



Tuesday 27 January 2015

Dear President and Members of Council,

On behalf of the membership and the committee of the Association of Cardiothoracic Anaesthetists (ACTA), we are writing to the Royal College of Anaesthetists (RCoA) in order to seek further understanding and clarification of the on-going proposed changes to Anaesthetic Specialty Training in the wake of the “Shape of Training” Final Report. Specifically, we are concerned as to how these changes relate to trainees’ exposure to Cardiothoracic Anaesthesia & Intensive Care.

Over recent months it has become evident that several of the Cardiothoracic Centres around the UK have been unable to recruit suitably qualified candidates to new or replacement consultant posts. The number of appropriately trained potential candidates is decreasing and as a result there is a real threat of increasing consultant vacancies throughout the UK. The inexorable drive towards providing separate Consultant cover for Cardiothoracic Theatres and Cardiac Critical Care on a 24/7 basis is also likely to mandate an expansion in Consultant posts. In addition to this, it is understood that several of the Cardiac Centres around the UK that were originally established in the wake of the national expansion in Cardiac Surgery (approximately 20 years ago), now have a sizeable cohort of Consultants who are all approaching retirement age.

In light of these growing concerns surrounding workforce numbers, it is essential that we in ACTA are optimally positioned to attract new trainees to our sub-specialty. We are extremely concerned that if future trainees are no longer exposed to Cardiothoracic Anaesthesia during the course of their revised National Anaesthesia Specialty Training Programme, they will inevitably be less attracted to a career in our sub-specialty.

In an attempt to quantify the current and anticipated future staffing needs throughout the UK, ACTA is currently embarking on a nationwide census and Workforce Planning Survey, that aims to describe and delineate the current provision of Cardiothoracic Anaesthetic services in the UK, and more importantly what the anticipated needs of the sub-specialty will be over the next 2-10 year period.

We also wish to highlight the fact that our sub-specialty can provide numerous unique educational, training and experiential opportunities for all Anaesthesia & ICM trainees, as detailed in the forthcoming article by Dr. Jonathan Kendall in the March edition of the RCoA *Bulletin*.

Furthermore, it is the firm intention of the ACTA Committee to produce, in conjunction with the RCoA, a nationally recognised education, training and accreditation pathway for Cardiothoracic Anaesthesia & Intensive Care. This will take the form of a detailed syllabus and curriculum, a set of rigorously defined competencies and a comprehensive assessment system.

In order to better understand the educational needs of prospective trainees wishing to specialise in Cardiothoracic Anaesthesia, we within the ACTA membership, would be extremely grateful if the RCoA Council could consider the following pertinent questions:

1. Does Council envisage that trainees will undergo a dedicated block of sub-specialty training within the revised Anaesthesia National Training Program? If so, how long would this block be and would it incorporate dedicated on-call commitments?
2. When is it envisaged that these changes will come into effect?
3. Will there be an option for an in-programme or out-of-programme sub-specialty training module?
4. Will the content/syllabus of the primary and Final FRCA exam be revised in light of any changes to trainees' exposure to Cardiothoracic Anaesthesia?

We are cognisant of the fact that many of the proposed changes to Specialty Training may not yet be fully elucidated, but we would welcome any further guidance that you can provide.

Signed on behalf of the ACTA Committee;



Dr. Simon Gardner

Workforce & Education Representative



Dr. Noel Gavin

President