WHO IS THE ANAESTHETIST?

FOURTH EDITION

2010

THE GROUP OF ANAESTHETISTS IN TRAINING (GAT)
The Group of Anaesthetists in Training (GAT) is the body through which trainees in anaesthesia are represented at a national level. GAT is part of the Association of Anaesthetists of Great Britain and Ireland (AAGBI); every trainee member of the Association is automatically a member of GAT. This membership continues to grow year on year and currently stands at over 3500 individuals, representing over 70% of all trainees in anaesthesia in the UK and Ireland, and accounting for approximately one-third of the AAGBI membership.

The GAT Committee, elected by the members, represents the views and perspectives of anaesthetic trainees on the Council of the AAGBI and many other committees and working parties within the specialty. The GAT Committee also has representation on other national medical bodies such as the Anaesthetic Subcommittee of the Central Consultants and Specialists Committee and the Junior Doctors Committee of the British Medical Association (BMA). Information is relayed back to the membership primarily via the GAT website: www.aagbi.org/gat.htm

GAT has trainee representatives from all over the UK and has links with anaesthesia training bodies in Canada, Australasia and Europe. We strive as a group to maintain transparency and accuracy through our work, allowing trainees to make their own informed opinions on issues that will affect them as professionals both at the current time and in their future.

The AAGBI, with over 10,000 members, represents the interests of a very considerable majority of anaesthetists in the UK and the Republic of Ireland and, through its overseas membership, has close contact with many other countries. Education remains a prime objective and to this end it runs an extensive continued education programme open to both members and non-members. Rather than centre all activities at Portland Place, some of these sessions have been rolled out to regional centres, reducing a potential London bias. The AAGBI is also active in the promotion of original research.

Primary objectives:

• to promote the development and study of anaesthesia
• to promote and ensure the maintenance of the highest standards and provision of safe anaesthesia
• to foster research into anaesthesia and allied subjects
• to encourage and support worldwide co-operation amongst anaesthetists
• to represent and protect the interests of its members
The Royal College of Anaesthetists (RCoA) is the professional body responsible for the specialty of anaesthesia in the UK. Its principal responsibility is to ensure the quality of patient care through the maintenance of standards in anaesthesia, pain management and intensive care. The activities of the RCoA are varied and include:

- establishing the standards for the training of anaesthetists and those practising critical care and pain management
- setting and running examinations
- setting of standards of clinical care
- continued medical education of all practising anaesthetists
- promoting academic anaesthesia and research
- advising government bodies and the NHS on matters concerning anaesthesia
- educating and informing the general public about anaesthesia

The RCoA is run by an elected Council of anaesthetists, including two trainee members, who elect a President and two Vice-Presidents from amongst their members. A new TAG (Trainee Advisory Group) has recently been formed to enable indirect trainee representation at a College level.

Every hospital with anaesthetists in training has a College Tutor who can give advice on training. Information is relayed to members via the RCoA website (www.rcoa.ac.uk) and in the bi-monthly College Bulletin which can be downloaded.
WHO SHOULD READ THIS?

In recent times the pressure to fashion a career direction at an early stage has increased, with choices made at foundation level potentially playing a pivotal role in specialty choice. Gone are the days when a junior doctor could move between medical disciplines before finding a desired niche, often quite fortuitously. This guide is designed to help you make that choice. It is aimed at medical students and those doctors in the foundation years of training. By explaining what an anaesthetist does and the aptitudes, skills and resources that an anaesthetist needs, we hope that individuals will be able to make a more informed choice; a choice which will ultimately see them follow an exciting and rewarding path.

INTRODUCTION

An anaesthetist is so much more than a tool to inject drugs to send a patient to sleep, so much more than a surgeon’s handmaiden. The description of peri-operative physician is more pertinent now than even 10 years ago. With an increasingly sedentary and ageing population the range and prevalence of co-morbidity and pathology in our population is rising. As well as supplying optimal working conditions to allow surgical proficiency, we are detailed with management of chronic and acute medical and surgical ailments through the peri-operative period.

As an anaesthetic trainee you will feel like a valuable member of many teams. Your training will give you a sense of worth in many different situations: situations that you will be able to control and resolve. To succeed you will need to make the most of medical, surgical, pharmacological, investigatory and common sense skills. Anaesthetists are expected to have functional knowledge of a wide breadth of medicine and craft specialties. One day you may be performing a detailed transoesophageal oesophageal echocardiogram (TOE) examination in theatre on an elderly man with a prolapsed mitral valve, the next day resuscitating a young woman with Guillain-Barré Syndrome prior to admission to intensive care; variety truly is the spice of life!

WHERE CAN YOU FIND AN ANAESTHETIST?

An anaesthetist is not a generic beast. As a multi-skilled medical specialist we have far reaching roles in both acute and chronic patient care. By choosing a career in anaesthesia you are opening up a plethora of eventual job descriptions. The obvious place to look for us is in the operating theatre. You will also find anaesthetists of all grades on wards and in clinics and critical care areas with responsibility for the preparation of patients for surgical and medical intervention.
The anaesthetist also takes the lead in acute and chronic pain amelioration both through pharmacological and procedural intervention.

This diagram shows a floorplan of where you might find an anaesthetist within a hospital.

Traditionally the intensive care unit has been run by anaesthetists, and although there is increasing representation from allied specialties, the vast majority of career intensivists remain primarily anaesthetists. Our skill sets and knowledge base make us ideally placed to manage and deal with emergency and trauma situations in acute care areas and as such we are ever-present in hospital arrest teams. We play a big role in teaching and instruct other doctors and healthcare professionals on courses such as Advanced Trauma Life Support (ATLS), Advanced Life Support (ALS) and Advanced Paediatric Life Support (APLS). We teach concepts and skills of critical care management to medical undergraduates, foundation year doctors and surgical trainees as well as designing and overseeing clinical simulator sessions.

We understand the importance of best clinical practice under the umbrella of clinical governance. There are numerous academic teaching and research posts both in clinical and laboratory settings for us to continue to push forward our understanding of a fascinating specialty.
Beating, strangulation, bloodletting and asphyxiation have all been used as modes of surgical anaesthesia; thankfully in the 21st century things are different! The role of the anaesthetist is to permit necessary surgical iatrogenic trauma, removing patient pain, awareness, stress and morbidity. As you can imagine it is a little more complex than ‘big syringe, little syringe’.

The role starts with pre-operative assessment: during which a decision on suitability for the proposed procedure will be made; a decision which is made entirely by the anaesthetist. It allows identification of potential anaesthetic difficulties, optimisation of pre-existing medical conditions, quantification of mortality and risk and an opportunity to formulate a plan for operative care. The assessment enables the anaesthetist to establish a rapport with the patient, providing opportunity for explanation and discussion, allaying covert anxiety and fear. This may actually involve the anaesthetist working dedicated sessions in a pre-assessment clinic along with coordination of appropriate investigation and physiology testing via an exercise bike system known as CPEX.

Some patients will require further investigation and treatment; certainly there is significant overlap between the diagnostic and management skills of the anaesthetist with those of cardiology, renal and respiratory physicians.

Once the decision to operate has been made, the anaesthetist must plan his/her operative conduct. There is rarely a sole correct way of giving an anaesthetic, allowing some ‘artistry’ to be retained in what is predominantly a protocol and guideline led world of modern medicine. The way one individual gives an anaesthetic may vary markedly from that of another. Whilst the vast spectrum of hypnotics, analgesics and other drugs remains, this will continue to be the case. As long as the peri-operative outcomes remain uniform, ‘there is more than one way to bake a cake’.

The anaesthetist becomes the patient’s ever-watchful guardian: Induction, Surgery and Emergence: safety is paramount. After induction, the anaesthetist becomes the patient’s ever-present, ever-watchful guardian. The control of the patient’s airway, breathing and circulation are of particular importance. Close attention is paid to the patient’s condition during surgery and the anaesthetic is tailored to each patient’s needs. For complex operations it would not be uncommon to find an anaesthetist monitoring real-time cardiac function with a TOE, beat-to-beat invasive arterial blood pressures with a radial arterial line, brain activity with a BIS (Bispectral Index) monitor and whole blood clotting effectiveness with thromboelastography. At the end of the procedure, the anaesthetist is responsible for ensuring full recovery from anaesthesia in a safe environment as well as establishing good pain relief.

Not all patients need a general anaesthetic for their operation and anaesthetists are skilled at utilising regional techniques where only a discrete body region is
anaesthetised. The subspecialty of regional anaesthesia is expanding and diversifying rapidly. It is a technique using the infiltration of local anaesthetic around major nerves, roots or plexuses supplying an area or limb in order to produce numbness or analgesia. This may be important for day-stay patients or those considered at high risk for general anaesthesia; increasingly sophisticated techniques using real-time ultrasound are allowing greater precision and success, operations that were once the sole remit of the general anaesthetic being performed in awake or only lightly sedated patients. Nerve blocks are also used to provide peri-operative analgesia.

**Post-operative care:** safe postoperative planning and care is the anaesthetist’s responsibility and this may involve transfer to the intensive care unit or planning discharge medications for the patients to take home after their day case procedure. The same anaesthetist who uses the TOE one day may well be anaesthetising with just a face mask for rapid turnover day case procedures the next.

---

**SUBSPECIALTIES (SPECIAL INTEREST AREAS)**

One of the best things about a career in anaesthesia is the fact that there really is something for everyone. Anaesthetic subspecialties not only mirror other specialties, e.g. paediatrics, obstetrics, cardiac surgery and neurosurgery, but many have evolved in their own right, e.g. intensive care medicine and pain medicine.

Anaesthetists are a multi-talented group and consequently have many skills that can be applied in different areas. As a trainee that is great news because it means you can mould your career as you progress to meet your needs and skills.

**Intensive care medicine**

Most intensive care doctors in the UK have an anaesthetic background. The specialty of intensive care medicine is concerned with the management of patients with critical illness. Intensivists are experts at recognising organ system failure and the interaction between these systems. They are trained to support and treat such individuals. Anaesthetists have a detailed knowledge of respiratory physiology, together with that of other systems, and an in-depth understanding of pharmacology and monitoring techniques. To this end they have a perfect skill-set to work in a critical care environment. Ethics, communication and a firm understanding of principles of palliative care form a huge part of the ITU skill base. Effective and sensitive communication with families is absolutely essential in times of extreme stress associated with loss of loved ones.

Management of patients for retrieval of organs and tissue continues to grow in importance throughout the UK as the demand for transplant services intensifies. Anaesthetists in certain units will regularly perform anaesthesia and invasive procedures necessary to assess and harvest organs in theatre.
Today there are many avenues through which intensive care medicine can be approached, but anaesthetic skills such as protection of the airway and support of the circulation will always remain essential. Anaesthesia is the only specialty in which experience in intensive care is an integral part of the training programme. Although there are multiple base specialties through which one can become an intensivist, the majority of currently advertised consultant posts in the UK are for anaesthetists with allied intensive care qualifications.

**Resuscitation and trauma management**

Anaesthetists are core members of major trauma teams and much of their out-of-hours commitment involves initial resuscitation of trauma victims in the emergency department followed by safe transfer to theatre. Recognition and immediate management of those patients who will require high dependency or intensive care are core skills. Knowledge of the fundamentals of cardiorespiratory manipulation enables anaesthetists to stabilise the most severely unwell patients and oversee their management.

Anaesthetists are also involved in the transfer of critically ill patients over long distances by land and air, very often being the only medical personnel present. Many paediatric intensive care units provide retrieval teams using personnel specifically trained in the management and transport of critically ill children.

The skills and experience of anaesthetists make them eminently suitable to offer medical cover at sporting events, e.g. motor racing and contact sports. Here, anaesthetists have the opportunity to meet and work with other people from differing backgrounds. As within the hospital, anaesthesic trainees are useful outside in a variety of areas, allowing varied and often unusual extra-curricular work opportunities.

**Obstetrics**

Approximately 60% of women giving birth are likely to come into contact with an anaesthetist in some capacity. Anaesthetists see women in antenatal assessment clinics in which methods of pain relief, anticipated anaesthetic problems or special requirements can be discussed.

Anaesthetists provide analgesia for labour, often in the form of epidurals, as well as anaesthesia for surgical procedures such as caesarean sections. Mortality and morbidity statistics clearly demonstrate that the presence of anaesthetic support on the delivery suite has been accompanied by a reduction in perinatal disasters. Moreover, with the caesarean rate in some units within the UK reaching 30%, anaesthetists will remain ever-present. Busy tertiary obstetric units will have resident anaesthetists 24 hours a day dedicated solely to maternal management.
In addition, obstetric anaesthetists play a leading role in the running of obstetric high dependency units for mothers with significant co-existing disease, e.g. cardiac or respiratory conditions, or for those whose birth experience has been complicated by, for example, massive haemorrhage.

**Paediatric anaesthesia**

Paediatric anaesthetists are highly specialised hospital doctors; they have undertaken at least one extra year of sub-specialisation in paediatric anaesthesia. The restructuring of the NHS services in recent years has produced far fewer hospital centres offering paediatric surgical and critical care facilities. A paediatric anaesthetist does not need to have passed the RCPCH (paediatric medicine fellowship) to be eligible for a post but will gather necessary skills and knowledge through specific placements during their training.

**Cardiac and thoracic anaesthesia**

Much like a paediatric anaesthetist, a cardiac anaesthetist is not required to train first as a cardiac surgeon or cardiology physician. Every trainee will get a taster of what cardiothoracic anaesthesia entails in CT1-2, but a trainee intent on a cardiothoracic career will complete six months to a year of additional training as an ST5-7. Most consultant cardiothoracic anaesthetists in the UK practise mainly adult cardiac anaesthesia, but many combine this with adult thoracic anaesthesia or paediatric cardiac anaesthesia. In most units, the cardiothoracic anaesthetists also provide medical cover for a dedicated cardiac intensive care unit.

**Pain management**

The Faculty of Pain Medicine is the professional body responsible for the training, assessment, practice and continuing professional development of specialist medical practitioners in the management of pain in the UK. It supports a multidisciplinary approach to pain management informed by evidence based practice and research. The Faculty came into being in April 2007 and is currently part of the Royal College of Anaesthetists.

Pain medicine describes the work of specially qualified medical practitioners who undertake the comprehensive management of patients with acute, chronic and cancer pain using physical, pharmacological, interventional and psychological techniques in a multidisciplinary setting.

**Acute**

Acute pain management is the bread and butter of all anaesthetists who work to relieve operative pain. A working party in 1990 which revealed that postoperative pain was being managed extremely poorly led to the establishment of anaesthetist-led acute
pain teams. Increased awareness of the armamentarium of analgesia at the disposal of the anaesthetist has led to the application of these techniques to other situations in which acute pain is a significant factor, such as trauma. Anaesthetists use skills ranging from epidural analgesic techniques and nerve catheter infusions to simple oral analgesic prescriptions to manage pain. Anaesthetists with a specific interest will lead ward rounds, designing and implementing patient-specific protocols.

Chronic

Chronic pain is a distinct and very different specialty to anything else in anaesthesia. Chronic pain conditions affect a large number of people and there is a great demand for pain management services. Pain specialists are experts in invasive treatment techniques such as nerve blocks, injection procedures and, in some centres, implantation of pain-relieving devices. They play a central role in multidisciplinary pain management programmes, working closely with psychologists and physiotherapists.

ACADEMIA AND RESEARCH

The National Institute of Academic Anaesthesia (NIAA) was established in March 2008 and was initially funded by the RCoA, AAGBI and the journals *British Journal of Anaesthesia* and *Anaesthesia*. It was formed to facilitate and support training and continuing professional education in academia. Academic departments of anaesthesia supervise the teaching and examination of undergraduates in anaesthesia. Anaesthetists at all levels are encouraged to take an active role in this. Scientific developments are necessary to make advances, whether these are in the field of basic sciences or clinical anaesthesia. All trainees are encouraged to participate in research, which is a very enjoyable and rewarding experience. Opportunities exist for those who wish to make a career of primarily academic work, and the NIAA hopes to increase the opportunities for anaesthetic trainees to be involved in high impact research, through coordination of information streams concerning funding and fellowship opportunities. The NIAA has also recently published a section for trainees wishing to participate in research on its website at [www.niaa.org.uk](http://www.niaa.org.uk).
DO YOU FIT THE BILL? HOW CAN YOU FIND OUT MORE?

If, as you read this, you think that it could be describing what you want to do then you will want to know more about the job and the training structure. Talk to anaesthetists, trainees in particular, to get to know what is involved. The teaching of and exposure to anaesthesia as an undergraduate is limited at best. It is possible to arrange special study modules in anaesthesia for a period of weeks to get some sort of flavour and clues as to whether it is a specialty you may consider. Most medical schools will also have a shorter in-programme placement during the third and fifth years. Anaesthesia spreads across so many areas and specialties within the hospital that as a student or foundation doctor you can learn about anaesthesia or carry out projects while you are on almost any placement/attachment. Just have a think about what issues exist which have a link with anaesthesia. For those who are choosing foundation year jobs, remember that there are a limited number that have an anaesthetic component; it is a very popular specialty and certainly at ST interview competition is stiff. If you think anaesthesia may be for you, local College Tutors and Regional Advisors in anaesthesia will be able to tell you more about the training programme. There are some contact numbers and addresses at the end of this career guide. During foundation years many regions offer ‘taster weeks’ and anaesthesia and critical care form a popular choice in placement. Find out about how you can plan study leave for such a week.

Careers fairs run at both local and national level across the country. They can provide a mix of specialties in one room and also offer input from anaesthetists beyond the region in which you are based.

TRAINING

Background

Anaesthesia as a specialty has always been at the forefront of change and evolution when adapting and improving training and working conditions. The specialty was amongst the first to recognise that excessive working hours without adequate rest results in poor performance, low morale and increased clinical risk. This was highlighted by a prompt response to the recommendations made by the New Deal, a new trainees’ contract negotiated by the British Medical Association in 1991 and implemented gradually from 1996 to 2003. The contract limited the number of weekly hours worked to 56 and introduced the concept of ‘shift-working’ to doctors. The recently enforced European Working Time Directive (August 2009) has further restricted these hours to 48 per week. We are yet to see the full impact that this will have on the standard of trainees. There are, however, stringent assessment modalities in place across the specialty to identify and enable rectification of resultant problems.
Structure

Anaesthesia is a decoupled, modular, competency-based training program. Basic level training comprises either two years of anaesthesia or three years as an Acute Care Common Stem trainee, incorporating acute medicine, emergency medicine, intensive care and anaesthesia (the Welsh Deanery is offering a three-year contract in which to complete the two-year core anaesthesia curriculum and optional additional time in anaesthesia and possibly six months in medicine). A trainee must then apply for a further five years of training to gain a Certificate of Completion of Training (CCT) in Anaesthesia. For up-to-date information about training, visit the RCoA (www.rcoa.ac.uk) and the Postgraduate Medical Education and Training Board (PMETB) (www.pmetb.org.uk) websites. These have important documents that are updated at least annually. The programme of training leading to a Certificate of Completion of Training (CCT) in Anaesthetics, on the RCoA website, provides a summary of training. e-Learning Anaesthesia (e-LA) is an online educational resource produced by the RCoA in partnership with e-Learning for Healthcare (e-LfH). It is available free for all UK anaesthetists practising in the NHS. e-LA delivers the knowledge that underpins the anaesthetic curriculum and will help trainees prepare for the FRCA examination. For more information and details of how to register visit www.e-LA.org.uk.

An initial assessment of clinical competency takes place after three to six months of anaesthesia to allow working, where appropriate, without direct consultant supervision. At some time in the first two years, anaesthetic trainees will undertake three months training in intensive care medicine. In order to progress to the subsequent five years of the programme, the following are required: success in the Primary Fellowship examination of the RCoA (or equivalent, e.g. the Primary FCARCSI, see later); completion of appropriate workplace assessments; demonstration of acceptable attitudes and behaviour; possession of a Basic Level Training Certificate.

Overall, the first four years of the programme are highly structured and rather prescriptive to enable trainees to gain basic knowledge and skills, to ensure they are exposed to a broad range of anaesthetic practice within the major subspecialties. Before starting the final three years, the trainee must have successfully passed the Final Fellowship examination of the RCoA (FRCA) and have obtained the Intermediate Level Training Certificate. These latter years are more flexible in order to accommodate special interests, and will prepare trainees for a consultant post. Special interests might include advanced training in intensive care which is essential for those trainees aiming at completion of a dual CCT in anaesthesia and intensive care medicine. Opportunities are available at this juncture to undertake a year’s research or to spend a year working abroad (Out-of-Programme Training – OOPT). An OOPT must be approved prospectively by PMETB for it to count towards the CCT programme. This is important for those wishing to spend a year working in
another country and for those already working abroad who wish to credit their existing training towards a CCT (see Useful contacts). The CCT is recognised across all European Economic Area states and is a prerequisite when applying for entry onto the General Medical Council’s Specialist Register and for a UK consultant post.

**Flexibility**

For those who are unable or don’t wish to train on a full-time basis, the Less-Than-Full-Time (LTFT) training programme in anaesthesia is very well structured. Anaesthesia traditionally has an excellent reputation for supporting trainees who require a further degree of flexibility in their training. Approximately 10% of anaesthetic trainees in the CCT programme train in this way. On completion of the programme, LTFT trainees are able to take up full-time consultant posts, although many choose to remain in part-time work (see Useful contacts).

**TRAINING IN IRELAND**

In the Republic of Ireland, training is structured over seven years incorporating two years of Basic Specialist Training (BST) and a five-year Specialist Registrar (SpR) training programme. A Certificate of Completion of BST is dependent on completing the two years’ training, passing the Primary FCARCSI examination, completing a set of workplace assessments, and having satisfactory six-monthly in-training assessments. Competitive interview heralds the gateway to the SpR programme, itself separated into three years intermediate and two years’ advanced training; during which time there is provision for undertaking research and working abroad. Progression to higher training (SpR year 4) is dependent on successful completion of the Final FCARCSI examination together with satisfactory in-training assessments. The Certificate of Specialist Training (CST) is awarded by the College of Anaesthetists of Ireland upon completion of the entire training programme. CST holders are then deemed competent to work as a consultant anaesthetist although in practice the vast majority undertake further training to expand their subspecialty experience before applying for a consultant post.

Award of a CST permits doctors who are European Union nationals to apply for a Certificate of Specialist Doctor (CSD) which is recognised, under European Union law, as being equivalent to similar specialist qualifications in anaesthesia in other member states. CSD holders are entitled to specialist registration in those other states.
WHO IS THE ANAESTHETIST?

THE UK TRAINING PROGRAMME

- Qualify from medical school
- Foundation Doctor (two years)
- Basic Specialist Training in Anaesthesia: Year CT1 OR two years ACCS training
- Basic Specialist Training in Anaesthesia: Year CT2 (Primary FRCA)
- Intermediate Specialist Training in Anaesthesia: Years ST3 and ST4 (Final FRCA)
- Advanced Specialist Training in Anaesthesia: Years 5 to 7 (potentially including work abroad or a research fellowship)
- Certificate of Completion of Training (CCT) awarded
USEFUL CONTACTS

The Group of Anaesthetists in Training (GAT)
c/o The Association of Anaesthetists of Great Britain and Ireland,
21 Portland Place, London W1B 1PY
Tel: 020 7631 1650
Fax: 020 7631 4352
Email: gat@aagbi.org
Website: www.aagbi.org/gat.htm

The Association of Anaesthetists of Great Britain and Ireland (AAGBI)
21 Portland Place, London W1B 1PY
Tel: 020 7631 1650
Fax: 020 7631 4352
Email: info@aagbi.org
Website: www.aagbi.org

The Royal College of Anaesthetists (RCoA)
Training Department
Churchill House, 35 Red Lion Square, London WC1R 4SG
Tel: 020 7092 1552/1553/1554
Fax: 020 7092 1730
Email: training@rcoa.ac.uk
Website: www.rcoa.ac.uk

The Intercollegiate Board for Training in Intensive Care Medicine (IBTICM)
c/o The Royal College of Anaesthetists
Churchill House, 35 Red Lion Square, London WC1R 4SG
Tel: 020 7092 1556
Fax: 020 7092 1730
Email: ibticm@rcoa.ac.uk
Website: www.ibticm.org

The College of Anaesthetists of Ireland
22 Merrion Square North, Dublin 2, Ireland
Tel: 353 1 661 4412
Fax: 353 1 661 4374
Email: info@coa.ie
Website: www.anaesthesia.ie
**Anaesthetists in Training in Ireland (ATI)**
c/o The College of Anaesthetists of Ireland
22 Merrion Square North, Dublin 2, Ireland
Email: ati@coa.ie
Website: www.anaesthesia.ie/sections/Default.asp?cms=Training_ATI+Group&cmsid=59_83&id=83&secid=5

**The Bernard Johnson advisors: LTFT Training**
c/o The Royal College of Anaesthetists
Training Department
Churchill House, 35 Red Lion Square, London WC1R 4SG
Tel: 020 7092 1553
Fax: 020 7092 1730
Email: training@rcoa.ac.uk
Website: www.rcoa.ac.uk

**Overseas doctors**
c/o The Royal College of Anaesthetists
Training Department
Churchill House, 35 Red Lion Square, London WC1R 4SG
Tel: 020 7092 1552
Fax: 020 7092 1730
Email: o LTS@rcoa.ac.uk
Website: www.rcoa.ac.uk

**Advice for specialty doctors**

**AAGBI SAS Committee**
c/o The Association of Anaesthetists of Great Britain and Ireland,
21 Portland Place, London W1B 1PY
Tel: 020 7631 1650
Fax: 020 7631 4352
Email: sas@aagbi.org
Website: www.aagbi.org/sas.htm

**RCoA SAS Committee**
c/o The Royal College of Anaesthetists
Churchill House, 35 Red Lion Square, London WC1R 4SG
Tel: 020 7092 1701
Fax: 020 7092 1730
Website: www.rcoa.ac.uk/index.asp?PageID=1242
GLOSSARY

AAGBI  Association of Anaesthetists of Great Britain and Ireland
ACCS  Acute Care Common Stem
ATI  Anaesthetists in Training in Ireland
BMA  British Medical Association
CCT  Certificate of Completion of Training
EWTD  European Working Time Directive
FRCA  Fellow of the Royal College of Anaesthetists
GAT  Group of Anaesthetists in Training
IBTICM  Intercollegiate Board for Training in Intensive Care Medicine
LTFT  Less-Than-Full-Time
MMC  Modernising Medical Careers
NIAA  National Institute for Academic Anaesthesia
OOPT  Out-of-Programme Training
PMETB  Postgraduate Medical Education and Training Board
RCoA  Royal College of Anaesthetists
SAS  Staff and Associate Specialists

ACKNOWLEDGEMENTS

The GAT Committee wishes to thank Dr Rob Broomhead and Dr Alex Beckingsale for revising and editing this fourth edition, and to Dr Chris Meadows for collating material for and writing the third edition of this booklet.
The Group of Anaesthetists in Training (GAT)
c/o The Association of Anaesthetists of Great Britain and Ireland,
21 Portland Place, London W1B 1PY
Tel: 020 7631 1650  Fax: 020 7631 4352  Email: gat@aagbi.org

www.aagbi.org/gat.htm