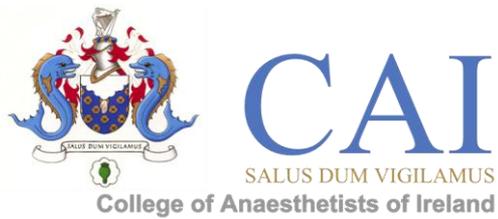
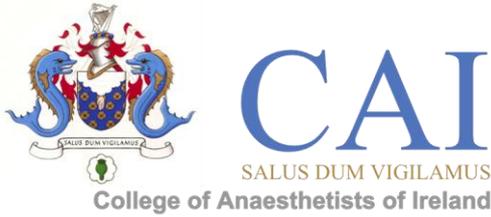


**College of Anaesthetists of Ireland**

# **Regulations for Specialist Training and Accreditation in Anaesthesia**



July 2012



## **Regulations for Specialist Training and Accreditation in Anaesthesia**

### **FOREWORD**

This document has been prepared by the College of Anaesthetists of Ireland 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 of Ireland documents include:

- A Diploma in Pain Medicine (September 1999)
- College of Anaesthetists RCSI Guidance on Training in Anaesthesia (2001)
- Specialist Training in Anaesthesia, College of Anaesthetists RCSI (2002)
- The College of Anaesthetists RCSI Training portfolio (2007)

### **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](http://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 seem contradictory, the College of Anaesthetists of Ireland will determine the correct interpretation.

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

**College of Anaesthetists of Ireland Training Committee  
July 2012**

## CONTENTS:

### 1. Specialist Training in Anaesthesia

- 1.1 Introduction
- 1.2 Training Structures
- 1.3 Anaesthesia rotations; principles underlying the structures of rotations and allocation of posts to each hospital.
- 1.4 College Tutors
- 1.5 Definition of Trainers
- 1.6 SAT In-Training Assessments (ITA) and Continuous Appraisal
- 1.7 Confirmation of Competencies
- 1.8 Continuous Appraisal
- 1.9 Unsatisfactory In-Training Assessments
- 1.10 Mentors
- 1.11 Trainee Report on Hospital Rotation
- 1.12 Part-time or 'flexible' training
- 1.13 Role of Training Committee in Anaesthesia training

### 2. Basic Specialist Anaesthesia Training (SAT 1 - 2)

- 2.1 General Principles
- 2.2 Entry to SAT training
- 2.3 Regional Training Programmes in Anaesthesia
- 2.4 Criteria for Approval of Training posts at SAT year 1 and 2 level
- 2.5 Competency Assessment during SAT year 1-2
- 2.6 Certificate of Completion of Specialist Anaesthesia Training Year Two (CCSAT2)

### 3. Sub-Specialty and Advanced Training (SAT 3 - 6)

- 3.1 Requirements for progression to SAT year 3 of Anaesthesia Training
- 3.2 The basic premises of Sub-speciality and Advanced Training
- 3.3 Criteria for Approval of Training posts at SAT year 3 – 6
- 3.4 Training Content, SAT years 3 – 6
- 3.5 SAT Year 6
- 3.6 Training in ICU, Pain Medicine and Paediatric Anaesthesia

#### **4. Hospital Inspections and Approval for Specialist Anaesthesia Training**

- 4.1 Introduction
- 4.2 Requests for Accreditation
- 4.3 The Accreditation Report
- 4.4 Reports Requiring Remedial Action
- 4.5 Currently Valid Accreditations

#### **5. Training in Pain Medicine**

- 5.1 Introduction
- 5.2 Training in Acute Pain
- 5.3 Training in Chronic Pain

#### **6. Training in Intensive Care Medicine**

- 6.1 Introduction
- 6.2 Eligibility for Certificate of Specialist Training in 'Anaesthesia, Intensive Care and Pain Medicine'
- 6.3 Special Interest in Intensive Care Medicine
- 6.4 Joint Faculty of Intensive Care Medicine

#### **7. Combined Clinical/Academic CST Training Programmes in Anaesthesia**

- 7.1 Introduction
- 7.2 Eligibility for SATs to enter academic training
- 7.3 Training plan for combined clinical/academic posts
- 7.4 Summary of Combined Academic/Clinical Training Requirements
- 7.5 Notes on Special Leave for SAT 6

#### **8. Accreditation as a Specialist in Anaesthesia**

- 8.1 Introduction
- 8.2 Rules for Certificate of Specialist Training in Anaesthesia including ICU Medicine and Pain Medicine (CST)

#### **9. Register of Medical Specialists**

- 9.1 Introduction
- 9.2 Credentials Committee Activities

9.3 Guidelines for recognition of equivalent training

9.4 Certificate of Specialist Doctor (CSD)

**10. Leave from the National Anaesthesia Training Programme**

10.1 Final Year (SAT 6) Leave

10.2 Other Leave

**Appendices**

Appendix 1 - Posts approved for specialist training in Anaesthesia

Appendix 2 - College of Anaesthetists of Ireland Professional Competence Scheme

Appendix 3 - Policy of assisting trainees in difficulty

Appendix 4 - Trainee report on training hospital

Appendix 5 – Initial Assessment of Competency

Appendix 6 - Certificate of Completion of Basic Specialist Training (CCSAT2)

Appendix 7 - Non Clinical Day

Appendix 8 - Hospital accreditation application

Appendix 9 - Competence in Professionalism for Independent Practice

## 1. Specialist Training in Anaesthesia

### 1.1 Introduction

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 six year programme, from July 2012. The programme is operated and regulated by the College of Anaesthetists of Ireland under the aegis of the Irish Medical Council (IMC). CAI is the only body recognised by the IMC to provide anaesthesia training.

The six years of Anaesthesia training is based in accredited hospitals recognised by the College (Appendix 1). 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 learning, theoretical learning, learning in non-clinical areas, individual study, mandatory elements including simulation courses.. Training will be subject to close supervision and trainees will be subject to assessment and formal examination throughout their training and are expected to record their clinical practice through the CAI Logbook and their academic activities through the CAI PCS recording system. Progression through the six year programme will depend upon achieving certain milestones, and competencies, and these will be reviewed through formal CAI interviews arranged by the Deans office. Training will not be considered complete until after a formal review has taken place, this will then lead to the granting of a CST.

### 1.2 Training structures

SAT = Specialist Anaesthesia Trainee

<b>New Training Grade July 2012</b>	<b>Function</b>	<b>Old Training Grade</b>
SAT 1	Basic Training	BST
SAT 2	Basic Training	BST
SAT 3	Sub-specialty training	SpR 1
SAT 4	Sub-specialty training	SpR 2
SAT 5	Sub-specialty training	SpR 3
SAT 6	Advanced training	SpR 4

CCSAT2 (see section 2.6 below), including the Membership Examination MCAI (formerly the Primary Fellowship examination), must be achieved by end of SAT 2.

The Fellowship of the College of Anaesthetists of Ireland (FCAI) may be attempted from SAT 4 onwards but must be achieved for entry to SAT 6.

### **1.3 Anaesthesia rotations; principles underlying the structures of rotations and allocation of posts to each hospital**

The aims of the National Training Programme are

- To produce Anaesthetists with adequate expertise for independent specialist practice in a broad range of clinical areas to fill the available Consultant posts throughout the country.
- To optimise training by exposure to a broad and complex caseload. This should occur in Departments where high quality clinical care is provided with an emphasis on training rather than purely service provision.
- To expose trainees to a variety of types of hospitals nationally.
- To ensure exposure to core sub-specialties in Anaesthesia plus other worthwhile sub-specialty areas
- To support service provision and in doing so provide the clinical experience necessary to allow trainees acquire the skill set to perform as experts in anaesthesia at completion of training.

All full-time anaesthesia training posts in Ireland are specifically numbered, accredited by CAI and funded by the HSE.

#### **Coordination of Anaesthesia rotations:**

The day to day running of the rotations is undertaken by the Post Graduate Dean's Office under the aegis of the Training Committee. The Dean's office is available for discussion of issues which arise either with trainees or with hospitals. The rotations are designed to allow achievement of all competencies over the six years of SAT.

### **1.4 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 is 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 per 10 trainees maximum. Larger hospitals will need 2 or more Tutors.

#### **1.4.1 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 Department 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 is a need for dedicated consultant sessions for these functions as current working patterns and training structures are changing.

#### **1.4.2 Policy for CAI Tutors**

Tutors are the College's representatives in accredited training hospitals. They have an important role and must have a broad understanding and experience of College activities. They provide liaison between anaesthesia trainees, the College and the training site regarding training-related matters. They are responsible for the organisation of training activity at the training site, and the communication of all training assessments to CAI

#### **1.4.3 Appointment and Tenure**

- The Tutors shall be nominated by the head of department of the relevant department of anaesthesia. The appointment shall be ratified by the National Training Committee after receiving the support from the relevant regional committee if relevant.
- The Tutor shall not be the head of the department or administratively responsible for its functioning unless the circumstances are exceptional.
- The Tutor shall hold the Fellowship of the College of Anaesthetists of Ireland or equivalent
- The Tutor shall be in good standing with the College of Anaesthetists of Ireland
- The Tutor shall be registered on the Register of Medical Specialists in the division of anaesthesia.
- The training site Department of Anaesthesia shall be responsible for informing the CAI National Training Committee of the recommendation/s for appointment of Tutors and of Tutors stepping down from the role.

- The Training Committee at its discretion may not approve the appointment of the Tutor recommended by a hospital. In that case, the Postgraduate Dean shall notify the hospital and request the recommendation of an alternative Tutor.
- The appointment of a Tutor shall be for an initial term of three years with a review by the National Committee after three years. Tutors will be eligible for reappointment by the Training Committee.
- In Hospitals with a large number of trainees, the Training Committee may approve more than one Tutor. The College recommends that a Tutor should not have responsibility for more than 10 trainees. The College further 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.

#### **1.4.4 Duties of Tutors**

##### Within the hospital

- The tasks below would not all be undertaken personally but the Tutor should ensure these aspects of training are provided.
- To be familiar with the College's regulations on training and examinations
- To be familiar with the College's web based training and assessment systems.
- To establish training and examination goals for trainees under their tutorship for the upcoming six month period and to facilitate achievement of these goals in as far as is possible.
- To coordinate completion of six-monthly In-Training Assessments online
- To organise ± perform competency assessments and report these to CAI online
- To coordinate formal didactic teaching; presentations, lectures, exam teaching, tutorials etc
- To be responsible for in-hospital training elements; modules, rotations, competencies
- To be responsible for release of trainees to attend mandatory CAI training elements e.g. Simulator sessions, airway workshops etc., and to attend approved examinations.
- To be responsible for training materials; projectors, IT equipment, library etc
- To mentor trainees
- To act as the link point between College and Trainees
- To advise the Training Committee if there are significant changes to their hospital either positively or negatively which may affect or alter the capacity of the hospital to deliver training in anaesthesia.

##### Outside the Hospital

- To establish and maintain liaison with the College and other Tutors.
- To participate as a member of a regional training committee
- To attend Tutor training and information sessions organised by the College.
- To refer any difficulties regarding training programmes/trainees to the National Training Committee
- To be aware of appropriate training courses and to see that trainees receive this information.

#### **1.4.5 Resources within the hospital**

- The department of anaesthesia shall provide the Tutor with the resources needed to fulfil his/her responsibilities.
- Each Tutor must have:
- Access to private space for meeting with trainees.
- Access to appropriate secretarial and administrative assistance.
- Access to appropriate ICT.
- Appropriate office equipment, including secure cabinets for storage.

#### **1.4.6 Resources from the College**

- The CAI is aware that this role is a very important and critical one to aid the implementation of our training programmes and is fully appreciative of the role Tutors play. As a response to this the CAI will provide training resources to aid Tutors in their work. Tutors should be aware of these CAI-provided resources and training.

- CAI will provide a Web-based ICT system which Tutors will have full access to.
- Tutors will be provided with full training on all ICT systems
- CAI will schedule Training and Information sessions for Tutors on a regular basis
- A staff member of the CAI will be available for any Tutor queries
- CAI will keep Tutors up-to-date on College activity regarding education and training.
- The Tutors will have a representative on the Training Committee
- Tutors will receive CME for activities associated with the duties of a Tutor

### 1.5 Definition of Trainers

Trainees in Anaesthesia are assigned to a hospital Department of Anaesthesia rather than to an individual Consultant.

All Consultants who are in good standing with the College, who are on the Specialist Register for Anaesthesia, and who have fulfilled the IMC's PCS requirements (appendix 2) are eligible to be trainers. Consultants who are Fellows of Colleges other than CAI are encouraged to apply for Ad Eundem Fellowship of CAI to become trainers.

We would expect that trainers in addition to clinical training would also contribute to some aspect of the CAI formal training programme. This may include ITAs, tutorials, lectures, exams, simulation, recruitment etc. The CAI will provide Train the Trainer Courses to support trainers in these roles.

Fellows who are not in consultant positions may also contribute to CAI training in defined programmes.

### 1.6 SAT In-Training Assessments (ITA) and Continuous Appraisal

During each six month rotation each trainee (SAT year 1 – 6) will have formal hospital In-Training Assessments, the protocol for which is as follows:

#### 1.6.1 Overview

The In-Training Assessment Process is an integral part of the assessments for the CAI Training Programmes. It complements other assessments, such as the Membership and Final examinations, by assessing Trainee performance in the workplace. The ITA report to the CAI is the end result of a six-month long process with three well defined stages:

*Start:* This is the induction stage, trainees meeting with Consultants, Tutors/Trainers to set goals and objectives for the six month period they are about to commence. During this phase it will become evident what modules of training need to be accessed, what exam preparation needs to be done, and what competencies need to be achieved.

*Middle:* Trainees must be reviewed during the six month period on progress towards goals and objectives being met, and their performance in general. It is an opportunity to rectify any problems/issues and to give advice to trainees. Progress feedback to the trainee during this phase is very important and should help keep trainees on track to achieve their goals and to correct any misconceptions a trainee may have about their progress or lack of it. Too often trainees complain that the first they hear of an unsatisfactory ITA report after they have completed the rotation.

*End:* The end is the completion of the online ITA form which should reflect the complete six month process.

The ITA Process is a staged, recurring, joint means of goal setting, monitoring, feedback and assessment involving Trainees and Tutors/Trainers and the CAI Training Department. The process requires active participation by both Trainees and their tutors/trainers.

The ITA Process is a summative assessment with a formative component included (i.e. the formal feedback interview). The feedback or formative component is included to assist all Trainees to improve their performance and to provide guidance to help each Trainee plan for ongoing improvement in the Training Programme. This formative assessment is personal and aims to be supportive of Trainees. It is expected that a majority of Trainees will progress through Training performing at or above the expected level. Summative assessment determines progression of Trainees from one stage of Training to another. Trainees who do not achieve an acceptable level of performance in the ITA Process can be referred to the processes outlined in College Document *Policy for Assisting Trainees in Difficulty* Appendix 3).

### **1.6.2 Goals**

The goals of the ITA Process are to:

- Discuss and set appropriate clinical and educational goals for the training period.
- Ensure that training department, tutor/trainer and Trainee expectations are understood and negotiated to ensure that a realistic plan for the period is generated.
- Assess Trainees' progress towards obtaining the agreed clinical and educational goals.
- Provide Trainees with regular, constructive feedback.
- Develop any remedial activities that may be required to ensure that Trainees are performing at or above the level expected for their stage of training.

### **1.6.3 The ITA Process in Detail**

Start of six months:

- A departmental meeting should be held in the hospital in the first two weeks of the commencement of the six month training period.
- The trainee and the Tutor/Trainer should discuss the goals, objectives and needs of the trainee for the upcoming six months.
- Clear goals and objectives need to be set and agreed by the trainee and the Tutor/Trainer
- The Tutor should arrange for the trainee to access the appropriate training modules and teaching elements to support the agreed six-month training plan.

Middle of six months

- A departmental meeting should be held in the hospital half way through the six month period.
- The progress of the trainee should be discussed including assessment of goals and objectives
- If there are any issues at this stage they should be flagged at this meeting and a plan to rectify should be put in place

End of six months

- A departmental meeting should be held in the hospital at least two weeks prior to the end of the six month training period.
- At least 50% of the Consultant complement should be in attendance.
- At the meeting all trainees in the department should be discussed before the ITAs are completed
- A consensus opinion of Consultants present should then be entered on to the ITA.
- After the meeting the trainee should have an opportunity to discuss their assessment with the Tutor and allow for feedback. This meeting should have 2 consultants present.
- If the trainee is in agreement with the ITA it will be signed by the trainee and by the Tutor.
- If the trainee does not sign the ITA the department must arrange a meeting with the trainee to discuss further. If no agreement is reached the CAI Policy for assisting trainees in difficulty must be consulted.
- The Tutor is responsible for inputting ITAs to the CAIs online training system.
- Once submitted alterations are not possible.
- No trainee should receive an unsatisfactory ITA without advance warning that progress was unsatisfactory and without being given an opportunity and appropriate support to rectify the problem.

### **1.7 Confirmation of Competencies**

- At the final meeting of the ITA process any competencies that the trainee has completed in this six month period should also be signed off.
- The competencies achieved in the six month period should correspond with the trainee's goals and objectives as set at the start of the ITA process.

- If a competency is being signed off, the Consultants responsible must have worked with the trainee in the relevant area during the period in which the competency was completed and be in a position to provide informed judgement on competency.
- The Tutor is responsible for inputting competencies achieved to the CAI's online training record system.
- Once submitted alterations are not possible.

## 1.8 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.

## 1.9 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 a trainee'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 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.

### 1.9.1 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
- (ii) The Appeals Committee will examine cases referred to it by candidates, in relation to SAT 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.

### **1.10 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 so easily be noticed or where some trainees may not get to know any consultant well.

A 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.

### **1.11 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, SATs receive a detailed questionnaire on the quality of training in their current post to return to the Post-Graduate Dean's Office (Appendix 4 is an example of this, however this document will form part of the mandatory trainee electronic portfolio).

These reports are ultimately identifiable to individual trainees. However the name of the trainee is normally discoverable only by the Postgraduate Dean's Office. For information and feedback, hospitals will receive collated Trainee Reports from CAI on an annual basis and reports relating to each hospital are available to the representatives of the College during Hospital Accreditation Inspections. A summary of these reports is presented to the National Training Committee annually.

Trainees will not be identified in these reports and any hand-written comments will be re-typed. Criticisms by trainees may be acted on immediately by the Training Committee. Trainees should however avoid making comments which may be legally actionable. In these circumstances the name of the individual making the comment is discoverable. If trainees have complaints of such gravity, they are advised to first request a meeting with the Postgraduate Dean and Training Committee Chair.

### **1.12 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. Flexible training needs to be approved and funded by the HSE. The CAI has to mechanism??, for funding flexible training posts.

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.

### **1.13 Role of Training Committee in Anaesthesia training**

Anaesthesia training is provided by Consultants / trainers in hospitals with approval for anaesthesia training, rather than by the Training Committee directly. The role of the Training Committee is to structure and monitor Anaesthesia

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 anaesthesia.
- (ii) Recognition of posts as suitable for anaesthesia training.
- (iii) Construction of suitable rotations for trainees to provide comprehensive structured training in essential areas in Anaesthesia
- (iv) Recommendation of trainees 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.
- (viii) Development of protocols and procedures in relation to SAT training.

The Training Committee of the College of Anaesthetists of Ireland 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 trainees 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. Trainees must contact the Hospital and the Hospital's Human Resources Department to arrange contractual matters in advance of taking up appointment.

HSE MET is responsible for regulating the numbers of anaesthetists in training in each specialty. The Training Committee requests approval from HSE MET for the numbers of trainees to be appointed. Subsequent training rotations are the responsibility of the Training Committee.

The Training Committee informs HSE MET of posts with educational approval for Anaesthesia training. Funding of posts at trainee level is a matter for the individual hospital to arrange with the relevant health authority.

## **2. Basic Specialist Training (SAT 1 & 2)**

### **2.1 General Principles**

The College of Anaesthetists of Ireland Training Committee approves Basic Training which complies with the educational requirements of the College and is the Irish Medical Council approved Anaesthesia 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](http://www.anaesthesia.ie).

Anaesthesia 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 **SAT Years 1 and 2** of training.

Basic Training will allow trainees to prepare for the College's Membership Examination (MCAI) in Anaesthesia. Trainees must be successful in this Examination as part of the requirements to progress to SAT year 3.

### **2.2 Entry to SAT training**

Recruitment to anaesthesia training is through the CAI centralised appointment process only.

- Candidates wishing to pursue training in Anaesthesia are selected at national interviews organized by the CAI with faculty representation from all training hospitals. Successful candidates indicate their preferred region for SAT years 1 & 2 (See section 2.3) and will be accommodated on the basis of performance during the selection process.

- Trainees must maintain Specialist Trainee Registration with the Irish Medical Council
- Following interview and on the recommendation of the Training Committee Selection Panel, newly appointed trainees will receive formal letters of appointment to the CAI Anaesthesia Training Programme.
- Newly appointed SATs will receive a copy of their provisional Hospital Rotations for the first two years of SAT training. They should contact the Chairman of each Anaesthesia Department as early as possible before the start of their post to discuss and organise their training.
- All newly appointed SATs must sign a training agreement with the CAI.
- All SATs must accept and move through their rotations as allocated but the College may allow at its discretion a degree of flexibility where there are valid reasons for doing so.
- There will be no retrospection for anaesthesia experience done outside the SAT programme.

### **2.3 Regional Training Programmes in Anaesthesias**

There are three regions for Basic Training. The Western region comprises of: Galway University Hospitals, Mayo General Hospital and Sligo General Hospital. The Southern region comprises of: Cork University Hospital, Mid Western Regional Hospital, Limerick, Mercy University Hospital and South Infirmity Hospital, Cork. All other accredited training hospitals are in the eastern region.

Each of these regions will have a College Regional Tutor appointed whose role it is to organise educational activities in that area. The CAI will interview and appoint on a three yearly basis. Each of the three College Tutors - will sit on the National Training Committee.

SAT years 1-2 may indicate their preference at the application stage but the decision as to which region SAT years 1-2 go to lies with the CAI. Within those regions all rotations are organised centrally by CAI.

### **2.4 Criteria for Approval of Training posts at SAT year 1 and 2 level**

- The hospital should provide an appropriate number and range of elective and emergency surgical procedures suitable for Basic 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. Smaller single specialty hospitals may also be included, where the caseload is deemed beneficial to training.
- 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 Anaesthesia 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 for access to the CAI electronic portfolio 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 Membership Examination. Records of attendance at teaching sessions should be maintained by the hospital.
- Audit, including Mortality and Morbidity conferences, and Journal Clubs should be included in the teaching programme.
- The hospital must allow appropriate study and educational leave for trainees as their contract permits.

- Maintenance of the CAI logbook and Professional Competence Credit System (PCS) (the CAI electronic portfolio) by trainees is mandatory and should be reviewed by Tutors/Trainers in each hospital to verify authenticity.

Hospitals within the SAT year 1-2 will be subject to regular review of their Teaching/Training Programmes with visits to individual hospitals at intervals determined by the College Training Committee.

### **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 whole time equivalent establishment of 3.
- The number and grade of NCHDs should be sufficient to allow trainee working hours in line with agreed national guidelines and to ensure that education and training are not impeded by unduly onerous on-call duties.
- NCHD rosters should be balanced in such a way that trainees' workload in anaesthesia, ICM or pain reflect the modules that they are targeted to achieve in that six months.
- 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(s) 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 there are sufficient trainers in the department (see "Definition of a Trainer")
- To be an approved trainer, a Consultant must be in good standing with the College, must have fulfilled the Medical Council's PCS requirements and must be included on the Register of Medical Specialists.
- The Anaesthesia Department shall formally discuss each trainee's goals at the start of each six month rotation and record these. Each trainee must then be assessed after three and six months and this assessment must be discussed with them (Section 1.6.1). Towards the end of each six month period the Tutor must complete the online ITA on the CAI website which forms part of the electronic portfolio.
- Hospitals are recognised for a specific duration of training.

### **2.5 Competency Assessment during SAT year 1 – 2**

**Initial Competency Assessment:** This Assessment is normally performed after three months of Basic Training. 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.

Details of the assessment are contained in Appendix 5 or on the College website [www.anaesthesia.ie](http://www.anaesthesia.ie).

### **2.6 Certificate of Completion of Specialist Anaesthesia Training Year 2 (CCSAT2)**

This reflects the skills which should be acquired during the first 2 years of training in Anaesthesia. CCSAT2 is a requirement for progression to SAT year 3. Trainees who fail to achieve CCSAT2 by the end of the first two years of training may be given up to 1 additional year in certain circumstances. Trainees who fail to achieve CCSAT2 after three years must exit the programme.

Details of the CCSAT2 Assessment are in Appendix 6. This document forms part of the electronic portfolio.

## **3. Subspecialty & Advanced Training (SAT 3 - 6)**

### **3.1 Requirements for progression to SAT year 3 of Anaesthesia Training.**

To progress from SAT year 2 to SAT year 3 of anaesthesia training, trainees must have acquired CCSAT2. This requires them to:

- Have completed SAT years 1-2 in CAI accredited programme
- Have Satisfactory In-Training Assessments.
- Have completed the Membership of the CAI
- Have completed the electronic portfolio - please see electronic portfolio details below
- Have a formal progression interview with the Dean's Office.

### **3.2 The basic premises of Sub-specialty & Advanced Training are that it should –**

- Be a minimum of 4 years duration
- Be continuous
- Be well structured and have clear objectives
- Include formal 6 - monthly assessments by way of In Training Assessments (ITAs)
- Be closely monitored and supervised
- Be flexible to allow for individual trainee interests and career objectives

The aim of the SAT year 3 -6 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

### **3.3 Criteria for Approval of Training posts at SAT year 3 - 6**

Criteria for approval of posts for Basic Training are also applicable for Intermediate & Advanced Level (Section 2.4 above).

In addition, posts suitable for Intermediate & Advanced training should offer trainees exposure to a high volume of complex and sub-specialty cases with adequate teaching input from consultants / trainers to achieve all mandatory competencies. –These competencies will form part of the electronic portfolio.

The following sub-specialties are essential for SAT 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
- Anaesthesia for obstetrics
- Regional anaesthesia
- Acute and Chronic Pain Management
- Intensive Care Medicine
- Monitoring and Procedures
- Trauma Management
- Anaesthesia for Orthopaedic Surgery
- Anaesthesia for General and GU surgery
- Anaesthesia for ENT and Maxillofacial Surgery
- Competence in Professionalism for Independent Practice

SAT year 3-6 training should also include further exposure to the sub-specialties experienced in SAT year 1-2 (e.g. Obstetrics, Regional Anaesthesia, ENT, Ophthalmic Surgery, Genitourinary Surgery, Orthopaedic Surgery and General Surgery). Where trainees have received sufficient exposure to individual competencies in SAT years 1-2, they may be credited with that competency, for the purposes of CST.

Where possible, sub-specialty experience should be structured in a modular format. Each post should have an adequate volume of cases and range of experience to provide six months of modular training, with the aim of achieving competencies.

While competence in sub-specialty areas is essential for SATs year 3 – 6 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 SAT year 3 - 6 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 PCS activity, overall quality of Anaesthesia care etc (see Section 2.4 above).

### **3.4 Training Content SAT years 3 – 6**

SAT years 3 - 5 comprise the Subspecialty years of Anaesthesia training. These years will include time spent before and after sitting the FCAI Examination. Training opportunities in SAT years 3 & 4 should also facilitate the trainee in preparing to sit the FCAI Examination. (See 3.2 above)

Some trainees may have the opportunity to acquire some of these modules in SAT year 2.

All trainees should maintain an electronic portfolio i.e. Logbook, PCS and all online competencies, assessments and attendance at mandatory courses. Electronic portfolios will be formally assessed at the end of the second, fourth, fifth and sixth years of training. This will allow for independent verification that trainees have spent time in all necessary clinical modules and have sufficient exposure to academic activities.

SAT years 5 & 6 offer an increased complexity of cases particularly in the recognised sub-specialty areas in Anaesthesia (see 3.3 above).

Modules in other sub-specialty areas are considered if case complexity and consultant input make these a useful training opportunity at year 5-6 level. Modules which offer training in Research or Management could also be considered.

SAT years 5 & 6 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.

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

In order to facilitate academic and non-clinical training activities the College recommends that trainees at the level of SAT year 5-6 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. Trainees should not be granted this day unless it is scheduled and documented for training purposes. (Appendix 7)

To be eligible for a Certificate of Specialist Training (CST), trainees must complete all SAT years 1-5 in the National Training Programme and SAT year 6 may be completed either in or out of programme at the discretion of the National Training Committee.

### **3.5 SAT Year 6**

Training Year 6 offers the trainee the possibility to complete any outstanding required competencies, or to access additional modules at a higher level of clinical responsibility in the clinical areas defined above within the National Training Programme.

Alternatively, SAT 6 trainees may undertake for a maximum of 1 year's recognition and subject to prior approval from the Training Committee, any of the following options

#### **In-Programme**

- A Special Interest year within the CAI Training Scheme where the trainee spends a year in a subspecialty which particularly interests them, e.g. Intensive Care Medicine, Pain medicine, Obstetric anaesthesia, Paediatric anaesthesia. These posts must be approved in advance by formal application by a hospital to CAI, and will form part of the standard approved and numbered training post complement of the hospital. Relevant hospital interviews may be required for oversubscribed SI posts. Trainees who have achieved all competencies and examinations, required by the training programme, and who have satisfactory ITAs, may apply for these posts. In Intensive Care Medicine, SI posts may form part of a larger process leading to dual accreditation (see section 6).

#### **Out-of-Programme (OOP), requiring approval by CAI for Special Leave (See section 10)**

- A specialist training opportunity (for example a clinical fellowship) in Ireland or abroad approved by CAI,
- A dedicated research post approved by CAI
- A suitable academic post approved by CAI
- Criteria for entry to OOP see section 3.5.1

#### **3.5.1 Progression to SAT 6**

Progression from SAT Year 5 to Year 6 of training depends on the trainees meeting the following criteria:

1. Success in the FCAI Examination.
2. Completion of a minimum five years of SAT training.
3. Satisfactory In-Training Assessments.
4. Completion of the electronic portfolio.
5. The College of Anaesthetists of Ireland Training Committee deems the overall performance of the trainee to be satisfactory.

A formal interview will be conducted at completion of Year 5 to confirm the suitability of the trainee to progress to Year 6 on the basis of these criteria. Trainees who meet these criteria but have not completed all required competencies may not avail of SI posts or Special Leave during SAT year 6, and must complete their outstanding competencies in Year 6 within the National Training Programme.

#### **3.5.2 Criteria for exiting SAT 6**

Completion of the National Training Programme for the award of CST will therefore require the Year 5 to 6 Progression Interview PLUS any of the following:

1. Satisfactory progress reports from the relevant hospital providing a Special Interest post  
or
2. Satisfactory progress report from the hospital or institution providing approved Year 6 out-of-programme experience  
or
3. Satisfactory ITAs and competency certifications for any outstanding competencies identified at the start of Year 6.
4. SAT 6 Exit interview

### **3.5.3 Exit interview at the end of SAT Year 6.**

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 Anaesthesia training to include their 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, in Obstetric Medicine and in Paediatrics from relevant training sites 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 (ITAs) 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 educational activities 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.
- 3) Completion of the CAI electronic portfolio.
- 4) Completion of the Professionalism in Practice Module of the CAI MSc

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 Year 6. 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.

### **3.6 Training in ICU, Pain Medicine and Paediatric Anaesthesia (See also sections 5 & 6)**

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 Joint Faculty of Intensive Care Medicine.

Trainees 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.

## **4. Hospital Inspections and Accreditation for Specialist Anaesthesia Training**

### **4.1 Introduction**

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 anaesthesia 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, particularly with the College Tutors, feedback from the Inspectors on the quality of training in the institution and support for the Anaesthesia Department in achieving adequate resources and status within the hospital.

### **4.2 Requests for Accreditation**

The Hospital Inspections Coordinator is responsible for the implementation, coordination and supervision of this process. Detailed review of hospitals involved in SAT 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 8).

Prior to an agreed inspection date, a detailed (electronic) assessment form is sent to the Department Chairperson. The Application Form for Hospital Inspections outlines the information required by the Inspectors before visiting the hospital (Appendix 8).

The Hospital Inspections Coordinator will nominate an inspection committee which may include Council members, a member of the Training Committee, a representative of the Deans office, a representative from the Pain Faculty and JFICMI if appropriate and/or a Consultant Trainer from another Training Hospital to conduct hospital inspections. The numbers will depend on the hospital size, sub-specialty training and requests for approval for training posts.

### **4.3 The Accreditation Report**

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.

#### **4.4 Reports Requiring Remedial Action**

If an Accreditation visit or trainee report identifies problems in a hospital, the Training Committee will decide the appropriate action for remediation, 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.

#### **4.5 Current Valid Accreditations**

Hospital posts currently approved for training and the duration of approval for training are listed in Appendix 1 and on the College website [www.anaesthesia.ie](http://www.anaesthesia.ie)

### **5. Training in Pain Medicine**

#### **5.1 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 CST. 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.

#### **5.2 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 including the use of ultrasound techniques to facilitate blocks.
- 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

#### **5.3 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, stress management techniques.
- 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 including audit.

**Trainees** should be skilled in:

- Basic assessment of patients with chronic pain and cancer pain -history taking, physical examination, interpretation of investigations and presentation of findings.
- 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.

## **6. Training in Intensive Care Medicine**

### **6.1 Introduction**

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

### **6.2 Eligibility for CST in ‘Anaesthesia, Intensive Care and Pain Medicine’**

All SATs 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 (DIBICM). The DIBICM examination is under the auspices of the Joint Faculty of Intensive Care Medicine of Ireland (JFICMI).

### **6.3 Special Interest in Intensive Care Medicine**

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

For those with a longer term career interest in ICM there are 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)

The CAI operates a number of posts for those doctors who wish to undertake one year of Intensive Care training within the SAT scheme. These are termed Intensive Care Special Interest posts and are suitable for trainees who may wish to be eligible for the above categories of consultant posts. The training regulations are accessible at [www.icmed.com](http://www.icmed.com).

### **6.4 Joint Faculty of Intensive Care Medicine of Ireland**

The Joint Faculty of Intensive Care Medicine of Ireland, based at the College of Anaesthetists of Ireland, is the intercollegiate body tasked with the management of the DIBICM examination and of associated structures promoting expertise and standards in Intensive Care Medicine in Ireland. As an intercollegiate body, the board has

representation from the College of Anaesthetists of Ireland, 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 of Ireland offices, from the College of Anaesthetists of Ireland web-site, [www.anaesthesia.ie](http://www.anaesthesia.ie) or from the Intensive Care Society of Ireland website, [www.icmed.com](http://www.icmed.com).

## **7. Combined Clinical/Academic CST Training Programmes in Anaesthesia**

### **7.1 Introduction**

To incorporate research training to PhD level into the SAT Training Programme of the College of Anaesthetists of Ireland, the College offers recognition for approved combined academic and clinical training programmes

### **7.2 Eligibility for SATs to enter academic training**

- The Academic Training Programme will be offered to trainees appointed to the SAT Training Programme of the College of Anaesthetists of Ireland who are awarded a Research Training Fellowship to fund a PhD programme by the Health Research Board. These HRB funded academic trainees will hold additional (supernumerary) new combined numbered training posts for the duration of their research and clinical training
- or
- SATs who are in receipt of other funding for an approved PhD Research programme may also be eligible for the Academic Training programme at the discretion of the Training & Academic Committees of the College of Anaesthetists of Ireland. These trainees will need to secure their own funding and facilities for their research years. They will be assigned existing SAT posts by the Training committee for their clinical years. Application will be by a competitive process as the number of academic trainees at any one time will be held at an agreed limit of five, including the above HRB PhD posts.
- The number of academic trainees on the programme at any one time is limited to five. This does not include SAT 6 trainees in the standard training programme.

### **7.3 Training plan for combined clinical/academic posts**

- Achievement of all designated SAT competencies, satisfactory in-training assessments and completion of electronic portfolio by the end of SAT training and the award of CST as per College of Anaesthetists of Ireland Training Regulations
- Three years research training to PhD level, to be incorporated into the SAT training programme
- Only SAT 3s and higher are eligible for the programme. Achievement of the FCAI will be desirable for entry to the Academic Programme and essential for programme completion.
- For non-HRB funded trainees, a minimum of one year higher training at SAT 6 level must be completed in SAT clinical posts in Ireland, and possession of FCAI will be required to enter SAT 6.
- Accreditation of both research and clinical training during research years provided that all training is structured and supervised and satisfactory ITAs are achieved. Six monthly reports on the trainees' progress to be provided to the training committee by the supervisors of both research and clinical training.
- The maximum period of academic training accredited towards CST will be 24 months out of the 4 year SAT 3-6 programme for those registered for PhD. This will apply to a three year research/training programme provided that there is a regular defined clinical commitment equivalent to one day per week and one day on call per month. The defined clinical time must be agreed with the Postgraduate Dean in an individual training plan.
- It is envisaged that one full clinical day per week would be spent in the same subspecialty area for a period of one year or equivalent to allow achievement of competencies in at least three different clinical subspecialty areas over the three year research programme.

- Clinical training during research years must be at an equivalent level to a SAT at the same level of training.

#### **7.4 Summary of Combined Academic/Clinical Training Requirements**

1. Four years minimum accredited SAT training time, including minimum of 12 months at SAT 6 level for non-HRB PhD fundholders
2. Five years minimum in Supernumerary posts with variable tailored proportions of SAT equivalent training for HRB PhD fundholders, but not less than defined in 7.3 above.
3. A maximum of 24 months accredited towards CST for the combined PhD/CST programme.
4. A combined PhD/Clinical programme with clinical responsibility as defined in 7.3 above would therefore permit completion of both PhD and CST in 5 years if commenced in SAT 3. This could be achieved by 80% clinical and 20% academic.
5. Research posts with no clinical responsibility:
  - Eligibility as for SAT 6 out-of-programme (see section 3.6 above).

#### **7.5 Note on Special Leave for SAT 6**

All SAT 6s are eligible for accredited Special Leave of 12 months out of SAT programme as per training regulations (See also section 10). This leave may be used for academic training at the discretion of the Training Committee. SAT 6 academic posts are exclusive of the limit of 5 academic PhD posts.

### **8. Accreditation as a Specialist in Anaesthesia**

#### **8.1 Introduction**

There are two mechanisms by which the College of Anaesthetists of Ireland 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 in the College's named Professional training programme, ie the National Specialist Registrar Training Programme, or other name that the College may designate in the future. The College in awarding a CST will apply the rules below (8.2).
- b. Recommendation to the Medical Council that a doctor should be included on the Register of Medical Specialists for Anaesthesia. A doctor may apply to the Medical Council for inclusion on the Register of Medical Specialists, Division of Anaesthesia. The Medical Council may refer the application to the College of Anaesthetists for opinion. (See section 10 below).

This is a mechanism for trainees who have not completed structured training under the supervision of the College as defined in 8.1 (a) 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 may after due process issue a Certificate of Inclusion on the Register of Medical Specialists.

#### **8.2 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 SAT rotation in Sections 1,2 and 3

1. Specialist Anaesthesia Training (SAT), including ICU Medicine and Pain Medicine, comprises a six year programme of training, assessment, formal examination and accreditation, organised and regulated by the College of Anaesthetists of Ireland.

This is generally structured as two years of basic training (SAT 1 & 2), three years of subspecialty training (SAT 3, 4, 5), and one year of advanced training (SAT 6).

Entry to the programme is by competitive interview. Transition from SAT 2 to SAT 3 requires a Certificate of Completion of SAT 2 (CCSAT2). To transition from SAT 5 to SAT 6 the trainee must hold the Fellowship of the College of Anaesthetists of Ireland or equivalent and must attend a formal progression interview where all aspects of training to date will be reviewed.

2. A CST will be awarded by the College of Anaesthetists of Ireland when a trainee has satisfactorily completed all six years of the specialist training programme according to the regulations of the CAI, of which SAT 1 – 5 must be in-programme in the Republic of Ireland. This must be confirmed at formal interview at the end of training.
3. SAT 6 may be spent either in a standard SAT 6 post in the rotational programme, or, subject to prior achievement of all training competencies, examinations and objectives, in a Special Interest SAT 6 post where available, or (with adequate notice to, and prior approval by, CAI) in a suitable post outside the training programme (eg clinical training abroad or in research).
4. Trainees may apply for leave of absence from the programme for maternity leave, illness or (at the discretion of CAI) for personal reasons (See section 10). When the cumulative duration of such leave exceeds three months, the trainee must make up this shortfall in training (in minimum blocks of six months). When the period of such leave from the training programme is greater than one year, training will be considered to be suspended. This means the trainee must apply in writing to rejoin the programme but may be eligible for reappointment without interview. The Training Committee will decide the date of re-appointment and the year at which the trainee recommences training.
5. The Training Committee will consider Flexible (part-time) training provided the total training time and quality is equal to those in full-time training. Flexible training must not be less than 50% of a full-time post.
6. Progress from year to year of training depends on satisfactory performance including adherence to the CAI regulations concerning completion of the Electronic Portfolio (Logbook & PCS activity), satisfactory in-training assessments, and passing the MCAI and FCAI examinations at the appropriate points in training.
7. The Training Committee may discontinue the training of any trainee considered unsuitable to proceed in training.

## **9. Register of Medical S- Specialists**

### **9.1 Introduction**

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.

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)

### **9.2 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.

### **9.3 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. If equivalence is sought for time spent working in anaesthesia in Ireland, this must include at least one year post-FCAI (or equivalent) in a post or posts approved by the college of Anaesthetists as a Fixed Term Training Appointment (FTTA) at the level of SAT 6, Appointment to these posts should be on the recommendation of the Training Committee after interview.
- 2) Training and experience outside the CAI National Specialist Training Programme must at least reach the standard required within this programme. The Credentials Committee will require information to ensure this, and details required will include:
  - (i) Number and type 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 and certification of competency
  - (xi) In-training assessment/evaluations
  - (xii) On-call commitment
  - (xiii) Evidence of Professionalism, as defined in CAI Training Competencies (Appendix 9)
  - (xiv) Structured references from recent head of departments.

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 and 2 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 an individual's training history, 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.

#### **9.4 Certificate of Specialist Doctor (CSD)**

The Certificate of Specialist Doctor (CSD) entitles the holder to inclusion on the Register of Medical Specialists in other European Union States. The CST awarded by the CAI as a result of successful completion of the National Specialist Training Programme normally entitles the holder to apply to the Medical Council for a CSD, subject to the provisions below. 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 of Ireland.
- (iv) Have done the major part of their anaesthetic training in the Republic of Ireland.

### **10. Leave from the National Anaesthesia Training Programme**

#### **10.1 Final Year (SAT 6) Leave**

The College of Anaesthetists 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. The National Anaesthesia Training Programme (NATP) is a continuous 6 year programme and the final or sixth year may be spent in approved out-of-programme (OOP) posts here in Ireland or overseas.

Trainees applying for final year OOP 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 leave:

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

#### **10.2 Other Leave**

Trainees may for a variety of reasons such as maternity, illness or personal, seek to take leave during their training programme. Trainees should give the CAI as much advance notice of such leave as possible, although the CAI of course recognises that this may not always be possible.

When the cumulative duration of such leave exceeds three months, the trainee must make up this shortfall in training (in minimum blocks of six months). When the period of such leave from the training programme is greater than one year, training will be considered to be suspended. This means the trainee must apply in writing to rejoin the programme but may be eligible for reappointment without interview. The Training Committee will decide the date of re-appointment and the year at which the trainee recommences training.

In the case of maternity leave not coinciding exactly with six monthly training rotations, provided the duration of maternity leave is not greater than six months, a six month balance of time remaining in the two six month training periods within which the leave occurs will be accredited towards training.

**Appendix 1**

**Recognised Training Posts in Anaesthesia**

SAT year 1 - 2 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. SAT year 3 - 6 posts are recognised for a minimum of six months and a maximum of one year. SAT posts in single-specialty hospitals are recognised for a maximum of six months.

<b>Anaesthesia Trainee Hospital Allocation</b>							
<b>Hospital</b>	<b>SAT Year 1 and 2 (No. Of training Posts)</b>	<b>Post Numbers</b>	<b>Duration of recognition</b>	<b>SAT Year 3 - 6 (No. Of Training Posts)</b>	<b>Post Numbers</b>	<b>Duration of recognition</b>	<b>Total Training Post recognition</b>
Beaumont	5	BST/ANS/BMT/A01	Up to 24 months	12	HST/ANS/SpR1-3/BMT/A01	Up to 12 months	17
		BST/ANS/BMT/A02	Up to 24 months		HST/ANS/SpR1-3/BMT/A02	Up to 12 months	
		BST/ANS/BMT/A03	Up to 24 months		HST/ANS/SpR1-3/BMT/A03	Up to 12 months	
		BST/ANS/BMT/A04	Up to 24 months		HST/ANS/SpR1-3/BMT/A04	Up to 12 months	
		BST/ANS/BMT/A05	Up to 24 months		HST/ANS/SpR1-3/BMT/A05	Up to 12 months	
					HST/ANS/SpR1-3/BMT/A06	Up to 12 months	
					HST/ANS/SpR4-5/BMT/A01	Up to 12 months	
					HST/ANS/SpR4-5/BMT/A02	Up to 12 months	
					HST/ANS/SpR4-5/BMT/A03	Up to 12 months	
					HST/ANS/SpR4-5/BMT/A04	Up to 12 months	
					HST/ANS/SpR4-5/BMT/A05	Up to 12 months	
					HST/ICU/BMT/A01	Up to 12 months	

Cappagh	1	BST/ANS/NOH/A01	6 months	1	HST/ANS/SpR1-3/A01	6 months	2
Castlebar	4	BST/ANS/MGH/A01	Up to 12 months	2	HST/ANS/SpR1-3/MGH/A01	Up to 12 months	6
		BST/ANS/MGH/A02	Up to 12 months		HST/ANS/SpR1-3/MGH/A02	Up to 12 months	
		BST/ANS/MGH/A03	Up to 12 months				
		BST/ANS/MGH/A04	Up to 12 months				
Connolly	1	BST/ANS/JCM/A01	6 months	0	N/A	N/A	1
Coombe	2	BST/ANS/COO/A01	6 months	2	HST/ANS/SpR1-3/COO/A01	6 months	4
		BST/ANS/COO/A02	6 months		HST/ANS/SpR4-5/COO/A01	6 months	
CUH	7	BST/ANS/CUH/A01	Up to 24 months	12	HST/ANS/SpR1-3/CUH/A01	Up to 12 months	19
		BST/ANS/CUH/A02	Up to 24 months		HST/ANS/SpR1-3/CUH/A02	Up to 12 months	
		BST/ANS/CUH/A03	Up to 24 months		HST/ANS/SpR1-3/CUH/A03	Up to 12 months	
		BST/ANS/CUH/A04	Up to 24 months		HST/ANS/SpR1-3/CUH/A04	Up to 12 months	
		BST/ANS/CUH/A05	Up to 24 months		HST/ANS/SpR1-3/CUH/A05	Up to 12 months	
		BST/ANS/CUH/A06	Up to 24 months		HST/ANS/SpR1-3/CUH/A06	Up to 12 months	
		BST/ANS/CUH/A07	Up to 24 months		HST/ANS/SpR4-5/CUH/A01	Up to 12 months	
					HST/ANS/SpR4-5/CUH/A02	Up to 12 months	
					HST/ANS/SpR4-5/CUH/A03	Up to 12 months	

					HST/ANS/SpR4-5/CUH/A04	Up to 12 months	
					HST/ANS/SpR4-5/CUH/A05	Up to 12 months	
					HST/ICU/CUH/A01	Up to 12 months	
Drogheda	0	N/A	N/A	2	HST/ANS/SpR1-3/DRO/A01	Up to 12 months	2
					HST/ANS/SpR1-3/DRO/A02	Up to 12 months	
Holles Street	2	BST/ANS/HOL/A01	6 months	1	HST/ANS/SpR1-3/HOL/A01	6 months	3
		BST/ANS/HOL/A02	6 months				
Letterkenny	2	BST/ANS/LET/A01	Up to 12 months	0	N/A	N/A	2
		BST/ANS/LET/A02	Up to 12 months				
Limerick	5	BST/ANS/LRH/A01	Up to 12 months	5	HST/ANS/SpR1-3/LRH/A01	Up to 12 months	10
		BST/ANS/LRH/A02	Up to 12 months		HST/ANS/SpR1-3/LRH/A02	Up to 12 months	
		BST/ANS/LRH/A03	Up to 12 months		HST/ANS/SpR1-3/LRH/A03	Up to 12 months	
		BST/ANS/LRH/A04	Up to 12 months		HST/ANS/SpR1-3/LRH/A04	Up to 12 months	
		BST/ANS/LRH/A05	Up to 12 months		HST/ANS/SpR4-5/LRH/A01	Up to 12 months	
Mater	5	BST/ANS/MAT/A01	Up to 24 months	12	HST/ANS/SpR1-3/MAT/A01	Up to 12 months	17
		BST/ANS/MAT/A02	Up to 24 months		HST/ANS/SpR1-3/MAT/A02	Up to 12 months	

		BST/ANS/MAT/A03	Up to 24 months		HST/ANS/SpR1-3/MAT/A03	Up to 12 months	
		BST/ANS/MAT/A04	Up to 24 months		HST/ANS/SpR1-3/MAT/A04	Up to 12 months	
		BST/ANS/MAT/A05	Up to 24 months		HST/ANS/SpR1-3/MAT/A05	Up to 12 months	
					HST/ANS/SpR1-3/MAT/A06	Up to 12 months	
					HST/ANS/SpR4-5/MAT/A01	Up to 12 months	
					HST/ANS/SpR4-5/MAT/A02	Up to 12 months	
					HST/ANS/SpR4-5/MAT/A03	Up to 12 months	
					HST/ANS/SpR4-5/MAT/A04	Up to 12 months	
					HST/ANS/SpR4-5/MAT/A05	Up to 12 months	
					HST/ICU/MAT/A01	Up to 12 months	
Mercy	2	BST/ANS/MER/A01	Up to 12 months	2	HST/ANS/SpR1-3/MER/A01	Up to 12 months	4
		BST/ANS/MER/A02	Up to 12 months		HST/ANS/SpR1-3/MER/A02	Up to 12 months	
Mullingar	1	BST/ANS/LMW/A01	Up to 12 months	0	N/A	N/A	1
OLHSC	0	N/A	N/A	11	HST/ANS/SpR1-3/OLHSC/A01	6 months	11
					HST/ANS/SpR1-3/OLHSC/A02	6 months	
					HST/ANS/SpR1-3/OLHSC/A03	6 months	
					HST/ANS/SpR1-3/OLHSC/A04	6 months	
					HST/ANS/SpR1-3/OLHSC/A05	6 months	
					HST/ANS/SpR1-3/OLHSC/A06	6 months	

					HST/ANS/SpR4-5/OLHSC/A01	6 months	
					HST/ANS/SpR4-5/OLHSC/A02	6 months	
					HST/ANS/SpR4-5/OLHSC/A03	6 months	
					HST/ANS/SpR4-5/OLHSC/A04	6 months	
					HST/ICU/OLHSC/A01	6 months	
Rotunda	2	BST/ANS/ROT/A01	6 months	2	HST/ANS/SpR1-3/ROT/A01	6 months	4
		BST/ANS/ROT/A02	6 months		HST/ANS/SpR4-5/ROT/A01	6 months	
RVEEH	1	BST/ANS/RVEEH/A01	6 months	0	N/A	N/A	1
SJH	5	BST/ANS/SJH/A01	Up to 24 months	12	HST/ANS/SpR1-3/SJH/A01	Up to 12 months	17
		BST/ANS/SJH/A02	Up to 24 months		HST/ANS/SpR1-3/SJH/A02	Up to 12 months	
		BST/ANS/SJH/A03	Up to 24 months		HST/ANS/SpR1-3/SJH/A03	Up to 12 months	
		BST/ANS/SJH/A04	Up to 24 months		HST/ANS/SpR1-3/SJH/A04	Up to 12 months	
		BST/ANS/SJH/A05	Up to 24 months		HST/ANS/SpR1-3/SJH/A05	Up to 12 months	
					HST/ANS/SpR1-3/SJH/A06	Up to 12 months	
					HST/ANS/SpR4-5/OLHSC/A01	Up to 12 months	
					HST/ANS/SpR4-5/OLHSC/A02	Up to 12 months	
					HST/ANS/SpR4-5/OLHSC/A03	Up to 12 months	
					HST/ANS/SpR4-5/OLHSC/A04	Up to 12 months	
					HST/ANS/SpR4-5/OLHSC/A05	Up to 12 months	
					HST/ICU/SJH/A01	Up to 12	

						months	
Sligo	3	BST/ANS/SLI/A01	Up to 12 months	2	HST/ANS/SpR1-3/SLI/A01	Up to 12 months	5
		BST/ANS/SLI/A02	Up to 12 months		HST/ANS/SpR1-3/SLI/A02	Up to 12 months	
		BST/ANS/SLI/A03	Up to 12 months				
South Infirmary	2	BST/ANS/SIV/A01	Up to 12 months	1	HST/ANS/SpR1-3/SIV/A01	Up to 12 months	3
		BST/ANS/SIV/A02	Up to 12 months				
SVH	5	BST/ANS/SVH/A01	Up to 24 months	9	HST/ANS/SpR1-3/SVH/A01	Up to 12 months	14
		BST/ANS/SVH/A02	Up to 24 months		HST/ANS/SpR1-3/SVH/A02	Up to 12 months	
		BST/ANS/SVH/A03	Up to 24 months		HST/ANS/SpR1-3/SVH/A03	Up to 12 months	
		BST/ANS/SVH/A04	Up to 24 months		HST/ANS/SpR1-3/SVH/A04	Up to 12 months	
		BST/ANS/SVH/A05	Up to 24 months		HST/ANS/SpR1-3/SVH/A05	Up to 12 months	
					HST/ANS/SpR4-5/SVH/A01	Up to 12 months	
					HST/ANS/SpR4-5/SVH/A02	Up to 12 months	
					HST/ANS/SpR4-5/SVH/A03	Up to 12 months	
					HST/ICU/SVH/A01	Up to 12 months	
						Up to 12 months	

Tallaght	5	BST/ANS/TAL/A01	Up to 24 months	11	HST/ANS/SpR1-3/TAL/A01	Up to 12 months	16
		BST/ANS/TAL/A02	Up to 24 months		HST/ANS/SpR1-3/TAL/A02	Up to 12 months	
		BST/ANS/TAL/A03	Up to 24 months		HST/ANS/SpR1-3/TAL/A03	Up to 12 months	
		BST/ANS/TAL/A04	Up to 24 months		HST/ANS/SpR1-3/TAL/A04	Up to 12 months	
		BST/ANS/TAL/A05	Up to 24 months		HST/ANS/SpR1-3/TAL/A05	Up to 12 months	
					HST/ANS/SpR1-3/TAL/A06	Up to 12 months	
					HST/ANS/SpR4-5/TAL/A01	Up to 12 months	
					HST/ANS/SpR4-5/TAL/A02	Up to 12 months	
					HST/ANS/SpR4-5/TAL/A03	Up to 12 months	
					HST/ANS/SpR4-5/TAL/A04	Up to 12 months	
					HST/ICU/TAL/A01	Up to 12 months	
Temple Street	0	N/A	N/A	6	HST/ANS/SpR1-3/TEM/A01	6 months	6
					HST/ANS/SpR1-3/TEM/A02	6 months	
					HST/ANS/SpR1-3/TEM/A03	6 months	
					HST/ANS/SpR1-3/TEM/A04	6 months	
					HST/ANS/SpR4-5/TEM/A01	6 months	
					HST/ANS/SpR4-5/TEM/A02	6 months	
UCHG	9	BST/ANS/UCHG/A01	Up to 24 months	11	HST/ANS/SpR1-3/UCHG/A01	Up to 12 months	20
		BST/ANS/UCHG/A02	Up to 24 months		HST/ANS/SpR1-3/UCHG/A02	Up to 12 months	

		BST/ANS/UCHG/A03	Up to 24 months		HST/ANS/SpR1-3/UCHG/A03	Up to 12 months	
		BST/ANS/UCHG/A04	Up to 24 months		HST/ANS/SpR1-3/UCHG/A04	Up to 12 months	
		BST/ANS/UCHG/A05	Up to 24 months		HST/ANS/SpR1-3/UCHG/A05	Up to 12 months	
		BST/ANS/UCHG/A06	Up to 24 months		HST/ANS/SpR1-3/UCHG/A06	Up to 12 months	
		BST/ANS/UCHG/A07	Up to 24 months		HST/ANS/SpR4-5/UCHG/A01	Up to 12 months	
		BST/ANS/UCHG/A08	Up to 24 months		HST/ANS/SpR4-5/UCHG/A02	Up to 12 months	
		BST/ANS/UCHG/A09	Up to 24 months		HST/ANS/SpR4-5/UCHG/A03	Up to 12 months	
					HST/ANS/SpR4-5/UCHG/A04	Up to 12 months	
					HST/ICU/UCHG/A01	Up to 12 months	
Waterford	3	BST/ANS/WAT/A01	Up to 12 months	4	HST/ANS/SpR1-3/WAT/A01	Up to 12 months	7
		BST/ANS/WAT/A02	Up to 12 months		HST/ANS/SpR1-3/WAT/A02	Up to 12 months	
		BST/ANS/WAT/A03	Up to 12 months		HST/ANS/SpR1-3/WAT/A03	Up to 12 months	
					HST/ANS/SpR1-3/WAT/A04	Up to 12 months	
<b>Total</b>	<b>72</b>			<b>120</b>			<b>192</b>

## Appendix 2

### Professional Competence Scheme

As from May 2011, doctors are legally obliged to maintain their professional competence by enrolling in professional competence schemes and following requirements set by the Medical Council. Most doctors were previously engaged in continuous professional development, however this new system creates a formal process of lifelong learning which highlights doctors' dedication to developing their skills throughout their professional lives.

Schemes will be operated by postgraduate training bodies and have been developed to drive good professional practice which is centered on patient safety and the quality of patient care. The activities which doctors will engage in will be straightforward and practice based.

Participation in a Professional Competence Scheme will help registered doctors to demonstrate that they are fulfilling their new statutory duty. Schemes are in place for all registered doctors on the Specialist and General Division of the Medical Register. Doctors registered in the Supervised Division of the register will also enroll in a Professional Competence scheme related to their chosen specialty.

#### What doctors need to know:

- Engage in 50 hours of CPD and 1 clinical audit per year. The 50 hours of CPD must include the following:
  - External – maintenance of knowledge and skills – Minimum 20 credits per year
  - Internal – practice evaluation and development - Minimum 20 credits per year
  - Personal learning - Minimum 5 credits per year
  - Research or Teaching – 2 desirable
  - Clinical Audit – 1
- Retain documentation relating to your maintenance of professional competence activities.
- You will receive a statement of participation annually. You may be requested to provide documentation to the professional competence scheme to support participation in maintenance of professional competence activities.
- From 2012, you will declare to the Medical Council that you are maintaining your professional competence. You may be requested to provide documentation to the Medical Council to support your declaration.

#### Enrolment

The CAI will enrol Registered Medical Practitioners (RMP) where

1. The anaesthetist is registered on the register of medical specialists for Anaesthesia maintained by the Irish Medical Council.
2. The anaesthetist is registered on the general register maintained by the Irish Medical Council and whose postgraduate qualifications and/or experience and/or current practice in anaesthesia are reviewed by the College of Anaesthetists of Ireland.
3. The RMP has a practice with a particular interest in Pain or Intensive Care Medicine. The College will review such postgraduate qualifications and/or experience and/or current practice as advised by the Faculty of Pain Medicine and Joint Faculty of Intensive Care Medicine of Ireland.

#### How to enrol:

The CAI website enables you to submit an application to enrol. You will be guided through the application process, and asked to select enrolment into either the Specialist or General Schemes. On completion of the details required, you may submit the application as advised. Alternatively, you may save your application for completion later using the password provided.

Once submitted, you will receive an immediate email confirming receipt of application and a commitment to process your application within 5 working days.

If you fulfil category (1) above under enrolment, and you are a Fellow of the College, your application will be processed on-line, and, once the detail is confirmed through the CAI database, an email confirming acceptance of application and fee applicable will be sent to you. Upon receipt of the enrolment fee (best done on-line), a further email will confirm that your PCS portfolio has been activated and you may proceed to log portfolio credits. If you are not a Fellow of the College, verification of some application details may be required.

If you fulfil category (2) or (3) above, and are not active on the College database, verification of some application details may be required.

#### **Procedure for application and assessment (category 2 and 3 above):**

Practitioners listed on the General Division will contact the College of Anaesthetists of Ireland. The following process will apply:

1. Practitioner submits a detailed Application Form outlining training and experience to date
2. The College will review the Application Form and make an initial determination as to the suitability of the practitioner aligning with the College

If the application is accepted, an email confirming acceptance of application and fee applicable will be sent to you. Upon receipt of the enrolment fee (best done on-line), a further email will confirm that your PCS portfolio has been activated and you may proceed to log portfolio credits.

If the application is unsuccessful the College will inform both the Applicant and the Irish Medical Council giving the reasons for the decision.

#### **PCS Portfolio:**

The CAI software allows the enrolled RMP to maintain a full record of their PCS activities. This can only be submitted on-line through the PCS portal [www.anaesthesia.ie](http://www.anaesthesia.ie). (Login with your username and password, and click the "My College" button on the top menu bar). The CAI cannot accept any paper records of PCS activities nor can it up-load activities on behalf of the RMP.

#### **Maintenance of Records:**

It is the responsibility of the Registered Medical Practitioner to retain all evidence in support of on-line submitted PCS activities. These should be retained for a minimum of 6 years or as advised by the IMC. They are not to be submitted to the CAI unless requested as part of a verification process.

#### **Annual Certificate:**

The CAI will issue a certificate annually to the RMP, according to the requirements of the Medical Council, reflecting the credits accrued within the submitted portfolio.

### Policy for Assisting Trainees in Difficulty

#### Overview

Trainees can experience difficulty during their training for many reasons. This policy seeks to assist trainers and Heads of Department when supporting Trainees at these times, by helping in the identification and resolution of these difficulties. This can be extremely challenging, but ultimately very rewarding. The processes described are intended to support Trainees.

#### 1. Professional and personal development during training requires that Trainees:

- Contribute to the work of their training department.
- Reach work-related performance standards (appropriate to their stage of training)
- Progress towards necessary levels of responsibility and autonomy.
- Meet other training requirements, such as successful completion of examinations.

Trainees in difficulty are those who are not making sufficient progress in training or who are experiencing difficulties with certain elements of their training. The difficulties encountered may include, but are not limited to, any one or a combination of the following:

- Clinical performance below that expected for the stage of training.
- Personal problems, illness and/or disability which interferes (temporarily or permanently) with training and/or performance of duties.
- Failure to pass College examinations.
- Personality traits or other Human factor issues which impair professional communication or teamwork.

#### 2. CONCERNS ABOUT TRAINEE PERFORMANCE: IDENTIFYING TRAINEES IN DIFFICULTY

Identifying Trainees in difficulty, whose workplace performance is affected or those whose performance or progress is below the standard expected for their stage of training, is an essential role for everyone involved with the Training Program. In all situations, the welfare of patients as well as the Trainee must be carefully considered.

- (a) Staff members with concerns about any aspect of a Trainee's performance must discuss their concerns promptly with the tutor/trainer. The tutor/trainer should take steps to address such concerns by making specific, confidential enquiries about the perceived issues and gathering information from relevant staff members as well as the Trainee to establish the truth about the concerns expressed. At times, Trainees may self-report that they are having difficulty.
- (b) It should be determined whether the problem is one of conduct or training. Employment issues should be managed by the Head of Department in consultation with the employer's Human Resources Department.
- (c) The ITA Process which assesses Trainee performance across a number of domains, from a number of sources, is a useful framework to assist in determining the nature of the problem.
- (d) Unless the issues are serious (that is, threaten patient safety, or represent professional misconduct, the approach for training issues is one of a staged response, of interview, offers of support, remedial strategies to improve performance and ongoing monitoring .

#### 3. TRIGGERS FOR FURTHER ACTION

- Trainees consistently perform at a level which is considered to be below that acceptable for a developing specialist anaesthetist, that is below the level expected for their stage of training.
- Trainees perform at a level which is considered borderline for a developing specialist anaesthetist on two successive in-training Assessments.
- Trainee performance in the ITA Process raises concerns which are considered to need immediate attention.

#### 4. DOCUMENTATION

The Tutor/Trainer and/or the Head of Department must maintain adequate permanent records of discussions with the Trainee. The records should include the date of the discussion, the matters raised and the views expressed by the Trainee. Any information provided that there may be disciplinary action must be clearly stated. Such information must be understood and acknowledged in writing by the Trainee. A failure

to accept or acknowledge a warning would be grounds for initiating a disciplinary process. It is advisable to seek assistance from the relevant hospital Human Resources Department to ensure compliance with employment legislation.

## **5. PROCESSES TO BE FOLLOWED WHEN IT IS CONFIRMED THAT A TRAINEE IS IN DIFFICULTY**

The procedures below should be followed, with a further review of the Trainee's performance after an agreed period. The objective is to overcome difficulties in a supportive, holistic and collaborative manner within a specified timeframe.

- The principles of natural justice must be observed. These include that the Trainee must be formally notified of all steps being taken.
- The Head of Department should be informed that an interview has been scheduled. The initial interview with the Trainee, led by the Tutor with two consultants present, should include the following:
  - A formal time should be set aside for the discussion with sufficient advance warning for the Trainee.
  - The Trainee should be offered the opportunity to bring a support person.
  - Shortcomings in performance/progress should be clearly identified.
  - The Trainee should provide a self assessment, having the opportunity to provide an explanation about the difficulty they are experiencing (this may identify issues which will facilitate offering support in the most appropriate way).
  - Clear expectations on required performance/progress should be outlined.
  - Agreed, achievable goals together with practical suggestions for their attainment and an outline of any suitable, available resources should be set.
  - An agreed definite time frame for improvement should be determined.
  - Assistance and resources available to assist the Trainee should be identified and offered.
  - An agreed definite time frame for the Trainee to access such assistance and resources should be determined.
  - An action plan including follow up meeting dates should be documented.
  - The Tutor should organise individualised learning experiences if appropriate to assist with difficulties with examination preparation or presentation technique, acquisition of clinical skills or interpersonal skills development. The Trainee has a responsibility to actively participate in these activities.
  - The College should be informed of all the above.

## **6. UNSATISFACTORY PROGRESS**

If a satisfactory resolution cannot be achieved using the provisions of this document, further assessment will be undertaken by the College.

**SERIOUS ISSUES: PROFESSIONAL MISCONDUCT OR A RISK TO PATIENT SAFETY** Disciplinary action in respect of employment or medical registration is a matter for the employer or the Medical Council if there is evidence of serious breaches of care. It may be appropriate (or required) for the Head of Department to report the matter to the Medical Council. Additional assistance and support may be available through these bodies. Any disciplinary action (especially dismissal) requires due process to be followed.

**Appendix 4**



**College of Anaesthetists of Ireland  
Report on Hospital Rotation  
Confidential**

Automatic – report on X hospital date - date

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

	Poor	Below Average	Average	Above Average	Excellent
<b>1. Clinical Anaesthesia</b>					
Challenging case mix	<input type="checkbox"/>				
Learn new techniques	<input type="checkbox"/>				
Exposure to Regional Anaesthesia	<input type="checkbox"/>				
Consultant supports and input into patient management	<input type="checkbox"/>				
Consultant delivered clinical teaching	<input type="checkbox"/>				
Responsibility appropriate for experience	<input type="checkbox"/>				
<b>2. Department structures</b>					
Organised approach to training	<input type="checkbox"/>				
Balance between service & training needs	<input type="checkbox"/>				
Working relations within anaesthetic dept.	<input type="checkbox"/>				
Working relations with other staff	<input type="checkbox"/>				
Mentor system for trainees	Yes	No			
Feedback on training progress	Yes	No			
“Needs” assessment at start of post	Yes	No			
Access to requested modules	Yes	No			
Formal six months ITA	Yes	No			
Tutor logbook review	Yes	No			
Tutor PCS review	Yes	No			
Formal sign-off competencies	Yes	No			
<b>3. Equipment and Facilities</b>					
Adequacy of equipment in theatre	<input type="checkbox"/>				
Adequacy of equipment in ICU	<input type="checkbox"/>				
Access to audio-visual and ICT	<input type="checkbox"/>				
Medline access	<input type="checkbox"/>				
Anaesthetic office and secretarial assistance	<input type="checkbox"/>				
Library facilities – Physical	<input type="checkbox"/>				
- Electronic	<input type="checkbox"/>				
Access to the internet	Yes	No			
WIFI access	Yes	No			
<b>4. Intensive Care (if applicable)</b>					
Challenging case mix	<input type="checkbox"/>				
Learn new techniques	<input type="checkbox"/>				
Consultant input into patient management	<input type="checkbox"/>				
Consultant input into clinical teaching	<input type="checkbox"/>				
Responsibility appropriate for experience	<input type="checkbox"/>				

**5. Pain Medicine (if applicable)**

Training in post-op Pain Management	<input type="checkbox"/>				
Chronic pain training	<input type="checkbox"/>				
Range of clinical material	<input type="checkbox"/>				
Consultant input	<input type="checkbox"/>				
Responsibility appropriate for experience	<input type="checkbox"/>				

**6. Academic Issues**

Consultant input into theoretical teaching	<input type="checkbox"/>				
Academic meetings frequency	<input type="checkbox"/>				
Academic meetings content	<input type="checkbox"/>				
Exam oriented teaching	<input type="checkbox"/>				
Opportunities for presentation	<input type="checkbox"/>				
Research opportunities	<input type="checkbox"/>				

**7. Working conditions**

Availability of time off post-call	<input type="checkbox"/>				
On-call room facilities	<input type="checkbox"/>				
Work/Life Balance	<input type="checkbox"/>				
Access to educational leave	<input type="checkbox"/>				

**For SAT's 3- 6 only**

Experience in leading others	<input type="checkbox"/>				
Structuring of non-clinical time	<input type="checkbox"/>				
Trainee role in department administration	<input type="checkbox"/>				
Graded advancement in leadership and expert roles	<input type="checkbox"/>				

**Any other comments:**

---



---



---



---



---



---



---



---



---



---

In your opinion is this hospital suitable for training of doctors at your grade?  Yes  No

**Appendix 5**  
**College of Anaesthetists of Ireland**



**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 anaesthesia 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 anaesthesia 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 anaesthesia 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 IF NO, GIVE REASONS:	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Copy given to trainee for portfolio? Yes

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

### Clinical skills

1. Explanation of the anaesthesia procedure(s) and surgery to the patient.
2. Appropriate Choice of anaesthesia 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 anaesthesia 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 anaesthesia 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 anaesthesia 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 anaesthesia to an elective ASA I or II patient.**

Name of trainee .....

**(a) General anaesthesia with spontaneous respiration**

The Trainee:

	Yes	No
Properly prepares the anaesthesia room and/or operating theatre	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactorily conducts a pre-operative equipment check (including the anaesthesia 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 anaesthesia 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 anaesthesia 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, H<sub>2</sub> 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 anaesthesia room and operating theatre	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactorily checking of the anaesthesia 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  Yes  No  
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"/>	<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 6

### Regulations and Guidelines for SAT Year 1 - 2 Competency Assessment Certificate of Completion of Specialist Training year 1 -2 (CCSAT2) Details of assessment of trainees

To successfully complete SAT year 1-2 training, the trainee must:

1. Successfully complete the Initial Test of Competence (appendix 5).
2. Complete two years of SAT year 1-2 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 Membership FCAI 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 SAT year 1-2 training.

#### Mechanism of Certification

The individual trainee is responsible for maintaining a training portfolio and collection of the documentation required for CCSAT2. 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 SAT year 1- 3 six-monthly training assessments

Proof of passing the Membership 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 Membership or equivalent by eighteen months of SAT year 1-2 training.

## **Workplace Assessments**

- 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**

## Appendix 7

### **Non clinical day for SAT 6**

The Training Committee recommends that one nonclinical day per week be made available to all SAT 6 trainees provided that the specific use of the nonclinical day is agreed in advance with the College Tutor or Head of Dept.

#### **Guidelines for appropriate use of non clinical days**

- Participant CAI approved course
- Teacher CAI organised courses - clinical skills, exam preparation or other approved course
- Facilitator of CAI examinations or courses
- Participant, Teacher or Facilitator of hospital based academic activity
- Agreed Research activity
- Agreed Audit activity
- Agreed Clinical guidelines activity
- Hospital or CAI Management/administrative duties

Application to use non clinical days on a regular basis for a defined research or audit activity should be made in writing to the Chair of Department of Anaesthesia prior to or as early as possible in a rotation.

A report on the availability, use and productivity of nonclinical days will be required from each SAT 6 as part of their in training assessment. This report will form part of their training portfolio

## **Appendix 8**

### **College of Anaesthetists of Ireland National Training Programme**

#### **Hospital Accreditation Application**

This application form should be completed by the Hospital or Campus of Hospitals which seeks accreditation from the National Training Programme of the College of Anaesthetists of Ireland, for Basic Specialist Training (BST), Registrar Training (RTP), or Specialist Registrar (SpR) Programmes.

Enquiries to:

Hospital Inspection Co-ordinators  
College of Anaesthetists  
22 Merrion Square North  
Dublin 2

PART 1. THE LOCATION

1.1 Hospital or Hospital Group name: \_\_\_\_\_

<b>CEO</b>	Name	_____
	Telephone	_____
	Email	_____
<b>Anaesthesia Chair</b>	Name	_____
	Telephone	_____
	Email	_____
<b>College Tutor 1</b>	Name	_____
	Telephone	_____
	Email	_____
<b>College Tutor 2</b>	Name	_____
	Telephone	_____
	Email	_____
<b>College Tutor 3</b>	Name	_____
	Telephone	_____
	Email	_____
<b>Dept Secretary</b>	Name	_____
	Telephone	_____
	Email	_____

1.2 Bed Numbers:

Comment:

Medical	_____			
Surgical	_____			
CCU	_____			
ICU 1.	_____			
ICU 2.	_____			
ICU 3.	_____			
HDU 1	_____			
HDU 2	_____			
HDU 3	_____			
PACU 1	_____	24 Hour?	Yes	No
PACU 2	_____			
PACU 3	_____			
OB/GYN (Exc. maternity cots)	_____			
Paediatric	_____			
Other (specify)	_____			
Total	_____			

### 1.3 Adult Clinical Anaesthesia Activity:

	2010	2009	2008	2007
Orthopaedic: Joint Replacement				
Orthopaedic: Other				
Vascular: AAA				
Vascular: Other				
Thoracic: Thoracotomy				
Thoracic: Other				
Cardiac				
Neurosurgical				
ENT				
Plastics				
Transplant				
General Surgery				
Breast Check				
Dental				
Radiology				
Cath Lab				
ED				
ECT				
Regional: SAB				
Regional: Epidural				
Regional: Upper Limb				
Regional: Lower Limb				
Obstetric: Mothers Delivered				
Obstetric: Total Sections				
Obstetric: GA Sections				
Obstetric: Labour Epidurals				
Gynaecology				
Day Cases				
Other (Specify)				

**1.4 Paediatric Clinical Anaesthesia Activity:**

	2010	2009	2008	2007
Total Anaesthesia cases				
Cases < 1 year				
Cases > 1 year, < 5 years				
Cases > 5 years				
Acute interhosp transfers involving anaesthesia				
Acute A/E admissions consulting anaesthesia				
Paed ICU admissions				
Orthopaedic				
ENT				
Plastics				
Transplant				
General Surgery				
Urology				
Dental				
Radiology				
Day Cases				
Other (Specify)				
Consultants providing regular paed anaes (n)				
Designated Paed Anaesthetists (n)				
Gen Surgeons providing paediatric surgery (n)				

*If you wish your site to be accredited for **Modular Paediatric Anaesthesia SpR Training within CST** please also complete this section:*

Vascular				
Thoracic: Thoracotomy				
Thoracic: Other				
Cardiac				
Neurosurgical				
Cath Lab				

ED/Trauma				
Regional: SAB				
Regional: Epidural				
Regional: Upper Limb				
Regional: Lower Limb				

**1.5 If you wish your site to be accredited for Modular Intensive Care Medicine SpR Training within CST please complete this section.**

**Intensive Care Activity:**

	2010	2009	2008	2007
Specialty remit: (N)ational, (R)egional or (T)ertiary centre				
Level 3 Critical Care beds (ICU)				
Level 2 Critical Care beds (HDU)				
Total number ICU Patients				
Total number HDU patients				
Medical Patients				
Surgical Patients, elective				
Surgical Patients, emergency				
ICU Apache Mean/Median	/	/	/	/
% Patients Ventilated				
Ventilation days				
Number requiring pressors				
% dialysed (CRRT, IHD)				
Dialysis days				
Mean/Median days stay ICU	/	/	/	/
Mean/Median days stay HDU	/	/	/	/
Number ICM CPD sessions (hours/sessions delivered)	/	/	/	/
Trainers with JFICMI or equiv.				
Consultant hours/week dedicated to ICU/ HDU with no conflicting commitment				

Separate dedicated ICU consultant rota, y/n		
Average training exposure of non-modular trainees to ICM (Weeks)		
Number of trainees appointed to ICU normal working hours		
Number of trainees appointed to ICU out-of-hours		
Has trainee a conflicting dual commitment during ICM allocation y/n		

**1.6 If you wish your site to be accredited for Modular Pain Medicine SpR Training within CST, please complete this section.**

**Pain Medicine Activity:**

	2010	2009	2008	2007
Trainers with FFPM or equiv.				
Consultant hours/week dedicated to Pain Med with no conflicting commitment				
Separate dedicated Pain Med consultant rota, y/n				
Number of consultants with dedicated Pain Med sessions				
Dedicated Pain Med Clinic y/n, with numbers pa	/ (eg y/240)	/	/	/
Integrated Pain Med service & Acute Pain service y/n				
Ward-based Pain Med consultation service y/n				
Dedicated Interventional Pain list y/n, with number cases pa	/ (eg y/150)	/	/	/
Interventional list in OR or XRay				
Interventional list supported by Fluoroscopy y/n				

Dedicated Ultrasound for Pain procedures y/n				
R/F lesioning service y/n				
Spinal Cord Stimulation offered y/n				
Intrathecal Pumps offered y/n				
Other advanced therapy offered (specify)				
Multidisciplinary Pain Mgmt Programme y/n				
Number of trainees appointed to Pain Med normal working hours				
Number of trainees appointed to Pain Med out-of-hours				
Has trainee a conflicting dual commitment during Pain Med allocation y/n				
Disciplines involved in Pain Med Clinic other than Anaesthesia: Enumerate:				

### 1.7 Training Modules Currently Offered or Proposed

		Duration Months	Capacity (trainees per 6/12)	Modular y/n
<b>Basic Specialist Training</b>	Init Competence Test			
	Pre-op Assessment & Premedication			
	Induction of GA, Per-op and recovery care			
	Mgmt of trauma, stabilization & transfer			
	Critical incidents, CPR			
	Introduction to regional anaesthesia			

	Introduction to HDU and ICU			
	Introduction to Obstetrics			
<b>SpR/RTP Training</b>	Pain Medicine			
	ICM			
	Paediatric			
	Neurosurgery and Neuroradiology			
	Orthopaedic			
	Trauma Management			
	Obstetrics			
	Vascular			
	ENT & Maxillofacial			
	Cardiothoracic			
	General and GU			
	Monitoring and Procedures			
	Regional Anaesthesia			
	Ambulatory			
	Professionalism (4/5 only)			
	Other - specify			

## 1.8 Clinical Anaesthesia Facilities

### Anaesthesia Delivery Sites

Theatres Major	_____		
Theatres Minor	_____		
Satellite (linked facility) Major	_____		
Satellite Minor	_____		
Radiology	_____		
Cardiac Cath.	_____		
Emergency Dept.	_____		
ECT	_____		
Induction Rooms	_____		
Regional Block Rooms	_____		
Dedicated nursing support	Yes	No	
Broadband in theatres	Yes	No	
WiFi in theatres	Yes	No	
Theatre Mgmt IT System	Yes	No	
Anaesthesia Record			
Manual	Yes		
Electronic	Yes		

## Holding Bay Spaces

Examination Possible	Yes	No
Labs Accessible	Yes	No
Imaging Accessible	Yes	No
Printers/Computers	Yes	No

## Pre-Assessment Clinic

Dedicated Rooms, number	<hr/>	
Dedicated nursing support	Yes	No
Physician support:		
Consultant	Yes	No
Resident	Yes	No

## Acute Pain Service

Acute Pain Nurse	Yes	No
Daily Ward Rounds	Yes	No
Audit	Yes	No

## Bioengineering Support

## 1.9 Educational Facilities

### Anaesthesia Department

Dedicated space	Yes	No
Appropriate location	Yes	No
Appropriate size	Yes	No
Consultant offices	Yes	No
Tutorial/meeting room	Yes	No
Dedicated study area	Yes	No
Accessible 24 hours	Yes	No
Broadband available	Yes	No
WiFi available	Yes	No
Adequate desk space	Yes	No
Adequate computers	Yes	No
Adequate presentation equipment	Yes	No
Adequate printers	Yes	No
Adequate Photocopier/Fax	Yes	No
Access to online journals	Yes	No
Access to appropriate www sites	Yes	No
Hospital IT policy too restrictive?	Yes	No
Departmental Library	Yes	No
Departmental secretary	Full-time	Yes
	Part-time	Yes
	None	Yes
Locum support for consultants on leave	Yes	No

## Other Educational Facilities

Hospital library with search facility	Yes	No
Lecture Theatre	Yes	No
Clinical Skills Lab	Yes	No
Simulator Lab	Yes	No
Videoconferencing	Yes	No

### 1.10 On-Site Educational Activity

*Each trainee receives:*

Assignment to a specific tutor	Yes	No
A Needs Assessment at Induction	Yes	No
Mid-Term Progress Review	Yes	No
Six-Monthly ITA or SPRITE	Yes	No
Logbook review	Yes	No
PCS activity review	Yes	No
Formal Competence assessment/sign-off	Yes	No

*In addition there are:*

	Yes	No	Frequency
Departmental tutorials	Yes	No	_____
Didactic or guest Lectures	Yes	No	_____
Case presentations	Yes	No	_____
Journal Club	Yes	No	_____
Sim lab training	Yes	No	_____
Airway refresher training	Yes	No	_____
Regional anaesthesia refresher	Yes	No	_____
Formal Exam preparation	Yes	No	_____
M&M meetings	Yes	No	_____
Hospital Grand Rounds	Yes	No	_____
ICU Grand Rounds	Yes	No	_____
Cardiac Echo Training	Yes	No	_____
Other (specify)			

### 1.11 Guaranteed Trainee Release

For study leave	Yes	No
For exam leave	Yes	No
To attend mandatory courses	Yes	No

#### NB

A record of Trainee/Tutor assignment and a schedule of hospital/departmental educational events, along with attendance record for consultants and trainees for the most recent completed calendar year prior to the inspection visit, must be attached to this application.

**1.12 Department Research and Audit Activity:**

***Adult Anaesthesia and Uncategorized***

Programme Lead	Main Research Interest	Trainees in Higher Degree Programme (number) <sup>(1)</sup>	National Training Programme Trainees involved (number) <sup>(2)</sup>	Annual Grant Income <sup>(3)</sup>

**Notes:**

- (1) Trainees out-of-training-programme on full time or combined academic/clinical research
- (2) Trainees doing research/audit, holding a numbered post from within the National Training Programme
- (3) Income in the calendar year preceding date of inspection

Publications past 5 years, number	
National Presentations past 5 years, number	
International Presentations past 5 years, number	
Internal Audits past 5 years, number	
External Audits past 5 years, number	

**NB Please attach a separate list of publications, presentations, audit**

***Paediatric Anaesthesia***

Programme Lead	Main Research Interest	Trainees in Higher Degree Programme (number) <sup>(1)</sup>	National Training Programme Trainees involved (number) <sup>(2)</sup>	Annual Grant Income <sup>(3)</sup>

**Notes:**

- (1) Trainees out-of-training-programme on full time or combined academic/clinical research
- (2) Trainees doing research/audit, holding a numbered post from within the National Training Programme
- (3) Income in the calendar year preceding date of inspection

Publications past 5 years, number	
National Presentations past 5 years, number	
International Presentations past 5 years, number	

Internal Audits past 5 years, number	
External Audits past 5 years, number	

NB Please attach a separate list of publications, presentations, audit

**Intensive Care Medicine**

Programme Lead	Main Research Interest	Trainees in Higher Degree Programme (number) <sup>(1)</sup>	National Training Programme Trainees involved (number) <sup>(2)</sup>	Annual Grant Income <sup>(3)</sup>

**Notes:**

- (1) Trainees out-of-training-programme on full time or combined academic/clinical research
- (2) Trainees doing research/audit, holding a numbered post from within the National Training Programme
- (3) Income in the calendar year preceding date of inspection

Publications past 5 years, number	
National Presentations past 5 years, number	
International Presentations past 5 years, number	
Internal Audits past 5 years, number	
External Audits past 5 years, number	

NB Please attach a separate list of publications, presentations, audit

**Pain Medicine**

Programme Lead	Main Research Interest	Trainees in Higher Degree Programme (number) <sup>(1)</sup>	National Training Programme Trainees involved (number) <sup>(2)</sup>	Annual Grant Income <sup>(3)</sup>

**Notes:**

- (1) Trainees out-of-training-programme on full time or combined academic/clinical research
- (2) Trainees doing research/audit, holding a numbered post from within the National Training Programme
- (3) Income in the calendar year preceding date of inspection

Publications past 5 years, number	
National Presentations past 5 years, number	




NCHD Staff:

**2.2 NCHD Training Posts**

	Approved Post Number <sup>(1)</sup>	Occupant Name <sup>(2)</sup>	College ID Number	Year of Training <sup>(3)</sup>	Exams Passed <sup>(4)</sup>
Approved <sup>(5)</sup> <b>BST</b> Training Posts Total Number _____					
Approved <b>SpR 1-3</b> Training Posts Total Number _____					
Approved <b>SpR 4/5</b> Training Posts Total Number _____					
Approved <b>RTP</b> Training Posts					

Total Number					
Total Training Posts approved					
Part-Time SpR (Flexible)					

- Notes:** (1) Use HSE approved format eg BST/ANS/etc  
(2) Occupant at time of form completion, must be appointed to National CAI Training Programme  
(3) eg BST 1.5, SpR 3.5 etc  
(4) Exams required for progress through National Programme, ie Primary and Final FCA or equivalent  
(5) Number of training posts at each grade for which you believe your hospital has approval

### 2.3 NCHD Non-Training Posts (Excluding Fellowship Posts)

Medical Council Registration	Occupant Name <sup>(1)</sup>	CAI ID Number	Grade SHO or Reg	Years in Anaes	PCS Reg y/n	Exams Passed <sup>(2)</sup>	Supervisor	Contract Indefinite Duration y/n
General Division								
Supervised Division								

### 2.4 Fellowship Posts

Medical Council Registration	Occupant Name <sup>(1)</sup>	Title of Fellowship	CAI ID Number	Years in Anaes	PCS Reg y/n	Exams Passed <sup>(2)</sup>	Supervisor
General Division							
Specialist Division							


**2.5 Other Posts with Anaesthesia/ICM/Pain Medicine involvement  
eg EM posts in anaesthesia etc**

Medical Council Registration	Occupant Name <sup>(1)</sup>	Post Description	CAI ID Number?
Trainee Specialist			
General			
Specialist			

- Notes:** (1) Occupant at time of form completion  
(2) Exams in Anaesthesia, ICM or Pain Medicine recognized in Ireland

**Comments**

If you wish to comment, eg to provide information not covered by this questionnaire or to expand on some of the information you have given, or for any other reason, please do so in the text boxes below, referencing your comments using the numbering system used in the questionnaire.

Department Chair Comments

Tutor  
Comments

CEO Comments

PLEASE NOTE THE FOLLOWING

1. All required submissions, reports, surveys and assessments must be completed prior to planned visit date.
2. Adequate interview time must be provided with trainees and tutors.
3. The Department of Anaesthesia and Hospital Management must undertake to be available for the assessment process on the agreed inspection date.
4. The site seeking accreditation must supply reasonable facilities and refreshment for the inspectors involved in the accreditation visit.
5. The Department of Anaesthesia and Hospital Management must undertake to review recommendations arising from the accreditation process and where possible to implement these in a reasonable time frame.
6. The site seeking accreditation must undertake to recompense all reasonable expenses incurred by the College of Anaesthetists associated with the accreditation visit.

SIGNED:

\_\_\_\_\_  
DEPARTMENT HEAD

DATE

\_\_\_\_\_  
CEO

DATE

## Appendix 9

### Competence in Professionalism for Independent Practice

Professionalism includes mastery of clinical, technical, leadership, management, communication and teaching skills.

In order to attain this competence, an individual must:

1. spend at least twelve months in SAT years 5 and 6
2. have functioned adequately on third-on-call rotas at Sat 5 and 6 level.
3. have demonstrated appropriate high-level clinical decision making
4. have demonstrated appropriate task delegation and management of junior colleagues
5. have demonstrated an advanced level of clinical technical skill
6. have demonstrated appreciation of and concern for the needs of patients, relatives and co-workers
7. have been involved in the training and education of junior colleagues
8. have acted as an advocate in the best interest of patients
9. have completed the Professionalism in Practice module of the CAI MSc Programme\*

\* The MSc in Medical Professionalism has been developed as a master's course to respond to an increasing demand for continuing professional education and development for healthcare professionals working in today's complex health system.

Assessment of trainees for requirements 2 to 8 above cannot commence until the second half of SAYT year 5 at the earliest. These requirements must be separately assessed in at least two six month periods of training, i.e. two assessments must be performed and the College must receive two assessments reports relating to two separate six month periods.

SATs who wish to complete the module as part of the broader MSc may do so by completing the dissertation associated with this module in May 2012 – however completion of the dissertation is not necessary to achieve this competence.

Candidates who have already successfully completed this module as part of the MSc will not need to repeat it.

After the Professionalism in Practice module SpRs should possess:

- An understanding of the theoretical basis of the principles of healthcare, ethics and healthcare law.
- An understanding of the implications of moral and legal theories, especially justices for society and the individual.
- An awareness of how ethics in healthcare relates to the practice of medicine in different contexts including the beginning of life, and end of life decisions in critically ill and dying patients.
- An understanding of the importance of inter-professional team work and an enhanced capacity to benefit from both inter-professional and inter-disciplinary education.