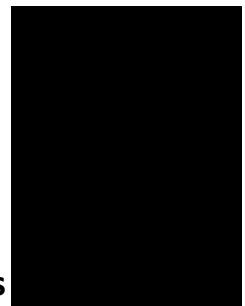

Equivalence Assessment Guidance for GMP1A

For Applications post
1 August 2010

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The Royal College of Anaesthetists



Foreword

From 1st August 2010 the new GMC approved curriculum in Anaesthetics comes into effect. As a result of this new curriculum, all equivalence applications submitted after this date will be assessed against the requirements for a CCT as defined in the curriculum.

This guide has been produced to assist doctors in collating the appropriate evidence for their article 8 applications for a Certificate of Eligibility for Specialist Registration in Anaesthetics in light of these changes.

The equivalence assessment by the College judges only the submitted evidence, which should provide sufficient information to cover the four domains needed to achieve a positive recommendation.

Multiple sources of evidence for all four domains and their subsections will remain important and enable the assessors to triangulate this evidence. This will strengthen the application and help towards achieving a positive outcome.

Despite these changes, the professional judgement of the College assessors remains at the heart of the equivalence process, as is the judgement of educational supervisors and deliverers of training for a CCT in Anaesthetics.

It is important that applicants accumulate and note the advice available from the General Medical Council and the Royal College of Anaesthetists websites. The College and the GMC can also be contacted if applicants seek clarification on the written advice, however the College cannot pre-judge evidence outside the formal GMC equivalence process.

This document lists the type of evidence needed to populate the application. This evidence will need to be closely allied to the training and experience requirements of the new curriculum in order to achieve the appropriate competencies.

I hope that this guide will help applicants as well as educational supervisors and assessors take note of changes implemented on 1st August 2010.

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Table of Contents

Foreword	2
Contact Details	2
Introduction.....	5
GMP domains for equivalence	5
Curriculum items to be demonstrated for GMP 1A.....	7
Demonstration of GMP domains 1b, 2, 3 and 4	8
Test of knowledge	9
Evidence of experiential learning	9
Core clinical learning outcomes for intermediate and higher units of training.....	10
Neuroanaesthesia.....	10
Cardiac/Thoracic.....	10
General duties	10
Airway management.....	10
Day surgery	11
ENT, maxillo-facial and dental	11
General, urological and gynaecological	11
Management of respiratory and cardiac arrest.....	11
Non-theatre	11
Obstetrics.....	11
Orthopaedic.....	12
Regional	12
Sedation.....	12
Transfer medicine	12
Trauma and stabilisation	12
Vascular	12
Intensive care medicine	12
Paediatric.....	13
Obstetrics (Intermediate Level)	13
Pain medicine (Intermediate Level).....	13
Core clinical and core learning outcomes for advanced units of training	13
Teamworking	13
Leadership	13
Innovation.....	13
Management	13
Education.....	13
Cardiothoracic	14
General duties	14
Airway management.....	14
ENT, maxillo-facial and dental	14
General, urological and gynaecological	15
Hepato-biliary	15
Vascular surgery	16

Day surgery	16
Sedation	16
Orthopaedics	17
Regional	17
Trauma and stabilisation	17
Transfer medicine and emergency medical retrieval	18
Intensive care medicine	18
Neurosurgery, neuroradiology and neurocritical care	18
Obstetrics.....	19
Paediatric.....	19
Pain medicine	20
Plastics/Burns	20
Academic and research, teaching and learning, and management.....	21
Academic and research.....	21
Teaching and learning.....	21
Management	21

Introduction

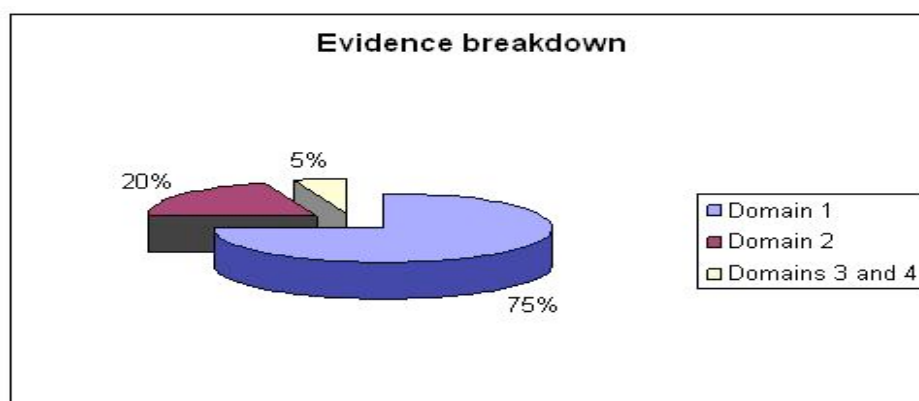
In April 2010, the GMC approved a new curriculum for a CCT in Anaesthetics. This new curriculum was developed after reviewing the structure of anaesthesia training in the UK and consulting with stakeholders to ascertain what was required from the training programme. The overall structure of the training programme has changed with two distinct phases at the Basic Level, and a change in the higher and advanced levels with the introduction of new units of training.

Advanced level training is now compulsory for all trainees and is usually 12 months in duration. The 12 months can be completed in one of the units of training or two six month blocks in two units of training. For doctors who are following a generalist career would usually pick the general duties units of training.

The reason for compulsory advanced level training is to prepare the trainee for independent practice as a consultant in the NHS. The Certificate of Eligibility for Specialist Registration [CESR] route to the specialist register is awarded after an applicant has been assessed as being equivalent in training and/or experience to a new UK CCT holder. Therefore, applicants for a CESR will have to demonstrate practice and aptitude at the advanced level.

GMP domains for equivalence

All applications are assessed under the four domains of Good Medical Practice. When compiling evidence for an application, the GMC recommends applicants apportion the evidence provided for the domains according to the pie chart below.



Source: General Medical Council, UK

Each domain is assessed for when a candidate provides evidence for each sub-section.

Applicants should provide evidence to applicants as to what an assessor is looking for. The evidence provided should answer the questions posed under the four domains.

Domain 1: Knowledge, Skills and Performance

- A.** Has the applicant demonstrated that they have the full range, depth and breadth of experience and skill to the level required?
- B.** Has the applicant demonstrated application of knowledge and experience to practice [e.g. recognising and working within the limits of their competence]. In particular, keeping up to date with CPD, audit, clinical governance, applying the skills and attitudes of a competent teacher/trainer, and making appropriate referrals to colleagues and keeping clear and legible records?

Domain 2: Safety and Quality

- A.** Has the applicant demonstrated putting into effect systems to protect patients and improve care [e.g. taking part in and responding to the outcome of audit, appraisals, performance reviews, risk management and clinical governance procedures, and reporting adverse drug reactions or concerns about risks to patients]?
- B.** Has the applicant demonstrated that they monitor and respond to risks to safety and that they safeguard and protect the health and wellbeing of vulnerable people [e.g. responding to risks posed by patients and following infection control procedures]?
- C.** Has the applicant demonstrated that they protect patients and colleagues from any risk posed by their health?

Domain 3: Communication, Partnership and Teamwork

- A.** Has the applicant demonstrated that they communicate effectively with:-
 - patients [e.g. keeping them informed about progress of their care] and
 - colleagues [e.g. physician colleagues, nursing staff, allied health professionals, GPs and other appropriate agencies] in both clinical and management situations within and outside the team [e.g. passing on information when patients transfer, encouraging colleagues to contribute to discussions]?
- B.** Has the applicant demonstrated that they work constructively with colleagues by supporting them, delegating effectively, acting as a positive role model and providing effective leadership?
- C.** Has the applicant demonstrated that they establish and maintain partnerships with patients and encourage them to take an interest in their health and obtain appropriate consent to treatment?

Domain 4: Maintaining Trust

- A.** Has the applicant demonstrated that they show respect for patients [e.g. polite, considerate and honest with patients and implemented systems to protect patient confidentiality]?
- B.** Has the applicant demonstrated treating patients and colleagues fairly and without discrimination [e.g. being honest and objective when appraising or assessing colleagues and writing references, giving constructive feedback, raising issues of colleagues performance and responding promptly to complaints]?
- C.** Has the applicant demonstrated acting with honesty and integrity [e.g. is honest and accurate in any financial dealings, practice reports, obtains appropriate ethical approval for research projects etc]?

Curriculum items to be demonstrated for GMP 1A

To be demonstrated for equivalence

Applicants for the CESR will have to demonstrate equivalence in the following areas as defined in the GMC approved CCT in Anaesthetics [August 2010]. The annexes referred to below are the annexes that form the curriculum document. <http://www.rcoa.ac.uk/index.asp?PageID=1479>

1. Test of knowledge [Annex C]. The test of knowledge must cover the advanced sciences.
2. Intermediate Obstetrics and Pain medicine [acute and chronic] [Annex C]. The minimum level of obstetrics and pain medicine required for a CCT is the intermediate level.
3. Applicants must demonstrate skills and knowledge for all the essential higher levels of training [Annex D]. The essential higher units are:
 - Cardiothoracic anaesthesia and cardiothoracic critical care;
 - Neurosurgery, neuroradiology and neurocritical care;
 - Intensive care medicine [also Annex F];
 - Paediatrics; and
 - General duties.

The General Duties has 2 mandatory units and a minimum of a further 6 units. The mandatory units are:

- Airway management
- Management of respiratory and cardiac arrest

The remaining units to choose at least 6 are:

- Critical incidents
- Day surgery
- General, urological and gynaecological surgery
- ENT, maxillo-facial and dental Surgery
- Non-theatre
- Obstetrics
- Orthopaedic
- Regional
- Sedation
- Transfer medicine
- Trauma and stabilisation

4. Applicants must demonstrate clinical skills and knowledge in at least 1 advanced unit [Annex E]. If General Duties is chosen as the advanced unit, equivalence only needs to be demonstrated in 1 of the units under the general duties banner. The advanced units are:
 - Cardiothoracic anaesthesia and cardiothoracic critical care;
 - General duties [at least one sub-specialty]:
 - Airway management;
 - Hepato-biliary surgery;

- Day surgery;
 - General, urology and gynaecology;
 - ENT, maxillo-facial and dental;
 - Obstetrics;
 - Orthopaedics;
 - Ophthalmic;
 - Regional;
 - Sedation and sedation in dentistry;
 - Transfer medicine;
 - Trauma and stabilisation; and
 - Vascular.
 - Intensive care medicine [also Annex F];
 - Neuroanaesthesia;
 - Obstetrics;
 - Paediatric;
 - Pain medicine; and
 - Plastics/Burns.
5. Higher level academic and research [Annex G]
 6. Advanced level teaching and learning [Annex G]
 7. Higher level management [Annex G]

Demonstration of GMP domains 1b, 2, 3 and 4

The [GMC generic guidance](#) for CESR applications provides good advice on the types of evidence required for GMP domains 1b, 2, 3 and 4. The evidence required for the demonstration of research, teaching and management will also assist in the demonstration of GMP 1b and 2a.

The competencies described in annex A, Professionalism of medical practice, are covered by GMP domains 1b, 2, 3 and 4.

How to demonstrate equivalence

The applicant must demonstrate equivalence by providing evidence. For each unit of training, there are defined core clinical learning outcomes. These outcomes define the minimum standard required of a trainee for that unit of training at each level. The following tables specify the core clinical learning outcomes and provide guidance on the type of evidence that should be provided in support of the application. There are also tables for the test of knowledge and the non-clinical units. **The core clinical learning outcomes are guidance as to the level of practice required. Applicants should also look at the competencies for each unit of training to ensure that they can demonstrate the full range of skill and knowledge that underpin the learning outcomes.**

The sources of evidence suggested below and in the tables are not an exhaustive list but provides guidance on the types of evidence that would assist in triangulating the evidence to prove

equivalence. The more useful evidence provided in support of the application, the easier it is to assess equivalence.

Test of knowledge

Any test of knowledge for anaesthetics should cover as a minimum the advanced sciences in:

- Anatomy
- Applied physiology and biochemistry
- Applied clinical pharmacology
- Nutrition
- Physics and clinical measurement
- Statistical basis of clinical trial management

Sources of evidence should include the following provided by the institution:

- Curriculum
- Method of assessment
- Method used for standard setting
- Pass rate
- Method of quality assurance
- A letter from institution confirming the above and signed by at least the head of faculty or equivalent

A list of qualifications already accepted by the College as acceptable tests of knowledge can be found on the College website at <http://www.rcoa.ac.uk/index.asp?PageID=1488>.

Evidence of experiential learning

Applicants need to provide evidence that they have achieved an equivalent standard of core clinical learning outcomes. These outcomes are defined in the curriculum and examples are given below. The list of sources of evidence below covers most of the areas required to demonstrate equivalence. Additional sources of evidence are listed in the tables below where it is unique to that particular area for equivalence demonstration.

Sources of evidence can include:

- Logbooks [electronic, theatre records, critical care logs, pain clinic logs]
- Structured references
- References
- Letters of support
- Appraisals [e.g. 360, team assessment behaviour]
- Theatre lists/rotas
- Job description/job plan
- Training certificates/assessments [e.g. ACLS/ATLS]
- Equality and diversity training certificate from deanery or equivalent type training course
- Training programme curriculum

- Difficult airway courses – certificates
- Case diaries
- Record of procedures learnt
- Educational qualifications
- Train the trainer type course
- Audit [Evidence of involvement, contribution and presentation of results]
- Appraisal of their research placement by their academic supervisor
- A review article to a standard suitable for publication
- A research project
- Published or unpublished articles
- Feedback from trainees
- Management course attendance certificate/s
- Management qualifications [eg diploma, degree]

Core clinical learning outcomes for intermediate and higher units of training

Applicants must demonstrate clinical skills and knowledge for all the essential higher levels of training and intermediate level obstetrics and pain medicine.

Core clinical learning outcomes	Additional suggested evidence
Neurosurgery, neuroradiology and neurocritical care	
<ul style="list-style-type: none"> • Deliver safe perioperative anaesthetic care to complicated ASA 1-3 adult patients requiring complex elective intra-cranial and spinal surgery and neuroradiological investigations under direct supervision. • Deliver perioperative anaesthetic care to complicated ASA 1-3 adult patients for emergency non-complex intracranial and spinal surgery with indirect supervision [i.e. craniotomy for acute sub-dural / acute decompressive lumbar laminectomy] • Lead the resuscitation, stabilisation and transfer of adult patients with brain injury 	
Cardiothoracic anaesthesia and cardiothoracic critical care	
<ul style="list-style-type: none"> • Deliver perioperative anaesthetic care to complicated ASA 1-3 adult patients requiring elective aortic or mitral valve surgery under direct supervision • Deliver perioperative anaesthetic care to complicated ASA 1-3 adult patients requiring open resection of lung tissue under local supervision 	
General duties (minimum of eight units within the general duties cluster)	
Airway management [mandatory]	
<ul style="list-style-type: none"> • Able to perform elective fiberoptic intubation in patients without serious intra-oral/laryngeal pathology, safely and proficiently, in awake or anaesthetised patients under distant supervision • Able to manage patients with complex airway disorders, safely and proficiently, in all situations, under local supervision 	

Day surgery	
<ul style="list-style-type: none"> Deliver safe perioperative anaesthetic care to ASA 1-3 patients having more extensive or specialized day surgery procedures with distant supervision 	
ENT, maxillo-facial and dental	
<ul style="list-style-type: none"> Provides comprehensive safe perioperative anaesthetic care to ASA 1-4 adult patients requiring ENT, maxillo-facial and dental [where available] surgery of greater complexity with distant supervision Manage ENT, maxillo-facial and dental [where available] surgery lists with distant supervision 	
General, urological and gynaecological	
<ul style="list-style-type: none"> Demonstrates the ability to provide safe and effective perioperative anaesthetic care to high risk emergency surgical cases, including those with potential for massive haemorrhage [e.g. the ruptured aortic aneurysm] Demonstrates the ability to provide safe and effective perioperative anaesthetic care for patients requiring complex lower abdominal and/or bariatric surgery Working within a multi-disciplinary team, demonstrates the necessary communication, teamwork, leadership, professional and practical [anaesthetic] skills needed to manage patients on elective and emergency general surgery, urology and gynaecology lists, safely and effectively 	
Management of respiratory and cardiac arrest (mandatory)	
<ul style="list-style-type: none"> The management of patients requiring cardio-respiratory resuscitation [with distant supervision] by: <ul style="list-style-type: none"> Demonstrating the ability to lead a multidisciplinary resuscitation team in the initial assessment and management through to definitive care in the Intensive Care Unit if successful [including necessary transfer] Leading the debrief sessions for both staff and relatives in a sensitive, compassionate and constructive manner 	
Non-theatre	
<ul style="list-style-type: none"> To deliver safe peri-procedure anaesthesia/sedation to adult patients outside the operating theatre, including remote sites, under distant supervision, as described in Section 6.2 <p>Section 6.2 – CCT in Anaesthetics (Aug 2010)</p> <p><i>The RCoA defines a remote site as any location where general or regional anaesthesia is administered away from the main theatre suite and/or anaesthetic department and in which it cannot be guaranteed that the help of another anaesthetist will be available. This may be either within or away from the base hospital. The relative isolation may be created by horizontal [e.g. corridors and roads] or vertical [e.g. stairs and lift] separation, by locked doors, local traffic conditions or by a combination of factors. Supervision in a remote site is a special example of distant supervision.</i></p>	
Obstetrics	
<ul style="list-style-type: none"> To be able to provide the appropriate anaesthetic management for any 	

<p>patient who requires emergency obstetric anaesthesia</p> <ul style="list-style-type: none"> To be able to provide elective anaesthetic services to the obstetric unit [excepting those patients with unusual problems who would normally be referred to a specialist centre] 	
Orthopaedic	
<p>Provide comprehensive safe perioperative anaesthetic care to all ASA 1-4 adult patients for all types of elective and emergency orthopaedic/trauma surgery to the limbs, pelvis and spine [excluding scoliosis surgery] with distant supervision.</p>	
Regional	
<ul style="list-style-type: none"> Demonstrates ability to perform both lower and upper limb plexus/regional blocks with distant supervision Always considers the option of regional anaesthesia in appropriate clinical contexts 	
Sedation	
<p>Demonstrates the ability to provide safe and effective sedation to any patient using whatever drugs required, by whatever route</p>	
Transfer medicine	
<ul style="list-style-type: none"> Demonstrates the ability to lead a multidisciplinary team undertaking the initial assessment and stabilisation of patients, prioritising their early treatment Demonstrates the leadership and clinical management skills needed to lead teams delivering safe and effective intra-/inter hospital transfer of any patient, however complex, and for prolonged journeys within the UK if required, by either land or air. Demonstrates an understanding of the roles and responsibilities of teaching and supervising those undergoing training in the transfer of patients 	
Trauma and stabilisation	
<ul style="list-style-type: none"> The safe management of patients with multiple injuries from arrival in hospital and onwards through definitive treatment with distant supervision by: <ul style="list-style-type: none"> Demonstrating the ability to lead a multidisciplinary trauma team in the initial assessment and stabilisation of the multi-trauma patient and prioritise early further treatment Delivering safe anaesthetic management for all multiply injured patients for ongoing assessment and early/definitive treatment 	
Vascular	
<ul style="list-style-type: none"> To anaesthetise patients for carotid endarterectomy and aortic aneurysm surgery with indirect supervision 	
Intensive care medicine	
<ul style="list-style-type: none"> Recognise and manage the factors which may lead to deterioration in sick patients Be able to undertake post-resuscitation management and be able to manage the initial resuscitation of more complex specialist patients. Have an understanding of the pathology, clinical features and prognosis of the majority of problems presenting to ICU, and be able to initiate management of them, with distant supervision. 	

<ul style="list-style-type: none"> • Be able to appropriately request and interpret (in discussion with appropriate specialists) investigations such as CT, ultrasound, and microbiology. • Be able to make a critical appraisal of the evidence for treatment and investigations. • Appreciate that ICUs are complex systems which require management and leadership skills. • Be able to lead a ward round, planning care for the next 24 hours. 	
Paediatric	
<ul style="list-style-type: none"> • Be able to resuscitate and stabilise a sick baby or child prior to transfer to a specialist centre • Provide perioperative anaesthetic care for common surgical conditions, both elective and emergency, for children aged 3 years and older with distant supervision 	
Obstetrics (Intermediate Level)	
<ul style="list-style-type: none"> • Able to provide emergency and non-emergency obstetric anaesthetic care in the majority of patients including those with co-morbidities and obstetric complications with distant supervision • Perform immediate resuscitation of acute obstetric emergencies 	
Pain medicine (Intermediate Level)	
<ul style="list-style-type: none"> • To be competent in the assessment and management of acute surgical and non-surgical pain in most patient groups and circumstances • To be an effective member of the acute pain team • To understand the importance of managing acute or chronic pain in a timely manner • To have knowledge of assessment and management of chronic and cancer pain 	

Core clinical and core learning outcomes for advanced units of training

Domain	Additional suggested evidence
Teamworking	
Applicants are expected to demonstrate the necessary team working skills required post-CCT for independent practice – see Annex E	
Leadership	
Applicants are expected to demonstrate the necessary leadership skills required post-CCT for independent practice – see Annex E	
Innovation	
See Annex E	
Management	
Applicants are expected to demonstrate the necessary management skills required post-CCT for independent practice – see Annex E	
Education	
See Annex E	

Applicants must demonstrate clinical skills and knowledge of at least 1 advanced clinical unit [Annex E]. If General Duties is chosen as the advanced unit, equivalence only needs to be demonstrated in 1 of the units under the general duties banner

Core clinical learning outcomes	Additional suggested evidence
Cardiothoracic anaesthesia and cardiothoracic critical care	
<p><i>For consultant posts in anaesthesia for cardiac and thoracic surgery, core clinical learning outcomes are:</i></p> <ul style="list-style-type: none"> • To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex cardiothoracic surgical cases and cardiological procedures independently; this implies an ability to: <ul style="list-style-type: none"> ○ Provide perioperative anaesthetic care to a wide-range of such cases demonstrating a fundamental understanding of the problems encountered ○ Show the decision making and organizational skills required of an anaesthetist to manage busy cardiothoracic operating sessions ensuring that the care delivered to patients is safe and timely, benefiting both the patient and the organisation ○ Assist colleagues in decisions about the suitability of surgery in difficult situations ○ Provide teaching to less experienced colleagues of all grades 	
General duties	
Airway management	
<ul style="list-style-type: none"> • To be capable of undertaking the perioperative airway and anaesthetic care for a wide variety of patients with complex airway problems independently; this implies an ability to: <ul style="list-style-type: none"> ○ Perform fiberoptic intubation in all clinical situations where it is an essential part of safe airway care ○ Show the decision making and organizational skills required of an anaesthetist to manage busy operating sessions that involve patients having major airway surgery and ensuring that the care delivered is safe and timely, benefiting both the patient and the organisation ○ To assist colleagues in decisions about the suitability of surgery in difficult situations ○ Provide teaching to less experienced colleagues of all grades 	
ENT, maxillo-facial and dental	
<ul style="list-style-type: none"> • To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex ENT, maxillo-facial and dental surgical cases 	

<p>independently; this implies an ability to:</p> <ul style="list-style-type: none"> ○ Provide perioperative anaesthetic care to a wide-range of surgical cases performed [including those with thoracic extension, complex tumour resection and associated reconstruction [+/- free-flap], frequently requiring the ability to manage extremely complex airway problems], demonstrating a fundamental understanding of the problems encountered ○ 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 ○ To assist colleagues in decisions about the suitability of surgery in difficult situations ○ Provide teaching to less experienced colleagues of all grades 	
General, urological and gynaecological	
<ul style="list-style-type: none"> • To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex abdominal surgical cases independently; this implies an ability to: <ul style="list-style-type: none"> ○ Provide perioperative anaesthetic care to a wide-range of surgical cases performed [including those where pleural breach may occur], demonstrating a fundamental understanding of the problems encountered ○ 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 ○ Assist colleagues in decisions about the suitability of surgery in difficult situations ○ Provide teaching to less experienced colleagues of all grades 	
Hepato-biliary	
<ul style="list-style-type: none"> • To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex hepatobiliary surgical cases independently; this implies an ability to: <ul style="list-style-type: none"> ○ Provide perioperative anaesthetic care to a wide-range of surgical cases performed, demonstrating a fundamental understanding of the problems encountered ○ 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 ○ Assist colleagues in decisions about the suitability of surgery in 	

<p>difficult situations</p> <ul style="list-style-type: none"> ○ Provide teaching to less experienced colleagues of all grades 	
Vascular surgery	
<ul style="list-style-type: none"> • To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex vascular cases independently; this implies an ability to: <ul style="list-style-type: none"> ○ 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 ○ 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 ○ To assist colleagues in decisions about the suitability of surgery in difficult situations ○ Provide teaching to less experienced colleagues of all grades 	
Day surgery	
<ul style="list-style-type: none"> • To be capable of undertaking the perioperative management of a wide range of patients for day case procedures including those with co-morbidities independently • 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 • 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 • Assist colleagues in decisions about the suitability of surgery in difficult situations • Provide teaching to less experienced colleagues of all grades 	
Sedation	
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Provide safe and effective sedation using a wide variety of techniques to best effect for patients and the organisation, demonstrating a fundamental understanding of the problems encountered ○ Show the decision making and organizational skills required of an anaesthetist to manage patients requiring sedation in remote locations ○ To assist colleagues in decisions about the suitability of [frequently] invasive investigative/treatment procedures in difficult situations ○ Provide teaching to less experienced colleagues of all grades 	

Orthopaedics	
<ul style="list-style-type: none"> • 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; this implies an ability to: <ul style="list-style-type: none"> ○ Provide perioperative anaesthetic care to a wide-range of surgical cases demonstrating a fundamental understanding of the problems encountered ○ 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 ○ To assist colleagues in decisions about the suitability of surgery in difficult situations ○ Provide teaching to less experienced colleagues of all grades 	
Regional	
<ul style="list-style-type: none"> • To be capable of undertaking a wide variety of regional anaesthetic techniques independently; this implies an ability to: <ul style="list-style-type: none"> ○ Provide perioperative anaesthetic care to a wide-range of surgical cases performed under regional anaesthesia, demonstrating a fundamental understanding of the problems encountered ○ 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 ○ Assist colleagues in decisions about the use of regional anaesthesia in difficult situations and where their use might be controversial ○ Provide teaching to less experienced colleagues of all grades ○ Provide advice to colleagues on the appropriate practice of regional anaesthesia 	
Trauma and stabilisation	
<ul style="list-style-type: none"> • To be capable of leading the clinical care of the multiply injured patient from reception in the emergency department independently; this implies an ability to: <ul style="list-style-type: none"> ○ 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 ○ 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 ○ Provides safe and effective anaesthetic care for a wide-range of complex cases including challenging head, airway, neck and spine, 	

<p>chest, abdominal, spinal, pelvic and limb, soft tissue and vascular trauma in both adults and children, demonstrating a fundamental understanding of the problems encountered</p> <ul style="list-style-type: none"> ○ 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 ○ 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 ○ Provide teaching to less experienced colleagues of all grades 	
<p>Transfer medicine and emergency medical retrieval</p>	
<ul style="list-style-type: none"> • To be capable of leading the clinical care of the most complex patient requiring retrieval/transfer from, and between, any site independently; this implies an ability to: <ul style="list-style-type: none"> ○ Provide leadership in the discussions with the emergency services at the site of injury through to retrieval and transfer ○ Demonstrate good interpersonal skills, assertiveness [when needed] and leadership when leading the multi-disciplinary retrieval/transfer team ○ Provides safe and effective clinical care to a wide-range of complex cases, both adults and children, requiring retrieval/transfer, demonstrating a fundamental understanding of the problems encountered ○ Assist colleagues in decisions about the suitability of retrieval/transfer in difficult situations ○ Provide teaching to less experienced colleagues of all grades 	
<p>Intensive care medicine</p>	
<ul style="list-style-type: none"> • Have a detailed knowledge of the majority of conditions presenting to ICU • Have a wide experience of ICM in varied situations. • Be able to manage initial resuscitation and stabilisation of any acutely ill patient, adult or child, prior to transfer to an appropriate specialist centre. • Be able to operate unsupervised and take on a management and leadership role in an ICU. 	
<p>Neurosurgery, neuroradiology and neurocritical care</p>	
<p><i>For consultant posts in anaesthesia for neurosurgery and neuroradiology, core clinical learning outcomes are:</i></p> <ul style="list-style-type: none"> • To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex neurosurgical and neuroradiological procedures independently; this implies an ability to: <ul style="list-style-type: none"> ○ Provide perioperative anaesthetic care to a wide-range of such cases demonstrating a fundamental understanding of the problems encountered 	

<ul style="list-style-type: none"> ○ 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 ○ Provide clinical input and leadership where required in neurological post-operative care units [including high dependency units] ○ Assist colleagues in decisions about the suitability of surgery in difficult situations ○ Provide teaching to less experienced colleagues of all grades <p><i>For consultant posts with a commitment to both neurosurgical /neuroradiological anaesthesia and critical care, core clinical learning outcomes are:</i></p> <ul style="list-style-type: none"> • All identified above and in addition: • Provide clinical leadership to a wide variety of patients requiring neuro critical care <ul style="list-style-type: none"> ○ Provide management and leadership in using the facilities available to best effect 	
Obstetrics	
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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 ○ 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 ○ To assist colleagues in decisions about the suitability of surgery in difficult situations ○ Provide teaching to less experienced colleagues of all members of the multi-disciplinary team 	
Paediatric	
<ul style="list-style-type: none"> • To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex paediatric [including neonates] procedures independently; this implies an ability to: <ul style="list-style-type: none"> ○ Provide perioperative anaesthetic care to a wide-range of such cases demonstrating a fundamental understanding of the problems encountered ○ Show the decision making and organizational skills required of an anaesthetist to manage busy paediatric surgical/procedural sessions ensuring that the care delivered to patients is safe and timely, benefiting both the patient and the organisation 	

<ul style="list-style-type: none"> ○ Communicate compassionately and effectively with children and young people, parents and other carers and members of the multidisciplinary team ○ Assist colleagues in decisions about the suitability of surgery in difficult situations ○ Provide teaching to less experienced colleagues of all grades 	
Pain medicine	
<ul style="list-style-type: none"> • Having a comprehensive knowledge of Pain Medicine service delivery • 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 • Being aware of the treatment options available to provide effective management for patients with acute, chronic and cancer pain • Becoming technically proficient in a range of procedures for Pain Medicine • Having the communication and organisational skills to be an effective member of the multi-disciplinary Pain Medicine team • Demonstrates empathy when caring for patients with pain • Providing clinical leadership in the development of comprehensive pain medicine services, for the benefit of both patients and the organisation • Acting as an effective teacher of Pain Medicine topics • Being able to assess evidence from research related to Pain Medicine 	
Plastics/Burns	
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Manage perioperative anaesthetic care for highly complex plastics and burns cases independently [including major reconstructive surgery] demonstrating a fundamental understanding of the problems encountered ○ 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 ○ To assist colleagues in decisions about the suitability of surgery in difficult situations ○ Provide teaching to less experienced colleagues of all grades ○ Anaesthetise adult patients for major burns excision & grafting surgery independently 	

Academic and research, teaching and learning, and management

Description	Additional suggested evidence
Academic and research	
<p>At the end of this training the learner will be ready for independent clinical practice. Their personal practice will be evidence based and they will understand, discuss and advise in situations where evidence is absent or contradictory. They will commit to the importance of audit, and engage in continuous review of their personal and team performance. They will be able to develop, complete and report audit projects. They will strive to be an opinion leader through a continuous critical approach to the published literature and will undertake personal evaluation and consultation with colleagues regarding the timely introduction of new practices.</p> <p>They will be ever conscious of their responsibility for patient safety and will understand how proper evidence, monitoring outcome and a cautious, critical, scientific approach to reported developments of practice will assist this. They will understand the basic principles of clinical research and will know the ethical and organisational steps needed to initiate a project – under the mentorship of a research experienced colleague.</p>	
Teaching and learning	
<ul style="list-style-type: none"> • Is prepared for the consultant role of clinical teacher and assessor in the workplace • Is a valued member of the departmental educational team as participant and teacher • Delivers excellent theatre teaching in the course of clinical supervision • Uses an appropriate range of educational knowledge and skills in delivering a variety of presentations • Prepares and delivers excellent teaching on a variety of topics • Performs workplace-based assessments reliably • Exercises leadership in terms of patient safety in the context of clinical supervision • Understands the many diverse roles and responsibilities of clinical educators • Has a broad knowledge of the educational governance framework within which they work; explicitly the role of the GMC, NHS employing organisations, the Deaneries and the role of the College • Demonstrates a commitment to ensuring their ongoing continuing professional development in the field of medical education • Keeps a comprehensive reflective portfolio of learning and of their engagement with ongoing professional development 	<ul style="list-style-type: none"> • Lecturing to medical students in undergraduate programme • Teaching clinical skills to medical students as part of the undergraduate programme • Teaching of foundation year trainees • Educational supervision of foundation trainees
Management	
<ul style="list-style-type: none"> • Understands the structure of relevant national management and how this integrates with local management 	

<ul style="list-style-type: none">• Able to organise their own contractual, job planning, and quality review processes• Ready to undertake departmental administrative and Managerial roles with appropriate guidance and support	
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