

## **RA-UK Framework**

### **Post CCT Fellow in Regional Anaesthesia**

#### **Authors**

James Lloyd<sup>1</sup>, James Bowness<sup>12</sup>, Ashwani Gupta<sup>3</sup>, Jonathan Womack<sup>4</sup>

1. Department of Anaesthesia, Aneurin Bevan University Health Board
2. OxSTaR, Nuffield Department of Clinical Neurosciences, University of Oxford
3. Department of Anaesthesia, Queen Elizabeth Hospital, Gateshead NHS Foundation Trust
4. Department of Anaesthesia, The Newcastle upon Tyne Hospitals NHS Foundation Trust

Date of Production: October 2021

Date of Review: August 2024

#### **Purpose of the post**

- Educational programme between 6 and 12 months (full time equivalent).
- Support development into a skilled consultant specialising in regional anaesthesia
- Assumes candidate has CCT in Anaesthetics, and prior competence in regional anaesthesia to equivalence of Stage 3 training outcomes in RCoA 2021 curriculum. If not yet attained, will need to establish this as a minimum prior to completing the higher outcomes.
- The Fellowship may be undertaken at a single hospital or at multiple centres. Clinical observership or experience at other institutions is encouraged, particularly if the primary institution does not offer a particular curriculum outcome.

#### **Job plan**

- Explicitly designed as an educational programme, with clinical, non-clinical, and revalidation aims agreed with supervisor.
- Named consultant supervisor - an experienced regional anaesthetist who will oversee progress via regular meetings, ensure educational outcomes are met, review feedback from colleagues, and verify completion of fellowship.
- Must contain sessions where surgery is performed 'awake' (without the use of general anaesthesia), which could include experience of a "block room", as well as sessions where regional analgesia is used to augment general anaesthesia.
- Must support revalidation requirements, containing at least half a day per week of dedicated SPA
- Should include time for academic/teaching/QI within RA (half a day per week suggested)
- Allows provision for fellow to advise/assist colleagues with regional techniques, as well as involvement in decision making around preoperative planning for complex patients
- It is anticipated there will be some need for service provision (e.g., an on call commitment), this will be determined by the particular needs of the department and candidate.

Following this framework, and confirmation with RAUK, will allow the department to advertise the post as an “RA-UK recognised Post-CCT Fellowship in Regional Anaesthesia”.

## **Outcomes**

The fellowship aims to include and exceed the outcomes for Stage 3 Special Interest Area training from the RCoA 2021 Curriculum as a minimum.

- Fellows must keep a logbook of all regional anaesthesia cases.
- Explicit learning outcomes must be agreed between the fellow and their supervisor, and should be demonstrated through ongoing formative assessment and feedback from supervising clinicians.

Minimum outcomes:

- 2 areas from the awake surgery list
- Plan A blocks
- 1 from each section of the Plan B/C/D blocks
- At least one of the non-clinical sections: academic, educational or management
- Attendance at a national or international RA conference
- One completed, presented project, either QI or academic
- A successful review of feedback from supervising clinicians

## **Clinical**

### **Anaesthesia**

Provides RA for awake surgery involving

- Upper limb:
  - Shoulder
  - Hand
- Lower limb:
  - Foot and ankle
- Other, less widely available options include
  - Breast

## Analgesia

Provides UGRA, including nerve catheters for analgesia involving:

Area	Plan A Blocks Should have significant experience	Plan B/C/D Blocks Experience of performing many, understands all and has transferable skills
Upper Limb		
Shoulder	Interscalene	Superior trunk block, Suprascapular nerve block
Below Shoulder	Axillary	Supraclavicular Infraclavicular Elbow and forearm peripheral nerve blocks
Lower Limb		
Hip	Femoral Nerve	Fascia Iliaca (Inc. Supra-inguinal) Lumbar Plexus
Knee	Adductor Canal	IPACK
Foot & Ankle	Popliteal Sciatic	Ankle
Trunk		
Neck		Cervical Plexus
Chest Wall	Erector Spinae Plane	Paravertebral Serratus Anterior PECS
Abdominal Wall	Rectus Sheath	Quadratus Lumborum TAP Ilioinguinal/Iliohypogastric
Neuraxial		USS scanning in sagittal and transverse planes Uses short acting local anaesthetics (e.g., 2-Chloroprocaine and Prilocaine)

## Perioperative Ultrasound

This is to be considered supplemental as it is beyond the remit of RA-UK

- Develop basic skills in POCUS, for example airway, lung and gastric ultrasound, fellows should be encouraged to seek out an educational course, or online qualification (e.g. POCUS.org)

## Non-Clinical

### Academic (at least one component of the following essential)

- Attend at least one UGRA conference (e.g., RA-UK ASM or ESRA/ASRA congress)
- May progress with higher RA qualification (e.g., EDRA, MSc or equivalent)
- Conduct at least one research project, aiming to:
  - Present at a national/international meeting
  - Publish at least one manuscript in a peer review journal

### Education (at least one component of the following essential)

- Teaching:
  - Formal teaching commitment (e.g., undergraduate medical degree course, postgraduate teaching courses, departmental FRCA teaching programme)
  - Subject matter to include UGRA theory (anatomy, physics, and pharmacology etc) and practical skills in UGRA
  - Mentors and supervises junior UGRA practitioners in department
- Personal development:
  - Demonstrates formal education in teaching theory

### Management (at least one component of the following essential)

- Involvement in governance surrounding regional anaesthesia:
  - Direct involvement in root cause analysis for any serious untoward incidents, or in dealing with complaints
  - Service planning
  - Procurement of new equipment
    - Gain knowledge of how to produce a business case
  - Involvement with medicine and therapeutics committee/pharmacy about formulary
    - Understand how to apply for a new drug to become available within the trust

## References

This framework has been developed to help ensure high quality Post-CCT training in regional anaesthesia is offered in the UK. Its development has been guided by review of international fellowship programmes, suggested outcomes, and the evidence base for their development

- International fellowship programmes  
<https://esraeurope.org/esra-approved-training-institutions/>  
<https://www.asra.com/the-asra-family/trainees/fellowship-directory>
- RCEng senior clinical fellowship scheme  
<https://www.rcseng.ac.uk/education-and-exams/accreditation/rcs-senior-clinical-fellowship-scheme/>
- Development of the ANZCA fellowship: Sidhu NS, Chuan A, Mitchell CH. Recommendations and resources for regional anaesthesia fellowships in Australia and New Zealand. *Anaesth Intensive Care* 2019;47:452–60. doi:10.1177/0310057X19861113
- Accreditation Council for Graduate Medical Education. ACGME program requirements for graduate medical education in regional anesthesiology and acute pain medicine, 2020. Available: <https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcetid/6/Anesthesiology/>
- The Regional Anesthesiology and Acute Pain Medicine Fellowship Directors Group; Guidelines for Fellowship Training in Regional Anesthesiology and Acute Pain Medicine: Third Edition, 2014 Regional Anesthesia & Pain Medicine 2015;40:213-217.
- Chuan A, Jeyaratnam B, Fathil S On behalf of Education in Regional Anesthesia Collaboration (ERAC) Group, et al. Non-Fellowship regional anesthesia training and assessment: an international Delphi study on a consensus curriculum. *Regional Anesthesia & Pain Medicine* 2021;46:867-873.
- [RCoA 2021 Curriculum](#)