Royal College of Anaesthetists

Principles of a training capacity assessment

Introduction

This document is co-authored by the anaesthetists in training (AiTs) representatives on the RCoA Council and members of the training committee. It is designed to guide a department through the process of assessing their training capacity and to ensure they have the additional space required to undertake high quality training for anaesthesia associates.

Step 1: Principles to consider when beginning to assess training capacity

- The number of consultants and autonomously practising anaesthetists in department able to supervise on a daily basis.
- The number of consultants and autonomously practising anaesthetists who are recognised by the GMC as an educational or clinical supervisor.
- Number of daily educational opportunities available across all sites (should include other training opportunities in the department such as preassessment/POM clinics, CPEX clinics, pain procedures/clinics, etc).
- An assessment of the number of current learners who will require training time on a daily basis (will be affected by how many of the training cohort are on rest days pre- and post-call).
- An assessment of the training and experiential needs of the current cohort of anaesthetists in training (AiT) at all stages and the ability of a department to provide appropriate supervision.
- An assessment of the training needs of other learners already within the department which includes locally employed doctors, medical training initiative (MTI) clinicians and SAS anaesthetists.
- An assessment and understanding of the level of supervision and learning outcomes required to support anaesthesia associate students within the department.
- As a general principle, in a consultant/SAS-led service all patients will have a nominated consultant or SAS anaesthetist (ACSA standard).

Step 2: Evaluating your current workforce

The *2021 Curriculum for CCT in Anaesthetics* describes three stages of training which encompass the knowledge, attributes, and skills that anaesthetists in training are required to demonstrate over an indicative period of seven years (full time equivalent). These training outcomes are evidenced in a variety of settings including (but not limited to) operating theatres, intensive care units, non-theatre environments, theatre recovery rooms, 'block rooms', inpatient wards, radiology departments and emergency departments as well as pre assessment and CPEX/POM clinics.

Anaesthetists in training are a heterogenous cohort of doctors, comprising learners at different stages of experience and training. They will have bespoke requirements for supervision as they progress through the curriculum and their career. The ability of a department to supervise their AiTs and ensure that they can deliver the needs of the curriculum must be factored into any assessment of additional training capacity.

In addition to supporting AiTs a department should also make an assessment of their ability to support the other learners within their staffing groups e.g., locally employed doctors, MTI, specialty doctors and SAS anaesthetists. Once a department is assured that they can meet the needs of these groups they can then consider if they have the additional capacity to take on anaesthesia associate students.

Supervision Requirements

1) Anaesthetists in training

Stage 1 Training
New starter CT1 AiTs require 1:1 supervision until they achieve their Initial Assessment of Competence, whereupon they are entrusted to perform *Anaesthetic Pre-operative Assessment* and *Anaesthesia for ASA I/II Patients Having Uncomplicated Surgery* at Supervision Level 2b. The indicative time for obtaining this is 3–6 months.

Post IAC requirements for CT1–3 for the majority of stage one training they will be with a consultant anaesthetist reducing their level of supervision depending on the caseload but still requiring a nominated autonomously practising anaesthetist to be responsible for them at all times.

Stage 2 and 3 Training
ST4 to ST7 will still work under the supervision of a consultant or autonomously practising anaesthetist. During this stage of training they will require a minimum of three supervised lists a week. The level of supervision required is outlined in the curriculum with graded outcomes leading to the end of ST7 where trainees should be undertaking work independently.

2) LED, MTI and specialty doctors/SAS anaesthetists

LED, MTI, specialty doctors and SAS anaesthetists are employed by the trust/health-board, and all will have an individual training requirement. Although they work under different terms and conditions, it is recommended that these doctors should be provided with the same learning opportunities and clinical/educational supervision as AiTs.

3) Supervision requirements of anaesthesia associate students

Anaesthesia associate students will require 1:1 supervision (1a/1b level) by a consultant or autonomously practising anaesthetist throughout the two years of their training programme. In addition, a department will need to provide a clinical lead for AAs. Departments should be confident that they have additional consultant capacity to provide these training requirements.

Step 3: Consideration of training safeguards

With reference to 'Planning the Introduction of Anaesthesia Associates' (RCoA 2023), departments wishing to undertake to train and/or employ anaesthesia associates should ensure that:

- They have provisions in place to protect AiTs from excessive last-minute redeployments to 'solo' lists should there be insufficient consultant numbers on any given day.
- Where AAs are employed, a department will need to ensure that there will always be a consultant anaesthetist allocated to supervising a trained AA either in a 1:1 or 2:1 ratio. If this is not possible on the day (sickness etc) departments should be able to ensure that additional cover can be found to support local governance requirements and that the training needs of AiTs would be protected.
- AiTs should not be expected to provide training or supervision of AAs without prior agreement. Training student AAs is the purview of consultant or autonomously practising anaesthetists and this should only be extended to appropriate AiTs should they express a similar interest.
- They have safeguards to prevent 'tripled up' lists where a supervisor works with both an AiT and an AA. AiTs have different training needs to AAs and a department should ensure they have sufficient training capacity to prevent the need to double up AiTs and AAs on a list.

Step 4: Actions for clinical directors and college tutors

1) Ensure that there are eight available consultant lists per week per student that are appropriate in terms of both surgical specialty and patient selection to support the clinical requirements of the AA training programme.

2) Ensure there is a nominated AA lead consultant with sufficient job planned PAs allocated for that role.
3) Ensure there is sufficient educational supervisors with PAs in their job plans to provide the supervision for AA students. This must be equivalent to the time for educational supervision provided to anaesthetic trainees (0.25 PAs).
4) Ensure all of the above is in addition to the training capacity already agreed to deliver the curriculum, experience and supervision of anaesthetists in training and other learners within the department.
5) Undertake an annual internal review of departmental training capacity including feedback from anaesthetists in training.

Step 5: Final principles

High quality training in individual departments requires the ongoing support of clinical and educational supervisors and college tutors. We recognise that the capacity of these individuals to deliver training is finite. It is this capacity that has historically governed the number of training places awarded within Schools of Anaesthesia over the years and needs to be protected. To this end, it is vital that any decision by a department to begin training AAs includes confirmation from the college tutor and clinical director that the training of AAs will not impact on the ability of AiTs to access all aspects of the curriculum available in their department. If college tutors have any concerns about their department's ongoing capacity to train AiTs, then they should contact their head of school and/or regional adviser anaesthesia for support. This will ensure that the school of anaesthesia is aware of any difficulties and can share details of these with the College if further support is needed. In addition, if trainees have concerns in relation to their ability to access supervised lists or clinical experience appropriate to their level of training, they should escalate these concerns to their college tutor and training programme director. AiTs should be directly involved in the annual review of a departments training capacity assessment.

Step 6: Signoff

In line with the requirements outlined above we confirm that we have assessed the training capacity within our department and can confirm that we have the capacity to train (.....) anaesthesia associate students.

Signed: _____
(College Tutor)

Date:

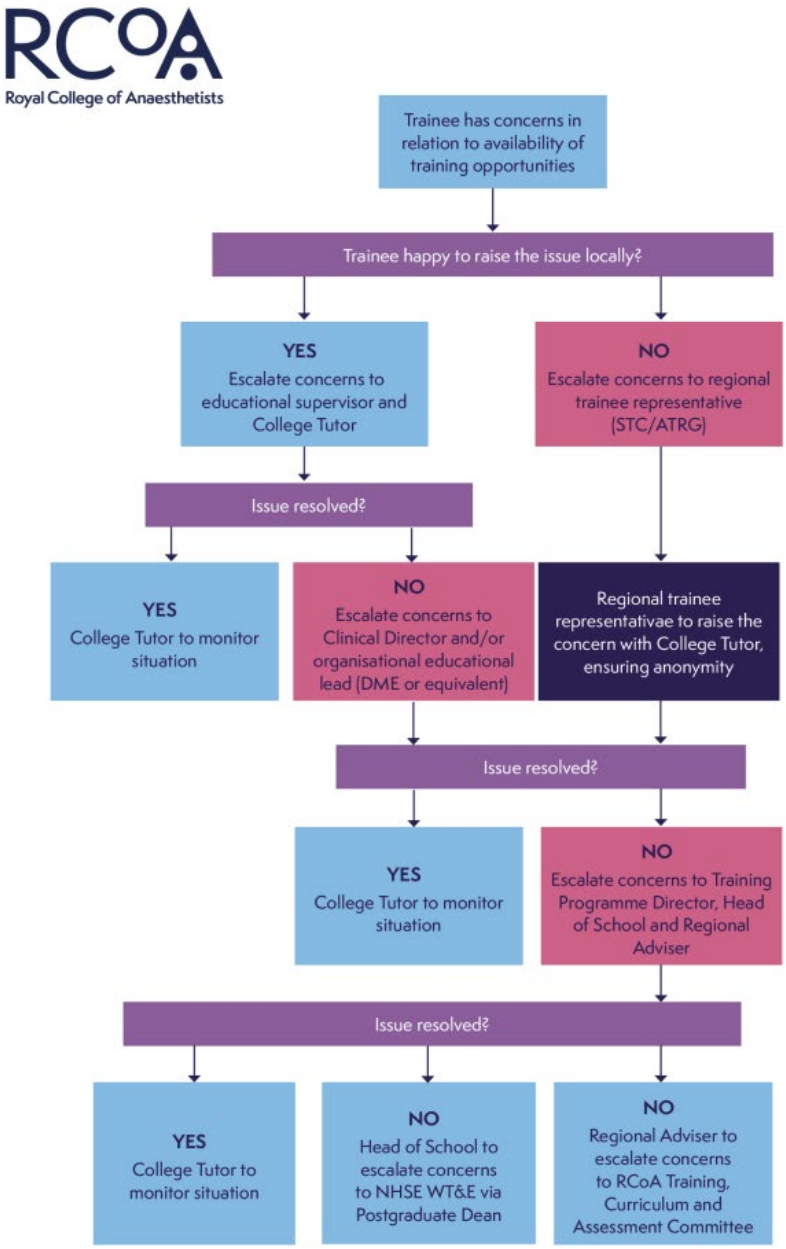
Signed: _____
(Clinical Director)

Date:

This assessment should be signed and a copy submitted to the head of school and regional adviser.

Step 7: Escalation process:

The following chart outlines the mechanisms available to AiTs and trainers to highlight concerns over training capacity and potential loss of training opportunities:



In this flowchart, trainee refers to anaesthetist in training
ATRG – Anaesthetist in Training Representative Group