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MMC proposals arise from the Government's 'Unfinished Business'- a document that was published in response to concern about the quality of training and experience gained by SHOs. The Government proposal is to replace the PRHO and first SHO year with a 2-year foundation programme for ALL doctors, immediately following graduation from medical school. This foundation programme will eventually be followed by a seamless/run-through grade that will last for a 'fixed number of years', after which one will be awarded a CST (Certificate of Specialist Training), replacing the CCST.

The overall aim is to 'streamline training'. This streamlined training may then necessitate 'supraspecialisation'. (Is this the sub-consultant grade being introduced by the back door?)

The foundation programme, which is already being piloted 'in a hospital near you', is due to be rolled out in August of this year, and consists of 2 years of general training through a series of placements in a variety of specialties. Four 3-month blocks are envisaged (not dissimilar to the Australian system).

FY1 will be similar to the PRHO year, while FY2 will encompass generic training competencies applicable to all areas of medicine. One of the main focuses will be the assessment and management of the acutely ill patient (hopefully this is good news for us).

Trainees will have to demonstrate, by the end of the programme, that they have obtained a range of competencies. They will be assessed using the following tools:

Clinical Evaluation – these will be 15min 'snapshots' of doctor/patient interaction, assessing clinical skill, attitude and behaviours. There will be 6 per year and each will use a different assessor.

DOPS – direct observation of procedural skills. Again, six per year, with different observers. But the trainees will choose the timing, the procedure and the observer. This begs the question of the objectivity of this exercise!

Peer Assessment – feedback from co-workers and self-assessment. 2 per year.

Case Based Discussion.

Overall there appears to be more input and opportunity for discussion than at present, but I can find no mention of how any problems thrown up by these assessments will be addressed and corrected. At the end of FY2, trainees will either pass or fail. Those who fail will have to repeat the WHOLE of year 2.

Trainees will then progress to a seamless training/run-through grade in a chosen specialty. The intention of this is to reduce the number of SHOs who get 'stuck' at this level waiting to get on an SpR programme. The Government foresees that the foundation years will 'enable doctors to be placed in areas that are under-doctorised (sic) or under-specialised'. If this means that trainees will be unwillingly placed in specialties that are 'under-doctored', this could and probably would result in under-motivated trainees trying to pursue a career for which they are not suited.

Entry into this grade will be with open competition and may be via a system similar to the old UCCA clearing system. The idea will be to cut down on the number of applications trainees have to make to each deanery. Entry will be once a year in August.

The year following the two foundation years is, at present, contentious. Most Royal Colleges feel it will be difficult for selectors to determine drive and aptitude towards a chosen specialty if the trainee has had no exposure to the

GAT PAGE COMPETITION

If you would like to publish an article in Anaesthesia News then this might be your chance. We are holding a competition for trainees to write a short piece on any subject that they think would be of interest to other trainees and suitable for publication in this journal. An independent panel will judge entries and the winner will see their article in print later this year. Send your articles to gat@aagbi.org by June 30th.



specialty. Bear in mind that selection into a run-through grade effectively means that you are recruiting a particular trainee to become a consultant in the specialty after only two years in medicine. Selection criteria will have to be rigorous, and at present it is unclear that any specialty has such a process in place.

All the Colleges are looking at how specialty training can be adapted to meet the challenges of MMC. PMETB will have to approve curricula and decide what is 'acceptable training and competence'.

With the introduction of EWTD and subsequent expansion of the SHO grade to 'cover rotas', there are many more SHO posts than there are SpR numbers. One of the aims of the foundation year programme is to provide all doctors entering it with access to seamless training jobs. The implication is that a large number of SHO jobs will be lost. The service implications of keeping a rota EWTD compliant have yet to be addressed.

At present the RCOA has no plans to revise the examination structures with the introduction of the run-through grade. PMETB has promised 'for the time being' that the time taken to obtain a CST will be NO SHORTER than that for CCST, and that 'any decision to shorten training would only be taken after thorough consideration of the implications'.

Other problem areas with the implementation of MMC include issues around the extra burden on consultants to train this new generation, who may only spend 3-4 months in the specialty – to what level do you train them? During their time in the foundation years it is unlikely that they will be able to contribute to on call rotas as, just as they achieve their competencies, they will 'move on'. How much strain this will put on covering the rotas remains unclear.

There is also concern that trainees will be making ultimate career choices very early in their careers and may not be in a position of 'clinical maturity' to do so.

Finally, it is envisaged that not everyone passing through the training programme will be successful. What to do with those who fail has yet to be resolved. We need to ensure we do not produce exactly what we are trying to stop; that is

another group of junior doctors who have failed to gain competitive entry into one specialty, and cannot gain entry into any other. What will they do then? A trust grade post in a service role at junior level?

Although many aspects of MMC are a marked improvement to training at present, there remain large areas where potential problems have not been adequately addressed. Interesting times lie ahead, but it is of utmost importance that we continue to recruit trainees with enthusiasm and aptitude for the job, and that we continue to train them to the highest standards.

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