



## **Association of Anaesthesiologists of Malta**

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# **ANAESTHESIOLOGY TRAINING PROGRAMME MALTA MAY 2008**

This document is an update of the Anaesthesiology Training Programme section of the previous document titled Anaesthesiology Training Programme and Accreditation of Specialists in Anaesthesiology in Malta – December 2003.

**SPECIALIST ACCREDITATION COMMITTEE**

**MEDICAL**

**TRAINING PROGRAMME**

**ANAESTHESIOLOGY**

**This programme is to be read and construed with the annexe training programme marked 'a'**



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This document is an update of the Anaesthesiology Training Programme section of the previous document titled *Anaesthesiology Training Programme and Accreditation of Specialists in Anaesthesiology in Malta – December 2003*.

## **1. Aim**

The aim of the Anaesthesiology Training Programme-Malta is to train medical doctors to specialist level in Anaesthesiology and prepare them for European Diploma in Anaesthesiology and Intensive Care (EDA) examinations. The areas of expertise of Anaesthesiology are: Perioperative Anaesthetic Care, Intensive Care Medicine, Pain Medicine and Resuscitation.

## **2. Entry Requirements**

- a) Recognised First Degree in Medicine
- b) Full registration with the Medical Council of Malta.

## **3. Minimum Duration of Training**

The minimum duration of specialist training in Anaesthesiology is of 5 years in full time practice, including regular out of hours duties in the Operating Theatre and Intensive Care Department. It is recommended that the trainee performs a minimum of 52 hours/week on average of which approximately a third should be out-of-hours work (i.e. a minimum of 1 duty per week).

It is essential that the trainee spends a minimum of 6 months full time commitment in intensive care medicine and 3 months full time commitment in acute and chronic pain therapy. In addition it is recommended that 3 months should be spent in emergency medicine. Supervised training in emergency medicine performed prior to entry into the Anaesthesiology Training Programme may be deemed sufficient.

## **4. Part-time Training**

The training programme is designed for full time trainees performing regular after hour duties. Part-time duration is pro-rata. The minimum number of hours worked must not be less than half-time. On call duty commitments must also be worked pro-rata.

## **5. Training during pregnancy**

As per Framework Specialist Training Programme issued by the Specialist Accreditation Committee (2003), “thirteen (13) weeks of pregnancy leave (in addition to the normal entitlement of leave) can be deducted from the training period, however any longer period of leave will not be considered as training”.

While all requests by the trainee to avoid certain modules during pregnancy will be accommodated, the Training Committee reserves the right to ascertain that a trainee completes her full training requirements (as detailed in section 7) in the 5 year period. A one-off module of 4 months duration in Preoperative Assessment/Acute Pain/Research will be accepted.

## 6. Main areas covered

The core curriculum in Anaesthesiology includes a variety of theoretical and practical subjects (Anatomy, Physiology, Pharmacology, Physics, Anaesthesia techniques etc). In addition the trainee is expected to become knowledgeable and competent in preoperative assessment of the patient as well as in the management of a variety of clinical scenarios (Emergency, Perioperative and Intensive Care setting).

This Training Programme follows the recommendations and curriculum available in the Training Guidelines published by the European Board of Anaesthesiology and its revised version:

- a. EBA. Training Guidelines, EJA, 2001, 18, 563 – 571
- b. UEMS and specialty Training. Simon de Lange EJA, 2001, 18, 561 – 562
- c. Education and training in Anaesthesia – Revised Guidelines by the European Board of Anaesthesiology, Reanimation and Intensive Care

These documents are made available to the trainee for easy reference.

## 7. Organization of the Anaesthesia Training Programme

The anaesthesia training programme consists of fifteen **4 month** modules, spread over the 5 year period. The programme is divided into two:

- a) Basic Anaesthetic Training
- b) Higher Anaesthetic Training.

### a) **Basic anaesthetic training:**

This encompasses the first two years of training. The trainee is exposed to all the major branches of anaesthesia starting off with the broader areas such as anaesthesia for general surgery, orthopaedics and gynaecology and progressing to obstetric anaesthesia, paediatric anaesthesia and intensive care. Most of the elective work will be performed under direct supervision.

### b) **Higher anaesthetic training:**

The higher training period consists of the last 3 years of training. During this period the important subspecialties are repeated, this time allowing more freedom from direct supervision. The more specialized areas of cardiothoracic anaesthesia and chronic pain are introduced in the 4<sup>th</sup> or 5<sup>th</sup> year. The trainee who wishes more experience in these subspecialties is given the option of working for another 4 months in his/her chosen specialty.

The essential modules are:

**A. Intensive care:**

One module in the first two years of training.  
One module in the last three years of training  
To give a total of 8 months of training in intensive care medicine

**B. Obstetric Anaesthesia:**

One module in the second or third year of training (supervised)  
One module in the third or fourth year of training (working independently)  
To give a total of 8 months of training in obstetrics

**C. Paediatrics/ENT:**

One module in the first two years of training.  
One module in the last three years of training  
To give a total of 8 months experience in paediatrics and ENT

**D. Neuroanaesthesia:**

One module of 4 months

**E. Cardiothoracic anaesthesia:**

One module of 4 months in the 4<sup>th</sup> or 5<sup>th</sup> year of training

**F. Chronic Pain:**

One module of 4 months in the 4<sup>th</sup> or 5<sup>th</sup> year of training

**G. General Anaesthesia**

Four modules in the following specialties: abdominal surgery, orthopaedics, gynaecology and urology

The remaining two modules may be assigned once the trainee declares a special interest.

**8. Assessment of Trainees:**

Each anaesthetic trainee shall be assessed in the following ways:

- a) Annual appraisal,
- b) Workplace assessments
- c) Annual in-training assessment.

**a) Annual Appraisal**

Each trainee will meet at least once a year with the training coordinator to go over his/her progress, discuss aims for the next years and tackle any problems. The training coordinator may as part of this appraisal inspect the trainee's logbook and also ask for feedback from the trainers regarding the trainee's progress. (Refer to **Appendix A - Trainee Appraisal Form**)

## b) Workplace Assessments

A series of assessments will be carried out in the workplace to ensure that the trainee is achieving a minimum level of competence:

At **6 months** into the training programme (and before progression to the second year), the trainee should be able to anaesthetise healthy (ASA 1 and 2) patients for minor-intermediate surgery without direct supervision. A **workplace assessment** carried out at this time certifies that the trainee has achieved this level of competence and is thus able to work unsupervised. (Refer to **Appendix B - First year Workplace Assessment**)

Other **Workplace Assessments** of competency will be performed for:

- intensive care
- paediatrics
- obstetrics
- cardiothoracic anaesthesia
- neuroanaesthesia
- chronic pain

Failure to achieve competence in the allotted time may require repetition of all or part of the module. This may mean extending the total training time beyond the usual 5 years.

## c) Annual In-Training Assessment

This is normally carried out in **January** to allow the candidate to progress to his/her next year of training. The assessment will consist of:

- a) A review of the trainee's logbook
- b) A viva examination

Each specific year of training will focus on different aspects of the anaesthesia/intensive care curriculum.

<i>Year</i>	<i>Focus Topics for Annual In Training Assessment</i>
<b>1<sup>st</sup> year</b>	broad anaesthetic principles and basic sciences
<b>2<sup>nd</sup> year</b>	mainly clinical to include paediatrics, obstetrics and intensive care
<b>3<sup>rd</sup> year</b>	basic sciences, intensive care and more detailed anaesthesia
<b>4<sup>th</sup> year</b>	higher specialties – cardiac, chronic pain, obstetrics, intensive care)
<b>5<sup>th</sup> year</b>	all the material in the syllabus will be examined.

## **9. European Diploma in Anaesthesiology and Intensive Care**

During the 5 year training period the trainees are prepared and encouraged to sit for the European Diploma examination, as this is the approved exit examination of this training programme and thus essential for the award of Completion of Specialist Training in Malta. The examination is in two parts; trainees are expected to sit for the first part during the Basic Specialist Training years (first 2 years), and the second part during the last year of training (i.e. within 6 months of completion of training). Progress beyond the fourth year is not possible before the trainee succeeds in passing the first part of the examination.

## **10. Audit and Research**

All trainees are expected to perform and present at least one audit project during their training. In addition, they are strongly encouraged to participate in or initiate research projects within the department.

## **11. Other academic activities**

The trainees should take an active role in all academic activities of the Department of Anaesthesia by participating and by helping in their organisation. In addition, they should consider attending courses in specific aspects of Anaesthesiology/ Intensive Care that are held locally or abroad. In particular all trainees should attend at least one Adult and one Paediatric resuscitation course during their training. Presentation of papers and posters at local and international events are also strongly encouraged.

## **12. Training Abroad**

A maximum of one year training in an approved foreign institution will be recognized for the purposes of specialist accreditation by local authorities, provided that such a rotation must be approved by the Anaesthesiology Training Committee and that the trainee must submit a certified logbook of the training he has undertaken at that institution. This is without prejudice for longer periods of training in an approved overseas institution that may form an integral part of a structured training programme where this is necessary in order to provide the degree of exposure required. Trainees in anaesthesiology are strongly advised to pursue a period of overseas training, either as part of the 5 year training programme or after the completion of their training programme.

## **13. Certificate of Completion of Training and Inclusion in the Specialist Register**

On completion of the training programme, the Anaesthetic Training Committee will recommend to the Specialist Accreditation Committee (SAC) those trainees who would have satisfied the requirements for completion of training. The SAC will award a Certificate of Completion of Training and recommend the name of the doctor for inclusion in the Specialist Register under speciality (ii) Anaesthesia and Intensive Care.

The minimum criteria for inclusion into the specialist register are:

- a) Full registration (general registration) with the Medical Council of Malta
- b) Possession of sufficient linguistic competence to be able to communicate with patients and colleagues as recommended by the Council of the European Communities
- c) Five years experience in the specialty and in possession of a post graduate qualification acceptable to the SAC and the Medical Council of Malta e.g. D.E.S.A., F.R.C.A. or equivalent. A document which indicates a pass in the final examination which leads to the diplomas just mentioned will be accepted. The CST will be granted and the applicant's name will be entered into the Specialist Register within the same calendar year in which he or she has passed the final examination.
- d) Completion of this Anaesthesiology training programme as approved by the SAC.

## **14. Anaesthesiology Training Committee and Training Coordinator**

### **Anaesthesiology Training Committee**

The delivery and implementation of this Anaesthesiology Training Programme shall be supervised and coordinated through the Anaesthesiology Trainee Committee. This shall consist of five (5) members, whose names appear on the Specialist Register:

- a) Two members from the Department of Anaesthesiology namely the Training Coordinator and the Chairperson of the Department (or his/her delegate)
- b) Three members from the Association of Anaesthesiology of Malta namely the President, Vice-President and one other member.

### **Training Coordinator**

The Training Coordinator should have been practising in Anaesthesiology for at least 5 years after qualification as a specialist. The duties of the Training Coordinator in conjunction with the Training Committee shall include:

- a) Setting up and implementing this training programme
- b) Ensuring the timely and effective delivery of the core content of the training programme
- c) Organising the regular appraisals of the trainees as stipulated in this document
- d) Coordinating the trainee rotations in conjunction with the rota organiser of the department in order to facilitate adequate exposure of all the trainees to all the areas of Anaesthesiology as highlighted in this document
- e) Meeting with the trainees and inspecting their logbooks in order to ensure that each trainee is achieving the set targets and making adjustments in their training as the need may be.

## **15. Provision of Training at a recognised Training Institution**

### **Recognition of Training Institutions**

The training centre should comply with and maintain standards as laid down by the UEMS. The main training institution, St Luke's Hospital, Malta had been visited by Dr Zorab in 2001 and has received a Certificate of Accreditation for Training of Specialists in an EU State for the period 2003-8 In November 2007, all the medical and

teaching facilities that had been available at St Luke's Hospital migrated to the new hospital namely Mater Dei Hospital, Tal-Qroqq. The Association and the Department of Anaesthesia have already started the process of re-accrediting the teaching facilities in Anaesthesiology available at Mater Dei Hospital.

### **Requirements for Teachers in Anaesthesiology**

There should be an appropriate number of specialist teaching staff members for the number of trainees under instruction. The teaching staff should include a sufficient number of specialists actively practising the specialty. In addition it is recognised that super-specialist teachers may be required for their specific teaching skills in that particular area of expertise. Requirements should comply with the Framework Specialist Training Programme.

### **Duties of Trainers**

Teachers should contribute to the ongoing development of the training programme and all its subspecialties. In particular, the lead clinicians within the department of anaesthesia should take part in the development and assessment of the trainees in the area of which they have a lead role.

### **Obligations of trainee**

The Trainee shall

- a) record all stages of training and activities related to training in a log book authorized by the SAC.
- b) have sufficient linguistic capabilities to communicate with patients and colleagues as recommended by the U. E.M.S. 1995 Chapter 6, No 5.2 of the Training Charter
- c) conform to the requirements of the Framework specialist Training Programme produced by the SAC.

## References

1. Anaesthesiology Training Programme and Accreditation of Specialists in Anaesthesiology in Malta – December 2003
2. Healthcare Professions Act 2003  
[http://docs.justice.gov.mt/lom/Legislation/English/Leg/VOL\\_14/Chapt464.PDF](http://docs.justice.gov.mt/lom/Legislation/English/Leg/VOL_14/Chapt464.PDF)
3. Framework specialist training programme (SAC - Malta)
4. The European Union of Medical Specialists and Specialty Training. EJA, 2001 18, 561 – 562
5. Training guidelines in anaesthesia of the European Board of Anaesthesiology, Reanimation and Intensive Care. EJA, 2001, 18, 563-571
6. Education and training in Anaesthesia – Revised Guidelines by the European Board of Anaesthesiology, Reanimation and Intensive Care EJA, 2008;1-3
7. Report on the training programme in anaesthesia, Intensive care and Pain Management at Saint Luke’s Hospital, Malta J Zorab, 2002
8. Certificate of accreditation of the European centre for training of anaesthesiologists. 2003
9. Reports of SAC, Anaesthesia Training committee, subcommittees of SAC (Specialist Register, Quality and Training, CPD)
10. Charter on Training of Medical Specialists in the European Community (UEMS 1993) <http://www.uems.net>
11. The European Diploma in Anaesthesiology and Intensive Care – Diploma Guide <http://www.euroanaesthesia.com/Education/~media/Files/Education/EDA/Diploma%20Guide%20English%20pdf.ashx>
12. Revision of the Directive 93/16 – new adopted directive 2001
13. Policy Statement on Assessments during Postgraduate Medical Training (UEMS 2006) <http://www.uems.net>

**Appendix A – Trainee Appraisal Form**

**Department of Anaesthesia and Intensive care and Pain Medicine**

Date:

Name:

DOB:

Year of training:

Years in anaesthesia:

Present assignment:

Start of present assignment:

Finish:

Exams:

Courses:

Anaesthetic experience outside Mater Dei Hospital:

Anaesthetic experience so far:

Non-anaesthetic experience:

Training Deficits:

**Trainee Appraisal Form (cont)**

Objectives for this assignment:

Problems:

Logbook:

CV: Teaching  
Audit  
Presentations  
Meetings  
Courses  
Research/Publications

Special interests/career aims:

Signature of Trainee

Signature of Training organizer

## Appendix B - First year Workplace Assessment

### SHO initial test of competency

This test is in 5 parts:

1. Preoperative assessment.
2. General anaesthesia for ASA I or II patients (including equipment and anaesthetic machine checks).
  - a) General anaesthesia with **spontaneous** respiration
  - b) General anaesthesia with **endotracheal** intubation
3. Rapid sequence induction and failed intubation routine.
4. Cardio pulmonary resuscitation (CPR) skills.
5. Clinical judgement, attitudes and behaviour.

If a trainee has successfully completed an ALS course within the last 12 months (4) can be omitted.

Only after this test has been satisfactorily completed can a trainee progress beyond direct supervision.

Each of the 5 parts of the test (1-5, above) can be assessed by one (or more) trainers, but not all 5 parts can be "signed off" by the same single trainer. At least two trainers must be involved in the overall assessment.

What follows is the syllabus for each of the five parts together with the assessment sheets for each part.

**SHO INITIAL ASSESSMENT OF COMPETENCY SYLLABUS:**

**a) Pre-operative assessment of patients**

**Clinical skills**

1. Is able to demonstrate satisfactory communication with staff and patients
2. Is able, in a manner appropriate to the patient, to take a relevant history, explain the necessary aspects of anaesthesia, and answer their questions
3. Is able to assess the airway
4. Is able to recognise potential problems requiring senior help
5. Is able to explain the management of post-operative pain and symptom control in a manner appropriate to the patient
6. Is able to interpret basic investigations (FBC, U & Es, chest x ray, ECG)
7. Is able to choose and prescribe appropriate pre-medication

**Knowledge**

1. The ASA scale of fitness
2. The relevance of common inter-current diseases to anaesthesia and surgery
3. Consent for anaesthesia
4. Predictors of difficult intubation

**Setting**

**Patients:** All appropriate patients aged 16 and over.

**Assessments**

- A ward based demonstration of practical skills.
- Simultaneous oral confirmation of understanding.

**Guidance**

This is a preliminary test to ensure that the trainee communicates adequately and understands the broad outline of anaesthetic assessment. After six months of training the trainee should be expected to identify patients who are low risk from the anaesthetist's point of view. There is no expectation of the trainee being able to determine the fitness for operation of patients who are severely ill or who have inter-current disease. The expectation is that they will know which cases to refer to or discuss with senior colleagues. The trainee should have an understanding of whatever premedication he or she intends to use.

**SHO INITIAL ASSESSMENT OF COMPETENCY:**

**a) Pre-operative assessment of patients**

The trainee must be accompanied on a pre-operative round of patients.

**Name of trainee**.....

**The Trainee:**

	Yes	No
Communicates in a satisfactory manner with patients	<input type="checkbox"/>	<input type="checkbox"/>
Obtains relevant history	<input type="checkbox"/>	<input type="checkbox"/>
Undertakes any physical examination	<input type="checkbox"/>	<input type="checkbox"/>
Assesses the airway	<input type="checkbox"/>	<input type="checkbox"/>
Understands the pre-operative investigations	<input type="checkbox"/>	<input type="checkbox"/>
Explains anaesthesia clearly	<input type="checkbox"/>	<input type="checkbox"/>
Discusses pain and explains post operative analgesia clearly	<input type="checkbox"/>	<input type="checkbox"/>
Prescribes pre-operative medication as needed	<input type="checkbox"/>	<input type="checkbox"/>
Understands the ASA classification	<input type="checkbox"/>	<input type="checkbox"/>
Understands consent for anaesthesia and operation	<input type="checkbox"/>	<input type="checkbox"/>
<b>This assessment was completed satisfactorily</b>	<input type="checkbox"/>	<input type="checkbox"/>

IF NO, GIVE REASONS:

Signed ..... Print name.....

Date ..... Appointment.....

Signed: ..... Print name .....

Date.....Appointment.....

**SHO INITIAL ASSESSMENT OF COMPETENCY SYLLABUS:**

**b) Administration of a safe general anaesthetic to an ASA I or II patient**

**Clinical skills**

1. Explanation of the anaesthetic procedure(s) and surgery to the patient
2. Appropriate choice of anaesthetic technique
3. Pre-use equipment checks
4. Proper placement of I.V. cannula
5. Attachment of monitoring (including ECG) before induction of anaesthesia
6. Measures blood pressure non-invasively
7. Pre-oxygenation
8. Satisfactory induction technique
9. Appropriate management of the airway
10. Maintenance of anaesthesia, including analgesia
11. Appropriate perioperative monitoring and its interpretation
12. Recognition and immediate management of any adverse events which might occur
13. Proper measures during emergence from general anaesthesia, including extubation.
14. Satisfactory hand over to recovery staff
15. Accurate completion of anaesthetic and other records
16. Prescription of appropriate post-operative analgesia and anti-emetics
17. Choice of post operative oxygen therapy
18. Instructions for continued I.V. therapies (if relevant)

**Knowledge**

1. The effects of anaesthetic induction on cardiac and respiratory function
2. The rationale for pre-oxygenation
3. Methods available for the detection of misplaced ET tubes, including capnography
4. Common causes of arterial desaturation (cyanosis) occurring during induction, maintenance and recovery
5. Common causes and management of intra-operative hypertension and hypotension
6. The immediate management only of cyanosis, apnoea, inability to ventilate, aspiration, bronchospasm, anaphylaxis and malignant hyperpyrexia
7. Trainees must demonstrate an adequate, basic, practical knowledge of anaesthetic pharmacology to support their practice, for example, know about: 2 induction agents, 2 volatile agents, 2 opioids, suxamethonium and 1 competitive relaxant

**Setting**

**Patients:** ASA I and II patients age 16 years and over requiring uncomplicated surgery in the supine position e.g. hernia, varicose veins, hysterectomy, arthroscopy.

**Location:** Operating theatre. **Situations:** Supervised theatre practice.

**Assessments:**

- A theatre based demonstration of practical skills.
- Simultaneous oral case discussion of understanding.

**Guidance:**

The trainee should be observed undertaking a number of cases using facemask and airway, and/or laryngeal mask and/or endotracheal tube. Care should be taken to ensure that the trainee is skilled in use of bag and mask and does not always rely on the laryngeal mask. Whilst ensuring patient safety the assessor should let the trainee proceed largely without interference and note problems of technique. This should be combined with a question and answer session covering the underlying comprehension of the trainee. The level of knowledge expected is that of a trainee who has been working in anaesthesia for 6 months and should be sufficient to support the specified clinical skills. Exclusions are specialised surgery, rapid sequence induction (see Section c) and children under the age of 16 years.

**SHO INITIAL ASSESSMENT OF COMPETENCY :**

**b) Ability to administer a general anaesthetic competently to an elective ASA I or II patient**

**Part 1 General anaesthesia with spontaneous respiration**

Name of trainee.....

<b>The Trainee:</b>	<b>YES</b>	<b>NO</b>
Properly prepares the operating theatre	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactorily conducts a pre-operative equipment check (including the anaesthetic machine and breathing system)	<input type="checkbox"/>	<input type="checkbox"/>
Has properly prepared and assessed the patient for surgery	<input type="checkbox"/>	<input type="checkbox"/>
Chooses an appropriate anaesthetic technique	<input type="checkbox"/>	<input type="checkbox"/>
Establishes IV access	<input type="checkbox"/>	<input type="checkbox"/>
Establishes ECG and pulse oximetry	<input type="checkbox"/>	<input type="checkbox"/>
Measures the patients blood pressure prior to induction	<input type="checkbox"/>	<input type="checkbox"/>
Pre-oxygenates as necessary	<input type="checkbox"/>	<input type="checkbox"/>
Induces anaesthesia satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>
Manages airway competently	<input type="checkbox"/>	<input type="checkbox"/>
I) Face mask (+/-) airway		
II) LMA	<input type="checkbox"/>	<input type="checkbox"/>
Positions patient safely	<input type="checkbox"/>	<input type="checkbox"/>
Maintains and monitors anaesthesia satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>
Conducts emergence and recovery safely	<input type="checkbox"/>	<input type="checkbox"/>
Keeps an appropriate and legible anaesthetic record	<input type="checkbox"/>	<input type="checkbox"/>
Prescribes analgesia appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Properly supervises discharge of patient from recovery	<input type="checkbox"/>	<input type="checkbox"/>
Understands the need for oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>

**This assessment was completed satisfactorily (circle) YES NO**

IF NO, GIVE REASONS:

Signed .....Print name..... Date.....

Appt

Signed .....Print name..... Date.....

Appt.....



**SHO INITIAL ASSESSMENT OF COMPETENCY SYLLABUS:**

**c) Rapid Sequence Induction for an ASA I or II patient and failed intubation routine**

**Clinical skills**

1. Detection of risk factors relating to slow gastric emptying, regurgitation and aspiration
2. Use of drugs (antacids, H<sub>2</sub> receptor antagonists etc) in the management of the patient at risk of aspiration
3. Explanation of pre-oxygenation to the patient
4. Proper explanation of rapid sequence induction (RSI) to patient.
5. Proper demonstration of cricoid pressure to the patient and assistant.
6. Demonstration of the use of:
  - a. tipping trolley
  - b. suction
  - c. oxygen flush
7. Appropriate choice of induction and relaxant drugs.
8. Attachment of ECG, pulse oximeter and measurement of BP before induction.
9. Pre-oxygenation.
10. Satisfactory rapid sequence induction technique.
11. Demonstration of proper measures to minimise aspiration risk during emergence from anaesthesia.
12. Failed intubation drill, emergency airway management (this may be manikin based).

**Knowledge**

1. Risk factors causing regurgitation and aspiration.
2. Factors influencing gastric emptying, especially trauma and opioids.
3. Fasting periods in relation to urgency of surgery
4. Reduction of the risks of regurgitation.
5. Failed intubation drill, emergency airway management
6. The emergency treatment of aspiration of gastric contents
7. Basic pharmacology of suxamethonium and repeated doses.

**Setting**

**Patients:** Starved ASA I and II patients aged 16 and over having uncomplicated elective or urgent surgery with normal upper airway anatomy.

**Location:** Operating theatre.

**Situations:** Supervised theatre practice.

**Assessments**

- A test of failed intubation drill (this may be manikin based)
- A theatre based demonstration of practical skills.
- Simultaneous oral test of understanding.

**Guidance**

This test should ensure competent management of the airway during straightforward urgent surgery. The test must be done on a patient who is adequately starved prior to induction of anaesthesia. The patient may, or may not be, an urgent case. The trainee should be able to discuss methods of prediction of the difficult airway and of difficult intubation. They should be able to explain and if possible demonstrate on a manikin the failed intubation drill, and the immediate management of the patient who aspirates gastric contents.

**SHO INITIAL ASSESSMENT OF COMPETENCY:**

**c) Rapid Sequence Induction (RSI) and failed intubation routine**

Name of trainee.....

**The Trainee has satisfactorily demonstrated:**

	<b>YES</b>	<b>NO</b>
Preparation of the operating theatre	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactorily checking of the anaesthetic machine, sucker etc.	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of the patient (information and positioning)	<input type="checkbox"/>	<input type="checkbox"/>
An understanding of the mandatory periods for pre-operative fasting	<input type="checkbox"/>	<input type="checkbox"/>
An understanding of the indications for RSI	<input type="checkbox"/>	<input type="checkbox"/>
An adequate explanation of RSI to the patient, including cricoid pressure	<input type="checkbox"/>	<input type="checkbox"/>
To the assistant how to apply cricoid pressure	<input type="checkbox"/>	<input type="checkbox"/>
Proper pre-oxygenation of the patient	<input type="checkbox"/>	<input type="checkbox"/>
The undertaking of a RSI	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of correct placement of tracheal tube	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of failed intubation drill	<input type="checkbox"/>	<input type="checkbox"/>
Practical application of failed intubation drill (this may be manikin based)	<input type="checkbox"/>	<input type="checkbox"/>
Proper extubation when the stomach may not be empty	<input type="checkbox"/>	<input type="checkbox"/>
<b>This assessment was completed satisfactorily (please circle)</b>	<b>YES</b>	<b>NO</b>

IF NO, GIVE REASONS:

Signed..... Print name ..... Date .....

Appointment.....

Signed ..... Print name ..... Date .....

Appointment.....

**SHO INITIAL ASSESSMENT OF COMPETENCY SYLLABUS:**

**d) Cardio-pulmonary resuscitation (CPR)**

**Clinical skills**

1. Able to recognise cardiac and respiratory arrest
2. Able to perform cardiac compression
3. Able to manage the airway during cardiopulmonary resuscitation (CPR): using expired air breathing, bag and mask, laryngeal mask and endotracheal intubation
4. Able to perform CPR either single-handed or as a member of a team
5. Able to use the defibrillator
6. Able to interpret arrhythmias causing and associated with cardiac arrest
7. To perform resuscitation sequences for ventricular tachycardia, VF, asystole, EMD
8. Able to move a patient into the recovery position

**Knowledge**

1. Resuscitation guidelines of Resuscitation Council (UK)
2. The factors relating to brain injury at cardiac arrest
3. Factors influencing the effectiveness of cardiac compression
4. Drugs used during CPR (adrenaline (epinephrine), atropine, lignocaine, calcium, magnesium, sodium bicarbonate)
5. The ethics of CPR: who might benefit
6. Record keeping at CPR

**Setting**

Simulated scenario of collapse requiring cardio-pulmonary resuscitation during a practical teaching session

**Role:** Initiate and maintain CPR when necessary. Undertake the role of team leader if no more senior doctor is present, continuing CPR as appropriate, administering necessary drugs and defibrillating if needed. If a more experienced resuscitator is available will adopt an appropriate role in the resuscitation team.

**Locations:** Wherever necessary.

**Assessments**

- Manikin based practical assessment of CPR skills
- Arrhythmia recognition session using monitor
- Oral assessment of knowledge of resuscitation

If a trainee has completed an ALS course within the last 12 months, the assessment of CPR competency can be assumed and signed off with a comment made to that effect under the signature(s).

**SHO INITIAL ASSESSMENT OF COMPETENCY:**

**d) Cardiopulmonary Resuscitation**

This assessment may be undertaken at any time and may be combined with a practical teaching session.

**Name of trainee**.....

<b>The Trainee:</b>	<b>YES</b>	<b>NO</b>
Ensures personal safety and that of the staff	<input type="checkbox"/>	<input type="checkbox"/>
Calls for help	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates the diagnostic method	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates mask to mouth rescue breathing.	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ventilation with mask and bag	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates satisfactory insertion of and ventilation with ET tube	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates satisfactory cardiac compression.	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactorily interprets common arrhythmias on ECG monitor.	<input type="checkbox"/>	<input type="checkbox"/>
Understands the indications for defibrillation.	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates correct use of defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Understands the use of appropriate drugs during resuscitation	<input type="checkbox"/>	<input type="checkbox"/>
Can undertake the lead role in directing CPR.	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates moving a patient into the recovery position	<input type="checkbox"/>	<input type="checkbox"/>
<b>This assessment was completed satisfactorily (please circle)</b>	<b>YES</b>	<b>NO</b>

IF NO, GIVE REASONS

Signed.....Print name..... Date .....

Appointment .....

Signed..... Print name ..... Date.....

Appointment .....

If a trainee has completed an ALS course within the last 12 months, the assessment of CPR competency can be assumed and signed with a comment made to that effect under the signature(s).

**SHO INITIAL ASSESSMENT OF COMPETENCY:**

**e) Clinical judgement, attitudes and behaviour**

**Name of trainee**

.....

To the best of my knowledge and belief this trainee has:

1. Shown care and respect for patients.
2. Demonstrated a willingness to learn.
3. Asked for help appropriately.
4. Appeared reliable and trustworthy.

Signed.....

Print Name.....Date.....

Appointment .....

Signed.....

Print name.....Date.....

Appointment .....

**FIRST YEAR WORKPLACE ASSESSMENT RECORD OF:**

Name of Trainee: ..... Year of Training .....

Date of Assessment: .....

The training logbook was reviewed and found to be satisfactory **YES NO**

Clinical skills, attitudes and behaviour were assessed by the following methods:

Assessment forms filled in by consultants (circle one) **YES NO**

Formal assessment during theatre sessions (circle one) **YES NO**

Sign 1. or 2. below:

1. To the best of my belief this trainee has achieved the level of competence required to anaesthetize ASA 1 and 2 patients for minor to intermediate surgery safely and without direct supervision.

Signed ..... Name (print)..... Position .....

Signed ..... Name (print)..... Position .....

2. This trainee has **not** achieved the level of competence required for the following reasons

.....  
.....  
.....

Signed..... Name (print) ..... Position .....

Signed..... Name (print) ..... Position .....

**SPECIALIST ACCREDITATION COMMITTEE**

**MEDICAL**

**TRAINING PROGRAMME**

**ANAESTHESIOLOGY**

**‘A’**



## **Anaesthesiology Training Programme in Malta**

### **1. Title**

The areas of expertise of Anaesthesiology are: Anaesthesia, Emergency Medicine, Intensive Care, Pain Medicine and Reanimation.

### **2. Entry Requirements**

Recognised First Degree in Medicine  
Full registration with the Medical Council of Malta.

### **3. Duration**

The duration of training for specialist recognition should be at least 5 years, with a minimum of:

6 months in intensive care medicine, full time

3 months in emergency medicine

3 months in pain therapy

Part-time duration is pro-rata. The minimum number of hours worked must not be less than half-time. On call duty commitments must also be worked pro-rata.

### **4. Main areas covered (competences to be acquired)**

a. UEMS and specialty Training. Simon de Lange EJA, 2001, 18, 561 – 562 (Ref 3)

b. EBA. Training Guidelines, EJA, 2001, 18, 563 - 571 (Ref 4)

### **5. Criteria for completion of programme and award of specialist certificate**

#### **Completion of Specialist Training**

a. Specialist Register is to be established by the Medical Council of Malta

b. Anaesthesiologists who have completed their training by the time the above training programme comes into force shall be accredited by the SAC. They will be granted a Certificate of Completion of Specialist Training in accordance with HCPA 2003 (Ref 1). They will be eligible for inclusion in the Specialist Register if they fulfil the following criteria.

I. They are fully registered (general registration) with the Medical Council of Malta

II. They have sufficient linguistic competence to be able to communicate with patients and colleagues as recommended by the Council of the European Communities (Council Directive 93/16/EEC Article 20 No 3 – Ref 10)

- III. They have at least 5 years experience in the specialty and have obtained a post graduate qualification acceptable to the SAC and the Medical Council of Malta e.g. D.E A.A., F.R.C.A. etc. A document which indicates a pass in the final examination which leads to the diplomas just mentioned will be accepted. The CSST will be granted and the applicant's name will be entered into the Specialist Register within the same calendar year in which he or she has passed the final examination .
- IV. They have completed the Anaesthesiology training programme approved by the SAC.

**OR**

They hold a specialist certificate issued by a member state of the European Union.

**Completion of Training of present trainees.**

Anaesthesiologists who are undergoing specialist training at the time that the above programme comes into force should indicate all activities related to training that have been undertaken. In these cases, a programme of further training shall be worked out on an individualised basis depending on the stage that the trainee has reached. This is in accordance with HCPA 2003.

**Accreditation Criteria for Specialists who have already completed their training.**

- 1) Specialists must hold a license to practice the Medical Profession in Malta.
- 2) Specialists must hold a higher post-graduate qualification in Anaesthesia (D.E.A.A., F.R.C.A., or equivalent qualification recognized in the European Union).
- 3) If in possession, they should present a certificate of completion of specialist training by the Specialist Training Authority of the EU country where they completed their training.
- 4) Qualifications and experience must be supported by certificates and / or testimonials (photocopies to be included with the applications, originals to be produced for verification at the interview).
- 5) Eligible applicants will be interviewed by the SAC to assess their suitability for inclusion in the Specialist Register.
- 6) Applications together with a curriculum vitae and the names of two referees should be submitted to the SAC.

If the application is successful, the SAC will issue an accreditation certificate recommending inclusion in the Special Register. Applicants will submit this certificate to the Medical Council of Malta if they wish their name to be included in the Specialist Register.

**Consultants who prior to the coming into force of HCPA 2003 held Government appointment in a Government Hospital.**

Consultants who at present hold a Government appointment, or who have held a Government Consultant post in the past, should apply to the Medical Council of Malta for inclusion in the Specialist Register.

**Senior Registrars who prior to the coming into force of HCPA 2003 held Government appointment in a Government Hospital.**

These should apply to the Medical Council of Malta for inclusion in the Specialist Register.

**Medical Practitioners who are not included in the categories specified above.**

These may apply to have their name included in the Specialist Register and should apply to the Medical Council of Malta for individual consideration.

**6. Qualification for trainers**

**Requirements for Teachers in Anaesthesiology**

The chief of training should have been practising the specialty for at least 5 years after qualification as a specialist. There should be an appropriate number of specialist teaching staff members for the number of trainees under instruction. The teaching staff should include a sufficient number of specialists actively practising the specialty although super-specialist teachers may be required for their specific teaching skills.

**7. Duties of Trainers**

- 7.1 Teachers should prepare training programmes to meet the needs of the individual trainees. These programmes should be based on the activities and strengths of the institution and should comply with national rules, EU directives and recommendations of the UEMS/EBA.
- 7.2 There should be a sufficient number of teachers to ensure that all trainees receive a sufficient teaching and close personal monitoring during their training.
- 7.3 Requirements should comply with the attached Framework Specialist Training Programme.
- 7.4 Requirements for Training Institution / Training centre.  
The training centre should comply with and maintain standards as laid down by the UEMS (See References 3,4,11).
- 7.5 Recognition of Training Institutions

Training institutions for the specialty of Anaesthesiology, shall be recognized by the National Authority and/or the National Board of the member country.

- 7.6 To be recognized for training the institution or group of institutions should be of sufficient size, with an appropriate number of procedures undertaken to permit the trainees to receive the necessary experience. All procedures of current anaesthetic practice should be available, especially in general surgery, obstetrics and head and neck surgery. Access to intensive care and emergency surgery is also mandatory. Experience in day-case surgery is required as is exposure to specialized fields of anaesthesia for example for neurosurgery, paediatric surgery and cardiac surgery. It is essential that training schemes have a sufficient number of specialized anaesthesiologists to provide the required training and supervision. The EBA will monitor training schemes and if necessary advise on how such schemes might be introduced or improved.
- 7.7 **Quality assurance of the Training Institution.**  
The training institution should have an internal system of medical audit or quality assurance, including features such as morbidity meetings and critical incident reporting. A range of hospital surveys, such as infection control and pharmacological and therapeutic committees should be in place. Inspection of training institutions by the National Authority may be undertaken if a national visiting scheme exist. Help may also be sought from the EBA education committee. An assessment on behalf of the EBA will be required before the developing of trainee exchange schemes.
- 7.8 **Teaching Infrastructure of the Institution.**  
In an institution recognized for training, there should be available to trainee facilities for both practical and theoretical study. Access to adequate national and international literature textbooks, reviews and data bases should be provided. Space and accommodation for practical training in a laboratory setting should be available. There must be a sufficient number of teachers with the necessary skills and knowledge to provide a broad based teaching programme. As well as didactic teaching, trainees should participate in providing lectures, tutorials, case reports and journal sessions for teachers and other trainees. The EBA can provide assistance with the development and assessment of such training schemes.
- 7.9 **Continuing professional Development**  
CME Charter, 1994 U.E.M.S.  
See Charter on continuing medical education of medical specialists in the European Union.  
Postgraduate educational activities shall be organized in order to promote a high standard of Anaesthesiology, Resuscitation and Intensive Therapy in Malta. These shall include lectures, conferences and symposia with the participation of local and foreign experts. The Association regards it as essential that specialists attend international conferences and symposia overseas in order that they keep

abreast with recent advances in their fields and to promote healthy cross fertilisation of ideas with their international colleagues.

The Association of Anaesthesiologists of Malta endorses and supports the position of the U.E.M.S. in regard to Continuing Medical Education (CME) of specialists (adopted by the officers of the Specialist Sections of the U.E.M.S. in Brussels 25/6/1994 and approved by the Managing Council of the U.E.M.S. in London on 29/10/94. It makes particular reference to paragraph 3 of the said position statement.

“The system of remuneration of all specialists must contain elements of finance to include their activity in CME. However, whatever system is applied in the member state, the specialist must not be financially disadvantaged and therefore should be compensated for his/her CME activity.”

It is also essential that protected time be allocated to both senior and junior doctors if training, continuing professional development and research are to be encouraged.

The Association therefore looks forward to exploring with the local health authorities ways of putting this into practice.

A system of accreditation of CME will be based on:

- Credits awarded to recognized CME courses and meetings,
- Inspection of documents related to the programmes of training
- Assessment of teachers and trainees
- Inspection of certificates and proof of payment for CME activities

- 7.10 The main training institution, St Luke’s Hospital, Malta has been visited by Dr Zorab in 2001 (ref 5) and has received a Certificate of Accreditation for Training of Specialists in an EU State for the period 2003-8 (Ref 6) It is the duty of the trainers and the Association to strive to maintain these standards and to continue to improve on the quality of training provided in this institution.

## **8. Obligations of trainee**

The Trainee shall

- a. record all stages of training and activities related to training in a log book authorized by the SAC.
- b. have sufficient linguistic capabilities to communicate with patients and colleagues as recommended by the U. E.M.S. 1995 Chapter 6, No 5.2 of the Training Charter

- c. conform to the requirements of the Framework specialist Training Programme produced by the SAC.

### **9. Training Abroad**

A maximum of one year training in an approved foreign institution will be recognized for the purposes of specialist accreditation by local authorities, provided that such a rotation must be approved by the Association of the Anaesthesiologists of Malta and that the trainee must submit a certified logbook of the training he has undertaken at that institution. This is without prejudice for longer periods of training in an approved overseas institution that may form an integral part of a structured training programme where this is necessary in order to provide the degree of exposure required. Trainees in anaesthesiology are strongly advised to pursue a period of overseas training.

### **POST SCRIPT**

**Allowance is given to permit updating of this training programme in accordance with future deliberation of Maltese and European Legislation, the SAC, the Training committee and the U.E.M.S.**

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  - c) U.E.M.S. Charter on Quality Assurance 1996
  - d) U.E.M.S. Charter on Visitation of Training Centres 1997.
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