



**Advanced Level Training**

**CCT in Anaesthetics**

**2010 Curriculum**

**Guidebook**

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## Message from the Training Programme Director

Hello,

Welcome to the Birmingham School of Anaesthesia. You have embarked on a 5 year Specialist Training Programme and hopefully a successful career in Anaesthesia. I hope very much that you will enjoy the experience and challenges ahead.

This document has been developed (by trainees, for trainees) to try and make your journey through to CCT a little bit easier. I hope you find it a useful guide to your training.

If you have any questions regarding any part of your training then please feel free to contact me at any time.

Enjoy your training.

Catherine Brennan  
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## Contacts

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The Birmingham School of Anaesthesia Website:

[www.thebsa.info](http://www.thebsa.info)

## Guidance

This workbook covers **Advanced Level Training**.

- Trainees completing the 2010 curriculum will be expected to do a **minimum of one unit** of advanced training. If only General Duties advanced units are undertaken then **at least two units will be required**.
- Advanced training is the final preparation for independent practice and will normally occur in ST7; flexibility is required to allow all trainees to complete their desired advanced units, such that some may commence during ST6. **Advanced modules cannot be undertaken in ST5.**
- At the end of higher training the trainee will be competent in all aspects of anaesthesia practice to that level and will have experience of most procedures and techniques. Trainees will not however have mastery of specialized, uncommon and difficult clinical work as they will have had little opportunity to develop special skills in an area of practice. The indicative year of full time advanced training allows this to occur and has two aims:
  - To develop mastery in specific special interest areas of practice
  - To extend the non-clinical skills needed for consultant practice
- This guidebook sets out the core learning outcomes required for each unit of training and the assessments that demonstrate achievement of these outcomes.
- Before commencing advanced training in any of the following units of training the **Higher training unit must be completed**.
- All assessments should be completed on LLP.
- At the end of each Unit of Training a 'Completion of Unit of Training' (CUT) form should be signed on the LLP by the supervising module consultant. Upon signing this form, indicated Core Clinical Learning Outcomes have been achieved. In order to complete a unit of training and sign off a CUT form, the trainee must demonstrate:
  - Achievement of all the learning outcomes
  - Completion of WPBA's necessary set out in this workbook
  - Logbook review
  - MSF (if appropriate)

- Consultant Feedback
- Multi Source Feedback should be completed during the year on LLP.
- The Advanced Training curriculum includes the six generic domains of clinical practice, team working, leadership, innovation, management and education. Some of the content of these domains is assessed in the following units of training. Where it isn't, other evidence will need to be provided at ARCP.

### Certificates to be gained at this stage of training

- CCT: Certificate of Completion of Training in combination with Higher Level Training

### **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. The initial meeting is documented as a PDP and recorded under 'personal activities'. You are then required to have a formal meeting every three months and these should be recorded under 'personal activities'. For the meeting at the end of your hospital placement, a mini ESSR should be produced. For your ARCP you will need to complete a final ESSR form that spans the whole year from your previous ARCP.

### **LLP requirements**

#### Yearly

- Form R
- Personal Development Plan (PDP)
- Final ESSR form (complete prior to ARCP)
- MSF

#### Initial meeting with your supervisor

- Discuss and set PDP, record initial meeting under 'personal activities' on LLP

#### Three monthly until the end of your placement

- Review & sign off PDPs as appropriate
- Evidence documented of a meeting in 'personal activities'

#### End of placement

- Discuss/set future PDPs
- Evidence documented as an appropriately labelled ESSR if not the last Trust you will work in before your next ARCP

## General Duties

There are eleven units that form the broad advanced level general duties 'block'. It is anticipated that most trainees will wish to spend twelve months completing the minimum learning outcomes in several of the units of training identified within this broad 'block'. The College recognises that some trainees may wish to combine six months of one of the other identified advanced level units [e.g. obstetrics or plastics and burns], with six months completing some units from within general duties. Any such combinations are encouraged to allow trainees as much flexibility as possible, whilst taking account of the needs of the NHS.

Trainees opting for twelve months of advanced level general duties are expected to choose a selection of the units available, as it will be impossible to have gained all the advanced learning outcomes in an indicative twelve month period. Trainees will however, be expected to complete a minimum of two of the units and it is anticipated that the vast majority will complete more than this as many have overlapping competencies [e.g. airway management and ENT, maxillo-facial and dental; orthopaedics and regional anaesthesia; general urological and gynaecological surgery and hepatobiliary].

The exact combination, and number, of units each trainee decides to include in their chosen year should be made following discussions with the TPD, RA, College Tutors and Educational Supervisors

The eleven units that make up the advanced general duties unit are:

1. *Airway management*
2. *ENT, maxillo-facial and dental surgery*
3. *General, urological and gynaecological surgery*
4. *Hepato-biliary surgery*
5. *Vascular surgery*
6. *Day surgery*
7. *Sedation*
8. *Orthopaedic surgery*
9. *Perioperative Medicine*
10. *Regional*
11. *Trauma and stabilisation*
12. *Transfer medicine*

## Assessments for General Duties

Trainees who do one year of advanced level general duties will be expected to do a minimum of one audit, one presentation, one MSF and one formal teaching session for the whole year. These should preferably be in the main specialty interest of the trainee. For



each unit undertaken trainees must do one CBD, one ALMAT and must achieve the core learning outcomes.



## Advanced Airway Management

### Core Clinical Learning Outcomes

1. Provide perioperative anaesthetic care to a wide variety of patients with complex airway problems independently demonstrating a fundamental understanding of the problems encountered
2. Show the decision making and organizational skills required of an anaesthetist to manage busy operating sessions that involve patients having major airway surgery ensuring that the care delivered to patients is safe and timely, benefiting both the patient and the organisation
3. Mastery in performing fiberoptic intubation, awake and asleep, for elective & emergency cases where it is an essential part of safe airway care
4. Assist colleagues in decisions about the suitability of surgery in difficult situations
5. Provide teaching to less experienced colleagues of all grades

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA                              | Requirements<br>(Please complete details and upload on LLP)   | Minimum<br>Number |
|--|---|-------------------|
| A-CEX                                    | Manage a complex airway effectively   | 1                 |
| DOPS                                     | Demonstrate mastery in performing fiberoptic intubation, awake or asleep, for an elective or emergency case with major airway pathology | 1                 |
| MSF                                      | One during the year of advanced general duties  | 1                 |
| Audit<br>Completion                      | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee                          | 1                 |
| Teaching                                 | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee                          | 1                 |
| Literature<br>Review and<br>Presentation | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee                          | 1                 |

## Advanced ENT/Maxillo-facial/Dental Surgery

### Core Clinical Learning Outcomes

1. Provide perioperative anaesthetic care to a wide-range of ENT/MaxFax/Dental surgical cases independently [including those with thoracic extension, complex tumour resection and associated reconstruction frequently requiring the ability to manage extremely complex airway problems], demonstrating a fundamental understanding of the problems encountered
2. Show the decision making and organizational skills required of an anaesthetist to manage busy operating sessions that involve patients having major ENT, maxillo-facial and dental surgery and ensuring that the care delivered is safe and timely, benefiting both patients and the organisation
3. Assist colleagues in decisions about the suitability of surgery in difficult situations
4. Provide teaching to less experienced colleagues of all grades

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA                              | Requirements<br>(Please complete details and upload on LLP)  | Minimum<br>Number |
|--|--|-------------------|
| A-CEX                                    | Manage a complex case effectively  | 1                 |
| ALMAT                                    | Be an effective member of the MDT, managing elective and emergency cases effectively.                          | 1                 |
| MSF                                      | One during the year of advanced general duties   | 1                 |
| Audit<br>Completion                      | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |
| Teaching                                 | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |
| Literature<br>Review and<br>Presentation | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |

## Advanced General, urological and gynaecological surgery

### Core Clinical Learning Outcomes

1. Gain mastery in the delivery of safe and effective perioperative anaesthetic care to patients undergoing complex intra-abdominal surgical procedures including those where pleural breach is anticipated
2. Show the decision making and organizational skills required of an anaesthetist to manage busy operating sessions that involve patients having major abdominal surgery and ensuring that the care delivered is safe and timely, benefiting both the patient and the organisation
3. Assist colleagues in decisions about the suitability of surgery in difficult situations
4. Provide teaching to less experienced colleagues of all grades

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA                              | Requirements<br>(Please complete details and upload on LLP)  | Minimum<br>Number |
|--|--|-------------------|
|  |  |                   |
| CbD                                      | Case description of trainee/trainer choice   | 1                 |
|  |  |                   |
| ALMAT                                    | Be an effective member of the MDT, managing elective and emergency cases effectively.                          | 1                 |
|  |  |                   |
| MSF                                      | One during the year of advanced general duties   | 1                 |
|  |  |                   |
| Audit<br>Completion                      | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |
|  |  |                   |
| Teaching                                 | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |
|  |  |                   |
| Literature<br>Review and<br>Presentation | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |

## Hepatobiliary Surgery – Advanced Module

### Core Clinical Learning Outcomes

1. Provide perioperative anaesthetic care to a wide-range of surgical cases performed, demonstrating a fundamental understanding of the problems encountered
2. Show the decision making and organizational skills required of an anaesthetist to manage busy operating sessions that involve patients having major hepatobiliary surgery and ensuring that the care delivered is safe and timely, benefiting both the patient and the organisation
3. Assist colleagues in decisions about the suitability of surgery in difficult situations
4. Provide teaching to less experienced colleagues of all grades

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA         | Requirements<br>(Please complete details and upload on LLP)  | Minimum<br>Number |
|---------------------|--|-------------------|
| CbD                 | Case description of trainee/trainer choice   | 1                 |
| A-CEX               | Hepatic resection  | 3                 |
|                     | Orthotopic liver transplantation   |                   |
|                     | Major hepatobiliary case such as Whipple's pancreaticoduodenectomy or biliary reconstruction                   |                   |
| DOPS                | Insertion of pulmonary artery catheter<br>(this is a transferable skill from other units of training)          | 1                 |
| ALMAT               | Be an effective member of the MDT  | 1                 |
| MSF                 | One during the year of advanced general duties   | 1                 |
| Audit<br>Completion | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |
| Teaching            | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |

|                                    |  |   |
|------------------------------------|--|---|
| Literature Review and Presentation | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1 |
|------------------------------------|--|---|

## Advanced Vascular surgery

### Core Clinical Learning Outcomes

1. Provide perioperative anaesthetic care to a wide range of cases in and out of theatre [including those where supra renal or thoracic aortic cross clamping occurs], demonstrating a fundamental understanding of the problems encountered
2. Show the decision making and organizational skills required of an anaesthetist to manage busy clinical sessions that involve patients having major vascular procedures, ensuring that the care delivered is safe and timely, benefiting both the patient and the organisation
3. To assist colleagues in decisions about the suitability of surgery in difficult situations
4. Provide teaching to less experienced colleagues of all grades

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA      | Requirements<br>(Please complete details and upload on LLP)  | Minimum<br>Number |
|------------------|--|-------------------|
| CbD              | Case description of trainee/trainer choice   | 1                 |
| A-Cex            | Carotid endarterectomy   | 3                 |
|                  | Open repair of abdominal aortic aneurysm   |                   |
|                  | EVAR   |                   |
| DOPS             | Cervical block for carotid endarterectomy  | 1                 |
| ALMAT            | Be an effective member of the MDT  | 1                 |
| MSF              | One during the year of advanced general duties   | 1                 |
| Audit Completion | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |
| Teaching         | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |

|                                    |  |   |
|------------------------------------|--|---|
| Literature Review and Presentation | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1 |
|------------------------------------|--|---|

## Advanced Day Surgery

### Core Clinical Learning Outcomes

1. To be capable of undertaking the perioperative management of a wide range of patients for day case procedures including those with co-morbidities independently.
2. Show the decision making and organizational skills required of an anaesthetist to manage a busy day surgery session ensuring that the care delivered is safe and timely, benefiting both the patient and the organisation
3. Show the organisational and team working skills to lead and manage a day surgery unit in conjunction with the other members of the multi-disciplinary team
4. Assist colleagues in decisions about the suitability of surgery in difficult situations
5. Provide teaching to less experienced colleagues of all grades.

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA                        | Requirements<br>(Please complete details and upload on LLP)  | Minimum<br>Number |
|------------------------------------|--|-------------------|
| A-CEX                              | Demonstrates mastery in assessment and decision making of fitness for complex day surgical cases, particularly those with patients with significant co-morbidities | 1                 |
| ALMAT                              | Be an effective member of the MDT, managing elective cases effectively.  | 1                 |
| MSF                                | One during the year of advanced general duties   | 1                 |
| Audit Completion                   | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee   | 1                 |
| Teaching                           | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee   | 1                 |
| Literature Review and Presentation | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee   | 1                 |



## Sedation and Conscious Sedation for Dentistry

This optional unit of training should only be undertaken once the higher unit of conscious sedation has been completed.

If trainees wish to undertake this advanced unit of training they should discuss this with their Training Programme Director

### Core Clinical Learning Outcomes

To be capable of delivering safe and effective peri-procedural conscious sedation to patients requiring a wide variety of complex investigative /treatment procedures independently; this implies an ability to;

1. Provide safe and effective sedation using a wide variety of techniques to best effect for patients and the organization, demonstrating a fundamental understanding of the problems encountered
2. Show the decision making and organizational skills required of an anaesthetist to manage patients requiring sedation in remote locations
3. To assist colleagues in decisions about the suitability of (frequently) invasive investigative/treatment procedures in difficult situations
4. Provide teaching to less experienced colleagues of all grades

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA                              | Requirements<br>(Please complete details and upload on LLP)  | Minimum<br>Number |
|--|--|-------------------|
|  |  |                   |
| A-CEX                                    | Manage a complex case effectively  | 1                 |
|  |  |                   |
| MSF                                      | One during the year of advanced general duties   | 1                 |
|  |  |                   |
| Audit/QI<br>Completion                   | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |
|  |  |                   |
| Teaching                                 | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |
|  |  |                   |
| Literature<br>Review and<br>Presentation | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |



## Advanced Orthopaedics

### Core Clinical Learning Outcomes

To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex orthopaedic cases [including major spinal cases +/- pleural breach] and list management independently;

2. Provide perioperative anaesthetic care to a wide-range of surgical cases demonstrating a fundamental understanding of the problems encountered
3. Show the decision making and organizational skills required of an anaesthetist to manage busy operating sessions that involve patients having major orthopaedic surgery and ensuring that the care delivered is safe and timely, benefiting both the patient and the organisation
4. To assist colleagues in decisions about the suitability of surgery in difficult situations
5. Provide teaching to less experienced colleagues of all grades

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA                              | Requirements<br>(Please complete details and upload on LLP)  | Minimum<br>Number |
|--|--|-------------------|
|  |  |                   |
| CbD                                      | Case description of trainee/trainer choice   | 1                 |
|  |  |                   |
| A-CEX                                    | Complex orthopaedic procedure  | 2                 |
|  | Major oncology case requiring orthopaedic surgery  |                   |
|  |  |                   |
| ALMAT                                    | Be an effective member of the MDT, managing elective and emergency cases effectively.                          | 1                 |
|  |  |                   |
| MSF                                      | One during the year of advanced general duties   | 1                 |
|  |  |                   |
| Audit<br>Completion                      | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |
|  |  |                   |
| Teaching                                 | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |
|  |  |                   |
| Literature<br>Review and<br>Presentation | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |

## Advanced Perioperative Medicine

### Core Clinical Learning Outcomes

This unit of training is designed to be completed over six to twelve months. It builds upon the competencies in core, intermediate and higher training. Trainees undertaking this unit of training should be conversant with the higher level competences.

1. To gain expertise in the clinical management of patients in the preoperative, intraoperative and both immediate and longer term postoperative periods.
2. To develop the expertise to take a lead in decision making about the suitability of high risk patients for surgery.
3. To develop the skills required to manage perioperative services, ensuring that the care delivered is safe and timely, benefiting both the patients and the organization.
4. To provide teaching to colleagues of all grades and specialties.
5. To develop local services and practice through the use of appropriate quality improvement projects.
6. To ensure that perioperative services are fully integrated, consistent and reliable and make efficient use of resources.
7. To work effectively in partnership with colleagues in other disciplines, including primary care.

### Unit Requirements

- Mandatory to demonstrate evidence of teaching colleagues
- WPBA's as indicated +/- consultant feedback (as part of general duties)
- CUT form on LLP.

| LLP<br>WPBA         | Requirements<br>(Please complete details and upload on LLP)   | Minimum<br>Number |
|---------------------|---|-------------------|
| CbD                 | Demonstrate an in-depth knowledge of preoperative optimisation of acute and chronic co-morbidity using an evidence based approach | 1                 |
| A-CEX               | Develops appropriate individualized perioperative plans for complex patients  | 1                 |
| ALMAT               | Be an effective member of the MDT demonstrating effective team working skills   | 1                 |
| MSF                 | One during the year of advanced general duties  | 1                 |
| Audit<br>Completion | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee                    | 1                 |
| Teaching            | Evidence of teaching to colleagues of all grades and specialties relevant to perioperative medicine                               | 1                 |

|                                    |  |   |
|------------------------------------|--|---|
| Literature Review and Presentation | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1 |
|------------------------------------|--|---|

## Advanced Regional

### Core Clinical Learning Outcomes

1. Provide perioperative anaesthetic care to a wide-range of surgical cases performed under regional anaesthesia, demonstrating a fundamental understanding of the problems encountered
2. Show the decision making and organizational skills required of an anaesthetist to manage busy operating sessions that involve patients having regional anaesthesia as part of their anaesthetic planned care
3. Assist colleagues in decisions about the use of regional anaesthesia in difficult situations and where their use might be controversial
4. Provide advice to colleagues on the appropriate practice of regional anaesthesia.

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA      | Requirements<br>(Please complete details and upload on LLP)  | Minimum<br>Number |
|------------------|--|-------------------|
|                  |  |                   |
| A-CEX            | Demonstrates the use of advanced ultrasound techniques The initial placement and use of indwelling catheters   | 1                 |
|                  |  |                   |
| DOPS             | The initial placement and use of indwelling catheters  | 4                 |
|                  | Interscalene, supraclavicular, infraclavicular and axillary approaches to the brachial plexus                  |                   |
|                  | Thoracic paravertebral and interpleural blocks (optional)  |                   |
|                  | Lumbar plexus and combined lumbar plexus and sciatic blocks  |                   |
|                  |  |                   |
| ALMAT            | Be an effective member of the MDT, managing elective cases effectively.  | 1                 |
|                  |  |                   |
| MSF              | One during the year of advanced general duties   | 1                 |
|                  |  |                   |
| Audit Completion | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |
|                  |  |                   |
| Teaching         | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1                 |
|                  |  |                   |

|                                    |  |   |
|------------------------------------|--|---|
| Literature Review and Presentation | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee | 1 |
|------------------------------------|--|---|

Trainees completing advanced level regional anaesthesia are encouraged to attend a theoretical course on the use of ultrasound in regional anaesthesia.

## Advanced Trauma and stabilisation

### Core Clinical Learning Outcomes

1. Provide leadership in the discussions with the emergency services managing the multiply injured patient at the site of injury through to arrival in the Emergency Department
2. Demonstrates good interpersonal skill, assertiveness [when needed] and leadership as Trauma Team Leader when leading the multi-disciplinary team that receives, assesses and delivers the necessary definitive care to the patient
3. Provides safe and effective anaesthetic care for a wide-range of complex cases including challenging head, airway, neck and spine, chest, abdominal, spinal, pelvic and limb, soft tissue and vascular trauma in both adults and children, demonstrating a fundamental understanding of the problems encountered
4. Show the decision making, organizational and communication skills required of a trauma team leader to manage a busy receiving area for patients with multiple injuries, ensuring that the care delivered is safe and timely, benefiting both the patient and the organisation
5. Assist colleagues in decisions about the suitability of surgery/further definitive care in difficult situations, lead discussions on end of life decisions with compassion, using appropriate language that can be understood by relatives and carers.

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA                        | Requirements<br>(Please complete details and upload on LLP)   | Minimum<br>Number |
|------------------------------------|---|-------------------|
| A-CEX                              | Demonstrates ability to lead a multi-disciplinary trauma team, co-ordinating and delivering the early hospital care of all types of complex multiply-injured patients including, initial resuscitation and imaging, peri-operative care and appropriate HDU/ICU admission | 1                 |
| ALMAT                              | Be an effective member of the MDT, managing elective cases effectively.   | 1                 |
| MSF                                | One during the year of advanced general duties  | 1                 |
| Audit Completion                   | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee  | 1                 |
| Teaching                           | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee  | 1                 |
| Literature Review and Presentation | One during the year of advanced general duties, ideally relevant to the main specialty interest of the trainee  | 1                 |

## Transfer Medicine and Emergency Medical Retrieval

This unit of training is aimed at those trainees with a specialist interest in transfer medicine and retrieval of patients requiring international transfer. It is expected that trainees will have completed the higher Trauma/Stabilisation units along with specialised training in the following as part of this unit:

- Pre-hospital training
- Emergency medical services training
- Basic aeronautical training
- Media training

If trainees wish to undertake this advanced unit of training they should discuss this with their Training Programme Director

## Advanced Modules not included in General Duties

The following advanced modules are usually completed within a six month dedicated module.

- Thoracic Anaesthesia
- Cardiac Anaesthesia
- Neuroanaesthesia
- Obstetric Anaesthesia
- Anaesthesia for Burns/Plastics
- Paediatrics
- Management (can be undertaken simultaneously with other modules)
- Pain medicine ( usually 12 month module)

## Advanced Thoracic Anaesthesia

### Core Clinical Learning Outcomes

1. Provide perioperative anaesthetic care to a wide-range of thoracic cases demonstrating a fundamental understanding of the problems encountered
2. Show the decision making and organizational skills required of an anaesthetist to manage busy thoracic operating sessions ensuring that the care delivered to patients is safe and timely, benefiting both the patient and the organisation
3. Assist colleagues in decisions about the suitability of surgery in difficult situations
4. Provide teaching to less experienced colleagues of all grades

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA                              | Requirements<br>(Please complete details and upload on LLP)                           | Minimum<br>Number |
|--|---|-------------------|
| CbD                                      | Case description of trainee/trainer choice  | 1                 |
| ALMAT                                    | Be an effective member of the MDT, managing elective and emergency cases effectively. | 1                 |
| MSF                                      | Completed during this advanced module   | 1                 |
| Audit<br>Completion                      | Relevant to thoracic anaesthesia  | 1                 |
| Teaching                                 | Relevant to thoracic anaesthesia  | 1                 |
| Literature<br>Review and<br>Presentation | Relevant to thoracic anaesthesia  | 1                 |



## Advanced Cardiac Anaesthesia

### Core Clinical Learning Outcomes

1. To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex cardiac surgical cases and cardiological procedures independently
2. Provide perioperative anaesthetic care to a wide-range of cases demonstrating a fundamental understanding of the problems encountered
3. Show the decision making and organizational skills required of an anaesthetist to manage busy cardiac operating sessions ensuring that the care delivered to patients is safe and timely, benefiting both the patient and the organisation
4. Assist colleagues in decisions about the suitability of surgery in difficult situations
5. Demonstrates advanced skills in image acquisition and interpretation for perioperative trans-oesophageal echocardiography and basic transthoracic echocardiography skills, to a level matching that of assessment by examination

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA                              | Requirements<br>(Please complete details and upload on LLP)                           | Minimum<br>Number |
|--|---|-------------------|
|  |   |                   |
| CbD                                      | Case description of trainee/trainer choice  | 2                 |
|  |   |                   |
| DOPS                                     | Trans-oesophageal echocardiography  | 1                 |
|  | Transthoracic echocardiography  |                   |
|  |   |                   |
| ALMAT                                    | Be an effective member of the MDT, managing elective and emergency cases effectively. | 1                 |
|  |   |                   |
| ACEX                                     | Manage a complex case effectively   | 1                 |
|  |   |                   |
| MSF                                      | Completed during this advanced module   | 1                 |
|  |   |                   |
| Audit<br>Completion                      | Relevant to cardiac anaesthesia   | 1                 |
|  |   |                   |
| Teaching                                 | Relevant to cardiac anaesthesia   | 1                 |
|  |   |                   |
| Literature<br>Review and<br>Presentation | Relevant to cardiac anaesthesia   | 1                 |

Cardiac anaesthesia training at QEHB will also include release to Birmingham Heartlands Hospital for thoracic anaesthesia training.

For those trainees intending to pursue a career in cardiac anaesthesia training it is likely that a further period of training post CCT will be required in addition to the advanced training year.

## Advanced Neuroanaesthesia

### Core Clinical Learning Outcomes

1. Provide perioperative anaesthetic care to a wide variety of neurosurgical & neuroradiological cases independently demonstrating a fundamental understanding of the problems encountered
2. Show the decision making and organizational skills required of an anaesthetist to manage busy neurosurgery/neuroradiology sessions ensuring that the care delivered to patients is safe and timely, benefiting both the patient and the organisation
3. Provide clinical input and leadership where required in neuro postoperative care units (including HDUs)
4. To assist colleagues in decisions about the suitability of surgery in difficult situations.
5. Provide advice to colleagues on the appropriate practice of regional anaesthesia

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

|   |                      |
|---|----------------------|
| Number of supervised neurocritical care sessions                | 20 clinical sessions |
| Number of unsupervised sessions (=remote, indirect supervision) | 20 clinical sessions |

Other Activities:

- Neurosurgical clinic x1
- Cancer MDT x1
- Neurovascular MDT x1
- Neurosurgical M&M meetings x1

## Advanced Neuroanaesthesia continued

| LLP<br>WPBA                              | Requirements<br>(Please complete details and upload on LLP)  | Minimum<br>Number |
|--|--|-------------------|
|  |  |                   |
| CbD                                      | Neuroradiology case e.g. MR imaging or embolisation of an arteriovenous malformation   | 3                 |
|  | Management in critical care of vasospasm after subarachnoid haemorrhage  |                   |
|  | Complex cranial surgery e.g. posterior fossa surgery in sitting position or clipping of an intracranial aneurysm   |                   |
|  | Management of raised intracranial pressure in critical care  |                   |
|  |  |                   |
| A-CEX                                    | Neuroradiology: Coiling of intracranial aneurysm   | 3                 |
|  | Acoustic neuroma surgery   |                   |
|  | Complex spinal surgery involving instrumentation   |                   |
|  | Pre-operative assessment of a patient with co-morbidities for either complex cranial surgery or complex spinal surgery (usually performed in pre-op assessment clinic) |                   |
|  |  |                   |
| ALMAT                                    | Be an effective member of the MDT, managing elective and emergency cases effectively.  | 1                 |
|  |  |                   |
| MSF                                      | Completed during this advanced module  | 1                 |
|  |  |                   |
| Audit<br>Completion                      | Relevant to neuroanaesthesia   | 1                 |
|  |  |                   |
| Teaching                                 | Relevant to neuroanaesthesia   | 1                 |
|  |  |                   |
| Literature<br>Review and<br>Presentation | Relevant to neuroanaesthesia   | 1                 |

## Advanced Obstetrics

### Core Clinical Learning Outcomes

To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex obstetric cases and list management independently; this implies an ability to:

1. Provide perioperative anaesthetic care to a wide-range of obstetric cases performed both in the labour ward and theatre, demonstrating a fundamental understanding of the problems encountered
2. Show the decision making and organizational skills required of an anaesthetist to manage busy labour ward and operating sessions, ensuring that the care delivered is safe and timely, benefiting both patients and the organisation
3. To assist colleagues in decisions about the suitability of surgery in difficult situations
4. Provide teaching to less experienced colleagues of all members of the multi-disciplinary team.

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA         | Requirements<br>(Please complete details and upload on LLP)   | Minimum<br>Number |
|---------------------|---|-------------------|
|                     |   |                   |
| CbD                 | Case description of trainee/trainer choice  | 1                 |
|                     |   |                   |
| A-CEX               | Management of high risk obstetric patient   | 1                 |
|                     |   |                   |
| ALMAT               | Be an effective member of the MDT, managing elective and emergency cases effectively and managing the workload on delivery suite. | 1                 |
|                     |   |                   |
| MSF                 | Completed during this advanced module   | 1                 |
|                     |   |                   |
| Audit<br>Completion | Relevant to Obstetric Anaesthesia   | 1                 |
|                     |   |                   |
| Teaching            | Anaesthetic trainees  | 1                 |
|                     | Other such as midwives, parents   | 1                 |
|                     |   |                   |
| Other Activities    | Attendance at high risk antenatal assessment clinic   | 1                 |
|                     | Attendance at ultrasound/doppler assessment clinic  | 1                 |
|                     | Labour ward forum meeting   | 1                 |

## Advanced Paediatrics

The advanced module at BCH is aimed at the trainee wishing to work as a lead anaesthetist in paediatric anaesthesia in a DGH setting or as a specialist paediatric anaesthetist in a tertiary setting. It is suggested that those wishing to pursue a career as a specialist paediatric anaesthetist will need to have at least 12 months additional clinical training in paediatric anaesthesia and that some of this time (up to three months in a twelve month period) should be spent in PICU.

Certain subspecialist areas of paediatric anaesthesia e.g. cardiac will need additional training time and they are not specifically covered here.

For those wishing to work as a lead paediatric anaesthetist in a DGH setting it is suggested that a period of six months in an advanced module would normally be adequate. The following details the knowledge and skills that could be acquired during an advanced module at BCH.

| <b>Knowledge</b>   | <b>6 months</b> | <b>12 months</b> |
|--|-----------------|------------------|
| Is able to discuss in depth, compare and evaluate the strategies for managing neonates and children with congenital diseases that have relevance to their perioperative anaesthetic care.  | yes             | yes              |
| Has a detailed knowledge of provision of anaesthesia for paediatric day-case surgery, including general surgery, urology, orthopaedics, dental and ENT.  | yes             | yes              |
| Discusses in depth the factors involved in development and running a paediatric acute pain service.  | yes             | yes              |
| Has a detailed knowledge of paediatric resuscitation and stabilisation including principles of neonatal and paediatric transfer.   | yes             | yes              |
| Has an understanding of consent in relation to procedures, restraint and research in children and young people.  | yes             | yes              |
| Has an in-depth understanding of child protection issues.  | yes             | yes              |
| Has a detailed understanding of congenital heart disease and the relevance to providing anaesthesia care for cardiac and non-cardiac surgery.  | optional        | yes              |
| Has a detailed understanding of paediatric neurosurgery and craniofacial surgery anaesthesia techniques.   | optional        | yes              |
| Has an understanding of anaesthesia for paediatric hepatobiliary surgery including transplantation.  | optional        | yes              |
| Has an understanding of provision of anaesthesia for paediatric burns patients including acute major burns and reconstructive work.  | optional        | yes              |
| Has an understanding of provision of anaesthesia for complex major general surgery and urology, including thoracotomy / thoracoscopy.  | optional        | yes              |
| Has an understanding of anaesthesia for paediatric scoliosis surgery.  | optional        | yes              |
| <b>Skills</b>  | <b>6 months</b> | <b>12 months</b> |
| Demonstrates ability to manage the paediatric difficult airway, including fiberoptic techniques.   | yes             | yes              |
| Performs advanced vascular access, including central venous & arterial cannulation including familiarity and use of 2D ultrasound to assist with insertion techniques.   | yes             | yes              |
| Is able to provide regional anaesthesia for paediatric day case surgery eg – caudal block, ilioinguinal block, penile block, rectus sheath block.  | yes             | yes              |
| Is able to provide neuraxial analgesia for small children and infants.   | optional        | yes              |
| Demonstrates ability to provide sedation including the selection, management and monitoring of children for diagnostic and therapeutic procedures, with particular attention to working in areas outside the theatre suite but within the hospital environment | yes             | yes              |
| Demonstrates effective leadership in resuscitation and stabilisation of the critically ill child requiring transfer  | yes             | yes              |
| Is able to communicate effectively with young children and adolescents   | yes             | yes              |
| Is able to provide anaesthesia to the very sick and or premature neonate   | optional        | yes              |

| <b>LLP<br/>WPBA</b>                      | <b>Requirements<br/>(Please complete details and upload on LLP)</b>   | <b>Minimum<br/>Number</b> |
|--|---|---------------------------|
|  |   |                           |
| CbD                                      | Case that demonstrates the 'Knowledge' domains mentioned above  | 1                         |
|  |   |                           |
| A-Cex                                    | Case that demonstrates the 'Knowledge' domains mentioned above<br>Case that demonstrates the 'Skills' domains mentioned above | 1                         |
|  |   |                           |
| DOPS                                     | Case that demonstrates the 'Skills' domains mentioned above   | 1                         |
|  |   |                           |
| ALMAT                                    | Be an effective member of the MDT, managing elective and emergency cases effectively.   | 1                         |
|  |   |                           |
| MSF                                      | Completed during this advanced module   | 1                         |
|  |   |                           |
| Audit<br>Completion                      | Relevant to paediatric anaesthesia or intensive care  | 1                         |
|  |   |                           |
| Teaching                                 | Relevant to paediatric anaesthesia or intensive care  | 1                         |
|  |   |                           |
| Literature<br>Review and<br>Presentation | Relevant to paediatric anaesthesia or intensive care  | 1                         |

## Advanced Anaesthesia for Plastics/Burns

### Core Clinical Learning Outcomes

To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex plastics and burns cases independently; this implies an ability to:

1. Manage perioperative anaesthetic care for highly complex plastics and burns cases independently [including major reconstructive surgery] demonstrating a fundamental understanding of the problems encountered
2. Show the decision making and organizational skills required of an anaesthetist to manage busy operating sessions that involve patients having major plastics and burns surgery ensuring that the care delivered is safe and timely, benefiting both the patient and the organisation
3. To assist colleagues in decisions about the suitability of surgery in difficult situations
4. Anaesthetise adult patients for major burns excision & grafting surgery independently.

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA                              | Requirements<br>(Please complete details and upload on LLP)   | Minimum<br>Number |
|--|---|-------------------|
| CbD                                      | Free flap surgery   | 1                 |
| A-CEX                                    | Anaesthesia for primary excision and grafting of burn<br>ITU ward round and discussion with relatives | 1                 |
| DOPS                                     | Regional anaesthesia for plastics/burns case  | 1                 |
| ALMAT                                    | Be an effective member of the MDT, managing elective and emergency cases effectively.                 | 1                 |
| MSF                                      | Completed during this advanced module   | 1                 |
| Audit<br>Completion                      | Relevant to burns or plastics   | 1                 |
| Teaching                                 | Relevant to burns or plastics   | 1                 |
| Literature<br>Review and<br>Presentation | Relevant to burns or plastics   | 1                 |

## Management

Where trainees are undertaking this module in association with a formal university based qualification in management at the advanced diploma or masters level then the requirements of this module can be varied to reconcile them with the work and assessment tasks required for that qualification.

This **MUST** be agreed by the RCoA and the GMC in advance.

Trainees are able to undertake this module during ST5 if the opportunity arises.

### Core Clinical Learning Outcomes

1. Understands the management process and structures at Trust level. Knows the functions of the various management and administrative departments and how they communicate and cooperate.
2. Understands the national processes by which health policy is developed, promoted, disseminated, introduced and monitored
3. Able to plan a project involving change and characterise the steps in its development
4. Has a deep understanding of the role of the different professionals in the organisation of the health service and knows the importance of encouraging inter-professional understanding and working.

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA             | Requirements<br>(Please complete details and upload on LLP)   | Minimum<br>Number |
|-------------------------|---|-------------------|
|                         |   |                   |
| Reflective<br>Portfolio | Maintains reflective portfolio of secondment including detailed report of a 'project'   | 1                 |
|                         | Presents a synopsis of their experiences as an advanced management trainee in a local educational forum and obtains formal feedback | 1                 |
|                         |   |                   |
| MSF                     | Completed during this advanced module, relevant to the management role being undertaken   | 1                 |
|                         |   |                   |
| Audit<br>Completion     | Relevant to management  | 1                 |
|                         |   |                   |
| Teaching                | Relevant to management  | 1                 |
|                         |   |                   |
| Other Activities        | Management course/ local multi-specialty/inter-professional event attendance  | 1                 |



## Pain Medicine

### Core Clinical Learning Outcomes

To be capable of delivering all aspects of pain medicine as an independent practitioner. This implies:

1. Having a comprehensive knowledge of Pain Medicine service delivery
2. Being able to assess a wide variety of patients with pain using a biopsychosocial model including, history taking, physical examination, psychological assessment and interpretation of investigations
3. Being aware of the treatment options available to provide effective management for patients with acute, chronic and cancer pain
4. Becoming technically proficient in a range of procedures for Pain Medicine
5. Having the communication and organisational skills to be an effective member of the multi-disciplinary Pain Medicine team
6. Demonstrates empathy when caring for patients with pain
7. Providing clinical leadership in the development of comprehensive pain medicine services, for the benefit of both patients and the organisation
8. Acting as an effective teacher of Pain Medicine topics
9. Being able to assess evidence from research related to Pain Medicine

### Unit Requirements

- WPBA's as indicated.
- Consultant feedback (sought by the module lead from other consultants working with you)
- CUT form on LLP.

| LLP<br>WPBA                              | Requirements<br>(Please complete details and upload on LLP)  | Minimum<br>Number |
|--|--|-------------------|
|  |  |                   |
| CbD                                      | Case description of trainee/trainer choice   | 1                 |
|  |  |                   |
| A-CEX                                    | Manage a complex case effectively  | 2                 |
|  |  |                   |
| DOPS                                     | Procedure of trainee/trainer choice  | 1                 |
|  |  |                   |
| MSF                                      | One during the year of advanced pain   | 1                 |
|  |  |                   |
| Audit<br>Completion                      | One during the year of advanced training, ideally relevant to the main specialty interest of the trainee | 1                 |
|  |  |                   |
| Teaching                                 | One during the year of advanced training, ideally relevant to the main specialty interest of the trainee | 1                 |
|  |  |                   |
| Literature<br>Review and<br>Presentation | One during the year of advanced training, ideally relevant to the main specialty interest of the trainee | 1                 |

## Domain 1 – Clinical Practice

Highly specific clinical competencies are not identified as each trainee’s focus and career intention will be different and, in many cases, be dependent upon the availability of patients that present uncommon challenges; knowledge and skills are combined as this is most appropriate at the intended level of practice

| <p>Demonstrates mastery of all aspects of clinical care in all clinical situations regularly encountered in the chosen area of practice and shows clear understanding of:</p> <ol style="list-style-type: none"> <li>1. Why effective decision making, communication, team-working and organisation skills are required by anaesthetists to ensure clinical sessions are delivered safely, efficiently and effectively to the benefit of both patients and the organisation; this implies an ability to recognise the importance of providing overall leadership of the multi-disciplinary team when necessary</li> <li>2. How to utilise the time allocated to clinical sessions effectively for patient care, without compromising safety</li> <li>3. The central role human factors plays in developing a culture of safe practice and how collaboration and team-working enhances safety</li> </ol> |                |          |                |       |   |       |   |     |   |
|---|----------------|----------|----------------|-------|---|-------|---|-----|---|
| <p>Demonstrates and teaches safe behaviours in prescribing practice to all members of the multi-disciplinary team</p>   |                |          |                |       |   |       |   |     |   |
| <p>Demonstrates and teaches how to obtain consent from patients in all situations showing compassion and understanding; this includes patients where there are difficulties with communication capacity</p>   |                |          |                |       |   |       |   |     |   |
| <p>Demonstrates safe practice in clinical care in those less common clinical situations in the chosen area of practice where mastery has not yet been achieved</p>  |                |          |                |       |   |       |   |     |   |
| <p>Shows mastery in some complex clinical situations when patients requiring difficult or dangerous interventions, providing advice to other team members and participating in the planning of complex procedures</p>   |                |          |                |       |   |       |   |     |   |
| <p>Reflects on own clinical practice in order to achieve insight and :</p> <ol style="list-style-type: none"> <li>1.Strives to correct deficiencies identified</li> <li>2. Seeks learning opportunities and integrates new knowledge into clinical practice</li> </ol>  |                |          |                |       |   |       |   |     |   |
| <p>Identifies opportunities to promote changes in lifestyle and other actions which will improve health and/or disease outcomes positively</p>  |                |          |                |       |   |       |   |     |   |
| <p>Provides appropriate advice to others regarding the proper management of clinical problems</p>   |                |          |                |       |   |       |   |     |   |
| <p>Shows the necessary maturity to guide the choice of audit cycle/quality improvement projects in developing practice</p>  |                |          |                |       |   |       |   |     |   |
| <p>Promptly acknowledges mistakes and mishaps and demonstrates the ability to lead in managing errors including:</p> <ol style="list-style-type: none"> <li>1.Talking to patients about untoward events, apologizing appropriately, providing clear explanations acting with integrity and offering the necessary support</li> <li>2.Leadng de-briefs with all the staff involved</li> </ol> <p>Implementing procedures to effect a full investigation</p> <ol style="list-style-type: none"> <li>3.Openess and honesty at all times</li> <li>4.The ability to learn from the errors and lead safety improvements to minimize likely recurrence</li> </ol>  |                |          |                |       |   |       |   |     |   |
| <table border="1"> <thead> <tr> <th>LLP WPBA</th> <th>Minimum number</th> </tr> </thead> <tbody> <tr> <td>A-CEX</td> <td>1</td> </tr> <tr> <td>ALMAT</td> <td>1</td> </tr> <tr> <td>CBD</td> <td>1</td> </tr> </tbody> </table>   |                | LLP WPBA | Minimum number | A-CEX | 1 | ALMAT | 1 | CBD | 1 |
| LLP WPBA  | Minimum number |          |                |       |   |       |   |     |   |
| A-CEX   | 1              |          |                |       |   |       |   |     |   |
| ALMAT   | 1              |          |                |       |   |       |   |     |   |
| CBD   | 1              |          |                |       |   |       |   |     |   |

## Domain 2 – Team working

Trainees are expected to demonstrate the necessary team working, management and leadership skills required post-CCT for independent practice

|   |                       |
|---|-----------------------|
| Participates in [and leads when appropriate] the organisation of complex interventions, including liaison with clinicians, nurses, clinical support specialties and managers  |                       |
| Demonstrates an ability to engage all members of the team, when required, to enable the session time to be used efficiently and effectively for the benefit of both the patients and the organisation; this implies an ability to lead the discussions in a timely and effective manner where/when necessary  |                       |
| Recognises own limitations and actively seeks the advice of others when needed  |                       |
| Commits to the principle that the patient and their relatives are often equal members of the clinical team  |                       |
| Demonstrates leadership in engaging other healthcare professional and support workers positively and: <ol style="list-style-type: none"> <li>1. Gives weight to contributions of others</li> <li>2. Respects team decisions and is moderate in word and manner when necessarily registering their dissent</li> <li>3. Understands that other team members may be experiencing strong emotions which must be recognised</li> </ol> |                       |
| Always shows appropriate understanding and control of their emotions when working with others   |                       |
| Understands the particular ways of working of the highly specialised teams in which they contribute   |                       |
| Teaches others how to work properly in teams  |                       |
| Demonstrates a desire to achieve high standards and monitors compliance to standards by the whole team  |                       |
| Demonstrates the importance of maintaining high levels of individual and team situation awareness at all times; asks for, or shares, information and anticipates future problems to maximise safe practice  |                       |
| Adopts strategies to reduce risk [e.g. the use of the WHO Safe Surgery Checklist] and a willingness to participate in improvement strategies [e.g. critical incident reporting]; acts to rectify error immediately if it is made  |                       |
| Demonstrates openness when talking to patients about untoward events, apologising appropriately, providing clear explanations, acting with integrity and offering the necessary support   |                       |
| Shows ability to learn from errors and shares that learning with the rest of the organisation   |                       |
|   |                       |
| <b>LLP WPBA</b>   | <b>Minimum number</b> |
| ALMAT   | <b>1</b>              |

**Attendance at the Stafford Professional Development days and a Leadership and Management course (Keele) provide training towards gaining this module.**

## Domain 3 – Leadership

|  |
|--|
| Understands that the role of the consultant involves demonstrating leadership in clinical management, service delivery and forward planning  |
| Is aware of their position as an important positive role-model for others  |
| Demonstrates commitment to the highest clinical standards personally and encourages others to achieve the best   |
| Shows flexibility in accommodating the needs and work patterns of others and a preparedness to work flexibly in order to allow cover of unpredictable duties [e.g. the unavoidable absence of a colleague] to maintain essential clinical care to patients   |
| Able to take the lead where appropriate in dealing with difficulties that have arisen in the clinical care of patients including communicating bad news, participating in clinical review and liaising with managers and dealing with complaints   |
| Creates opportunities to bring colleagues together to further clinical and institutional goals including reducing unnecessary resource usage [environmental and financial] in all healthcare   |
| Demonstrates the ability to communicate clearly, promptly and effectively with colleagues by means appropriate to the urgency of the situation [e.g. personal presence, telephone, email, letter etc] and recognising its crucial importance when transferring responsibility for patient care [e.g. at handovers] |
| Analyses information about performance from a wide range of resources; participates in [and if appropriate initiates and leads] initiatives to improve performance   |

**Attendance at the Stafford Professional Development days and a Leadership and Management course (Keele) provide training towards gaining this module.**

## Domain 4 – Innovation

|  |
|--|
| Demonstrates understanding of the need to be aware of new trends and developments and;<br>1. Questions the status quo<br>2. Actively looks for ways to improve clinical practice and the patient experience<br>3. Commits to the changing roles and responsibilities of healthcare groups as practice develops<br>4. Is receptive to the attempts of others to improve practice<br>5. Urges responsible individuals and groups to seek and implement beneficial change |
| Understands the importance of research [clinical and laboratory] in the development of clinical practice in their chosen area[s], is aware of current areas of research and achieves competence in understanding, and explaining, the methodology and statistics involved  |

**Attendance at the Stafford Professional Development days and a Leadership and Management course (Keele) provide training towards gaining this module.**

## Domain 5 – Management

|  |
|--|
| Commits to the objectives of their team, of their hospital and to the national planning of healthcare  |
| Plans their work efficiently so that they can accomplish the targets they have set themselves and meet institutional objectives  |
| Understands the central role of the patient and the public in determining directions and priorities in service development   |
| Takes the initiative in: <ol style="list-style-type: none"> <li>1. Demonstrating the efficient use of resources and encouraging others to do the same</li> <li>2. Identifying and reporting any significant deficiency of resources</li> <li>3. Contributing to discussions and planning for service and facilities development</li> </ol> |

**Attendance at the Stafford Professional Development days and a Leadership and Management course (Keele) provide training towards gaining this module.**

## Domain 6 – Education

|   |
|---|
| Continuously seeks to improve and update their knowledge and skills, using a variety of strategies, whilst keeping records of learning that are planned and undertaken, reflecting on their outcomes  |
| Develops a personal learning network of individuals and organisations including; attending specialist educational meetings and reads specialist journals in special interest areas of practice  |
| Is able to receive feedback appropriately for the purpose of self-improvement and provides feedback to others when asked  |
| Commits to the supremacy of patient safety issues in providing an appropriate level of clinical or educational supervision  |
| Actively participates in the planning and delivery of departmental teaching and training  |
| Understands the roles and responsibilities of Clinical and Educational Supervisors; this includes: <ol style="list-style-type: none"> <li>1. Understanding the assessment strategy employed by the RCoA</li> <li>2. Committing to the importance of assessing and evaluating learning</li> <li>3. Understanding the importance of providing timely, specific, non-judgemental and developmental feedback and is able to do so effectively</li> <li>4. Understanding the role of and appropriate conduct of the workplace-based assessments and is able to perform accurately and reliably</li> <li>5. Knowing how to raise concerns about a poorly performing trainee</li> <li>6. Understanding the responsibilities of clinical trainers as defined by relevant national organisations and regulators</li> </ol> |
| Understands the roles and responsibilities of educational agencies involved in educational commissioning and governance, GMC, DoH, Deaneries Colleges and NHS Education commissioners   |

**Attendance at the Stafford Professional Development days and a Leadership and Management course (Keele) provide training towards gaining this module.**

