

Should foundation year doctors rotate through anaesthetics and critical care?

Foundation year doctors must learn and develop generic competencies required to pass the Foundation Programme (UK Foundation Programme Office, 2010). Since *The New Doctor* (General Medical Council, 1997), the promotion of a 4-month rotation outside of general medicine and surgery has provided doctors with the chance to learn and develop new skills. A rotation in anaesthetics and critical care offers a wealth of opportunity to improve practical skills and manage unwell patients, but is this at the expense of ward-based competencies and service provision?

The ideal opportunity

Recognizing and managing the acutely ill patient is an integral part of the foundation curriculum. Although all doctors attend basic life support training as undergraduates and an advanced life support or equivalent course early in their careers, these courses do little to develop hands-on practical skills. Anaesthetists are in the perfect position to teach the assessment and management of patients, common emergencies including basic and advanced resuscitation, managing pain, accurate record keeping, self-directed learning, audit, team working and communication with patients, relatives and other health-care professionals (Norman, 1997). Whether on a one-to-one basis in theatre, in the critical care unit, on pain ward rounds or as part of a dedicated teaching programme, anaesthetists have always provided their trainees with close supervision and in doing so impart their specialist skills and knowledge.

Medicine is not just about supporting the coalface but about learning new skills

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such as central venous access and the chance to taste a speciality that trainees might not otherwise come across. A survey of opinions from foundation year doctors by Mackie et al (2009) found that a rotation in anaesthetics is not only desirable but educationally valuable and enjoyable. It also provides excellent experience for those considering a career as a perioperative physician. These rotations are a valuable resource and learning to give an anaesthetic brings together previously learnt skills and focuses the junior doctor (Phillips et al, 2007).

Sacrificing the basics

Conversely, one can argue that the most important place for a foundation doctor to be is on the wards, learning the fundamentals of medicine and surgery. Putting the knowledge and skills from medical school into use takes time and practice. This can only be done by seeing patient after patient, gaining experience, conducting ward rounds, discovering signs, ordering tests, interpreting their results and developing organizational skills. Higgins and Cavendish (2006) argue that the more general specialties prove less problematic at providing foundation competencies and therefore can be more beneficial.

General medical and surgical jobs are inherently busy because of the large volumes of patients, coupled with the European Working Time Directive, and as a result it is not uncommon for junior doctors to miss breaks or finish late (British Medical Association Junior Doctors Committee, 2010). Would it not be better to reduce this burden by consolidating supernumerary positions with busy posts, where doctors can still learn important aspects of the foundation curriculum but also improve patient care, service provision and have a more rewarding learning experience?

Conclusions

There will always be variation of workload between different jobs. This can only be improved with better workforce planning and should not be at the expense of valu-

able learning environments. Anaesthetics or critical care provides the ideal setting to attain the foundation competencies as part of a balanced set of rotations. Even doctors who do not pursue a career in these specialties will have developed valuable transferable skills: proficient arterial blood gas sampling after inserting arterial lines, confident lumbar punctures after spinal anaesthesia and gaining experience at central line placement to name but a few.

From the first author's personal experience, trainees benefit from the hands-on nature of a critical care rotation. The embedded airway, breathing, circulation mantra strengthens the ability to manage the acutely ill patient and, maybe more importantly, to appreciate when a patient needs higher-level care than that available on a ward setting. **BJHM**

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