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CCT in Anaesthetics

2021 Curriculum

Stage 1 Guidebook

Contents

1. Message from the Training Programme Director

2. Contacts

3. General Curriculum Information

4. Domains of Learning

    a. Generic Professional Domains

    b. Specialty Specific Domains

Message from the Training Programme Director

Hello,

Welcome to the Birmingham School of Anaesthesia. You have embarked on a three-year Stage 1 Anaesthesia 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.

Zoe Huish
Zoe.huish@nhs.net

Contacts

Training Programme Director: Zoe Huish
City Hospital
zoe.huish@nhs.net

| Hospital	College Tutor	Admin
Birmingham Children's Hospital (BCH)	Elin Jones elin.jones1@nhs.net	Lorraine Darby lorraine.darby1@nhs.net
City & Sandwell Hospitals (City)	James Burns j.burns4@nhs.net	Admin email swbh.anaesthetic-admin-team@nhs.net
Hereford County Hospital (HCH)	Tim Day-Thompson Tim.day-thompson@wvt.nhs.uk	Admin email anaesthesia@wvt.nhs.uk
Queen Elizabeth Hospital (QEHB)	Jane Pilsbury jane.pilsbury@nhs.net	Jackie Bladon jackie.bladon@uhb.nhs.uk
Royal Orthopaedic Hospital (ROH)	James Brunning j.brunning@nhs.net	Joanna Mccaffery j.mccaffery@nhs.net
Russells Hall Hospital (RHH)	Mark Tindall mark.tindall@nhs.net	Rebecca Hooper dgft.anaesthetics-dept@nhs.net
Worcestershire Royal Hospital (WRH)	Michael Clarke michael.clarke14@nhs.net	Sharon Lake sharon.lake@nhs.net

Birmingham School of Anaesthesia Website: www.thebsa.info

General Guidance

This guidebook sets out the requirements for satisfactory completion of Stage 1 of anaesthetic training.

The 2021 Curriculum is split into 3 stages of training with 14 Domains of Learning for each stage. These are divided into **7 generic professional** and **7 specialty specific domains**, with a learning outcome for each stage. Within each domain several Key Capabilities are described to help achieve the High-Level Learning Outcome for that domain.
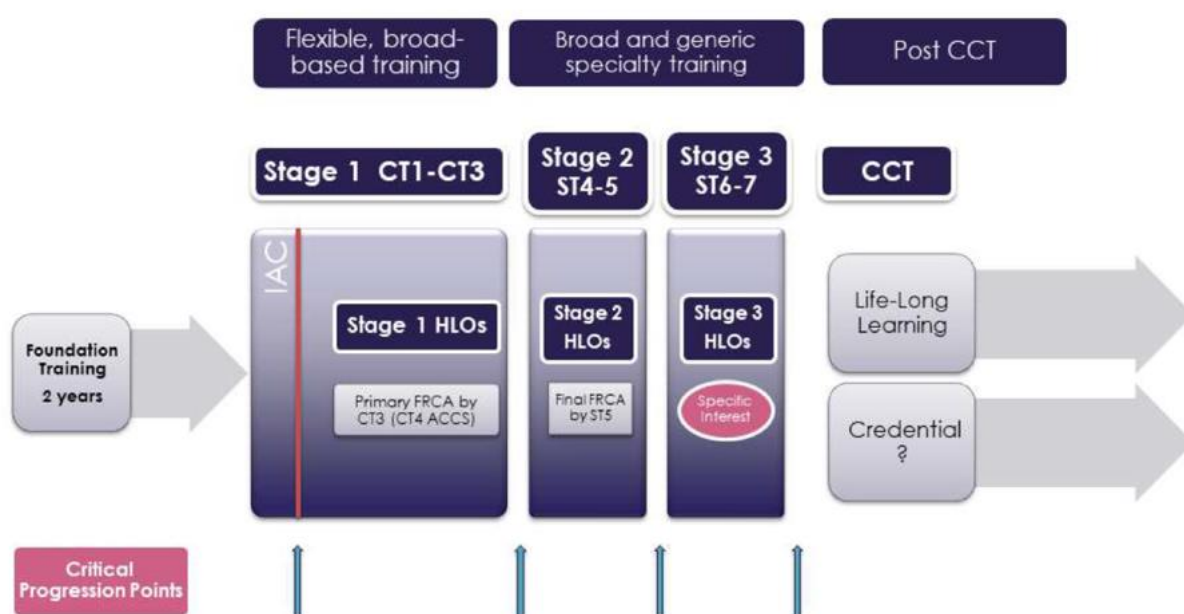
IAC
At the start of your anaesthetic training you will need to complete the Initial Assessment of Competence (IAC).
The IAC has its own RCoA workbook and this must be followed (the IAC workbook can be found on the BSA and RCoA website).

IACOA
The initial training period for obstetric anaesthesia also takes place in Stage 1 and is usually commenced after 1 year of anaesthetic training.
You will need to complete the Initial Assessment of Competence in Obstetric Anaesthesia (IACOA). The IACOA has its own RCoA workbook and this must be followed (the IACOA workbook can be found on the BSA and RCoA website). Achieving the IACOA does not signal meeting the obstetric anaesthesia capabilities of stage 1 training; you will need further exposure to training during stage 1.

At the end of your CT3/ACCS Ct4 year, evidence of completion of all 14 domains is required before being able to procede to stage 2. You will also need to have passed the Primary FRCA by the end of CT3/ACCS CT4 to progress to stage 2. Moving from stage 1 to stage 2 is referred to as a Critical Progression Point.

Holistic Assessment of Learning Outcomes (HALOs)

Holistic Assessment of Learning Outcomes (HALO) is the Summative Assessment for each domain of the 2021 Curriculum.

To complete each HALO you need to demonstrate:

- Appropriate clinical experience and logbook data (in the case of specialty specific domains)
- Completion of at least one Multiple Trainer Report (MTR)
- Attainment of all of the Key Capabilities within the Domain of Learning

You can use the following as evidence for attainment of such Key Capabilities:
- Clinical experience and logbook data
- Supervised Learning Events (SLEs)
- Personal Activities (incl. courses, teaching sessions or simulation)
- Personal Reflection

These activities can be linked to more than one Key Capability as well as more than one of the Domains of Learning.

Each Specialty specific domain of Learning will have a named trainer of the local Assessment Faculty in each Trust, who has responsibility for completion of the specific Domain of Learning. All evidence and assessments should be completed using the Lifelong Learning Platform (LLP).

All generic professional domains can be reviewed and completed by the Educational Supervisor. For the Safety and Quality Improvement (QI) domain, a separate assessor may be designated by the College Tutor who has experience and engagement in QI activities.

As HALOs are unlikely to be completed until the latter phase of each stage of training, ARCPs will need evidence of engagement with training processes throughout the stage of training. This means that uploading/linking such evidence should not be reserved until the end of each stage.

Multiple trainer Reports (MTR)

MTRs are consultant feedback. A minimum of one MTR is required for each year of training. The MTR is also required to support HALO completion and a single MTR can be attached to demonstrate progress across all the HALOs of the curriculum. MTRs are sent out by your college tutor or educational supervisor (ES). A minimum of 3 individual MTR responses are required for the process to be valid. MTRs are different to multisource feedback (MSF). One MSF should also be done per year. A MTR will also be required for the IAC and IACOA.

Supervised Learning Events (SLEs)

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SLEs have replaced the term workplace-based assessments (WPBAs). SLEs have been updated to emphasise the importance of feedback and reflection, and now also includes a level of supervision (explained below). These SLEs should promote professional educational discussions and guide future learning and development of practice so the desired supervision level for your stage is reached.

SLE's will include the usual A-CEX, DOPS, CBD and ALMAT, however a new SLE has also been introduced for the formative assessment of Quality Improvement activities, known as the Anaesthesia-Quality Improvement Project Assessment Tool (A-QIPAT). DOPS should be used to assess practical procedures.

There is no minimum number of SLE requirements for any of the Domains of Learning and one SLE can provide evidence for more than one of the Key Capabilities. SLEs can be completed by all trainers and is not limited to the members of the assessment faculty.

*Table 1 - The programme of assessment (** critical progression point)*

	Stage 1			Stage 2		Stage 3	
	CT1	CT2	CT3 **	ST4	ST5 **	ST6	ST7 **
Formative Supervised Learning Events (SLEs)							
A-CEX	There is no requirement for a minimum number of SLEs each year. The anaesthetist in training should use SLEs in a formative way to demonstrate reflection on learning and progress. Feedback on the learning event should help the learner improve their practice. The SLEs allow the trainer to indicate what level of supervision is required for the trainee for that case or procedure. Feedback should include guidance on how the learner develops their practice to reach the desired supervision level. Practical procedures should be assessed with a DOPS tool.						
ALMAT							
CBD							
DOPS							
A-QIPAT							
Summative Assessments							
Initial Assessment of Competence (IAC) **	• Completed in CT1 • Supervision level 2b • EPAs 1 and 2						
Initial Assessment of Competence in Obstetric Anaesthesia (IACOA)	• Completed by end of CT2 • Supervision level 3 • EPAs 3 and 4						
MSF (one per year)	✓	✓	✓	✓	✓	✓	✓
Multiple Trainer Report	✓	✓	✓	✓	✓	✓	✓
HALO	Stage 1 domains of learning 1-14			Stage 2 domains of learning 1-14		Stage 3 domains of learning 1-14	
FRCA Examinations							
Primary FRCA	Essential						
Final FRCA					Essential		
Educational Supervisors Structured Report (ESSR)							
ESSR	✓	✓	✓	✓	✓	✓	✓

Levels of Supervision

At each stage of training, the specialty specific domains of the curriculum will describe the level of supervision that the trainee needs to demonstrate by the end of the stage of training.

1	Direct supervisor involvement, physically present in theatre throughout
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance
3	Supervisor on call from home for queries, able to provide directions via phone or non-immediate attendance
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols)

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 or labelled as an initial meeting 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
- Multiple trainer report (MTR)

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

Domains of Learning

a. Generic Professional Domains

Professional Behaviours and Communication

Stage learning outcome

Demonstrates the professional values and behaviours required of doctors in training

Key capabilities

A	Demonstrates the personal and professional values and behaviours set out in Good Medical Practice
B	Communicates effectively with patients, their relatives and members of the multidisciplinary team with whom they work including being open and honest when things go wrong
C	Practices effective interpersonal skills, emphasising empathy, compassion, courtesy and respect
D	Appreciates how their own behaviour affects patients and members of the multidisciplinary team and acts accordingly
E	Reflects on their own clinical practice in order to achieve insight and gain meaningful learning from experiences
F	Obtains valid consent following the associated legal and professional principles
G	Participates in GMC National Training Survey and other quality control, management and assurance processes as required by the regulator
H	Produces accurate, legible, contemporaneous notes relating to all clinical practice
I	Appreciates the importance of physical and mental health in self and others

Examples of evidence

Experience & Logbook

► range of surgical specialties and patient groups in theatre setting, obstetrics, pre-operative assessment clinics and Intensive Care Unit.

Supervised Learning Events (SLEs) can be used to demonstrate:

► effective communication skills with patients during pre-operative assessment

► accurate recording of details of pre-operative assessment on anaesthetic chart

► discussion of event where demonstration of duty of candour is appropriate

► safe and effective handover to another member of the health care team

► high standards in prescribing medication

► active involvement with safety checks in theatre eg WHO checklist.

Personal Activities and Personal Reflections may include:

► maintenance of professional portfolio on LLP including evidence of regular meetings with educational supervisor

► completion of GMC trainee survey

► reflection on examples of good and poor behaviour by members of the multidisciplinary team

► demonstration of confidentiality within all means of communication including social media

► simulation training: critical incidents, transfers

► attendance at quality improvement/clinical governance meetings.

Other evidence

► multi-source feedback

► thank you cards/letters/emails from patients and colleagues.

Cross links with other domains and capabilities

► *Education and Training*

► *Safety and Quality Improvement*

► all specialty-specific domains.

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Management and Professional and Regulatory Requirements

Stage learning outcome

Understands and undertakes managerial, administrative and organisational roles expected of all doctors

Key capabilities

A	Describes the management structure and processes of the anaesthetic department within the wider hospital environment
B	Explains employment law and the relevance of the working time regulations
C	Works within local and national systems for clinical governance and data protection
D	Stays up to date, and complies, with relevant guidance from the GMC and other professional bodies
E	Commits to the objectives of the hospital as an organisation
F	Understands equality and diversity legislation
G	Complies with health and safety legislation in the context of patient care

Examples of evidence

Experience & Logbook

► engagement with Anaesthetic Departmental Activities.

Supervised Learning Events (SLEs) can be used to demonstrate:

► application of principles of information governance
► knowledge of guidance from GMC and other professional bodies.

Personal Activities and Personal Reflections may include:

► equality and diversity training
► attendance at hospital induction and completion of mandatory training requirements
► attendance at departmental clinical governance meetings
► e-learning or reading literature on employment law
► presentation at clinical governance meeting
► attendance at junior doctors' forum meetings.

Cross links with other domains and capabilities

► *Safety and Quality Improvement*
► *Education and Training.*

Team working

Stage learning outcome

Works effectively as a member of a clinical team

Key capabilities

A	Actively participates and contributes to the work and success of a team
B	Demonstrates appropriate clinical leadership behaviour in the workplace
C	Demonstrates the importance of non-technical behaviour in the functioning of a successful team
D	Describes leadership responsibilities
E	Explains why effective leadership is central to safe and effective care
F	Provides, accepts and acts on constructive and appropriately framed feedback

Examples of evidence

Experience & Logbook

► range of surgical specialties and patient groups in theatre setting, obstetrics, pre-operative assessment clinics and Intensive Care Unit.

Supervised Learning Events (SLEs) can be used to demonstrate:

► evidence of good team working through reflection

► participation with teams in theatre (eg ALMAT)

► acting as a member of Medical Emergency Team

► management of the critically ill patient as part of the ICU team.

Personal Activities and Personal Reflections may include:

► completion of resuscitation courses

► simulation training

► multi-source feedback.

Cross links with other domains and capabilities

Safety and Quality Improvement

Stage learning outcomes

Understands and applies quality improvement methodology

Applies the principles of patient safety to their own clinical practice

Key capabilities

A	Describes quality improvement theories and methodologies
B	Contrasts quantitative and qualitative analysis and the diagnostic tools used to understand the system
C	Compares audit, research and quality improvement
D	Commits to the principles of continuous quality improvement
E	Describes the common threats to patient safety in theatre and the perioperative period, and describes how these are minimised by day-to-day work routines
F	Describes the benefits of learning by sharing patient safety problems and solutions by means of critical incident reporting and improving care through morbidity or mortality reviews
G	Understands the importance of recognising and rewarding excellence in quality and safety, not simply mistakes and errors
H	Demonstrates the importance of the non-technical aspects of care such as situation awareness, task management, decision making and team working in anaesthetic practice.
I	Understands the importance of interpersonal skills, structured communication and the use of cognitive aids in managing critical emergencies, and recognises the role of simulation in rehearsal
J	Describes the benefits and limitations of technology and equipment in maintaining patient safety
K	Describes the requirements and processes for raising concerns
L	Explains and demonstrates duty of candour
M	Prescribes and administers drugs safely

14

Examples of evidence

Experience & Logbook

► involvement in QI activities within Anaesthetics department as a minimum requirement.

Supervised Learning Events (SLEs) can be used to demonstrate:

► understanding of quality improvement methodology (A-QIPAT for relevant projects)

► engagement with surgical safety initiatives and departmental guidelines relating to patient safety

► learning from critical incidents

► learning from pre-briefs and de-briefs on own and team's performance

► evidence of applying good non-technical skills and effective multi-disciplinary team working (eg ALMAT)

► safe prescription and administration of drugs.

Personal Activities and Personal Reflections may include:

► attendance at quality improvement training

► involvement with local, regional or national quality improvement projects

► submission of excellence and incident reports

► simulation training eg crisis resource management, critical incident, resuscitation

► attendance at local clinical governance/quality improvement meetings

► self-directed learning regarding duty of candour

► multi-source feedback.

Cross links with other domains and capabilities

► *Professional Behaviours and Communication*

► *Team working*

► all specialty specific domains.

Safeguarding

Stage learning outcome

Describes the importance of safeguarding vulnerable people

Key capabilities

A	Explains local procedures for safeguarding vulnerable children and adults
B	Discusses the principles of adult safeguarding; empowerment, prevention, proportionality, protection, partnership, accountability
C	Communicates effectively with vulnerable patients
D	Recognises potential forms of abuse of vulnerable adult and children and the various contexts in which they may occur
E	Classifies the different forms of maltreatment that can occur
F	Complies with professional requirements and legal processes when obtaining consent from vulnerable patients
G	Describes escalation triggers and processes

Examples of evidence

Supervised Learning Events (SLEs) can be used to demonstrate:
- ► management of consent in an adult who does not have capacity
- ► knowledge of the local procedure for referral of an adult for safeguarding concerns
- ► involvement with cases where there are safeguarding issues with children or adults.

Personal Activities and Personal Reflections may include:
- ► attendance at local mandatory training including safeguarding
- ► eLearning: child and adult safeguarding
- ► eLearning: mental capacity act.

Cross links with other domains and capabilities

- ► *Professional Behaviours and Communication*
- ► *Education and Training*

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Education and Training

Stage learning outcome

Takes responsibility for their own education and training needs and contributes to departmental education

Key capabilities

A	Demonstrates that providing high quality patient care is always the priority in the context of education
B	Manages their own programme of learning
C	Describes the importance of and participates in induction and orientation of new staff
D	Explains the role of different learning opportunities, within the workplace and beyond, making use of a range of techniques including e-learning and simulation
E	Explains the need for, reflects and acts on feedback on their education and training, including at local, regional and national level
F	Describes the importance of patient education
G	Records educational activities appropriately, including reflection on learning
H	Promotes and participates in inter-professional learning
I	Contributes to departmental educational programmes

Examples of evidence

Experience & Logbook
- ► use of SLEs throughout stage of training to facilitate learning and guide progress.

Supervised Learning Events (SLEs) can be used to demonstrate:
- ► reflection on learning in the workplace and response to feedback

Personal Activities and Personal Reflections may include:
- ► maintenance of professional portfolio on LLp
- ► setting out and review of personal development plans
- ► record of attendance at local and regional/school teaching sessions
- ► completion of GMC trainee survey
- ► teaching session delivered (presentation slides)

- ► attendance at pre-assessment (POA) or perioperative medicine (POM) clinic and reflection on learning
- ► production of patient educational materials
- ► attendance at hospital induction session(s)
- ► mandatory training
- ► simulation training
- ► use of eLearning Anaesthesia
- ► engagement with feedback on education and training
- ► personal learning activities such as journal articles read and reflections on them

Cross links with other domains and capabilities

- ► all specialty-specific and generic professional domains

Research and Managing Data

Stage learning outcome

Is research aware: demonstrates an understanding of the evidence-based approach to anaesthetic and perioperative care

Key capabilities

A	Demonstrates knowledge of different research approaches in scientific enquiry
B	Develops the skills required to be current with national guidelines, best practice and relevant publications, appreciating the principles of an unbiased literature search
C	Explains the principles of Good Clinical Practice (GCP)
D	Explains the role of research evidence in clinical practice
E	Describes essential statistical techniques used in research

Examples of evidence

Supervised Learning Events (SLEs) can be used to demonstrate:
- ► use of evidence-based national or local guidelines
- ► accessing and interpreting evidence from the literature to aid shared-decision making.

Personal Activities and Personal Reflections may include:
- ► presentation at journal club: academic paper, review article, national reports or guidelines such as CEMACH, NCEPOD, NICE
- ► undertaking or completed GCP certificate
- ► assisting with data collection for research project
- ► involvement in review article / literature review
- ► awareness of local Trainee Research Network activity (TRN).

Cross links with other domains and capabilities
- ► *Safety and Quality Improvement*

b. Specialty Domains of Learning

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Perioperative medicine and health promotion

Stage learning outcomes

Identifies clinical and social challenges that increase risk for patients undergoing surgery

Appreciates the principles of sustainability in clinical practice

Key Capabilities A to F

A	Explains the patient, anaesthetic and surgical factors influencing patient outcomes
B	Applies a structured approach to preoperative anaesthetic assessment of ASA 1-3 patients prior to surgery and recognises when further assessment and optimisation is required
C	Explains the effect that co-existing disease, subsequent treatment and surgical procedure may have on the conduct of anaesthesia and plans perioperative management accordingly
D	Explains individualised options and risks of anaesthesia and pain management to patients
E	Describes the importance of perioperative nutrition and fasting
F	Recognises and acts on the specific perioperative care requirements in frail and elderly patients and those with cognitive impairment

Examples of evidence

► EPA 1, 2 and 4

► SLEs throughout stage of training across range of surgical specialties and experience in pre-operative assessment clinics.

Suggested supervision level

► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance

Cross links with other domains and capabilities

► *General Anaesthesia*

Key capability G

G	Considers patient informed preference when obtaining consent for anaesthetic procedures

Examples of evidence

► EPA 1

► SLEs throughout stage of training across range of surgical specialties and experience in pre-operative assessment clinics.

Suggested supervision level

► Not applicable.

Cross links with other domains and capabilities

► *General Anaesthesia*

> ► *Regional Anaesthesia*

Key capabilities H & I

H	Describes and recognises the role of socio-economic, environmental and lifestyle factors in health and illness
I	Identifies appropriate opportunities to educate patients in health matters

Examples of evidence

> ► EPA 1
> ► SLEs throughout stage of training across range of surgical specialties and experience in pre-operative assessment clinics.

Suggested supervision level

> ► Not applicable.

Cross links with other domains and capabilities

> ► *General Anaesthesia*

Key Capability J

J	Describes and utilises appropriate antibiotic prophylaxis and prevention and treatment of infections

Examples of evidence

> ► EPA 2 and 4
> ► SLEs throughout stage of training across range of surgical specialties.

Suggested supervision level

> ► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

Cross links with other domains and capabilities

> ► *General Anaesthesia*
> ► *Intensive Care*

Key capability K

K	Explains the environmental impact of healthcare and the principles of sustainable clinical practice

Examples of evidence

> ► SLEs throughout stage of training across range of surgical specialties
> ► Demonstration of learning through reflection of journal articles, texts, eLearning, webinars, courses etc.

Suggested supervision level

► Not applicable.

Cross links with other domains and capabilities

► *Intensive Care*

Key capability L

L	Applies local policies to prevent venous thromboembolism and understands the implications for anaesthetic practice on an individualised basis

Examples of evidence

► EPAs 1,2,3 and 4

► SLEs throughout stage of training across range of surgical specialties.

Suggested supervision level

► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

Cross links with other domains and capabilities

► *General Anaesthesia*

► *Regional Anaesthesia*

Paediatric anaesthesia: key capability M

M	Explains the specific perioperative care requirements of children including anxiety management

Examples of evidence

► SLEs throughout stage of training across range of paediatric surgical specialties.

Suggested supervision level

► 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

Cross links with other domains and capabilities

► *General Anaesthesia*

Obstetric anaesthesia: key capability N

N	Explains the perioperative implications of pregnancy, and initiates management of common serious diseases relating to pregnancy

Examples of evidence

► EPA 4

► SLEs throughout stage of training in obstetrics.

Suggested supervision level

 ► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

Cross links with other domains and capabilities

 ► *General Anaesthesia*

 ► *Regional Anaesthesia*

Key capability O

O	Liaises with critical care when appropriate for post–operative care

Examples of evidence

 ► SLEs throughout stage of training across range of surgical specialties.

Suggested supervision level

 ► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

Cross links with other domains and capabilities

 ► *Professional Behaviours and Communication*

 ► *General Anaesthesia*

Key capability P

P	Describes the perioperative requirements for day case surgery

Examples of evidence

 ► EPAs 1 and 2

 ► SLEs throughout stage of training across range of surgical specialties.

Suggested supervision level

 ► Not applicable.

Cross links with other domains and capabilities

 ► *General Anaesthesia*

Key capability Q

Q	Safely prescribes and administers blood products

Examples of evidence

 ► SLEs throughout stage of training across range of surgical specialties

 ► Blood transfusion training

 ► EPA 4.

Suggested supervision level

► 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

Cross links with other domains and capabilities

► *General Anaesthesia*

General Anaesthesia

Stage learning outcome

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

Key capabilities A to D

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

Examples of evidence

► EPA 1 and 2
► SLEs throughout stage of training across range of surgical specialties
► simulation training: critical incidents.

Suggested supervision level

► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

Cross links with other domains and capabilities

► *Team Working*
► *Perioperative Medicine and Health Promotion*

Key capability E

E	Recognises anaesthetic critical incidents and explains their causes and management

Examples of evidence

► EPA 2
► SLEs throughout stage of training across range of surgical specialties
► simulation training: critical incidents.

Suggested supervision level

► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

Cross links with other domains and capabilities

► *Team Working*
► *Safety and Quality Improvement*

26

Key capabilities F & G

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

Examples of evidence

► EPAs 1, 2, 3 and 4
► SLEs throughout stage of training across range of surgical specialties
► Primary FRCA.

Suggested supervision level

► Not applicable.

Cross links with other domains and capabilities

► *Education and Training*

Key capabilities H to J

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

Examples of evidence

► EPAs 1, 2, and 4
► SLEs throughout stage of training across range of surgical specialties.

Suggested supervision level

► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

Cross links with other domains and capabilities

► *Perioperative Medicine and Health Promotion*

Key capabilities K & L

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

Examples of evidence

- ► EPAs 1, 2, 3 and 4
- ► SLEs throughout stage of training across range of surgical specialties including ENT, Head & Neck
- ► simulation training: airway management.

Suggested supervision level

- ► 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

Cross links with other domains and capabilities

- ► *Perioperative Medicine and Health Promotion*

Key capability M

M	Provides safe anaesthesia for diagnostic or therapeutic procedures in the non-theatre environment for ASA 1- 2 adults with local supervision

Examples of evidence

- ► SLEs throughout stage of training across range of surgical specialties.
- ► experience in different settings such as radiology, CT, MRI, ECT, Emergency Department.

Suggested supervision level

- ► 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

Cross links with other domains and capabilities

- ► *Resuscitation and Transfer*
- ► *Intensive Care*

Key capability N

N	Explains the principles of anaesthetic care for patients presenting with major trauma

Examples of evidence

- ► SLEs throughout stage of training across relevant surgical specialties.
- ► emergency resuscitation in the Emergency Department setting
- ► simulation training: trauma resuscitation.

Suggested supervision level

- ► 1 - direct supervisor involvement, physically present in theatre throughout.

Cross links with other domains and capabilities

- ► *Intensive Care*

Paediatric anaesthesia: key capabilities O & P

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.

Examples of evidence

- ► SLEs throughout stage of training across relevant paediatric cases.

Suggested supervision levels
ASA 1-2 children aged 5-10:

- ► 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals

ASA 1-2 children aged over 10:

- ► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

Cross links with other domains and capabilities

- ► *Perioperative Medicine and Health Promotion*

Obstetric anaesthesia: key capabilities Q &R

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, 1ecognizing when additional help is required

Examples of evidence

► EPAs 3 and 4

► SLEs throughout stage of training across relevant obstetric cases.

Suggested supervision level

► 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance

Cross links with other domains and capabilities

► *Perioperative Medicine and Health Promotion*

Key capability S

S	Describes the principles of total intravenous anaesthesia and uses it safely in clinical practice for non-complex cases

Examples of evidence

► SLEs throughout stage of training across range of surgical specialties.

Suggested supervision level

► 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

Cross links with other domains and capabilities

► *Procedural Sedation*

Regional Anaesthesia

Stage learning outcome

Performs simple peripheral nerve blocks and performs spinal anaesthesia and lumbar epidural anaesthesia/analgesia independently

Key capabilities A to C

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

- ► EPAs 3 and 4
- ► SLEs throughout stage of training across range of surgical specialties including obstetrics
- ► these should include demonstration of Stop Before You Block measures.

Suggested supervision level

- ► 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

Cross links with other domains and capabilities

- ► *Safety and Quality Improvement*
- ► *Perioperative Medicine and Health Promotion*

Key capability D

D	Performs spinal anaesthesia for ASA 1-3 surgical patients independently

Examples of evidence

- ► SLEs throughout stage of training across range of surgical specialties.
- ► EPA 4.

Suggested supervision level

- ► 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

Cross links with other domains and capabilities

- ► *Regional Anaesthesia*

Key capability E

E	Performs simple peripheral nerve blocks with ultrasound

Examples of evidence

► SLEs throughout stage of training across range of surgical specialties.

Suggested supervision levels

for simple peripheral nerve block such as wrist block:

► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance

for ultrasound guided upper limb plexus block:

► 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

Cross links with other domains and capabilities

► *Regional Anaesthesia*

Key capability F

F	Performs ultrasound-guided femoral or fascia iliaca blocks independently

Examples of evidence

► SLEs throughout stage of training across range of surgical specialties.

Suggested supervision level

► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

Cross links with other domains and capabilities

► *Regional Anaesthesia*

Obstetric anaesthesia: key capabilities G to I

G	Identifies and initiates initial management of complications of regional anaesthesia including systemic local anaesthetic toxicity, high spinal and dural puncture headache
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

► EPAs 3 and 4
► SLEs throughout stage of training across range of surgical specialties including obstetrics.

Suggested supervision level

- ► 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

Cross links with other domains and capabilities

- ► *Perioperative Medicine and Health Promotion*
- ► *Regional Anaesthesia*

Key capability J

J	Discusses the scientific basis of ultrasound and the generation of ultrasound images

Examples of evidence

- ► SLEs throughout stage of training across range of surgical specialties.
- ► Primary FRCA.

Suggested supervision level

- ► Not applicable.

Cross links with other domains and capabilities

- ► *Regional Anaesthesia*

Key capability K

K	Discusses drugs and equipment used in regional anaesthesia

Examples of evidence

- ► SLEs throughout stage of training across range of surgical specialties.

Suggested supervision level

- ► Not applicable.

Cross links with other domains and capabilities

- ► *Regional Anaesthesia*

Resuscitation and Transfer

Stage learning outcomes

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

Key capabilities A to D

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

Examples of evidence

► SLEs throughout stage of training across relevant cases including cases managed as part of the medical emergency team.

► successful completion of adult and paediatric life support courses

► simulation training

► personal activity or reflection on attendance at debrief session.

Suggested supervision level

► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

Cross links with other domains and capabilities

► *Professional Behaviours and Communication*

► *Team Working*

► *Intensive Care Medicine*

Key capabilities E to G

E	Demonstrates the safe management of the inter-hospital transfer of the critically ill but stable adult patient by road
G	Assesses the clinical risks associated with transfer for individual patients
H	Safely performs intra-hospital transfer of patients, including retrieval of patients newly referred to critical care.

Examples of evidence

- ► SLEs throughout stage of training across relevant cases
- ► simulation training
- ► successful completion of a transfer course.

Suggested supervision level

- ► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

Cross links with other domains and capabilities

- ► *Team Working*
- ► *Safety and Quality Improvement*
- ► *Intensive Care*

Key capability H

F	Explains scoring systems in the management of deteriorating patients, and responds appropriately

Examples of evidence

- ► SLEs throughout stage of training across relevant cases.
- ► Simulation.

Suggested supervision level

- ► Not applicable.

Cross links with other domains and capabilities

- ► *Intensive Care*

Procedural sedation

Stage learning outcome

Provides safe procedural sedation to ASA 1 to 3 adult patients within the theatre complex

Key capabilities A to G

A	Conducts appropriate pre-assessment of patients with respect to sedation, understands patient related risk factors, and plans accordingly
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
F	Ensures the provision of safe post-procedural care
E	Explains the different levels of sedation and appreciates the risks associated with these
G	Recognises and manages the complications of sedation

Examples of evidence
► SLEs throughout stage of training across range of surgical specialties

Suggested supervision level
► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

Cross links with other domains and capabilities
► *Regional Anaesthesia*
► *Resuscitation and Transfer*
► *Intensive Care*

Pain

Stage learning outcomes

Recognises, assesses and treats acute pain independently

Differentiates between acute and chronic pain

Key capabilities A to C

A	Can recognise, examine, assess and manage acute pain in the surgical and non-surgical patient
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

Examples of evidence

► SLEs throughout stage of training across range of surgical specialties including acute pain rounds

► safe and appropriate prescribing of medication for pain management in the perioperative period.

Suggested supervision level

► 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

Cross links with other domains and capabilities

► *Professional Behaviours and Communication*

Key capabilities D & E

D	Demonstrates the basic assessment and management of acute on chronic and chronic pain in adults
E	Describes the concept of biopsychosocial multi-disciplinary pain management

Examples of evidence

► SLEs throughout stage of training across range of surgical specialties including acute pain rounds

► personal activities such as teaching sessions, e-learning, attending pain clinic.

Suggested supervision level

► 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

Cross links with other domains and capabilities

► *Professional Behaviours and Communication*

Key capability F

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

Examples of evidence

► SLEs throughout stage of training across range of surgical specialties including those from obstetrics and paediatrics

► EPAs 3 and 4.

Suggested supervision level

► Not applicable.

Cross links with other domains and capabilities

► *General Anaesthesia*

► *Intensive Care*

Key capability G

G	Demonstrates the safe use of equipment used in pain management

Examples of evidence

► SLEs throughout stage of training across range of surgical specialties eg setting up PCA pump

► EPA 3.

Suggested supervision level

► 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

Cross links with other domains and capabilities

► *Safety and Quality Improvement*

► *General Anaesthesia*

Intensive Care

Stage learning outcome

Provides safe and effective care for critically ill patients under close supervision

Key capability A

A	Recognises the limitations of intensive care; employs appropriate admission criteria

Examples of evidence
- ► SLEs throughout period of training for relevant cases.

Suggested supervision level
- ► FICM capability level 2 (see below for details).

Cross links with other domains and capabilities.
- ► *Resuscitation and Transfer*

Key capability B

B	Performs safely and effectively the clinical invasive procedures required to maintain respiratory, cardiovascular and renal, support

Examples of evidence
- ► SLEs throughout period of training for relevant cases.

Suggested supervision level
- ► FICM capability level 2 (see below for details).

Cross links with other domains and capabilities.
- ► *Resuscitation and Transfer*

Key capability C

C	Recognises, assesses and initiates management for acutely ill adults across the spectrum of single or multiple organ failure

Examples of evidence
- ► SLEs throughout period of training for relevant cases
- ► simulation training including adult resuscitation courses.

Suggested supervision level
- ► FICM capability level 2 (see below for details).

Cross links with other domains and capabilities.

> ► *Resuscitation and Transfer*

Key capability D

D	Recognises the acutely ill child and initiates management of paediatric emergencies

Examples of evidence

> ► SLEs throughout stage of training for relevant cases
> ► simulation training including paediatric resuscitation courses.

Suggested supervision level

> ► FICM capability level 1 (see below for details).

Cross links with other domains and capabilities.

> ► *Resuscitation and Transfer*

Key capability E

E	Recognises and manages the patient with sepsis and employs local infection control policies

Examples of evidence

> ► SLEs throughout stage of training for relevant cases.

Suggested supervision level

> ► FICM capability level 2 (see below for details).

Cross links with other domains and capabilities

> ► *Perioperative Medicine and Health Promotion*

Key capability F

F	Undertakes and evaluates laboratory and clinical imaging investigations to manage patients while critically ill during their intensive care stay

Examples of evidence

> ► SLEs throughout period of training for relevant cases.

Suggested supervision level

> ► FICM capability level 2 (see below for details).

Cross links with other domains and capabilities

> ► *Resuscitation and Transfer*

Key capability G

G	Manages the medical / surgical needs and organ support of patients during their critical illness, including the holistic care of patients and relatives

Examples of evidence

► SLEs throughout period of training for relevant cases.

Suggested supervision level

► FICM capability level 2 (see below for details).

Cross links with other domains and capabilities

► *Resuscitation and Transfer*

Key capability H

H	Plans and communicates the appropriate discharge of patients from intensive care to health care professionals, patients and relatives

Examples of evidence

► SLEs throughout period of training for relevant cases.

Suggested supervision level

► FICM capability level 2 (see below for details).

Cross links with other domains and capabilities

► *Professional Behaviours and Communication*

Key capability I

I	Manages end of life care within the intensive care environment with patients, relatives and the multi-professional team

Examples of evidence

► SLEs throughout period of training for relevant cases.

Suggested supervision level

► FICM capability level 1 (see below for details).

Cross links with other domains and capabilities

► *Professional Behaviours and Communication*
► *Resuscitation and Transfer*

Key capability J

J	Liaises with transplant services when appropriate, can perform brain stem death testing and provides the physiological support of the donor

Examples of evidence

- ► SLEs throughout period of training for relevant cases
- ► simulation training
- ► personal activity and reflection: journal article, eLearning.

Suggested supervision level

- ► FICM capability level 0 (see below for details).

Key capability K

K	Supports clinical staff outside the ICU to enable the early detection of the deteriorating patient

Examples of evidence

- ► SLEs throughout period of training for relevant cases.

Suggested supervision level

- ► FICM capability level 1 (see below for details).

Cross links with other domains and capabilities

- ► *Resuscitation and Transfer*

FICM Capability Levels

Level	Task orientated capability	Knowledge orientated capability	Patient management capability
1	Performs task under direct supervision.	Very limited knowledge: requires considerable guidance to solve a problem within the area.	Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these.
2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.	Sound basic knowledge: requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.	Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.
3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives.	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically.	Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases.

Stage 1 practical procedures (with supervision levels)

These practical procedures should be completed as part of the curriculum.

It is anticipated that these are observed using the DOPS SLE although some might naturally be included within another SLE such as A-CEX or CBD.

		Supervision level for stage 1
Airway management	Insertion of supraglottic airway	3
	Intubation using standard laryngoscope	3
	Intubation using video laryngoscope	2a
	Fibreoptic intubation	1
	Intubation in the awake patient	1
	Emergency front of neck access (simulation)	2a
	Lung isolation technique (eg double lumen tube or bronchial blocker)	0
CVS	Central venous line insertion	2b
	Venous access line for renal replacement therapy	2b
	Arterial line	2b
	Ultrasound guided peripheral venous cannulation	2b
Respiratory	Needle thoracocentesis (simulation)	2b
	Chest drain insertion (simulation)	2a
Regional Techniques	Lumbar epidural	3
	Low thoracic epidural	0
	Spinal anaesthesia	3
	Combined spinal/epidural	2b
	Simple peripheral nerve block	2b
	Ultrasound guided chest wall plane block	2a
	Ultrasound guided abdominal wall plane block	2a
	Ultrasound guided lower limb block including femoral nerve block and fascia iliaca block	2a
	Ultrasound guided upper limb block including brachial plexus block	2a

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