Royal College of Anaesthetists

# Principles of a training capacity assessment

## Introduction

A process of assessing the training capacity within a department is recommended before committing to introducing student anaesthesia associates (AAs) or as an assessment/reassessment tool.

This training capacity assessment (TCA) document is co-authored by the anaesthetists in training (AiT) representatives on the RCoA Council and members of the Training, Curriculum and Assessments Committee, with input from the Association of AAs and members of the AA Founding Board. It is designed to guide departments through the process of undertaking a TCA and ensure they have the capacity required to provide high quality training for student AAs, whilst maintaining the appropriate levels of training and supervision for AiTs.

While it is not possible to develop a standardised formula or tool that can be utilised in all departments, this document outlines the principles that should be applied, and factors to consider when undertaking a TCA. Although this has been written to assist departments in evaluating whether they have capacity to introduce and train student AAs, many of these principles are applicable when introducing all new learners into an anaesthetic department.

Where the term consultant is used when describing who can undertake the role of a supervisor, this also includes other autonomously practising physician anaesthetists (i.e. SAS doctor) as defined in *Guidelines for the Provision of Anaesthesia Services (GPAS)*.[1]

## Step 1: Factors to consider when beginning a training capacity assessment

- A review of the current state of training within the department should be undertaken at the start of the TCA process. If a department is not able to deliver the training needs of its existing AiTs, then it should inform the school of anaesthesia and should not be considering introducing student AAs, or any other new learners.
- Number of consultants in the department available to supervise each day.
- Number of consultants 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 pre-assessment/peri-operative medicine (POM) clinics, CPEX clinics, pain procedures/clinics, maternity etc.).
- Number of current learners requiring training time each day (this will be affected by factors such as gaps in rotas, rest days pre- and post-call and annual leave etc.).
- Training and experiential needs of the current cohort of AiTs at all stages and the ability of a department to provide appropriate supervision.
- Training needs of other learners already within the department which includes locally employed doctors (LED), medical training initiative (MTI), and specialty and specialist (SAS) doctors.
- Level of supervision and learning outcomes required to support student AAs within the department.
- In a consultant/SAS-led service, all patients will have a nominated consultant or autonomously working SAS anaesthetist (ACSA standard).
- Other factors to consider include the availability of teaching opportunities and who can deliver in and out of theatre teaching for the student AAs (i.e. resuscitation training officers or senior AAs within the department).

## Step 2: Evaluating your current workforce

The *2021 Curriculum for CCT in Anaesthetics*[2] describes three stages of training which encompass the knowledge, attributes, and skills that AiTs 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.

AiTs are a heterogeneous cohort of doctors, comprising learners at different stages of experience and training. As they progress through the curriculum and their career, their requirements for supervision will change and evolve. The ability of a department to supervise their AiTs and ensure that they can deliver the needs of the curriculum must be factored into the TCA.

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., LED, MTI, and not yet autonomously working SAS anaesthetists) as well as CESR applicants in the department. Once a department has established that it can meet the needs of these groups, they can then consider if they have the capacity to take on student AAs.

## Clinical 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 (IAC), whereupon they are entrusted to perform *Anaesthetic Pre-operative Assessment* and *Anaesthesia for ASA I/II Patients Having Uncomplicated Surgery*. The indicative time for obtaining this is 3-6 months.

   Post IAC requirements for CT1-3; for the majority of Stage 1 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 & 3 Training:***
   AiT years ST4 to ST7 will still work under the supervision of a consultant anaesthetist. During this stage of training, they 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.[3]

2) **LED, MTI & SAS Anaesthetists:**
   LED, MTI, and not yet autonomously practising SAS anaesthetists are employed by the trust/health-board, and all will have an individual training requirements. Although they work under different terms and conditions, it is recommended that these doctors should be provided with the required learning opportunities and clinical/educational supervision, in line with AiTs working at an equivalent level.

3) **Student anaesthesia associates:**
   Student AAs require 1:1 supervision (1a/1b level) by a consultant anaesthetist throughout the two years of their training programme. In addition, a department will need to appoint a clinical lead for AAs. Departments should be confident that they have appropriate consultant capacity to provide these training requirements. The higher education institute providing the AA training programme will also undertake a quality assurance assessment of departments' ability to deliver training of student AAs.

4) **Qualified anaesthesia associates:**
   At the point of qualification, AAs work under consultant supervision at levels 1b and 2a, as stated in the AA curriculum.[4]

## Step 3: Consideration of training safeguards:

Departments should identify the importance of training and education for anaesthetists and other learners, and any workforce plans should ensure that these opportunities are not compromised.[5] Departments wishing to undertake the training of student AAs should ensure that:

- Provisions are put in place to prevent AiTs from having excessive last-minute redeployments to "solo" lists should there be insufficient consultant numbers on any given day. (This is applicable to all departments, not only those who are training student AAs).
- Where AAs are employed, a department will need to ensure that there is always a consultant allocated to supervise trained AAs and student AAs within the appropriate supervision models. If this is not possible on the day (i.e., sickness), departments should ensure that additional cover can be found or that activity is reduced to allow appropriate supervision to be provided, in order to meet local governance requirements.
- AiTs should not be expected to provide training or supervision of student AAs without their prior agreement. Training student AAs is the remit of consultant or autonomously practising SAS anaesthetists, though this can be extended to stage 3 AiTs should they express interest in doing so under a consultant's supervision.
- There should be safeguards to prevent "tripled up" lists where a consultant is directly supervising and training both an AiT and a student AA, unless there is a clear benefit identified by the AiT and supervising anaesthetist. AiTs have different training needs to student AAs and a department should ensure they have sufficient training capacity to prevent the need to double up AiTs and student AAs training.

## Step 4: Actions for Clinical Directors and College Tutors

- Ensure that there are the correct number of available consultant lists per week per student AA (currently 6-7 sessions in theatre teaching for most HEIs), that are appropriate in terms of both surgical specialty and patient selection to support the clinical requirements of the AA curriculum.
- Ensure there is a nominated AA lead consultant with sufficient job planned time allocated for that role.
- Ensure there are sufficient educational supervisors with dedicated time in their job plans to provide the supervision for student AAs. Equity for educational supervisors of student AAs should be at the same level as medical AiTs.
- Ensure all of the above is in addition to the training capacity already agreed to deliver the curriculum, experience and supervision of AiTs and other learners already within the department.
- Undertake an annual internal review of departmental training capacity including feedback from AiTs, and other learners and trainers. The review process should include a comparison of AiT rotas pre and post-introduction of student AAs, to assess if there has been an impact on educational opportunities and the amount of out of hours (OOH) work AiTs are required to do.
- As part of the TCA process, departments should outline the reasons they would like to take on student AAs instead of additional AiTs/CESR applicants, should there be suffice capacity.

## 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 it needs to be upheld. To this end, it is vital that any decision by a department to begin training AAs includes confirmation from the college tutor(s) and clinical director(s) that the ability of AiTs to access all aspects of the curriculum available in their department is assured. There should also be an additional sign off on the TCA from a college tutor external to the department. If college tutors have any concerns about their department's ongoing capacity to train AiTs, 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 AiTs 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 educational supervisor, college tutor and training programme director, and following the escalation process detailed below. This is also applicable to other learners, including MTI, LED, and SAS doctors, as well as student AAs (for which the HEIs will have a responsibility to ensure that the departments in which their students have been appointed are able to deliver the requirements of the AA curriculum). AiTs should be directly involved in the annual review of a department's training capacity and ability to deliver high quality training to its learners.

## Step 6: Signoff

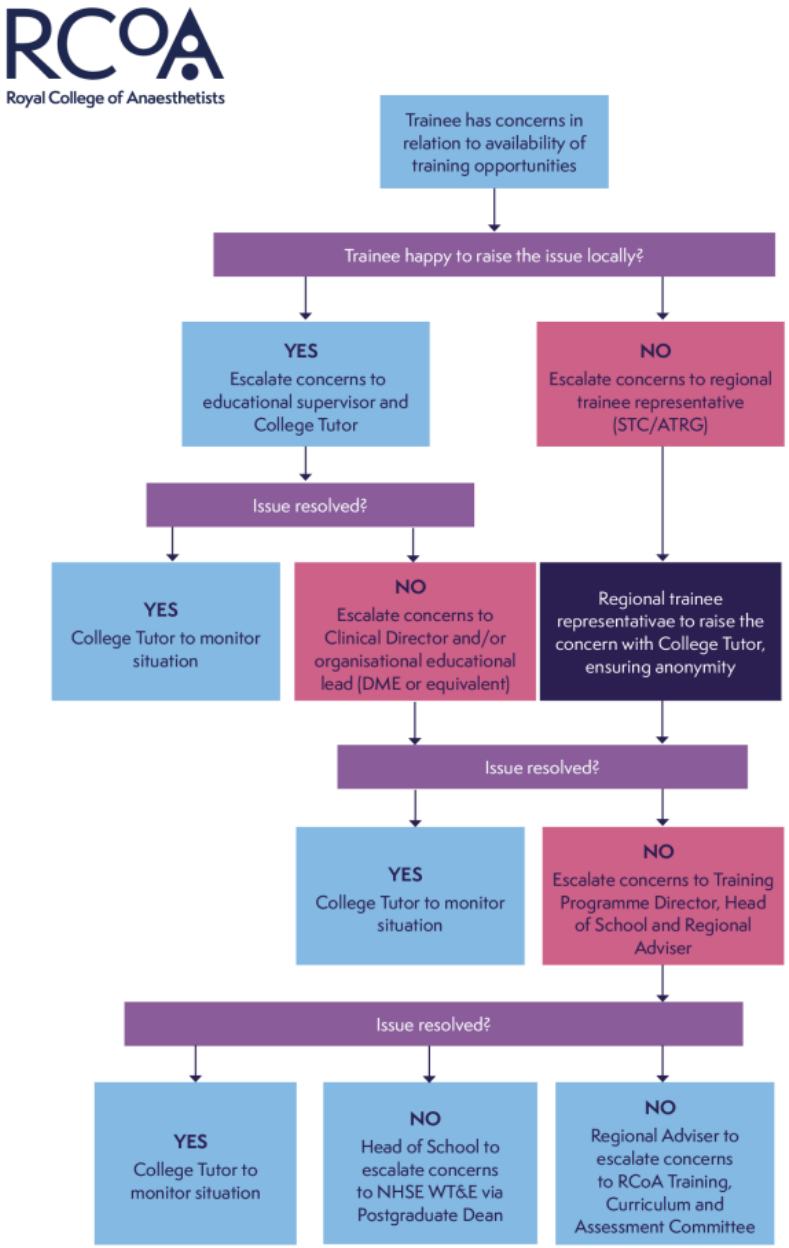
In line with the requirements outlined above we confirm that we have assessed the training capacity within our department and can confirm that we have the capacity to train (....) students AAs.

Signed: (College Tutor)
Date:
Signed: (Clinical Director)
Date:
Signed: (External College Tutor)
Date:

***This assessment should be signed and a copy submitted to the Head of School & Regional Adviser Anaesthesia***

## 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

# References


[1] Guidelines for the Provision of Anaesthesia Services for the Perioperative Care of Elective and Urgent Care Patients – chapter 2. RCoA, 2023.

[2] 2021 Curriculum for CCT in Anaesthetics. RCoA, 2021

[3] 2021 Curriculum for CCT in Anaesthetics – The anaesthetics training pathway and duration of training. RCoA, 2021

[4] Anaesthesia associates curriculum. RCoA, 2022.

[5] Guidelines for the Provision of Anaesthesia Services: The Good Department. RCoA, 2023