



SHO SURVIVAL GUIDE

Sensible advice from
the GAT Committee

Published by
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1. Introduction

Although medical students are spending more time with anaesthetists than in the past, and there are now pre-registration house officers in the specialty, anaesthesia remains essentially a postgraduate specialty. Many of you will therefore be entering uncharted territory. The Group of Anaesthetists in Training (GAT) Committee has decided to produce this booklet as a rough guide to the Senior House Officer (SHO) years. It is intended as a brief résumé of the basics, along with helpful hints that may smooth your passage to the lands beyond.

It must be emphasised that advice contained herein is not to be followed slavishly but seasoned to taste and digested before being allowed to pass through the system.

Top Tips appear in red. These are the priceless nuggets of advice carefully distilled from hundreds of years of accumulated experience.

2. The Association of Anaesthetists of Great Britain and Ireland and the Group of Anaesthetists in Training

The Association of Anaesthetists of Great Britain and Ireland (AABGI) was established in 1932 *"to promote the development of anaesthesia; to co-ordinate the activities of anaesthesia; to represent anaesthetists and their interests; to encourage friendship among anaesthetists"*. It was responsible for the development of the Faculty of Anaesthetists of the Royal College of Surgeons in 1948. This led ultimately to the formation of the separate College of Anaesthetists, which received its royal charter in 1992.ⁱ

The Group of Anaesthetists in Training (GAT) was established as the Associates in Training Group in 1967, the first single-specialty trainee representative body in the country. In 1971 it became the Junior Anaesthetists Group, before changing its name to GAT in 1991. All trainee members of the Association are automatically members of GAT, and all members of GAT are given the opportunity to nominate and vote for members of the GAT Committee.

Besides organising the GAT Annual Scientific Meeting (ASM) each year, the Committee represents trainees' views on most working parties and committees at the Association and the Royal College of Anaesthetists, as well as their Councils. There are also links with the BMA and the Department of Health. It runs a number of seminars aimed primarily at trainees and produces two handbooks (see below).

Reasons for joining the Association

Membership to the Association is extremely good value thanks to tiered subscription rates (see the pull-out application form in the middle of this booklet). On joining the Association you automatically become a member of the Group of Anaesthetists in Training (GAT) with the following benefits:

- Up to £1 million of free personal accident insurance to cover you during any off-site work such as ambulance transfers

ⁱ See the history pages of the Association and College websites

- Monthly copy of the international journal *Anaesthesia*
- Monthly copy of the Association's *Anaesthesia News*
- Reduced prices for seminars run by GAT and the Association
- A copy of the latest edition of the indispensable *GAT Handbook*
- Reduced conference fees for the annual GAT and twice-yearly Association Scientific Meetings
- All 33 of the Association's famous glossy *Guidelines* can be obtained free of charge
- *The GAT Organising a Year Abroad Handbook* is available free of charge
- Availability of a large number of prizes, awards and grants to help advance your career
- Professional advice and support
- 24 hour 'Sick Doctor' scheme

We would draw your attention to the first item on the above list. When carrying out any work 'off-site', e.g. ambulance transfers, you are no longer covered by the Trust's insurance scheme.

See www.aagbi.org/insurance_policy.html for more details.

GAT operates a Linkman Scheme. Currently this consists of a senior trainee in each Region or School who is usually already involved in representing trainees, for example on the Specialty Training Committee or School Board. They are there to act as a conduit for information to and from the GAT Committee. For more details of what they do and who they are, see the GAT website (www.aagbi.org/trainee.html).

3. Pre-job checks

Starting a new job is usually stressful. Causes of stress include not knowing your way around, not knowing the people you'll be working with, and not knowing what you will have to do when you get there. With this in mind, there are some simple things you can do to ease yourself into the new environment.

Your new department should forward an induction pack before you start and it is worth reading this through a couple of times. It is perfectly reasonable to ask for an induction pack if you have not received one and you might even combine this with a visit to the department. **Take the opportunity to meet the administrative staff and find out about booking of study and annual leave. Once you have formally accepted a job you should be entitled to apply for leave.** Although you will be shown around on your induction day, if you time your visit around lunchtime you may be able to spend time talking to the present incumbent of your post.

You will already be familiar with the administrative requirements for starting work in a new Trust. However it is worth checking in plenty of time, rather than the night before, that you have your registration Certificate from the GMC, your immunisation records, your medical indemnity cover, your degree certificates and your **p45**. You will be required to fill in a Staff Transfer Form which is then completed by your current Trust, before forwarding to your new Trust's Salary and Wages Department. The late arrival of these is a notorious reason for incorrect payment at the end of your first month in the new Trust, so sort them out in plenty of time ie at least a month. Some places require **passport-sized photographs** for medical records and security passes.

People are often unsure of the differences between crown indemnity provided by the NHS Trust and what medical defence organisations have to offer. Whereas crown indemnity will cover you for negligence claims incurred during your work in the Trust, the defence organisations will actually support you by representing your interests at Fatal Accident Inquiries, Coroners' Inquests, hearings at the GMC, *etc*. The GAT committee and the Association of Anaesthetists consider it essential to maintain personal medical indemnity cover with a medical defence organisation. For further information, write to the organisations listed at the end of this booklet or visit their websites.

As an anaesthetist you will spend most of your working time in theatre scrubs.

This means changing when you get to work and putting your clothes in a locker. In most places you have to provide your own small padlock to secure the locker, so we recommend you purchase one before your first day as lockers tend to be issued on a first-come-first-served basis. You should also be issued with “theatre shoes” so know the European size you require. As a great deal of time is spent in these shoes, and as they’re not the most comfortable shoes in the world, many people bring in a new pair of trainers, or similar, to wear in theatres.

There is an increasing need for documentation during training, and the ultimate responsibility for this is your own. It may seem unnecessary to worry about such matters so far from one’s CCST, but as your CCST date approaches you will rue the day you decided to do it later. Before you leave any post you should ensure that you have a formal record of assessment and achievement from your educational supervisor. This also applies to posts held prior to starting formal training in Anaesthesia.

We recommend that you register with the Royal College of Anaesthetists as soon as possible.ⁱⁱ You will be sent a copy of *The CCST in Anaesthesia I: General Principles*, *The CCST in Anaesthesia II: Competency Based Senior House Officer Training and Assessment* and a copy of the college’s current educational programme. Read these documents, and re-read the sections that apply to your next job. By knowing what is expected you are in the best position to devise an educational plan with your educational supervisor when the job starts.

The conflict between service provision and training can at times be fierce, and as a trainee you must be prepared to act if your training requirements are unmet. Without knowing what training entails this is not possible and you are in danger of discovering the shortcomings of your training too late for them to be sensibly addressed.

“At the commencement of SHO training the trainee should create a Personal Training Record into which he/she places all documentation relevant to training, including details of assessments completed.”ⁱⁱⁱ

The backbone of training documentation is the logbook. Nearly all trainees

ⁱⁱ Contact your College Tutor

ⁱⁱⁱ *The CCST in Anaesthesia I – General Principles*, RCA July 2000

use an electronic version downloaded from the College website or copied from a disc in their department. There is also a version for palm-top computers that allows uploading of information to a desktop programme which can then perform searches and reports.

Trainees should be aware that such electronic documentation, if taken off the Trust premises, renders them liable under the Data Protection Act. Anaesthetists have been advised to register as Data Controllers with the Data Commissioner's Office if this applies to them.^{iv} The cost of this is an annual notification fee of £35, whereas being fined could cost up to £1000. Not only is £35 considerably less than £1000, it is also tax-deductible. Trusts have their own security and confidentiality policies, breaches of which can be a disciplinary offence.

Update your logbook and Personal Training Record as you go along, rather than now and again.

^{iv} See the September 2002 issue of **Anaesthesia News** for more details (available on the Association website). Also see the Information Commissioner's website at www.dataprotection.gov.uk

^v If, for whatever reason, you decide not to join the AAGBI, we recommend that you register your email address with GAT. This will allow us to communicate with you on matters of importance. See the GAT website for further details: www.aagbi.org/trainee.html

4. The first day

Your first day is for 'induction' into the Trust and the Department. As mentioned above, you should have your padlock with you **to secure a locker at the first opportunity**. If you haven't already, make sure you find out how the annual and study leave application processes work. Most departments have rules about how many trainees of each grade can be away at any one time, and a diary with current bookings that allows you to determine availability. Planning annual leave can be very frustrating. Ideally people who share an on-call rota consider the needs of the rest when booking leave, but inevitably a first-come-first-served system operates. **A key issue is whether the department requires prospective cover for study leave, annual leave, or both** (if so, you must swap any on-calls that fall within your leave period with someone else on the rota).

The Committee recommends booking leave for the GAT Annual Scientific Meeting without delay; it is very popular and places are limited. The programmes are of an extremely high standard, being tailoring to the interests of trainees at all stages of training. The meetings also provide a unique opportunity to meet with representatives of training programmes from around the country and beyond.

Every department with trainees has a College Tutor, who is responsible for overseeing training according to the guidelines laid out in the various training documents. You should arrange to meet them to discuss your training and formulate an educational plan. As suggested above, this is something you should have already thought about. Advice on study leave opportunities should be sought as soon as possible.

You will of course have your AAGBI application form from the middle of this booklet with you. An excellent way of meeting the consultants in your new department is to go around asking for signatures so you can send it off the same day.^v

Finally, each department will have access to information technology through which you can access the GAT website at the AAGBI (www.aagbi.org). **Find out how to do this** so you can keep yourself up to date by visiting the website at least monthly.

5. SHO training

Overview

Current requirements for completion of SHO training are as follows:

- A minimum of 2 years' training
- A minimum of 21 months' in anaesthesia
- A minimum of 3 months' in intensive care medicine
- A maximum of 1 year abroad
- 12 months' training in this country before being eligible to sit the Primary FRCA exam

The first six months

In the past you may have visited the theatre suite. As an anaesthetist you will come to regard this area as home, and surgeons, radiographers and others as visitors. It is a microcosm. You will spend most of your working hours within its boundaries so it is important to familiarise yourself with its workings. Try to learn the names of the people you'll be working with, especially the ODPs^{vi} as they will teach you many things and often guide you without your realising.

As an anaesthetist, safety is a prime concern. Your own safety needs to be considered in view of your regular contact with blood and other body fluids. Everyone is familiar with "universal precautions", but it is surprising how often people forget to wear gloves. If you are someone who hasn't routinely worn gloves when cannulating veins, especially perhaps "difficult" veins, **now is the time to make it a lifelong habit**. Given the large number you'll perform you'll soon get used to it.

Your patient's safety is also your duty^{vii}. You will learn the necessary skills and knowledge during your training, but when working in an unfamiliar environment we recommend **locating the nearest defibrillator and emergency drugs, including dantrolene**.

^{vi} ODP stands for Operating Department Practitioner. You will however notice that they are often referred to as ODAs. This stands for Operating Department Assistant, which was the title used in previous years.

^{vii} **Good medical practice**, GMC 1998.

Many SHO's who are new to Anaesthesia find it frustrating during the first few weeks of work. Having been competent to work independently after qualification, you find yourself back at the beginning learning the basics under constant supervision. Knowing what it is expected of you enables you to focus on what needs to be achieved, rather than feeling all at sea with nothing on the horizon.

The initial assessment of clinical competency

The first hurdle of SHO training is the 'initial assessment of clinical competency'.^{viii} Until this is completed you should have immediate supervision at all times.^{ix} It consists of five parts: preoperative assessment; general anaesthesia for ASA 1 or 2* patients with associated equipment checks; rapid sequence induction; cardiopulmonary resuscitation skills; and clinical judgement, attitudes and behaviour. The College envisages that most trainees would pass this assessment after three months, and certainly by six months of training.

Going Solo

Going solo seems sudden but is actually reached by degrees. Initially you'll be 'solo' with the person supervising you in the same room. Later that person will be in the 'coffee room' at the end of the corridor. Before long they'll be 'in the hospital' and then out through the door 'at home'. Even then, most hospitals have resident SpRs who can provide 'supervision' in times of need.

^{viii} See *The CCST in Anaesthesia II: Competency Based Senior House Officer Training and Assessment*, RCA July 2000. Section 2 and Appendix 1.

^{ix} *The CCST in Anaesthesia I – General Principles*, RCA July 2000. Section 4.

^x ASA grade refers to the level of co-morbidity a patient has. ASA 1 is fit and healthy. ASA 2 is co-morbidity that doesn't interfere with daily living. ASA 5 implies the patient is moribund and not expected to survive. ASA 6 is sometimes used for brainstem dead organ donors.

^{xi} Some departments operate a mentoring scheme. This pairs a trainee up with a consultant who provides pastoral care during the trainee's time with the department.

The key thing is to **know who to contact and how**; can you just shout or will you need their mobile 'phone number? More importantly, you shouldn't begin anything you feel unhappy about. **If you find yourself wondering whether or not to contact someone senior, you almost certainly should do so.** It is often during normal working hours when such lines of communication become blurred, so try to get into the habit before starting a list on your own of finding out who you should contact if you have a problem, and how.

Speak to any trainee and they will recount a story of being "forced" to take on something they felt inexperienced to do. A common example is the transfer of a critically ill patient to another hospital. While we all have to do things for the first time at some point during our training we should always have the choice of not doing it if we feel it is in the patient's best interests. If you find yourself in such a situation don't hesitate to voice your concerns. If you are working with an SpR, tell them, otherwise inform the consultant on duty. If you still feel unhappy, then you may have to contact either your mentor^{xi}, College Tutor, the Head of Department, or simply another consultant with whom you get on well.

Finally, it is worth mentioning here that the BMA runs a service for doctors who are the victims of bullying,^{xii} and the Association has a 24 hour confidential 'Sick Doctor' scheme for anyone in need of help.

^{xii} BMA Counselling Service for members and their families. Tel. 0845 9200 169

6. The rest of SHO training

Continuing Appraisal and Assessment

Before a trainee can take up a post on an SpR programme they must have:

- "...a) passed all the workplace assessments*
- ...b) demonstrated reasonable attitudes and behaviour*
- ...c) passed the Primary FRCA or an exempting examination."*

There are ten workplace assessments to get signed up. These are outlined in section 3.1 of *The CCST in Anaesthesia II: Competency Based Senior House Officer Training and Assessment*. Along with passing the Primary exam (see below), these will be the core aims of any educational planning. Besides these formal assessments, you should also have regular appraisals to discuss matters 'in the round'. Both you and your college tutor should maintain formal records of both appraisals (that they have taken place) and assessments.

Intensive Care

Intensive care medicine (ICM) is an integral part of training in Anaesthesia, with all trainees having to complete 3 months at the SHO level and a further 6 months during the Specialist Registrar years. However, some trainees may be interested in dual accreditation, achieving a CCST in both Anaesthesia and ICM. *Anyone interested in ICM should contact the Intercollegiate Board for Training in Intensive Care Medicine (IBTICM) Educational Supervisor in their hospital, or failing that the IBTICM Regional Adviser, as soon as they can, to obtain more information.*

Attention must be drawn to the fact that trainees must complete at least 21 months of training in anaesthesia before they are eligible to apply for an SpR post. On some rotations, it is possible to end up doing 3 months ICM during a year at one hospital, and arrive at the next hospital to find that you are down to do another 3 months of ICM. Should you find yourself in this situation, we advise you take the matter up with your College Tutor or Regional Adviser as soon as possible.

7. The Primary FRCA Exam

The exam is a mountain to be climbed. Visible for miles, with the passage of time it comes to dominate the horizon. People tackle it in different ways. Some prefer to start early and amble up the gently- sloping south ridge. Others wait until it looms above them, leaving no choice but to attempt the daunting and precipitous north face.

Whichever style you adopt, attending one of the many courses prior to an attempt on the summit is commonplace. Ask around to determine which course will suit you best.

Equipment also needs to be chosen. There are libraries and shops full of books. Again, ask around and try out what's on offer before committing yourself. As with any important equipment, don't find yourself wondering how it works the day before you need it. Allow yourself to become familiar with it over time.

There exist a number of websites aimed at or of use to the budding FRCAist. See the GAT website for links, www.aagbi.org/trainee.html.

We recommend the gently-sloping southerly approach, as the north face is dangerous and higher than it seems.

8. Getting an SpR Number

For most of you, your SHO training is the path to Specialist Registrar (SpR) jobs and a National Training Number (NTN). To be able to take up an SpR post a trainee must have:

- passed all the workplace assessments set out in *The CCST in Anaesthesia II: Competency Based Senior House Officer Training and Assessment*
- demonstrated reasonable attitudes and behaviour and passed the Primary FRCA examination

This is the minimum requirement and unhelpful in answering the question "How do I get an SpR job?". So what else might be useful to help you stand out during the selection process?

Word-processing your application form is a good place to start. Having a clearly set out curriculum vitae is another obvious tip. **Rather than doing your CV during the week that it has to be sent off, update it regularly every six months.** More importantly, however, are the contents of these important documents, and to influence this requires forethought.^{xiii}

The big things that tend to impress selectors are research and publications. This is mainly because many candidates are otherwise similar, and it is rare to have published something as an SHO. **The easiest thing to get published in a peer-reviewed journal is undoubtedly a letter.** Find an interested consultant and press-gang them into helping you find a suitable topic. Scan the journals yourself for anything that you or the department are interested in. Start sending off letters. Once you've joined, the Association's Scientific Journal *Anaesthesia* would be an obvious place to start!

Research is more difficult because of the time required to produce anything substantial. If you are lucky enough to persuade someone to let you get involved in a project that is already up and running, check whether they intend including you as one of the authors. You might consider presenting

^{xiii} See the ***GAT Handbook 6th Edition***, AAGBI, London 2003, for more useful tips on preparing your CV.

your paper at the GAT Annual Scientific Meeting where the *Registrar's Prize* is awarded based on an adjudication of the six best entries.

There is more to publishing than just primary clinical research. Case reports are worth considering whenever you find yourself involved with a rare or unusual case. Articles on topics of interest can also be sent to both *Anaesthesia News* (via the GAT Committee for consideration for the GAT page) and the *College Bulletin* for example. GAT has a *History Essay Prize*, also awarded annually at the Scientific Meeting.

Audit projects are often underrated as ways to impress, especially as a good one might actually be publishable! This is more likely to be the case if you cover something "topical" or currently controversial and include some literature review and discussion. Given that audit forms an essential part of both SHO and SpR training, it would only require a little more thought and effort than you would otherwise be making. Furthermore, GAT issues an *Audit Project Prize* at the Annual Scientific Meeting each year.

Many co-competitors will have done courses such as ALS, ATLS, PALS, APLS, etc., but if you are a trainer on such a course this will flag you up as someone special. Unfortunately many such courses only allow you to become instructors if you are in the SpR grade!

It is generally the case that gaining experience in other specialties prior to entering Anaesthesia is a good thing. If you are considering a career in Intensive Care Medicine it may be a prerequisite. Don't forget to mention the training and experience gained in such jobs, including courses attended, etc.

Finally, there are other aspects to your career that may not seem relevant at first sight. These include any positions of responsibility you may have undertaken outside of medicine, such as organising an event or involvement with charity work. In some regions having worked abroad in medicine gains you points in the shortlisting process.

FINAL CHECKLIST

We hope that the information contained within this guide proves useful for your future anaesthetic career.

So , remember to:

- FILL IN THE FORM AND JOIN THE AAGBI
- REGISTER WITH THE ROYAL COLLEGE OF ANAESTHETISTS

Essential Reading

- The GAT Handbook – 6th edition. AAGBI, London, 2003.
- The CCST in Anaesthesia I – General Principles, RCA July 2000
- The CCST in Anaesthesia II: Competency Based Senior House Officer Training and Assessment, RCA July 2000

Abbreviations

AAGBI	- Association of Anaesthetists of Great Britain and Ireland
ALS	- Advanced life support
APLS	- Advanced paediatric life support
ATLS	- Advanced trauma life support
ASA	- American Association of Anesthesiologists
BMA	- British Medical Association
CCST	- Certificate of Completion of Specialist Training
GAT	- Group of Anaesthetists in Training
GMC	- General Medical Council
IBTICM	- Intercollegiate Board for Training in Intensive Care Medicine
ICM	- Intensive Care Medicine
ODA	- Operating Department Assistant
ODP	- Operating Department Practitioner
PALS	- Paediatric advanced life support
RCA	- Royal College of Anaesthetists
SHO	- Senior House Officer
SpR	- Specialist Registrar

Useful Information

Association of Anaesthetists of Great Britain and Ireland
21, Portland Place
LONDON
W1B 1PY
Tel 0207 631 1650
Fax 0207 631 4352
www.aagbi.org
e-mail: info@aagbi.org

The Royal College of Anaesthetists
48-49 Russell Square
LONDON
WC1B 4JY
Tel. 0207 908 7300
Fax. 0207 813 1875
www.rcoa.ac.uk
e-mail: info@rcoa.ac.uk

The Intercollegiate Board for Training in Intensive Care Medicine
(The Secretariat is located at the Royal College of Anaesthetists)

The College of Anaesthetists
Royal College of Surgeons of Ireland
22 Merrion Square
DUBLIN 2
Tel. 353 1 661 4412
Fax. 353 1 661 4374
www: www.coairl.org
e-mail: anaes@rcsi.ie

British Medical Association
BMA House
Tavistock Square
LONDON
WC1H 9JP
Tel. 0207 387 4499
Fax. 0207 383 6400
www: www.bma.org.uk
e-mail: info.web@bma.org.uk

Medical and Dental Defence Union
of Scotland
Mackintosh House
120 Blythswood Street
GLASGOW
G2 4EA
Tel. 0141 221 3663
Fax. 0141 228 1208
www: www.mddus.com
e-mail: info@mddus.com

Irish Medical Organisation
10 Fitzwilliam Place
DUBLIN 2
Republic of Ireland
Tel. 01 676 7273
Fax. 01 661 2758
www: www.imo.ie
e-mail: info@imo.ie

Medical Protection Society
33 Cavendish Square
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W1G 0PS
Tel. 0845 605 4000
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e-mail: info@mps.org.uk

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e-mail: mdu@the-mdu.com



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