



The Welsh School of Anaesthesia Induction Handbook 2016



Edition 1.2

Compiled and edited by Jason Walker and Mark Knights. Last updated 2 July 2016.

Contains material previously included in the Core Trainee and Intermediate trainee induction handbooks.

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Introduction

Congratulations on your appointment and a warm welcome to Wales and the Welsh School of Anaesthesia. The Welsh School of Anaesthesia is responsible for ensuring that your training meets the requirements of the curriculum of the Royal College of Anaesthetists, and for ensuring the quality of training across Wales. The School encompasses 12 hospitals distributed across North and South Wales and a wide variety of anaesthetic training opportunities are provided within the hospitals of the school.

Training in Anaesthesia is highly structured with a strong emphasis on patient safety and trainee support. During the first 2 years trainees gain a thorough grounding in anaesthesia, acquiring the core basic competencies and the primary FRCA exam. The next 2 years training follows a fixed curriculum, encompassing experience in all the main sub-specialties such as paediatric anaesthesia, obstetric anaesthesia, neuro-anaesthesia, cardiac anaesthesia, intensive care and chronic pain. During these 2 years trainees pass their final FRCA exam. The final 3 years are more flexible allowing trainees to develop special interests, become involved in research, or spend time abroad.

We hope you will enjoy your time in the Welsh School and that you will emerge with the competencies and confidence to further your career in Anaesthesia, and contribute in turn to the training of the next generation of anaesthetists. Training is about more than the acquisition of specific skills, however complex; it is also about developing the professional attitudes and behaviors required of all doctors. The commitment to which should remain with you throughout your career.

Eluned Wright

Head of School and Regional Educational Advisor

June 2015

About this handbook

The following articles were put together as a companion to the Welsh School of Anaesthesia Induction Study Day, both as an *aide memoire* for those who attend but also to be a source of information to those who don't make it along on the day itself. We have not tried to reproduce the day in its entirety, but rather we have tried to identify those sections which we feel will be most useful to you.

Each article is intended to be self contained; for this reason you may find that certain information has been repeated in a number of places.

Corrections and suggestions should be sent to mark.knights@wales.nhs.uk

Preparing for Core Training

Lucy Emmett

Core Training STC Representative

How It All Works

Core Training is 24 months long, of which 3 months will be dedicated entirely to Intensive Care Medicine.

ACCS Anaesthesia is 36 months long, of which 18 months will be in Anaesthetics, 6 months Acute Medicine, 6 months Emergency Medicine and 6 months Intensive Care.

There are **8 BASIS** units which form the Initial Assessment of Competency (IAC), with 19 separate assessments. These assessments must be signed off by consultants. Once achieved, the trainee can go onto the on-call rota.

There are then **15 BASIC** units to get signed off over the course of the following 18-21 months. Each unit of training requires at least 1 A-CEX, 1 CBD and 1 DOPS (plus 1 ALMAT for General, Gynae and Urology) along with logbook and portfolio evidence (eg. transfer courses and pain days).

Full Primary Exam must be completed within the 2 years, and must be passed at the time of application for ST3 (January of the year you wish to apply).

Must also have an Anaesthetic MSF each year – do this with a few months to spare as it can take a couple of months to sort out.

For the MSF, there is no specific requirement for the number of doctors, nurses, or ODPs etc but list is reviewed by your Educational Supervisor prior to submission, so make sure there's a mix of people.

Intensive Care may also ask for an MSF. This is not the same as the anaesthetic one and a separate anaesthesia MSF is required.

Quarterly meetings (or more frequent if desired) with Educational Supervisor to review progress.

Educational Supervisor produces Educational Supervisor's Structured Report at the end of the year and this is submitted with the *College Tutor's Report* to the ARCP panel. You are responsible for generating the ESSR.

Keep logbook up to date throughout the year as this will be reviewed at ARCP (make sure you also take a paper copy to the ARCP).

Update CV regularly – you will need a copy of this at your ARCP.

Fill in the GMC survey when it comes out in March – this will again be required at ARCP.

The Welsh School of Anaesthesia has checklists for paperwork that are required at each ARCP – please make sure you follow them.

Specific information about each unit of training is available on the RCOA website (www.rcoa.ac.uk) and the Welsh School of Anaesthesia website (www.welshschool.co.uk)

Exams

THE PRIMARY

- MCQ and OSCE/SOEs (Vivas)
- Have to have both parts for Basic Level of Training Cert, and to apply for ST3
- RCOA run both parts 3 times a year
- Can do MCQ in Cardiff (or wherever you like!)
- OSCE/SOE in the College in London

MCQ Courses

(The comments on the courses below are from previous Core Trainees)

Royal College of Anaesthetists Primary FRCA Masterclass

- The Royal College of Anaesthetists – London, 4 days
- 3 times per year, usually 2 months before the exam
- Approx £310
- 'By far the best'
- 'Useful starting to mid-point'
- 'Excellent – well run with good lectures'

Mersey School of Anaesthesia

- Whiston Hospital – Liverpool, 7 days
- 3 times per year, usually 3 weeks before the exam
- Approx £400
- 'Brilliant experience, but some people didn't get on with their groups'

- 'Very good if you get on with your group'
- 'Great for practising a huge volume of questions'
- 'Better later on in revision'
- 'Brilliant – provided you are prepared to put the work in!'
- 'Pricey'

Coventry Primary FRCA MCQ Course

- University Hospital – Coventry, 3 days
- 3 times per year, usually 3-4 weeks before the exam
- Approx £260
- 'Really useful as they went through the answers and you got used to doing the questions to time'
- 'Good course'

We are also very lucky in South Wales to have the 'SWABS' teaching taking place in different hospitals every couple of weeks. There are lots of opportunities for learning and discussing questions with other trainees and consultants. (www.philcoles.org.uk/swabs2) or (www.swabs.me.uk)

Programmes available on the websites and will also be emailed a couple of weeks in advance out via your college tutors/head of exams in each department.

Most Core Trainees find the first few SWABS sessions hard work and a lot of theory. This is to get you up to the standard required for the FRCA.

Trainees in North Wales don't miss out – a scheme similar to SWABs runs in the three North Wales Hospitals

OSCE/SOE Courses

SWAC

- Cardiff – 2 days
- 3 times per year, 2 weeks before the exam
- £200 (£100 per day if only sitting OSCE or SOE)
- 60% of Welsh trainees attended
- 'Very good – lots of viva practice'
- 'Would recommend to anyone – I passed both first time and this was the only course I attended'
- 'Most useful'
- 'Excellent value for money'

Mersey School of Anaesthesia

- Liverpool – OSCE weekend (2 days), Viva weekend (2 days) or OSCE/Orals course (7 days)
- 3 times per year, varying timings pre-exam
- 7 day course - £600, weekends - £250-£300
- 60% of Welsh trainees attended

- 'Brilliant'
- 'Reasonable course – very restrictive about own course materials'
- 'Relevant content'
- 'Self-directed learning'

Other popular courses include:

- South Coast/Bristol Intensive Primary
- Leicester
- Coventry
- South West OSCE

Exam Tips and Tricks

- Decide about the exam – when is best for you
- Start in plenty of time
- Buy (or borrow) all the old primary guides and do the MCQs in the couple of days leading up to the exam
- E-learning is great – use the lectures and do all the sets of MCQs several times
- Most people seem to use a mixture of bookwork and question practice
- Would definitely recommend the Masterclass
- Keep one eye on the OSCE/SOE
- On exam day leave plenty of time for the SBAs – they are worth a lot of marks too!
- Get Viva'ed – LOTS
- Ask lots of different people – including consultants and other trainees
- Do full practice vivas (30 mins)
- Don't forget the OSCE – still lots to learn for it

Books

MCQ Preparation

- Fundamentals of Anaesthesia (Pinnock et al.)
- Training in Anaesthesia
- Primary FRCA in a Box
- Oxford Handbook of Anaesthesia
- A to Z of Anaesthesia and Intensive Care (Yentis)
- Pharmacology for Anaesthesia and Intensive Care (Peck and Hill)
- Drugs in Anaesthesia and Intensive Care (Smith)
- Essentials of Anaesthetic Equipment (Al-Shaikh)
- Basic Physics and Measurement (Davis et al.)
- Physics in Anaesthesia (Middleton)
- West Respiratory Physiology

OSCE/SOE Preparation

- Physics, Pharmacology and Physiology for Anaesthetists – Key Concepts for the FRCA (Cross and Plunkett)
- The OSCE in Anaesthesia
- Masterpass Viva Books
- The Anaesthetic Viva
- Dr Podcast

Online Question Banks

- FRCAQ
- OnExamination
- PasTest

Websites

- Royal College of Anaesthetists www.rcoa.ac.uk
- FRCA Headstart – www.frcaheadstart.org
- E-learning Anaesthesia
- Anaesthesia UK

Other things to consider

- Try to get as much out of lists as possible – initially IAC sign off and then consider DOPS/CBDS/A-CEX towards Basic Level Training Certificate.
- Keep logbook up to date – you'll be grateful before your ARCP if you do!
- Think about IAC/ARCP early – get paperwork done in time.
- Consider joining other professional bodies such as the AAGBI.
- Book Annual Leave and Study Leave with plenty of time.
- Don't forget about Audit/Quality Improvement projects.
- Enjoy Anaesthetics!!

Preparing for Intermediate Training.

Jason Walker

Having achieved all that was required of you in Core Training, it is a little bit daunting to have to start all over again at intermediate level. In what follows I'll try to give you some sort of idea of what is expected of you. For this, I'm going to make some assumptions – if any of these don't apply to you, have a chat with your Educational Supervisor or your Royal College Tutor. I'm assuming that: you're registered with the College; you keep a logbook; you are registered with the RCoA e-portfolio; and finally that you are familiar with workplace-based assessments (WPBAs) – CEX, DOPS, etc.

The rules

There are a number of documents which lay down what the various rules of engagement are, and you should be familiar with what's in them. The first of these is the *Gold Guide*, or to give it its full title, *A Reference Guide for Postgraduate Specialty Training in the UK*.¹ This covers everything to do with training – how training posts are managed, how appointments are made, how progression is assessed, and so forth. Most trainees will never need to refer to any of it, but if you want to do anything unusual as part of your training, the Gold Guide contains the rules which must be adhered to.

The next document you should be aware of is the *Curriculum for a CCT in Anaesthetics*.² This is published in a number of sections, of which *Annex C* covers intermediate training. You should also be familiar with *Annex F* (Intensive Care Medicine), and *Annex G* (Teaching and Training, Academic and Research, and Management). Of particular interest is the document *CCT in Anaesthetics: Assessment Guidance*. This is a summary of all the assessments you need to undertake to fulfil *Annex C*.

The units of training

There are 18 units of training recognised by the Royal College of Anaesthetists for Intermediate Training during which competency will be assessed. There are 7 essential clinical units which must be completed, plus 3 essential non-clinical units.

Essential Clinical Modules:

- Cardiathoracic Anaesthesia and Cardiac Intensive Care
- Intensive Care Medicine (Annex F)

- Neuroanaesthesia, Neuroradiology and Neuro Intensive Care
- Paediatric Anaesthesia
- Obstetric Anaesthesia
- Pain Management
- General Duties, which must include each of the following:
 - Airway management
 - Day Surgery
 - Critical incidents
 - General Surgery / Gynaecology / Urology (+/- Transplantation)
 - ENT, MaxFax, Dental
 - Regional Anaesthesia
 - Respiratory and Cardiac Arrest
 - Non theatre
 - Orthopaedic Anaesthesia
 - Sedation
 - Transfer Medicine
 - Trauma and Stabilisation

The 3 essential non-clinical modules (*Annex G*) are Academic, Teaching and learning, and Management.

There are also 3 optional modules: Plastics/Burns, Ophthalmic Surgery, and Vascular.

Competency is assessed using logbook data in conjunction with evidence from a range of assessment tools, which should be collated on the RCoA e-portfolio. Each unit of training has a list of learning outcomes (things you will learn), core learning outcomes (things you must learn, and provide evidence of, to be signed off for the unit of training) and knowledge and skills which will be expected of you. To be signed off you need appropriate logbook evidence and appropriate WPBAs to demonstrate that you have met the core learning outcomes.

It's worth looking at one of the units in a little more detail. Figure 2 (page 10) shows pages 25 and 26 from *Annex C*. You'll see that there is a short description of the unit, the learning outcomes and then the core learning outcome. Then there follows a list of the knowledge and skills that you will be required to achieve. You should achieve these, but you do not necessarily have to be signed off on them – this list is there to guide your learning. If you can comfortably say that you're up to speed with everything that's listed, you should be ready for the exam.

If we now look to the *Assessment Guidance Document* (Figure 1), we'll see that for the same unit it lists the core learning outcomes and suggests possible evidence that you can use to demonstrate it. For this unit there is a single outcome, and you can demonstrate it with a CEX/ALMAT, or a CBD. (There is also the option for 'other evidence,' but in most cases you should have a WPBA.) For each signoff, you should have three WPBAs, and these should include evidence of core learning outcomes.

It is important to plan your WPBAs: they are meant to be an assessment. Before a supervised list it is worth getting into the habit of thinking about what you would like to achieve, and then discussing this with your supervisor. This gives a far more sensible approach than

doing a list and then asking to be signed off for something at the end of it.

Changes in WPBAs

From August 2015 workplace-based assessments for Specialty Trainees will change to being formative assessments; they will no longer be marked as "satisfactory/unsatisfactory," but will give you feedback on how you performed. The unit signoff will in contrast be summative – you will be marked as having achieved the unit or not. For more information see:

<https://www.rcoa.ac.uk/sites/default/files/WPBA-FLYER-2015.pdf>

The College does not prescribe a set number of cases that you need to achieve for a unit to be signed off. This depends on the casemix, the unit of training and on you.

Head, neck, maxillo-facial and dental surgery			
	A-CEX or ALMAT	CBD	Other Evidence/ teaching session
Delivers safe perioperative anaesthetic care to ASA 1-3 adult patients requiring routine and emergency non-complex minor/intermediate ENT and maxillo-facial surgery [including list management] under distant supervision			

Figure 1. The Assessment Guidance entry.

Head, neck, maxillo-facial and dental surgery

It is expected that this unit can be delivered in most of the non-specialist hospitals that are part of many, if not all, Schools of Anaesthesia. It may not be possible for every trainee to become skilled in all the emergencies described [EN_IS_07], however all trainees are expected to obtain clinical teaching and training in this area of practice, although it is recognised that, availability of chair dental surgery may be limited and this may have to be deferred to the 'higher' unit of training but is not mandatory for successful completion of intermediate or higher training in this unit.

Learning outcomes:

- Build on the knowledge and skills gained in the Basic Level training for ENT, maxillo-facial and dental surgery. Develop knowledge, skills and experience of safe perioperative anaesthetic care of patients undergoing major elective and emergency surgery in these specialty areas
- To be able to recognise the specific problems encountered with the 'shared airway' and manage correctly
- To have the clinical judgement and skills to organise and manage the anaesthesia for routine ENT, dental and maxillo-facial operating lists involving ASA 1-3 patients requiring minor to intermediate surgery and such patients for emergency surgery without direct supervision

Core clinical learning outcome:

- Deliver safe perioperative anaesthetic care to ASA 1-3 adult patients requiring routine and emergency non-complex minor/intermediate ENT and maxillo-facial surgery [including list management] under distant supervision

NB: All competencies annotated with the letter 'E' can be examined in any of the components of the Final examination identified in the FRCA examination blueprint on page C-73.

Knowledge			
Competence	Description	Assessment Methods	GMP
EN_JK_01	Explains the special requirements of anaesthesia for all common procedures encountered in specialised head and neck surgery	A,C,E	1,2
EN_JK_02	Recalls/explains the principles of anaesthesia for middle ear surgery, including use of TIVA and hypotensive techniques	A,C,E	1,2
EN_JK_03	Explains the principles of management of anaesthesia for major head and neck surgery and: <ul style="list-style-type: none"> • Recalls/describes the pathophysiological changes and co-morbidities associated with head and neck cancer 	A,C,E	1,2

C-25

	<ul style="list-style-type: none"> • Identifies the particular requirements for acute maxillo-facial emergencies e.g. fractured mandible, intra-oral abscesses and other pathological causes of upper airway obstruction 		
EN_JK_04	Recalls/describes the causes, pathophysiology and management of obstructive sleep apnoea and the surgical procedures used to treat it [Ref; AM_JK_08]	A,C,E	1,2
EN_JK_05	Recalls/describes the characteristics of the lasers used for surgery and the circumstances in which they are used	A,C,E	1,2
EN_JK_06	Recalls the hazards of laser surgery	A,C,E	1,2
EN_JK_07	Recalls/describes the specialised airway techniques used for laser surgery in, or near, the airway	A,C,E	1
EN_JK_08	Describes the safe use of equipment and airways devices used for surgery on and below the vocal chords, including bronchoscopes, Venturi devices and fibre-optic scopes	A,C,E	1,2
EN_JK_09	Explains the use of specialised imaging techniques [CT, MRI] in planning anaesthesia and surgery for head and neck surgery	A,C,E	1
EN_JK_10	Lists the problems associated with chair dental procedures including consent, the specific needs of patients with learning disabilities, Child Protection [Cross reference paediatrics] and the Mental Capacity Act	A,C,E	1,2,3,4
EN_JK_11	Explains the principles of the recognition and appropriate management of acute ENT emergencies, including bleeding tonsils, epiglottitis, croup, and inhaled foreign body	A,C,E	1,2,3,4
EN_JK_12	Describes appropriate emergency management of fractures of the face including le Fort fractures and fractures of the mandible	A,C,E	1,2,3,4
EN_JK_13	Describes the emergency management of the obstructed airway including tracheostomy	A,C,E	1,2,3,4
EN_JK_14	Recalls the indications for tracheostomy	A,C,E	1,2
EN_JK_15	Describes the principles of the care of the tracheostomy	A,C,E	1
EN_JK_16	Recalls/explains the principles of jet ventilation	A,C,E	1
EN_JK_17	Recalls/explains the principles underlying the use of helium	A,C,E	1

Skills			
Competence	Description	Assessment Methods	GMP
EN_IS_01	The learner should develop and modify the skills of pre-operative assessment and optimisation, and the administration of anaesthesia [as identified in basic level training] to include a focus on the special difficulties presented by these surgical sub-specialties	A,C	1,2,3,4
EN_IS_02	Demonstrates how to interpret CT and MRI scans of the head and neck [Cross ref non-theatre]	A,C,D	1

C-26

Figure 2. An example of a unit of training.

Supervision

A good balance is required between the amount of time spent with and without direct supervision. Too little direct supervision, and you might not be receiving adequate training. Too much and you may not be gaining sufficient experience. Supervision rates will be taken into account when assessing whether to sign a unit off.

In the past, confusion has arisen about the various definitions of supervision, so here they are:

Direct supervision: This means the trainee is working directly with a supervisor senior to themselves who is actually with the trainee or can be present within seconds.

Indirect supervision: Indirect supervision falls into three categories: local, distant and remote sites:

Local supervision: This means that the supervisor is on the same geographical site, is immediately available for advice and is able to be with the trainee within 10 minutes of being called.

Distant supervision: This means the supervisor is available rapidly for advice, but is off the hospital site and/or separated from the trainee by over 10 minutes.

Supervision in remote sites: The RCoA defines a remote site as any location where general or regional anaesthesia is administered away from the main theatre suite and/or anaesthetic department and in which it cannot be guaranteed that the help of another anaesthetist will be available. Trainees would not be expected to work remotely at intermediate level.

Unsupervised means that you have no consultant cover at all: this should never happen. Logbook entries of 'unsupervised' are always a cause for concern. In most cases, the trainee means 'distant'.

More information is given Section 6 of the *CCT in Anaesthetics* (main document).²

Other Requirements

Annex G covers Teaching and Training, Academic and Research, and Management. The requirements aren't onerous, but the clinical modules often take over your life, and trainees (and trainers!) have been known to discover these requirements at the last minute. The academic section requires attendance (and reflection) at 15 local meetings; that you pass the exam; that you have presented at local meetings; and that you keep a logbook of critical incidents. You also need a CEX on teaching/supervising a less experienced trainee, and a CBD on an educational topic.

It is a good idea to keep a logbook of academic, educational and research activities. There is a template for one on the Welsh School of Anaesthesia website Intermediate training page.³

Annex G also includes material on Quality Improvement, but this is currently not compulsory.

References/Sources:

1. *A Reference Guide for Postgraduate Specialty Training in the UK.*

http://www.copmed.org.uk/page.php?page_id=14

2. *Curriculum for a CCT in Anaesthetics.*

<http://www.rcoa.ac.uk/careers-training/training-anaesthesia/the-training-curriculum/CCT2010>

3. Welsh school of anaesthesia intermediate training.

<http://www.welshschool.co.uk/training-schemes/intermediate-training>

The Role of Programme Director & the ARCP Process

Dr Sarah Harries
Training Programme Director

My role is to ensure that the right doctors are selected through the national recruitment process and are supported to achieve a CCT in Anaesthesia in Wales and enter the GMC Specialist Register at the end of their training programme. My role is supported by Dr Caroline Evans, Core Training Programme Director and three Deputy Programme Directors:

- Dr Mark Knights, North Wales, based in Ysbyty Gwynedd, Bangor
- Dr Graeme Lilley, South Wales, based in Nevill Hall, Abergavenny.

The role starts with ensuring the right ingredients are appointed to our training programmes, i.e. talented anaesthetic trainees such as yourselves. You were appointed by the principles laid down by the 'Gold Guide', which governs all postgraduate training & is underwritten by GMC, Deanery & RCoA

Each StR has a tailored rotation that will allow that trainee to achieve a CCT in the appropriate time:

- ST3/4 years – very prescriptive, 'inflexible'
- ST5 year – fixed in hospital placement
- ST6/7 – fixed in geography i.e. 2yrs South/North&South
- Minimum of 1 year in Cardiff is essential to all for higher training years

For some time, plans have been progressing to reconfigure service delivery within NHS Wales, which may impact on the units of training that are achievable in each hospital & may necessitate a change to the intended programme. You will always be assured at least a 3 month notice period if this occurs.

Reasons for not achieving CCT as planned

There can be unforeseen problems which may necessitate a CCT delay. These may be trainee-related issues, e.g. exam failure, unsatisfactory MSF or failed unit sign-off; out-of-programme time, e.g. career breaks for maternity leave or additional complementary experience not recognised for CCT time, or less than full-time working; or training issues e.g. not able to achieve required competencies in a planned unit. There are no planned deferred units of training permitted from

intermediate ST3/4 to higher ST5+ training years in Wales. If there are any causes of concern or delay, we will endeavor to provide the necessary support to ensure you remain on track or progress with your training as smoothly as possible. Sometimes, ST3 trainees undertake LAT time prior to commencing their ST3 training programme and gaining a national training numbers. LAT time may be recognised by the RCoA, however training advancement by 1 year is not guaranteed. Please contact me as soon as possible to discuss your programme if you have undertaken LAT time previously.

Standards of training

The GMC document 'Generic Standards for Training' sets out the requirements for a training environment. All Health Boards should be achieving these standards and they are regularly quality assessed & judiciously monitored by the School and Wales Deanery, through the following processes; GMC trainee survey, WSA End of Placement Evaluation (the 'Monkey'), ARCP face to face feedback, Deanery quality visits to departments

The standards for training in anaesthesia are maintained mainly by College Tutors, ES and clinical/module supervisors in each department. However, most importantly, if you have any concerns about the standards of training in your hospital placement, do not hesitate to contact us within the WSA.

ARCPs

To obtain a CCT you must

- Register with the RCoA, as set out in my appointment letter
- Pass the final FRCA, hopefully within your first 2 years
- Undergo 5 successful Annual Review of Competence Progression i.e. ARCPs

What is an ARCP?

You should all be familiar with the concept of an ARCP from your Core Training Years. Each year the Deanery is required to review every trainees' progression against the competences required at each stage of training as outlined in the RCoA curriculum. Dates for ARCPs for the

next training year are all set out on www.welshschool.co.uk.

The way we conduct Anaesthesia ARCPs in Wales is as follows:

- You will receive an invite to attend or present evidence on the set day & time, sent to your hospital email address
- All required evidence either eportfolio/paper will be set out on the invite checklist – see attached ST3 checklist
- Enhanced Form R submission, always sent to @wales email address and must be returned 2 weeks prior to ARCP date to the Specialty Training Manager, Ms Lisa Bassett
- On the day, all paper evidence will be collected from you on arrival & all paper & electronic evidence will be reviewed by a panel of at least 3 people and an outcome assigned ONLY on the evidence
- You will be invited to meet with the panel & collect your outcome. A face-to-face meeting will follow with training/career guidance & feedback on your last year
- After your meeting, meet with the TPD to discuss future hospital placements
- ARCP in absence – permitted for 1 year only, you will miss out on chance for important updates & discussion with the TPD. Your end of ST4 ARCP will be tied into the 'Introduction to Higher/Advanced Training' study day – not to be missed!

ARCP outcomes explained

Satisfactory Progress

- Achieving progress and competences at the expected rate

Unsatisfactory or insufficient evidence (trainee must meet with panel)

- Development of specific competences required – additional training time not required
- Inadequate progress by the trainee – additional training time required
- Released from training programme with or without specified competences
- Incomplete evidence presented – additional training time may be required

Recommendation for completion of training

- Gained all required competences

Following the ARCP, an outcome letter will be sent by the TPD, with any specific actions & a checklist for next year's training plan.

Educational Supervisors

This is a formally approved training role and Consultants who fulfil this role have been selected based on possession of specific skills i.e. they have trained in appraisal and assessment and have specific time in their job plan to meet you, plus they are familiar with WPBA, RCoA curriculum & e-portfolio. Your ES and College Tutor are your first point of contact if any difficulties but do contact the WSA if you feel you need additional direction or resources

Educational appraisal

Your first educational appraisal should be completed within the first 2 weeks of placement, then at least 3-monthly. You do need to be particularly proactive when moving hospitals. Before your ARCP, your Educational Supervisor writes and submits an electronic structured report. If you are completing 2x 6-month hospital placements, an interim progress report should be completed at the end of your 1st hospital placement and a final ESSR from your 2nd hospital, prior to ARCP. 1x MSF is required for each training year & relevant Consultant feedback should be documented on the College Tutor training summary, which can be found on the website (paper format only). If you complete an ICM training module in the training year, you cannot present only your ICM MSF for your annual MSF, it must be based on your 'whole' year practice i.e. anaesthesia assessors & ICM assessors.

Summary

- You do need to re-register with the RCoA as an ST3 trainee
- You do NOT need to register with the Deanery BUT please keep us updated with your latest email address for communications
- Start compiling evidence of achievement of competence (assessments, logbook data & unit sign-offs, MSF) on the E-portfolio
- Engage in Appraisal process with Educational Supervisor and College Tutor
- Pass the Final FRCA within 2 years

Contacts

Website: www.welshschool.co.uk

Training Programme Director:

Sarah.Harries2@wales.nhs.uk

Specialty Training Manager for Anaesthesia:

Bassettl@cf.ac.uk

ARCPs - CT1

PANEL CHECKLIST

- E-portfolio ARCP Structured Report (completed by ES) – bring 1 printed copy
- College tutor basic training summary (paper) – bring 2 printed copies
- Curriculum Vitae (paper)
- Initial Assessment of Competence (paper)
- Notification of absence form

Please note: Your enhanced Form R must be submitted to the Specialty Training Office at least 2 weeks in advance of your ARCP date.

Workplace-based assessments

The number of WPBA tools for each unit of training was revised by the RCoA in July 2012, please see the basic level training blueprint within the Assessment Guidance document for revised number to assign to each UoT. At ARCP all workplace based assessment tools and unit of training sign-offs will be viewed electronically only.

- Unit-of training sign off form (e-portfolio)
- Directly Observed Procedural Skills (e-portfolio)
- Anaesthetic Clinical Evaluation Exercises (e-portfolio)
- Case Based Discussions (e-portfolio)
- Anaesthesia List Management Assessment Tool (e-portfolio)
- Multi Source Feedback with a summary form (e-portfolio or paper-based)
- Evidence of Primary Exam attempts
- Evidence of attendance at SWABs teaching

- Yearly Logbook Summary – 1 printed copy, 1 digital copy
- Study Leave Summary
- Evidence of Completion of GMC On-line Training Survey (paper print-out)
- Portfolio shows clinical critical incidents and reports (e-portfolio)
- Has reflective portfolio of attendances at local audit meetings, journal club, teaching other departmental meetings (e-portfolio/paper)
- Has engaged in audit personally

Caroline Evans
TPD, Anaesthesia
Wales

June 2015

ARCPs - ST3

PANEL CHECKLIST

- E-portfolio ARCP Structured Report (completed by ES) – bring 1 printed copy
- College tutor intermediate training summary (paper) – bring 2 printed copies
- Curriculum Vitae (paper)
- Notification of Absence Form

Please note: Your enhanced Form R must be submitted to the Specialty Training Office at least 2 weeks in advance of your ARCP date.

Workplace-based assessments

The number of WPBA tools for each unit of training was revised by the RCoA in July 2012, please see the basic level training blueprint within the Assessment Guidance document for revised number to assign to each UoT. At ARCP all workplace based assessment tools and unit of training sign-offs will be viewed electronically only.

- Unit-of training sign off form (e-portfolio)
- Directly Observed Procedural Skills (e-portfolio)
- Anaesthetic Clinical Evaluation Exercises (e-portfolio)
- Case Based Discussions (e-portfolio)
- Anaesthesia List Management Assessment Tool (e-portfolio)
- Multi Source Feedback with a summary form (e-portfolio or paper-based)
- Evidence of Final Exam attempts
- Yearly Logbook Summary – 1 printed copy, 1 digital copy

- Study Leave Summary
- Evidence of Completion of GMC On-line Training Survey
- Has reflective portfolio of attendances at local audit meetings, journal club, teaching, other departmental meetings – will need to have a record of 15 attendances by end of ST4 (e-portfolio or paper based)
- Evidence of presentation at audit meeting, journal club or similar
- A-CEX relating to their own teaching required before end of ST4 (e-portfolio or paper-based)
- Portfolio shows clinical critical incidents and reports (e-portfolio)

Sarah Harries
TPD, Anaesthesia
Wales

June 2015

The roles of the College Tutor and Educational Supervisor

Vimla Victor

Lead for Educational Supervision

When you rotate to a new department in your rotation you will meet your College Tutor (CT) who will in turn allocate your own Educational Supervisor (ES). It is vital to know their roles and how they can help and guide you during your placements

Roles and Responsibilities of your College Tutor

- Link person for the RCOA (Appointed by the Council)
- Liaise between the RA, WSA, PG Dean and HB Leads for PG Education and Trainer support
- Organiser and co-ordinator for training and education
- Ensure delivery of high quality training disseminate information and recommendations from relevant publications
- Appraisal and assessment of trainees of all grades
- Oversee provision of appropriate clinical experience and teaching lists
- Provision of satisfactory Induction programme
- Guidance for College exam preparation
- Coordinate Local Teaching programmes
- Ensure facilities and resources for teaching and training
- Involvement with trainee recruitment process
- ARCP panel member
- Professional development/career advice for trainees
- Attend regular regional and/or school training committee meetings
- Trainees in difficulty/with performance issues
- Ensure all Educational Supervisors and Named Clinical Supervisors are trained
- Ensure trainers are aware of GMC/RCOA recommendations for CPD

Role of your Educational Supervisors

- Responsible for patient safety

- Oversees trainee performance/development
- Provide regular formal/informal feedback
- Supervision level tailored to needs of trainee
- Workplace module assessments
- Competency based assessment tools
- Trainees progress over time
- Ensure trainee understands and engages in assessment process
- Undertake regular appraisal
- Work with e-portfolio
- Careers advice
- Trainee in difficulty
- ARCP reports

Educational Supervisors' Training requirements

- GMC requires accreditation of ES by the Deanery
- Need to sign ES Agreement
- The agreement includes the ES's responsibility to meet the requirements of the Academy of Medical Educators (AoME) Framework for the Professional development of Postgraduate Medical Supervisors.
- Be trained in Equality & Diversity

Other Trainers

Named Clinical Supervisors (Module Leads)

- Be trained in the specific clinical area
- Responsible for overseeing collection of learning events in a block or Unit of Training
- Need to undertake most domains of Academy of Medical Educators Framework as above.
- Agreement similar to ES, to be introduced soon.

Sessional Supervisors

- Oversees a single learning event (theatre list, clinic)
- Do not require formal recognition as a supervisor by GMC.

Timeline for Educational Supervisors/Trainee meetings

(It is the responsibility of the trainee to initiate all meetings with their ES)

Assuming 12 month post:

First 2 weeks

- Initial appraisal
- Educational contract (learning agreement)

3 months

- Initial competency assessments (novices)
- First mid term appraisal

6 months

- Multi source feedback
- Midterm appraisal
- Feedback of MSF results

9-10 months

- ARCP prep (ESSR, CT Training summary)

11-12 months

- Final appraisal

Why do some trainees struggle, and how can they be helped?

Eluned Wright

Head of School and Regional Advisor

There are many reasons why some trainees don't progress through their training at the rate that they would like. These include:

- Exam failure
- Communication problems
- Poor attitudes and behaviour
- Health issues
- Personal problems
- They are actually in the wrong speciality

Of these, exam failure is by far the commonest stumbling block, but problems with communication, attitudes and behaviour are also very important.

Exam failure

Exams can be a real hurdle for some trainees. To get this far you have obviously passed a lot of exams in your lives at school and medical school and probably done very well in some of them. Nevertheless a significant number of people don't pass their professional exams first time. Exams do have to be taken seriously. Give some thought to when is the best time to sit the exam and then allow plenty of time for preparation. There is no getting around the need for hard work.

The London Final FRCA exam is only held twice a year so you do not have as many opportunities to sit the exam as you did with the primary. As an ST3 trainee you will have 2 years to pass your final

If you come to the end of your two years and have not passed the Final exam you will receive an outcome 3 at your ARCP and will be given a 6 months extension in the first instance. You will be seen again for an ARCP towards the end of the 6 months. If you have demonstrated satisfactory attitudes and behaviour and can demonstrate that you are working towards passing the exam, then you will be given a second 6 months extension to your training. Only in exceptional circumstances can you be given any further extension to your training beyond that one year.

You do also have the option of sitting the Irish Final exam. If you are successful in passing the Irish Final but not the London Final you can progress with your training

and enter ST year 5. At the end of your training you will receive a CESR[CP] not a CCT.

Communication

Poor communication skills are the second commonest reason why trainees struggle to progress. By now I hope you realise the importance of good team working and communication in anaesthetics. You will be working with a number of different professional groups of people in your working week. Failure in team working and communication *will* be seen as a problem, and if problems arise they will need to be addressed before you can progress further.

Attitudes & Behaviour

Assessment of trainees' attitude and behaviour are an important part of the ARCP process. It is based partly on the annual MSF but also on formal and informal feedback. Your college tutor will collect formal feedback from consultants prior to your ARCP.

The fact that these areas merit a separate assessment underlines the importance the college places on these aspects of your performance. It isn't enough just to be able to perform well technically and pass exams.

Unsatisfactory Attitudes & Behaviour will stop progress even though a trainee may have passed exams and performed the requisite number of DOPs etc.

So what sort of things do we look at when we assess Attitudes & Behaviour? Here is a list of the aspects of your behaviour that we formally assess:

- Reliability and time-keeping
- Control of moods and emotions
- Personal presentation
- Social behaviour
- Conscientiousness in checking
- Initiative
- Over or under assertiveness
- Over- or Under-confidence
- Departmental involvement and Team-working
- Personal organisation
- Honesty and trustworthiness
- Record-keeping (training record, case notes)

Health

Important points:

- Doctors suffer more stress than other professions
- More likely to use alcohol
- Easy access to drugs
- Less likely to have GP
- Self prescribe

Medicine is a stressful profession. According to the General Health Questionnaire about 18% of British workers in general suffer from stress compared with about 29% of doctors. Though stress levels in trainee doctors have reduced from the very high levels (43%) measured in the 1980s and are now similar to levels in senior doctors.

These are some of the commonest sources of stress:

- Appointments to training /consultant posts
- Moving hospitals as part of a rotations
- Shift working
- Exams
- Feeling out of your depth
- Fear of error and litigation
- Bullying

Time out of training

The GMC has recently produced some new regulations about what happens when a trainee is absent from work for any reason:

Where a trainee has been absent for a total of more than 14 days within each 12 month period, a review of their CCT date will be triggered.

A decision on whether an extension to the CCT date needs to occur is decided in consultation between the deanery & College. This is undertaken at the ARCP.

Each trainee will be considered on an individual basis, and any changes will reflect the trainee's competence.

Returning to work

If you do need to take time away from work, when you return you will be offered a tailored return to work programme. The RCoA has produced some guidance: 'Returning to work after a period of absence.'

www.rcoa.ac.uk/document-store/career-breaks-and-returning-work

Wrong Specialty?

Some of you may come to the conclusion that anaesthetics is not the speciality for you. There is no need to feel a failure. There is no shame in deciding that you are actually in the wrong speciality for you. The time

you have spent in anaesthetics has not been a waste of time – you will have learned a lot of useful transferable skills. There are a number of sources of career support:

- NHS medical careers:
www.medicalcareers.nhs.uk
- Deanery careers service:
www.cardiff.ac.uk/pgmde/careers
- BMA careers service:
www.bma.org.uk

Sources of help and support

- Educational supervisor
- College tutor
- GP
- Occupational Health
- Local Faculty Lead for Trainees
- BMA
- Association of anaesthetists

Your educational supervisor and college tutor are the most obvious first line sources of help and support. For health problems your GP and the hospital occupational health departments are obviously key. It is very important that you do sign up with a GP, trainees have a tendency not to bother particularly if you are moving around on a rotation.

The Local Faculty lead for trainee support is the deanery's representative in the trust.

The Deanery have also set up a Professional Support Unit (PSU) to help those trainees who are for whatever reason struggling in their career. This is a confidential service, offering:

- Pastoral care & support
- Access to experts with expertise in:
 - Exam preparation
 - Communication
 - Career advice
 - Planned return to work
- Adjustments to work environment as necessary

Also, if you have health or disability problems they can arrange for any adjustments to your training programme that need to be made.

There are also other sources of help and support. The Association of Anaesthetists has put together a 'Welfare Resource Pack' available on their website.

Other sources of help and advice:

Association of anaesthetists: www.aagbi.org

BMA's 'Doctors for doctors' scheme

www.bma.org.uk/doctorsfordoctors

24-hour support with immediate access to trained counsellors.

Health for Health Professionals (HHP) Wales Service:

0800 058 2738 9am-5pm, Monday to Friday

New face to face counselling service for all doctors in Wales.

Doctors Support Network: dsn.org.uk

Self-help group for doctors with mental health concerns

Sick Doctors Trust: www.sick-doctors-trust.co.uk

Offers support and help to doctors suffering any degree of dependence on drugs or alcohol. 24 hour helpline

Introduction to Cardiothoracic Training

*Dr Caroline Evans, Consultant Cardiothoracic Anaesthetist
Deputy College Tutor, University Hospital of Wales*

Training can only be done in UHW Cardiff or Morriston Hospital Swansea

Royal College Requirements

Intermediate Training ST3/ST4: a six-week block covering cardiothoracic theatres and cardiothoracic ICU, easy to get the minimum of 20 sessions in this time. It takes about 6 weeks just to get an understanding of complex theatre environment and to understand the principles of cardiopulmonary bypass. Trainees are also required to gain adequate thoracic experience. The module is quite tight to fit all of this in and we recommend trying not to take prolonged periods of annual leave whilst on this module as it becomes an impossible task.

Higher Training ST5, 6, 7: a three-month module covering theatres and CICU, same sessional requirements as intermediate training. Trainees are expected to take more of a leading role, to be able to conduct a safe induction of anaesthesia for patients with severe systemic cardiac disease with distant supervision and conduct safe wean from cardiopulmonary bypass in a more straightforward patient.

Both units of training require 1 DOPS, 1 CEX, 1 CBD

In Cardiff, trainees are supported by 10 consultant anaesthetists who work across cardiac theatres, CICU, and the cardiac catheter laboratory. Opportunities to gain experience in out of theatres work including percutaneous ASD closures and transcatheter aortic valve replacements are available as well as opportunities to gain experience with Transoesophageal echo – one of the only areas of anaesthesia where trainees will experience this skill. Cardiac anaesthesia and surgery is also supported by an expanding group of highly skilled Advanced Critical Care practitioners who have a wealth of experience in postoperative care of the cardiac surgery patient and work with the trainees on the multidisciplinary ward round and work in the Cardiac ICU.

Advanced Training and Research Opportunities

There are opportunities to do an advanced research module in Cardiothoracic anaesthesia. Cardiff is a lead centre for the UK CAVIAR trial in preoptimisation of cardiac surgical patients.

There are many ongoing research and audit opportunities. All trainees who have undertaken this role previously have had National Presentations and publications.

Trainees who may wish to do vascular anaesthesia, major trauma or ICM would benefit from doing this for 6 months. For those who would like a career in cardiothoracic anaesthesia, we would recommend OOPE in a specialist centre or post CCT to gain wider experience.

There are opportunities to be trained in Transoesophageal echo, Transthoracic echo, major haemorrhage management and intensive care training.

Teaching

The cardiothoracic block is the only module in the Welsh School that is accompanied by an E-learning Module. This was developed from feedback from trainees about their learning experiences. It is ideal for those trainees sitting the Final FRCA or those wanting to enhance knowledge for their Higher Module. This compliments the classroom and in theatre teaching. It is hosted on the school website on welshschool.co.uk

A Career in Cardiothoracics!

Most people laugh at this suggestion as they perceive a stressful environment with long hours in a Specialist Centre. However it is an extremely rewarding job that keeps you up to date with many clinical skills and allows you to work in a multidisciplinary team. It is a very good mix of intensive care and theatre work.

For further information, please contact:

Dr Caroline Evans

Caroline.evans5@wales.nhs.uk

Pain Medicine: Training Requirements in Wales

Dr Sonia Pierce

Regional Advisor in Pain Medicine for Wales

Pain Medicine is an exciting, highly rewarding subspecialty, which offers different challenges to other areas of the curriculum. It allows anaesthetists to work with patients as part of a multidisciplinary team in a variety of clinical environments.

CT 1/2/3: Basic Level Training

Basic level training in pain medicine makes up one of the compulsory basic anaesthesia units of training. The aims are to ensure trainees are competent in the assessment and effective management of acute post-operative and acute non post-operative pain. They should also have the necessary knowledge to provide a basic understanding of the management of chronic pain in adults. Wherever possible, this training should occur in a dedicated block.

In Wales, it is expected that the majority of clinical training can take place by trainees attending acute pain sessions and during general theatre work. In order to gain the required basic understanding of management of chronic pain in adults, it is strongly recommended that trainees attend at least two chronic pain sessions.

ST 3/4: Intermediate Level Training

Intermediate Pain Training is a compulsory area of training in the anaesthetic curriculum and aims to build on the competencies gained during Basic Pain Training. Trainees should become fully competent in the assessment and management of acute surgical, non-surgical and acute-on-chronic pain in most patient groups and in most circumstances. Trainees should have a knowledge of the assessment, management and wider treatment for chronic and cancer pain patients, as well as the need for multi-professional input in such cases.

In order to gain this experience, trainees should attend a minimum of 20 half-day pain sessions, of which 15 should be chronic (or cancer pain) and 5 acute. Two sessions (one for acute and one for chronic) can come from attendance at either the annual Pain Study Day in North Wales or the Pain Medicine Training Day in Cardiff.

ST 5/6/7: Pain medicine skill maintenance

Trainees who do not intend to pursue a special interest

in pain medicine are encouraged to complement their anaesthetic practice by maintaining their skills by participating in acute pain ward rounds in ST 5/6/7 years. The frequency of participation is dependent upon local arrangements and availability.

ST 5/6/7: Higher Level Training

This is an optional higher unit of training. It is a progression from Basic and Intermediate training and is essential for trainees who wish to progress to Advanced Pain Medicine Training. The competencies in Higher Pain Training are the minimum required for a trainee to consider a future consultant post with an interest in Acute Pain.

In order to gain the required competencies, it is recommended that trainees undertake 20 half-day sessions, with the emphasis on chronic pain. For trainees interested in developing an interest in acute pain management at consultant level, it will be expected that their training reflects clinical and academic involvement in acute pain management.

ST 5/6/7: Advanced Pain Medicine Training

This is an optional unit of training and allows trainees to develop clinical experience in a wide range of interesting pain management problems. Trainees spend 12 months in this dedicated advanced unit of training, in addition to the time spent in intermediate and higher training. This is the minimum essential criteria for trainees aiming for a Consultant post with sessions in chronic pain medicine or a post as lead for acute pain services.

In Wales, there are rotations available in both South Wales (to include Cardiff & Vale UHB and Aneurin Bevan UHB) and North Wales (with attachments to specialist centres in the Mersey region).

Training experience is gained in consultation skills, pain procedures and learning how to manage a clinic. All advanced trainees are encouraged to spend time in clinics with other allied specialties, for example rheumatology or neurosurgery, gaining insight into diagnosis and management in these respective specialties. There is also the freedom to develop 'special interests' in pain medicine such as paediatric pain

medicine, cancer pain medicine and spinal cord stimulation.

The FPMRCA exam covers both practical clinical knowledge and knowledge of relevant sciences. The aim of the examination is to enhance the practice of pain medicine in the UK and ultimately benefit patient care. Having completed this new robust training scheme, pain trainees are successfully entering into the ever changing and expanding field of pain medicine practice.

For further information, please contact:

Dr Sonia Pierce

Regional Advisor in Pain Medicine for Wales

Sonia.Pierce@wales.nhs.uk

Or see the RCoA Faculty of Pain Medicine Web pages:

<http://www.rcoa.ac.uk/faculty-of-pain-medicine/training-examination-and-assessment>

Transfer Medicine

Dr Ed Farley-Hills

Clinical Lead, Critical Care Network, North Wales

Sue O'Keefe

Manager, Critical Care Network, North Wales

As part of the 2010 anaesthetic curriculum there are modules in transfer medicine at core, intermediate, higher and advanced level. This is a compulsory module at core and intermediate level. There are currently transfer courses available in North Wales, South West and South East Wales that provide invaluable training in transfer medicine. *These courses are free.*

The Welsh School of Anaesthesia has decided that attendance at a transfer course should be an integral part of training in transfer medicine and is therefore required for all trainees in anaesthetics at core and intermediate level. The Welsh Assembly Government has also set attendance at a transfer course as a minimum standard for doctors undertaking inter-hospital transfer of level 3 patients. (1)

Requirements to successfully sign off transfer medicine modules:

Basic Level

All trainees should successfully complete a Welsh Transfer Course.

In addition assessment tools should be completed.

Intermediate

If no transfer course attended at core level, the trainee should do a transfer course.

In addition assessment tools should be completed.

Trainees should keep a logbook of transfers performed

Contact details

North Wales Transfer Training Course. For details contact: sue.o'keeffe@wales.nhs.uk

South West Wales Transfer Training Course. For details contact: jackie.rees2@wales.nhs.uk

South East Wales Transfer Training Course. For details contact: justine.mccarthy@wales.nhs.uk

1: Designed for Life: Welsh guidelines for the transfer of the critically ill adult

Other resources

Check the Welsh School of Anaesthesia website regularly for updates on dates of courses, ARCP's, etc.

All the relevant forms and ARCP checklists are available to download.

www.welshschool.co.uk



If you are on Twitter you can also get news updates and reminders by following:

@Welshanaesthes	<i>(Welsh School of Anaesthesia)</i>
@gas_Nwales	<i>(North Wales anaesthetic forum)</i>
@anaesthetists	<i>(Junior Anaesthetists of Wales)</i>
@WelshICS	<i>(Welsh Intensive Care Society)</i>
@airwaywales	<i>(All Wales Airway Group)</i>
@PAGW_secretary	<i>(Paediatric Anaesthetic Group of Wales)</i>
@ACCSWales	<i>(ACCS Training forum)</i>
@WalesDeanery	<i>(Welsh Deanery)</i>
@RCOA_T&E	<i>(Royal College of Anaesthetis Training and Exams)</i>

Remember that these are public forums and should be used appropriately according to the GMC's guidance on use of social media by doctors. Please also familiarize yourself with your health boards' social media policy.

Appendix: Who's who, and what's what.

Lucy Emmett & Jason Walker

Institutions:

The Welsh School of Anaesthesia: www.welshschool.co.uk

- Responsible for organising training within Welsh hospitals and ensuring each trainee meets the standards of the Deanery and College.

Royal College of Anaesthetists: www.rcoa.ac.uk

- The professional body of Anaesthetists in the UK, responsible for maintaining standards and patient care in Anaesthesia, Critical Care and Pain Medicine. Publishes the *British Journal of Anaesthesia*.

Association of Anaesthetists of Great Britain and Ireland: www.aagbi.org

- A professional membership organization concerned with education, safety and research in anaesthesia, as well as the professional aspects of the specialty and the welfare of individual anaesthetists. Publishes *Anaesthesia*.

Wales Deanery: www.walesdeanery.org

- In charge of commissioning, supporting and quality assuring medical and dental education in Wales.

Health Boards in Wales

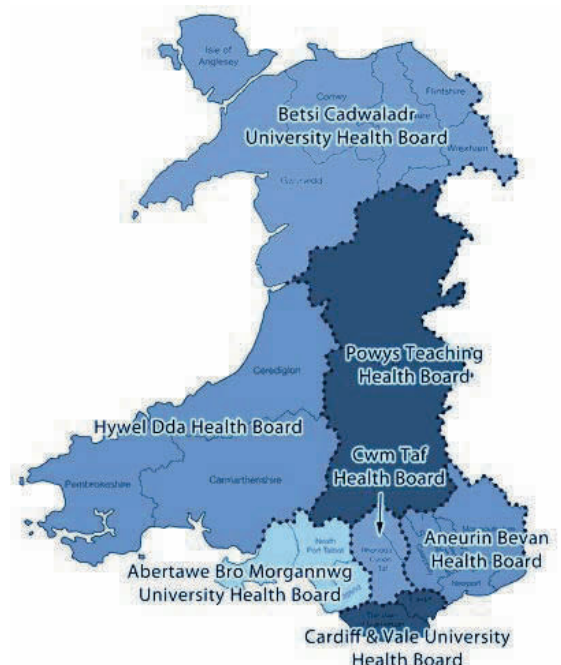
Often referred to as "Trusts," these are the organizations who run health services in Wales. There are ten of them:

All Wales Trusts:

- Welsh Ambulance Service
- Velindre NHS Trust (Welsh Blood Service, specialist cancer services, etc.)
- Public Health Wales

Local Health Boards:

- Aneurin Bevan Health Board
- Abertawe Bro Morgannwg University Health Board
- Cardiff & Vale University Health Board
- Hywel Dda Health Board
- Cwm Taf Health Board
- Betsi Cadwaladr University Health Board
- Powys Teaching Health Board.



Welsh School Contacts:

Head of School

Dr Eluned Wright eluned.wright@wales.nhs.uk

Regional Educational Advisors

REA in Anaesthetics

Dr Eluned Wright eluned.wright@wales.nhs.uk

Deputy REAs in Anaesthetics

Dr Kath Eggers kath.eggers@wales.nhs.uk

Dr Declan Maloney declan.maloney@wales.nhs.uk

REA in Intensive Care Medicine

Dr Matt Dallison matthew.dallison@wales.nhs.uk

REA in Pain Medicine

Dr Sonia Pierce sonia.pierce@wales.nhs.uk

Training Programme Directors

Specialist Training Programme Director

Dr Sarah Harries sarah.harries2@wales.nhs.uk

Core Training Programme Director

Dr Caroline Evans caroline.evans5@wales.nhs.uk

ACCS Programme Director

Dr Rachel Walpole rachel.walpole@wales.nhs.uk

Deputy Programme Directors

Dr Mark Knights (North) ... mark.knights@wales.nhs.uk

Dr G. Lilley (South).....graemejames.lilley@wales.nhs.uk

Other Roles

Lead for Educational Supervision

Dr Vimla Victor vimla.victor@wales.nhs.uk

Recruitment Lead

Dr Caroline Evans caroline.evans5@wales.nhs.uk

Lead For Less Than Full-Time Training (LTFT)

Dr Eleanor Lewis eleanor.lewis3@wales.nhs.uk

Deputy LTFT lead

Dr E. Boucher.....elizabethkaty.boucher@wales.nhs.uk

Careers Advisor

Dr Caroline Evans caroline.evans5@wales.nhs.uk

Quality Assurance Lead

Dr Declan Maloney declan.maloney@wales.nhs.uk

Performance Lead

Dr Tracey Wall tracey.wall@wales.nhs.uk

Specialty Training Manager (all recruitment queries)

Lisa Bassett bassettl@cardiff.ac.uk

Specialty Manager for ARCP queries

Emma Ballinger..... ballingerEL@cardiff.ac.uk

Trainee STC Representatives

Core Trainee Rep

Dr Lucy Emmett lucyemmett@doctors.org.uk

Intermediate Rep

To be advertised

Higher and Advanced Trainee Rep

Dr Jon Holland jonholland7@gmail.com

