

Appendix Four

Volume of practice and workplace-based assessment requirements for each of the ANZCA Clinical Fundamentals

This appendix contains tables setting out both the volume of practice and workplace-based assessment requirements for each of the ANZCA Clinical Fundamentals.

In addition to the workplace-based assessment requirements specified for each ANZCA Clinical Fundamental and each training period, trainees are required to undertake the following assessment within each training period, summarised here and also in the tables following:

Introductory training

- A minimum of four mini clinical evaluation exercises (mini-CEX) in any ANZCA Clinical Fundamental during introductory training. For this purpose, trainees may select low-risk cases of low complexity encountered in their clinical practice. Trainees should refer to those learning outcomes from ‘medical expert – skills’ in the clinical fundamentals of the introductory training period that are assessed by mini-CEX, to get some indication of the areas of focus that they might select to be assessed on.
- All workplace-based assessments completed must be directly relevant to the clinical fundamentals, as no workplace-based assessments for the specialised study units should be completed during introductory training.
- A minimum of one multi-source feedback (MsF), which can cover various areas of a trainee’s performance from within the ANZCA Roles in Practice and/or the ANZCA Clinical Fundamentals.

Basic training

Throughout basic and advanced training, trainees are required to undertake a minimum number of workplace-based assessments on a combination of specified and non-specified topics. The focus of some of these assessments will be drawn from the specialised study units but have been included in this section for ease of reference.

- A minimum of seven direct observation of procedural skills (DOPS) assessments, on a combination of specified and non-specified topics. For the specified topics trainees may refer to the required DOPS from any of the specialised study units, indicated by M-DOPS in the assessment column.

For the non-specified topics, trainees may select procedures encountered in their clinical practice from any of the clinical fundamentals or specialised study units. Trainees should refer to those learning outcomes from the medical expert – skills sections in the clinical fundamentals of the basic training period, or specialised study units assessed by DOPS, to get some indication of the areas of focus that they might select to be assessed on.

- A minimum of 11 mini clinical evaluation exercises (mini-CEX) from a combination of specified and non-specified topics in both the clinical fundamentals and specialised study units. For the specified topics trainees may refer to the required CEX from any of the specialised study units, indicated by 'M-CEX' in the assessment column.
- For the non-specified topics, trainees may select procedures encountered in their clinical practice from any of the ANZCA Clinical Fundamentals or specialised study units. Trainees should refer to those learning outcomes from the medical expert – skills sections in the clinical fundamentals of the basic training period, or specialised study units assessed by CEX, to get some indication of the areas of focus that they might select to be assessed on.
- A minimum of three case-based discussions (CbD) from a combination of specified topics and non-specified topics. For the specified topics trainees may select from any of the specialised study units where a case-based discussion is indicated.

For the non-specified topics, trainees may select cases of moderate complexity encountered in their clinical practice and should refer to those learning outcomes from the medical expert – skills sections in the clinical fundamentals of the basic training core study unit, or specialised study units assessable by case-based discussion, to get some indication of the areas of focus they might select to be assessed on.

- A minimum of one multi-source feedback, which can cover various areas of a trainee's performance from within the ANZCA Roles in Practice and/or the ANZCA Clinical Fundamentals.

Advanced training

- A minimum of five direct observation of procedural skills (DOPS) assessments, on a combination of specified and non-specified topics. For the specified topics trainees may refer to the required DOPS from any of the specialised study units, indicated by M-DOPS in the assessment column.

For the non-specified topics, trainees may select procedures encountered in their clinical practice from any of the clinical fundamentals or specialised study units. Trainees should refer to those learning outcomes from the medical expert – skills sections in the clinical fundamentals of the advanced training period, or specialised study units assessable by DOPS, to get some indication of the areas of focus that they might select to be assessed on.

- A minimum of 15 mini clinical evaluation exercises (mini-CEX) from a combination of specified and non-specified topics in both the clinical fundamentals and specialised study units. For the specified topics trainees may refer to the required CEX from any of the specialised study units, indicated by 'M-CEX' in the assessment column.

For the non-specified topics, trainees may select procedures encountered in their clinical practice from any of the clinical fundamentals or specialised study units. Trainees should refer to those learning outcomes from the medical expert – skills sections in the clinical fundamentals of the advanced training period, or specialised study units assessable by CEX, to get some indication of the areas of focus that they might select to be assessed on.

- A minimum of five case-based discussions (CbD) from a combination of specified topics and non-specified topics. For the specified topics trainees may select from any of the specialised study units where a case-based discussion is indicated.

For the non-specified topics, trainees may select cases of moderate complexity encountered in their clinical practice and should refer to those learning outcomes from the medical expert – skills sections in the clinical fundamentals of the advanced training core study unit, or specialised study units assessable by case-based discussion, to get some indication of the areas of focus they might select to be assessed on.

- A minimum of one multi-source feedback (MsF), which can cover various areas of a trainee's performance from within the ANZCA Roles in Practice and/or the ANZCA Clinical Fundamentals.

If a trainee does not gain experience in a specialised study unit with specified topics indicated for assessment by direct observation of procedural skills, mini-clinical evaluation exercise or case-based discussion, they can instead undertake the minimum number of assessments on non-specified topics, until such time that they are able to gain experience in areas that have specified topics of assessment indicated.

Table of non-specified assessment for the ANZCA Clinical Fundamentals during introductory, basic and advanced training

Clinical fundamental	Focus of assessment	Assessment	No.
Introductory training			
Any clinical fundamental	Not specified – may select low-risk cases of low complexity encountered in their clinical practice*	CEX	4
Any clinical fundamental and the ANZCA Roles in Practice	Various areas	M-MsF IT	1
Basic training			
Any specialised study unit	Select from any required M-DOPS identified in the specialised study units	M-DOPS	7
Any clinical fundamental or specialised study unit	Not specified - may select procedures encountered in their clinical practice*	DOPS	
Any specialised study unit	Select from any required M-CEX identified in the specialised study units	M-CEX	11
Any clinical fundamental or specialised study unit	Not specified - may select cases of moderate complexity encountered in their clinical practice*	CEX	
Any specialised study unit	Select from the CbDs identified in the specialised study units	CbD	2
Any clinical fundamental or specialised study unit	Not specified - may select cases of moderate complexity encountered in their clinical practice*	CbD	1
Any clinical fundamental and the ANZCA Roles in Practice	Various areas	M-MsF BT	1

Clinical fundamental	Focus of assessment	Assessment	No.
Advanced training			
Any specialised study unit	Select from any required M-DOPS identified in the specialised study units	M-DOPS	5
Any clinical fundamental or specialised study unit	Not specified – may select procedures encountered in their clinical practice*	DOPS	
Any specialised study unit	Select from any required M-CEX identified in the specialised study units	M-CEX	15
Any clinical fundamental or specialised study unit	Not specified – may select cases including those of high complexity encountered in their clinical practice*	CEX	
Any specialised study unit	Select from the CbDs identified in the specialised study units	CbD	4
Any clinical fundamental or specialised study unit	Not specified – may select cases including those of high complexity encountered in their clinical practice*	CbD	1
Any clinical fundamental and the ANZCA Roles in Practice	Various areas	M-MsF AT	1

Airway management

Workplace-based assessment			
Assessment tool	Introductory training	Basic training	Advanced training
DOPS	3 Airway intubation, RSI and extubation (1) Bag/mask ventilation and insertion of LMA (1) 'Can't intubate, can't oxygenate' (CICO) scenario (1) <i>or equivalent education session – for more information and standard refer to training handbook</i>	2 'Can't intubate, can't oxygenate' (CICO) and use of the intubating LMA Scenario (1) <i>or equivalent education session – for more information and standard refer to training handbook</i> Fibreoptic intubation (1)	1 'Can't intubate, can't oxygenate' (CICO) and use of jet ventilation <i>or equivalent education session – for more information and standard refer to training handbook</i>
Mini-CEX*	1 Pre-operative airway assessment (done as part of the preoperative assessment mini-CEX for perioperative medicine) (1)	–	–
Total minimum WBA	4	2	1
Volume of practice			
Case/procedure	Introductory training	Basic training	Advanced training
Endotracheal intubation	20	–	–
Use of different laryngoscopes May include video laryngoscope, alternative blades	10	–	–
Insertion of reinforced/flexible LMA	0	–	–
Relief of airway obstruction with difficult mask ventilation	0	–	–
Nasal intubation	10	–	–
Gaseous induction of general anaesthesia (in an adult)	5	–	–
Awake fibreoptic bronchoscopy or intubation	5	–	–

Total minimum VOP	50

General anaesthesia and sedation

Workplace-based assessment				
Assessment tool	Introductory training	Basic training		Advanced training
DOPS	–	2 Central venous cannulation with the use of ultrasound guidance (1) Arterial cannulation (1)		–
Total minimum WBA	–	2		–
Volume of practice				
Case/procedure	Introductory training	Basic training	Advanced training	
Arterial cannulation		40		
Central venous cannulation		40		
Anaesthesia using TIVA		50		
Teaching of a technical skill to others, not including airway skills, for example, vascular access		0		
Total minimum VOP		130		

Pain medicine

Workplace-based assessment			
Assessment tool	Introductory training	Basic training	Advanced training
Mini-CEX	1 Assessment and management of a patient in acute pain on a pain round (1)	–	–
CbD	–	1 Assessment and management of a patient in acute pain on a pain round (1)	1
Total minimum WBA	1	1	1
Volume of practice			
Case/procedure	Introductory training	Basic training	Advanced training
Acute pain sessions with one to one supervision	2	–	–
Acute pain sessions	–	18	–
Acute pain sessions	–	–	20
Total minimum acute pain sessions	40		
Management of patients with chronic pain in any setting May include managing acute pain for a patient with chronic pain, planning perioperative management for a patient with chronic pain, or consultation in a pain clinic.	20		
Provision of regional analgesia for the management of acute or chronic pain <i>Must exclude obstetric pain</i>	20		
Total minimum VOP	40		
Total minimum VOP for pain medicine including acute pain sessions	80		

Perioperative medicine

Workplace-based assessment			
Assessment tool	Introductory training	Basic training	Advanced training
Mini-CEX	1 Pre-operative airway assessment (done as part of the Preoperative assessment mini-CEX for perioperative medicine) (1)	1 Pre-assessment of a patient with multi-system disease (1)	1
Total minimum WBA	1	1	1
Volume of practice			
Case/procedure	Introductory training	Basic training	Advanced training
Perioperative medicine – clinic sessions			
Pre-admission clinic sessions with one to one supervision	2	–	–
Pre-admission clinic sessions with level 2 supervision	–	8	–
Pre-admission clinic sessions	–	–	10
Total minimum pre-admission clinic sessions	20		
Perioperative medicine			
Patient factors and medical conditions <i>volume of practice to be achieved throughout introductory, basic and advanced training</i>			
Respiratory disorders Obstructive sleep apnoea (0) Chronic obstructive airways disease (0) Asthma (0)	Metabolic and endocrine disorders Diabetes (0) Morbid obesity (0) Chronic steroid use/dependence (0)	Neurological and neuromuscular disorders Transient ischaemic attacks and stroke (0) Epilepsy (0)	
Cardiovascular disorders Ischaemic heart disease (0) Pacemakers/AICDs (0) Congestive cardiac failure (0) Valvular heart disease (0) Peripheral vascular disease (0) Hypertension (0) Arrhythmias and conduction abnormalities (0) Patients at high risk of thromboembolism (0)	Renal, fluid and electrolyte disorders Kidney failure requiring dialysis (0)	Gastrointestinal disorders Gastro-oesophageal reflux (0) Chronic liver disease (0) Bowel obstruction (0)	
Haematological and oncology disorders Anticoagulant use (0)	Rheumatological disorders Rheumatological disorders (0)	Infectious diseases (For example HIV, Hepatitis) (0)	
Total minimum VOP patient factors and medical conditions) 0			

Regional and local anaesthesia

Workplace-based assessment			
Assessment tool	Introductory training	Basic training	Advanced training
DOPS	–	1 Performance of a spinal block on a patient who is not anatomically difficult (1)	2 Performance of an upper limb plexus block (1) Performance of a lower limb plexus block (1)
Total minimum WBA	–	1	2
Volume of practice			
Case/procedure	Introductory training	Basic training	Advanced training
Central neuraxial blocks			
Epidural – lumbar May include obstetric epidurals		70	
Spinal Must include 30 non-obstetric Note: Combined spinal epidural may count for both spinal and lumbar epidural		70	
Regional anaesthesia/analgesia			
Independent intra-operative management of procedure performed solely under central neural blockade (may be covered in above volume of practice for central neuraxial blockade)		1	–
Upper limb (must include one anaesthesia/analgesia for shoulder pathology - must include minimum five brachial plexus blocks)		10	
Thorax, abdomen or pelvis (non-neuraxial only)		5	
Knee (must be non-neuraxial)		5	
Lower limb (must be non-neuraxial, not knee or hip)		5	
Hip (must be non-neuraxial)		5	
Total minimum VOP		171	

Resuscitation, trauma and crisis management

Workplace-based assessment			
Assessment tool	Introductory training	Basic training	Advanced training
CbD	–	2 Discussion of their management of crises (2)	2
Total minimum WBA	–	2	2
Volume of practice			
Case/procedure	Introductory training	Basic training	Advanced training
Trauma team member for the initial assessment and resuscitation of a multi-trauma case <i>Note: EMST course required</i> http://www.surgeons.org/ (delivered by the Royal Australasian College of Surgeons) or equivalent (for example ATLS) if volume of practice is not met		5	
Total minimum VOP		5	

Safety and quality in anaesthetic practice

Workplace-based assessment			
Assessment tool	Introductory training	Basic training	Advanced training
DOPS	1 Anaesthetic machine check (1)	–	–
Total minimum WBA	1	–	–
Volume of practice			
No associated volume of practice requirements			

Appendix four – VOP and WBA for the clinical fundamentals
Safety and quality in anaesthetic practice