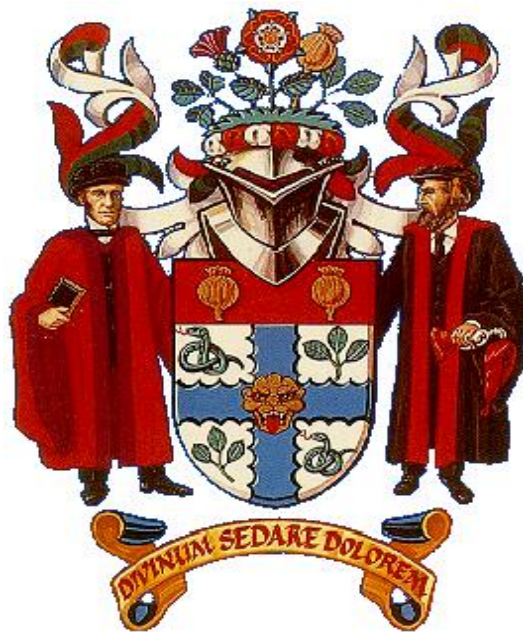


CCT in Anaesthetics

Core Level Training

Certificate



Health Education West Midlands

Training Workbook

Guidance for Core Level Anaesthetic Trainees

Welcome to Health Education West Midlands Schools of Anaesthesia

You have embarked on a two year training programme of Basic Level Training in Anaesthetics and hopefully a successful career in Anaesthesia. Your West Midlands trainers hope very much that you will enjoy the experience & challenges ahead.

Your training will be in one of the 3 schools:

- Birmingham School of Anaesthesia
- Warwickshire School of Anaesthesia
- Stoke School of Anaesthesia

CCT in Anaesthesia

The curriculum is divided into stages of training:

- | | | |
|-------------------------------|--------------------|-------------|
| • Introduction to Anaesthesia | First 3-6 months | CT1 |
| • Basic Level Training | 6 months - 2 years | CT1 and CT2 |
| • Intermediate Level Training | Years 3 and 4 | ST3 and ST4 |
| • Higher Level Training | Years 5 and 6 | ST5 and ST6 |
| • Advanced Level Training | Year 7 | ST7 |

This work book covers the first 2 stages:

- The Introduction to Anaesthesia
- Basic Level Training

Each stage of training is divided into Units of Training. All Units of Training have formal Work Place Based Assessments (WPBA) identified for them. The minimum standard Set by the Royal College of Anaesthetists is to undertake one of each WPBA for each Unit of Training (A-CEX, DOPS, CBD, ALMAT). Each School of Anaesthesia is then encouraged to set their own expectations above and beyond this in order to complete each Unit of Training.

In order to complete a Unit of Training, the trainee must demonstrate they have achieved all of the Learning Outcomes. As evidence to back this up they must also complete the minimum number of assessments necessary set out in this workbook.

Certificates to be gained in the first 2 years

- IAC Initial Assessment of Competency
 - On completion of the Introduction to Anaesthesia (3-6 months)
- IAOC Initial Assessment of Obstetric Competency
 - Completed during your Obstetric Unit of Training in year 2
- BLTC Basic Level Training Certificate
 - On completion of Core Training in Anaesthesia (end of year 2)
 - Completion of all Units of Training
 - Primary FRCA

Guidance for Core Level Anaesthetic Trainees

e-Portfolio

You must maintain the RCoA **e-Portfolio**.

All the evidence of your training, needs be stored on your e-portfolio.

Record all WPBAs on the e-portfolio

The WPBA tools used are:

- DOPS Direct Observation of Procedural Skills
- A-CEX Anaesthetic Clinical Evaluation Exercise
- CBD Case Based Discussion
- ALMAT Anaesthetic List Management Assessment Tool
- ICM-ACAT Acute Care Assessment Tool for ICM
- MSF Multi-Source Feedback
- ESSR Education Supervisors Structured Report

Upload any certificates, qualifications, CPD activity, Audits, logbook, educational review meetings, courses etc.

Your e-Portfolio must be available to view for your Educational Reviews, Appraisal and ARCP Panel.

This workbook should act as a guide as to what assessments to complete for each unit of training. Once all Learning Objectives are met and all assessments are completed on the e-Portfolio, each Unit of Training can be signed off on the e-portfolio. **Your Educational Supervisor, Module Lead or College Tutor should refer to your Workbook to check you have completed everything before signing off a Unit of Training.**

Logbooks, diaries and other records

It is mandatory that you record, in a suitable electronic logbook, the details of all anaesthetics you give. A **logbook summary** will be reviewed by your Educational Supervisor, College Tutor and the ARCP panel. The Logbook Summary must be in the format shown in Appendix 10 of *The Curriculum for a CCT in Anaesthetics (Edition 2; August 2010; Version 1.6)* or as a report downloaded from the RCoA's electronic logbook.

The most common Logbook used by Anaesthetic trainees is:

- RCoA Electronic Logbook

There are many other logbooks available. You are free to use these as long as your logbook summary is presented in the RCoA format when reviewed by your trainers.

Introduction to Anaesthetic Practice Competencies – 0 to 3/6 months

The Introduction to Anaesthetic Practice – The Start of Training

This will provide a comprehensive introduction to the principles and practices of the delivery of safe and effective anaesthetic care to patients for trainees new to the specialty. This part of training follows the Royal College Curriculum; *CCT in Anaesthetics: Annex B - Basic Level Training (Edition 2; August 2010; Version 1.6)* – *The basis of anaesthetic practice – the start of training*. This will normally last three to six months.

The Introduction to Anaesthetic Practice Training is split in to 8 separate units of training:

	Page Number
1 Preoperative assessment	4
2 Premedication	5
3 Induction of general anaesthesia	6
4 Intra-operative care	7
5 Post-operative and recovery room care	8
6 Introduction to anaesthesia for emergency surgery	9
7 Management of respiratory and cardiac arrest	10
8 Control of infection	11

The fundamental importance of the need for trainees to develop [and demonstrate] safe clinical practice [including a basic understanding of basic sciences underpinning practice] means that trainees are expected to have achieved all the minimum clinical learning outcomes detailed in this section and obtained the IAC before progressing to the remainder of BLT

Initial Assessment of Competence - IAC

Once each of the 8 Units of training have been completed and signed off on the e-Portfolio and the 19 IAC WPBA's have been completed (see page 12), the College Tutor in your hospital can make a global assessment of your competency. If appropriate you will gain the Initial Assessment of Competence Certificate

Only once you have gained the IAC certificate can you move on to the next phase of training and work independently.

Introduction to Anaesthetic Practice Competencies – 0 to 3/6 months

Pre-Operative Assessment

Core clinical learning outcomes:

	Date	Signature
Is able to perform a structured preoperative anaesthetic assessment of a patient prior to surgery and recognise when further assessment/optimisation is required prior to commencing anaesthesia/surgery		
To be able to explain options and risks of routine anaesthesia to patients, in a way they understand, and obtain their consent for anaesthesia		

A-CEX	Completed ✓
Preoperative assessment of a patient who is scheduled for a routine operating list [not urgent or emergency]. (Cross reference IAC_A01)	

DOPS	Completed ✓
Demonstrates satisfactory proficiency in performing a relevant clinical examination including when appropriate: <ul style="list-style-type: none">• Cardiovascular system• Respiratory system• Central and peripheral nervous system: GCS, peripheral deficit• Musculoskeletal system: patient positioning, neck stability/movement, anatomy for regional blockade• Other: nutrition, anaemia, jaundice• Airway assessment/dentition	

CBD	Completed ✓
Discuss how the airway was assessed and how difficult intubation can be predicted. (Cross reference IAC_C03)	

Introduction to Anaesthetic Practice Competencies – 0 to 3/6 months

Premedication

Learning outcomes:

	Date	Signature
Understands the issues of preoperative anxiety and the ways to alleviate it		
Understands that the majority of patients do not require pre-medication		
Understands the use of preoperative medications in connection with anaesthesia and surgery		

Core clinical learning outcome:

	Date	Signature
Is able to prescribe premedication as and when indicated, especially for the high risk population		

A-CEX	Completed ✓
Identifies local/national guidelines on management of thrombo-embolic risk and how to apply them	

DOPS	Completed ✓
Selects and prescribes appropriate agents to reduce the risk of regurgitation and aspiration, in timeframe available	

CBD	Completed ✓
Discuss the trainee's choice and use of anxiolytic/sedative premedication	

Introduction to Anaesthetic Practice Competencies – 0 to 3/6 months

Induction of general anaesthesia

Learning outcomes:

	Date	Signature
The ability to conduct safe induction of anaesthesia in ASA grade 1-2 patients confidently		
The ability to recognise and treat immediate complications of induction, including tracheal tube misplacement and adverse drug reactions		
The ability to manage the effects of common co-morbidities on the induction process		

Core clinical learning outcome:

	Date	Signature
Demonstrates correct pre-anaesthetic check of all equipment required ensuring its safe functioning [including the anaesthetic machine/ventilator in both the anaesthetic room and theatre if necessary]		
Demonstrates safe induction of anaesthesia, using preoperative knowledge of individual patients co-morbidity to influence appropriate induction technique; shows awareness of the potential complications of process and how to identify and manage them		

A-CEX	Completed ✓
<p>In respect of airway management:</p> <ul style="list-style-type: none"> • Demonstrates optimal patient position for airway management • Manages airway with mask and oral/nasopharyngeal airways • Demonstrates hand ventilation with bag and mask • Able to insert and confirm placement of a Laryngeal Mask Airway 	
<p>In respect of airway management:</p> <ul style="list-style-type: none"> • Demonstrates correct head positioning, direct laryngoscopy and successful nasal/oral intubation techniques and confirms correct tracheal tube placement • Demonstrates proper use of bougies • Demonstrates correct securing and protection of LMAs/tracheal tubes during movement, positioning and transfer 	

DOPS	Completed ✓
Demonstrate functions of the anaesthetic machine. (Cross Reference IAC_D01)	

CBD	Completed ✓
Discuss how the choice of muscle relaxants and induction agents was made. (Cross Reference IAC_C04)	
Discuss the routine to be followed in the case of failed intubation. (Cross Reference IAC_C08)	

Introduction to Anaesthetic Practice Competencies – 0 to 3/6 months

Intra-operative care

Learning outcomes:

	Date	Signature
The ability to maintain anaesthesia for surgery		
The ability to use the anaesthesia monitoring systems to guide the progress of the patient and ensure safety		
Understanding the importance of taking account of the effects that co-existing diseases and planned surgery may have on the progress of anaesthesia		
Recognise the importance of working as a member of the theatre team		

Core clinical learning outcome:

	Date	Signature
Demonstrates safe maintenance of anaesthesia and shows awareness of the potential complications and how to identify and manage them		

A-CEX	Completed ✓
Manage anaesthesia for a patient who is not intubated and is breathing spontaneously. (Cross Reference IAC_A02)	

DOPS	Completed ✓
Transfer a patient onto the operating table and position them for surgery [lateral, Lloyd Davis or lithotomy position]. (Cross Reference IAC_D02)	

CBD	Completed ✓
Able to respond in a timely and appropriate manner to events that may affect the safety of patients [e.g. hypotension, massive haemorrhage]	

Introduction to Anaesthetic Practice Competencies – 0 to 3/6 months

Post-operative and recovery room care

Learning outcomes:

	Date	Signature
The ability to manage the recovery of patients from general anaesthesia		
Understanding the organisation and requirements of a safe recovery room		
The ability to identify and manage common postoperative complications in patients with a variety of co-morbidities		
The ability to manage postoperative pain and nausea		
The ability to manage postoperative fluid therapy		

Core clinical learning outcome:

	Date	Signature
Safely manage emergence from anaesthesia and extubation		
Shows awareness of common immediate postoperative complications and how to manage them		
Prescribes appropriate postoperative fluid and analgesic regimes and assessment and treatment of PONV		

A-CEX	Completed ✓
Recover a patient from anaesthesia. (Cross Reference IAC_A05)	

DOPS	Completed ✓
Demonstrates appropriate management of tracheal extubation, including; <ul style="list-style-type: none"> • Assessment of return of protective reflexes • Assessment of adequacy of ventilation • Safe practice in the presence of a potentially full stomach 	

CBD	Completed ✓
Discuss how the trainee's choice of post-operative analgesics was made. (Cross Reference IAC_C05)	
Discuss how the trainee's choice of post-operative oxygen therapy was made. (Cross Reference IAC_C06)	

Introduction to Anaesthetic Practice Competencies – 0 to 3/6 months

Introduction to anaesthesia for emergency surgery

Learning outcomes:

	Date	Signature
Undertake anaesthesia for ASA 1E and 2E patients requiring emergency surgery for common conditions		
Undertake anaesthesia for sick patients and patients with major co-existing diseases, under the supervision of a more senior colleague		

Core clinical learning outcome:

	Date	Signature
Delivers safe perioperative anaesthetic care to adult ASA 1E and/or 2E patients requiring uncomplicated emergency surgery [e.g. uncomplicated appendicectomy or manipulation of forearm fracture/uncomplicated open reduction and internal fixation] with local supervision		

A-CEX	Completed ✓
Administer anaesthesia for intra-abdominal surgery. (Cross Reference IAC_A03)	
Demonstrate Rapid Sequence Induction. (Cross Reference IAC_A04)	

DOPS	Completed ✓
Demonstrates the routine for dealing with failed intubation on a manikin. (Cross Reference IAC_D06)	

CBD	Completed ✓
Discuss the problems emergency intra-abdominal surgery causes for the anaesthetist and how the trainee dealt with these. (Cross Reference IAC_C07)	

Introduction to Anaesthetic Practice Competencies – 0 to 3/6 months

Management of respiratory and cardiac arrest

Learning outcomes:

	Date	Signature
To have gained a thorough understanding of the pathophysiology of respiratory and cardiac arrest and the skills required to resuscitate patients		
Understand the ethics associated with resuscitation		

Core clinical learning outcome:

	Date	Signature
Be able to resuscitate a patient in accordance with the latest Resuscitation Council (UK) guidelines. [Any trainee who has successfully completed a RC(UK) ALS course in the previous year, or who is an ALS Instructor/Instructor candidate, may be assumed to have achieved this outcome] ¹		

¹ If ALS > 1 year ago proof of annual Trust Induction Resuscitation Refresher (as a DOPS) or DOPS for Simulated Scenario required to enable Learning Outcome sign-off

ALS/APLS/EPLS Course (sign off as DOPS)	Date	Completed ✓

A-CEX ²	Completed ✓
<p>Lists advantages and disadvantages of different techniques for airway management during the resuscitation of adults and children, including but not limited to:</p> <ul style="list-style-type: none"> • Oro and nasopharyngeal airways • Laryngeal Mask type supraglottic airways, including but not limited to: LMA, Proseal, LMA supreme, iGel • Tracheal intubation 	

CBD ²	Completed ✓
<p>Discusses the specific actions required when managing a cardiac arrest due to:</p> <ul style="list-style-type: none"> • Poisoning • Electrolyte disorders • Hypo/hyperthermia • Drowning • Anaphylaxis • Asthma • Trauma • Pregnancy [including peri-mortem Caesarean Section] • Electrocution 	

² A-CEX and CBD required in addition to a valid ALS/APLS/EPLS Course for UoT Sign-off

Introduction to Anaesthetic Practice Competencies – 0 to 3/6 months

Control of infection

Learning outcomes:

	Date	Signature
To understand the need for infection control processes		
To understand types of possible infections contractible by patients in the clinical setting		
To understand and apply most appropriate treatment for contracted infection		
To understand the risks of infection and be able to apply mitigation policies and strategies		

Core clinical learning outcome:

	Date	Signature
The acquisition of good working practices in the use of aseptic techniques		

A-CEX	Completed ✓
Demonstrates good working practices, following local infection control protocols and the use of aseptic techniques	

DOPS	Completed ✓
Demonstrates technique of scrubbing up and donning gown and gloves. (Cross Reference IAC_D04)	

CBD	Completed ✓
Recalls/discusses the cause and treatment of common surgical infections including the use of but not limited to: <ul style="list-style-type: none">• Antibiotics• Prophylaxis	

Introduction to Anaesthetic Practice Competencies – 0 to 3/6 months

Initial Assessment of Competence

A-CEX		Completed ✓
IAC_A01	Preoperative assessment of a patient who is scheduled for a routine operating list [not urgent or emergency]	
IAC_A02	Manage anaesthesia for a patient who is not intubated and is breathing spontaneously	
IAC_A03	Administer anaesthesia for intra-abdominal surgery	
IAC_A04	Demonstrate Rapid Sequence Induction	
IAC_A05	Recover a patient from anaesthesia	

DOP		Completed ✓
IAC_D01	Demonstrate functions of the anaesthetic machine	
IAC_D02	Transfer a patient onto the operating table and position them for surgery [lateral, Lloyd Davis or lithotomy position]	
IAC_D03	Demonstrate cardio-pulmonary resuscitation on a manikin.	
IAC_D04	Demonstrates technique of scrubbing up and donning gown and gloves.	
IAC_D05	Basic Competencies for Pain Management – manages PCA including prescription and adjustment of machinery	
IAC_D06	Demonstrates the routine for dealing with failed intubation on a manikin	

CBD		Completed ✓
IAC_C01	Discuss the steps taken to ensure correct identification of the patient, the operation and the side of operation	
IAC_C02	Discuss how the need to minimise postoperative nausea and vomiting influenced the conduct of the anaesthetic	
IAC_C03	Discuss how the airway was assessed and how difficult intubation can be predicted	
IAC_C04	Discuss how the choice of muscle relaxants and induction agents was made	
IAC_C05	Discuss how the trainee's choice of post-operative analgesics was made	
IAC_C06	Discuss how the trainee's choice of post-operative oxygen therapy was made	
IAC_C07	Discuss the problems emergency intra-abdominal surgery causes for the anaesthetist and how the trainee dealt with these	
IAC_C08	Discuss the routine to be followed in the case of failed intubation	

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Core Anaesthetic Training

This will normally last eighteen to twenty-one months and will provide a comprehensive introduction to all aspects of elective and emergency anaesthetic practice, with the exceptions some special interest areas of practice.

The basic anaesthetic UOT are:

	Page Number
• Airway Management	14
• Critical Incidents	15
• Day Surgery	16
• General, Urological and Gynaecological surgery	17
• Head, Neck, Maxillo-Facial and Dental surgery	18
• Intensive Care Medicine	19
• Non-Theatre	20
• Obstetrics	21
• Orthopaedic Surgery	23
• Paediatrics & Child Protection	24
• Pain Medicine	25
• Perioperative Medicine	26
• Regional	27
• Sedation	29
• Transfer Medicine	30
• Trauma and Stabilisation	31

It is anticipated that the majority of these UOT will not be delivered in dedicated blocks; the exceptions are Intensive Care Medicine, which must be completed in a three month block, and Obstetrics.

The learning outcomes are given in *The Basis of Anaesthetic Practice in The CCT in Anaesthetics Annex B (Edition 2; August 2010; Version 1.6) pages B-34 to B-93, B-95 and B-98.*

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Airway Management

Core clinical learning outcomes:

	Date	Signature
Demonstrates the safe management of the “can’t intubate can’t ventilate” scenario		
Maintains anaesthesia in a spontaneously breathing patient via a facemask for a short surgical procedure [less than 30mins]		
Able to predict difficulty with an airway at preoperative assessment and obtain appropriate help		
Able to maintain an airway and provide definitive airway management as part of emergency resuscitation		

A-CEX	Completed ✓
Explains and demonstrates the methods commonly used for assessing the airway to predict difficulty with tracheal intubation	

DOPS	Completed ✓
Maintains anaesthesia in a spontaneously breathing patient via a facemask for a short surgical procedure [less than 30mins]	

CBD	Completed ✓
<p>In respect of tracheal intubation:</p> <ul style="list-style-type: none"> • Lists its indications • Lists the available types of tracheal tube and identifies their applications • Explains how to choose the correct size and length of tracheal tube • Explains the advantages/disadvantages of different types of laryngoscopes and blades including, but not exclusively, the Macintosh and McCoy • Outlines how to confirm correct placement of a tracheal tube and knows how to identify the complications of intubation including endobronchial and oesophageal intubation • Discusses the methods available to manage difficult intubation and failed intubation • Explains how to identify patients who are at increased risk of regurgitation and pulmonary aspiration and knows the measures that minimise the risk • Understands the airway management in a patient with acute illness who is at risk of gastric reflux • Categorises the signs of pulmonary aspiration and the methods for its emergency management [Cross Ref; induction of GA; emergency surgery] 	

Airway Course	Date	Completed ✓

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Critical Incidents

Core clinical learning outcomes:

	Date	Signature
To gain knowledge of the principle causes, detection and management of critical incidents that can occur in theatre		
To be able to recognise critical incidents early and manage them with appropriate supervision		
To learn how to follow through a critical incident with reporting, presentation at audit meetings, and discussions with patients		
To recognise the importance of personal non-technical skills and the use of simulation in reducing the potential harm caused by critical incidents		

Critical Incidents Simulation Course ¹	Date	Completed ✓

¹ Each of the 3 Schools of Anaesthesia provide a Critical Incidents Training day(s). Attendance of such a course should fulfill the WPBA requirements below.

A-CEX	Date	Completed ✓
Unexpected increase in peak airway pressure		

DOPS	Date	Completed ✓
Demonstrates good non-technical skills such as: effective communication, team-working, leadership, decision-making and maintenance of high situation awareness		

CBD	Date	Completed ✓
Anaphylaxis		

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Day Surgery

Learning outcomes:

	Date	Signature
To gain knowledge, skills and experience of the perioperative anaesthetic care of ASA 1 and 2 patients presenting in a dedicated Day Surgery Unit involving a range surgical specialties [minimum three]		
Understand and apply agreed protocols with regard to patient selection and perioperative care of day surgery patients		
Understand the importance of minimising postoperative complications, such as nausea and pain, in patients who are returning home the same day		

Core clinical learning outcomes:

	Date	Signature
Knows the criteria for patient selection and the anaesthetic requirements for day surgical patients		

A-CEX	Completed ✓
Explains appropriate postoperative instructions to patients and relatives following day surgery including, but not confined to, level of care required following discharge, transport arrangements and when to drive	

DOPS	Completed ✓
Demonstrates appropriate anaesthetic management of ASA 1 and 2 patients requiring day surgery	

CBD	Completed ✓
Describes the principles of preoperative assessment of patients requiring day surgery including nurse-led assessment	

Core Anaesthesia Training Competencies – 3/6 months to 2 years

General, Urological and Gynaecological Surgery (Incorporating peri-operative care of the elderly)

Learning outcomes:

	Date	Signature
To gain knowledge, skills and experience of the perioperative anaesthetic care of patients requiring elective and emergency general, urological and gynaecological surgery		
To gain understanding of the perioperative management of patients requiring intra-abdominal laparoscopic surgery and the particular issues related to anaesthetic practice, demonstrating the ability to manage such straightforward cases in adults under distant supervision		
To be able to recognise and manage the perioperative complications associated with intra-abdominal surgery that are relevant to anaesthesia		
To gain understanding of special peri-operative needs of elderly, frail patients		

Core clinical learning outcomes:

	Date	Signature
Deliver safe perioperative anaesthetic care to uncomplicated ASA 1-3 adult patients requiring elective and emergency surgery such as body surface surgery, appendicectomy and non-complex gynaecological surgery under distant supervision		
Manage a list with uncomplicated ASA 1-3 adults for similar elective surgery under distant supervision		

A-CEX	Completed ✓
Administer anaesthesia for laparoscopy	

DOPS	Completed ✓
Demonstrates the ability to deliver safe perioperative anaesthetic care to ASA1-3 patients for straightforward surgical procedures e.g. body surface surgery, appendicectomy, ERPC	

CBD	Completed ✓
Discuss perioperative anaesthetic management of an elderly patient	

ALMAT	Completed ✓
Manage a list with uncomplicated ASA 1-3 adults for similar elective surgery under distant supervision	

Core Anaesthesia Training Competencies – 3/6 months to 2 years

ENT, Maxillo-Facial and Dental Surgery

Learning outcomes:

	Date	Signature
Gain knowledge and skills of the perioperative anaesthetic care of patients undergoing minor to intermediate ear, nose and throat [ENT], maxillo-facial and dental surgery		
To be able to recognise the specific problems encountered with a 'shared airway' and know the principles of how to manage these correctly		

Core clinical learning outcomes:

	Date	Signature
Deliver perioperative anaesthetic care to ASA 1-3 adults, and ASA 1 and 2 children over 5, for non-complex ear, adenotonsillar and nasal surgery under direct supervision		

A-CEX	Completed ✓
Administer anaesthesia for a shared airway procedure	

DOPS	Completed ✓
The provision of safe perioperative anaesthetic care for a wide range of commonly performed procedures, with good operating conditions and an appropriate level of analgesia, including: <ul style="list-style-type: none">• ENT procedures such as tonsillectomy, septoplasty and myringotomy• Common dental procedures such as extractions and apicectomies	

CBD	Completed ✓
Identifies the indications for the special surgical devices used during surgery including gags, micro-laryngoscopes, oesophagoscopes and laser surgery equipment	

Intensive Care Medicine

The competencies in ICM required of an anaesthetist are the same as those required of a CCT intensivist albeit, to a different level of achievement. The full competence schedule in ICM for Anaesthetic trainees is included in *Annex F* of *The CCT in Anaesthetics*, along with a competence progression grid for each Domain of the ICM Syllabus.

Certification that a trainee has reached the required level must be by a Faculty of Intensive Care Medicine (FICM) Tutor. FICM Tutors must ensure they are able to certify that trainees have achieved appropriate levels for each competency as it relates to their stage of ICM training, within the requisite stage of anaesthesia training i.e. basic, intermediate or higher.

Please refer to ICM appendix Document to guide you in ICM requirements.



Core Anaesthesia Training Competencies – 3/6 months to 2 years

Non Theatre

Learning outcomes:

	Date	Signature
To safely undertake the intra-hospital transfer of the stable critically ill adult patient for diagnostic imaging		
To understand the risks for the patient of having procedures in these sites		
To understand the responsibilities as a user/prescriber of diagnostic imaging services		

Core clinical learning outcomes:

	Date	Signature
Can maintain anaesthesia for stable critically ill adult patients requiring diagnostic imaging under distant supervision [in conjunction with their transfer as identified in Transfer Medicine]		

A-CEX	Completed ✓
Explains risks and benefits to patients, and risks to staff from common radiological investigations and procedures, including the use of contrast media	

DOPS	Completed ✓
Demonstrates the ability to provide safe anaesthesia for a stable adult patient for diagnostic imaging	

CBD	Completed ✓
Explains the general safety precautions and equipment requirements in specific environments e.g. MRI suites	

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Obstetrics

Learning outcomes:

	Date	Signature
To gain knowledge, skills and experience of the treatment of the healthy pregnant woman		

Core clinical learning outcomes:

	Date	Signature
To pass the formal practical initial assessment of competence in obstetric anaesthesia and, having achieved this, be able to provide analgesia and anaesthesia as required for the majority of the women in the delivery suite		
To understand the management of common obstetric emergencies and be capable of performing immediate resuscitation and care of acute obstetric emergencies [e.g. eclampsia; pre-eclampsia; haemorrhage], under distant supervision but recognising when additional help is required		

For WPBA's see Initial Assessment of Competence in Obstetric Anaesthesia (page 22).

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Initial Assessment of Competence in Obstetric Anaesthesia

A-CEX		Completed ✓
OB_BTC_A01	Conduct epidural analgesia for labour	
OB_BTC_A02	Conduct regional anaesthesia for caesarean section	
OB_BTC_A03	Conduct general anaesthesia for caesarean section	

DOPS		Completed ✓
OB_BTC_D01	Top up epidural for labour analgesia	
OB_BTC_D02	Top up epidural for caesarean section	
OB_BTC_D03	Perform spinal anaesthesia	

CBD		Completed ✓
OB_BTC_C01	Discuss how changes in the anatomy and physiology due to pregnancy influenced the conduct of anaesthesia	
OB_BTC_C02	Discuss whether pregnancy influenced the choice of drugs used during anaesthesia	
OB_BTC_C03	Discuss how the conduct of general anaesthesia is affected by late pregnancy	
OB_BTC_C04	Examine the case records of a patient that the trainee has anaesthetised for operative delivery in a situation where major haemorrhage might be expected. Discuss the factors that influence the likelihood of major obstetric haemorrhage, the precautions that should be taken to deal with it and the principles of its management	
OB_BTC_C05	Examine the case records of a patient with pregnancy associated hypertension that the trainee has treated. Discuss how this influences anaesthetic management	
OB_BTC_C06	Examine the case records of a patient for whom the trainee provided extradural analgesia for normal labour. Discuss the methods of pain relief available for normal delivery.	

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Orthopaedic Surgery

Learning outcomes:

	Date	Signature
To gain knowledge, skills and experience of the perioperative anaesthetic care of patients requiring orthopaedic surgery including the elderly and patients with long-bone fractures		
To understand the relevance of diseases of bones and joints to anaesthesia		
To be able to recognise and manage the perioperative complications of orthopaedic surgery relevant to anaesthesia		

Core clinical learning outcomes:

	Date	Signature
Deliver perioperative anaesthetic care to uncomplicated ASA 1-3 adult patients for straightforward elective and emergency orthopaedic/trauma surgery to both upper and lower limbs, including Open Reduction Internal Fixation [ORIF] surgery [which includes fractured neck of femur], under distant supervision		

A-CEX	Completed ✓
Demonstrates the provision of perioperative anaesthetic care for patients requiring orthopaedic surgery for internal fixation of fractured neck of femur	
Demonstrates the provision of perioperative anaesthetic care for patients requiring orthopaedic surgery for Lower limb primary arthroplasty including patients in the lateral position	

DOPS	Completed ✓
Shows sensitive handling of patient with cognitive impairment in anaesthetic room	

CBD	Completed ✓
Recalls/describes the perioperative implications of rheumatological disease, including but not limited to rheumatoid arthritis, osteoarthritis, osteoporosis and ankylosing spondylitis	

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Paediatrics (Including Child Protection)

Learning outcomes:

	Date	Signature
Obtain knowledge of the principles underlying the practice of anaesthesia for children aged 1 year and older and the specific needs therein		
Have completed training in child protection (Level 2)		

Core clinical learning outcomes:

	Date	Signature
<p>Demonstrates correct management of the paediatric airway in the following ways [if case mix allows, down to one year of age, but at least down to five years of age]:</p> <ul style="list-style-type: none"> ○ Is able to size airway devices correctly [i.e. oral airways and tracheal tubes] ○ Is able to insert airway devices correctly ○ Is able to ventilate an apnoeic child using a bag and mask +/- an oral airway ○ Is able to intubate a child correctly, using the most appropriate size tracheal tube, placed at the correct length 		
Maintains anaesthesia in a spontaneously breathing patient via a facemask for a short surgical procedure [less than 15 mins]		

A-CEX	Completed ✓
Demonstrates ability to anaesthetise fit children aged 5 and over for elective and urgent minor surgery [including general, ENT, orthopaedic, minor trauma and other non-specialist procedures]. This includes induction, maintenance and recovery [including management of pain, nausea and vomiting]	

DOPS	Completed ✓
Demonstrates ability to perform paediatric resuscitation as described by the Resuscitation Council. [Simulation]	

CBD	Completed ✓
Recalls/explains the relevance of the basic sciences specific to children aged 1 year and above	

Child Protection Level2	Date	Completed ✓

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Pain Medicine

Learning outcomes:

	Date	Signature
To be competent in the assessment and effective management of acute post-operative and acute non post-operative pain		
To acquire knowledge necessary to provide a basic understanding of the management of chronic pain in adults		
To recognise the special circumstances in assessing and treating pain in children, the older person and those with communication difficulties		
To demonstrate an understanding of the basic principles of post-op analgesia requirements for children, the older person and those with communication difficulties		

Core clinical learning outcomes:

	Date	Signature
Competence in the assessment of acute surgical and non-surgical pain and demonstrate the ability to treat effectively		
To have an understanding of chronic pain in adults		

A-CEX	Completed ✓
Demonstrates the ability to assess, manage and monitor acute surgical and non-surgical pain and side effects of medication	

DOPS	Completed ✓
Demonstrates the safe use of equipment used to manage pain including equipment used for PCA, epidurals and inhalational techniques	

CBD	Completed ✓
Describes a basic understanding of chronic pain in adults	

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Perioperative Medicine

Learning outcomes:

	Date	Signature
Explains the main patient, anaesthetic and surgical factors influencing patient outcomes		
Describes the benefits of patient-centred, multidisciplinary care		
Delivers high quality preoperative assessment, investigation and perioperative management of ASA 1-3 patients for elective and emergency surgery with emphasis on the perioperative management of co-existing medical conditions		
Delivers high quality individualised anaesthetic care to ASA 1-2 patients, focusing on optimising patient experience and outcome		
Plans and implements high quality individualised post-operative care for ASA 1-2 patients		

A-CEX	Completed ✓
Describes the requirements for preoperative investigations including indications for specific tests	

DOPS	Completed ✓
Initiates optimisation where appropriate	

CBD	Completed ✓
Discusses the management of concurrent medication in the perioperative period	

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Regional

Learning outcomes:

	Date	Signature
To become competent in all generic aspects of block performance		
Able to obtain consent for regional anaesthesia from patients		
Create a safe and supportive environment in theatre for awake and sedated patients		
Demonstrate knowledge of the principles of how to perform a number of regional and local anaesthetic procedures		
Be able specifically to perform spinal and lumbar epidural blockade		
Be able to perform some simple upper and lower limb peripheral nerve blocks <i>under direct supervision</i>		
Be able to use a peripheral nerve stimulator or ultrasound to identify peripheral nerves		
Demonstrate clear understanding of the criteria for safe discharge of patients from recovery following surgery under regional blockade		
Recognise that they should not attempt blocks until they have received supervised training, and passed the relevant assessments		
Accepts the right of patients to decline regional anaesthesia – even when there are clinical advantages		

Core clinical learning outcomes:

	Date	Signature
Demonstrates safely at all times during performance of blocks including: marking side of surgery and site of regional technique; meticulous attention to sterility; selecting, checking, drawing up, diluting, and the adding of adjuvants, labelling and administration of local anaesthetic agents		
Establish safe and effective spinal and lumbar epidural blockade and manage immediate complications in ASA 1-2 patients under distant supervision		
Ability to establish a simple nerve block safely and effectively		

For Regional WPBA's see next page

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Regional

WPBA's:

A-CEX	Completed ✓
Demonstrates how to undertake a comprehensive and structured pre-operative assessment of patients requiring a subarachnoid blockade, perform the block and manage side effects/complications correctly	
DOPS	Completed ✓
Practices safely including: meticulous attention to sterility during performance of blockade; selecting, checking, drawing up, diluting, adding adjuvants, labelling and administration of local anaesthetic agents	
Shows understanding of the principles of identification of correct anatomy including the use of nerve stimulators and ultrasound	
CBD	Completed ✓
Recalls the relevant physiology and pharmacology [including toxicity of local anaesthetic agents, its symptoms, signs and management, including the use of lipid rescue]	
Recalls/describes absolute and relative contraindications to regional blockade	

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Sedation

Learning outcomes:

	Date	Signature
To gain a fundamental understanding of what is meant by conscious sedation and the risks associated with deeper levels of sedation		
To be able to describe the differences between conscious sedation and deeper levels of sedation, with its attendant risks to patient safety		
Understands the particular dangers associated with the use of multiple sedative drugs especially in the elderly		
To be able to manage the side effects in a timely manner, ensuring patient safety is of paramount consideration at all times		
To be able to safely deliver pharmacological sedation to appropriate patients and recognise their own limitations		

Core clinical learning outcomes:

	Date	Signature
Provision of safe and effective sedation to ASA 1 and 2 adult patients, aged less than 80 years of age using a maximum of two short acting agents		

A-CEX	Completed ✓
Can explain: <ul style="list-style-type: none">• What is meant by conscious sedation and why understanding the definition is crucial to patient safety• The differences between conscious sedation, deep sedation and general anaesthesia• The fundamental differences in techniques /drugs used /patient safety• That the significant risks to patient safety associated with sedation technique requires meticulous attention to detail, the continuous presence of a suitably trained individual with responsibility for patient safety, safe monitoring and contemporaneous record keeping	

DOPS	Completed ✓
Demonstrates the ability to administer and monitor intravenous sedation to patients for clinical procedures	

CBD	Completed ✓
Describes the risks associated with conscious sedation including [but not exclusively] those affecting the respiratory and cardiovascular systems	
Can explain the use of single drug, multiple drug and inhalation techniques	

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Transfer Medicine

Learning outcomes:

	Date	Signature
Correctly assesses the clinical status of patients and decides whether they are in a suitably stable condition to allow intra-hospital transfer [only]		
Gains understanding of the associated risks and ensures they can put all possible measures in place to minimise these risks		

Core clinical learning outcomes:

	Date	Signature
Safely manages the intra-hospital transfer of the critically ill but stable adult patient for the purposes of investigations or further treatment [breathing spontaneously or with artificial ventilation] with distant supervision		

A-CEX	Completed ✓
Transfer an unconscious, ventilated patient within the hospital or to another hospital	

DOPS	Completed ✓
Demonstrates how to set up the transfer ventilator and confirm correct functioning prior to commencing transfer	
Demonstrates safety in securing patient, monitoring and therapeutics before transfer	

CBD	Completed ✓
Explains the problems caused by complications arising during transfer and the measures necessary to minimise and pre-empt difficulties	

Transfer Course	Date	Completed ✓

Core Anaesthesia Training Competencies – 3/6 months to 2 years

Trauma and Stabilisation

Learning outcomes:

	Date	Signature
To understand the basic principles of how to manage patients presenting with trauma		
To recognise immediate life threatening conditions and prioritise their management		

Core clinical learning outcomes:

	Date	Signature
Understands the principles of prioritising the care of patients with multi-trauma including airway management		

A-CEX	Completed ✓
Demonstrates provision of safe perioperative anaesthetic management of ASA 1 and 2 patients with multiple trauma	

DOPS	Completed ✓
Assess a patient's Glasgow Coma Scale rating and advise appropriate safe levels of monitoring and care	

CBD	Completed ✓
Describes the principles of the perioperative management of the trauma patient	