Reviewer's report

Title: Foundation doctors in Anaesthesia: Should they be taught to administer an anaesthetic?

Version: 1 Date: 15 July 2007

Reviewer: Ed Peile

Reviewer's report:

General
I commend the authors on a very thorough revision which I think results in an article that makes best use of their data and experience to construct an interesting and worthwhile debate. The new material is a worthwhile addition. Well done.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
none

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
none

Discretionary Revisions (which the author can choose to ignore)
I suggest there are 2 sections which it is just worth having one last look at. The section headed supervision is a key focus for debate, and the section that follows headed conflict of interest.

In the first "supervising such junior trainees without formally recognised competencies" I think there are at least 2 concepts getting conflated here. The first is that of recognised competence, and what I understand you to be saying is that it is possible to take a PRHO through a process that results in an assessment of a recognised level of competency for new starters. This process is in place for ST1 grade doctors in anaesthesia, and you consider it would be also appropriate for PRHOs, although they would have to repeat the process if they become anaesthesia trainee specialists. OK. But if they do this, what level of supervision (in theatre, in corridor, or in coffee room is appropriate? What level is appropriate if they have not yet achieved this level of demonstrable competence? I suggest you nail your colours to the mast. Was this standard available when the consultants responded to your survey. If not, you can refer to the discrepant views amongst consultants then, and propose your recommendation for practise. When you talk about creating a learning need for trainees, I am not very
comfortable. I think what you are saying is that for Pre-registration Foundation doctors, the learning opportunity to demonstrate competence to the level of the 'New Starter' and thereby earn the right to undertake a responsible task with less immediate supervision, is one which has a definite transferable learning value.

Moving to conflict of interest, I suggest you reword the subheading as readers may presume that authors are declaring a conflict of interest. In this section, you have worked hard on the text, but I think one last attempt to clarify further would be worthwhile. The point I think you are making is that although you are satisfied that your survey, addressed to College Tutors, had a high response rate and adequately represents their views across a wide geographic constituency, you suspect that the views of individual consultants supervising junior doctors may be more disparate. Indeed you have some evidence for this view from a pilot survey you conducted. I think you should then be crystal clear as to what is the difference and why you think it comes about. I think you are saying that College Tutors adopt a more restricted view of what constitutes acceptable supervision than do supervising consultants, and it may be the college tutors, (uninfluenced by the potential conflict of interest in the easier life for supervising consultants that results from less close supervision) are in the better position to pronounce on the best balance for meeting responsibilities to junior learners and patient safety.

As an aside, do you have any information about what patients feel about the clinical governance issues here.? I suppose the acid test is would you be happy being explicit to a patient: "the doctor who is initiating and administrating your anaesthetic is a Foundation doctor on a 3 month post in the speciality. This doctor has demonstrated that he/she has achieved the level of competence for a new starter, as recommended by the Royal College of Anaesthetists, and will be supervised by an experienced anaesthetist who is available in an nearby room."?

You could use your article to generate further debate amongst the speciality and amongst those interested in issues of clinical governance, as well as the postgraduate education community.

I wish you well and I hope my comments help.

What next?: Accept after discretionary revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

'I declare that I have no competing interests'