

Anaesthesia and Critical Care Practitioners – Threat or Opportunity to Anaesthetic Trainees?

After months of discussion, and delays due to difficulties in recruitment, the “pilot study” of Anaesthesia and Critical Care Practitioners has quietly commenced at 5 sites in England. I use the term “pilot study” advisedly as this term lends scientific credence to a project that, since its inception, has been evolving somewhat on the hoof. Essentially there are three strands. First is the development of a curriculum for training, with theoretical and apprenticeship components. This is ongoing. Second, two trusts have employed qualified, non-physician, anaesthetic practitioners from Switzerland to examine how they might integrate into the department’s delivery of anaesthetic services. In the third strand another three trusts have employed UK-recruited trainee ACCPs and are trialling their training.

GAT has a seat on the Stakeholder Board (responsible for the strategic

development of the project) which enables us to raise issues and concerns about aspects of the project that may affect trainees and their training. One of our concerns is to ensure that training of anaesthetists is not compromised by the introduction and training of ACCPs. The Board consists of members from the RCA, AAGBI, DoH, Society of Operating Department Practitioners, and National Association of Theatre Nurses, as well as members representing the public. Both the RCA and the AAGBI felt it important to become heavily involved for many reasons, not least because anaesthetists will directly supervise ACCPs. The project was initially under the aegis of the Modernisation Agency (MA) at the DoH, but is now being led by the Royal College of Anaesthetists. This is a source of some relief, as the MA appeared to have barely considered any potential impact of the ACCP role on trainees and certainly had not included any assessment of this in their pilot feedback

templates. Trainees should be able to feel more confident that the RCA will protect their training.

What are the potential risks and benefits to trainees in departments that plan to trial ACCPs? The obvious perceived risk is that trainee ACCPs will be competing for training opportunities with trainee anaesthetists. Given the likely remit of ACCPs to be involved in the management of ASA 1–2 patients, it is probable that SHO training would be most threatened. On the other side of the coin, more senior trainees could gain valuable experience in teaching trainee ACCPs, both in the classroom and in theatre. It would also provide opportunities for them to start to learn the difficult, intangible skill of (not very) distant supervision.

So far we have visited two of the five sites and plans are afoot to visit the other three. Initial feedback from trainees at

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Are you ready for some more interesting information in a box?

Members of the GAT committee continue to be busy little bees. With the summer here and minds wandering to sunnier climes, how about organising work overseas? Well we have given it some thought; John Dick and Karen Kerr have edited the Guidance for Trainees on ‘Organising a Year Abroad’ handbook. The handbook is available electronically on the website: www.aagbi.org and I can personally verify that all email addresses contained are correct.

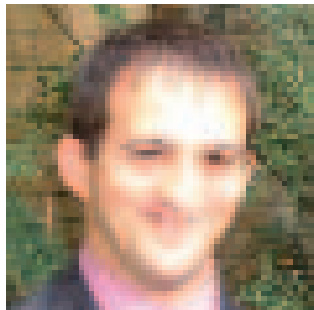
New to the handbook are links to the Foreign and Commonwealth Office (access to the latest government information on where is safe) and one website finds all for High Commissions/Embassies and World Medical Associations. We have updated information on our examples of places to go, based on the experiences of the GAT committee members, and there are some words of wisdom on hot topics such as SARS.

I will remind our readers that this handbook is there to help trainees, so if you have worked abroad and have advice or information that you think would benefit other trainees, then please share. You could get your name in print.

Remember to keep an eye out on forthcoming seminars. Those proving very popular, such as the Consultant Interview, we are attempting to run more frequently than once a year. John Dick has organised Working Abroad and, taking a leaf from his own seminar, Neville Hutchinson has taken the lead and organised one on Leadership in September.

Remember we are here to represent you so, if you have any questions or queries, do not hesitate to contact us. If we can’t give you an answer, we will know someone who can.

Karen Kerr



these two sites (one with overseas ACCPs, one with trainee ACCPs) indicates that no SHOs are missing training opportunities and no trainees have experienced a reduction in consultant-led training lists. One SpR has been involved in supervising an ACCP list. Of the trainees who were present before the ACCPs, none had been told of their imminent arrival, nor offered reassurance regarding their training. Now that the project is up and running, one site has a mechanism for trainee input into the formal departmental discussions about it. The other does not, but this is going to change as a result of our visit. One of the sites recognised that, with the trainee ACCPs requiring similar training lists to SHOs, they were getting close to saturating their training capacity. We were encouraged to discover that, because of this, the consultant anaesthetists of the department had decided not to participate in the next phase of the scheme (which will involve training a larger number of ACCPs). In this department, SHOs are given priority over the trainee ACCPs when teaching lists are being allocated.

At this very early stage then, it appears that anaesthetists' training is being safeguarded at the two pilot sites we have visited. Right now, there are so few ACCPs in the country that there is no impact on our training, but we must ensure that this remains the case as the numbers of ACCPs expand. Many Trusts have expressed interest in training ACCPs and it will fall to departments to ensure that they do not compromise junior anaesthetists' training by saturating their training capacity, a potential problem that the RCA will be well placed to police. Where a Trust is going to take on ACCP training, we would like to see anaesthetic trainees represented in departmental discussions on aspects of ACCP training which either might impact on trainees, or with which trainees can become involved.

Most of us aim to be consultants at the end of our training and may be directly involved with the supervision of ACCPs. It is therefore important that we express our views now to ensure both anaesthetic trainees and ACCPs receive appropriate training.

Sara Hunt
Simon Whyte



THE ASSOCIATION OF ANAESTHETISTS
of Great Britain & Ireland

RESEARCH FELLOWSHIP

Applications are invited for a Research Fellowship tenable for up to 2 years

Further information and application forms are available from the Association website:
www.aagbi.org

or Carol Gaffney, Association of Anaesthetists of Great Britain and Ireland,
Direct Line: 020 7631 8812, or email:
carolgaffney@aagbi.org

Closing date for applications: 15 October 2004

Association Educational Awards are only open to members of the Association of Anaesthetists of Great Britain and Ireland

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10th Oxford Difficult Airway Workshop

Academic Street,
John Radcliffe Hospital,
Headington, Oxford
Tuesday 28 September 2004

The Difficult Airway Workshop is for trainees and consultants wishing to refresh and update skills in managing patients with a difficult airway.

The course aims to discuss the management of the anticipated and unanticipated (including the can't intubate, can't ventilate) scenarios.

There are lectures, videos and interactive discussions, and over 2 hours of hands-on workshops to re-enforce the theory, and to refine manual dexterity.

The workshops cover a wide range of fibre-optic assisted techniques, ILMA and trans-tracheal access. There is a high faculty to delegate ratio (1:3) to allow maximum opportunity to interact and interrogate the faculty.

Included in the registration fee are refreshments, a course manual, and lunch.

Course organisers - Dr Mansukh T Popat and Dr Stuart W Benham

Registration fee - £150 Recognised for 5 CEPD points

All enquiries - Marguerite Scott, Nuffield Department of Anaesthetics,
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Telephone 01865 221590

Cheques to be made payable to 'Oxford Difficult Airway Group'