

POLICY AND PROCEDURES

Accreditation of Training in Anaesthesiology and Intensive Care (ATAIC)

1. Introduction

Created in 1989 by the European Academy of Anaesthesiology (EAA), the Hospital Visiting and Accreditation Programme (HVAP) has been in place since January 1996, within the framework of a joint permanent committee of the EAA and the European Board of the UEMS Section of Anaesthesiology (EBA). In 2010, in order to reflect better its activities and aims, the name was changed to Hospital Visiting and Training Accreditation Programme (HVTAP); for the same purpose, the name was changed again in January 2020 into Accreditation of Training in Anaesthesiology and Intensive Care (ATAIC).

The main goal of the ATAIC is to ensure that an academic institution meets the prerequisites of training in anaesthesia and intensive care as set out in the EBA training guidelines. The information obtained from previous visits allows valuable conclusions on the standard of anaesthesia training in Europe to be drawn. Together with the European Diploma in Anaesthesiology and Intensive Care and the Trainee Exchange Programme, the ATAIC serves to improve and harmonise training throughout Europe.

The European visiting programme was instituted to evaluate training programme in terms of facilities, design of education, standard and involvement of faculty, balance between clinical training and didactic teaching and the possibility for research. These visits might thus be to a single hospital or to a group of hospitals, which are then regarded as a training unit with a complete teaching programme; likewise visits might take place in single specialised centres and lead to a partial accreditation of highly specialised training programmes. The accreditation process includes interviews, review of anaesthesia records, logbooks, audits, guidelines and local protocols. Training programmes, which do not meet the set standards, will receive recommendations for changes and an earlier scheduled reevaluation visit. Once accredited and certified these training units might serve as references centres for national visits.

The inspection focuses on structure as well as process. *Structure* addresses resources such as medical staff, facilities, library, technical equipment, access to medical service and opportunities for research and development. *Process* refers to the “educational climate” and to how existing educational resources are used; whether there is a director of studies, whether training programmes are formulated and guidelines applied, how professional guidance is organised, and whether senior doctors take an active interest in the training of their younger colleagues. Good educational resources may not be used to their full potential because of inadequate involvement, and conversely, a positive educational and academic climate may compensate for material deficiencies.

The visitors should be able to answer and comment if the following items or elements are sufficient to fulfil the goals:

- training unit's operation
- faculty's level of expertise
- quality of facilities and the available equipment
- structure of individual teaching plan
- educational climate and learning environment
- theoretical education
- academic climate and opportunities for research and development.

This Accreditation of Training in Anaesthesiology and Intensive Care (ATAIC) programme is ambitious, so it is unrealistic to expect that every academic hospital throughout Europe will be visited. However, those departments of anaesthetics or specialised centres that request to be visited provide an opportunity to demonstrate the value and benefits of having training evaluated and accredited. The aim is

to help training departments meet agreed standards. For countries in which national training programmes linked to hospital visiting and accreditation programmes already exist, the ATAIC would hope to be a complement for harmonising anaesthesia training throughout Europe.

2. Organisation

2.1 Committee

The Committee is a permanent Joint Committee of the European Board of Anaesthesiology (EBA) and the European Society of Anaesthesiology and Intensive Care (ESAIC). The committee is called ATAIC Joint Committee.

2.2 Committee Composition

The composition of the Committee is jointly determined by the ESAIC and the EBA and reviewed annually. The Committee consists of seven (7) members, three (3) from the ESAIC and three (3) from the EBA. Additionally, and until further notice by the ATAIC Committee Chair, one Trainee representative selected by the ESAIC Trainees Committee will be accepted at the meetings of the ATAIC Committee, but this Trainee representative will have no voting rights. Within the 6 members with voting rights, the Committee chooses a Chairperson, and the choice must be approved by the EBA and ESAIC Boards. Ideally, there should be a rotation between ESAIC and EBA for the position of ATAIC Chair.

The members are appointed for three years, renewable twice for one year for a total of five years. Both yearly renewals are tacit. A member of the ATAIC Committee can become its Chair no later than at the end of their third year. The term of office of the Committee Chair is three years. For continuity of the activities, the Past Chair will remain a member of the Committee for one and a half years after the end of his/her term as Chair. The total aggregated term of office must not exceed seven and a half years (member+ Chair+ Past Chair).

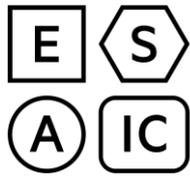
All terms of office will start on 1 January. Any member of the Committee must resign from the Committee one year after retiring from active work. The term of office of a committee member can be terminated with the approval of the relevant Board (ESAIC or EBA) at any point in time if the contribution is deemed insufficient.

Members of the committee shall be selected from the pool of visitors based on the following criteria (reflected in the ESAIC Nominations Committee policy):

- Previous or current involvement in UEMS/EBA or ESAIC activities
- Previous experience in accreditation and auditing
- Activity as ATAIC visitor
- Experience in teaching Anaesthesia
- Recommendation from National Authorities
- Fit for position.

2.3 Committee Meetings

The Committee shall meet two to three times per year or as required, with maximum one of these meetings taking place physically (which will be during Euroanaesthesia). Between physical meetings, communication will take place by e-mail, web conference, fax or telephone as necessary. The quorum for the Committee is three members, with at least one member from each of the ESAIC and the EBA, respectively.



European Society of
Anaesthesiology and
Intensive Care



European
Board of
Anaesthesiology

2.4 Visitors

The EBA visitors are selected among volunteering national delegates. The ESAIC Visitor vacancies will be advertised on the ESAIC website following normal procedures with application and CV with covering letter. The ATAIC Committee will make the selection based on criteria such as national accreditation experience and activities related to quality assurance of training.

2.5 Purpose

The Committee will co-ordinate the Accreditation of Training in Anaesthesiology and Intensive Care programme with the following means and aims:

- select visitors (assessors) from the ESAIC and the EBA
- report the results of a visit to the ESAIC, the EBA and the visited centre
- propose criteria for visiting and assessment guidelines
- record the visits and send copies to the secretariats of the ESAIC and the EBA
- gather information on training quality for setting and maintaining standards of training
- suggest standards for the recognition of training institutions
- facilitate exchange of trainees between European states
- further harmonisation of the level of training within Europe.

It should be noted that each visit will be coordinated by a member of the ATAIC Committee approved by the Chairperson, and a rotation of members will be ensured between visits so as to distribute the work evenly and efficiently between all committee members.

2.6 Annual report

The Chairperson of the ATAIC Joint Committee will submit two annual reports of its activities to the ESAIC & UEMS/EBA Executive Committee/Board. These reports may be included in the general annual report of both organisations. In these reports it may not be possible to link data to individual training centres unless the training centre has given its approval for publication of the visitation report.

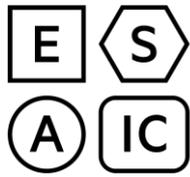
2.7 Budget

An appropriate budget must be set annually to support the visiting programme, over and above those costs met by the visiting institution. This should be shared between the organisations involved in the Accreditation of Training in Anaesthesiology and Intensive Care.

3. Hospital Visit

3.1 Application

The Accreditation of Training in Anaesthesiology and Intensive Care (ATAIC) is offered on a voluntary basis to the academic departments of anaesthesia and/or intensive care which apply for teaching accreditation in accordance with European training guidelines. An application is sent by the Head of a Department or Institute to the ESAIC Secretariat. The ATAIC Joint Committee will decide whether the visit is warranted and appropriate. The eligibility criteria include a prior accreditation from a nationally recognised body and the demonstration of a continuous, ongoing and successful operation of the institution in the delivery of education and/or training programmes within the area of Anaesthesiology and Intensive Care Medicine. A questionnaire outlining the structure of the hospital, the composition of the staff and the organisation of teaching and training is then filled in by the applicant and submitted to the ESAIC Secretariat. A separate questionnaire is filled in by trainees and confidentially submitted to the ESAIC Secretariat.



3.2 Visiting Team

- This comprises three individuals who are appointed by the ATAIC Joint Committee: one from the ESAIC pool of visitors, one from the EBA pool of visitors and one from the country in which the hospital visit will take place. The latter national visitor is appointed by the National Anaesthesia Society of the respective country, who should be approached by the applying hospital. The two ATAIC visitors shall be members of either the ESAIC or the EBA.
- The ESAIC Secretariat will arrange the date of the visit and coordinate all communications. The two ATAIC visitors are responsible for writing the report. The national visitor also serves to promote the ATAIC in their own country and to actively support the process. This includes explanation of the national rules and educational programmes that represent frame and constraints for the institution, and also translation of the interviews during the visit and in the contacts with staff members. If required for the interviews, a professional interpreter will be provided by the Host or the National Society. The national visitor may also need to explain to the local authorities the expectations of the visitors and may help them in organising the agenda of the visit. The national visitor is supposed to participate in the final debriefing meeting in order to avoid any misunderstanding. The two ATAIC visitors are expected to discuss the report with the national visitor in order to avoid errors and to make sure that local specificities are correctly interpreted. It should be noted that the national visitor will receive a copy of the application documents.

3.3 Site Visit

The visit consists of a detailed presentation of the staff and organisation of the hospital, the department (or the institute) and the structure of training. This forms the basis for a discussion and evaluation of all aspects of the teaching and training process with the staff members involved, to complement and build upon the strengths and to encourage development and change to address areas of weakness. This is followed by a personal and confidential interview with trainees at different levels of training and in the absence of supervising staff. Information obtained is not ascribed to individuals.

3.4 Debriefing

At the end of the visit there should be a debriefing session with a representative group of anaesthetists and other key personnel including managers if possible. All key points to be highlighted in the report must be discussed at this meeting. The visitors should provide constructive feedback; this is a good opportunity to praise any positive findings.

3.5 Report

The two ATAIC visitors should formulate their conclusions, conditions and recommendations in a fully agreed and dated report. There should be two aspects to this recommendation: duration of accreditation and recommendations for reaccreditation. The draft report from the two ATAIC visitors is discussed within the ATAIC Joint Committee and then sent to the visited centre to correct any factual errors. The final report is sent to the ESAIC and EBA Boards and archived in the ESAIC Secretariat. The final report is sent to the visited centre and the national visitor, and it must be available to all parties within six months of the visit.

3.6 Certificate of Accreditation

Any department that has submitted an application for certification and has subsequently been visited and approved will receive a certificate of accreditation. The accreditation certificate will state:

- the names and titles of the visitors

- the date, extent and period of validity of the accreditation.

Accreditation may be valid for up to five years depending on the visitors' recommendations and the decision of the ATAIC Joint Committee.

3.7 Costs

Costs incurred by the visit within the country are normally met by the visited institution. International travel and all other costs outside the country will be covered by the fee paid by the centre. Visitors' travel expenses will only be reimbursed at economy class rates. The Host or the National Society will cover the cost of an independent translator should the visitor(s) request it.

Information concerning the fee for accreditation can be found on the ESAIC website.

4. Re-Accreditation of Training

The ATAIC Joint Committee is authorised to reaccredit visited departments as follows. In order to apply for reaccreditation, applying hospitals have to re-submit the documents required for a first accreditation as well as the following two documents:

1. a copy of the final report of the last accreditation visit
2. the Continuous Improvement Form which must include a "point by point" response to the critical issues addressed within the final report of the previous visit.

5. Commitment of Centres to the other ESAIC Educational Activities

All hospitals accredited by the ATAIC Joint Committee will automatically be invited to consider hosting the Trainee Exchange Programme, CEEA courses and On-Line Assessment. Additionally, such hospitals will be exempted from the formal application letter should they wish to host the EDAIC Part I examination (approval of the ESAIC Examinations Committee required and based on geographical and other criteria).