



<b>General Anaesthesia</b> <i>Provides safe and effective general anaesthesia with distant supervision for ASA 1-3 patients undergoing non-complex elective and emergency surgery within a general theatre setting.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WHAT
A. Conducts comprehensive pre-anaesthetic and pre-operative checks. B. Safely manages induction and maintenance of anaesthesia by inhalational and intravenous techniques, extubation and emergence from anaesthesia. C. Plans recovery care and manages recovery from anaesthesia utilising safe discharge criteria. D. Diagnoses and manages common peri-operative complications.	2b						
E. Recognises anaesthetic critical incidents and explains their causes and management.	2b						
F. Demonstrates knowledge of standard equipment used in anaesthetic practice with an understanding of relevant underpinning physics and clinical measurement involved. G. Demonstrates knowledge of anatomy, physiology, biochemistry and pharmacology relevant to anaesthetic practice.	n/a						
H. Provides safe general anaesthesia with distant supervision for ASA 1- 3 adults undergoing non-complex elective and emergency surgery within the general theatre setting. I. Describes the specific needs of the obese, frail and elderly patient undergoing general anaesthesia. J. Manages intra-operative fluid balance appropriately.	2b						*1
K. Can identify patients with difficult airways, demonstrates management of the 'cannot intubate cannot oxygenate' scenario in simulation, and describes difficult airway guidelines. L. Recognises the challenges associated with shared airway surgery.	2a						*1
M. Provides safe anaesthesia for diagnostic or therapeutic procedures in the non-theatre environment for ASA 1- 2 adults with local supervision.	2a						*2
N. Explains the principles of anaesthetic care for patients presenting with major trauma.	1			*2	*1		W
O. Explains the principles of paediatric anaesthesia taking into account the anatomical, physiological, psychological and pharmacological differences from adults and their implications for safe anaesthetic practice. P. Provides safe general anaesthesia for ASA 1- 2 children 5 years and over with local supervision and 10 years with distant supervision undergoing non-complex elective and emergency surgery.  <i>Supervision level 2a for ASA 1-2 children aged 5-10.</i> <i>Supervision level 2b for ASA 1-2 children aged over 10.</i>	2a/2b			*1			W K
Q. Explains the anaesthetic implications of pregnancy and undertakes safe general anaesthesia for ASA 1- 3 obstetric patients. R. Performs immediate resuscitation and care for patients with acute obstetric emergencies under distant supervision, recognising when additional help is required.	3						W
S. Describes the principles of total intravenous anaesthesia and uses it safely in clinical practice for non-complex cases.	2a						

<b>Regional Anaesthesia</b> <i>Performs simple peripheral nerve blocks and performs spinal anaesthesia and lumbar epidural anaesthesia/analgesia independently.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Explains clearly to patients the risks and benefits of regional anaesthesia. B. Describes the indications and contraindications to regional anaesthetic techniques. C. Practices measures to avoid wrong-site blocks Examples of evidence.	3						

D. Performs spinal anaesthesia for ASA 1-3 surgical patients independently.	3						
E. Performs simple peripheral nerve blocks with ultrasound [see <i>practical procedures grid</i> ].	2a/2b				*1		
F. Performs ultrasound-guided femoral or fascia iliaca blocks independently.	2b				*1		
G. Identifies and initiates initial management of complications of regional anaesthesia including systemic local anaesthetic toxicity, high spinal and dural puncture headache.	3						*2
H. Provides epidural or combined spinal-epidural analgesia for labour in the ASA 1-3 obstetric patient and offers other forms of pain relief when neuraxial analgesia is contraindicated.							
I. Provides neuraxial anaesthesia for operative delivery and other obstetric procedures in ASA 1-3 patients and manages the inadequate neuraxial block Examples of evidence							
J. Discusses the scientific basis of ultrasound and the generation of ultrasound images.	n/a						
K. Discusses drugs and equipment used in regional anaesthesia.	n/a						

<b>Pain</b> <i>Recognises, assesses and treats acute pain independently. Differentiates between acute and chronic pain.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Can recognise, examine, assess and manage acute pain in the surgical and non-surgical patient.	2b						
B. Is able to safely and appropriately prescribe medication for pain management.							
C. Demonstrates effective communication skills regarding pain management with patients, relatives and carers.							
D. Demonstrates the basic assessment and management of acute on chronic and chronic pain in adults.	2a						W
E. Describes the concept of biopsychosocial multi-disciplinary pain management.							K
F. Describes the special circumstances in assessing and managing perioperative pain in specific patient groups including children, pregnancy and breast feeding, the elderly and frail, those with learning and communication difficulties, autism, dementia, renal and hepatic impairment and substance abuse.	n/a						W K
G. Demonstrates the safe use of equipment used in pain management.	3						

<b>Procedural Sedation</b> <i>Provides safe procedural sedation to ASA 1 to 3 adult patients within the theatre complex.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Conducts appropriate pre-assessment of patients with respect to sedation, understands patient related risk factors, and plans accordingly.	2a						
B. Chooses safe, appropriate sedative drugs to deliver conscious sedation.							
C. Describes the particular dangers associated with the use of single or combinations of sedative drugs, particularly in the frail, elderly or critically ill patient and those requiring transfer.							
D. Monitors a sedated patient's physiology appropriately.							
E. Ensures the provision of safe post-procedural care.							
F. Explains the different levels of sedation and appreciates the risks associated with these.							
G. Recognises and manages the complications of sedation.							*1

<b>Resuscitation and Transfer</b> <i>Able to recognise and initiates resuscitation of the deteriorating patient. Works as an effective member of the medical emergency team. Cares for stable critically ill adult patients independently during inter-hospital transfers by road.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Explains of the pathophysiology of respiratory and cardiac arrest. B. Initiates resuscitation appropriately in all patient groups in accordance with the latest guidance. C. Describes ethical and legal issues associated with resuscitation including advance directives. D. Participates in debrief sessions for staff and relatives in a sensitive, compassionate and constructive manner.	2b						
E. Demonstrates the safe management of the inter-hospital transfer of the critically ill but stable adult patient by road. F. Assesses the clinical risks associated with transfer for individual patients. G. Safely performs intra-hospital transfer of patients, including retrieval of patients newly referred to critical care.	2b			*3			
H. Explains scoring systems in the management of deteriorating patients and responds appropriately.	n/a						

<b>Intensive Care Medicine</b> <i>Provides safe and effective care for critically ill patients under close supervision.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Recognises the limitations of intensive care; employs appropriate admission criteria	2						
B. Performs safely and effectively the clinical invasive procedures required to maintain respiratory, cardiovascular and renal support	2						
C. Recognises, assesses and initiates management for acutely ill adults across the spectrum of single or multiple organ failure	2						
D. Recognises the acutely ill child and initiates management of paediatric emergencies	1			*1			*2
E. Recognises and manages the patient with sepsis and employs local infection control policies	2						
F. Undertakes and evaluates laboratory and clinical imaging investigations to manage patients while critically ill during their intensive care stay	2						
G. Manages the medical / surgical needs and organ support of patients during their critical illness, including the holistic care of patients and relatives	2						
H. Plans and communicates the appropriate discharge of patients from intensive care to healthcare professionals, patients and relatives	2						
I. Manages end of life care within the intensive care environment with patients, relatives and the multi-professional team	1						
J. Liaises with transplant services when appropriate, can perform brain stem death testing and provides the physiological support of the donor.	0						
K. Supports clinical staff outside the ICU to enable the early detection of the deteriorating patient	1						

<b>Notes</b>	
<b>GEH</b>	<ol style="list-style-type: none"> <li>Only 10 lists of paediatrics per year, so difficult to achieve these competencies</li> <li>No major trauma</li> <li>Limited transfer opportunities – consider liaising with ACCOTS team to arrange some shadowing shifts to achieve these key capabilities</li> </ol>
<b>GHH</b>	<ol style="list-style-type: none"> <li>Currently no trauma at GHH, but this situation may change in the future with the reconfiguration of services <b>Remember that GHH is part of UHB, and the opportunity to gain experience in other hospitals within the trust may be possible. Discuss this with your ES and CT.</b></li> </ol>
<b>BHH</b>	<ol style="list-style-type: none"> <li>Key capabilities achievable, but there are a limited number of lists available and relatively high demand. Careful planning and prioritisation of these learning opportunities should occur as and when they arise. <b>Remember that BHH is part of UHB, and the opportunity to gain experience in other hospitals within the trust may be possible. Discuss this with your ES and CT.</b></li> </ol>

<b>WAHT</b>	<ol style="list-style-type: none"><li>1. Only some patient groups available in Redditch, but experience in all capabilities achievable across the trust.</li><li>2. Some experience possible in Redditch, but more experience available at Worcester.</li></ol> <p><b>W. <i>Not easily achievable in Redditch, but achievable with experience at Worcester.</i></b></p> <p><b>K. <i>Not easily achievable in Redditch, but achievable with experience at Kidderminster.</i></b></p>
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