Ireland and any changes that have taken place.

5.6 Hospital posts currently approved for training and the duration of approval for training are listed in Appendix 1 or on the College website www.anaesthesia.ie.

6. Training in Pain Medicine

6-1. Introduction.

The College needs to be certain that all trainees have gained adequate experience in pain medicine to warrant the inclusion of this specialist area on the C.S.T. For this reason, the College has set down certain minimum standards regarding duration and structure of training in pain medicine.

All trainees should complete one 2-month period of modular training in pain management that includes regular attendance at a Pain Clinic. They must also participate in a formal Acute Post-Operative Pain Service in at least two other hospital rotations.

6.2 Acute Pain

For the purposes of a Certificate of Specialist Training, training in Pain Medicine focuses primarily on the acute post-operative pain service although acute non-surgical pain (e.g. post-trauma) should also be addressed.

Trainees should have a sound knowledge of:

- Anatomy, physiology and pharmacology relevant to pain management
- Mechanisms of pain; somatic, visceral and neuropathic pain and pain pathways
- Assessment and measurement of acute pain
- Techniques for control of acute pain including elderly, children, neonates, patients who are handicapped, unconscious or receiving critical care
- Opioid and non-opioid analgesics, patient controlled analgesia, epidural analgesia and side effects
- Pharmacology of local anaesthetics
- Logistics of running an Acute Pain Service, the development of protocols and audit of the service.

Trainees should be skilled in:

- Regional and local blockade relevant to post-operative pain management
- Explanation of analgesic methods: oral, sub-lingual, sub-cutaneous, IM, IV, inhalational analgesia, patient controlled analgesia, regional and local blockade, epidural analgesia and their possible side-effects and complications
- Management of side-effects of pain management procedures and analgesics
- Enlisting the help of other professionals when appropriate

6.3 Chronic Pain

Trainees should have a sound knowledge of:

- Basic assessment of patients with chronic pain or cancer pain.
- Principles and practice of a chronic Pain Clinic and the multi-disciplinary team approach
- Role of other medical/surgical specialties and healthcare professionals in chronic and cancer pain management
- Pharmacological methods of pain control including conventional analgesics,

- antidepressants, anti-convulsants and other adjuvant medications
- Non-pharmacological methods of pain control e.g. TENS
- Nerve injury and its consequences
- PRINCIPLES of nerve blockade for pain management including sympathetic and somatic nerve blocks, and basic knowledge of PRINCIPLES of neurolytic blocks, implanted catheters and pumps
- Principles and ethics of pain research

Trainees should be skilled in:

- Basic assessment of patients with chronic pain and cancer pain -history taking, physical examination and interpretation of investigations
- Effective communication with the chronic pain patient and members of the multi-disciplinary team
- Formulation of a basic treatment plan
- Basic injection techniques relevant to chronic pain management e.g. epidural steroid injection, trigger point injections.

7. Training in Intensive Care Medicine

7.1 Introduction

The College requires expertise in Intensive Care Medicine for accreditation in Anaesthesia. The College has set down certain minimum standards regarding duration and structure of training in Intensive Care Medicine.

7.2 Eligibility for CST in ‘Anaesthesia, Intensive Care and Pain Medicine’

All SpRs must complete six months of structured, supervised training in intensive care medicine. This should be modular in format comprising at least one 2-month module in an ICU recognized for training for the Diploma of the Irish Board of Intensive Care Medicine.

7.3 Special Interest in Intensive Care Medicine

The College of Anaesthetists wishes to promote training in Intensive Care Medicine and to structure training to comply with the modular training requirements of the Irish Board of Intensive Care Medicine. The College encourages trainees to sit the examination for the Diploma of the Irish Board of Intensive Care Medicine (DIBICM).

Comhairle na nOspideal approves 2 categories of posts for Consultants with a specialist commitment to Intensive Care Medicine

(i) Consultant Anaesthetist with a Special Interest in Intensive Care Medicine (requiring 1 year specialist training in Intensive Care Medicine and the DIBICM)

(ii) Consultant in Intensive Care Medicine. (requiring 2 years specialist training in Intensive Care Medicine and the DIBICM)

7.4 Irish Board of Intensive Care Medicine

The Irish Board of Intensive Care Medicine, based at the College of Anaesthetists, is the intercollegiate body tasked with the management of the DIBICM examination and of associated structures promoting expertise in Intensive Care Medicine in Ireland. As an intercollegiate body, the board has representation from the College of Anaesthetists, Royal College of Surgeons in Ireland, and Royal College of Physicians of Ireland and the Intensive Care Society of Ireland.

Entry for the Diploma examination requires that the candidate possess the Fellowship / Membership qualification of their base Specialty, and have completed appropriate modular training. Full information on eligibility for the Examination and the registration process may be obtained from the College of Anaesthetists offices, from the College of Anaesthetists web-site, www.anaesthesia.ie or from the Intensive Care Society of Ireland website, www.icmed.com.

8. Clinical Fellowships in Anaesthesia: Approval of posts by the College of Anaesthetists

8.1 The purpose of Clinical Fellowship posts will be to provide high quality training in a designated sub-speciality area outside the SpR scheme.

8.2 Posts will last for a minimum of six months.

8.3 The role of the College of Anaesthetists will be to approve the quality of these posts for training in the sub-speciality area.

8.4 Fellowship posts should be developed and funded by the Institution in which they are based.

8.5 Institutions wishing to have posts approved as Fellowship positions by the College of Anaesthetists must make formal application to the College of Anaesthetists.

8.6 The Training Committee via the Hospital Inspections Co-ordinator will assess the application and the Institution. Assessment criteria include:

- The Job Description
- The complexity and quantity of the sub-speciality clinical experience in the post
- The degree of Consultant supervision and teaching
- The overall training capacity of the Institution

8.7 In situations where a proposed Fellowship post contains a significant element of Intensive Care or Pain Medicine, the Hospital Inspections Co-ordinator would co-opt a member of the relevant Intensive Care or Pain Medicine Committee to assist in assessment of the post.

8.8 Since training capacity is limited, Institutions should be aware that the approval of a Clinical Fellowship post might lead to a decrease in the number of Specialist Registrar posts approved.

8.9 Fellowship posts would be subject to ongoing assessment via the Hospital Inspection Co-ordinator to ensure that the standards leading to original approval of the post are maintained.

8.10 Depending on their nature posts may be suitable for pre - CST training or suitable for further training after CST. Time spent in these posts may be considered as training outside the SpR scheme for the purposes of achieving Specialist Registration. If an SpR wishes time in a Fellowship post to be recognised towards completion of training they must make formal application to the Training Committee in advance (See Section 12 Special Leave from the SpR Programme).

See also Rules for CST (Section 9).

9. Accreditation as a Specialist in Anaesthesia

Introduction

9.1 There are two mechanisms by which the College of Anaesthetists RCSI can certify the adequacy of training in Anaesthesia;

- a. Certificate of Specialist Training (CST). This applies to trainees who have completed structured training under the supervision of the College. The College in awarding a CST will apply the rules below.
- b. Recommendation to the Medical Council that a doctor should be included on the Register of Medical Specialists for Anaesthesia. This is a mechanism for trainees who have not completed structured training under the supervision of the College but whose training is adjudged by the College to be equivalent in duration and quality to that of holders of a CST.

The Medical Council on the advice of the College of Anaesthetists issues a Certificate of Inclusion on the Register of Medical Specialists.

9.2 Rules for Certificate of Specialist Training in Anaesthesia including ICU Medicine and Pain Medicine (CST)

To be read in conjunction with the more detailed rules of SpR rotation in Section 3

1. Specialty training in Anaesthesia (including ICU Medicine and Pain Medicine) comprises a seven year programme of training, assessment, formal examination and accreditation, organised and supervised by the College of Anaesthetists via its Training Committee and its Regional Training Committees.

This is divided into two years at Basic Specialist Training (BST) level and five years at Specialist Registrar (SpR) level.

To enter the SpR grade the trainee must pass the Primary Fellowship exam of the College of Anaesthetists RCSI (or equivalent) and succeed at competitive interview.

To enter SpR Year 4 the trainee must hold the Fellowship of the College of Anaesthetists RCSI (or equivalent) and be approved at formal interview for progression to Year 4.

2. A CST will be awarded by the College of Anaesthetists RCSI when a trainee has:
 - a) Satisfactorily completed a seven year programme of training in Anaesthesia (of which the major part is undertaken in the Republic of Ireland). This should be confirmed at the formal interview at the end of training.
 - b) Completed at least five years training at SpR level (including at least four years in recognised SpR posts in Anaesthesia in the Republic of Ireland).
 - c) Completed at least eighteen months of the final two years SpR training in Ireland.
 - d) Complied with the College regulations for academic activities.
3. Up to one year at SpR level may be spent in a suitable post outside the SpR rotation (training abroad or in research or in a relevant subspecialty area). This “year out” will normally be in SpR Year 3 and may be credited towards completion of training provided prior approval of the Training Committee has been obtained (see section 12).
4. When the period of leave from the SpR rotation is for longer than one year, training will be considered to be suspended. This means the trainee must apply in writing to rejoin the SpR rotation but may be eligible for reappointment without interview. The Training Committee will decide the date of re-appointment and the SpR year at which the trainee recommences training.

Trainees may apply for leave of absence for other reasons, e.g., maternity leave, or illness. When the duration of such leave exceeds three months in five years, the trainee must make up this shortfall in training (in minimum blocks of six months).

The requirement to complete two years training at SpR Years 4/5 (with at least 18 months in SpR 4/5 posts in Ireland) is mandatory.

5. If after passing Primary FCA, a trainee has occupied approved training posts in hospitals which are part of the SpR Yrs 1-3 rotation a maximum of one year may be recognised towards SpR training. This is subject to confirmation by the Chairman or College Tutor of the Department that the training undergone was similar to that of an SpR 1-3.
6. Where training in the BST grade has occurred outside Ireland or the UK, the trainee may apply to have this time considered as equivalent to BST training in Ireland.
7. The Training Committee will consider Flexible (part-time) training provided the total training time and quality is equal to those in full-time training.
8. Progress into each year of training depends on satisfactory In Training Assessments.
9. The Training Committee may discontinue the training of any trainee considered unsuitable to proceed in training.
10. The College has recently formalised structures for Temporary SpR 4/5 posts to facilitate those who need further training at this level for entry onto the Register of Medical Specialists. Some of these trainees may be eligible for a CST under certain conditions.

A CST may be granted to trainees who:

(i) after passing Primary Fellowship (or equivalent) have satisfactorily completed three years in approved training posts in hospitals which are part of the SpR 1-3 rotation in the Republic of Ireland. Training time will only be recognised for the duration of time for which SpRs from the SpR Programme are normally rotated to the hospital i.e. a maximum of one year can be recognised in any one hospital, six months in the case of certain hospitals.

(ii) have subsequently been appointed to a post of Temporary SpR 4/5 or locum SpR 4/5 by the College of Anaesthetists at competitive interview (after passing Final Fellowship)

(iii) have completed 2 years in Temporary SpR 4/5 or locum SpR 4/5 posts as assigned by the College of Anaesthetists with satisfactory In Training Assessments

(iv) have been approved by the Training Committee as suitable for independent practice and for inclusion on the Register of Medical Specialists".

10. REGISTER OF MEDICAL SPECIALISTS

10.1 The Register of Medical Specialists was set up on January 1 1997 to list doctors who are properly trained and accredited in a particular specialty. The purpose of the Register is to provide information for the public and to facilitate the movement of doctors around Europe. At present inclusion on the Register is not required to practice as a specialist but this may change in the future.

Persons entitled to apply and have their names entered in the Register of Medical Specialists must be fully registered medical practitioners at the time of application who:

- 1) prior to the establishment of the register have, in the opinion of the Medical Council, completed specialist training in a recognised speciality

or

- 2) following the establishment of the register, are granted evidence of satisfactory completion of specialist training by a recognised training body
or
- 3) are nationals of a member state of the E.U. who possess a diploma, certificate, or other evidence of formal qualification in specialised medicine recognised by the Medical Council and awarded by a competent body or authority designated by a member state
or
- 4) Satisfy the Medical Council that they have completed a programme of training in a recognised speciality of a standard considered by the Medical Council to be adequate (equivalent training)

10.2 Credentials Committee Activities

The main activity of the Credentials Committee is to review applications for inclusion on the Register of Medical Specialists and to provide appropriate advice to the Medical Council. The Credentials Committee is the point of liaison between the College of Anaesthetists and the Committee on the Register of Medical Specialists of the Medical Council.

In addition the Credentials Committee reviews all applications for verification of General Professional Experience, in accordance with the regulations set out below.

10.3 Guidelines for recognition of equivalent training.

When an application is made to the Medical Council for inclusion on the Register of Medical Specialists, the Medical Council may seek advice from the College of Anaesthetists as to equivalence of training (see 10.1.4 above).

The Credentials Committee uses the following guidelines for recognition of equivalence of training.

- 1) Seven years training (at least six in anaesthesia) comparable in duration and quality to that of CST holders. Training in Ireland must include two years post-Fellowship in posts approved by the college of Anaesthetists RCSI for Years 4/5 -SpR training in Anaesthesia. Appointment to these specialist registrar posts should be on the recommendation of the Training Committee after interview.
and
- 2) Training must be continuous in blocks of at least six months duration, in hospitals or hospital groups inspected and approved by the College of Anaesthetists RCSI for anaesthetic training.
and
- 3) Training outside the National Specialist Registrar Training Scheme must be comparable to SpR Year 1-3 posts. The Credentials Committee require information to ensure this. Details required will include:
 - (i) Number of cases
 - (ii) Case Mix
 - (iii) Case complexity
 - (iv) Degree of supervision
 - (v) Teaching.
 - (vi) Quality of research
 - (vii) Audit
 - (viii) Log book assessment
 - (ix) CME/CPD activity

- (x) Sub-speciality exposure
- (xi) In-training assessment/evaluations
- (xii) On-call commitment

Training abroad and time spent in non-training and in Consultant posts may be considered by the Credentials Committee when assessing the competency and expertise of applicants; each case will be considered on an individual basis. Assessment will be based on Guidelines 1-3 above. Original documentation confirming all posts held shall be required. Where Certificates, Diplomas, or Fellowship credentials are used in support of an application, these documents must also be provided as originals or notarized copies.

Assessment may require special evaluation by the Credentials Committee. Applicants may be required to contribute to any costs incurred by the Committee. In considering training, the Credentials Committee will be guided by the standards of Anaesthetic training in operation at the relevant time. The College of Anaesthetists formerly the Faculty of Anaesthetists have operated a Senior Registrar Training Scheme since 1974.

The Credentials Committee will be the arbiters of equivalence.

10.4 Certificate of Specialist Doctor

The Certificate of Specialist Doctor (CSD) entitles the holder to inclusion on the Register of Medical Specialists in other European Union States.

The Medical Council awards the CSD.

Applicants for a CSD must:

- (i) Be an EU national.
- (ii) Be a graduate of an EU medical school.
- (iii) Have completed satisfactory training in anaesthesia as assessed by the College of Anaesthetists, RCSI.
- (iv) Have done the major part of their anaesthetic training in the Republic of Ireland.

10.5 General Professional Experience

In 2003 the Medical Council introduced a provision that professional experience should be taken into account when applying for Full Registration (Rule 4.3, Medical Council Rules of General Application as provided under Section 25(A) of the Medical Practitioners Act, 1978 and the Medical Practitioners (Amendment) Act, 2002)

This process is available to applicants who have not achieved FCARCSI but who have achieved a specified amount of satisfactory experience in Anaesthesia as prescribed by the training body (the College of Anaesthetists RCSI).

The College of Anaesthetists, RCSI applies the following rules for prescribed experience.

1. Applicant must be a registered trainee with the College of Anaesthetists, RCSI.
2. Applicants must submit a current Curriculum Vitae.
3. Applicants must have 24 months experience in Anaesthesia posts recognised for training by the College of Anaesthetists Training Committee.
4. Applicants must have satisfactory In-Training Assessments from the last 24 months of recognized training posts.
5. Applicants must have demonstrated competence in basic skills in Anaesthesia to the College Tutor (or representative) by satisfactorily completing the Initial Competency Assessment (Appendix 6) in their current post.

6. An applicant who has passed the Primary FCARCSI Examination (or one of the listed exempting examinations) shall be exempted from Rule 5 above in recognition of the more demanding standard required by these Examinations.
7. Applicants who are applying for an exemption under Rule 6 above must submit the original documentary evidence for that exemption. This shall be returned to the applicant.
8. Where an applicant is not in a recognised training post and cannot fulfill rule 3 above, the College of Anaesthetists RCSI, if so guided by the Medical Council, will seek letters of confirmation of satisfactory experience and competence assessment from the Chairman (or equivalent) of the Department of Anaesthesia of the current employing hospital.
9. In the event of unsatisfactory In-Training Assessments, the applicant shall be referred to the Training Committee and the applicant informed of this decision.
10. An application fee of €50 shall apply. This fee will be reviewed at the discretion of the Finance & General Purposes Committee.

Where an applicant fulfils the criteria above they will be granted a Certificate of General Professional Experience.

The Certificate of General Professional Experience refers solely to completion of appropriate professional experience for the purposes of Full Registration as prescribed by the College. This Certificate does not certify the achievement of any standard of practice nor the recognition of equivalence of training to any level within the Training Programme in Anaesthesia.

11. Sponsorship of Overseas Trainees by the College of Anaesthetists under the TRAS exemption scheme

11.1 Criteria for sponsorship;

Trainees who will benefit from training in Ireland and are of suitable calibre for Temporary Registration without sitting the Medical Council exam (TRAS) may apply for sponsorship. Trainees will normally have a minimum of 3 years experience in Anaesthesia before sponsorship.

In order to qualify for sponsorship applicants require the following:

- (i) Primary Fellowship of the College of Anaesthetists RCSI or equivalent as per College Examination regulations i.e.
 - Primary Fellowship, RCA (UK)
 - Overseas Qualifying Examination, College of Anaesthetists, RCSI
 - European Diploma in Anaesthesia
 - Fellowships in Anaesthesia of Australian / New Zealand College of Anaesthetists, South African College of Anaesthetists or Canadian College of Physicians
 - FCPS Anaesthesia Pakistan
 - Diploma of American Boards in Anesthesiology
 - MD Anaesthesia, University of West Indies
- (ii) References from a senior anaesthetist in the country of origin who is known to or is approved by the President of the College of Anaesthetists.
- (iii) Interview in person by a member of the Council of the College of Anaesthetists or by a Fellow approved by the President of the College of Anaesthetists. There must be a written report of this interview commenting on the training, proficiency in English, communication skills, interpersonal skills, attitudes and integrity of the applicant.

(iv) proficiency in English language - IELTS to an academic level of Band 7 or higher in each of the four sections.

11.2 Training Rotations in Ireland

The co-ordinator of the TRAS Exemption Programme (currently Dr Carlos McDowell) will arrange training rotations for trainees sponsored by the College of Anaesthetists. All rotations will be to posts recognised for training by the College of Anaesthetists. Rotations will be assigned on the basis of the expertise of the trainee, the training requirements of the trainee, the duration of time they are being sponsored for and the availability of training posts.

11.3 Orientation / introductory course

The Co-ordinator will arrange these in coordination with participating hospitals. All trainees must pass the Initial Test of Competence of the College of Anaesthetists before working without immediate supervision.

11.4 Monitoring of trainees

Six-monthly In-Training Assessments will be sent to the Coordinator by the hospitals. Continuing sponsorship is dependent on satisfactory In-Training Assessments. Unsatisfactory Assessments will be discussed by the Coordinator with trainees, if necessary in conjunction with the officers of the Training Committee.

11.5 Duration of sponsorship

Sponsorship will be for a duration of one year at a time and normally renewable to enable three years training in Ireland. The majority of trainees should be eligible for Full Registration by this time. If a trainee has not passed Fellowship or TRAS after four years, sponsorship may be continued for a maximum of one further year after consideration by the Training Committee of the College. No trainees will continue with sponsored registration for longer than five years.

11.6 Liaison with the Medical Council

Every six months the Co-ordinator / Training Committee will forward a list of trainees sponsored by the College of Anaesthetists, a list of trainee rotations and their most recent In-Training Assessments. In addition the Training Committee will inform the Medical Council of any problems with individual trainees.

11.7 Liaison with College Council

The Coordinator reports on the Programme to the Training Committee which is responsible for the overall running of the Programme. The Chairman of the Training Committee will report on the Programme to the College Council.

12. Criteria for applying for Special Leave from the SpR Programme

12.1 The College of Anaesthetists RCSI and the National Training Committee encourage trainees to become involved in educational or research projects which are properly planned and supervised and are likely to produce valuable information.

Up to one year's ("year out") training outside the SpR scheme in properly structured posts, either in Ireland or abroad may be credited by the College towards completion of training. Ideally Special Leave is undertaken during SpR Year 3 but to allow flexibility in training the Training Committee will consider applications at different stages in training provided Leave will not impair the quality of training.

A maximum of one year's leave may be taken during the 5 year SpR rotation and a maximum of 6 months leave may be taken during SpR Years 4/5.

Trainees applying for Special Leave should supply the following information along with a formal letter of application to the Chairman of the Training Committee at least six months before taking Special Leave.

1. Letter supporting the application from the supervisor of the educational or research project.
2. Outline of the proposed research project or of the training to be undergone in the post.
3. Where an M.D. is being pursued, a synopsis of the proposed thesis and evidence of registration on a university M.D. course.
4. A letter of support from the Chairman of the Department of Anaesthesia where appropriate.
5. The application must be submitted in writing at least six months in advance of the date on which the Leave is to begin.
6. Applicants may be required to attend an interview at the College of Anaesthetists to discuss their research project.

12.2 Suspension of SpR training (Extended leave)

Trainees may for a variety of reasons (personal or professional) seek to take leave from the SpR Training Programme. When leave from the SpR rotation does not fulfill the criteria for Special Leave outlined in 3.6 and in 12.1 above or when Special Leave continues for more than 1 year the Training Committee will decide whether SpR training will be considered to be suspended (Extended Leave) or whether the trainee must resign from the Training Programme. SpRs seeking such Extended Leave must apply in writing at least six months in advance to the Training Committee.

If Extended Leave is granted (training suspended) the trainee must apply in writing to rejoin the SpR rotation but will be eligible for reappointment without interview. The Training Committee will decide the date of re-appointment and the SpR year at which the trainee recommences training.

If Extended Leave continues for more than a year the trainee must apply in writing on an annual basis for continuation of Leave. If this application is not made or if the Training Committee refuses to continue Extended Leave the trainee is off the SpR Programme and will have to reapply formally and be interviewed for reappointment. Time spent on extended leave will not be credited towards the award of a CST.

Appendix 1.

Recognised Training Posts in Anaesthesia Effective January 2006

V 27/03/06

BST posts are recognised for varying durations depending on the nature of the hospital, but with minimum recognition of six months and maximum of two years.

SpR posts are recognised for a minimum of six months and a maximum of one year at both SpR years 1-3 and SpR years 4/5 level. SpR posts in single-specialty hospitals are recognised for a maximum of six months.

| Hospital | BST posts | Duration at BST | SpR 1-3 posts | SpR 4/5 posts | Other |
|-----------------------|------------|-----------------|---------------|---------------|----------|
| Beaumont | 11 | Up to 2 years | 8 | 6 | |
| Bon Secours Cork | 4 | 6 months | 0 | 0 | |
| Cappagh Ortho | 4 | 6 months | 1 | 0 | |
| Cashel/Clonmel | 4 | 6 months | 0 | 0 | |
| Castlebar | 7 | up to 1 year | 2 | 0 | |
| Cavan | 5 | up to 1 year | 0 | 0 | |
| Coombe | 5 | 6 months | 1 | 1 | |
| CUH | 13 | up to 2 years | 5 | 6 | |
| Crumlin | 2 | six months | 8 | 4 | |
| Drogheda/Dundalk | 11 | up to 1 year | 3 | 0 | |
| Holles St | 5 | six months | 2 | 0 | |
| JCMH | 6 | up to 1 year | 0 | 0 | |
| Kilkenny | 7 | up to 1 year | 0 | 0 | |
| Letterkenny | 6 | up to 1 year | 0 | 0 | |
| Limerick MWRH | 11 | up to 1 year | 4 | 1 | |
| Loughlinstown | 4 | six months | 0 | 0 | |
| Mater Campus | 14 | up to 2 years | 7 | 7 | 1 (Echo) |
| Mercy Cork | 3 | up to 1 year | 2 | 0 | 1 (Pain) |
| Mullingar | 6 | up to 1 year | 0 | 0 | |
| Navan | 5 | up to 1 year | 0 | 0 | |
| Nenagh | 2 | six months | 0 | 0 | |
| Portiuncula | 5 | up to 1 year | 0 | 0 | |
| Portlaoise | 4 | six months | 0 | 0 | |
| Rotunda | 4 | up to 1 year | 1 | 1 | |
| RVEEH | 4 | six months | 0 | 0 | |
| S. Infirmary/Victoria | 4 | up to 1 year | 1 | 0 | |
| Sligo | 5 | up to 1 year | 1 | 0 | |
| SJH | 12 | up to 2 years | 4 | 5 | |
| SVH/St Michaels | 13 | up to 2 years | 5 | 3 | |
| Tallaght | 11 | up to 2 years | 4 | 4 | |
| Temple St | 2 | six months | 5 | 2 | |
| Tralee | 7 | up to 1 year | 0 | 0 | |
| Tullamore | 6 | up to 1 year | 0 | 0 | |
| UCHG/Merlin Pk | 14 | up to 2 years | 6 | 4 | |
| Waterford | 8 | up to 1 year | 4 | 0 | |
| Wexford | 5 | up to 1 year | 0 | 0 | |
| Totals | 239 | | 74 | 44 | |
| Not Recognised | | | | | |
| Bantry | 0 | 0 | 0 | 0 | |
| Ennis | 0 | 0 | 0 | 0 | |
| Mallow | 0 | 0 | 0 | 0 | |
| Monaghan | 0 | 0 | 0 | 0 | |
| Naas | 0 | 0 | 0 | 0 | |
| Roscommon | 0 | 0 | 0 | 0 | |

Not all recognised posts are funded by the hospital. Not all recognised posts are part of the SpR rotation (eg Beaumont is recognised for 8 posts at SpR 1-3 level, but only 5 of these are part of the SpR 1-3 rotation).

Appendix 2.

CME/CPD CLASSIFICATION OF CATEGORIES AND CREDITS

Meetings are given one credit per hour up to five credits per day. ½ credits may be gained for 30 minute meetings. More than six credits may be awarded in exceptional circumstances. Contact me for advice. Codes for each activities are in brackets.

Internal Activities: Minimum 10 credits annually – no Maximum:

| | |
|---|--|
| Morbidity and Mortality Meetings (MM) Audit Meetings (AM) Journal Clubs (JC) Critical Incident Meetings (CIM) Grand Rounds (GR) Appraisal Training (AT) Hospital Lectures (HL) Attending another Consultants Session in base hospital (CSB) Watching non interactive Internet Lecture with Colleagues (ILB) | |
|---|--|

External Activities: Minimum 20 credits annually – no Maximum:

| | |
|---|--|
| CARCSI Educational Meetings (CM) Accredited National Meetings (i.e. meetings of intensive Care Society of Ireland, South of Ireland Association of Anaesthetists etc. (NM) Accredited International Meetings (IM) Attendance at consultant session outside base hospital (CSI) Training Courses e.g. ATLS, A.P.L.S. (TCA) Video Conference teaching with live interaction (VC) | |
|---|--|

Personal Activities: No Minimum – Maximum 10 credits annually:

| | |
|--|--|
| Independent Study (IND) Distance Learning (DL) Computer Assisted Learning (CAL) Watching Educational Video without Colleague Interaction (INDV) MCQ's in Medical Journal (MCQ) | |
|--|--|

Research: Minimum No Minimum – Maximum 10 credits annually:

| | |
|--|--|
| Research Meetings (RM) Presentation of Research Findings (RF) Publication in recognised Medical Journal 5 credits per publication (P) Publication of Chapter or Book – 5 credits (BW) | |
|--|--|

Postgraduate Examining Training and Supervision - No Minimum – Maximum 10 credits annually

| | |
|---|--|
| College or University Examinations (ED) Trainer in ATLS, APLS courses etc. (TC) Preparation of a Lecture – 5 Credits (LP) Each subsequent presentation in a different year – 1 credit (LP) Conducting Tutorial (TP) | |
|---|--|



| | | |
|-------------------------------------|--|---------------------------|
| Lastname: | BST Grade: | Hospital: |
| Firstname(s): | Regional Scheme <input type="checkbox"/> | Training Period... |
| College Registration Number: | Non-Scheme <input type="checkbox"/> | From: To: |
| | TRASEX (was 7.6) <input type="checkbox"/> | |

Below Acceptable Level Below Average Average with Peers Above Average Outstanding

| | Below Acceptable Level | Below Average | Average with Peers | Above Average | Outstanding |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| KNOWLEDGE | | | | | |
| Knowledge Base | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interest in Academic Activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participation in Department Meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Presentation Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exam Preparation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Background Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CLINICAL SKILLS | | | | | |
| Clinical Judgement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pre-Op Assessment Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Plan Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Awareness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Familiarity with basic Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Familiarity with Basic Drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual Dexterity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Range of Techniques | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vigilance during Anaesthesia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Record keeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BEHAVIOUR | | | | | |
| Punctuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enthusiasm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to cope with Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commitment to Patient Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern for Colleagues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal Relations at Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relations with Patients & Relatives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Overall

SATISFACTORY / NOT SATISFACTORY

| | |
|--|---|
| SOURCES OF INFORMATION USED TO COMPLETE THIS EVALUATION | TRAINERS INVOLVED IN THIS EVALUATION |
| Personal Observation <input type="checkbox"/> | |
| Formal Assessment <input type="checkbox"/> | |
| Logbook <input type="checkbox"/> | |
| Trainee Portfolio <input type="checkbox"/> | |
| Departmental Records <input type="checkbox"/> | |

YEAR ONE BSTs ONLY

Do you believe that this trainee has the aptitudes, abilities and personality required for a successful career in Anaesthesia/Intensive Care Medicine? **YES** **NO**

Has this assessment been discussed with the Trainee? **YES** **NO**

Signatures

Trainer:

Trainee:

Date:

COMMENTS

Official Stamp



| | |
|---|---------------------------------|
| Dr _____ | National Training Number: _____ |
| SpR Year _____ Hospital: _____ s _____ | Training Period: _____ |
| Modules Completed in this Rotation: _____ | |
| Was the trainee on leave for longer than one month during this Rotation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | Unsatisfactory | Below Average | Average with Peers | Above Average | Outstanding |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| CLINICAL | | | | | |
| Knowledge Base | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commitment to Patient Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinical Judgement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Plan Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Range of Techniques | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual Dexterity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vigilance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pre-Op Assessment Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Record Keeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability in ICU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sub-Specialty Interest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| PERSONAL | | | | | |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern for Colleagues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Cope with Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organisational Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can Assert Clinical Independence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal Relations at Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relations with Patients and Relatives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| ACADEMIC | | | | | |
| Interest in Academic Activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of Non-Clinical Time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participation in Departmental Meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Presentation Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teaching Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic Productivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exam Preparation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|-------------------------------------|------------------------------------|
| Has this assessment been discussed with the Trainee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Should the Trainee proceed to next year of SpR Training? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | |
|--|--|
| END OF ROTATION ASSESSMENT (Year 3 Only) | |
| Does the Trainee demonstrate the ability and attitude to progress to the Year 4-5 Rotations? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|--------------------------------------|---------------------------------|
| Signature, Head of Dept _____ | Signature, Trainee _____ |
|--------------------------------------|---------------------------------|



| | |
|---|--|
| Dr _____ | National Training Number: _____ |
| SpR Year _____ | Hospital: _____ Training Period: _____ |
| Modules Completed in this Rotation: _____ | |
| Was the trainee on leave for longer than one month during this Rotation? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | Unsatisfactory | Below Average | Average with Peers | Above Average | Outstanding |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| CLINICAL | | | | | |
| Knowledge Base | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commitment to Patient Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinical Judgement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Plan Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Range of Techniques | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual Dexterity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vigilance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pre-Op Assessment Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Record Keeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUB-SPECIALTY EXPERIENCE | | | | | |
| Ability in ICU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability in Pain Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paediatric Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PERSONAL | | | | | |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern for Colleagues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Cope with Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organisational Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can Assert Clinical Independence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal Relations at Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relations with Patients & Relatives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ACADEMIC | | | | | |
| Interest in Academic Activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of Non-Clinical Time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participation in Departmental Meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Presentation Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teaching Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic Productivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance at National Meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance at International Meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|------------------------------|-----------------------------|
| Has this assessment been discussed with the Trainee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Should the Trainee proceed to next year of SpR Training? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | |
|--|--|
| END OF ROTATION ASSESSMENT (Year 5 Only) | |
| Does the Trainee demonstrate the ability and attitude to qualify for Specialist Certification? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|-------------------------------|--------------------------|
| Signature, Head of Dept _____ | Signature, Trainee _____ |
|-------------------------------|--------------------------|

Appendix 6

College of Anaesthetists RCSI



Initial Competence Test

Initial assessment of competence

Before being permitted to practice anaesthesia without ***immediate supervision***, all trainees must achieve a satisfactory standard in an assessment of competency involving at least two consultant anaesthetists who meet the criteria to be trainers. **This applies to both new trainees and to more experienced trainees working in the Ireland for the first time.** This initial assessment is designed to demonstrate the possession of basic key components of clinical skill, knowledge and other attributes necessary to progress in the specialty. **Until this assessment is completed successfully, no trainee should deliver anaesthesia without immediate supervision either during daytime or 'out-of-hours'.**

It is intended that this assessment should be completed by a typical trainee after approximately 3 months of full-time training in anaesthesia, but the exact timing will need to be determined on an individual basis. More experienced trainees who are working in Ireland for the first time, whatever their grade, could be assessed much earlier than 3 months, after a relatively short period of familiarisation.

The trainee will be assessed in the following areas:

- i) Preoperative assessment.
- ii) General anaesthesia for ASA I or II patients (including equipment and anaesthetic machine check.)
- iii) Rapid sequence induction.
- iv) CPR skills.
- v) Clinical judgement, attitudes and behaviour

The skills, knowledge and attitudes expected and the assessment details are given below. The patients seen by trainees will need to be selected so as to be appropriate to the trainees' limited exposure within the specialty and should always be of ASA I or II. **Assessments will be formal. Both the assessment and its outcome must be recorded in departmental records and in the trainee's personal record. Should a trainee be assessed as unsatisfactory in any area, and thus be referred for further closely supervised training, the reasons for this referral must be recorded. The names of assessors must be legible, as must any additional comments.**

Following the assessment:

If satisfactory; trainees may begin to undertake cases delegated to them, without immediate supervision and may be given increased clinical responsibility (for example by working on the 'on-call' rota with local or distant supervision.)

If unsatisfactory; trainees will need targeted instruction and a re-test. Whether the whole assessment is to be repeated, or targeted at deficient areas is a decision to be taken locally, with regard to local circumstances, and is left to the discretion of the assessors.

Details of the Initial Test of Competence and its method of assessment

This test is in 5 parts;

- i) Preoperative assessment
- ii) General anaesthesia for ASA I or II patients (including equipment and anaesthetic machine checks)
- iii) Rapid sequence induction
- iv) CPR skills
- v) Clinical judgement, attitudes and behaviour

If a trainee has successfully completed an ALS course within the last 12 months, (iv) can be omitted

Only after this test has been satisfactorily completed can a trainee progress beyond immediate supervision.

Each of the 5 parts of the test (i – v, above) can be assessed by one (or more) trainers, but not all 5 parts can be “signed off” by the same single trainer. At least two trainers must be involved in the overall assessment.

i) Pre-operative assessment

Clinical skills

1. Is able to demonstrate satisfactory communication with staff and patients.
2. Is able, in a manner appropriate to the patient, to take a relevant history, explain the necessary aspects of anaesthesia, and answer their questions.
3. Is able to assess the airway
4. Is able to recognise potential problems requiring senior help
5. Is able to explain the management of post-operative pain and symptom control in a manner appropriate to the patient
6. Is able to interpret basic investigations (FBC, U & Es, chest x ray, ECG)
7. Is able to choose and prescribe an appropriate pre-medication.

Knowledge

1. The ASA scale of fitness.
2. The relevance of common inter-current diseases to anaesthesia and surgery.
3. Consent for anaesthesia.
4. Predictors of difficult intubation

Setting

Patients: All appropriate patients aged 16 and over.

Assessments:

- ?? A ward based demonstration of practical skills.
- ?? Simultaneous oral confirmation of understanding.

Guidance:

This is a preliminary test to ensure that the trainee communicates adequately and understands the broad outline of anaesthetic assessment. After three months of training the trainee should be expected to identify patients who are low risk from the anaesthetist's point of view. There is no expectation of the trainee being able to determine the fitness of patients for operation who are severely ill or who have inter-current disease. The expectation is that they will know which cases to refer to or discuss with senior colleagues. The trainee should have an understanding of whatever premedication he or she intends to use.

Assessment of the Pre-operative Visit

The trainee must be accompanied on a pre-operative round of patients.

Name of trainee.....

The Trainee:

| | Yes | No |
|--|--------------------------|--------------------------|
| Communicates in a satisfactory manner with patients | <input type="checkbox"/> | <input type="checkbox"/> |
| Obtains relevant history | <input type="checkbox"/> | <input type="checkbox"/> |
| Undertakes any physical examination (if indicated) | <input type="checkbox"/> | <input type="checkbox"/> |
| Assesses the airway | <input type="checkbox"/> | <input type="checkbox"/> |
| Understands the pre-operative investigations | <input type="checkbox"/> | <input type="checkbox"/> |
| Explains anaesthesia clearly | <input type="checkbox"/> | <input type="checkbox"/> |
| Discusses pain and explains post operative analgesia clearly | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescribes pre-operative medication as needed | <input type="checkbox"/> | <input type="checkbox"/> |
| Understands the ASA classification | <input type="checkbox"/> | <input type="checkbox"/> |
| Understands consent for anaesthesia and operation | <input type="checkbox"/> | <input type="checkbox"/> |
| This assessment was completed satisfactorily | <input type="checkbox"/> | <input type="checkbox"/> |
| IF NO, GIVE REASONS: | | |

Signed Print name.....

Date

Signed: Print name

Date.....

Copy given to trainee for portfolio?

Yes

ii): Administration of a safe general anaesthetic to an ASA I or II patient.

Clinical skills

1. Explanation of the anaesthetic procedure(s) and surgery to the patient.
2. Appropriate Choice of anaesthetic technique.
3. Pre-use equipment checks
4. Proper placement of I.V. cannula.
5. Attachment of monitoring (including ECG) before induction of anaesthesia
6. Measures blood pressure non-invasively
7. Pre-oxygenation.
8. Satisfactory induction technique.
9. Appropriate management of the airway.
10. Maintenance of anaesthesia, including analgesia.
11. Appropriate perioperative monitoring and its interpretation
12. Recognition and immediate management of any adverse events which might occur
13. Proper measures during emergence from general anaesthesia.
14. Satisfactory hand over to recovery staff.
15. Accurate completion of anaesthetic and other records.
16. Prescription of appropriate post-operative analgesia and anti-emetics
17. Choice of post operative oxygen therapy.
18. Instructions for continued I.V. therapies (if relevant).

Knowledge

1. The effects of anaesthetic induction on cardiac and respiratory function
2. The rationale for pre-oxygenation.
3. Methods available for the detection of misplaced ET tubes, including capnography
4. Common causes of arterial desaturation (cyanosis) occurring during induction, maintenance and recovery
5. Common causes and management of intra-operative hypertension and hypotension
6. The immediate management only of cyanosis, apnoea, inability to ventilate, aspiration, bronchospasm, anaphylaxis and malignant hyperpyrexia
7. Trainees must demonstrate an adequate, basic, practical knowledge of anaesthetic pharmacology to support their practice, for example, know about: 2 induction agents, 2 volatile agents, 2 opioids, suxamethonium and 1 competitive relaxant.

Setting

Patients: ASA I and II patients age 16 years and over requiring uncomplicated surgery in the supine position e.g. hernia, varicose veins, hysterectomy, arthroscopy.

Location: Operating theatre.

Situations: Supervised theatre practice.

Assessments

?? A theatre based demonstration of practical skills.

?? Simultaneous oral case discussion of understanding.

Guidance

The trainee should be observed undertaking a number of cases using facemask and airway, and/or laryngeal mask and/or endotracheal tube. Care should be taken to ensure that the trainee is skilled in use of bag and mask and does not always rely on the laryngeal mask. The assessor should let the trainee proceed largely without interference and note problems of technique. This should be combined with a question and answer session covering the underlying comprehension of the trainee. The level of knowledge expected is that of a trainee who has been working in anaesthesia for 3 months and should be sufficient to support the specified clinical skills. Exclusions are specialised surgery, rapid sequence induction and children under the age of 16 years.

Assessment of ability to administer a general anaesthetic to an elective ASA I or II patient.

Name of trainee

(a) General anaesthesia with spontaneous respiration

The Trainee:

| | Yes | No |
|--|--------------------------|--------------------------|
| Properly prepares the anaesthetic room and/or operating theatre | <input type="checkbox"/> | <input type="checkbox"/> |
| Satisfactorily conducts a pre-operative equipment check (including the anaesthetic machine and breathing system) | <input type="checkbox"/> | <input type="checkbox"/> |
| Has properly prepared and assessed the patient for surgery | <input type="checkbox"/> | <input type="checkbox"/> |
| Chooses an appropriate anaesthetic technique | <input type="checkbox"/> | <input type="checkbox"/> |
| Establishes IV access | <input type="checkbox"/> | <input type="checkbox"/> |
| Establishes ECG and pulse oximetry | <input type="checkbox"/> | <input type="checkbox"/> |
| Measures the patient's blood pressure prior to induction | <input type="checkbox"/> | <input type="checkbox"/> |
| Pre-oxygenates as necessary | <input type="checkbox"/> | <input type="checkbox"/> |
| Induces anaesthesia satisfactorily | <input type="checkbox"/> | <input type="checkbox"/> |
| Manages airway competently | | |
| I) Face mask (+/-) airway | <input type="checkbox"/> | <input type="checkbox"/> |
| II) LMA | <input type="checkbox"/> | <input type="checkbox"/> |
| Makes satisfactory transfer to operating theatre (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| Positions patient safely | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintains and monitors anaesthesia satisfactorily | <input type="checkbox"/> | <input type="checkbox"/> |
| Conducts emergence and recovery safely | <input type="checkbox"/> | <input type="checkbox"/> |
| Keeps an appropriate and legible anaesthetic record | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescribes analgesia appropriately | <input type="checkbox"/> | <input type="checkbox"/> |
| Properly supervises discharge of patient from recovery | <input type="checkbox"/> | <input type="checkbox"/> |
| Understands the need for oxygen therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| This assessment was completed satisfactorily | <input type="checkbox"/> | <input type="checkbox"/> |

IF NO, GIVE REASONS:

Signed Print name..... Date.....

Signed Print name..... Date

Copy given to trainee for portfolio? Yes

(b) General anaesthesia with endotracheal intubation.

Name of trainee.....

In addition to the above, the trainee must demonstrate the following:

| | Yes | No |
|--|--------------------------|--------------------------|
| Assesses the airway properly | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge of factors which may make intubation difficult | <input type="checkbox"/> | <input type="checkbox"/> |
| Satisfactory use of laryngoscope | <input type="checkbox"/> | <input type="checkbox"/> |
| Correct placement of endotracheal tube* | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates position of endotracheal tube by | | |
| (i) observation | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) auscultation | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) capnography | <input type="checkbox"/> | <input type="checkbox"/> |
| This assessment was completed satisfactorily | <input type="checkbox"/> | <input type="checkbox"/> |
| IF NO, GIVE REASONS: | | |

Signed..... Print name..... Date.....

Signed..... Print name..... Date.....

Copy given to trainee for portfolio? Yes

*If intubation is not possible, the trainee should maintain the airway and allow the assessor to intubate the patient.

iii) Rapid Sequence Induction for an ASA I or II patient.

Clinical skills

1. Detection of risk factors relating to slow gastric emptying, regurgitation and aspiration.
2. Use of drugs (antacids, H₂ receptor antagonists etc) in the management of the patient at risk of aspiration
3. Explanation of pre-oxygenation to the patient
4. Proper explanation of rapid sequence induction (RSI) to patient.
5. Proper demonstration of cricoid pressure to the patient and assistant.
6. Demonstration of the use of:
 - a) tipping trolley
 - b) suction
 - c) oxygen flush
7. Appropriate choice of induction and relaxant drugs.
8. Attachment of ECG, pulse oximeter and measurement of BP before induction.
9. Pre-oxygenation.
10. Satisfactory rapid sequence induction technique.
11. Demonstration of proper measures to minimise aspiration risk during emergence from anaesthesia.

Knowledge

1. Risk factors causing regurgitation and aspiration.
2. Factors influencing gastric emptying, especially trauma and opioids.
3. Fasting periods in relation to urgency of surgery
4. Reduction of the risks of regurgitation.
5. Failed intubation drill, emergency airways
6. The emergency treatment of aspiration of gastric contents
7. Basic pharmacology of suxamethonium and repeated doses.

Setting

Patients: Starved ASA I and II patients aged 16 and over having uncomplicated elective or urgent surgery with normal upper airway anatomy.

Location: Operating theatre.

Situations: Supervised theatre practice.

Assessments

?? A theatre based demonstration of practical skills.

?? Simultaneous oral test of understanding.

Guidance

This test should ensure competent management of the airway during straightforward urgent surgery. The test must be done on a patient who is adequately starved prior to induction of anaesthesia. The patient may, or may not be, an urgent case. The trainee should be able to discuss methods of prediction of the difficult airway and of difficult intubation. They should be able to explain the failed intubation drill, and the immediate management of the patient that aspirates gastric contents.

Assessment of Rapid Sequence Induction

Name of trainee.....

The Trainee must demonstrate:

| | Yes | No |
|---|--------------------------|--------------------------|
| Preparation of the anaesthetic room and operating theatre | <input type="checkbox"/> | <input type="checkbox"/> |
| Satisfactorily checking of the anaesthetic machine, sucker etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| Preparation of the patient (information and positioning) | <input type="checkbox"/> | <input type="checkbox"/> |
| An understanding of the mandatory periods for pre-operative fasting | <input type="checkbox"/> | <input type="checkbox"/> |
| An understanding of the indications for RSI | <input type="checkbox"/> | <input type="checkbox"/> |
| An adequate explanation of RSI to the patient, including cricoid pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| To the assistant how to apply cricoid pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper pre-oxygenation of the patient | <input type="checkbox"/> | <input type="checkbox"/> |
| The undertaking of a RSI | <input type="checkbox"/> | <input type="checkbox"/> |
| Correct placement of tracheal tube | <input type="checkbox"/> | <input type="checkbox"/> |

This assessment was completed satisfactorily
 IF NO, GIVE REASONS:

Signed.....Print name.....Date.....

Signed.....Print name.....Date.....

Copy given to trainee for portfolio? Yes

iv) Cardio-pulmonary resuscitation (CPR).

Clinical skills

1. Able to recognise cardiac and respiratory arrest
2. Able to perform cardiac compression.
3. Able to manage the airway during cardiopulmonary resuscitation (CPR): using expired air breathing, bag and mask, laryngeal mask and endotracheal intubation.
4. Able to perform CPR either single-handed or as a member of a team.
5. Able to use the defibrillator.
6. Able to interpret arrhythmias causing and associated with cardiac arrest
7. To perform resuscitation sequences for ventricular tachycardia, VF, asystole, EMD.
8. Able to move a patient into the recovery position

Knowledge

1. Resuscitation guidelines
2. The factors relating to brain injury at cardiac arrest.
3. Factors influencing the effectiveness of cardiac compression.
4. Drugs used during CPR (adrenaline (epinephrine), atropine, lignocaine, calcium, magnesium, sodium bicarbonate).
5. The ethics of CPR: who might benefit.
6. Record keeping at CPR.

Setting

Simulated scenario of collapse requiring cardio-pulmonary resuscitation during a practical teaching session

Role: Initiate and maintain CPR when necessary. Undertake the role of team leader if no more senior doctor is present, continuing CPR as appropriate, administering necessary drugs and defibrillating if needed. If a more experienced resuscitator is available will adopt an appropriate role in the resuscitation team.

Locations: Wherever necessary.

Assessments

- ?? Manikin based practical assessment of CPR skills.
- ?? Arrhythmia recognition session using monitor.
- ?? Oral assessment of knowledge of resuscitation.

If a trainee has completed an ALS course within the last 12 months, the assessment of CPR competency can be assumed and signed off with a comment made to that effect under the signature(s).

Assessment of Cardiopulmonary resuscitation

This assessment may be undertaken at any time and may be combined with a practical teaching session.

Name of trainee.....

The Trainee:

| | Yes | No |
|---|--------------------------|--------------------------|
| Ensures personal safety and that of the staff | <input type="checkbox"/> | <input type="checkbox"/> |
| Calls for help | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates the diagnostic method | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates mask to mouth rescue breathing. | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates ventilation with mask and bag | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates satisfactory insertion of and ventilation with ET tube | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates satisfactory cardiac compression. | <input type="checkbox"/> | <input type="checkbox"/> |
| Satisfactorily interprets common arrhythmias on ECG monitor. | <input type="checkbox"/> | <input type="checkbox"/> |
| Understands the indications for defibrillation. | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates correct use of defibrillator | <input type="checkbox"/> | <input type="checkbox"/> |
| Understands the use of appropriate drugs during resuscitation | <input type="checkbox"/> | <input type="checkbox"/> |
| Can undertake the lead role in directing CPR. | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates moving a patient into the recovery position | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| This assessment was completed satisfactorily | <input type="checkbox"/> | <input type="checkbox"/> |
| IF NO, GIVE REASONS | | |

Signed.....Print name.....Date.....

Signed.....Print name.....Date.....

Copy given to trainee for portfolio? Yes

If a trainee has completed an ALS course within the last 12 months, the assessment of CPR competency can be assumed and signed with a comment made to that effect under the signature(s).

v): Clinical judgement, attitudes and behaviour

At this early stage in a trainee's career all that is required is confirmation of the statement on the assessment sheet below.

Assessment of clinical judgement, attitudes and behaviour

Name of trainee _____

To the best of my knowledge and belief this trainee has

1. Shown care and respect for patients
2. Demonstrated a willingness to learn
3. Asked for help appropriately
4. Appeared reliable and trustworthy

Signed.....Print name.....Date.....

Signed.....Print name.....Date.....

Copy given to trainee for portfolio?

Yes

Appendix 7.

Regulations and Guidelines for BST Competency Assessment Certificate of Completion of Basic Specialist Training (CCBST) Details of assessment of trainees Draft 20/01/2004

To successfully complete BST training, the trainee must:

1. Successfully complete the Initial Test of Competence (see below).
2. Complete two years of BST training in posts approved by the College with satisfactory In-Training Assessments
3. Be assessed as competent in a range of six workplace assessments
4. Pass the Primary FCARCSI Examination (or equivalent)

The Initial Test of Competence

All doctors beginning anaesthesia training or commencing training in anaesthesia in Ireland for the first time, even if they have prior anaesthesia experience, should complete this test before progressing to further BST training.

Mechanism of Certification

The individual trainee is responsible for maintaining a training portfolio and collection of the documentation required for CCBST. The trainee must present these documents to the College of Anaesthetists before a certificate will be issued. Documents required are:

- Initial Competence Test Certificate
- All six satisfactory workplace competency assessments
- Four satisfactory General BST six-monthly training assessments
- Proof of passing the Primary examination or equivalent

Trainees should arrange with their current hospital which workplace assessments they wish to complete during their time in post. Each assessment must be signed off by at least two recognised trainers.

It will be possible to complete the competency assessments in a shorter timescale than two years. Thus trainees may have completed at least five of the six workplace assessments and have passed the Primary or equivalent by eighteen months of BST training. Such trainees will be considered "CCBST Eligible" and will be permitted to apply for SpR positions, provided they will have satisfied all criteria for CCBST by the time they take up an SpR post.

Workplace Assessments (see Appendices 1 and 2)

- 1 Preoperative assessment
Premedication**
- 2 Induction of general anaesthesia
Intraoperative Care (including sedation)
Postoperative and recovery care**
- 3 Management of trauma, stabilisation and transfer of patients**
- 4 Critical Incidents
Management of respiratory and cardiac arrest**
- 5 Regional anaesthesia**
- 6 Intensive Care Medicine and high dependency care**

The skill and knowledge required in each of these areas is detailed in Appendix 1. A sample workplace assessment form is given in Appendix 2.

General BST Assessment

In addition to the assessment of knowledge and skills in the areas outlined above, there is a need for more general assessment. This should be carried out each six months so that by the end of two years BST training a trainee should have acquired four of these. Any problems identified must be discussed with the trainee. This general assessment is completed on a slightly modified version of the BST Evaluation Forms currently in use (example in Appendix 3).

The confirmation of satisfactory BST Training

Requirements for BST training have been published in the College of Anaesthetists Document "Syllabus for the Primary FCARCSI Examination – Educational Programme for Basic Specialist Trainees in Anaesthesia". In the section of this document entitled "Perioperative Medicine & Clinical Skills" there is defined the clinical knowledge and skills that BSTs should acquire by the end of BST training. This is summarised under the six headings above, and in more detail in Appendix 1. *Trainees must complete satisfactory workplace assessments in each of these six areas and obtain at least four six-monthly satisfactory general assessments before a CCBST can be issued. A CCBST must be obtained before a BST can take up an SpR (or Locum SpR) post.*

Guidance for Assessors

There is no expectation that every aspect of a skill will be individually investigated and assessed, but rather that trainers will become confident, through their personal knowledge of the trainees, that the individual trainee has acquired sufficient competence in an area of practice to be signed off. This relies on the common sense of experienced trainers to judge what is acceptable. If they cannot be signed off, the reason why should be identified and advice given to the trainee. If a trainee does not meet the necessary standard on an individual assessment, they must be reassessed at a later date. Whether this should include the whole or just part of the assessment is left to the discretion of the assessors. Each hospital can choose the way in which it carries out the assessments provided that the designated consultants can, in good faith, sign to say that they have been completed.

APPENDIX 1

Listed below are guidelines for the assessment of competence across the range of skills and knowledge required in Basic Specialist Training. These assessments will for the most part be performed in the workplace by observation and questioning of trainees in their normal working environment.

Critical Incidents

- To have management plans for the listed critical incidents
- To practice whenever possible in mock-up situations or simulation
- To respond appropriately if a critical incident occurs

Management of respiratory and cardiac arrest

- To resuscitate adults (and know the principles of resuscitating children) from cardio-respiratory arrest to the standards required for ACLS certification
- To discuss ethical aspects of resuscitation

Preoperative assessment

- Able to assess the airway for potential difficulties with airway management
- Able to take a relevant history in a limited time
- Able to interpret pre-operative investigations and respond to them
- Able to recognise when senior advice or assistance is required
- Able to assess and plan the anaesthetic management of ASA I & II patients
- Able to recognise ASA III, IV & V patients, and have a knowledge of the implications of this for anaesthesia
- Able to assess suitability of patients for day case surgery
- Able to identify patients at a high risk of nausea and vomiting
- Able to explain risks and options of routine anaesthesia to patients and to record their agreement where appropriate.
- Have a knowledge of how to deal with emergencies arising before anaesthesia and how to stabilise a patient's condition until senior assistance can arrive.

Premedication

- To become practised at answering patients questions in the most appropriate way
- To always try to alleviate anxiety
- To ensure thromboprophylaxis is considered
- To gain a knowledge of the properties and effects of premedicant drugs
- To prescribe appropriately for patients in pain awaiting surgery

Induction of general anaesthesia

- To check anaesthesia machine
- To assemble and check breathing systems
- To set up and check ventilator
- To describe the requirements for minimal monitoring
- To decide when additional monitoring (e.g. CVP, arterial line) is needed
- To set up and check monitoring equipment and alarm limits
- To check resuscitation equipment
- To keep a good anaesthetic record
- To perform routine intravenous induction of anaesthesia
- To perform routine inhalational induction of anaesthesia
- To perform rapid sequence induction of anaesthesia
- To identify the correct placement of the endotracheal tube after intubation
- To rehearse failed intubation drill
- To discuss induction of general anaesthesia in difficult airways, shocked patients and others of ASA>II
- To manage the cardiovascular and respiratory complications of induction of general anaesthesia

To describe the management of aspiration, anaphylaxis, failed intubation and malignant hyperpyrexia

Intraoperative Care (including sedation)

To manage anaesthetised spontaneously breathing patients

To manage anaesthetised ventilated patients

To manage sedated patients

To manage diabetes perioperatively

To manage steroid cover

To properly check blood and blood products

To apply and interpret appropriate monitoring

To know how to deal with emergencies as they occur in anaesthesia and how to stabilise a patient's condition until senior assistance arrives

To plan ahead with the surgeon any unusual requirements of anaesthesia

Postoperative and recovery care

To achieve a smooth, controlled return of vital functions and reflexes

To practice giving clear instructions to recovery staff

To be able to discharge patients safely back to the ward

To know the criteria for discharge of day-stay patients

To recognise and treat common recovery room complications

To recognise and treat conditions and circumstances requiring HDU or ICU care

To know the equipment requirements of a recovery room

To prescribe pain management for patients after common surgical procedures

To institute appropriate action to relieve pain quickly in the recovery room

To become familiar and technically proficient with a variety of therapeutic methods for postoperative pain

Intensive Care Medicine and high dependency care

To gain the skills and confidence to resuscitate adult patients following cardio-pulmonary arrest

To care for the unconscious patient

To recognise an adult critically ill patient and begin resuscitation with appropriate urgency

To communicate well with the nursing staff in the ICU, patients, relatives and other hospital staff

To recognise one's own limitations and the nature and importance of team working

To make clear presentations of patients to other medical and nursing staff

To offer comfort to patient and relatives when there is no prospect of survival

To be aware of the principles and practice of infection control

Regional anaesthesia

To obtain consent from patients

To create a safe and supportive environment in theatre

To position patients and to instruct and use assistants properly

To establish spinal and epidural blockade

To maintain epidural blockade using top up and continuous techniques with local anaesthetics and opioids

To perform IVRA

To perform some simple peripheral nerve blocks

To know the criteria for the safe discharge of these patients from recovery

Management of trauma, stabilisation and transfer of patients

To perform assessment, immediate care and management of the traumatised patient, (including the principles of managing a head injury)

To stabilise a patient's condition until senior assistance arrives

To know when to get senior or other specialist help

To know of how to deal with emergencies related to trauma before, during and after anaesthesia

To transfer a stable ventilated patient safely to another site, either in the same or in a different hospital

Appendix 2

SAMPLE WORKPLACE ASSESSMENT FORM

Individual hospitals and training programmes can use whatever form of documentation they please to record assessments provided the information below is included.

College of Anaesthetists RCSI

WORKPLACE ASSESSMENT RECORD OF: *Preoperative Assessment, Premedication*

Name of Trainee: Year of Training

College Training Number..... Date of Assessment: ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Hospital.....

Methods used in this assessment:

- Personal Observation
- Formal Assessment
- Trainee Portfolio/Logbook Summary
- Departmental/Patient Records

SATISFACTORY / NOT SATISFACTORY

If not satisfactory please detail reasons here:

.....
.....
.....
.....
.....

Signed..... Name (print) Position
.....

Signed.....Name (print) Position
.....

Signature of Trainee.....

| |
|----------------|
| Official Stamp |
|----------------|



Lastname:
Firstname(s):
National Training Number:

BST Grade:
Regional Scheme
Non-Scheme
TRASEX

Hospital:
Training Period...
From: _____ **To:** _____

Below

KNOWLEDGE

| | | | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Knowledge Base | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interest in Academic Activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participation in Department Meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Presentation Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exam Preparation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Background Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CLINICAL SKILLS

| | | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Clinical Judgement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pre-Op Assessment Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Plan Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Awareness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Familiarity with basic Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Familiarity with Basic Drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual Dexterity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Range of Techniques | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vigilance during Anaesthesia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Record keeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

BEHAVIOUR

| | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Punctuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enthusiasm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to cope with Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commitment to Patient Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern for Colleagues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal Relations at Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relations with Patients & Relatives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Overall

SATISFACTORY / NOT SATISFACTORY

SOURCES OF INFORMATION USED TO COMPLETE THIS EVALUATION

| | |
|----------------------|--------------------------|
| Personal Observation | <input type="checkbox"/> |
| Formal Assessment | <input type="checkbox"/> |
| Logbook | <input type="checkbox"/> |
| Trainee Portfolio | <input type="checkbox"/> |
| Departmental Records | <input type="checkbox"/> |

TRAINERS INVOLVED IN THIS EVALUATION

YEAR ONE BSTs ONLY

Do you believe that this trainee has the aptitudes, abilities and personality required for a successful career in Anaesthesia/Intensive Care Medicine?

YES NO

Has this assessment been discussed with the Trainee? YES NO

Signatures

Trainer: _____ **Trainee:** _____ **Date:** _____

COMMENTS

Official Stamp

Continue overleaf if necessary...

Appendix 8.

College Tutors 2004 - 2007

| | | |
|-----------|-----------------|---------------------------------------|
| Anne | Whitford | Portlaoise General Hospital |
| Frances | Maguire | Beaumont Hospital |
| Anne | Hennessy | Beaumont Hospital |
| Richard | Flynn | Bons Secours Hospital |
| Frances | Conway | Cappagh National Orthopaedic Hospital |
| Khalid | Paracha | Cavan General Hospital |
| Michael | Carey | Coombe Women's Hospital |
| Fergus | Walsh | Cork University Hospital |
| Rosemary | Rooney | James Connolly Memorial Hospital |
| Philip | Hawthorne | Letterkenny General Hospital |
| John | Kennedy | Limerick Regional Hospital |
| Mohammed | Faheem | Longford Westmeath Hospital |
| Michael | Griffin | Mater Misericordiae Hospital |
| Geraldine | Maloney | Mayo General Hospital |
| John | Cahill | Mercy Hospital |
| Kevin | McKeating | National Maternity Hospital |
| Peter | Hooker | Nenagh General Hospital |
| Paula | Connolly | Our Lady of Lourdes Hospital |
| Tom | Rice | Our Ladys Hospital |
| Deirdre | Lohan | Our Lady's Hospital |
| Martina | Healy | Our Ladys Hospital for Sick Children |
| Aine | Ni Chonchubhair | Portiuncula Hospital |
| Jimmy | Gardiner | Rotunda Hospital |
| Deirdre | McCoy | Royal Victoria Eye & Ear Hospital |
| Jeremy | Smith | Sligo General Hospital |
| John | Walsh | South Infirmary / Victoria Hospital |
| Hugh | Gallagher | St Columcilles Hospital |
| Catherine | O'Malley | St James Hospital |
| Jenny | Porter | St James Hospital |
| Nuala | Cregg | St Lukes General Hospital |
| Kieran | Crowley | St Vincent's Hospital |
| Anne | Heffernan | Tallaght Hospital |
| Kay | O'Brien | The Children's Hospital |
| Sean | Gibbons | Tralee General Hospital |
| Kate | O'Loughlin | Tullamore General Hospital |
| Paul | Naughton | University College Hospital |
| John | Dunphy | Waterford Regional Hospital |
| Dermot | Gowan | Wexford General Hospital |

Appendix 9

College of Anaesthetists RCSI Trainee Report on Hospital Rotations



Dr. _____

Hospital: _____

Dates: _____

Please rate your experience in this post under the following headings:

| | Poor | Below Average | Average | Above Average | Excellent |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Clinical Anaesthesia | | | | | |
| Challenging case mix | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Learn new techniques | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exposure to regional anaesthesia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consultant input into patient management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consultant input into clinical teaching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsibility appropriate for experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Department Structures | | | | | |
| Organised approach to training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adherence to training modules | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Balance between services and training needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working relations within Anaesthetic Dept. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working relations with other staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Equipment and Facilities | | | | | |
| Adequacy of equipment in theatre | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequacy of equipment in ICU | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Access to audio-visual and computers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medline access | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anaesthetic office and Secretarial assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Library facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Intensive Care | | | | | |
| Challenging case mix | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Learn new techniques | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consultant input into patient management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consultant input into clinical teaching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsibility appropriate for experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Pain Medicine | | | | | |
| Training in post-op Pain Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic pain training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Range of clinical material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consultant input | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsibility appropriate for experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Academic Issues | | | | | |
| Consultant input into theoretical teaching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic meetings frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic meetings content | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exam teaching: Primary/Final | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opportunities for presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Research opportunities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Experience in teaching others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Structuring of non-clinical time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Administration | | | | | |
| Trainee role in department administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attend departmental consultant meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mentor system for trainees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Working Conditions | | | | | |
| Adequate time off post-call | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Requirement to work long hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On-call room facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disruption to personal life from this rotation | Major <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/> | | | | |

General comments: *(continue overleaf if necessary)*

.....

.....

.....

.....

Is this hospital suitable for training at the level of SpR years 1 – 3 ? Yes No SpR years 4 – 5 ? Yes No

Appendix 10

Training Points for Specialist Registrars Version 12/01/05

Points Requirement: 25 points per year

Internal Activities

Internal activities score no points. These activities are part of the normal education and training of all trainees within their working environment, and in which they are all expected and required to take part. Thus for example, personal study, attendance at routine hospital teaching sessions, audit meetings, case conferences, presenting at teaching sessions, on-the-job training etc. score no points. It is the responsibility of individual departments to ensure that this type of training activity is adequate.

External Activities

External Activities score points as follows...

Academic Meetings Meetings approved for CME by the College of Anaesthetists or by suitable international regulatory bodies attract 1 point per hour, maximum 5 points per day.

Maximum Points: 20 per year

*** Minimum points: at least 10 CME points per year must be achieved at approved Irish meetings***

Examinations: Sitting an Irish or UK College Exam: 10 points/exam

Maximum points: 15 per year

Courses: Courses approved for CME by the College of Anaesthetists or by suitable international regulatory bodies attract 1 point per hour, maximum 5 points per day.

MSc Anaesthesia: 15 points per year

(Other higher degrees considered on an individual basis)

Maximum points: 15 points per year

Research:

| | |
|---|-----------|
| Poster Presentation: | 4 points |
| Publication of Case Report or Abstract: | 4 points |
| Oral presentation at National or International Meeting: | 6 points |
| Minor author major paper in peer-reviewed journal: | 6 points |
| First author major paper in peer-reviewed journal: | 15 points |

Maximum points: 15 points per year

Trainees on special or extended leave or sick leave are exempt from a points requirement for the duration of the leave pro rata.

Details of training points achieved should be retained for presentation at the interviews at the end of Year 3 and the end of Year 5.

Template for Report on Hospital Inspection**Date of Inspection:****College Visitors:****Introduction:**

Brief resume of hospital, with specific reference to Dept of Anaesthesia activities.

Chairman of Division:**Nominated Tutor / Educational Co-Ordinator:****Last Inspection:**

Date

Recommendations

Complement of posts recognised for training by College;

BST (n) Duration; 6 / 12 / 24 months

SpR 1-3 (n) Duration; 6 / 12 months

SpR 4/5 (n) Duration; 6 / 12 months

Staffing:

Consultant; ? in good standing, on Specialist Register, CME activity

Trainees; BST, SpR, others

Anaesthesia locations;

Theatre, Recovery, ICU, HDU, Pain Clinic, Pre-operative assessment clinic, Others.

Procedures:

Number of procedures in OT, Remote locations, Pain, ICU, Pre-op Clinics etc

Equipment:

Quality and quantity adequate?, safety.

Pre-op Assessment:

Ward based

Pre-op Clinic

Anaesthesia Nursing:

? specialised, ? dedicated to helping anaesthetist alone, ? staffing at night, ?Recovery room staff,

Dept of Anaesthesia structures;

Organisation of Dept; Chairman, other office holders,

Dept meetings, theatre organisational structures, ? how many sites covered by each consultant, ? theatre rostering, induction for new staff, Dept book of rules / procedures, ? SpR attends Dept meetings, mentor system..

Office space, teaching area

Academic:

Nominated Tutor/ Educational Co-ordinator

Teaching programme; lectures, meetings, tutorials, M & Ms, Research meetings, specific Exam teaching, Journal Club

Modular training structures? – sub-specialty surgery, regional anaesthesia, ICU, Pain (acute / chronic), etc

Library; journals, books up to date, Audiovisual, IT access, Internet access, reference books in theatre, etc

? trainees doing exams, ? attend courses, ? success rates,

Audit:

Audit of procedures, complications

Audit of trainee activity
Morbidity / Mortality
Logbooks

Role of Anaesthesia Dept within Hospital: Representation on Committees, ? chair Committees, role in Medical Admin,
Meeting of Inspection group with management?
? power / status of Anaesthesia Dept within hospital

Interview with Trainees: Outline purpose of inspection, confidentiality
How many trainees met, reasons some not met,
Age / no of years experience, exams, career plans
Topics; general view of Dept vs other hospitals
Trainees perspectives on all the issues listed above

Specific topics;

- ? case complexity and volume, ? specific training opportunities in this post, ? exposure to procedures / regional
- ? access to training opportunities despite service needs
- ? consultant supervision adequate,
- ? modular structures adhered to
- ? Non-clinical days received, ? finishing times, ? day off post-call
- On-call room, food
- Morale in Dept, relations with consultants and other staff

Interview with Trainers / Consultants:

- How many met
- Reasons some not met with
- Range of discussion
- Specific concerns
- Specific merits of post
- Areas where they feel the College may be able to contribute to Dept development.

Confidential reports from SpRs; available in College office

Conclusions: Resume of visit

Recommendations:

- No of posts to be recognised for training by College;
- BST (n) Duration; 6/ 12/ 24 months
- SpR 1-3 (n) Duration; 6/12 months
- SpR 4/5 (n) Duration; 6 / 12 months
- Specific issues for immediate correction
- Specific issues to be addressed by next inspection
- Interval to next inspection

The single most important element in the Inspection is interviewing trainees but frequently this is curtailed because of time pressure at the end of the day. Ideally trainees should be interviewed early on in the Inspection.

| | | | | | | | | |
|------------------------------|------------------------|-------|-----------|-------------------------|-------|-------|-------|-------|
| Period of Report | From | | To | | | | | |
| Name | | | | | | | | |
| Grade | BST 1 | BST 2 | BST 3 | SpR 1 | SpR 2 | SpR 3 | SpR 4 | SpR 5 |
| (Tick appropriate box) | Other (Specify) | | | | | | | |
| Med. Council Reg. No. | | | | College Reg. No. | | | | |
| Hospital(s) | | | | | | | | |

LOGBOOK DATA

Summary for period

| | |
|---|--|
| Total number of anaesthetics given | |
| Total sessions in ICU | |
| Total sessions in acute & chronic pain | |

Urgency and level of supervision

| | Immediate | Local | Distant | Remote |
|------------------|------------------|--------------|----------------|---------------|
| Scheduled | | | | |
| Urgent | | | | |
| Emergency | | | | |
| Total | | | | |

ASA Grade

| ASA | I | II | III | IV | V |
|-------------------------------|----------|-----------|------------|-----------|----------|
| Supervised Immed/Local | | | | | |
| Supervised Distant/Rem | | | | | |
| Total Cases | | | | | |

Time of day

| Time | 08:00 - 17:00 | 17:00 - 24:00 | 00:00 - 08:00 |
|-----------------------------|----------------------|----------------------|----------------------|
| No. Cases for Period | | | |

Specialty / Age

| Age | < 6 m | 6m - 2 yr | 3 - 7 yr | 8 - 16 yr | 17 - 79 yr | >80 yr | Total by specialty |
|-----------------------|-------|-----------|----------|-----------|------------|--------|--------------------|
| General Surgery | | | | | | | |
| A & E | | | | | | | |
| Neurosurgery | | | | | | | |
| Plastics / Burns | | | | | | | |
| Cardio / Thoracic | | | | | | | |
| Obs & Gynae | | | | | | | |
| Oral / Max. Facial | | | | | | | |
| Urology | | | | | | | |
| ENT | | | | | | | |
| Imaging | | | | | | | |
| Orthopaedics / Trauma | | | | | | | |
| Vascular | | | | | | | |
| Eyes | | | | | | | |
| ICU | | | | | | | |
| Pain | | | | | | | |
| Other | | | | | | | |
| Total by age | | | | | | | |

Supervising / Teaching

| Grade | Nurse | Med Student | BST 1 | BST 2,3 | SpR |
|-----------|-------|-------------|-------|------------|-----|
| No. Cases | | | | | |

Procedures

| Description | No. Cases | Description | No. Cases | Description | No. Cases |
|-------------------------|-----------|---------------------------|-----------|-------------------------------|-----------|
| Vascular Access | | Anaesth. Technique | | Respiratory Management | |
| Internal Jugular Line | | GA | | Facemask | |
| Subclavian Line | | Gaseous Induction | | Laryngeal Mask | |
| Other Central Line | | Spinal | | Tracheal Intubation | |
| Arterial Line | | Epidural | | Fibreoptic Intubation | |
| PA Catheter | | Combined Spinal Epidural | | Blind Nasal Intubation | |
| | | Caudal | | Cricothyrotomy | |
| Resuscitation | | Field Block | | Perc. Tracheostomy | |
| Cardiorespiratory | | Peripheral Nerve Block | | Double Lumen Tube | |
| Trauma | | Brachial Plexus Block | | Bronchoscopy | |
| Neonatal | | Lumbar Plexus Block | | Initiation Vent. Support | |
| Maternal | | TIVA | | Noninvasive Ventilation | |
| | | IVRA | | Jet Ventilation | |
| Advanced Support | | Vasodilator Techniques | | | |
| Chest Drain | | Sedation | | | |
| Inotropic Support | | | | | |
| Renal Replacement | | | | | |
| Nutritional | | | | | |
| Inter-hospital Transfer | | | | | |

OTHER PROFESSIONAL DEVELOPMENT

| | |
|------------------------------------|--|
| Examinations Passed | |
| Meetings Attended | |
| Courses Attended | |
| Research | |
| Audit | |
| Publications | |
| Presentations | |
| Teaching | |
| Positions of Responsibility | |
| Management | |
| Administration | |
| Other Training Experience | |
| Out of Programme Experience | |

Appendix 14

SpR selection process;

Basic requirements; 1) Two years recognised experience in Anaesthesia 2) Primary Fellowship
3) Registration with Medical Council

Shortlisting and interview criteria; use 1-5 for shortlisting, complete 1-10 at interview

Score each criterion out of 10; 0 = below acceptable level, 3 = below average, 5 = average, 7 = above average, 10 = outstanding

1-5. CV and References;

- | | |
|---|-------|
| 1. Achievements at undergraduate level - undergraduate Honours, prizes, presentations, electives, research, etc | ..... |
| 2. Achievements at BST level - prizes, presentations, experience in other specialties, research, courses (relative to time in training) | ..... |
| 3. Exam achievements; time taken to pass Primary, other qualifications (FCA, MRCPI, DCH etc) | ..... |
| 4. In-training assessments (if 4 not available use 5 to estimate this) | ..... |
| 5. References (if 5 not available use 4 to estimate this) | ..... |

6-10. Interview;

- | | |
|--|-------|
| 6. Organisational ability (personal and general) | ..... |
| 7. Communication skills during interview | ..... |
| 8. Attitudes and enthusiasm | ..... |
| 9. Ability to think independently | ..... |
| 10. Ability to make appropriate judgements | ..... |

Total;

Competencies for SpR Training

1. Duration of training; currently 7 years minimum

2. BST 2 years exposure with successful completion of the initial competence test and CCBST

3. SpR 5 years duration

(i) Exposure to specific areas of training.

(a) exposure to sub-specialty areas, ideally in a modular structure.

We currently require sub-specialty training in the following areas -

- Intensive Care medicine (6 months)
- Chronic Pain (2 months)
- Paediatrics (3 months)

In addition our rotations are designed to ensure all SpR trainees gain exposure to the following sub-specialty areas;

- Cardiac
- Thoracic
- Neuroanaesthesia
- Obstetrics
- Vascular surgery
- Urology
- Regional anaesthesia
- Difficult airway management

Other sub-specialty areas may be useful but may not be accessed by all trainees. In addition to this SpRs should have access to formal training in more general areas of anaesthesia including:

- Ambulatory surgery
- ENT surgery
- Orthopaedic surgery
- Trauma management
- General and GU surgery
- Anaesthesia for Plastic and Maxillofacial surgery
- Initial Management of Burns patients
- Ophthalmic anaesthesia
- Dental anaesthesia
- Transplant Surgery
- Management of Acute Perioperative Pain

(b) experience on-call at a senior level (usually “3rd on call”) in a number of the busy tertiary referral hospitals for 2 years minimum (4/5)SpR.

(c) Experience in undertaking administrative responsibility;

- organizing on-call rotas
- organizing workload during daytime or when on-call in busy hospitals when on call
- organizing meetings / conferences in-hospital or outside
- organizing a research project
- attendance at hospital committee meetings including anaesthesia departmental meetings.

(d) academic activity;

- Examinations
- Presentations (in-hospital or outside)
- Teaching at undergraduate and post graduate level
- Writing reviews, case reports or other documents
- Participation in audit
- Research experience

4. Non-clinical competencies achieved include the following;

1. Ability to make a coherent presentation on a topic with adequate presentation skills and familiarity with audiovisual aids.
2. Ability to write a short document on a topic, scientific or otherwise.
3. Ability to evaluate the published papers on a topic and reach a reasonable conclusion.
4. Understanding of the principles of evidence based medicine
5. Interpersonal and organizational skills to organise the workload in theatre or ICU.
6. Demonstrates appropriate commitment to patient care, to education and to CME/CPD
7. Demonstrates appropriate responsibility for provision of overall anaesthetic service
8. Sufficient competence in standard Committee procedures to act as Secretary of a Hospital Committee
9. Understanding of medical ethics and ability to apply ethical principles
10. Understanding of principles of clinical governance and demonstration of compliance.

NB The competencies listed below must be confirmed by those who have worked closely with the trainee over a period of time. Due care should be taken when certifying competence in each of these areas. If the trainer is not satisfied, signing should be deferred and appropriate remedial action suggested.

Name -----
 SpR Year -----
 Colege training number -----

Obstetric Anaesthesia

| Has demonstrated competence as follows... | Signatures | Date |
|--|------------|-------|
| (a) Possesses the basic scientific and clinical knowledge relevant to Obstetric Anaesthesia | | |
| (b) Conducts appropriate patient assessments and identifies risk factors and required preoperative medical interventions | | |
| (c) Demonstrates appropriate clinical skills and management skills of a general anaesthetist in the specific areas of | | |
| (i) General Anaesthesia for LSCS | | |
| (ii) Regional Anaesthesia for LSCS | | |
| (iii) Regional Analgesia for labour | | |
| (iv) Anaesthetic management of hypertensive disorders of pregnancy | | |
| (v) Early management/ stabilization of the critically ill pregnant patient | | |
| (vi) Anaesthetic management of severe obstetric haemorrhage | | |
| (vii) Anaesthetic management of the pregnant patient with severe co-existing disease | | |

Comments

A rationale must be provided to support failure to achieve competence. Include suggestions /advice for trainee to progress

Name -----
 SpR Year -----
 Colege training number -----

Intensive Care Medicine

| Has demonstrated competence as follows... | Signatures | Date |
|--|------------|-------|
| (a) Possesses the basic scientific and clinical knowledge relevant to Intensive Care medicine | | |
| (b) Conducts appropriate and timely patient assessments and identifies patients requiring intensive/high dependency care | | |
| (c) Demonstrates appropriate clinical skills and management skills of a General Anaesthetist in the specific areas of | | |
| (i) Management of the Septic Patient in ICU | | |
| (ii) Management of the Patient with Multiple Trauma/CHI | | |
| (iv) Diagnosis and management of Shock | | |
| (v) Management and support of the patient with MODS including IPPV for Acute Respiratory Failure NIPPV for Acute Respiratory Failure CRRT for Acute Renal failure Appropriate use and monitoring of inotropes Provision of nutrition enteral/parenteral Appropriate use of sedation/analgesia Haemostatic Support | | |
| (vi) Appropriate Use of Invasive /Noninvasive monitoring | | |
| (vii) End of life decisions Diagnosis of Brain Stem death Management of the potential organ donor Knowledge of Ethical issues in withholding /withdrawal futile medical care Palliative Care | | |

Comments

A rationale must be provided to support failure to achieve competence. Include suggestions /advice for trainee to progress

Name -----
 SpR Year -----
 Colege training number -----

Vascular Anaesthesia

| Has demonstrated competence as follows... | Signatures | Date |
|--|------------|-------|
| (a) Possesses the basic scientific and clinical knowledge relevant to Vascular Anaesthesia | | |
| (b) Conducts appropriate patient assessments and identifies risk factors and required preoperative medical interventions | | |
| (c) Demonstrates appropriate clinical skills and management skills of the General Anaesthetist in the specific areas of | | |
| (i) Anaesthesia for Carotid endarterectomy | | |
| (ii) Anaesthesia for elective repair of AAA | | |
| (iii) Anaesthesia for repair of Ruptured AAA | | |
| (iv) Regional/ general anesthesia for lower limb revascularisation | | |
| (v) Anaesthetic management of the patient requiring lower limb amputation..... | | |
| (vi) Anaesthetic management for upper limb vascular surgery | | |
| (vii) Anaesthesia for vascular patient with co-existing disease | | |

Comments

A rationale must be provided to support failure to achieve competence. Include suggestions /advice for trainee to progress

Name -----
 SpR Year -----
 College training number -----

Paediatric Anaesthesia

| Has demonstrated competence as follows... | Signatures | Date |
|--|------------|-------|
| (a) Possesses the basic scientific and clinical knowledge relevant to Paediatric Anaesthesia | | |
| (b) Conducts appropriate patient assessments and identifies risk factors and required preoperative medical interventions | | |
| (c) Demonstrates appropriate clinical skills and management skills of a General Anaesthetist in the specific areas of | | |
| (i) Paediatric Resuscitation/PALS | | |
| (ii) Paediatric Dental /ENT/Ophthalmic Anaesthesia | | |
| (iii) Paediatric Anaesthesia in general surgery | | |
| (iv) Anaesthetic management of Paediatric Patient with Trauma | | |
| (v) Initial management /stabilisation of the paediatric patient with shock..... | | |
| (vi) Anaesthetic management of non complex neonatal surgery | | |
| (vii) Insertion of intraosseous needle | | |

Comments

A rationale must be provided to support failure to achieve competence. Include suggestions /advice for trainee to progress

Name -----
 SpR Year -----
 Colege training number -----

Monitoring/procedures

| Has demonstrated competence as follows... | Signatures | Date |
|--|------------|-------|
| (a) Possesses the basic scientific and clinical knowledge relevant to monitoring invasive/noninvasive | | |
| (b) Clearly identifies appropriate levels of monitoring and is cognizant of risk/benefit for individual patients | | |
| (c) Demonstrates appropriate technical skill in insertion /application /interpretation of | | |
| (i) Arterial cannulation | | |
| (ii) Central venous cannulation via Internal jugular / Subclavian /Femoral routes | | |
| (iii) Pulmonary artery Catheter | | |
| (iv) Non invasive cardiac output monitors | | |
| (v) End tidal CO2 monitoring | | |
| (vi) SaO2 monitoring | | |
| (vii) ECG interpretation and analysis | | |
| (vii) Arterial blood gas/acid base | | |
| (viii) Cerebral function monitoring | | |

Comments

A rationale must be provided to support failure to achieve competence. Include suggestions /advice for trainee to progress

Name -----
 SpR Year -----
 Colege training number -----

Regional Anaesthesia

| Has demonstrated competence as follows... | Signatures | Date |
|--|------------|-------|
| (a) Possesses the basic scientific anatomical and clinical knowledge relevant to Regional Anaesthesia | | |
| (b) Conducts appropriate patient assessments and identifies risk factors and required preoperative medical interventions | | |
| (c) Demonstrates appropriate clinical skills and management skills of the General Anaesthetist in the specific areas of | | |
| (i) Neuraxial blockade | | |
| (ii) Brachial Plexus block | | |
| (iii) Femoral nerve block | | |
| (iv) Ankle block | | |
| (v) Sciatic /Popliteal blocks | | |
| (vi) Ophthalmic Regional blocks | | |
| (vii) Regional Feildblocks | | |

Comments

A rationale must be provided to support failure to achieve competence. Include suggestions /advice for trainee to progress

Name -----
 SpR Year -----
 Colege training number -----

Trauma Management

| Has demonstrated competence as follows... | Signatures | Date |
|---|------------|-------|
| (a) Possesses the basic scientific and clinical knowledge relevant the anaesthetic management of the trauma patient | | |
| (b) Conducts appropriate patient assessments and identifies appropriate critical immediate needs and investigations in a timely and structured fashion. | | |
| (c) Demonstrates appropriate clinical skills and management skills of a general anaesthetist in the specific areas of: | | |
| (i) Management of the Airway with C-Spine protection | | |
| (ii) Recognition of acute immediate life threatening complications of trauma..... | | |
| Airway obstruction/ disruption | | |
| Tension Pneumothorax | | |
| Massive Haemothorax | | |
| Cardiac tamponade | | |
| Hypovolaemic Shock | | |
| (iii) Management of Massive Haemorrhage | | |
| (iv) Initial Management of Severe Closed Head injury | | |
| (v) Anaesthetic Management of patients with Thoracic Trauma | | |
| (vi) Management of patients with Severe Multiple Trauma | | |
| (vii) Management of specific trauma patient groups: | | |
| Co-existing disease | | |
| Paediatric patients | | |
| Pregnant patients | | |
| (viii) Management of the patient with severe musculoskeletal trauma | | |
| (ix) Management of the burns patient. | | |

Comments

A rationale must be provided to support failure to achieve competence. Include suggestions /advice for trainee to progress

Name -----
 SpR Year -----
 Colege training number -----

Cardiothoracic Anaesthesia

| Has demonstrated competence as follows... | Signatures | Date |
|--|------------|-------|
| (a) Possesses the basic scientific and clinical knowledge relevant to Cardiothoracic Anaesthesia | | |
| (b) Conducts appropriate patient assessments and identifies risk factors and required preoperative medical interventions | | |
| (c) Demonstrates appropriate clinical skills and management skills of a general anaesthetist in the specific areas of | | |
| (i) General Anaesthesia for Coronary Artery Bypass Graft | | |
| (ii) General Anaesthesia for valvular repair/replacement | | |
| (iii) General anaesthesia for lobectomy / pneumonectomy (includes one lung anaesthesia) | | |
| (iv) Postoperative Analgesia for Cardiothoracic Surgery | | |
| (v) Anaesthetic management of Cardiothoracic Trauma | | |
| (vi) Anaesthetic management of post operative haemorrhage | | |
| (vii) Anaesthetic management of the post transplant (lung/cardiac) patient for non cardiothoracic surgery | | |
| (viii) Use of echocardiography in cardiac anaesthesia | | |

Comments

A rationale must be provided to support failure to achieve competence. Include suggestions /advice for trainee to progress

Name -----
 SpR Year -----
 Colege training number -----

Anaesthesia for neurosurgery and neuroradiology

| Has demonstrated competence as follows... | Signatures | Date |
|--|------------|-------|
| (a) Possesses the basic scientific and clinical knowledge relevant to Anaesthesia for neuroradiology/neurosurgery | | |
| (b) Conducts appropriate patient assessments and identifies risk factors and required preoperative medical interventions | | |
| (c) Demonstrates appropriate clinical skills and management skills of a general anaesthetist in the specific areas of | | |
| (i) General Anaesthesia for repair of intracranial aneurysm | | |
| (ii) General Anaesthesia for resection of intracranial mass lesion | | |
| (iii) Anaesthetic management of raised intracranial pressure | | |
| (iv) Anaesthesia for patients in the MRI unit | | |
| (v) Anaesthetic management of the patients for spinal decompression | | |
| (vi) Anaesthetic management of patient with Severe Closed Head Injury..... | | |
| (vii) ICU management of patient with cerebral vasospasm | | |
| (viii) Anaesthetic management of patients undergoing coiling of cerebral aneurysms | | |

Comments

A rationale must be provided to support failure to achieve competence. Include suggestions /advice for trainee to progress

Name -----
 SpR Year -----
 Colege training number -----

Anaesthesia for ambulatory surgery

| Has demonstrated competence as follows... | Signatures | Date |
|---|------------|-------|
| (a) Possesses the basic scientific and clinical knowledge relevant to Day Case Anaesthesia | | |
| (b) Conducts appropriate patient assessments and identifies risk/social factors and required preoperative medical interventions | | |
| (c) Demonstrates appropriate clinical skills and management skills of a general anaesthetist in the specific areas of | | |
| (i) General Anaesthesia for Day Case Surgery | | |
| (ii) Regional Anaesthesia for Day Case Surgery | | |
| (iii) Analgesia for Ambulatory Surgery including: NSAIDS Local anaesthesia/Regional Analgesia Opiates | | |
| (iv) Anaesthetic management PONV | | |
| (v) Anaesthetic management of Paediatric Day Case Surgery | | |

Comments

A rationale must be provided to support failure to achieve competence. Include suggestions /advice for trainee to progress

Name -----
 SpR Year -----
 Colege training number -----

Anaesthesia for Orthopaedic Surgery

| Has demonstrated competence as follows... | Signatures | Date |
|--|------------|-------|
| (a) Possesses the basic scientific and clinical knowledge relevant to Anaesthesia for orthopaedic surgery | | |
| (b) Conducts appropriate patient assessments and identifies risk factors and required preoperative medical interventions | | |
| (c) Demonstrates appropriate clinical skills and management skills of a general anaesthetist in the specific areas of | | |
| (i) General Anaesthesia for lower limb joint replacement | | |
| (ii) General Anaesthesia for upper limb joint replacement | | |
| (iii) Regional Analgesia for upper and lower limb joint replacement. | | |
| (iv) General /Regional anaesthesia for hip fractures | | |
| (v) Anaesthetic management of the orthopaedic patient with severe co-existing disease | | |
| (vi) Anaesthesia for patients in the prone position | | |
| (vii) Anaesthesia for patients with severe multiple orthopaediac trauma | | |
| (viii) Anaesthesia for patients requiring spinal fixation | | |

Comments

A rationale must be provided to support failure to achieve competence. Include suggestions /advice for trainee to progress

Name -----
 SpR Year -----
 Colege training number -----

Anaesthesia for General and GU surgery

| Has demonstrated competence as follows... | Signatures | Date |
|--|------------|-------|
| (a) Possesses the basic scientific and clinical knowledge relevant to Anaesthesia General and GU surgery | | |
| (b) Conducts appropriate patient assessments and identifies risk factors and required preoperative medical interventions | | |
| (c) Demonstrates appropriate clinical skills and management skills of a general anaesthetist in the specific areas of | | |
| (i) General Anaesthesia for Elective Bowel Resection | | |
| (ii) General Anaesthesia for laparotomy for intra-abdominal catastrophe | | |
| (iii) General/Regional Anaesthesia for TURP | | |
| (iv) General anaesthesia for laparoscopic surgery | | |
| (v) General anaesthesia for radical nephrectomy | | |
| (vi) Anaesthetic management of the patient with severe co-existing disease such as: | | |
| Ischaemic/ severe valvular heart disease | | |
| Post renal transplant | | |
| Severe Respiratory Disease | | |
| End Stage Renal Failure | | |
| Diabetes Mellitus | | |
| (vii) Set-up lumbar /thoracic epidural for postoperative analgesia | | |

Comments

A rationale must be provided to support failure to achieve competence. Include suggestions /advice for trainee to progress

Name -----
 SpR Year -----
 Colege training number -----

Anaesthesia for ENT and Maxillofacial surgery

| Has demonstrated competence as follows... | Signatures | Date |
|--|------------|-------|
| (a) Possesses the basic scientific and clinical knowledge relevant to Anaesthesia for ENT and Maxillofacial Surgery | | |
| (b) Conducts appropriate patient assessments and identifies risk factors and required preoperative medical interventions | | |
| (c) Demonstrates appropriate clinical skills and management skills of a general anaesthetist in the specific areas of | | |
| (i) Awake Intubation for difficult airway | | |
| (ii) Anaesthesia for emergency /elective Surgical Airway | | |
| (iii) Management of the Difficult Airway | | |
| (iv) Anaesthetic management for resection of major head and neck tumour | | |
| (v) Anaesthetic management patient for routine tonsillectomy | | |
| Adult | | |
| Child | | |
| (vi) Anaesthesia for repair Le Fort 4 facial fracture | | |
| (vii) Anaesthesia for rigid bronchoscopy | | |
| Adult | | |
| Child | | |

Comments

A rationale must be provided to support failure to achieve competence. Include suggestions /advice for trainee to progress

Name _____
 SpR Year _____
 Colege training number _____

Communication Skills and Teamworking

Communication and the ability to work within the healthcare environment and as part of a team is essential to practice medicine..This ability needs to be assessed at the end of each six month period.

| | | Signatures | Date |
|-------|---|------------|-------|
| (i) | Communicates well with the patient providing clear and appropriate explanation of anaesthetic concerns and plans | ..... | ..... |
| (ii) | Communicates well with the parent/family. Provides clear and appropriate explanation of concerns and plans | ..... | ..... |
| (iii) | Good relationship with peers | ..... | ..... |
| (iv) | Demonstrates the ability to work well in the health care team. | ..... | ..... |
| (v) | Values the experience of others | ..... | ..... |
| (v) | Seeks advice/ refers when appropriate | ..... | ..... |
| (vi) | Understands issues in relation to informed consent for treatment and consent for clinical trials | ..... | ..... |
| (vii) | Understands the patient's right to privacy, dignity and right to self determination including right to refuse medical treatment | ..... | ..... |
| (vii) | Respects Cultural differences | ..... | ..... |

Comments

Name -----
 SpR Year -----
 Colege training number -----

Non-Clinical Competencies

Non-clinical competencies achieved include the following; this may be assessed throughout the total period of training and must be completed prior to the exit interview.

| | Signatures | Date |
|---|------------|-------|
| Ability to make a coherent presentation on a topic with adequate presentation skills and familiarity with audiovisual aids. | | |
| Ability to write a short document on a topic, scientific or otherwise. | | |
| Ability to evaluate the scientific papers on a topic and reach a reasonable conclusion. | | |
| Understanding of the principles of evidence based medicine. | | |
| Demonstrates appropriate responsibility for provision of overall anaesthesia service | | |
| Demonstrates appropriate commitment to patient care, to education and to CME/CPD | | |
| Interpersonal and organizational skills to organise workload in theatre or ICU. | | |
| Appropriate attitudes and professional responsibility | | |
| Sufficient competence in standard Committee procedures to act as Secretary of a Hospital Committee | | |
| Understanding of medical ethics | | |
| Understanding of principles of clinical governance and demonstration of compliance | | |

Name -----
 SpR Year -----
 College training number -----

Pain Medicine

| Has demonstrated the following competencies as follows... | Signatures | Date |
|---|------------|-------|
| (a) Possesses the basic scientific and clinical knowledge relevant to acute pain management | | |
| (b) Possesses the basic scientific and clinical knowledge relevant to chronic pain management | | |
| (c) Conducts appropriate patient assessments and identifies causative and other relevant factors | | |
| (d) Demonstrates appropriate clinical skills and management skills of a general anaesthetist in the specific areas of | | |
| (i) Techniques for control of acute pain in the following patient populations; | | |
| Elderly, Children, Mentally handicapped, Unconscious or receiving critical care. | | |
| (ii) Management of Patient Controlled Analgesia, intravenous and epidural..... | | |
| (iii) Logistics of running an Acute Pain service, development of protocols and audit of service. | | |
| (iv) Regional and local blockade relevant to postoperative analgesia. | | |
| (v) Non-pharmacological methods of pain control e.g. TENS | | |
| (vi) Basic injection techniques relevant to chronic pain management e.g. epidural steroid injection, trigger point injection. | | |
| (vii) Formulation of a basic treatment plan of a chronic pain patient. | | |
| (viii) Effective communication with a chronic pain patient and members of the multidisciplinary team. | | |

Comments