

The Royal College of Anaesthetists

Educating, Training and Setting Standards in Anaesthesia,
Critical Care and Pain Medicine

From the President
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Dr Mark Stoneham
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Our ref (please quote in response): EAT/AR/Stoneham150311

15 March 2011

Dear Dr Stoneham

Re: The Vascular Anaesthetic Society of Great Britain's concerns about vascular anaesthetic training

Thank you for your letter of 18 January 2011 raising concerns about training in vascular anaesthesia; the President has asked me to respond on his behalf. We noted your view that evidence of improved outcomes for elective vascular surgery is driving centralisation of these services and there will be an increased need for specialist anaesthetists to support the vascular surgical team. We also understand that you perceive that there is not enough emphasis on vascular anaesthesia in the new curriculum.

A slight correction to your letter, vascular anaesthesia is an optional component of both intermediate and higher training. The reason it was removed as an essential component is because of feedback from the schools that it was increasingly difficult to provide this training for all trainees.

We had the opportunity to debate your letter in Council in February. There was a consensus that many of the skills required of a vascular anaesthetist are generic and can be acquired throughout the training programme, in particular technical skills, pre-operative preparation and team working. We also recognise that working specifically within a vascular team, as defined by the higher vascular module, would be desirable for those wishing to contribute to elective vascular lists.

The RCoA: Advancing Patient Care and Promoting Safety

Patron: HRH The Princess Royal

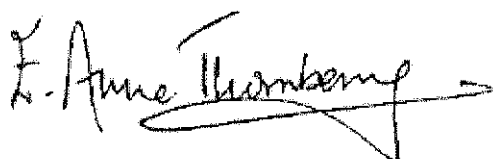
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Advanced fellowships are popular with trainees and if recognised by the College and the GMC count as out of programme training (OOPT) rather than out of programme experience (OOPE), the difference being that it counts towards CCT. This allows units who do have the case mix to offer training to trainees from Schools of Anaesthesia who do not. Any advanced fellowship in vascular anaesthesia longer than 6 months would have to demonstrate that the trainee was also acquiring additional higher and advanced generic skills, which would not be difficult. Some specialist societies have created a model fellowship programme as a guide for those units that wish to develop such a programme.

The College will only recognise an Advanced Fellowship where the Head of School and Regional Adviser can satisfactorily answer the following questions. Is there a need for this type of advanced module or should this training opportunity be accessible for all trainees within a school? Is there additional training capacity to support an extra trainee? Are you disadvantaging the other trainees in your hospital by reducing their opportunities? Are you taking a trainee away from another hospital in the region leaving them with a difficult to fill gap in the rota? With support from the schools and a suitable programme a fellowship can be useful.

We recognise that centralisation of vascular services is likely to increase the need for consultants who specialise in this area in the future. We do need to encourage trainees to sub-specialise in areas that are in demand and we agree that there is a need to raise the profile of vascular anaesthesia by making sure that both trainers and trainees are aware of these developments. This information can be cascaded down through the Regional Adviser and College Tutor networks. Trainees with an interest can then target these areas and make sure they are competitive when such posts are forthcoming. Generally we feel that there is scope within the curriculum to provide the training.

Yours sincerely

A handwritten signature in black ink that reads "E. Anne Thornberry". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Dr E Anne Thornberry
Medical Secretary

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