Appendix One – Training requirements for each training period

Introductory training (IT)

By the end of introductory training it is expected that a trainee should be able to anaesthetise safely low risk patients having low risk surgery.

Workplace-based assessment

The following workplace-based assessments must be completed for the initial assessment of anaesthetic competence (IAAC):

Clinical fundamental	**Focus of assessment**	**Assessment**	**No.**
Airway management	Airway intubation, RSI and extubation	M-DOPS AM1IT	1
	Bag/mask ventilation and insertion of LMA	M-DOPS AM2IT	1
	'Can't intubate, can't oxygenate' (CICO) scenario *or equivalent education session – for more information and standard refer to training handbook*	MS-DOPS AM3IT	1
Safety and quality in anaesthetic practice	Anaesthetic machine check	M-DOPS SQ1IT	1
Total DOPS			**4**
Airway management Perioperative medicine	Preoperative airway assessment (done as part of the preoperative assessment mini-CEX for perioperative medicine) Trainees may conduct a pre-operative assessment on one patient but assessors are asked to look at both their airway assessment skills and their other pre-operative assessment skills during this encounter.	M-CEX PO1IT	1
Pain medicine	Assessment and management of a patient in acute pain on a pain round	M-CEX PM1IT	1
Any clinical fundamental	Not specified – may select low-risk cases of low complexity encountered in their clinical practice*	CEX	4
Total mini-CEX			**6**
Any clinical fundamental and the ANZCA Roles in Practice	Various areas	M-MsF IT	1
Total MsF			**1**

Trainees should not start to complete workplace-based assessments associated with specialised study units until basic training.

Initial assessment of anaesthetic questions

The initial assessment of anaesthetic competence also requires the trainee to answer a selection of knowledge-based questions, which should be based on the learning outcomes in the introductory training core study unit identified by initial assessment of anaesthetic competence questions. This assessment is conducted by the supervisor of training or the introductory training tutor (ITT).

ANZCA Roles in Practice

The ANZCA Roles in Practice will be assessed as part of all the workplace-based assessments completed throughout introductory training. However, many areas requiring a longitudinal view of a trainee's performance will be assessed by a multi-source feedback (MsF). This will be completed at the end of introductory training and will inform the core unit review (CUR).

Volume of practice

Clinical fundamental	**TP**	**Skill**	**VOP**
Airway management	IT	Endotracheal intubation	20
Perioperative medicine	IT	Pre-admission clinic sessions with 1:1 supervision	2
Pain medicine	IT	Acute pain sessions with1:1 supervision	2

Specialised study units

There are no specialised study units (SSUs) that must be completed by the end of introductory training, however, trainees may make some progress towards their specialised study unit volume of practice during introductory training. Specific progress in the specialised study units will depend on the clinical environment and nature of cases, procedures and surgery available during introductory training clinical placements. A summary of the volume of practice requirements for the specialised study units is in Appendix Five.

Courses

An advanced life support (ALS) course (or equivalent), where competency in resuscitation and defibrillation is assessed, must be completed during introductory training or in the previous six months before commencing introductory training.

Clinical placement reviews (CPR)

During introductory training, trainees must complete one planning and one feedback CPR for each clinical placement. The planning CPR must incorporate discussion of a trainee's clinical placement plan, outlining the learning opportunities expected and sought from the placement.

An interim review should normally occur part way through a placement if the placement is of 26 weeks duration or more, but may also occur at other times at the instigation of either the trainee or the SOT.

A feedback CPR at the end of the placement must be informed by the trainee's clinical placement plan and subsequent workplace-based assessments.

Core unit review (CUR) – minimum of one at the end of introductory training

A core unit review will be completed at the end of introductory training to assess the satisfactory completion of all requirements of introductory training and assess if the trainee is eligible to progress to basic training. This CUR may be repeated until all requirements of Introductory training are satisfactorily completed.

Basic training (BT)

By the end of basic training it is expected that a trainee should be able to anaesthetise patients safely with distant supervision where there is moderate complexity based on patient or surgical factors.

Workplace-based assessment

The following workplace-based assessments must be completed by the end of basic training:

Clinical fundamental/ specialised study unit	**Focus of assessment**	**Assessment**	**No.**
General anaesthesia and sedation	Central venous cannulation with the use of ultrasound guidance	M-DOPS GS1BT	1
General anaesthesia and sedation	Arterial cannulation	M-DOPS GS2BT	1
Airway management	'Can't intubate, can't oxygenate' (CICO) and use of the intubating LMA scenario *or equivalent education session – for more information and standard refer to training handbook*	MS-DOPS AM1BT	1
Airway management	Fibreoptic intubation	MS-DOPS AM2BT	1
Regional and local anaesthesia	Performance of a spinal block on a patient who is not anatomically difficult	M-DOPS RA1BT	1
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	
Total DOPS			**12**
Perioperative medicine	Pre-assessment of a patient with multi-system disease Trainees may choose to combine this with the pre-operative assessment mini-CEX for a patient having head and neck surgery to count towards the *Head and neck, ear, nose and throat, dental surgery and electro-convulsive therapy* SSU. Trainees may conduct a pre-operative assessment for one patient however this must be logged as two separate WBAs with specific feedback for each area of focus provided. If this assessment is combined with the mini-CEX on head and neck anaesthesia, the same cannot be done for the pre-assessment mini-CEX for Perioperative medicine during advanced training.	M-CEX PO1BT	1

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	
Total mini-CEX			**12**
Clinical fundamental/ specialised study unit	**Focus of assessment**	**Assessment**	**No.**
Pain medicine	Assessment and management of a patient in acute pain on a pain round	M-CbD PM1BT	1
Resuscitation, trauma and crisis management	Discussion of their management of crises	M-CbD RT1BT	2
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
Total CbD			**6**
Any clinical fundamental and the ANZCA Roles in Practice	Various areas	M-MsF BT	1
Total MsF			**1**

During each three-month period of basic training a trainee should complete a minimum of two direct observation of procedural skills (DOPS), two mini clinical evaluation exercise (mini-CEX) and one case-based discussion (CbD). These may be from the clinical fundamentals or specialised study units and may have either a specified or non-specified focus.

ANZCA Roles in Practice

The ANZCA Roles in Practice will be assessed as part of all the workplace-based assessments completed throughout basic training however many areas requiring a longitudinal view of a trainee's performance will be assessed by a multi-source feedback (MsF). This will be completed at the end of basic training and will inform the core unit review (CUR).

Volume of practice

The following volume of practice requirements are to be completed by the end of basic training.

Clinical fundamental	TP	Skill	VOP
Airway management	IT or BT	Use of different laryngoscopes to visualise the larynx. May include video laryngoscope, alternative blades	10
		Insertion of a reinforced/flexible LMA	0
		Relief of airway obstruction in patients with difficult mask ventilation	0
Regional and local anaesthesia	*Regional anaesthesia/analgesia*		
	IT or BT	Independent intra-operative management of a patient having a procedure performed solely under central neural blockade. ASA 1 or 2 patients, procedure of moderate complexity with distant supervision May be covered in volume of practice for central neuraxial blockade	1
Perioperative medicine	BT	Pre-admission clinic sessions with level 2 supervision	8
Pain medicine	BT	Acute pain sessions	18

Specialised study units

There are no specialised study units that must be completed by the end of basic training. However, it is expected that trainees will make good progress towards their specialised study unit requirements during basic training. Specific progress in the specialised study units will be dependent on the clinical environment and the types of cases, procedures and surgery available during basic training clinical placements. A summary of the workplace-based assessment and volume of practice requirements for the specialised study units is in Appendix Five.

Scholar role activities

Trainees must complete two of the five activities prior to the basic training core unit review. Trainees should make progress with scholar role activities and meetings to ensure that they are completed prior to the end of advanced training.

Exams

The primary examination is to be completed during basic training for progression to advanced training.

Courses

An advanced life support (ALS) course (or equivalent), where competency in resuscitation and defibrillation is assessed, must be completed during basic training. This is done in addition to the advanced life support course requirement for introductory training.

An Effective Management of Anaesthetic Crises (EMAC) course must be completed during training, at any time after introductory training.

Specialised study unit reviews (SSUR)

The basic trainee must complete a specialised study unit review for any specialised study units that they complete during basic training. The number and type will be dependent on the clinical environment and nature of cases, procedures and surgery available during basic training clinical placements.

Clinical placement reviews (CPR)

During basic training, trainees must complete one planning and one feedback CPR for each clinical placement. The planning CPR must incorporate discussion of a trainee's clinical placement plan, outlining the learning opportunities expected and sought from the placement.

An interim review should normally occur part way through a placement if the placement is of 26 weeks duration or more, but may also occur at other times at the instigation of either the trainee or the SOT.

A feedback CPR at the end of the placement must be informed by the trainee's clinical placement plan and subsequent workplace-based assessments.

Core unit review (CUR) – minimum of one at the end of basic training (BT)

A core unit review will be completed at the end of basic training to assess the satisfactory completion of all requirements of basic training and the eligibility of the trainee to progress to advanced training. This core unit review may be repeated until all requirements of basic training are satisfactorily completed.

Advanced training (AT)

By the end of advanced training it is expected that a trainee should be able to anaesthetise safely ASA 1-4 patients having complex procedures with distant supervision.

Workplace-based assessment

The following workplace-based assessment requirements are to be completed by the end of advanced training:

Clinical fundamental/ specialised study unit	**Focus of assessment**	**Assessment**	**No.**
Airway management	'Can't intubate, can't oxygenate' (CICO) and use of jet ventilation *or equivalent education session – for more information and standard refer to training handbook*	MS-DOPS AM1AT	1
Regional and local anaesthesia	Performance of an upper limb plexus block	MS-DOPS RA1AT	1
Regional and local anaesthesia	Performance of a lower limb plexus block	MS-DOPS RA2AT	1
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	
Total DOPS			**8**
Perioperative medicine	Pre-assessment of a complex patient with multiple co-morbid diseases Trainees may choose to combine this with the pre-operative assessment mini-CEX for a patient having head and neck surgery to count towards the *Head and neck, ear, nose and throat, dental surgery and electro-convulsive therapy* SSU. Trainees may conduct a pre-operative assessment for one patient however this must be logged as two separate WBAs with specific feedback for each area of focus provided. If this assessment is combined with the mini-CEX on head and neck anaesthesia, the same cannot be done for the pre-assessment mini-CEX for Perioperative medicine during basic training.	M-CEX PO1AT	1
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	
Total mini-CEX			**16**
Clinical fundamental/ specialised study unit	**Focus of assessment**	**Assessment**	**No.**
Pain medicine	Assessment and management of a patient with a complex pain issue, for example acute on chronic pain or history of intravenous drug use (IVDU), on a pain round	M-CbD PM1AT	1
Resuscitation, trauma and crisis management	Discussion of their management of crises	M-CbD RT1AT	2
Any specialised study unit	Select from the case-based discussions 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
Total CbD			**8**
Any clinical fundamental and the ANZCA Roles in Practice	Various areas	M-MsF AT	1
Total MsF			**1**

During each three-month period of advanced training a trainee should complete a minimum of one direct observation of procedural skills (DOPS), two mini clinical evaluation exercise (mini-CEX) and one case-based discussion (CbD). These may be from the core study unit or the specialised study units and may be either compulsory, optional, with a specified focus or of the trainee/assessor's choosing.

ANZCA Roles in Practice

The ANZCA Roles in Practice will assessed as part of all the workplace-based assessments completed throughout advanced training however many areas requiring a longitudinal view of a trainee's performance will be assessed by a multi-source feedback (MsF). This will be completed at the end of advanced training and will inform the core unit review (CUR).

Volume of practice

The following volume of practice requirements are to be completed by the end of advanced training.

Clinical fundamental	TP	Skill	VOP
General anaesthesia and sedation	IT, BT or AT	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
Airway management	IT, BT or AT	Nasal intubation	10
		Gaseous induction of general anaesthesia (in an adult)	5
		Awake fibreoptic bronchoscopy or intubation	5
		Teaching of a simple airway skill to others	0
Regional and local anaesthesia	*Central neuraxial blocks*		
	IT, BT or AT	Epidural – thoracic	0
		Epidural – lumbar May include epidurals from obstetric specialised study unit	70
		Spinal Must include 30 non-obstetrics Note: Combined spinal epidural may count for volume of practice of both spinal and lumbar epidural	70

Clinical fundamental	TP	Skill	VOP
Regional and local anaesthesia	*Regional anaesthesia/analgesia*		
	IT, BT or AT	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
	IT, BT or AT	Hip Must be non-neuraxial	5
Perioperative medicine – patient factors and medical conditions	IT, BT or AT	*Respiratory disorders*	
		Obstructive sleep apnoea	0
		Chronic obstructive airways disease	0
		Asthma	0
		Cardiovascular disorders	
		Ischaemic heart disease	0
		Congestive cardiac failure	0
		Arrhythmias and conduction abnormalities	0
		Pacemakers/AICDs	0
		Hypertension	0
		Valvular heart disease	0
		Peripheral vascular disease	0
		Patients at high risk of thromboembolism	0

Clinical fundamental	TP	Skill	VOP
Perioperative medicine – patient factors and medical conditions	IT, BT or AT	*Renal, fluid and electrolyte disorders*	
		Kidney failure requiring dialysis	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
		Gastrointestinal disorders	
		Gastro-oesophageal reflux	0
		Chronic liver disease	0
		Bowel obstruction	0
		Haematological and oncological disorders	
		Anticoagulant use	0
		Rheumatological disorders	
		Rheumatological disorders	0
		Infectious diseases	
		Infectious diseases, for example, HIV, hepatitis	0
Pain medicine	IT, BT or AT	Management of patients with chronic pain May include managing acute pain for a patient with chronic pain, planning perioperative management for a patient with chronic pain, or consultation from a pain clinic.	20
		Provision of regional analgesia for the management of acute **or** chronic pain Must exclude obstetric pain	20
		Prescription and management of patient controlled analgesia and/or analgesic infusions for patients with acute pain	0

Clinical fundamental	TP	Skill	VOP
Resuscitation, trauma and crisis management	IT, BT or AT	Trauma team member for the initial assessment and resuscitation of a multi-trauma case *Note: EMST course (or equivalent, for example, ATLS) required if volume of practice is not met*	5
Perioperative medicine	AT	Pre-admission clinic sessions	10
Pain medicine	AT	Acute pain sessions	20

Scholar role activities

All trainees must complete the following scholar role activity by the end of advanced training, unless they have recognition of prior learning or an approved exemption. *Changes have been made to these activities for HEY 2017. Refer to the training handbook for more information.*

Scholar	Activities		
	BT or AT	Teach a skill (with evaluation, feedback and reflection)	1
		Facilitate a small group discussion or run a tutorial (with evaluation, feedback and reflection)	1
		Critically appraise a paper published in a peer-reviewed indexed journal for internal assessment	1
		Critically appraise a topic for internal evaluation and present it to the department	1
		Complete an audit and provide a written report for internal evaluation	1

Specialised study units

All specialised study units must be completed by the end of advanced training for progression to provisional fellowship training. A summary of the workplace-based assessment and volume of practice requirements for the specialised study units is in Appendix Five.

Exams

The final examination is to be completed during advanced training for progression to provisional fellowship training. This may be undertaken after 26 weeks (full-time equivalent) of advanced training.

Courses

An advanced life support course (or equivalent), where competency in resuscitation and defibrillation is assessed, must be completed during advanced training. This is done in addition to the advanced life support course requirement for introductory and basic training.

An Effective Management of Anaesthetic Crises (EMAC) course must be completed at any time during advanced or provisional fellowship training, if not completed during basic training. If the EMAC course is completed during basic training, trainees will be exempt from the CICO education session during this training period.

An Early Management of Severe Trauma (EMST) course (or equivalent, for example, ATLS) must be completed if the volume of practice for the Resuscitation, trauma and crisis management clinical fundamental has not been completed.

Specialised study unit reviews (SSUR) – minimum of 12 (one for each specialised study unit)

The advanced trainee must have completed a specialised study unit review for each specialised study unit by the end of advanced training to progress to provisional fellowship training.

Clinical placement reviews (CPR) – minimum of four during advanced training (AT)

During advanced training, trainees must complete one planning and one feedback CPR for each clinical placement. The planning CPR must incorporate discussion of a trainee's clinical placement plan, outlining the learning opportunities expected and sought from the placement.

An interim review should normally occur part way through a placement if the placement is of 26 weeks duration or more, but may also occur at other times at the instigation of either the trainee or the SOT.

A feedback CPR at the end of the placement must be informed by the trainee's clinical placement plan and subsequent workplace-based assessments.

Core unit review (CUR) – minimum of one at the end of advanced training (AT)

A core unit review will be completed at the end of advanced training to assess the satisfactory completion of all requirements for advanced training and the eligibility of the trainee to progress to provisional fellowship training. This core unit review may be repeated until all requirements of advanced training are satisfactorily completed.

Provisional fellowship training (PFT)

A consultant level of practice is expected by the end of provisional fellowship training.

A minimum of 20% of the provisional fellowship year will be completed undertaking clinical work. This could be consolidating clinical anaesthesia experience on a broad basis or in clinical work focused on any of the clinical fundamentals or specialised study units.

Provisional Fellows will complete a minimum of 10 per cent of their provisional fellowship training period undertaking clinical support activities related to any of the ANZCA Roles in Practice and not involving direct clinical care delivery, such as administration, research, audit or other clinical quality assurance activities, study in simulation, or working towards a qualification in education or management.

Workplace-based assessment

Focus of Assessment	Assessment	No.
Negotiated as part of an approved PFT program	CEX	Neg
Negotiated as part of an approved PFT program	DOPS	Neg
Negotiated as part of an approved PFT program	M-CbD PFT	2*
ANZCA Roles in Practice various areas	M-MsF PFT	1

* Minimum number of assessments to be completed during this 12-month training period. More may be required as part of negotiated assessment of a provisional fellowship training plan.

The negotiated number of assessments is dependent on the clinical environment and should be negotiated as part of the provisional fellowship training plan.

ANZCA Roles in Practice

The ANZCA Roles in Practice will be assessed as part of all the workplace-based assessments completed throughout provisional fellowship training however many areas requiring a longitudinal view of a trainee's performance will be assessed by a multi-source feedback (MsF). This will be completed at the end of provisional fellowship training and will inform the provisional fellowship review (PFR).

Scholar Role Meetings

Role	TP	VOP	No.
Scholar/professional	BT, AT or PFT	Attend regional or greater conferences/meetings	Two
		Participate in existing quality assurance programs May include clinical audit, critical incident monitoring, morbidity and mortality meetings	20 quality assurance meetings

Enrolment in the ANZCA Continuing Professional Development (CPD) Program

Provisional Fellows are required to enrol in the ANZCA CPD program. They must record CPD activities throughout their provisional fellowship training period and achieve pro-rata requirements. Refer to the ANZCA 2014 Continuing Professional Development Program Handbook.

Clinical placement reviews (CPR) – minimum of two during provisional fellowship training (PFT)

During provisional fellowship training, trainees must complete one planning and one feedback CPR for each clinical placement. The planning CPR must incorporate discussion of a trainee's clinical placement plan, outlining the learning opportunities expected and sought from the placement.

An interim review should normally occur part way through a placement if the placement is of 26 weeks duration or more, but may also occur at other times at the instigation of either the trainee or the SOT.

A feedback CPR at the end of the placement must be informed by the trainee's clinical placement plan and subsequent workplace-based assessments.

Provisional fellowship review (PFR) – minimum of one at the end of provisional fellowship training (PFT)

A provisional fellowship review will be completed at the end of provisional fellowship training to assess the satisfactory completion of all requirements for provisional fellowship training. This may be repeated until all requirements of provisional fellowship training are satisfactorily completed.

Courses

An Effective Management of Anaesthetic Crises (EMAC) course must be completed by the end of provisional Fellowship training, if not completed during basic or advanced training

An Early Management of Severe Trauma (EMST) course (or equivalent, for example, ATLS) must be completed if the volume of practice for cases and procedures has not been completed for the Resuscitation, trauma and crisis management clinical fundamental during advanced training.