



The Association of Anaesthetists
of Great Britain and Ireland



The Royal College of Anaesthetists

ANAESTHESIA, CRITICAL CARE AND PAIN MANAGEMENT

DEPARTMENTAL PORTFOLIO

April 2002

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Departmental Portfolio

Anaesthetists in large part work in teams, in provision of services, emergency cover, intensive care and acute and chronic pain therapy. Because of this the facilities available to them and the ethos of the establishment in which they work has a major influence on the quality of work which they are able to offer.

The following information produces a broad outline by which anaesthetic departments may be objectively judged on whether their standards satisfy the requirements of "Good Practice". Judgement is based on determining criteria of good practice and establishing whether these are present within the department.

It follows that if there is a good quality department then the staff in that department will meet the requirements as set out. If they do not do so then it is clear that the onus is with them as individuals. The standards of patient care, staffing arrangements, facilities for clinical work and continuing educational needs are outlined. Time and experience will show whether the questions need to be more prescriptive.

Where answers may not be wholly "yes" or wholly "no" tick the appropriate box indicating if the situation is mainly "yes" or "no" and qualify it with comments in the appropriate section.

Throughout the document, the terms 'anaesthetist' and 'anaesthetic practice' are used to refer to all anaesthetists involved in clinical anaesthesia and perioperative care, in critical care, in acute and chronic pain management and in obstetric care.

Joint Committee on Good Practice (JCGP)

This portfolio was developed by the Joint Committee for Good Practice of Royal College of Anaesthetists (RCA) and the Association of Anaesthetists of Great Britain and Ireland (AAGBI). The JCGP was established to continue the work of the Joint Working Group that produced the document 'Good Practice: A Guide for Departments of Anaesthesia' in 1998. This Committee has the remit to consider the development of the quality agenda in the light of that document as well as clinical governance and revalidation. As events have progressed it became clear that this was going to be a long-term challenge. The JCGP are taking active steps to equip individual anaesthetists and departments of anaesthesia to respond to this changing scene, and this portfolio is one means to do so.

Members of the JCGP:

Dr Morrell Lyons	Chairman
Professor Peter Hutton	President RCA
Professor Leo Strunin	President, AAGBI
Professor David Hatch	Anaesthetic representative on GMC
Dr Stuart Ingram	Council member, RCA
Dr Andrew Mortimer	
Mrs Ann Seymour	RCA Patient Liaison Group
Professor Graham Smith	Council member, RCA
Dr Peter Wallace	Council member, AAGBI
Dr David Whitaker	Council member, AAGBI

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The departmental portfolio should be kept up to date on an annual basis. The GMC revalidation cycle is probably going to be 5 years, and so records will need to be kept for that period of time.

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SECTION 1

Date last updated:

1. Departmental Details

E = Essential

D = Desirable

1.1 Name of Hospital Trust	E
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1.2 Name and position of person completing portfolio	E
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1.3 Number of staff in Department/Directorate of anaesthesia:	Whole Time Equivalents	
Consultants	E	
Trainees	E	
Non-consultant career grades	E	
Secretaries	E	
Others (specify)	E	

1.4 Does the Department/Directorate include responsibility for:	YES	NO
Anaesthesia services	E	E
Theatres	E	E
Intensive Care services	E	E
High Dependency services	E	E
Chronic Pain services	E	E
Others (Specify)	E	

1.5 Number of operating theatres	E
1.6 Number of elective operating sessions per week	E
1.7 Number of anaesthetics given within past 12 months	D

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Departmental Details

Continued

1.8	Number of on-call consultant rotas/night:	E
1.9	Frequency of Consultant on-call duties (1 night in ____ to 1 night in ____)	E
1.10	Number of on-call trainee rotas/night	E
1.11	Frequency of trainee on-call duties (1 night in ____ to 1 night in ____)	E
1.12	Is there an obstetric service – how many deliveries /year?	E
1.14	How many intensive care beds are funded/staffed?	E
1.15	How many HDU beds are funded/staffed?	D

SECTION 1: FURTHER COMMENTS

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2. Departmental Organisation

	YES	NO	COMMENTS
2.1 There is a lead consultant anaesthetist who is responsible of the provision of anaesthetic services			E
2.2 He/she is provided with sufficient secretarial and management assistance			E
2.3 There are sessions for management tasks Number of Sessions			D
2.4 There is a rostering system to cover elective and emergency commitments ensuring an equitable spread of workload and adequate experience and supervision of trainees			D
2.5 There is a consultant anaesthetist available at all times			E
2.6 There is a lead clinician identified for each main specialist clinical area			E
2.7 There is a clear management line with responsibility for equipment.			D

3. Accommodation and Facilities

	YES	NO	COMMENTS
3.1 Office facilities satisfy the recommendations of RCA and AAGBI			D
3.2 There are adequate computer facilities within the department Numbers			D
3.3 Internet access is available within the department			D
3.4 A hospital library is available for staff			E
3.5 Design of the operating theatres provides a: <ul style="list-style-type: none"> • suitable equipped reception area for patients separate from the anaesthetic or operating rooms • equipped and staffed area for patients recovering from anaesthesia 			E
3.6 Equipment, drugs and agents are available and maintained for the safe administration of anaesthesia and proper care of the anaesthetised patient			E

Accommodation and Facilities

Continued

	YES	NO	COMMENTS
3.7 Equipment, drugs and guidelines are available for the management of: <ul style="list-style-type: none">• difficult intubation• anaphylaxis• major haemorrhage• malignant hyperthermia			E
3.8 Anaesthetic machines and monitoring equipment are regularly maintained and also checked before each use			E
3.9 There is a documented procedure for ensuring theatre facilities are regularly maintained and also checked before each use			E
3.10 A theatre for emergency use is available throughout 24 hours			D
3.11 There are sufficient, properly designed, staffed and equipped facilities for: <ul style="list-style-type: none">• intensive care• high dependency care			E

SECTION 3: FURTHER COMMENTS

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4. Staffing

SECTION 4
Date last updated:

	YES	NO	COMMENTS
4.1 Sufficient career grade staff are in post to cover established commitments of the department while ensuring contracts and workload meet the recommendations of BMA and AAGBI			D
4.2 Workload, experience and supervision of trainee staff satisfy requirements of RCA			E
4.3 A system is in place to ensure that the match of seniority and experience of the anaesthetist is suitable for the case mix of theatre sessions			E
4.4 There are clearly laid down guidelines when trainee anaesthetists and NCCGs must summon consultants			E
4.5 Trained staff are available to assist the anaesthetist at all times and in all locations as recommended by RCA and AAGBI			E
4.6 Trained staff are available on a 24-hour basis to provide supervision of recovery of patients from anaesthesia			E

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Staffing

Continued

	YES	NO	COMMENTS
4.7 Locum staff undergo a period of supervised orientation and are fully assessed before commencing solo work			E
4.8 An induction programme is in place for all new staff			E
4.9 There is a designated senior theatre nurse or operating department practitioner to supervise the theatre, anaesthetic assistance and recovery services			E

SECTION 4: FURTHER COMMENTS

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5. Staff Development and Education

	YES	NO	COMMENTS
5.1 As part of Annual Appraisal which is now mandatory, a job plan/description is agreed with each consultant and reviewed annually			E
5.2 Each permanent member of staff has a regularly reviewed DH Personal Portfolio. The Supplement to Form 3 contains the specialty specific details which the JCGP deems as essential for practising anaesthetists			E
5.3 There is regular appraisal of consultants and other staff linking personal development needs to those of the Directorate and the Trust			E
5.4 All staff fulfil the Continuing Education and Professional Development (CEPD) requirements of RCA			E
5.5 Sufficient funding is available for study/CEPD leave			D
5.6 All members of staff are involved in audit			D

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Staff Development and Education

Continued

	YES	NO	COMMENTS
5.7 Training in resuscitation skills is undertaken by all clinical staff			E
5.8 A College Tutor or consultant in charge of training has been appointed			E
5.9 Departmental education meetings or tutorials are undertaken for trainees Specify number per year			E
5.10 <i>A system is in place to ensure that the revalidation requirements as outlined by the GMC can be met by all medical staff</i>			E

SECTION 5: FURTHER COMMENTS

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6. Standards / Guidelines

	YES	NO	COMMENTS
<p>6.1 Guidelines or protocols for the following are displayed or are immediately available in all locations where anaesthesia is delivered:</p> <ul style="list-style-type: none"> • failed intubation and ventilation drill • adult resuscitation guidelines • paediatric resuscitation guidelines • management of pre-arrest arrhythmias • anaesthetic machine checklist • management of anaphylaxis • management of malignant hyperthermia 			D
<p>6.2 All patients undergo appropriate pre-operative assessment and prior to anaesthetic are seen by an anaesthetist in the ward, clinic or theatre reception area</p>			E
<p>6.3 Every patient receives written information regarding different types of anaesthesia, post-operative pain and side effects that can be expected and what will be done to alleviate them</p>			
<p>6.4 There are up-to-date documented procedures for scheduling of patients, obtaining consent and identifying and checking of patients at theatre reception</p>			E

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Standards / Guidelines

Continued

6.5	Guidelines and recommendations published by RCA, AAGBI and the Intensive Care Society are available within the Anaesthetic Department and ICU			D
6..6	There are documented Health and Safety guidelines for the Department			E
6..7	There is an acute pain service There is a chronic pain service			E
6..8	Appropriate staff and equipment are available as specified in ICS and AAGBI guidelines for inter-hospital transfer of critically ill patients			E

SECTION 6: FURTHER COMMENTS

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7. Records

	YES	NO	COMMENTS
7.1 Operating theatre records are maintained which satisfy medical legal requirements			E
7.2 There is a policy on consent that is compatible with AAGBI and GMC guidelines			D
7.3 A record and operation note of the surgical procedure performed is entered in the patient's hospital notes			E
7.4 Records are kept which document the conduct of anaesthesia and contain the recommended data set as published by the RCA, AAGBI and SCATA or a locally agreed minimum data set			E
7.5 The anaesthetic record is filed in the patient's hospital notes			E
7.6 A computerised information system is in use to monitor and report on patient casemix and throughput, theatre utilisation and individual clinician and department caseload			D

Records

Continued

	YES	NO	COMMENTS
7.7 The Augmented Care Period data set, as specified by the NHSE, for patients receiving intensive or high dependency care is collected			D

SECTION 7: FURTHER COMMENTS

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8. Communication

SECTION 8
Date last updated:

	YES	NO	COMMENTS
8.1 There are regular meetings of all members of staff to discuss clinical and management matters			E
8.2 Regular audit and critical incident meetings are held Specify number per year			E
8.3 There are regular links with other Directorates			D
8.4 There are communication systems with surgical directorates about list scheduling, absences and cancellations			D
8.5 There are regular meetings of the Anaesthetic Clinical Director or Lead Consultant with management			D
8.6 There is a system in place for a trainee or career member of staff to alert the Directorate to: <ul style="list-style-type: none"> • a sick colleague • a colleague with unsound clinical practices • an isolated, unhappy or stressed colleague who needs help 			D

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Communication

Continued

SECTION 8: FURTHER COMMENTS

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9. Audit / Quality Improvement

	YES	NO	COMMENTS
9.1 A consultant is designated to supervise audit activities of the department			D
9.2 Trainee doctors hours are audited to ensure 'New Deal'			D
9.3 There is regular audit of implementation of guidelines and protocols including: <ul style="list-style-type: none"> the quality of postoperative pain relief quality of pre-operative preparation of patient 			D
9.4 There is a continuous audit of utilisation and duration of theatre lists and the number and reasons of sessions and/or patients cancelled			D
9.5 The arrangements for emergency patients are monitored, recording time between admission and surgery, whether surgery is appropriate or undertaken at an appropriate time of day according to the degree of urgency			D

Audit / Quality Improvement

Continued

	YES	NO	COMMENTS
9.6 There is an audit of match of session complexity to skill of anaesthetist			D
9.7 Audit of activity and outcome in specialist areas is undertaken <ul style="list-style-type: none"> • day case surgery • intensive care • obstetrics • chronic pain 			D
9.8 A selection of other audits from the RCA 'Raising the Standard: A compendium of audit recipes' are in progress Specify:			D
9.9 Information is provided to NCEPOD and other national audits			E
9.10 There is a Risk Management Officer or Consultant responsible for risk management			D
9.11 A critical incident reporting system is in place			E
9.12 A system to investigate and respond to complaints is in place			E

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Audit / Quality Improvement

Continued

SECTION 9: FURTHER COMMENTS

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Bibliography of Current Guidance from Central Organisations

GENERAL DOCUMENTS

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A first class service: quality in the new NHS 1998

THE ANAESTHETIST'S WORKING ENVIRONMENT

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Assistance for the Anaesthetist 1998
Efficiency of Theatre Services (*jointly with The Association of Surgeons & The British Orthopaedic Association*) 1989
Checklist for Anaesthetic Machines 1997
Department of Anaesthesia: Secretariat & Accommodation 1992
Anaesthetic Related Equipment Purchase, maintenance and replacement 1994
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Intensive Care Services - provision for the future 1988
The High Dependency Unit - acute care in the future 1991
The Role of the Anaesthetist in the Emergency Service 1991
Immediate Postanaesthetic Recovery 1993
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Surgery and General Anaesthesia in General Practice Premises 1995
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Provision of Pain Services 1997
Risk Management in Anaesthesia 1998
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ROYAL COLLEGE OF ANAESTHETISTS www.rcoa.ac.uk

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Graduated Patient Care (*jointly with Royal College of Surgeons*) 1992
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Day Case Surgery 1992

INTENSIVE CARE SOCIETY

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Checklist for Anaesthetic Apparatus 2	1997
Management of anaesthesia for Jehovah's Witnesses	1999

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Clinical Audit and Quality of Practice in Anaesthesia	1994
Raising the Standard : A compendium of audit recipes	2000
Recommendations on Anaesthetic Records (Newsletter 27: 8-9)	1996
Good Practice : A guide for Departments of Anaesthesia <i>(jointly with the Association of Anaesthetist)</i>	1998
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CONTINUING MEDICAL EDUCATION

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STAFFING

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Acronyms

AAGBI	Association of Anaesthetists of Great Britain and Ireland
BMA	British Medical Association
CEPD	Continuing Education and Professional Development (formerly known as CME (Continuing Medical Education))
GMC	General Medical Council
HDU	High Dependency Unit
ICNARC	National Intensive Care National Audit and Research Centre
ICS	Intensive Care Society
ICU	Intensive Care Unit
JCGP	Joint Committee on Good Practice
NCCAD	National Central Cardiac Audit Database
NCCGs	Non-consultant career grades
NCEPOD	National Confidential Enquiry into Perioperative Deaths
NHSE	National Health Service Executive
RCA	Royal College of Anaesthetists
SCATA	Society for Computing and Technology in Anaesthesia

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