

Competency training in anaesthesia

Sir,

The intensive training and assessment in pathology described by Bharucha et al (vol 66(10), 2005, p. 566) prompts us to draw attention to the competency based training in anaesthesia. This was promulgated by the Royal College of Anaesthetists (RCA) shortly after the organization of all training posts within schools of anaesthesia in 1996.

The area which was particularly innovative at the time was the fact that all trainees, whether novices or trainees with experience from overseas, had to undergo an initial assessment of competence, before being allowed to give any anaesthetics without direct supervision. For the novice this is done after a period of intensive fully supervised training usually for about 3 months, although the exact timing depends on individual progress. For trainees with previous experience this can be done much sooner but after familiarization with practices and equipment within the NHS. The assessments, done by two consultant anaesthetists who meet the RCA criteria to be trainers, comprise:

- Correct preoperative assessment
- Administering general anaesthesia to a fit, healthy patient, with spontaneous breathing and with endotracheal intubation. The necessary equipment and anaesthetic machine checks are included as part of this assessment
- Rapid sequence induction (as required for patients with a full stomach) and failed intubation routine
- Cardiopulmonary resuscitation skills to advanced life support level
- Appropriate clinical judgment, attitudes and behaviour.

The advantage to novices has been the enhanced confidence it engenders having demonstrated the acquisition of these skills. They appreciate that the required skills are explicit.

The advantage for experienced trainees is again the explicit nature of what is expected of them. Rather than taking for granted the abilities of a trainee new to the country the consultant staff formally record the above competences and can have confidence to allow distant supervision such as that which happens when on-call out of hours. It is hoped that this sort of assessment will avoid the type of incident where a trainee, new to

the hospital and the country, had not undergone any assessment of competence and was given duties in obstetrics. General anaesthesia was given without direct supervision or immediate back up being available and the pregnant woman suffered irreversible brain damage and died some years later (Cooper and McClure, 2004).

In the anaesthesia certificate of completion of specialist training programme there is an assessment of the level of competency expected from a novice after 2 years. Where successful it results in the award of a certificate. The assessment covers defined clinical skills, demonstration of appropriate attitudes and requires the knowledge underpinning the practice of anaesthesia to be demonstrated. Provided the overseas trainee completes these competences it is possible to allow up to 1 year of their overseas training to be counted towards their required 2 years' senior house officer training. Thus, like pathology, anaesthesia is able to take some cognisance of overseas training.

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Cooper GM, McClure JH (2004) Anaesthesia. In: *Why Mothers Die (2000-2002)*. Sixth Report on Confidential Enquiries into Maternal Deaths in the United Kingdom. RCOG Press, London: 122-33

Implications and lessons learned from histopathology schools

Sir,

The Royal College of Radiologists (RCR) endorses Moore and Heard's editorial (vol 66(10), 2005, p. 558), which suggests that cohort training is both efficient and effective in training tomorrow's doctors.

Over the last 3 years, the RCR has been working closely with the Department of Health to develop and deliver a radical new way of training junior radiologists – the Radiology Integrated Training Initiative (R-ITI). This was modelled not only on the concept of cohort training, but also encompasses the extensive development of an e-learning solution that builds on the national investment in digital imaging (Patient Archive and Communication System). The work has been underpinned by the development of a detailed competence-based radiology curriculum, and has

required every aspect of the current training programme to be questioned. The first of the new-style 'academy' trainees took up post this autumn, and the e-learning materials will be available to all trainees across the country within 12 months.

The authors recognize and would echo many of the educational benefits articulated by the histopathology symposium authors. While delivering the R-ITI project has been extremely challenging, the authors believe that the new models of training delivery which are now emerging will enable us to set tomorrow's generation of radiologists on firm foundations, support the delivery of high quality, competence-based training and increase the number of radiologists in the NHS.

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