



WARWICKSHIRE
SCHOOL OF ANAESTHESIA

Higher Level Training (ST5-7)

CCT in Anaesthetics

2010 Curriculum

Guidebook



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Message from the Training Programme Director

Hello,

This guide was initially developed by trainees from the Birmingham School to make navigating the Curriculum easier.

It does not replace the e-portfolio, but is to be used alongside it and serves as a guideline to the type of WPBA to be used as evidence.

Please contact me if you have any queries regarding your training.

Martina Bieker

martina.Bieker@heartofengland.nhs.uk



Contacts

Training Programme Director: Martina Bieker
Birmingham Heartlands Hospital
martina.bieker@heartofengland.nhs.uk

Hospital	College Tutor	Admin
University Hospital Coventry and Warwickshire (UHCW)	Andy Kelly andrew_kelly@mac.com Danha Ratidzo Ratidzo.Danha@uhcw.nhs.uk	
Birmingham Heartlands Hospital (BHH)	Nicola Osborn Nicola.osborn@heartofengland.nhs.uk Ebrahim Hozefa hozefa.ebrahim@heartofengland.nhs.uk	Jayne Cross Jayne.cross@heartofengland.nhs.uk
Good Hope Hospital Sutton Coldfield (GHH)	Naresh Sandur sandur.naresh@heartofengland.nhs.uk	
The Alexandra Hospital, Redditch (Red)	Cindy Persad Cindy.Persad@worcsacute.nhs.uk	
George Elliott Hospital Nuneaton (GEH)	Kausik Dasgupta Kausik.Dasgupta@geh.nhs.uk	
Warwick Hospital, Warwick (War)	Ratty Shanmugam Rathinavel.Shanmugam@swft.nhs.uk	Anita.Turvey@swft.nhs.uk Phone: 01926495321.ext-4783.
Birmingham Children's Hospital (BCH)	Janet Stansfield Janet.Stansfield@bch.nhs.uk	Sue Spargo Sue.Spargo@bch.nhs.uk

Warwickshire School of Anaesthesia Website: www.wsoa.org

Training Programme Director for Core Training: Robin Correa (robin.correa@uhcw.nhs.uk)

Training Programme Director for Intensive Care Training: Mamta Patel
(mamta.patel@swbh.nhs.uk)



Guidance

- Higher level training is divided into Essential and Optional Units of Training.
- This guidebook sets out the requirements for satisfactory 'Completion of Unit of Training' (CUT) and the core clinical learning outcomes which are expected to be achieved.
- It is expected that for a CUT to be signed off the appropriate WBPAs for that module are completed, consultant feedback has been sought and the logbook has been reviewed. units will have a named lead in each trust you are working. This designated module lead should sign the CUT form.
- All assessments should be completed using RCoA e-Portfolio.
- A Multi Source Feedback form should be completed annually on e-Portfolio.

Educational Supervision Meetings

You will be allocated an educational supervisor each time you start in a trust. It is your responsibility to meet with them within the first few weeks of your placement. You are then required to have a formal meeting every three months until the end of your placement. If you work in more than one trust during a training year you need to complete an Interim Progress Report (IPR) each time you leave a trust, in the final trust you are at before your ARCP you need to complete an ESSR form.

ePortfolio requirements to document supervision.

Yearly

- Declaration of health
- Declaration of probity
- Learning agreement
- ESSR form (complete prior to ARCP)
- MSF

Three monthly until the end of your placement

- Review & sign off PDPs as appropriate
- Upload copy of meeting with supervisor form

Initial meeting with your supervisor

- Discuss/set PDP
- Upload copy of initial meeting with supervisor form

End of placement

- Discuss/set PDP
- Form 5 (GMC Appraisal Document)
- Upload copy of final meeting with supervisor form
- HEPR if not the last trust you will work in before your next ARCP

Additional Points

This guidebook details the minimum requirements for each unit of training and suggests some suitable work based assessments mapped to the RCoA 2010 Curriculum Annex D 'Higher Training.' This document is available on the RCoA website and lists in full acceptable assessment topics, should you wish to complete alternative ones to those listed in this guide.

In August 2016, Perioperative Medicine was added as an essential module. The RCoA expects Airway*, Cardiac arrest* and POM* to be completed but it is strongly recommended to also complete obstetrics, GUG and head and neck (indicated by #) to be employable as a consultant anaesthetist.

Advanced level training modules are detailed in a separate guide. The 2010 curriculum requires trainees to complete at least one advanced module.

Units of Training – all ESSENTIAL units in BOLD

Anaesthesia For Neurosurgery, Neuroradiology and Neurocritical Care

Cardiothoracic Anaesthesia and Cardiothoracic Critical Care

General duties – need to do 9 of these in total

- **Airway management***
- *Day surgery*
- *ENT. Maxillo-facial and dental #*
- *General, urological and gynaecological surgery #*
- **Management of respiratory and cardiac arrest***
- *Non-theatre*
- *Obstetrics #*
- *Orthopaedic*
- **Perioperative Medicine***
- *Regional*
- *Sedation*
- *Transfer medicine*
- *Trauma and stabilisation*
- *Vascular surgery*

Paediatrics

Intensive care medicine

Optional Units of Training

1. Pain medicine
2. Paediatric Intensive Care Medicine
3. Ophthalmic
4. Plastics/burns
5. Anaesthesia in developing countries
6. Conscious sedation in dentistry
7. Military anaesthesia
8. Remote and rural anaesthesia
9. Pre-operative Assessment



Record of higher level units of training

Essential units (as per RCOA) annotated with asterisk*

Highly recommended modules (as per Deanery) annotated with a #

3 units are by choice and can be “optional” units as well

Unit of training	Form received	Comments
Anaesthesia for neurosurgery, neuroradiology and neurocritical care*		
Cardiac/Thoracic*		
Intensive care medicine*		
Paediatric*		
General duties* (9 subunits required)		
Airway management*		
General, urological and gynaecological surgery#		
Head, neck, Maxilla-facial and dental surgery (ENT)#		
Management of respiratory and cardiac arrest*		
Obstetrics#		
Perioperative medicine*		
Critical incidents		
Day surgery		
Non-theatre		
Orthopaedic surgery		
Regional		
Sedation		
Transfer medicine		
Trauma and stabilisation		
Pain medicine		
Optional units		
Ophthalmic		
Plastics/burns		
Vascular surgery		



Anaesthesia for Neurosurgery, Neuroradiology & Neurocritical Care

Core Clinical Learning Outcomes

1. Deliver safe peri-operative anaesthetic care to complicated ASA 1-3 adult patients requiring complex elective intra-cranial and spinal surgery and neuroradiological investigations under direct supervision.
2. Deliver peri-operative anaesthetic care to complicated ASA 1-3 adult patients for emergency non-complex intracranial and spinal surgery with indirect supervision [i.e. craniotomy for acute sub-dural / acute decompressive lumbar laminectomy]
3. Lead the resuscitation, stabilisation and transfer of adult patients with brain injury [Cross reference Transfer section]

Unit Requirements

- Minimum of 20 clinical sessions
- WPBA's as indicated
- Consultant feedback (sought by the module lead from other neuro consultants)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Acute decompressive craniectomy	1	NA_HS_01
	Complex intra-cranial or spinal surgery		NA_HS_01
	Acoustic neuroma surgery with facial nerve monitoring		NA_HS_01
	Interventional neuroradiological procedures		NA_HS_01
	Demonstrating team leadership in the management of major neurosurgical emergencies		NA_HS_04
	Conduct a ward round in neuro-critical care		NA_HS_06
CbD	Interventional neurological procedures including coiling	1	NA_HK_01
	Complex spinal surgery including patients with unstable cervical spine		NA_HK_01
	Stroke, including SAH, ICH and ischaemic stroke		NA_HK_02
	Pre-operative assessment of patients requiring routine or emergency neurosurgery.		NA_HS_01
ALMAT	Be an effective member of the MDT, managing elective and emergency cases effectively.	1	NA_HS_01



Cardiothoracic Anaesthesia and Cardiothoracic Critical Care

Core Clinical Learning Outcomes

1. Deliver perioperative anaesthetic care to complicated ASA 1-3 adult patients requiring elective aortic or mitral valve surgery under direct supervision
2. Deliver perioperative anaesthetic care to complicated ASA 1-3 adult patients requiring open resection of lung tissue under local supervision

Unit Requirements

- Minimum of 20 clinical sessions including a logbook with ten pump cases during higher training,
- WPBA's as indicated
- Consultant feedback (sought by the module lead from other cardiac consultants)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Mitral or aortic valve surgery on cardio-pulmonary bypass	1	CT_HK_02
	Evaluation of patient with borderline respiratory function for lung resection		CT_HK_12
	Anaesthetise a patient for thoracotomy and resection of lung tissue with local supervision.		CT_HS_12
CbD	Explains the relevance of pre-operative assessment and optimisation of patients with cardiac or thoracic disease.	1	CT_HK_01
	Management of post infarct VSD		CT_HK_02
	Anaesthetic technique for complex thoracic aortic repair		CT_HK_02
	Anaesthetic technique for interventional cardiological procedures such as transvenous device placement for ASD/Aortic valve.		CT_HK_02
	The indications for spinal drainage		CT_HK_07
ALMAT	Be an effective member of the MDT, managing elective and emergency cases effectively.	1	CT_HS_01

General Duties

The vast majority of anaesthetic trainees will do at least twelve months of 'general duties'; as a minimum all trainees must do six months, those doing less than twelve must receive prospective approval from the RCoA Training Department.

1. **Airway management***
2. Day surgery
3. **ENT, maxillo-facial and dental surgery#**
4. **General, urology and gynaecology#**
5. **Management of respiratory and cardiac arrest***
6. Non-theatre
7. **Obstetrics#**
8. Orthopaedic surgery
9. **Perioperative Medicine***
10. Regional
11. Sedation
12. Transfer medicine
13. Trauma and stabilisation
14. Vascular surgery

*** Essential for all trainees**

Do a total of 9 modules – the 3 essential ones plus 6 of own choice – the three modules with a # are strongly advised



Airway Management

Core Clinical Learning Outcomes

1. Able to perform elective fiberoptic intubation in patients without serious intra-oral/laryngeal pathology, safely and proficiently, in awake or anaesthetised patients under distant supervision
2. Able to manage patients with complex airway disorders, safely and proficiently, in all situations, under local supervision

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Management of the airway in a patient with complex head/neck pathology	1	AM_HS_02
DOPS	Fiberoptic intubation in the awake patient, including consent	1	AM_HS_02
	Use of an alternative airway device		AM_HS_06
	Correct use of high frequency jet ventilation		AM_HS_05
CbD	Discuss the use of novel airway techniques, including the use of retrograde catheters and airway exchange devices	1	AM_HK_01
ALMAT	Management of an operating list involving multiple patients for airway related surgery, including patients with predicted difficult airway, with appropriate airway management decision making.	1	AM_HS_04



Anaesthesia for Day Case Surgery

Core Clinical Learning Outcome

1. Deliver safe perioperative anaesthetic care to ASA 1-3 patients having more extensive or specialised day surgery procedures with distant supervision

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Anaesthetic management of day case surgical procedures for patients with significant co-morbidity	1	DS_HS_02
CbD	The evidence base for the anaesthetic management of day case procedures for patients with significant co-morbidity and issues presented by the elderly	1	DS_HK_01
ALMAT	Management of an operating list involving multiple patients for day case surgical procedures including some with co-morbidity	1	DS_HS_03



ENT, Maxillofacial and Dental Anaesthesia

Core Clinical Learning Outcomes

1. Provides comprehensive safe perioperative anaesthetic care to ASA 1-4 adult patients requiring ENT, maxillo-facial and dental surgery of greater complexity with distant supervision
2. Manage ENT, maxillo-facial and dental surgery lists with distant supervision

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Undertake anaesthesia for major ENT or maxillo-facial surgery such as laryngectomy, thyroidectomy or major resection for cancer	1	EN_HS_02
	Supervise a more junior trainee undertaking uncomplicated ENT or maxillo-facial surgery		EN_HS_11
DOPS	Conduct inhalational induction in a child or adult	1	EN_HS_03
	Provide safe perioperative anaesthetic care for patients where preservation of the facial nerve is required e.g. parotid surgery		EN_HS_05
	Surgical airway techniques		EN_HS_06
	Correct use of high frequency jet ventilation		EN_HS_07
CbD	Pre-operative assessment and optimisation of patients with significant ENT pathology	1	EN_HK_01
	Anaesthetic technique for laryngectomy		EN_HK_02
	Anaesthetic technique for major head and neck surgery		EN_HK_02
	Emergency ENT surgery including bleeding tonsil		EN_HS_08
ALMAT	Be an effective member of the MDT, managing elective and emergency cases effectively.	1	EN_HS_09



General surgery/gynaecology/urology

Core Clinical Learning Outcomes

1. Demonstrates the ability to provide safe and effective perioperative anaesthetic care to high risk emergency surgical cases, including those with potential for massive haemorrhage [e.g. the ruptured aortic aneurysm]
2. Demonstrates the ability to provide safe and effective perioperative anaesthetic care for patients requiring complex lower abdominal and/or bariatric surgery
3. Working within a multi-disciplinary team, demonstrates the necessary communication, teamwork, leadership, professional and practical [anaesthetic] skills needed to manage patients on elective and emergency general surgery, urology and gynaecology lists, safely and effectively

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case (s)	Minimum Number	Code
A-CEX	Anaesthesia for a major complex general surgery, urology or gynaecology case involving invasive monitoring	1	GU_HS_03
	Anaesthesia for a patient with a BMI > 40		GU_HS_03
	Emergency laparotomy		GU_HS_03
	Anaesthesia for complex laparoscopic procedure e.g. anti reflux surgery		GU_HK_03
CbD	Discuss the perioperative management of patients with significant co-morbidity (e.g. the elderly, recent cardiac surgery, drug eluting stents and organ system failures (cirrhosis or dialysis dependence).	1	GU_HK_01
	Principles and interpretation of techniques for assessing coagulation such as thromboelastography.		GU_HK_02
ALMAT	Be an effective member of the MDT managing an elective/emergency general surgery, urology or gynaecology list safely and effectively.	1	GU_HS_06



Management of respiratory and cardiac arrest

Core Clinical Learning Outcomes

The management of patients requiring cardio-respiratory resuscitation [with distant supervision] by

1. Demonstrating the ability to lead a multidisciplinary resuscitation team in the initial assessment and management through to definitive care in the Intensive Care Unit if successful [including necessary transfer]
2. Leading the debrief sessions for both staff and relatives in a sensitive, compassionate and constructive manner

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
Certificates Uploaded	ALS	In date	RC_HS_02
	APLS/EPLS		RC_HS_02
A-CEX	Demonstrates the ability to provide comprehensive clinical care throughout the resuscitation attempt and during further care if indicated	1	RC_HS_02
	Demonstrates team leadership and the ability to make end of life decisions and when to cease active treatment in a compassionate and caring manner, including leading the discussion on the appropriateness, or otherwise, of withdrawing treatment with both staff and relatives.	1	RC_HS_04
CbD	Legal principles of resuscitation, advanced directives and DNAR orders	1	RC_HK_01
	Factors affecting prognostication and the indications for withdrawal of support		RC_HK_02



Non Theatre

Core Clinical Learning Outcome

1. To deliver safe peri-procedure anaesthesia/sedation to adult patients outside the operating theatre, including remote sites, under distant supervision

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Anaesthesia for adult patient undergoing interventional imaging, ECT, cardioversion or radiotherapy	1	DI_HK_01
CbD	Discuss the anaesthetic/sedation needs for complex ASA I-IV patients for procedures that may take place outside the operating theatre, including remote sites	1	DI_HS_01



Obstetric Anaesthesia

Core Clinical Learning Outcomes

1. To be able to provide the appropriate anaesthetic management for any patient who requires emergency obstetric anaesthesia
2. To be able to provide elective anaesthetic services to the obstetric unit (excepting those patients with unusual problems who would normally be referred to a specialist centre).

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Undertake the management of caesarean section in a complex obstetric case such as twin delivery, pre-eclampsia, placenta praevia, obstetric haemorrhage	1	OB_HS_05
	Deliver safe and effective general anaesthesia to the obstetric patient in the elective or emergency setting		OB_HS_09
	Demonstrate effective communication with patients and relatives/partners and help alleviate anxiety		OB_HS_10
DOPS	Supervises a more junior trainee in obstetric anaesthetic duties such as instituting epidural analgesia and anaesthesia for a caesarean section	1	OB_HS_12
	Manages the patient with a failed or partly effective epidural		OB_HS_01
CbD	Limitations of a non-specialised maternity unit and appropriate referral to a tertiary unit	1	OB_HK_01
	Discuss current advances and controversies in obstetrics		OB_HK_02
	Construct a safe and effective plan for the management of women with factors complicating pregnancy		OB_HS_02
	Obstetric emergencies and their management		OB_HS_06
ALMAT	Manage an elective caesarean list effectively	1	OB_HS_03



Orthopaedic Anaesthesia

Core Clinical Learning Outcome

1. Provide comprehensive safe perioperative anaesthetic care to all ASA 1-4 adult patients for all types of elective and emergency orthopaedic/trauma surgery to the limbs, pelvis and spine [excluding scoliosis surgery] with distant supervision.

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Undertake anaesthesia for major orthopaedic surgery (spinal/scoliosis-surgery, pelvic surgery, hip revision arthroplasty).	1	OR_HS_05
	Anaesthesia for a patient with significant co-morbidities for an orthopaedic procedure.		OR_HK_01
CbD	Describes an evidence based approach to the management of complex ASA I-IV patients for elective and emergency major orthopaedic surgery.	1	OR_HK_01
ALMAT	Management of elective or emergency orthopaedic surgical session.	1	OR_HS_05



Perioperative Medicine

Learning Outcome

- To deliver high quality preoperative assessment, investigation and management of all patients for elective and emergency surgery
- To deliver high quality individualised anaesthetic care to all patients, focusing on optimising patient experience and outcome
- To plan and implement high quality individualised post-operative care for all patients
- To take a leadership role in the multidisciplinary team in delivering perioperative care

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Makes complex clinical decisions in the face of uncertainty	1	POM_HS_02
	Uses risk scoring systems to inform communication with patients and colleagues		POM_HS_03
	Interprets the evidence of the use of advanced haemodynamic monitoring		POM_HK_09
	Demonstrates the ability to recognise when standard pathways should be adapted and tailored to individual need		POM_HS_19
CbD	Describes strategies for pre-habilitation and patient optimisation and the limits of such strategies	1	POM_HK_01
	Describes the evidence base for and limitations of Goal-Directed Therapy		POM_HK_08
	Evaluates the benefits and limitations of perioperative patient pathways		POM_HK_13
ALMAT	Leads a medical pre-operative assessment clinic (with appropriate supervision)	1	POM_HS_07



Regional Anaesthesia

Core Clinical Learning Outcomes

- Demonstrates ability to perform both lower and upper limb plexus/regional blocks with distant supervision.
- Always considers the option of regional anaesthesia in appropriate clinical contexts.

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Manage surgery with regional anaesthesia and sedation for a complex or lengthy procedure.	1	RA_HS_03
	Teach a junior colleague how to do a peripheral nerve block.		RA_HS_08
DOPS	Brachial Plexus Block (E)	All (E)	RA_HS_01
	Femoral nerve block (E)		RA_HS_01
	Thoracic epidural anaesthesia (E)		RA_HS_01
	Other regional blocks including deep cervical, supra and infra clavicular, intercostal, lumbar plexus, and sciatic.		RA_HS_01
	Placement of a catheter for continuous peripheral nerve blockade		RA_HK_01
CbD	Principles of the use of ultrasound for guiding nerve/plexus blocks	1	RA_HK_03
	Principles, practice and complications of catheter techniques for peripheral nerve blocks		RA_HK_02
ALMAT	Co-ordinate and manage a list with suitable patients for regional blockade.	1	RA_HS_07

(E) = essential and must be completed by end of year 7 for sign off



Sedation

Core Clinical Learning Outcome

1. Demonstrates the ability to provide safe and effective sedation to any patient using whatever drugs required, by whatever route

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Use of sedation in an adult patient with significant co-morbidities	1	CS_HS_02
	Focused pre-operative evaluation of a patient at risk of perioperative mortality/morbidity.		CS_HS_01
CbD	How multiple drug use may enhance sedation techniques, whilst detailing how this increases risk	1	CS_HK_01
	Risks and benefits of specific procedures that require the use of conscious sedation to ensure they are completed successfully.		CS_HS_02
	How patient age affects choice of sedation technique		CS_HS_03
ALMAT	Demonstrates the ability to supervise safe conscious sedation techniques to less experienced trainees	1	CS_HS_05



Transfer Medicine

Core Clinical Learning Outcomes

1. Demonstrates the ability to lead a multidisciplinary team undertaking the initial assessment and stabilisation of patients, prioritising their early treatment
2. Demonstrates the leadership and clinical management skills needed to lead teams delivering safe and effective intra-/inter hospital transfer of any patient, however complex, and for prolonged journeys within the UK if required, by either land or air.
3. Demonstrates an understanding of the roles and responsibilities of teaching and supervising those undergoing training in the transfer of patients

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio..

NB: Any trainee who has successfully completed a Helicopter Crew Course or equivalent may be assumed to have achieved the competencies below.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Inter or intra hospital transfer of adult patient	1	TF_HS_01
	Leadership of the MDT team undertaking a transfer		TF_HS_06
	Demonstrates the correct use of communication by radio		TF_HS_08
CbD	Principles of handover following a transfer	1	TF_HK_07
	Importance of team working and the roles and responsibilities of medical, ambulance and transfer crew		TF_HK_08
	Discuss the importance of audit/quality improvement projects of the transfer process, reporting of critical incidents during transfer and research.		TF_HK_11
ALMAT	Demonstrates the necessary organisational and communication skills required to effect the transfer of patients in a timely and efficient manner	1	TF_HK_04
Certificate	Attendance at a Transfer Training course	Non essential	All



Trauma and Stabilisation

Core Clinical Learning Outcomes

The safe management of patients with multiple injuries from arrival in hospital and onwards through definitive treatment with distant supervision by:

1. Demonstrating the ability to lead a multidisciplinary trauma team in the initial assessment and stabilisation of the multi-trauma patient and prioritise early further treatment
2. Delivering safe anaesthetic management for all multiply injured patients for ongoing assessment and early/definitive treatment

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Anaesthesia for multiply injured patient	1	MT_HS_02
	Lead initial resuscitation in multi-trauma patient		MT_HS_01
	Ability to lead the multidisciplinary trauma team		MT_HS_01
CbD	The role of pre-hospital care of a multiply injured patient including triage and modes of transport to hospital	1	MT_HK_01
	Importance of good communication networks with the out of hospital emergency services		MT_HK_02
	Importance of major incident planning and the responsibilities of the anaesthetic team		MT_HK_03
ALMAT	Demonstrates good communication skills with all members of the trauma team when leading the clinical care of the multiply injured patient and seeks prompt an active advice form specialities not involved in the initial resuscitation when needed	1	MT_HK_05
Certificate	Attendance at ATLS/ETC or equivalent	Non-essential	All



Paediatric Anaesthesia

Core Clinical Learning Outcomes

1. Be able to resuscitate and stabilise a sick baby or child prior to transfer to a specialist centre
2. Provide perioperative anaesthetic care for common surgical conditions, both elective and emergency, for children aged 3 years and older with distant supervision

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Emergency surgery for a child aged three years or older e.g. ORIF fracture, appendicectomy, bleeding tonsil	1	PA_HK_01
	Management of a child with difficult venous access		PA_HS_03
DOPS	Fluid management in the perioperative period	2	PA_HS_05
	Peripheral nerve/regional anaesthesia blocks		PA_HS_07
	Use of opioids (PCA/NCA), adjuvant NSAIDs & simple analgesics		PA_HS_06
	Intubation of infant		PA_HS_04
CbD	Management of septic child prior to transfer to PICU	1	PA_HS_11
	Problems and risks inherent in anaesthesia for former premature babies or children with significant co-morbidity		PA_HK_01
	Management of airway emergencies e.g. croup, epiglottitis, inhaled foreign body, laryngospasm		PA_HS_10
ALMAT	Manage an operating list including pre and postoperative management	1	All

Intensive Care Medicine

Please refer to the separate Intensive Care Medicine guidebook available on the BSA website.



Anaesthetic Pre-assessment

The following unit is an addition by BSA to the 2010 curriculum. It can be completed as a higher unit of training by those interested in doing so but has to be done in addition to the essential units of training.

Core Clinical Learning Outcomes

1. Provide a comprehensive perioperative plan for a high risk patient referred for anaesthetic pre-assessment
2. Demonstrate ability to select appropriate preoperative investigations, including cardiopulmonary testing, and is able to act upon the results

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Pre-operative assessment and management plan of a patient with significant cardiac or pulmonary disease scheduled for major surgery	1	BSA_PA
	Interpretation of a cardiopulmonary test and discussion of risk with the patient		BSA_PA
DOPS	Pre-assessment clinic patient consultation	2	BSA_PA
	Cardiopulmonary (CPX) test		BSA_PA
Clinic attendance	Attendance at pre-assessment clinics	5 clinics	BSA_PA



List Management Assessment Tool

The ALMAT form on the e-Portfolio does not include the full assessment domains for assessment of list management. This form should be printed and given to the assessor at the start of the list so they can record feedback, this should then be included under comments on the e-Portfolio ALMAT form.

Trainee Name:

Date of Assessment:

Surgical specialty:

	Satisfactory	Unsatisfactory	Comments
Pre-operative assessment			
Management of bed issues, sending, communication with theatre staff			
Preparation for case: equipment, drug checks			
Pre-operative checks: WHO guidelines followed			
Conduct of anaesthesia; situational awareness, vigilance			
Management of patient turnaround			
Communication and management in recovery			
Overall efficiency and time management			
General comments			

Optional Units of Training

1. Pain medicine
2. Paediatric Intensive Care Medicine
3. Ophthalmic
4. Plastics/burns
5. Anaesthesia in developing countries
6. Conscious sedation in dentistry
7. Military anaesthesia
8. Remote and rural anaesthesia
9. Vascular anaesthesia

If you wish to complete any of these units, please refer to the 2010 curriculum document and discuss with your clinical/educational supervisor the necessary assessments required. These then need to be uploaded to the e-Portfolio as well as a unit of training sign off.



Vascular Anaesthesia

Core Clinical Learning Outcome

- To anaesthetise patients for carotid endarterectomy and aortic aneurysm surgery with indirect supervision

Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the supervisor during general duties within the last six months)
- CUT form on e-Portfolio.

e-Portfolio WPBA	Index Case(s)	Minimum Number	Code
A-CEX	Anaesthesia for open repair of abdominal aortic aneurysm with indirect supervision	1	VS_HS_04
	Carotid endarterectomy under general or regional anaesthesia		VS_HS_05
DOPS	Thoracic epidural/CSE	1	VS_HS_06
	Management of effects of cross-clamping		VS_HS_03
	Set up and use cell saver		VS_HK_07
CbD	Pre-operative optimization of vascular patients with co-existing disease	1	VS_HS_01
	Methods of risk stratification including scoring systems		VS_HK_04
	Methods of assessment of cardiovascular and respiratory disease and their use and limitations preoperatively		VS_HK_02
ALMAT	Be an effective member of the MDT managing elective/emergency vascular list safely and effectively	1	VS_HS_04

The ARCP process

The annual review of competence and progress is designed to map your path through your training by annual assessments of your progress and reviewing the work undertaken during the training year.

Every trainee has to be reviewed once a year to ensure adequate progression is taking place and to guide and advise in terms of career choices.

There are 5 dates throughout the year where a panel consisting of the Training Programme Director, a quorum of College Tutors, a Regional Advisor from the College and the deanery administrative staff meet to review the portfolios of trainees. Sometimes there is a lay advisor as well.

To adequately assess the progression of training the panel needs to be presented with **evidence** for the clinical and non-clinical work undertaken during the year.

The **clinical evidence** consists of the completed “units of training” and the logbooks for each placement while the **non-clinical** part consists of the College Tutor or Educational Supervisors report, an MSF and the continuing professional development undertaken – this includes audits or quality improvement programs completed, teaching and lecturing, attendance at educational meetings, research projects, presentations given, papers written etc.

The easiest way of capturing all this data is by using the e-portfolio throughout the year and assigning evidence to the ARCP when needed.

The **ESSR** (educational supervisors structured report) summarises all this information and the College has strongly suggested that it should be used. It also makes the TPDs job easy if all the information is found in one place.

The ARCP you are assigned to does not always match your date of progression exactly – for example the April/May date may be 2 months after you have started your next year – if in doubt ask the TPD which year is under review.

It is up to **YOU** to ensure you have an ESSR report at the end of a completed year of training (i.e. at the end of ST 3, ST4 etc) and to ask the Educational Supervisor or College Tutor to complete it with you – you can fill most of it in prior to meeting up.

If you are rotating to a different hospital part way through a training year, you can use the **“interim progress report”** found on the college website. The ESSR is only open once a year, prior to your ARCP. At the end of every placement, you need to meet with your supervisor to obtain a report or sign off of a unit of training.

The TPD needs to review the evidence before the panel meet on the day of the ARCP to ensure that all the information is there – hence the need to have it completed 2 weeks in advance.

The e-portfolio

Items have to be assigned to the ARCP so that they can be viewed without having to trawl through all the pieces of evidence. Log books and MSF etc can also be viewed in the ESSR which is why this is the easiest way of presenting the evidence.