

Training Document

The official training programme leading to
specialist registration in
Anaesthetics and Intensive Care Medicine
in Malta, Europe



September 2025

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Glossary of Terms and Abbreviations

AAIM	Association of Anaesthesiologists and Intensivists of Malta
AITA	Annual In-Training Assessments
ALS	Advanced Life Support
ANTS	Anaesthesia Non-Technical Skills
ARCP	Annual Review of Competence Progression
ASA status	American Society of Anaesthesiologists status, I – VI
ATAIC	Accreditation of Training in Anaesthesiology and Intensive Care
BST	Basic Specialist Trainee
CBD	Case Based Discussion
CCBST	Certificate of Completion of Basic Specialist Training
CCST	Certificate of Completion of Specialist Training
CoBaTrICE	Competency Based Training in Intensive Care Medicine in Europe
DOPS	Direct Observation of Procedural Skills
DS – Direct Supervision	Trainee is directly supervised, in person, at all times.
EBA	European Board of Anaesthesiology
EDAIC	European Diploma in Anaesthesiology and Intensive Care
EPA	Entrustable Professional Activity
EPALS	European Paediatric Advanced Life Support
ES	Educational Supervisor/s
ESAIC	European Society of Anaesthesiology and Intensive Care
ESICM	European Society of Intensive Care Medicine
HST	Higher Specialist Trainee
HVTAP	Hospital Visiting and Training Accreditation Programme

IS – Indirect Supervision	Trainee may be allowed to work independently, though a named senior colleague must be available, on-site, at all times, to assist when needed, and remains responsible for the trainee’s work.
Mini-CEX	Mini - Clinical Evaluation Exercise
NORA	Non-Operating Room Anaesthesia
RS – Remote Supervision	Trainee may be allowed to work independently. A named senior colleague must be available remotely e.g., over the phone, for assistance. The senior colleague is responsible for the trainee’s work only after they have been informed of the case.
SAC	Specialist Accreditation Committee
TC	Training Coordinator/s
TIVA	Total Intra Venous Anaesthesia
TSAF	Theatre Session Assessment Form
UEMS	Union Européenne des Médecins Spécialistes / European Union of Medical Specialists

Preamble

Malta Specialist Accreditation Committee Approval Date

The Association of Anaesthesiologists and Intensivists of Malta (AAIM) and the Maltese Specialist Accreditation Committee (SAC) approved this document as the sole and official training document leading to specialist accreditation in Anaesthetics and Intensive Care in Malta. This document has been approved by the SAC on the 7th October 2025.

Effective Date

This training document will be implemented as of the 8th of October 2025.

Disclaimer

This document has been written in good faith, after widespread consultation, and to the best possible knowledge of all involved. The AAIM will not accept any responsibility for any untoward consequences suffered by prospective candidates or third parties.

Throughout the document, the terms “*anaesthesiology*” and “*anaesthesiologist*” are to be taken to refer to the specialty as whole, including anaesthesia, perioperative medicine, intensive care, acute care medicine, and pain management.

Throughout the document, the term “*Malta*” is to be taken to refer to the legal definition of the whole country, including Gozo.

Equal Opportunities

This document aims to provide equal opportunities to all trainees irrespective of gender, sexual orientation, race, religious beliefs, and differently abled individuals, who are able to train successfully to become independent, competent, and safe anaesthesiology, intensive care and pain medicine specialists and professionals. Any references in the text relating to any gender are equally applicable to any other.

Jurisdiction

This Training Document is governed by and will be interpreted in accordance with Maltese law. The Courts of Malta shall have exclusive jurisdiction for any disputes arising out of, or in relation with, this Training Document that cannot be settled amicably.

1. Objectives – Aiming for Excellence

This Training Document will outline the *minimum requirements* for the award of a Certificate of Completion of Specialist Training (CCST) in Anaesthesia, Intensive Care, and Pain in Malta.

However, all candidates are encouraged to aim for excellence in their training journey in pursuit of the achievement of a CCST in Anaesthesia, Intensive Care, and Pain. Our patients, the general public, and the specialist community deserve no less.

Its main reference document is the *Training Requirements for the Specialty of Anaesthesiology – European Standards of Postgraduate Medical Specialist Training* document, produced by the European Union of Medical Specialists (UEMS), first published in 2013 and last updated in 2022. The guiding principles include the development of the anaesthesiologist as a:

- Medical Expert
- Professional Leader
- Academic Scholar
- Inspired Humanitarian

Therefore, this Training Document outlines a holistic training approach, supported by trained educators and trained clinical mentors.

2. Training Structure and Progression

a. Training institutions

Training Institutions in Malta will be recognized as such only if they:

- Hold the Accreditation of Training in Anaesthesiology and Intensive Care (ATAIC) in accordance with the European Training Requirements, awarded jointly by the UEMS and the European Society of Anaesthesiology and Intensive Care (ESAIC).

Training Institutions which had previously been accredited through the Hospital Visiting and Training Accreditation Programme (HVTAP) Joint Committee of the European Society of Anaesthesiology and UEMS, and are planning or awaiting re-accreditation, are to be considered as fulfilling this requirement.

AND

- Have the ability to provide all the minimum requirements for the award of a CCST in Anaesthesia, Intensive Care, and Pain, as outlined in this Training Document.

This may apply to a single governmental training institution, or collectively to a pre-approved and clearly defined governmental group of institutions, at least one of which has the Accreditation mentioned above. Approval is to be obtained from the Malta Postgraduate Anaesthesiology Training Committee in advance of provision of any training.

AND

- Have the required Trainers available to deliver the training programme outlined in this Training Document to the highest standard, under the supervision of the Malta Postgraduate Anaesthesiology Training Committee.

This may apply to a single governmental training institution, or collectively to a pre-approved and clearly defined governmental group of institutions, at least one of which has the Accreditation mentioned above. Approval is to be obtained from the Malta Postgraduate Anaesthesiology Training Committee *prior* to provision of any training.

Trainees who choose to pursue a maximum of 12 months of training in a training institution outside of Malta should obtain approval from both the Malta Postgraduate Anaesthesiology Training Committee and the Maltese SAC, *prior* to starting this training period. The chosen Training Institution, as well as the training post, should be assessed for suitability in relation to the requirements outlined in this Training Document, *prior* to the approval being granted.

Within Malta and Gozo, any training period spent outside of the Accredited Training Institution (Mater Dei Hospital) must be approved by the Malta Postgraduate Anaesthesiology Training Committee *prior* to starting this training period.

b. Entry Requirements

Applicants are offered a Trainee position within the Training Programme after sitting for a competitive interview, under the authority of the Public Service Commission of Malta.

It is strongly recommended that the competitive interview selection board includes members of the Malta Postgraduate Anaesthesiology Training Committee, as well as one of the Training Coordinators.

Acceptance into Basic Specialist Training requires, as a minimum:

- A Foundation Achievement of Competence Document (FACD) awarded by the Malta Foundation School, or equivalent qualification.
- A valid Advanced Life Support (ALS) Provider Certificate, or equivalent.
- Registration on the Principal List of the Malta Medical Council.
- A Licence to practice medicine in Malta.
- Professional proficiency in Maltese and English.

Acceptance into Higher Specialist Training requires, as a minimum:

- A Certificate of Completion of Basic Specialist Training (CCBST) in Anaesthetics and Intensive Care Medicine awarded by the SAC, or equivalent.
- Paid up Registration on the Principal List of the Malta Medical Council.
- A Licence to practice medicine in Malta.
- Professional proficiency in Maltese and English.

Once a Trainee has been offered, and accepted, a BST post, the Malta Postgraduate Anaesthesiology Training Committee may approve entry into the Training Programme into BST 2 (Year 2). A maximum of twelve (12) months of anaesthetic training in approved foreign teaching institutions of equivalent standard in an approved training post, may be counted towards attainment of specialisation in Malta, provided that sufficient evidence is produced by the Trainee that the anaesthetic training undergone is equivalent to that outlined in this Training Programme.

c. Duration of Training

The minimum duration of specialist training in Anaesthesiology shall be of five (5) years in full time practice, or equivalent reduced hours practice.

Full time practice is defined as a minimum average of forty-eight (48) hours per week. This must include morning and afternoon, as well as on-site evening and night work.

For training purposes, trainees must perform a minimum of one 24-hour on-site duty per week, averaged over four (4) months, or equivalent. These are to include a mix of weekdays, weekends, and public holidays. Out-of-hours work is an essential part of training.

Reduced hours practice is allowed, subject to *prior* approval by the Malta Postgraduate Anaesthesiology Training Committee. Training will be calculated pro-rata but should be a minimum average of twenty-four (24) hours per week and include on-site duty commitments. Approval should be automatic when requested for parental reasons.

For each trainee, up to fourteen (14) weeks of maternity, paternity, adoption or parental leave throughout the entire duration of training can be recognised as part of the training period; however, any longer period of such leave will not be considered as training. All requirements set out in this Training Document must be completed, with no exceptions. Trainees wishing to avail of such leave should inform the Training Coordinators and the employer at the earliest opportunity. Pregnant trainees are encouraged to perform and follow their institution's occupational risk assessment at the earliest opportunity.

The maximum time allowed as a BST is four (4) years, as per current collective agreement.

The Training Programme, as outlined in this Training Document, must be fully completed within ten (10) years from the start of specialist training, excluding maternity, parental, sick, responsibility, or other leave as laid out in the Medical Class Sectorial Agreement. The maximum allowable time for such absences is determined by the civil service rules.

Sabbaticals may be requested by Trainees for a maximum of one (1) year. A formal request in writing must be received by the Malta Postgraduate Anaesthesiology Training Committee at least three months in advance, except in cases of sickness. Although the Malta Postgraduate Anaesthesiology Training Committee can give a positive recommendation, only the employer at the Accredited Training Institution can grant absence. Sabbaticals will not be recognized as part of the training period for the purposes of this Training Document.

Should absences be availed of for more than eighteen (18) consecutive months, the Malta Postgraduate Anaesthesiology Training Committee reserves the right to request that the trainee repeats modules and/or certification of competencies.

Failure to complete training within the stipulated time will inevitably lead to redeployment in the appropriate staff grade.

d. Organization of Clinical Training

The minimum five (5) year duration of specialist training in Anaesthesiology, of which twelve (12) months will be specifically allocated to Intensive Care Medicine training, shall be divided into:

- Minimum two (2) years of Basic Specialist Training
- Minimum three (3) years of Higher Specialist Training

Trainees are eligible to apply for an HST post after they are awarded a Certificate of Completion of Basic Specialist Training (CCBST). The appointment to an HST post is subject to a successful performance during a competitive Public Service interview. However, the training from BST to HST shall be deemed as continuous, *provided that the progression of training is satisfactory.*

Trainees must attend at least 75% of days allocated to the clinical training module. If the Trainee is absent for more than 25% of one module – or more than 15% on average, of the three modules in one year - the Malta Postgraduate Anaesthesiology Training Committee will suggest remedial action, that may include the requirement to repeat any module.

Training is based on the progressive achievement of competencies and Entrustable Professional Activities (EPA) per training Module, as developed by the Training Coordinators (TC) and Educational Supervisors (ES), and as approved by the Malta Postgraduate Anaesthesiology Training Committee.

ES are experienced specialists, selected by the Malta Postgraduate Anaesthesiology Training Committee, after an internal expression of interest, and with preference given to applicants with documented evidence of ongoing personal professional development, training in medical education, and of interest and availability for training.

The ES is responsible for ensuring that a Trainee undergoing a Module is:

- Demonstrating the expected educational progress.
- Assisted in attaining the educational objectives.
- Meeting the necessary educational objectives at the end of the Module.

ES and their assigned Trainee should meet at the start, in the middle, and at the end of the Module. Such meetings should be documented on the Trainee's e-portfolio. Any concerns should be escalated to the TC and/or the Malta Postgraduate Anaesthesiology Training Committee, as applicable. Trainees in difficulty should be considered for referral to the Malta Postgraduate Medical Training Centre Trainee Support Team.

Teaching modalities must include:

- Workplace-based teaching and formative assessment. These should be completed on the Trainee's e-portfolio by specialists who have been on the Specialist Register for at least two years. Each Module will have different requirements including:

- Direct Observation of Procedural Skills (DOPS).
- Case Based Discussions (CBD).
- Mini Clinical Evaluation Exercises (Mini-CEX).

In addition, at least ten (10) Theatre Session Attachment Forms (TSAF) need to be completed per Module on the e-portfolio, from at least five (5) different specialists per Module. Trainees should advise their supervising specialist of the request for TSAF completion *before* starting the day. Relevant feedback is best given to the Trainee in person before the end of the day. E-portfolio tickets should be sent in a timely manner for completion, within one week or less.

- Formal lectures, and/or tutorials.
- Simulation, including task trainers. Multidisciplinary simulation sessions are encouraged.
- Personal Development Plans and Reflective practice.

The TC and ES should aim to include all the above teaching modalities, in each Module. See Appendix 1 for an example.

Clinical Supervisors (CS) are specialists who have been on the Specialist Register for more than two (2) years. They are responsible for delivering training to Trainees as guided by the Module objectives, and for ensuring the safety of patients assessed and managed by Trainees through clinical supervision as appropriate for the Trainee's level of training and clinical competence. The CS shall liaise with the ES and TCs should any concerns arise from the Trainee's behaviour, clinical skills, training progress, probity, or health issues that may impact the Trainee's ability to safely deliver care, or to progress appropriately towards the expected Module learning objectives. Therefore, CS should be familiar with the content of this Training Document, the *Training Requirements for the Specialty of Anaesthesiology – European Standards of Postgraduate Medical Specialist Training* document produced by the European Union of Medical Specialists (UEMS), and the e-portfolio requirements.

Recommended Modules - including competencies, EPAs, rota allocations, and level of supervision – are outlined for each training year in this Training Document. A level of flexibility, depending on Training Programme needs and service provision, is acceptable.

The Malta Postgraduate Anaesthesiology Training Committee should approve the competencies, EPAs, lectures, tutorials, simulations including task trainers, and reflective practice requirements for each Module, as developed by the TC and ES.

i) Year One

Initial 12-month Module Recommended Competencies (non-exhaustive):

- Anaesthetic machine check.
- Complete pre-operative assessment, including airway examination.
- Airway skills including airway manoeuvres, adjuncts, first and second-generation laryngeal mask airways, direct and video laryngoscopy, intubation, use of aids including bougie and stylet.
- Breathing skills including facemask ventilation, maintenance of spontaneous ventilation during anaesthesia, basics of controlled ventilation.
- Administration, assessment and reversal of neuromuscular blockade.
- Peripheral intra-venous, and peripheral arterial, cannulation using landmark and real-time ultrasound-guided techniques.
- Central intravenous catheter, and haemodialysis catheter, insertion using real-time ultrasound-guided technique.
- Ultrasound for regional anaesthesia including physics, knobology, spatial awareness, and sono-anatomy for plexus and peripheral nerve blocks.
- Basics of acute pain management including troubleshooting of patient-controlled analgesia pumps, and in-situ epidurals.
- Total Intravenous Anaesthesia (TIVA) techniques.
- Post-operative prescriptions of analgesics and anti-emetics.
- Structured handover to Recovery Anaesthetic Nurses.
- Demonstrate an understanding of the limitations and scope of practice of novice anaesthetists and seeks help appropriately.
- Awareness of Professionalism, Medical Ethics, Patient Safety, Non-Technical Skills, Infection Control, and Self-Care.

Recommended EPAs (non-exhaustive):

- Safe Rapid Sequence Induction and Extubation.
- Anaesthesia for ASA 1, 1E, 2, and 2E patients for minor and intermediate surgery, with the ability to progress to Indirect Supervision (IS).
- Sedation using Total Intra Venous Anaesthesia (TIVA) for ASA 1, 1E, 2, and 2E patients undergoing endoscopic procedures.

Recommended Rota Allocations:

Theatres including general surgery, orthopaedics and trauma, plastic surgery, gynaecology, urology, endoscopy, electro-convulsive therapy lists, Acute Pain Team.

Level of Supervision:

Direct Supervision (DS) until recommended competencies and EPAs achieved. After that, DS or Indirect Supervision (IS) at the discretion of the supervising specialist, except for endoscopy, which should always be under DS.

ii) Year Two

Recommended Modules:

- 4-month rotation in Intensive Care (ICU 1)
- 4-month rotation in Obstetric Anaesthesia (Obs 1)
- 4-month rotation in Paediatric Anaesthesia (Paeds)

Recommended EPAs and Competencies:

- As defined by the TC, and ES for each rotation. See Appendix 1 for an example. These should be based on the *Training Requirements for the Specialty of Anaesthesiology – European Standards of Postgraduate Medical Specialist Training* document 2022.
- ICU EPAs and Competencies should follow the CoBaTrICE framework, endorsed by the European Society of Intensive Care Medicine (ESICM).

Recommended Rota Allocations:

- ICU 1: Intensive Care Unit.
- Obs 1: Obstetric Anaesthesia Theatres and Delivery Suite.
- Paeds: Theatres including general paediatric, plastic, paediatric endoscopy, dental, ophthalmic, paediatric oncology, morning ENT surgeries and MRI GA list.

Level of Supervision:

DS, with progression to IS at the discretion of the supervising specialist.

iii) Year Three

Recommended Modules:

- 4-month rotation in Chronic Pain
- 4-month rotation in Orthopaedics and Regional Anaesthesia
- 4-month rotation in Advanced Airway/ Paediatrics 2

Recommended EPAs and Competencies:

- Chronic Pain
 - o As defined by the TC, and ES. See Appendix 1 for an example. These should be based on the *Training Requirements for the Specialty of Anaesthesiology – European Standards of Postgraduate Medical Specialist Training* document 2022.
- Orthopaedics and Regional Anaesthesia
 - o As defined by the TC, and ES. See Appendix 1 for an example. These should be based on the *Training Requirements for the Specialty of Anaesthesiology – European Standards of Postgraduate Medical Specialist Training* document 2022.
- Advanced Airway/ Paediatrics 2
 - o Advanced Airway skills including difficult direct and video laryngoscopy, difficult intubation, asleep and awake fiberoptic intubation, paediatric airways.
 - o Breathing including difficult facemask ventilation, advanced controlled ventilation modalities.
- Demonstrate and understanding of the limitations and scope of practice of trainee anaesthetists and seeks help appropriately.

Recommended Rota Allocations:

- Chronic Pain: Theatre, and in/outpatient clinics.
- Orthopaedics and Regional Anaesthesia: orthopaedic incl. trauma theatres.
- Advanced Airway/Paediatrics 2: Theatres including ENT, dental, maxillo-facial, paediatric general surgery, paediatric oncology and endoscopy, endobronchial ultrasound lists.

Level of Supervision:

DS for Chronic Pain.

Otherwise, DS / IS at the discretion of the supervising specialist.

iv) Year Four

Recommended Modules:

- 4-month rotation in Intensive Care (ICU 2)
- 4-month rotation in Obstetric Anaesthesia (Obs 2)
- 4-month rotation in Anaesthesia for Vascular- and Neuro- Surgery (VNS)

Recommended EPAs and Competencies:

- As defined by the TC, and ES for each rotation. See Appendix 1 for an example. These should be based on the *Training Requirements for the Specialty of Anaesthesiology – European Standards of Postgraduate Medical Specialist Training* document 2022.
- ICU EPAs and Competencies should follow the CoBaTrICE framework, endorsed by the European Society of Intensive Care Medicine (ESICM).

Recommended Rota Allocations:

- ICU 2: Intensive Care Unit.
- Obs 2: Obstetric Anaesthesia Theatres and Delivery Suite. One visit to High-Risk Obstetric Anaesthesia Clinic (HROAC) with Consultant Anaesthetist.
- VNS: Vascular, and neurosurgery, theatres.

Supervision:

DS / IS at the discretion of the supervising specialist.

v) Year Five

Recommended Modules:

- 4-month rotation in Intensive Care (ICU 3)
- 4-month rotation in Cardio-Thoracic Anaesthesia (CTS)
- 4-month rotation in Non-Operating Room Anaesthesia, Complex Surgery, and Emergency Anaesthesia (NCEA)

Recommended EPAs and Competencies:

- As defined by the TC, and ES for each rotation. See Appendix 1 for an example. These should be based on the *Training Requirements for the Specialty of Anaesthesiology – European Standards of Postgraduate Medical Specialist Training* document 2022.
- ICU EPAs and Competencies should follow the CoBaTrICE framework, endorsed by the European Society of Intensive Care Medicine (ESICM).

Recommended Rota Allocations:

- ICU 3: Intensive Care Unit.
- CTS: Cardiothoracic surgery theatre, Cath Lab, cardioversions, CICU.
- NCEA: Theatres including Emergency Surgery; Advanced General Surgery, Medical Imaging including CT, MRI, and Angio Suite; endoscopy including ERCP lists; smaller hospitals.

Level of Supervision:

ICU 3: IS/Remote Supervision (RS) at the discretion of the supervising specialist.

CTS: DS/IS at the discretion of the supervising specialist.

NCEA: IS/RS at the discretion of the supervising specialist, except for smaller hospitals, which should always be under DS/IS.

e. Holistic Training approach

As outlined in the *Training Requirements for the Specialty of Anaesthesiology – European Standards of Postgraduate Medical Specialist Training* document, the guiding principles include the development of the anaesthesiologist as a:

- *Medical Expert in Anaesthesiology*, including peri-operative medicine, intensive care, critical emergency medicine and pain medicine, for all patients including newborns, the pregnant and the frail elderly.
- *Professional Leader*, with skills in communication, conflict resolution, organization, medical management, sustainability and health economics.
- *Academic Scholar*, who pursues professional development, life-long learning, teaching, education, and who performs or supports research and quality improvement initiatives.
- *Inspired Humanitarian*, demonstrating empathy, professionalism and integrity, with an appreciation for ethics, medico-legal considerations, and recognition of personal limits.

Therefore, trainees are strongly encouraged to:

- Complete two or three training modules in a training institution outside of Malta. *Prior* approval from the Malta Postgraduate Anaesthesiology Training Committee and the SAC is required. A maximum of one (1) year in an approved foreign institution will be recognized for the purposes of specialist accreditation by the SAC, once the Trainee has returned with evidence of satisfactory completion of the Modules undertaken, as defined by the Malta Postgraduate Anaesthesiology Training Committee.
- Develop the required Non-Technical Skills and Attitudes, through daily practice and ideally via attendance of courses such as at the Anaesthesia Non-Technical Skills (ANTS) course or similar.
- Enhance their professional development through attendance at related courses and conferences, such as the ESAIC Advanced Patient Safety Course, Research Masterclass, GENIUS course, as well as via attendance at Departmental Journal Clubs and Mortality and Morbidity meetings.
- Participate in formal and/or informal teaching of medical students, other healthcare professionals, and more junior trainees.

However, it is mandatory that trainees complete four audit, research, clinical governance and/or quality improvement projects during their training period. These should be supervised by a specialist anaesthesiologist. Evidence should be submitted to the TC during the Annual Appraisal and Annual Review of Competence Progression (ARCP) in the form of a publication, an abstract, or a suitable project summary, clearly highlighting the role of the trainee in the project. The Literature Review as part of the HST 1 Annual In-Training Assessment (AITA) cannot be counted towards this requirement. One of the four required projects can be replaced by attendance at an international conference, i.e., including international speakers and more than 9 CME points. This would still require the submission of a suitable report, clearly highlighting the Trainee's learning from the conference attendance.

It is strongly recommended that an Accredited Training Institution provides a Trainee Mentorship Scheme. This will provide Trainees with an honest and reliable senior colleague who they may relate to, if any difficulties arise during training. Ideally, Trainees should be able to choose their preferred mentor, and a Mentorship policy or guidance document should be available for reference.

This Training Document recognizes the importance of Trainee well-being, and of supporting Trainees in difficulty. Trainees should feel empowered to discuss issues directly with their Mentor, Educational Supervisor, and/or Training Coordinators. Trainee concerns may also be brought to the attention of the Malta Postgraduate Anaesthesiology Training Committee anonymously, through the Trainee Representative. Referral to the Malta Postgraduate Medical Training Centre Trainee Support Team can be offered to Trainees in difficulty.

f. Annual Appraisal with Training Coordinators

At least yearly, but also when the need arises, an individual meeting between one or more of the TC and each Trainee shall take place. This is an opportunity for the TC to review the Trainee's progress, tackle problems, discuss achievements, and ensure a suitable personal development plan is in place for the forthcoming year. Specialist feedback on the Trainee, received by the TC, is also discussed.

For the Appraisal, the Trainee must provide:

- A structured logbook summary of cases performed during the previous year.
- An up-to-date e-portfolio, including mandatory work-place based assessments.
- An updated Curriculum Vitae.
- A proposed Personal Development Plan for the coming year.
- Evidence of completed audit, research, clinical governance and/or quality improvement projects.

Attendance at Appraisal sessions is mandatory and satisfactory performance or otherwise will be documented accordingly, and the Malta Postgraduate Anaesthesiology Training Committee informed.

Trainees in difficulty should be considered for referral to the Malta Postgraduate Medical Training Centre Trainee Support Team.

g. Annual In-Training Assessments (AITA)

Summative assessments for each training year shall be organized annually by the Malta Postgraduate Anaesthesiology Training Committee. A pass is required for training progression, except if the trainee is abroad for training purposes. However, the BST 2 and HST 3 assessments are to be done locally. Trainees are strongly encouraged to sit for the HST 2 AITA locally, even if they are training abroad, in preparation for the EDAIC Part 2 exam." Suggested summative AITA format outline per training year:

BST 1	EDAIC-style Viva Voce
BST 2	EDAIC-style Viva Voce and Clinical Practice Observed Assessment
HST 1	Literature Review and Clinical Practice Observed Assessment
HST 2	EDAIC-style Viva Voce
HST 3	Departmental Consultant Feedback

Clinical Practice Observed Assessment: Summative assessment of directly observed clinical practice by Training Coordinator/ EDAIC Examiner/ EDIC Examiner/ Trained Assessor, using a defined summative assessment form to include knowledge, technical skills, non-technical skills, and attitudes. The Malta Postgraduate Anaesthesiology Training Committee should maintain a list of suitable Assessors. This summative assessment should be performed on a pre-identified non-subspeciality surgery elective or emergency list such as a general surgery, orthopaedic, or gynaecology elective list or an emergency list such as orthopaedic trauma or emergency surgery theatre. See Appendix 2 for a suggested outline.

Literature Review: A written literature review on a topic of the Trainee's choice, as approved by the Malta Postgraduate Anaesthesiology Training Committee, and presented at a Departmental CME meeting. Criteria should be set to ensure that a pass is awarded only to literature reviews of a suitable academic standard. See Appendix 3 for a detailed outline. Master's degree dissertations may be considered as fulfilling this requirement, if approval is obtained from the Malta Postgraduate Anaesthesiology Training Committee *prior* to starting the said Literature Review.

Departmental Consultant Feedback: HST 3 Trainees should receive positive feedback in relation to achieving specialist status from at least 50% of the consultant anaesthetist body at the Accredited Training Institution.

Trainees should be given at least two months' notice of the AITA date and format. An external examiner, ideally from a centre outside Malta, should be invited to each viva voce assessment session.

In the case of failing an AITA, including for failure to attend the initial assessment, the opportunity to retest within six months will be offered. If a pass is not achieved at the retest session, the Trainee will be required to repeat that year of training.

Training must be completed within two (2) years of the HST 3 AITA. If training is not completed after 2 years from passing the HST 3 AITA, then this must be repeated at 2-year intervals, until training is complete, or the maximum training time-period, expires.

h. European Diploma in Anaesthesiology and Intensive Care

The AAIM establishes the European Diploma in Anaesthesiology and Intensive Care (EDAIC) as the national mandatory examination for the speciality of anaesthesiology in Malta.

Therefore, all Trainees following this training programme are to sit the Part 1 and Part 2 EDAIC examination. The EDAIC examination is the approved examination that needs to be attained by the end of the training programme and thus essential for the award of CCST in Malta.

Since the EDAIC is the approved exit examination, the training programme shall take into consideration the syllabus and rules, including any interim changes, pertaining to the EDAIC.

Trainees should obtain the EDAIC Part 1 at an appropriate time, to be eligible to sit for the EDAIC Part 2 in their final year of training. The TC will confirm to the ESAIC Examinations Committee in writing that at the time of the sitting, the Trainee would be in their final year of training.

Trainees can prepare for the EDAIC Part 1 by sitting the OLA (On-Line Assessment) or HOLA (Home On-Line Assessment) as a complimentary, formative, self-assessment. The revision text, *How to Pass the EDAIC (Oxford Specialty Training: Revision Texts)*, edited by Varvinskiy, Zerafa, and Hill, is useful for both Part 1 and Part 2 preparation. The EDAIC Trainer App is helpful for preparation for the Part 1 examination.

Trainees who complete the five years of training but do not pass the EDAIC Part 2 can utilize the maximum of ten years in their training post, from the date of appointment as a Trainee in anaesthesiology, to successfully pass the EDAIC Part 2.

Trainees may sit for other postgraduate examinations within the training period, but these will not be considered a replacement for the EDAIC Examination.

i. Annual Review of Competence Progression (ARCP)

Trainees progress from one training year to the next by attending an Annual Review of Competence Progression (ARCP).

The ARCP is run by one of the TC, together with an AAIM representative, and a representative of the accredited training institution where the trainee is training.

The ARCP outcome is assigned as per the Malta Postgraduate Medical Training Centre framework, i.e.,

1. Satisfactory Progress
2. Further development of specific competences required
3. Inadequate progress by the trainee
4. Recommendation for dismissal from training programme
5. Incomplete evidence presented
6. Finished Training Satisfactorily (only applicable to HST 3 trainees)

The ARCP will review that, the Trainee has, in relation to all relevant Modules to that Year:

- More than 75% clinical attendance.
- Completed all mandatory e-portfolio competences, and work-placed based assessments.
- Presented a satisfactory logbook of clinical practice, in both number and case variety.
- Completed simulation training (including task trainers) for each Module.
- Attended all required ES meetings.
- Received overall positive feedback from supervising specialists.

In addition, evidence of the following must be presented:

- Attendance at the Annual Appraisal.
- Success in the relevant AITA.
- Completion of audit, research, clinical governance and/or quality improvement projects.
- Attendance at educational activities, including the lecture and tutorial programme; additional simulation sessions; courses; conferences; and others.
- Success in the European Diploma in Anaesthesiology and Intensive Care (EDAIC) Part 1 and/ or Part 2, as applicable.

j. Suspension or Termination of Training

The Malta Postgraduate Anaesthesiology Training Committee may request to suspend or terminate training when:

- A Trainee is deemed responsible for a serious incident where the safety of patients or colleagues has been compromised.
- There is persistent failure on the Trainee's part to show interest in pursuing a career in anaesthesiology.
- A Trainee develops a long-term illness/disability which may temporarily or permanently affect their potential in becoming an independent specialist.
- A Trainee commits a serious and deliberate act of unprofessionalism.
- The maximum time for training is exceeded (as previously described).
- The Trainee wishes to discontinue their training.

In view of the sensitivity of such situations, all evidence must be presented in confidence and at least two-thirds of the Malta Postgraduate Anaesthesiology Training Committee members should have voted in favour of such suspension or termination.

Suspension or termination of training does not constitute dismissal from employment. However, the employer may decide to reassign the Trainee according to the exigencies of the service, as laid out in the Medical Class Sectorial Agreement.

During suspension of training, the time limits previously outlined remain in force.

The Trainee can appeal the decision of the Malta Postgraduate Anaesthesiology Training Committee with the Malta Postgraduate Medical Training Centre.

Trainees in difficulty should be considered for referral to the Malta Postgraduate Medical Training Centre Trainee Support Team.

3. Certificates of Completion of Training

a. Certificate of Completion of Basic Specialist Training (CCBST)

The CCBST is awarded by the SAC on the recommendation of the Malta Postgraduate Anaesthesiology Training Committee, after satisfactory completion of a minimum of two years of anaesthetic training. The following conditions must be met:

- Satisfactory completion of Year 1 and Year 2 Modules.
- A pass in the second AITA.
- A pass in two ARCPs.

b. Certificate of Completion of Specialist Training (CCST)

Trainees are approved by the Malta Postgraduate Anaesthesiology Training Committee, and recommended to the SAC by the AAIM, for inclusion in the Specialist Register at the end of their training, which shall be said to be complete when all the following conditions are met:

- A minimum of five years of approved anaesthesiology training, as outlined in this Training Document.
- Completion of Years 1 – 5 Modules, with all relevant supporting documentation.
- A pass in five ARCPs.
- Valid ALS and EPALS Provider Certificates, or equivalent.
- A pass in the EDAIC Part 2.

Since all the above conditions need to be met before the Trainee can be recommended for inclusion in the Specialist Register, the date of completion of training shall be the date when the last of the above is attained.

4. Malta Postgraduate Anaesthesiology Training Committee

The delivery and implementation of this Anaesthesiology Training Programme shall be supervised and coordinated through the Malta Postgraduate Anaesthesiology Training Committee.

This shall consist of nine member anaesthesiologists, whose names appear on the Specialist Register, namely:

- *Training Coordinators (TC; three votes in total)*. TC shall be appointed after an internal call for applications and competitive interviews. TC must be practicing anaesthesiologists, on the Specialist Register for at least five years at time of application. The TC term will be for three years, as per post issued. The role includes:
 - Chairing, and taking Minutes, of Malta Postgraduate Anaesthesiology Training Committee meetings. The Chair must be clearly identified at the start of each meeting.
 - Regularly updating the Malta Postgraduate Anaesthesiology Training Committee on the implementation of the programme, and Trainee progress.
 - Safeguarding Trainee rights and ensuring Trainees fulfil their obligations.
 - Coordinating Trainee Module allocations.
 - Organizing Annual Appraisals, AITA, and ARCPs.
 - Ensuring the e-portfolio, and all other documentation, is up to date.
 - Liaison between the Malta Postgraduate Anaesthesiology Training Committee and Trainees.
 - Promoting training of Trainers.
 - Communication with the Malta Postgraduate Medical Training Centre, and the SAC.
 - Budgeting relevant to this Training Programme.
 - Liaising with foreign institutions for training opportunities for Trainees.
 - Sitting on interview boards for BST and HST posts.
 - Organising simulation sessions

- *Three Representatives of the Accredited Training Institutions*. Recommended members include:
 - *The Chairperson and/or Deputy Chairperson of the Department of Anaesthesia (one vote)*, to ensure the smooth running of the anaesthetic service; flag up any work ethic issues for the Training Committee's consideration and appropriate action; provision and maintenance of training facilities; liaison with hospital administration; and maintenance of accreditation.

- *The most senior (TC years of service) immediate past Training Coordinator (one vote), for continuity of the Training Programme implementation,*
 - *The Trainee Mentorship Scheme Coordinator (one vote), to safeguard Trainee wellbeing and advocate for Trainee issues.*
- *Three AAIM members (one vote each), namely the AAIM President and two other Board of Administrator members as nominated by the AAIM. Their roles include maintenance of training standards in anaesthesiology, representing the AAIM at ARCPs, patient safety, liaising with the SAC, and ensuring that the implementation of the Training Programme is in line with this Training Document.*

At its sole discretion, the Malta Postgraduate Anaesthesiology Training Committee may invite the AAIM Trainee Representative to attend meetings or parts thereof.

Malta Postgraduate Anaesthesiology Training Committee meetings will be held at least every six (6) weeks and minuted accordingly. Meetings can be held in person or online. The quorum required is for five of the nine members to be present (in person or online), and at least one member from each of the above groups must be in attendance.

A simple majority rule shall generally be used if a vote needs to be taken, unless otherwise specified in this document. The Chair of the Malta Postgraduate Anaesthesiology Training Committee shall decide if a secret ballot is required on any vote. The Chair has the casting vote in case of an impasse.

All Malta Postgraduate Anaesthesiology Training Committee matters are strictly confidential, and members are expected to proceed accordingly.

5. Obligations of Trainers, Trainees and of Training Institutions

a. Trainers

All specialists in anaesthesiology have an ethical obligation to pass on their knowledge, skills, attitudes, and good personal qualities to Trainees. Hence, they need to be up to date with medical science themselves and engage in continuous professional development.

Educational Supervisors, Clinical Supervisors, and other Trainers should be strongly encouraged to undergo training in medical education covering teaching methods and assessment techniques. Attending a Train the Trainer Course directed at anaesthesiologists, for example, as organized by the Malta Postgraduate Anaesthesiology Training Committee or the ESAIC is highly recommended.

Trainers should:

- Be aware of the content of the Training Requirements for the Specialty of Anaesthesiology - European Standards of Postgraduate Medical Specialist Training.
- Be aware of the content of this Training Document.
- Create a positive learning environment, clearly communicating learning goals and providing timely and fair feedback.
- Be a positive role model, demonstrating professionalism and integrity.
- Teach the latest evidence-based medicine.
- Contribute to ongoing development of the Training Programme.
- Be respectful towards Trainees and colleagues.
- Contribute to the fair assessment of Trainees.
- Cooperate with the TC in completing documentation in a timely manner.

b. Trainees

Trainees shall:

- Be committed to pursue the training in anaesthesiology to the best of their abilities.
- Be diligent in their e-portfolio and logbook documentation.
- Cooperate with Trainers and the TC at all times.
- Be proactive in their training and aim for excellence.
- Show professionalism in all aspects of clinical work, safeguard patients in their care and maintain confidentiality.
- Contribute to the professional growth of the workplace and demonstrate an excellent work ethic.
- Be respectful towards Trainers and colleagues.
- Participate in educational activities organized by the AAIM.

c. Training Institutions

Training Institutions recognised for specialist training in Anaesthesiology and Intensive Care in Malta are expected to adhere to the following obligations, in addition to fulfilling accreditation criteria:

i. Educational Programme Delivery

- Ensure structured access to clinical teaching, simulation, tutorials, research opportunities, and reflective practice.
- Guarantee appropriate trainer–trainee ratios, with Educational Supervisors assigned to each trainee.

ii. Infrastructure and Resources

- Ensure adequate clinical exposure across all required Modules.
- Provide sufficient accommodation and rest facilities for trainees, including during on-call hours.
- Maintain access to simulation facilities and libraries (books, online, journals).

iii. Quality Assurance

- Undergo periodic external accreditation visits (e.g. ATAIC, UEMS/EBA, ESAIC) and act on recommendations.
- Support trainee participation in audits, research, and clinical governance activities, and ensure outcomes are disseminated locally.

iv. Well-being and Professional Development

- Promote a positive educational climate that encourages professionalism, integrity, and respect.
- Protect trainee well-being by ensuring compliance with the European Working Time Directive and local labour laws.

The above obligations will be monitored by the Malta Postgraduate Anaesthesiology Training Committee.

References

Training Requirements for the Specialty of Anaesthesiology - European Standards of Postgraduate Medical Specialist Training. UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES - EUROPEAN UNION OF MEDICAL SPECIALISTS. 2022. Available here: <https://drive.google.com/file/d/1r2dlzJiPvM0SVM2hBrK6m4ZeNV1i68ue/view>

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APPENDIX 1 – Example of Module Outline, including Entrustable Professional Activities, Competences, and Teaching Modalities

Title: Obstetric Anaesthesia 2 (Year 4 Module)

Learning Objectives: Trainees completing Obstetrics 2 should be at the level of:

- Performing an obstetrics elective list with distant supervision.
- Providing emergency anaesthetic cover for labour analgesia and all types of emergency obstetric surgery (caesarean section, perineal tear repair, manual removal of placenta, major obstetric haemorrhage) with distant supervision.
- Providing anaesthetic leadership in obstetric emergencies.

EPAs and Competencies, to be signed off with Workplace Based Assessments:

- Troubleshooting Labour Epidural Analgesia (DOPS)
- Epidural insertion, incl. consent and documentation (DOPS)
- Conversion epidural analgesia to anaesthesia (DOPS)
- Spinal insertion, incl. consent and documentation (DOPS)
- Anaesthesia for emergency Category 1 caesarean section (Mini-CEX)
- Anaesthesia for emergency Category 2-3 caesarean section (Mini-CEX)
- Anaesthesia for elective caesarean section list (Mini-CEX)
- Safe performance of post-obstetric anaesthesia intervention patient reviews and able to ask for assistance/senior input accordingly (Mini-CEX)
- Obstetric GA for emergency caesarean section (Mini-CEX)
- 10 TSAFs and Specialist Feedback to assess Non-Technical Skills and Attitudes

Teaching:

- Difficulty Obstetric Airway Workshop (case-based discussion and task-trainer)
- Obstetric Emergencies Simulation Session (multidisciplinary simulation scenarios)
- Post Dural Puncture Headache (tutorial)
- Anaesthesia for the obstetric patient for non-obstetric surgery (tutorial)
- Obstetric Patient in ICU - Uncommon Diagnoses (tutorial)

Personal Development Plan and Reflective Practice:

With ES during initial, mid, and end of rotation meetings.

APPENDIX 2 - Clinical Practice Observed Assessment

A defined summative assessment of knowledge, technical skills, non-technical skills, and attitudes.

It is recommended that the standardized assessment form includes:

- Name, and medical council number, of Trainee
- Name, and medical council number, of Assessor
- Date of Assessment
- Current training level of Trainee e.g., BST2
- Description of Theatre List and Cases Assessed
- Knowledge; judgement on:
 - Relevant anaesthetic knowledge to level of training including basic science and applied knowledge, such as applied anatomy, physiology, pharmacology, and development of safe and effective anaesthetic plans.
- Technical Skills; judgement on:
 - Airway skills e.g., insertion of LMA
 - Ventilation skills e.g., bag-mask ventilation
 - Circulation skills e.g., insertion of peripheral intra-venous cannulae
 - Other skills e.g., insertion of nasogastric tube
- Non-Technical Skills; judgement on:
 - Situational Awareness including gathering information, recognizing and understanding contexts, and anticipating and thinking ahead.
 - Decision Making including identifying options, assessing and weighing up options, and reassessing decisions.
 - Task Management including planning, setting priorities, making use of resources, and maintaining standards.
 - Team Work including exchanging information, assessing roles and competencies, coordinating activities, displaying authority, and supporting team members.
- Attitudes; judgement on:
 - Patient-centred care
 - Written and Oral Communication and Documentation
 - Responsibility
 - Awareness of own limitations
 - Asking for help appropriately
 - Honesty and Integrity
 - Punctuality
 - Respect for Colleagues

APPENDIX 3 – Literature Review

Literature Review – Proposed Structure & Standards

Purpose:

To demonstrate the trainee’s ability to critically appraise current scientific evidence, relate it to clinical practice in anaesthesiology and intensive care, and present findings in a scholarly format suitable for academic discussion.

1. Format & Length

- **Word count:** 3,000–4,000 words (excluding abstract, tables, figures, and references).
 - **Structure:**
 - Abstract (≤250 words)
 - Introduction (scope, relevance, learning objectives)
 - Methods (search strategy, inclusion/exclusion criteria, databases searched, key terms)
 - Results / Summary of Findings (narrative synthesis or tabulated summary)
 - Critical Appraisal (strengths, weaknesses, controversies, gaps in evidence)
 - Discussion (application to clinical practice, local relevance, future directions)
 - Conclusion (clear take-home messages)
 - References (Vancouver or Harvard style, consistent throughout)
-

2. Methodological Standards

- **Search Strategy:** At least 2 major databases (e.g., PubMed, Embase, Cochrane Library).
 - **Timeframe:** Preferably last 10 years of evidence, unless seminal historical studies are essential.
 - **Transparency:** Must include a search flow diagram (PRISMA-style, simplified if needed).
 - **Inclusion:** At least 10–15 peer-reviewed studies
-

3. Academic Requirements

- **Critical Appraisal:** Not just a summary — must include critique of methodology, bias, applicability, and comparison between studies.

- **Relevance:** Should demonstrate application to Maltese/European practice where possible.
 - **Originality:** Must be the trainee's own work
 - **Presentation:** To be presented orally at a departmental CME meeting (10–15 min presentation with Q&A).
-

4. Assessment & Grading Rubric (example, 100 marks total)

- **Clarity of research question & objectives (10%)**
- **Search strategy & methodology transparency (15%)**
- **Comprehensiveness of literature coverage (15%)**
- **Critical appraisal of studies (20%)**
- **Integration into clinical practice relevance (15%)**
- **Structure, flow, and writing style (10%)**
- **Referencing accuracy & use of evidence (5%)**
- **Oral presentation & ability to answer questions (10%)**

Pass Mark: 60% overall, with no individual domain <40%.

5. Documentation

- **Submission:** To the Training Coordinator and uploaded to the trainee's e-portfolio.
- **Verification:** Supervisor must confirm authenticity and adequacy.
- **Feedback:** Written feedback provided within 4 weeks.
- **Resubmission:** If <60%, trainee may resubmit once within 6 months.