ANZCA
FPM

Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

RACGP
Royal Australian College of General Practitioners

Rural Generalist Anaesthesia Training Program Curriculum

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Introduction

The Australian and New Zealand College of Anaesthetists (ANZCA), the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) are the professional organisations in Australia that, together, are responsible for the education, training, and assessment of rural general practitioners and rural generalists providing anaesthesia services in rural locations. In this document we will refer to these groups collectively as rural generalists (RGs) and to RGs who also practise anaesthesia as rural generalist anaesthetists (RGAs), noting that the acronym RGA may also refer to rural generalist anaesthesia. The colleges provide a training program in rural generalist anaesthesia (RGA), undertaken in hospitals approved by the Tripartite Committee of RGA, leading to the qualification of Rural Generalist Anaesthesia.

Aim of the RGA training program

The aim of the qualification is to provide training to produce RGA graduates who can deliver safe anaesthesia and perioperative care in rural and remote settings for:

- Patients classed as ASA 1, 2 and stable 3 undergoing elective surgery.
- Patients requiring emergent surgery.

Such care includes obstetric and paediatric patients within scope of practice and they can resuscitate and stabilise patients for transfer when required.

Graduates can recognise limitations of their expertise, the setting and other contextual factors. They also appreciate the importance of engaging in continuing professional development (CPD) to maintain the quality of their practice and to extend their skills to meet community need.

Prerequisites and Recommended Pre-Learning

The aim is to ensure trainees entering RGA training could achieve the learning outcomes in 52 weeks full-time-equivalent (FTE) of clinical training.

Prerequisites

Applicants must be an RACGP or ACRRM trainee or have already completed their Fellowship with either college and completed an accredited advanced life support 2 (ALS 2) course within the 52 calendar weeks prior to commencing the RGA training. Trainees must have completed at least two years of their primary fellowship training.

Pre-Learning

Optimally, RGA training will be completed toward the end of primary fellowship training or post Fellowship to ensure currency of skills continues into specialist practice. To ensure trainees have an adequate foundation for learning in general practice anaesthesia and can apply the knowledge and skills learnt to rural and remote practice, it is strongly recommended that trainees commence RGA trainingprogram after demonstrating:

- Experience in rural generalist practice.
- Knowledge and skills in managing paediatric patients (refer to RACGP or ACRRM primary Fellowship requirements).
- Knowledge and skills in the management of critically ill patients, which may include:
    - 10 weeks FTE clinical experience in intensive care medicine; or
    - 10 weeks FTE clinical experience in emergency medicine and completion of a course which covers essential and fundamental aspects of Intensive Care; or

- A combination of clinical experience and education which demonstrates achievement of intensive care medicine learning.

Ideally, such experience and education has been completed in PGY 2 or later.

Trainees who have not completed recommended pre-learning may find completing RGA trainingwithin 12 months more challenging.

Aim of the curriculum

The curriculum defines the required learning, teaching and assessment of the RGA training program. More specifically, the curriculum aims to:

- Articulate the scope of practice required by an RGA including breadth and depth of knowledge, range of skills and professional behaviours necessary for safe and high-quality patient care.
- Guide supervisors and other specialists involved in the training program with respect to suitable learning experiences for trainees.
- Foster trainees' self-directed learning by providing clear requirements and tools to facilitate their achievement.
- Promote regular and productive interaction between trainees and supervisors, through formative workplace-based assessments and constructive feedback.
- Provide consistency of standards and outcomes across different training settings.
- Provide a framework to inform the scope of continuing professional development activities for RGAs.

A primary focus of teaching and learning is for trainees to be able to assess the resources available to them in any given geographical environment, and to make appropriate context-specific decisions on the safe delivery of anaesthesia services for individual patients and local communities, with appropriate supervision.

The curriculum competencies articulate the minimum level of competence to be achieved by all trainees who attain the qualification. This is regarded as core knowledge, skills and behaviours, and will be assessed for award of the qualification.

Principles of curriculum design

Learning is aligned to community needs

Learning is directed toward meeting the healthcare needs of rural and remote communities and national health priorities as determined by the Australian government and in line with community needs. Learning is relevant to current and anticipated demands of rural and remote practice, including development of attributes across all the RGA roles in practice. There is also particular focus on providing culturally safe perioperative care for Aboriginal and Torres Strait Islander peoples in this context.

Learning is focussed on the rural and remote context

Learning focuses on key features of providing anaesthesia and perioperative services in the rural and remote context, as distinct from urban environments. This includes the ability to effectively utilise available resources and/or stabilise patients for transfer should alternate facilities or expertise be required.

Learning is based on identified competencies

The foundation of this curriculum is the ANZCA curricula documents which were developed using evidence based, best practice methodology. Prerequisites and learning activities are identified to assist trainees in achieving competencies articulated within the curriculum document. The assessment strategy and program is formulated specifically to determine whether trainees have achieved the standard required in the curriculum.

Learning is experiential and occurs in training sites/posts specifically accredited for RGA training

Learning occurs within the context of rural or remote practice, under supervision that is appropriate to the trainee's level of expertise. Information technology supports trainees to connect to colleagues and seek guidance from specialist anaesthetists and RGAs working in other locations.

Learning is focussed on achieving competency

Trainees must spend a minimum amount of time in training. Clear assessment targets ensure that only those trainees who demonstrate competence in the breadth and depth of practice, as articulated by the curriculum, are awarded the qualification to ensure high quality and safe, unsupervised rural practice for the community.

Learning is trainee driven

Trainees engage in self-directed learning, guided by the curriculum and supervised experiences. Trainees maintain a portfolio which allows them and their supervisors to monitor and review progress toward competence.

Learning is facilitated by feedback and reflection

Trainees initiate formative assessments, incorporating learning from feedback and self-reflection into future practice. Trainees are encouraged to obtain feedback from a range of health professionals they work with and seek input from experts outside their physical locality through the use of information technology.

Learning is confirmed by summative assessment

Assessment of learning in the program is determined by more standardised assessments directly relevant to working in rural and remote communities, utilising technology for delivery where required.

Learning is a continuum

Curriculum requirements align with both primary Fellowship training and CPD initiatives that align with Medical Board of Australia (MBA). Lifelong learning, beyond achievement of the qualification is promoted, so the RGA workforce remains competent and safe to care for the communities they work in and serve.

Recognition of Prior Learning and Experience

Trainees who have had clinical experience or participated in formal learning equivalent to RGA training requirements may apply for recognition of prior learning and experience. Refer to the RGA handbook for training for more information.

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Key sections of the curriculum

The key sections of the curriculum are the:

1. RGA Roles in Practice
2. Clinical Fundamentals (CFs)
3. Specialised Study Units (SSUs)

Content of the curriculum intersects and overlaps within and between these three sections and each section of the curriculum builds upon the previous one. The achievement of learning outcomes (LOs) and completion of a program of assessments within the CFs are underpinned by development of the breadth of professional behaviours referred to within the RGA Roles in Practice. As trainees focus their attention on gaining learning outcomes within the specialised study units, they will be applying the knowledge and skills they have gained while working through the CFs.

RGA Roles in Practice

The RGA Roles in Practice have been developed from those in the ANZCA curriculum and highlight the importance of trainees' development across all professional roles as they pertain to anaesthesia and perioperative practice. Using the CanMEDS framework originally developed by the Royal College of Physicians and Surgeons of Canada as a basis (and with permission), the roles emphasise a comprehensive orientation to practice, rather than a narrow biomedical and medical expert one.

The RGA Roles in Practice are medical expert, communicator, collaborator, leader and manager, health advocate, professional, and scholar. They build upon the outcomes achieved by trainees within their primary Fellowship of RACGP or ACRRM, being directly relevant to the delivery of anaesthesia in rural and remote contexts. Whilst embedded across the curricular components, the roles are at the beginning of the curriculum document, rather than repeated in the CFs and SSUs. This both emphasises their importance and avoids repetition and redundancy.

Clinical Fundamentals

The ANZCA Clinical Fundamentals (CFs) define the fundamental specialty knowledge and skills of anaesthetists applicable across all areas of practice. They are:

1. general anaesthesia and sedation
2. airway management
3. regional and local anaesthesia
4. perioperative medicine
5. pain medicine
6. resuscitation, trauma and crisis management and
7. safety and quality in anaesthetic practice.

Knowledge and skills in these areas are developed throughout training and must be achieved for award of the qualification. The CFs also thread through the SSUs where their application in paediatrics and obstetric anaesthesia and analgesia is expressed.

Specialised Study Units

The SSUs define the further specialised knowledge and skills required for anaesthetic and perioperative management of patients in two specific contexts: paediatric anaesthesia; and obstetric anaesthesia and analgesia.

In relation to paediatric anaesthesia, the awarding of the qualification certifies that trainees are competent to provide anaesthesia for paediatric patients 5 years and over, who are ASA 1 or 2, undergoing elective surgery and emergency surgery. This is the standard for **all** graduating trainees and creates clear expectations for all stakeholders.

Paediatric practice in all rural and remote locations should be informed by ANZCA's Professional Document PG29(A) Guideline for the provision of anaesthesia care to children.

Optional Additive Skills

It is anticipated that many trainees will be exposed to expanded knowledge and skills during their RGA training. These opportunities will vary, depending on the experience offered and cases managed by trainees at each accredited training site. In some CFs 'additive knowledge and skills' that trainees would benefit from learning, should opportunities arise, are included.

Trainees will not be assessed on their knowledge or ability to perform these skills during RGA training. However, the attainment of these competencies is encouraged. The Direct Observation of Procedural Skills (DOPS) workplace-based assessment tool could be completed by supervisors observing the trainee performing additive skills to assist with the provision of structured feedback.

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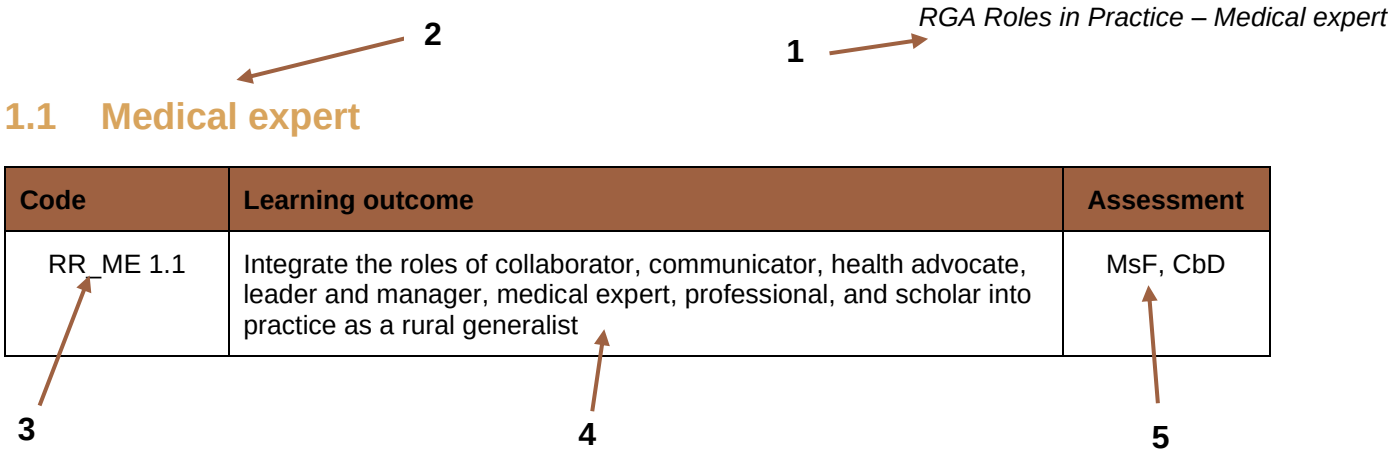
Format of the curriculum

Each section of the curriculum is presented in a particular format, as shown in the following diagrams.

The learning outcomes for the RGA Roles in Practice are presented in the following format:



1. **Section header**

   The header at the top right of the page indicates that the learning outcomes relate to an RGA Role in Practice.

2. **RGA role in practice title**

   The heading at the top left of the table indicates the title of the RGA role.

3. **Learning outcome code**

   This indicates the code for the learning outcome, which is made up of the code for the RGA Roles in Practice section, the code for the role itself and sequential numbering. In the above example, this is RGA Roles in Practice, medical expert and 1.1 as the first outcome.

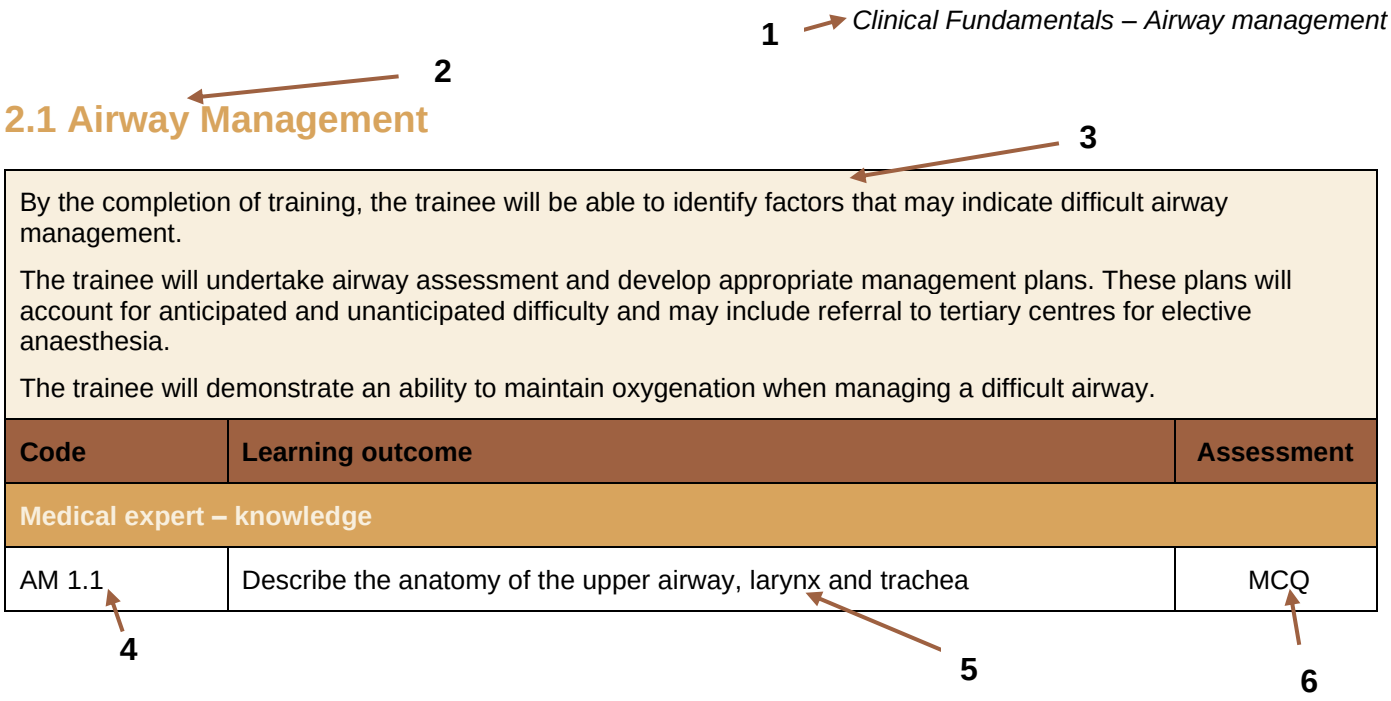
4. **Learning outcome**

   This describes the learning outcome to be achieved.

5. **Assessment method**

   This indicates the primary assessment method(s) for the learning outcome. In the above example this is MsF for multisource feedback and CbD for case-based discussion.

The learning outcomes for the clinical fundamentals are presented in the following format:



1. **Section header**

   The header at the top right of the page indicates that the learning outcome relates to a clinical fundamental.

2. **Clinical Fundamental title**

   The heading at the top left of the table indicates the title of the clinical fundamental.

3. **Introductory paragraph**

   The introductory paragraph describes the skills that trainees are expected to achieve by the end of the specific training period.

4. **Learning outcome code**

   This indicates the code for the learning outcome, which is made up of the clinical fundamental title code and sequential number. In the above example this is airway management clinical fundamental and 1.1 as the first outcome under the subsection, medical expert – knowledge.

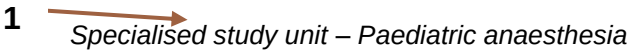
5. **Learning outcome**

   This describes the learning outcome to be achieved.

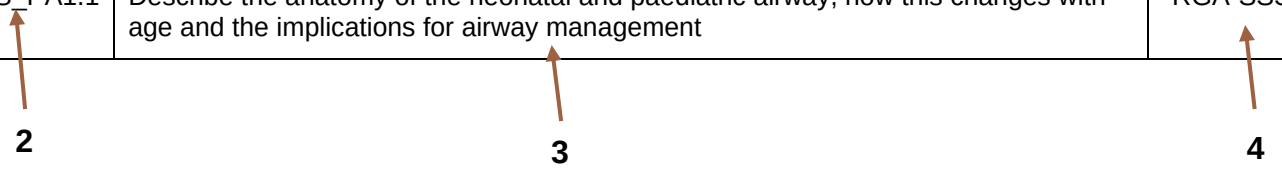
6. **Assessment method**

   This indicates the primary assessment method(s) for the learning outcome. In the above example this is the MCQ examination.

The learning outcomes for the specialised study units are presented in the following format:



A trainee will be able to independently provide anaesthesia and sedation for surgery of low complexity for children 5 years of age and over, without significant comorbidities. They will be able to act as a member of a multidisciplinary team for the initial resuscitation, stabilisation and transfer of critically ill children and provide acute pain management for children.		
Code	**Learning outcome**	**Assessment**
Medical expert – knowledge		
Airway Management		
SS_PA1.1	Describe the anatomy of the neonatal and paediatric airway, how this changes with age and the implications for airway management	RGA-SSSA



1. **Section header**

   The header at the top right of the page indicates to which specialised study unit the learning outcomes relate.

2. **Learning outcome code**

   This indicates the code, which is made up of the code for the specialised study unit (SSU) section, the code for the specialised study unit and sequential numbering. In the above example, this is specialised study unit and 1.1 as the first outcome under subsection 1, medical expert - knowledge.

3. **Learning outcome**

   This describes the learning outcome.

4. **Assessment method**

   This indicates the primary assessment method(s) for the learning outcome, for example the RGA Standardised Structured Scenario-based Assessment (RGA-SSSA) .

Learning outcome code glossary

RGA Roles in Practice (RR)	Clinical fundamentals	Specialised study units (SS)
Medical expert (**ME**)	Airway management (**AM**)	Paediatric anaesthesia (**PA**)
Communicator (**CM**)	General anaesthesia and sedation **(GS)**	Obstetric anaesthesia and analgesia (**OB**)
Collaborator (**CL**)	Pain medicine (**PM**)	
Leader and Manager **(LM**)	Perioperative medicine (**PO**)	
Health advocate (**HA**)	Regional and local anaesthesia (**RA**)	
Scholar (**SC**)	Resuscitation, trauma and crisis management (**RT**)	
Professional (**PF**)	Safety and quality in anaesthetic practice (**SQ**)	

Learning outcomes

Learning outcomes describe what the trainee will learn as the result of a period of specified and supported study. Learning outcomes are usually defined in terms of knowledge, skills or attitudes/behaviours and here completes the phrase: “By the end of training, the trainee will be able to....”

In the CFs and SSUs, learning outcomes have been grouped into knowledge and skills. Learning outcomes relating to appropriate attitudes/behaviour are within the RGA Roles in Practice. While these separate areas of competence are important, overall, the RGA training program aims to guide the development of competence in professional judgment, which is the unique combination of all three.

The meanings of verbs that begin a number of knowledge-related learning outcomes are as follows:

- Outline - give the main features or general principles
- Define - give the precise meaning
- Describe - give a detailed account of
- Explain - make plain, interpret and account for
- Discuss - present in detail for examination and consideration
- Evaluate - make an appraisal of the worth of something, assess, consider and examine.

In relation to skill-related learning outcomes, the use of the word ‘demonstrate’ indicates that trainees must be able to show how they would perform the skill, for example in a simulated scenario, not necessarily perform the skill with a patient involved.

Assessment method

An assessment strategy that supports the curriculum has been developed. Every learning outcome has been matched to a minimum of one assessment method. Although learning outcomes may be assessed by other assessment methods if the opportunity arises, the primary method used to assess a learning outcome is listed in the assessment column.

Assessment tools have been chosen to specifically target the various types of learning outcomes (knowledge, skills and attitude/behaviour) and have been blueprinted to the curriculum to ensure that trainees' progress in all sections of the curriculum is adequately monitored and assessed.

For workplace-based assessments (WBAs), acronyms that appear in the assessment column include:

PCO	patient consultation observation
CEX	mini clinical evaluation exercise
DOPS	direct observation of procedural skills
CbD	case-based discussion
MsF	multi-source feedback

For examinations, acronyms that appear in the assessment column include:

MCQ	MCQ Examination
RGA-SSSA	RGA Standardised Structured Scenario-based Assessment

Assessment within the RGA training program

Workplace-based assessment

Skills outcomes are assessed by workplace-based assessment methods in the course of everyday clinical practice and, where appropriate, using simulation.

Workplace-based assessments will also have a significant role in the assessment of many of the knowledge-based learning outcomes and in particular those that involve the *application* of knowledge. The outcomes that will be assessed will be defined by the specific case, procedure, environment and issues encountered during an assessment. It is for this reason that individual workplace-based assessment methods have not been identified against the knowledge-based learning outcomes. Assessors are encouraged to select relevant questions to explore the trainee's knowledge and how they apply it in that clinical setting.

The workplace-based assessment tools are:

Patient Consultation Observation (PCO)

Patient Consultation Observation assesses and provides structured feedback about proficiency to communicate with the patient and conduct a structured comprehensive pre-operative assessment of the patient. In developing an appropriate plan, the trainee must consider the patient, facility and surgical factors and reflect on how these influence planning and the need for transfer to an alternate centre for care.

Direct observation of procedural skills (DOPS)

Direct observation of procedural skills is an assessment designed to assess and provide a structured feedback format for both knowledge and technical proficiency regarding a discrete procedural skill. These assessments can be completed on real patients or in a simulated setting.

Mini clinical evaluation exercise (mini-CEX)

The mini clinical evaluation exercise is designed to assess the clinical skills of trainees and assist them to learn and attain greater autonomy. It provides an assessor with a structured format for directly observing and assessing the performance of a trainee from the preoperative assessment to the patient's discharge from recovery. An assessment can be used to cover the entire encounter or to focus on certain aspects of a case, such as the preoperative assessment.

Case-based discussion (CbD)

This assessment tool examines the skills of reasoning, decision making, interpretation and application of evidence in relation to cases that a trainee has managed. Case-based discussion focuses on an anaesthetic record of a case that the trainee has done fairly independently and is an opportunity to assess and give guidance on relevant clinical knowledge, understanding, documentation and reasoning and encourage the trainee to read further on the issues raised in the case.

Multi-source feedback (MsF)

The major role of multi-source feedback is to broaden the sources of feedback on everyday clinical care; recognising anaesthetists do not work in isolation but as members of interdisciplinary teams.

It provides information on how the trainee is performing across the different RGA Roles in Practice, including feedback on how others perceive their skills in communication, collaboration, teamwork, patient advocacy and professionalism.

Unlike the other workplace-based assessments, multi-source feedback does not necessarily use real time observation but rather incidental observations over a period of time. Assessors are anaesthetists and others who have had a direct experience with the trainee.

For more information on each type of workplace-based assessment and the process for completing them, please refer to *RGA Handbook for Training.*

Entrustable Professional Activities

Throughout RGA training, entrustable professional activities (EPAs):

- Combine various formative WBAs as evidence of ability to complete specific clinical activities
- Guide trainees and supervisors on the core elements of RGA practice for which trainees must demonstrate competency
- Assess trainees' ability to apply knowledge and integrate the RGA Roles in Practice with medical expertise to provide quality care to patients.
- Provide a measure of progress
- Communicate to supervisors those activities that trainees can complete unsupervised.

During RGA training, trainees must complete a total of seven EPAs**:**

1. Assess patients for elective surgery
2. Provide obstetric epidural analgesia
3. Provide general anaesthesia to stable ASA 1 and 2 patients
4. Provide perioperative pain relief for patients
5. Anaesthetise or sedate adult patients in the rural and remote context, including emergencies
6. Anaesthetise children 5 years and over in the rural and remote context, including emergencies
7. Provide obstetric anaesthesia and analgesia

For more information on each type of workplace-based assessment and the process for completing them, please refer to *RGA Handbook for Training.*

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Examinations

Examinations assess the knowledge-based learning outcomes within the clinical fundamentals and specialised study units. Knowledge-related learning outcomes for the specialised study units are primarily assessed in the RGA Standardised Structured Scenario-based Assessment (RGA-SSSA).

MCQ Examination

The focus of the MCQ examination is on the learning and assessment of safety in anaesthesia practice and consists of 50 questions randomly selected from an MCQ bank. Trainees will have the opportunity to have practise attempts at

the examination. Learning outcomes that will be assessed by the MCQ examination are located within the clinical fundamentals. Trainees must successfully complete the examination within the first 26 weeks FTE of RGA training.

RGA Standardised Structured Scenario-based Assessment (RGA-SSSA)

The focus of the examination is on the practical integration and application of knowledge in clinical practice, with a focus on RGA practice in the rural and remote context. Learning outcomes that will be assessed by the RGA-SSSA are located within the ANZCA Roles in Practice, the clinical fundamentals in all core study units and in all specialised study units.

For more information on the Examinations during RGA training, please refer to *RGA Handbook for Training.*

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Logbook

During training, trainees are required to log their clinical experience. While trainees are encouraged to log all their clinical experience, it is intended that those cases, procedures or sessions logged for required volume of practice should be those from which the trainee has gained meaningful experience. This is ideally entered on the day of the case/session but may be entered up to the date of the trainee's next progress review.

Trainees enter non-identifying patient details including the American Society of Anaesthesiologists (ASA) classification, the surgical case or procedures, supervision level, whether the case was elective or emergency, anaesthetic procedures, complications (if any) and comments to aid reflective learning.

For more information on the minimum volume of practice for both the specialised study units, refer to section three.

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Progression

Progression through the curriculum is monitored and assessed at various intervals through the use of the in-training assessment process, which is informed by workplace-based assessments, entrustable professional activities and examinations.

Progress Review and Plan Meetings

A Progress Review and Plan Meeting review occurs between a trainee and their supervisor of training approximately every three-months. Additional meetings may occur part way through the training period at the instigation of either the trainee or the supervisor of training.

At the beginning of a placement, there must be a discussion of a trainee's initial training plan. The plan is developed within the first 2 weeks of starting training by the trainee and will identify the potential training opportunities during their placement. In this plan they will outline the workplace-based assessments and entrustable professional activities they intend to complete in the first training term. The supervisor of training will review the initial training plan with the trainee and make suggestions and changes as appropriate.

The Progress Review and Plan Meeting conducted with the trainee each quarter (approximately every 13 calendar weeks), will review their training and establish the progress they have made against their plan. It will be informed by the workplace-based assessments and other training requirements completed in that time. Based on all this information the supervisor of training will provide a feedback summary and indicate whether the trainee is progressing well or may benefit from additional support.

Additional interim meetings with the supervisor of training are encouraged as part of the progress review process for those trainees who are experiencing any difficulties during their clinical placement and may be instigated by either the trainee or supervisor of training.

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Section One

RGA Roles in Practice

The RGA Roles in Practice are the description of the roles that make up anaesthetic practice expressed in terms of learning outcomes. The learning outcomes are by their nature relatively generic and can be applied across training. They have relevance in all RGA Clinical Fundamentals and specialised study units but have been collated together here at the beginning of the curriculum document to emphasise their importance and prevent repetition.

Selected examples of their applications are given in the specialised study units to emphasise how they may be applied across the breadth of the curriculum but represent only a small sample of how these might be demonstrated throughout training.

The generic learning outcomes identified in the following tables will be assessed as part of the workplace-based assessments. The multi-source feedback will be particularly valuable in the assessment of many of these learning outcomes.

1.1 Medical expert

By the end of RGA training, a trainee will be able to:		
Code	**Learning outcome**	**Assessment**
RR_ME_1.1	Integrate the roles of collaborator, communicator, health advocate, leader and manager, medical expert, professional, and scholar into practice as a rural generalist	RGA-SSSA, MsF, CbD
RR_ME_1.2	Apply knowledge of biomedical science to anaesthesia practice	MCQ, RGA-SSSA, Mini CEX, DOPS
RR_ME_1.3	Carry out professional duties in the face of multiple, competing demands	MsF
RR_ME_1.4	Adapt history taking and examination and order further investigations where clinically indicated	PCO, CbD
RR_ME_1.5	Formulate appropriate anaesthetic management plans in collaboration with patients, their families, other health care professionals and team members	RGA-SSSA, PCO, Mini CEX, CbD
RR_ME_1.6	Prioritise treatment or management options taking into account clinical urgency and available resources	RGA-SSSA, Mini CEX, CbD
RR_ME_1.7	Demonstrate proficiency with relevant procedural skills for anaesthesia practice	DOPS
RR_ME_1.8	Demonstrate situational awareness through constant monitoring of the patient (both clinically and electronically), the procedure and the team	Mini CEX
RR_ME_1.9	Manage emerging clinical problems or complications of anaesthesia practice early to maximise patient safety and optimise outcomes	Mini CEX
RR_ME_1.10	Recognise limits of their expertise and experience in anaesthesia practice and seek advice as appropriate	Mini CEX, CbD, MsF

1.2 Communicator

By the end of RGA training, a trainee will be able to:		
Code	**Learning outcome**	**Assessment**
RR_CM_1.1	Develop rapport and trust with patients, including in emergency and life-threatening situations where time is limited, and encourages patients and families to be part of the decision-making process	PCO, Mini CEX, MsF
RR_CM_1.2	Display empathy and compassion toward patients, treating patients as individuals recognising and respecting differences	Mini CEX, MsF
RR_CM_1.3	Adapt communication in the perioperative context to meet the needs of patient groups	PCO, Mini CEX, MsF
RR_CM_1.4	Provide reassurance to patients and check for discomfort, concerns and complications during stressful situations, procedures and/or during conscious sedation	Mini CEX, DOPS
RR_CM_1.5	Elicit a patient's knowledge and experience of anaesthesia and correct unrealistic expectations and misconceptions	Mini CEX
RR_CM_1.6	Provide clear and concise instructions to assisting staff for clinical tasks in anaesthesia practice	Mini CEX, DOPS
RR_CM_1.7	Explain anaesthesia to patients in a way in which they understand and obtain informed consent and co-operation (refer to ANZCA professional document: PS26(A) Position statement on informed consent for anaesthesia or sedation 2021)	Mini CEX
RR_CM_1.8	Discuss potential anaesthesia problems and complications after discharge with patients and families and provide clear instructions about when to seek assistance	RGA-SSSA, CbD
RR_CM_1.9	Communicate complications and difficulties to patients and other health professionals to facilitate future anaesthetic care, both verbally and in writing, for example, airway difficulty or anaphylaxis	RGA-SSSA, CbD, MsF
RR_CM_1.10	Record episodes of anaesthesia care including risks, complications and difficulties Refer to ANZCA professional document: PG06(A) Guideline on the anaesthesia record 2020	DOPS, CbD
RR_CM_1.11	Convey relevant information when handing over responsibility of patient care to another anaesthetist or healthcare professional. Refer to ANZCA professional document: PS53(A) Position statement on the handover responsibilities of the anaesthetist 2013	DOPS, MsF

1.3 Collaborator

By the end of RGA traininga trainee will be able to:		
Code	**Learning outcome**	**Assessment**
RR_CL_1.1	Describe the roles and responsibilities of a rural generalists and the other professionals in the perioperative healthcare team. Refer to ANZCA professional documents: PS59(A) Position statement on roles in anaesthesia and perioperative care 2015 and PS53(A) Position statement on the handover responsibilities of the anaesthetist 2013	RGA-SSSA
RR_CL_1.2	Negotiate with other perioperative team members to select an anaesthesia technique, taking into account patient, anaesthetic, surgical needs and service capability	Mini CEX
RR_CL_1.3	Convey the anaesthesia management plan to other team members with clear instructions as to roles and responsibilities	Mini CEX
RR_CL_1.4	Enlist the cooperation and assistance of others, including obtaining guidance from distant colleagues, to optimise patient anaesthesia care and safety	Mini CEX, CbD
RR_CL_1.5	Participate effectively in perioperative team aspects of care, for example, surgical safety checklist.	Mini CEX
RR_CL_1.6	Participate effectively in a trauma and hospital resuscitation team, cognisant of the need to modify team roles and dynamics due to resource constraints in the rural and remote environment.	MsF
RR_CL_1.7	Communicate effectively to allocate resources during intraoperative crises	Mini CEX, MsF
RR_CL_1.8	Negotiate and work with others to prevent and resolve conflict in a manner and timeframe that is appropriate to clinical demands of anaesthesia practice	MsF
RR_CL_1.9	Establishes a shared mental model with perioperative teams and uses communication concepts such as graded assertiveness and closed-loop communication	Mini CEX
RR_CL_1.0	Recognise the importance of referral pathways in arranging appropriate transfer when patient factors, surgical factors or facility factors make it necessary for care to provided at a different site	RGA-SSSA, CbD

1.4 Leader and Manager

By the end of RGA training, a trainee will be able to:		
Code	**Learning outcome**	**Assessment**
RR_LM_1.1	Demonstrate effective leadership and organisational skills in the theatre environment including: • Case allocation and prioritisation • Efficient running of theatre lists • Prioritisation of clinical tasks to match workload and calling for assistance when appropriate • Ensuring a safe environment and suitable resources for perioperative patient care	Mini CEX, MsF
RR_LM_1.2	Mobilise available resources effectively while appropriately managing risk	Mini CEX
RR_LM_1.3	Adopt strategies that promote patient safety and address human and system factors in anaesthesia practice.	Mini CEX
RR_LM_1.4	Evaluate the provision of perioperative services within the local community and recommend changes to build capacity	RGA-SSSA
RR_LM_1.5	Apply principles of leadership to affect change when there is concern with broader system issues that may impact perioperative service provision	RGA-SSSA
RR_LM_1.6	Define the characteristics underpinning the provision of quality anaesthesia services	RGA-SSSA

1.5 Health Advocate

By the end of RGA training, a trainee will be able to:		
Code	**Learning outcome**	**Assessment**
RR_HA_1.1	Promote the selection of anaesthesia techniques which maximise benefits to patients	Mini CEX, CbD
RR_HA_1.2	Identify the factors, facilities and resources required to undertake a procedure safely for a patient and intervene when these are not appropriate	DOPS, Mini CEX, CbD
RR_HA_1.3	Advocate for management options that are in the best interests of patients, including non-operative, palliative and end-of-life care.	Mini CEX, CbD
RR_HA_1.4	Advocate for, and support access to, appropriate surgical care for patients who may face additional barriers, for example, Aboriginal and Torres Strait Islander patients, LGBTIQ patients and patients with a disability	Mini CEX, CbD
RR_HA_1.5	Define the characteristics underpinning the provision of quality pain management that is safe, effective, efficient, timely and patient-centred	RGA-SSSA, CbD
RR_HA_1.6	Ensure perioperative pain relief is adequately provided for patients undergoing procedures	Mini CEX
RR_HA_1.7	Discuss the unique vulnerability of anaesthetised and sedated patients and maintain respectful behaviour in their presence	Mini CEX
RR_HA_1.8	Advocate for patient privacy and dignity in the perioperative setting, especially for anaesthetised patients	Mini CEX
RR_HA_1.9	Describe ways rural generalists can act individually or collectively to improve health in the populations they serve	RGA-SSSA
RR_HA_1.10	Identify opportunities during the perioperative period for recommending lifestyle modification and disease prevention strategies to assist patients to optimise health and reduce perioperative risk. Refer to ANZCA Professional document: PG12(POM) Guideline on smoking as related to the perioperative period 2014	RGA-SSSA
RR_HA_1.11	Actively promote and practise safety and risk reduction for patients and colleagues in the operating theatre.	Mini CEX
RR_HA_1.12	Describe the elements of cultures that may impact upon interactions between Aboriginal and Torres Strait Islander peoples and Māori and Pacific peoples and health services in the perioperative context (for example, negative perceptions of hospitals in relation to death and cultural respect) and apply this knowledge to provide effective care	RGA-SSSA
RR_HA_1.13	Apply knowledge of the health profile of Aboriginal and Torres Strait Islander peoples and Māori and Pacific people's people and the disease burden, when providing perioperative care	RGA-SSSA
RR_HA_1.14	Discuss how to work with culturally diverse and disadvantaged people within local communities to collaboratively reduce perioperative risk to improve health outcomes	RGA-SSSA

Refer to ANZCA Professional document: PS62(G) Position statement on cultural competence 2017

1.6 Scholar

By the end of RGA training, a trainee will be able to:		
Code	**Learning outcome**	**Assessment**
RR_SC_1.1	Participate in self-directed learning in their anaesthesia practice including: • Developing and amending learning plans as necessary • Identifying educational resources • Keeping a logbook of experience and learning issues • Reflecting upon learning issues in practice • Keeping abreast of relevant developments in anaesthesia practice	CbD, MsF
RR_SC_1.2	Initiate discussion to facilitate own learning and utilise the advice and/or feedback from more experienced colleagues	MsF
RR_SC_1.3	Identify opportunities for extended learning and improvement to acquire relevant perioperative and critical care knowledge and skills to meet the care needs of the local community	CbD
RR_SC_1.4	Use a structured approach to teach technical skills in the operating theatre and other perioperative and critical care settings	MsF
RR_SC_1.5	Ensure patient safety is maintained where learners are involved in perioperative and critical care	MsF
RR_SC_1.6	Recognise the value in developing mentoring and peer relationships for learning and support when practicing anaesthesia in rural and remote settings	CbD

1.7 Professional

By the end of RGA training, a trainee will be able to:		
Code	**Learning outcome**	**Assessment**
RR_PF_1.1	Respect community norms, local practices and patient autonomy by enabling shared decision-making in anaesthesia practice	PCO, Mini CEX
RR_PF_1.2	Discuss commonly encountered legal and ethical issues in anaesthesia and critical care practice, including: • Involvement in procedures to which there may be moral, ethical or clinical objections • Prevention of futile surgery • Choices about maternal and fetal wellbeing • Informed consent and how it may be affected by the context in which it is obtained	CbD, RGA-SSSA
RR_PF_1.3	Respond appropriately to ethical issues encountered in anaesthesia and critical care practice	MsF
RR_PF_1.4	Work in a calm and considered manner and respond promptly to requests for assistance	MsF
RR_PF_1.5	Practise in a way that gives due consideration to the broader standards of anaesthesia and critical care practice	MsF
RR_PF_1.6	Contribute to a culture of continuous quality improvement in anaesthesia and critical care practice by actively participating in the reporting of adverse events and near misses	MsF
RR_PF_1.7	Fulfil the regulatory and legal obligations of anaesthesia practice in their jurisdiction, including: • Registration • Prescription and clinical use of restricted/controlled medications • Coronial requirements • Mandatory reporting	CbD, RGA-SSSA
RR_PF_1.9	Outline the professional obligations and intervention necessary to protect patients when a colleague is impaired or practising beyond the limits of their capabilities	RGA-SSSA
RR_PF_1.10	Balance personal and professional priorities to ensure personal well-being and fitness for anaesthesia practice. Refer to ANZCA professional document: PG43(A) Guideline on fatigue risk management in anaesthesia practice 2020	MsF
RR_PF_1.11	Outline how access to drugs for anaesthesia and sedation may lead to dependency and describe the signs of possible drug dependency in colleagues	RGA-SSSA

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Section Two

RGA Clinical Fundamentals

The RGA Clinical Fundamentals define the fundamental specialty knowledge and skills of rural generalist anaesthetists applicable across all areas of practice. They are general anaesthesia and sedation, airway management, regional and local anaesthesia, perioperative medicine, pain medicine, resuscitation, trauma and crisis management and safety and quality in anaesthetic practice. Knowledge and skills in these areas are developed throughout training and thread through the specialised study units where their application in a specific context is expressed.

2.1 Airway Management

By the completion of training, the trainee will be able to identify factors that may indicate difficult airway management.

The trainee will undertake airway assessment and develop appropriate management plans. These plans will account for anticipated and unanticipated difficulty and may include referral to tertiary centres for elective anaesthesia.

The trainee will demonstrate an ability to maintain oxygenation when managing a difficult airway.

Code	Learning outcome	Assessment
Medical expert - knowledge		
AM_1.1	Describe the anatomy of the upper airway, larynx and trachea	MCQ
AM_1.2	Discuss the features of history and examination that may identify a difficult airway	MCQ
AM_1.3	Describe an appropriate airway management plan for patients with a normal airway, including indications for rapid sequence induction	MCQ
AM_1.4	Describe optimisation of a patient for intubation, and the potential complications of intubation	MCQ
AM_1.5	Describe preoxygenation, including its physiological basis	MCQ
AM_1.6	Discuss the clinical features, possible causes and management of perioperative airway obstruction	RGA-SSSA
AM_1.7	Outline an appropriate ventilation strategy, including different modes of ventilation, suitable for elective and emergency patients	RGA-SSSA
AM_1.8	Describe optimisation of a patient for extubation, the clinical features that indicate a patient can be extubated safely and the potential complications	MCQ
AM_1.9	Describe a 'can't intubate, can't oxygenate' drill, including equipment required to be immediately available and the technique for performing an emergency surgical airway Refer to ANZCA professional document: PG61(A) Guideline for the management of evolving airway obstruction: transition to the Can't Intubate Can't Oxygenate airway emergency 2017	RGA-SSSA Course
AM_1.10	Outline the important patient, staff and facility factors in determining the suitability of a patient for transfer to, and then discharge from the post anaesthesia care unit	RGA-SSSA
AM_1.11	Discuss nasal intubation indications and contraindications	RGA-SSSA
AM_1.12	Discuss the issues involved with a shared airway	RGA-SSSA
AM_1.13	Describe the equipment used in airway management including the rationale and indications for its use, as outlined in ANZCA professional document: PG56(A) Guideline on equipment to manage difficult airways 2021	MCQ
Medical expert - skills		
AM_2.1	Perform and document an airway assessment, including an appropriate history and physical examination to determine if a patient has identifiable risk factors for difficulty in airway management	PCO, EPA 1

AM_2.2	Demonstrate a systematic approach to ventilation and perform manoeuvres to relieve airway obstruction	DOPS/Mini CEX, EPA 3
AM_2.3	Perform insertion of different LMAs and confirm adequate oxygenation	DOPS/Mini CEX, EPA 3
AM_2.4	Perform endotracheal intubation, with and without the use of a bougie or stylet, and confirm tube placement	DOPS/Mini CEX, EPA 3
AM_2.5	Perform rapid sequence induction, including preoxygenation and directing appropriate cricoid pressure performed by an anaesthesia assistant	DOPS/Mini CEX, EPA 3
AM_2.6	Demonstrate the use of different laryngoscopes, including videolaryngoscope	DOPS/Mini CEX, EPA 3
AM_2.7	Demonstrate the use of appropriate ventilator parameters to deliver volume- and pressure-controlled ventilation	DOPS/Mini CEX, EPA 3
AM_2.8	Demonstrate safe extubation of a patient	DOPS/Mini CEX, EPA 3
AM_2.9	Demonstrate a ‘can’t intubate; can’t oxygenate’ drill, including a technique for performing front of neck access and the special considerations in paediatrics and obstetric patients.	Course, EPA 3

Medical expert – Optional additive skill	
AM_3.1	Demonstrate the use of a fibre-optic bronchoscope to facilitate intubation

Please note: trainees will not be assessed on their ability to perform optional additive skills during RGA training. However, the DOPS tool could be used to provide structured feedback to trainees.

2.2 General anaesthesia and sedation

By the completion of training, the trainee will be able to plan and deliver appropriate anaesthesia and sedation. Trainees will demonstrate the ability to identify patients who are suitable for general anaesthesia and sedation based on:

- Patient anaesthetic risk profile
- Risk profile of the proposed surgery/procedure
- Available resources at their facility.

Code	Learning outcome	Assessment
Medical expert - knowledge		
Preoperative		
GS_1.1	Outline preoperative fasting requirements, identify patients at risk of aspiration and outline common measures employed to decrease the risk of pulmonary aspiration. Refer to ANZCA professional document: PG07(A) Guideline on pre-anaesthesia consultation and patient preparation 2017	MCQ
GS_1.2	Outline the practical pharmacology of pre-medication drugs*	MCQ
Intraoperative		
GS_1.3	Discuss the continuum from sedation to anaesthesia, including emergence from anaesthesia	MCQ
GS_1.4	Discuss the indications for sedation and the requirements for safe practice of procedural sedation, both within and outside the operating room, refer to ANZCA professional document: PG09(G) Guideline on sedation and/or analgesia for diagnostic and interventional medical, dental or surgical procedures 2014.	RGA-SSSA
GS_1.5	Outline the practical pharmacology of major drugs used for general anaesthesia and sedation, including: • Sedative/hypnotic agents (propofol, thiopentone, midazolam, ketamine) • Inhalational agents, including nitrous oxide • Intravenous opioids • Muscle relaxants and reversal drugs	MCQ
GS_1.6	Discuss indications, contraindications and other patient, surgical and anaesthetic factors influencing choice of agents for: • Induction of anaesthesia • Maintenance of anaesthesia • Muscle relaxation and reversal • Management of postoperative nausea and vomiting • Pain management	RGA-SSSA

* Please also note that for learning outcomes relevant to acquiring knowledge of pharmacology, only a working knowledge of medication is required.

GS_1.7	Describe alterations to drug response in the following sub-groups: • Extremes of age • Pregnancy and lactation • Drug addiction • Opioid tolerance • Cardiac disease • Hepatic impairment • Renal impairment • Critically ill patients, including the trauma patient	RGA-SSSA
GS_1.8	Outline the practical pharmacology of commonly encountered prescription and illicit drugs and their interactions with drugs used in anaesthesia	MCQ
GS_1.9	Discuss the aetiology of and measures to prevent intra- operative awareness under general anaesthesia and methods to monitor depth of anaesthesia	RGA-SSSA
GS_1.10	Select intravenous fluid therapy appropriate to the clinical situation	MCQ
GS_1.11	Describe the adverse effects of hypo/hyperthermia and discuss methods of maintaining body temperature during anaesthesia and sedation	MCQ
GS_1.12	Discuss the potential causes and management of failure to wake from anaesthesia	RGA-SSSA
GS_1.13	Describe the clinical features and management of inadequate reversal of neuromuscular block	MCQ
Postoperative		
GS_1.14	Outline the practical pharmacology of anti-emetic drugs	MCQ
GS_1.15	Discuss the management and postoperative follow up of a patient who reports intraoperative awareness under general anaesthesia	RGA-SSSA
GS_1.16	Discuss the potential causes, prevention and management of postoperative delirium	RGA-SSSA
Medical expert - skills		
GS_2.1	Perform intravenous cannulation in patients with difficult intravenous access, using alternate sites and techniques	Mini CEX EPA 3
GS_2.2	Perform procedural sedation in appropriately selected patients	Mini CEX EPA 5
GS_2.3	Perform gaseous induction of general anaesthesia in an adult (also refer to the *Airway management* clinical fundamental)	Mini CEX, CbD EPA 3,5
GS_2.4	Prescribe appropriate fluid therapy	Mini CEX, CbD EPA 3,5

GS_2.5	Provide anaesthesia using a totally intravenous technique	Mini CEX, CbD EPA 3,5
GS_2.6	Provide anaesthesia to a shocked or critically ill patient, including the trauma patient	CbD EPA 5

2.3 Pain Medicine

By the completion of training, the trainee will be able to develop a comprehensive perioperative pain management plan for patients undergoing elective surgery. Additionally, trainees will be able to assess and manage patients with acute pain and initiate management for complex acute pain.

Trainees will recognise patients with complex chronic pain, initiate management and seek specialist support where appropriate, to formulate a pain management plan.

Code	Learning outcome	Assessment
Medical expert - knowledge		
PM_1.1	In relation to acute pain, outline: • Applied pain physiology • Adverse physiological and psychological effects • The concept of multimodal analgesia • Mechanisms of progression to chronic pain	MCQ
PM_1.2	Define tachyphylaxis, tolerance, physical dependence and addiction	MCQ
PM_1.3	Describe alterations in pain physiology and perception in extremes of age, opioid tolerance and addiction	RGA-SSSA
PM_1.4	Describe the principles of acute pain assessment, including a pain history, the role and limitations of pain assessment scales, the relevance of functional assessment and assessment of adverse effects	RGA-SSSA
PM_1.5	Outline the practical pharmacology of the following drugs used in pain medicine**:** • Opioids • Tramadol and Tapentadol • Naloxone • Paracetamol • NSAIDs and coxibs • Nitrous oxide • Ketamine • Clonidine • Anti-depressants • Gabapentanoids • Corticosteroids	MCQ
PM_1.6	Describe the pharmacology of opioids administered epidurally or intrathecally	MCQ
PM_1.7	Outline the role of local anaesthesia infiltration in the management of acute pain	RGA-SSSA
PM_1.8	Outline the role of non-pharmacological measures in the management of acute pain	RGA-SSSA
PM_1.9	Describe the assessment and management of patients with severe pain in the post anaesthesia care unit	RGA-SSSA
PM_1.10	Discuss the indications, contraindications, side effects, risks and monitoring requirements for patients receiving patient-controlled analgesia (PCA); continuous opioid infusion; and intermittent administration of opioids for acute pain management	RGA-SSSA
PM_1.11	Outline the indications, practical pharmacology and steps for dose conversion between commonly used opioids including from one route of administration to another	MCQ

PM_1.12	Outline a plan to transition patients with acute pain from parenteral to oral analgesia and for ongoing management on discharge from hospital.	RGA-SSSA
PeM_1.13	Discuss the impact of the following factors on the presentation and management of acute and chronic pain: • Ambulatory surgery • Repeated dressing changes • Acute critical illness including trauma and burns • Acute and chronic cognitive impairment • Frailty and advanced age • Inability to report pain • Illness behaviour • Renal and hepatic impairment/failure • Obstructive sleep apnoea • Anxiety or depression • Language and culture • Active and passive coping strategies • Compensation and third-party issues	RGA-SSSA
PM_1.14	Discuss the management of acute pain in patients with addiction, chronic pain and/or opioid tolerance	RGA-SSSA
PM_1.15	List the predictive factors for chronic postsurgical pain and outline measures to prevent or minimise progression from acute to chronic pain	RGA-SSSA
PM_1.16	Outline the diagnosis of acute neuropathic pain and available management options	RGA-SSSA
Medical expert - skills		
PM_2.1	Develop and implement an appropriate perioperative pain management plan for a patient undergoing ambulatory surgery. Refer to ANZCA and FPM professional documents: PG41(PM) Guideline on acute pain management 2013 and PS45(PM) Position statement on patients' rights to pain management and associated responsibilities 2010	PCO, CbD, EPA 4
PM_2.2	Develop and implement a perioperative pain management plan for treatment of acute pain in a patient with pre-existing chronic pain, opioid tolerance and/or addiction	CbD, EPA 4
PM_2.3	Assess and manage severe acute pain in the post anaesthesia care unit	PCO, CbD, EPA 4

2.4 Perioperative Medicine

By the completion of training, the trainee will be able to perform a comprehensive preoperative assessment of surgical patients. This will inform perioperative management and planning, and identification of patients who require further assessment, optimisation or referral/transfer.

Code	Learning outcome	Assessment
Medical expert - knowledge		
PO_1.1	Outline the ASA physical status classification system and how it informs decisions related to the safety of performing anaesthesia in a rural and remote context	MCQ
PO_1.2	Outline the assessment of perioperative risk, taking into consideration the following (in accordance with the ARTS framework)[1]: • Patient factors • Anaesthesia factors • Surgical factors • Location • Facilities • Available resources • Scope of practice Refer to ANZCA professional document: PG07(A) Guideline on pre-anaesthesia consultation and patient preparation 2017	RGA-SSSA
PO_1.3	Discuss the common conditions identified in a preoperative assessment that may require further investigation, optimisation and/or referral to a tertiary hospital for specialist anaesthetic care, for example: **Cardiovascular** • Ischaemic heart disease • Hypertension • Congestive cardiac failure • Aortic stenosis • Abnormal preoperative ECG • Pacemakers/AICDs **Respiratory** • Chronic obstructive pulmonary disease • Asthma • Upper respiratory tract infection • Obstructive sleep apnoea • Chronic smoking **Metabolic** • Obesity (including morbid obesity) **Endocrine** • Diabetes • Electrolyte abnormalities • Acid base abnormalities • Steroid dependence	RGA-SSSA

[1] McConnel FB, DObst RC, Pashen D, Psych MB, MPHTM F, McLean R. The ARTS of risk management in rural and remote medicine. Canadian journal of rural medicine. 2007 Oct 1;12(4):231.

	Neurological and neuromuscular disorders • Parkinson's disease • Spinal cord injury • Stroke • Malignant hyperthermia susceptibility • Suxamethonium apnoea **Multisystem diseases** • Rheumatoid arthritis • Ankylosing spondylitis • Chronic anaemia **Gastrointestinal/Renal** • Renal impairment (acute and chronic) • Gastro-oesophageal reflux **Other** • Illicit drug dependence/intoxication • Alcohol dependence • Acute psychosis • Delirium susceptibility • Advanced age • Frailty	
PO_1.4	Discuss the role of the primary care physician in optimising patients perioperatively, in their hometown, in preparation for major surgery in a larger centre.	RGA-SSSA
PO_1.5	Discuss the indications for common perioperative investigations and how abnormalities will affect perioperative management	MCQ
PO_1.6	Discuss the role of antibiotic and thromboembolism prophylaxis and apply local protocols	MCQ
PO_1.7	Discuss the continuation, cessation or recommencement of patients' usual medications in the perioperative period	RGA-SSSA
PO_1.8	Explain how emergency surgery differs from elective surgery in terms of patient pathophysiology, psychology, and preparation	RGA-SSSA
Medical expert - skills		
PO_2.1	Take a targeted history and perform a focused examination, including an assessment of severity and stability of any medical conditions, to identify features that will affect perioperative anaesthetic planning and management	PCO EPA 1
PO_2.2	Interpret common perioperative investigations and identify when abnormalities will affect perioperative management	PCO, CbD EPA 1
PO_2.3	Determine the ASA status of a patient	PCO EPA 1
PO_2.4	Optimise patients prior to elective surgery or consider the following to refer appropriately: • Patient factors • Anaesthesia factors • Surgical factors	PCO, CbD EPA 1

	• Location • Facilities • Available resources • Scope of practice	
PO_2.5	Identify patients at risk of aspiration in the perioperative period and implement a plan to reduce that risk	PCO EPA 1
PO_2.6	Identify patients requiring post-operative admission to a high dependency unit/intensive care, and plan and refer as needed	PCO EPA 1
PO_2.7	Formulate comprehensive and safe immediate post-operative patient management plans including, but not limited to: • Fluid therapy • Analgesia • Anti-emetics • Oxygen therapy • Frequency, nature and duration of observations • Antibiotic prescription • Thromboprophylaxis • Glycaemic control • Delirium prevention and management • Resumption of usual medications that have been ceased preoperatively	PCO, CbD EPA 1, 3, 5

2.5 Regional and local anaesthesia

By the completion of training, the trainee will have acquired the knowledge and skills for the safe conduct of spinal and epidural anaesthesia. This includes identification of patients who will benefit from specific procedures, knowledge of aseptic techniques and management of complications.

Code	Learning outcome	Assessment
Medical expert - knowledge		
RA_1.1	For central neuraxial blocks (lumbar epidurals and spinals) describe the: • Relevant anatomy • Indications and contraindications • Risks and benefits • Possible complications	MCQ
RA_1.2	Outline the pre-operative assessment and preparation of the patient before performing a central neuraxial block	RGA-SSSA
RA_1.3	Outline the practical pharmacology of local anaesthetic agents	MCQ
RA_1.4	Describe factors influencing dose and choice of anaesthetic agents for central neuraxial block	MCQ
RA_1.5	Describe how to assess the adequacy of a central neuraxial block and manage an inadequate block	RGA-SSSA
RA_1.6	Discuss the appropriate use of intraoperative anxiolytic sedation to supplement central neuraxial block	RGA-SSSA
RA_1.7	Outline the assessment and management of minor and major complications associated with a central neuraxial block	RGA-SSSA
RA_1.8	Describe post-anaesthesia instructions for patients following a central neuraxial block	RGA-SSSA
RA_1.9	Outline the recommendations contained in ANZCA professional document: PG03(A) Guideline for the management of major regional analgesia 2014	MCQ
Medical expert - skills		
RA_2.1	Perform an appropriate assessment on a patient for whom a central neuraxial block is being considered	CbD EPA 5
RA_2.2	Perform a spinal anaesthetic on a patient according to the principles for the safe conduct of major regional anaesthesia, as outlined in ANZCA professional document: PG03(A) Guideline for the management of major regional analgesia 2014	DOPS EPA 5
RA_2.3	Assess adequacy of a spinal anaesthetic for surgery and manage as required	Mini CEX EPA 5

Medical expert – Optional additive skills	
RA_3.1	Perform an ultrasound guided femoral nerve block demonstrating knowledge of the: • Relevant anatomy, including ultrasound anatomy • Indications and contraindications • Possible complications, including measures to reduce these • Technique for performing the block • Documentation required
RA_3.2	Perform a regional eye block, demonstrating knowledge of the: • Relevant anatomy • Indications and contraindications • Possible complications, including measures to reduce these • Technique for performing the block • Documentation required
RA_3.3	Perform intravenous regional anaesthesia, demonstrating knowledge of the: • Relevant anatomy • Indications and contraindications • Possible complications, including measures to reduce these • Technique for performing the block • Documentation required

Please note: trainees will not be assessed on their ability to perform optional additive skills during RGA training. However, the DOPS tool could be used to provide structured feedback to trainees.

2.6. Resuscitation, trauma and crisis management

By the completion of training, the trainee will be able to recognise and respond to clinical situations both in theatre and in the emergency department, which are life threatening or have the potential for major patient morbidity. They will recognise situations where they need further advice and/or assistance and initiate appropriate management of these conditions.

Code	Learning outcome	Assessment
Medical expert - knowledge		
Perioperative Crisis Management		
RT_1.1	Discuss the diagnostic approach and resuscitative management of a patient with a potential perioperative crisis, such as: • Hypoxia • Hypocapnoea/hypocarbia • Hypercapnoea/hypercarbia • Tachycardia • Bradycardia • Hypotension • Hypertension • High airway pressures	RGA-SSSA
RT_1.2	Outline the practical pharmacology of the following medication classes used to manage potential perioperative crises: • Vasopressors • Anti-arrhythmic agents • Anti-hypertensive agents • Common medications for ischaemic heart disease • Common medications for acute and chronic cardiac failure • Common medications for asthma	MCQ
RT_1.3	Discuss the practical pharmacology of drugs used for the initial treatment of perioperative crises	MCQ
RT_1.4	Describe the presenting features, diagnosis, short-term and referral management of patients with suspected: • Local anaesthetic toxicity • Malignant hyperthermia • Anaphylaxis • Suxamethonium apnoea	RGA-SSSA
Resuscitation and Trauma		
RT_1.5	Describe the primary and secondary survey of a trauma patient	MCQ
RT_1.6	Describe the implications of manual in-line stabilisation of the neck for airway management	RGA-SSSA
RT_1.7	Describe principles of prevention of secondary brain injury, including control of intracranial pressure and airway management, in head injury and other suspected intracranial events	RGA-SSSA
RT_1.8	Classify causes of shock e.g., hypovoleamic, distributive, cardiogenic, obstructive and discuss their management	RGA-SSSA
RT_1.9	Outline an approach to obtaining vascular access in the shocked patient	RGA-SSSA

RT_1.10	Describe the role of arterial and central intravenous access in the care of the critically ill patient	RGA-SSSA
RT_1.11	For arterial cannulation describe the: • Relevant anatomy, including ultrasound anatomy • Indications and contraindications • Possible complications, including measures to reduce these • Technique for insertion and monitoring • Documentation required	RGA-SSSA
RT_1.12	For central venous cannulation, describe the: • Relevant anatomy, including ultrasound anatomy • Indications and contraindications • Possible complications, including measures to reduce these • Technique for insertion and monitoring • Documentation required	RGA-SSSA
RT_1.13	Outline the principles of ultrasound imaging and the safe use of ultrasound equipment as applied to the performance of vascular access	RGA-SSSA
RT_1.14	Discuss the practical pharmacology of vasopressors and / or inotropes used in the management of shock	MCQ
RT_1.15	Describe the interpretation of blood gas analysis in the critically ill patient.	MCQ
RT_1.16	Describe safe transfusion practices including: • Composition, indications for and risks of blood components and products • Safe storage and handling of blood and blood products • State, territory and local protocols	RGA-SSSA
RT_1.17	Describe an approach to managing major haemorrhage	RGA-SSSA
RT_1.18	Discuss the practical pharmacology of drugs used in the setting of major haemorrhage (e.g. tranexamic acid, calcium chloride)	MCQ
RT_1.19	Outline the required personnel, equipment and drugs for crisis management	RGA-SSSA
RT_1.20	Outline the role of disaster management protocols and how to mobilise available and often limited resources.	RGA-SSSA
RT_1.21	Contrast the challenges, difficulties and limitations of transferring patients by road and air.	RGA-SSSA
RT_1.22	Outline the process for arranging a patient transfer of the critically ill patient requiring care beyond the capability of their current location.	RGA-SSSA
RT_1.23	Discuss requirements for the safe transfer of critically ill patients (also refer to the Safety and quality in anaesthetic practice clinical fundamental and ANZCA, ACEM and CICM professional document: PG52(G) Guideline for transport of critically ill patients 2015)	RGA-SSSA
Medical expert - skills		
RT_2.1	Demonstrate how to manage the following perioperative crises which may occur in association with anaesthesia or sedation: • Hypoxia • Hypocapnoea/hypocarbia • Hypercapnoea/hypercarbia	Course, CbD EPA 5, 7

	• Tachycardia • Bradycardia • Hypotension • Hypertension • High airway pressures	
RT_2.2	Demonstrate how to manage the following anaesthetic crises: • Local anaesthetic toxicity (also refer to the *Regional and local anaesthesia* clinical fundamental and the endorsed AAGBI Safety Guideline *Management of Severe Local Anaesthetic Toxicity*) • Malignant hyperthermia • Anaphylaxis • Myocardial infarction under anaesthetic	Course,CbD EPA 5, 7
RT_2.3	Demonstrate management of the airway in a patient with manual in-line stabilisation (i.e. under simulation)	EPA 5
RT_2.4	Perform arterial cannulation.	EPA 5
RT_2.5	Demonstrate central venous cannulation (i.e., under simulation).	EPA 5
RT_2.6	Assess when the benefits to providing emergency care for the patient in the rural or remote setting outweigh the risks.	CbD EPA 5
RT_2.7	When appropriate, manage complex patients in emergency situations, including those who are/have: • Unstable > ASA 3 • Critically ill or shocked • Traumatic injuries, including suspected spinal injuries • Unfasted, including patients requiring sedation for an emergency procedure	CbD EPA 5
RT_2.8	Stabilise and prepare patients requiring transfer.	CbD EPA 5

2.7 Safety and quality in anaesthesia practice

By the completion of training, the trainee will be able to outline the standards required for the management of risks when providing anaesthesia and sedation and apply these in their anaesthetic practice.

They will demonstrate a patient-centred approach to practice, collaboration in multidisciplinary teams to ensure the mitigation of anaesthetic risks and the application of ethical principles to their practice.

Code	Learning outcome	Assessment
Medical expert - knowledge		
Operating suite		
SQ_1.1	Outline the standards in terms of equipment, monitoring and staffing when providing anaesthesia and sedation. Refer to ANZCA professional document: PS55(A) Position statement on minimum facilities for safe administration of anaesthesia in operating suites and other anaesthetising locations 2021	MCQ
SQ_1.2	Describe the monitoring standards that should be applied to clinical management in order to optimise patient safety and quality care. Refer to ANZCA professional document: PG18(A) Guideline on monitoring during anaesthesia 2017	MCQ
SQ_1.3	Discuss the requirement for, and competencies of, an assistant for the anaesthetist when undertaking anaesthesia, analgesia or sedation procedures. Refer to ANZCA professional document: PS08(A) Position statement on the assistant for the anaesthetist 2016	MCQ
SQ_1.4	Outline the principles with regard to safely drawing up, labelling and storing drugs. Refer to ANZCA professional document: PG51(A) Guideline for the safe management and use of medications in anaesthesia 2021	MCQ
SQ_1.5	Outline and apply the surgical safety checklist (including time-out procedure). Refer to endorsed guideline *WHO surgical safety checklist Australian and New Zealand edition*	MCQ
Equipment safety		
SQ_1.6	Outline the mandatory safety requirements for anaesthetic machines. Refer to ANZCA professional document: PS54(A) Position statement on the minimum safety requirements for anaesthesia machines and workstations for clinical practice 2021	MCQ
SQ_1.7	Describe the likely presentation of and steps to take in the event of: • Failure of pipeline gas supply • Anaesthesia machine and ventilator malfunction • Breathing circuit malfunctions such as stuck valves and massive leaks	RGA-SSSA
SQ_1.8	Outline the standards to which reusable anaesthetic equipment needs to be cleaned and/or treated. Refer to ANZCA professional document: PG28(A) Guideline on infection control in anaesthesia 2015	MCQ
SQ_1.9	Use tourniquets safely and discuss the hazards associated with their use	MCQ
Environmental safety		
SQ_1.10	Describe the short- and long-term hazards of anaesthetic gas pollution, factors for agent choice and the methods of scavenging anaesthetic gases. Refer to ANZCA professional document: PS64(G) Position statement on environmental sustainability in anaesthesia and pain medicine practice 2019	RGA-SSSA

SQ_1.11	Outline the generic steps to take in the event of: • An operating room fire • Electrical power failure in the operating suite	RGA-SSSA
SQ_1.12	Describe the prevention and management of injuries sustained during anaesthetic care	RGA-SSSA
Positioning		
SQ_1.13	Outline the physiological changes, the implications for anaesthetic management, and the appropriate technique to minimise the risk of injury or complications resulting from the following patient positions: • Supine • Trendelenberg • Reverse trendelenberg • Lateral • Lithotomy • Prone • Bariatric	MCQ
SQ_1.14	Outline the risk of peripheral nerve injury and measures to minimise this risk during procedures	MCQ
SQ_1.15	Outline steps to minimise the risk of patient eye injury during perioperative care	MCQ
Recovery and handover		
SQ_1.16	Outline the general principles related to staffing and facilities for the post anaesthesia care unit. Refer to ANZCA professional document: PS04(A) Position statement on the post-anaesthesia care unit 2020	RGA-SSSA
SQ_1.17	Describe the process of safe handover of care during and after anaesthesia and sedation. Refer to ANZCA professional document: PS53(A) Position statement on the handover responsibilities of the anaesthetist 2013	MCQ
SQ_1.18	Demonstrate knowledge of criteria for safe discharge of patients from the post anaesthesia care unit	RGA-SSSA
Medical expert – skills		
SQ_2.1	Perform a level 2 and 3 check of the anaesthetic machine and related equipment. Refer to ANZCA professional document: PG31(A) Guideline on checking anaesthesia delivery systems 2014	EPA 3
SQ_2.2	Ensure check of facilities, equipment, monitoring and staffing before providing anaesthesia and sedation. Refer to College professional documents referred to within this fundamental.	Mini CEX EPA 3, 7
SQ_2.3	Set up a transducer system for invasive pressure monitoring and equipment related problems	EPA 5
SQ_2.4	Demonstrate safe handover of care during and after anaesthesia.	Mini CEX, MsF EPA 3

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Section Three

Specialised Study Units

The specialised study units define the further specialised knowledge and skills required for the anaesthetic management of patients in specific contexts. They are:

3.1 Paediatrics

3.2 Obstetric Anaesthesia and Analgesia

Volume of practice cases and/or procedures

Case/procedure	Inclusions or exclusions	VOP
Paediatric	Patients aged 5-10 years	30
Obstetric epidural	Logging commences after completion of EPA 2	30
Total minimum VOP		**60**

3.1 Paediatrics

A trainee will be able to independently provide anaesthesia and sedation for surgery of low complexity for children 5 years of age and over, without significant comorbidities. They will be able to act as a member of a multidisciplinary team for the initial resuscitation, stabilisation and transfer of critically ill children and provide acute pain management for children.

Code	Learning outcome	Assessment
Medical expert - knowledge		
Airway Management		
SS_PA_1.1	Describe the anatomy of the neonatal and paediatric airway, how this changes with age and the implications for airway management	RGA-SSSA
SS_PA_1.2	Describe airway and ventilatory equipment specific for paediatric patients, including: • Estimation of ETT size • Estimation of LMA of appropriate size • Accurate placement of ETT including fixation techniques • Use of cuffed and uncuffed tubes • Breathing circuits	RGA-SSSA
SS_PA_1.3	Describe how preoxygenation and rapid sequence induction may be modified in paediatric patients	RGA-SSSA
SS_PA_1.4	Describe positioning for direct laryngoscopy in paediatric patients	RGA-SSSA
SS_PA_1.5	Describe techniques for endotracheal intubation in paediatric patients	RGA-SSSA
SS_PA_1.6	Discuss indications for paediatric nasal intubation	RGA-SSSA
SS_PA_1.7	Describe the clinical features and management of a paediatric difficult airway	RGA-SSSA
SS_PA_1.8	Discuss the clinical features, possible causes, and management of perioperative paediatric upper and lower airway obstruction, especially laryngospasm and bronchospasm	RGA-SSSA
SS_PA_1.9	Discuss the principles of mechanical ventilation in paediatric patients, including appropriate ventilation, normal volumes and pressures, and the role of PEEP	RGA-SSSA
General anaesthesia and sedation		
SS_PA_1.10	Describe the practical pharmacology of drugs commonly used in paediatric anaesthesia.	RGA-SSSA
SS_PA_1.11	Describe the use of weight-based calculations to guide administration of drugs in paediatric anaesthesia and resuscitation	RGA-SSSA
SS_PA_1.12	Describe and justify fasting guidelines used in paediatric anaesthesia	RGA-SSSA
SS_PA_1.13	Describe the pharmacology and appropriate use of paediatric premedication agents	RGA-SSSA
SS_PA_1.14	Outline measures to optimise patient experience with intravenous cannulation in paediatric patients	RGA-SSSA

SS_PA_1.15	Describe methods to optimise patient experience and minimise the anxiety of paediatric patients and their parents during the induction of anaesthesia	RGA-SSSA
SS_PA_1.16	Calculate paediatric intravenous fluid requirements	RGA-SSSA
SS_PA_1.17	Discuss the physiological differences in paediatric anaesthesia, especially the importance of temperature maintenance	RGA-SSSA
SS_PA_1.18	Discuss the prevention and management of postoperative paediatric emergence phenomena	RGA-SSSA
SS_PA_1.19	Describe the management of day case analgesia for paediatric patients	RGA-SSSA
Pain medicine		
SS_PA_1.20	Describe the principles of the assessment and management of acute pain in paediatric patients including the developmental impacts, the importance of psychosocial factors, relevance of functional assessment, and the use of paediatric pain scales	RGA-SSSA
SS_PA_1.21	Discuss safe acute pain management in paediatric day-case anaesthesia	RGA-SSSA
Perioperative medicine		
SS_PA_1.22	Discuss the common conditions identified in a preoperative assessment that may require further investigation, optimisation and/or referral to a tertiary hospital for specialist anaesthetic care, for example: • Prematurity and ex-prematurity • Asthma • Sleep apnoea • Cystic fibrosis • Down syndrome • Cerebral palsy • Autism • Obesity • Diabetes	RGA-SSSA
SS_PA_1.23	Describe the preanaesthetic consultation and the preoperative preparation of paediatrics patients and their parents	RGA-SSSA
SS_PA_1.24	Describe the implications of preoperative URTI or other intercurrent medical illness in paediatric patients.	RGA-SSSA
SS_PA_1.25	Describe the implications of a preoperative undiagnosed murmur detected in paediatric patients	RGA-SSSA
Regional anaesthesia		
SS_PA_1.26	Describe the maximum local anaesthetic agent doses in different paediatric patients	RGA-SSSA
Resuscitation, trauma and crisis management		
SS_PA_1.27	Describe the aetiology, assessment and management of perioperative cardiac arrest in paediatric patients	RGA-SSSA
SS_PA_1.28	Outline approaches for vascular access in shocked paediatric patients	RGA-SSSA
SS_PA_1.29	Discuss the diagnostic approach and resuscitative management of a	RGA-SSSA

	paediatric patient with a life-threatening condition/illness, such as: • Respiratory arrest • Sepsis, including meningococcal sepsis • Severe bronchospasm • Post-tonsillectomy haemorrhage • Quinsy • Croup • Epiglottitis	
SS_PA_1.30	Describe the initial assessment and management of paediatric patients with severe burn injury including: • Fluid management • Pain management • Diagnosis and management of inhalational injury (also refer to the *Airway management* clinical fundamental) • Diagnosis and management of carbon monoxide poisoning • Stabilisation and preparation for transfer (Also refer to the *Resuscitation, trauma and crisis management* clinical fundamental)	RGA-SSSA
SS_PA_1.31	Describe the principles of safe intra- and inter-hospital transport of critically ill neonates and paediatric patients. Also refer to local practices, the *Safety and quality in anaesthetic practice* clinical fundamental and ANZCA professional document: PG52(G) Guideline for transport of critically ill patients 2015	RGA-SSSA
SS_PA_1.32	Discuss approach to provision of emergency anaesthesia to paediatric patients outside your scope of practice	RGA-SSSA
Safety and quality		
SS_PA_1.33	Outline the indications for referral of paediatric patients to more specialised centres for anaesthetic care. Refer to ANZCA professional document: PG29(A) Guideline for the provision of anaesthesia care to children 2020	RGA-SSSA
Medical expert - skills		
SS_PA_2.1	Perform a pre-anaesthetic consultation and formulate an appropriate anaesthetic plan for paediatric patients	PCO EPA 6
SS_PA_2.2	Assess perioperative risk and identify factors that indicate referral to a more specialised centre for paediatric care.	PCO EPA 6
SS_PA_2.3	Perform face-mask ventilation and manoeuvres to relieve airway obstruction in paediatric patients in paediatric patients	Mini CEX EPA 6
SS_PA_2.4	In paediatric patients select equipment of an appropriate size and perform: • laryngeal mask airway insertion, including estimation of LMA of appropriate size • Endotracheal intubation	Mini CEX EPA 6
SS_PA_2.5	Perform a gaseous induction for paediatric patients 5 years and over for emergency surgery or low risk elective surgery.	Mini CEX/ CbD EPA 6
SS_PA_2.6	Perform an IV induction for paediatric patients 5 years and over for emergency surgery or low risk elective surgery.	Mini CEX/ CbD EPA 6

SS_PA_2.7	Manage pain, postoperative nausea and emergence delirium in paediatric patients.	CbD, EPA 6
SS_PA_2.8	Demonstrate advanced life support in paediatric patients consistent with Australian Resuscitation Council guidelines	Course EPA 6
SS_PA_2.9	Demonstrate intraosseous cannulation in paediatric patients	Course EPA 6

RGA Roles in Practice Applied to Paediatrics

Communicator		
SS_PA_4.1	Involve parents/carers in perioperative management plans for children	PCO, Mini CEX
SS_PA_4.2	Use various communication strategies to optimise induction of anaesthesia in children	Mini CEX
Collaborator		
SS_PA_5.1	Work collaboratively with other team members to prepare children for theatre, facilitate anaesthesia and recovery, and to manage postoperative pain	Mini CEX
Health advocate		
SS_PA_6.1	Promote health with the child and/or parents/carers during anaesthesia care, particularly with regard to passive smoking, diet, dental care, and immunisation	PCO, Mini CEX
SS_PA_6.2	Provide age-appropriate choice to children about aspects of their anaesthetic care and pain management	PCO, Mini CEX
Professional		
SS_PA_7.1	Obtain consent from/for a paediatric patient, taking into consideration legal and ethical issues and how they differ according to the jurisdiction. Refer to College professional document: PS26(A) Position statement on informed consent for anaesthesia or sedation 2021	Mini CEX

3.2 Obstetric Anaesthesia and Analgesia

By the completion of this study unit trainees will be able to provide safe general and regional anaesthesia and labour analgesia for low complexity obstetric patients, without significant comorbidities. Trainees will be able to work as part of a multi-disciplinary team to care for obstetric patients and participate in neonatal resuscitation.

Code	Learning outcome	Assessment
Medical expert - knowledge		
Obstetric physiology and pharmacology		
SS_OA_1.1	Describe the anatomical and physiological changes of pregnancy, labour and delivery that have implications for anaesthesia management.	MCQ
SS_OA_1.2	Discuss the justification for left lateral lift in advanced pregnancy	MCQ
SS_OA_1.3	Describe the circulatory and respiratory changes that occur in the transition from foetus to neonate at birth	RGA-SSSA
SS_OA_1.4	Describe the practical pharmacology of anaesthesia, analgesia, oxytocic and tocolytic drugs in pregnancy, delivery and lactation, including on the foetus/neonate	MCQ
SS_OA_1.5	Describe the practical pharmacology of agents used for the treatment of pre-eclampsia	MCQ
Clinical obstetric anaesthesia		
SS_OA_1.6	Describe the special considerations for the pre anaesthetic consultation in pregnant patients	RGA-SSSA
SS_OA_1.7	Outline the indications for referral of pregnant patients to more specialised centres for obstetric anaesthesia	MCQ
SS_OA_1.8	Discuss the analgesic options for labour and delivery, including caesarean birth	MCQ
SS_OA_1.9	Describe considerations in selecting agents and route of administration when providing neuraxial block for labour and delivery	MCQ
SS_OA_1.10	Discuss the role of epidural, spinal, and combined spinal epidural block for caesarean birth	RGA-SSSA
SS_OA_1.11	Discuss the management of complications of neuraxial analgesia and anaesthesia in childbirth	RGA-SSSA
SS_OA_1.12	Discuss the management of suboptimal neuraxial block including conversion to general anaesthesia for caesarean birth	RGA-SSSA
SS_OA_1.13	Discuss the considerations in providing general anaesthesia for elective and emergency caesarean birth	RGA-SSSA
SS_OA_1.14	Discuss the assessment and management of patients with pre-eclampsia requiring analgesia and anaesthesia input for labour and delivery	RGA-SSSA
SS_OA_1.15	Describe the prevention of venous thromboembolism in the pregnant and post-partum patients	MCQ

SS_OA_1.16	Discuss a general approach to the anaesthetic management of unexpected problems that may arise with labour and delivery, including when they require further investigation, optimisation and further specialist care.	RGA-SSSA
SS_OA_1.17	Discuss the assessment and management of peri-partum haemorrhage	RGA-SSSA
SS_OA_1.18	Discuss basic and advanced life support in pregnant patients	MCQ
SS_OA_1.19	Discuss a structured approach to the diagnosis and management of maternal collapse, with consideration of context-specific causes	RGA-SSSA
SS_OA_1.20	Describe the of resuscitation of the pregnant trauma patients	RGA-SSSA
SS_OA_1.21	Discuss the assessment and management of pregnant patients presenting for anaesthesia for non-obstetric surgery	RGA-SSSA
Medical expert - skills		
SS_OA_2.1	Provide neuraxial analgesia for labour and delivery including alternatives if neuraxial analgesia is ineffective or contraindicated	DOPS EPA 2, 7
SS_OA_2.2	Provide neuraxial anaesthesia for caesarean birth	Mini CEX EPA 7
SS_OA_2.3	Manage the common complications of neuraxial block for caesarean birth	CbD EPA 7
SS_OA_2.4	Perform general anaesthesia for caesarean birth	Mini CEX/ CbD EPA 7
SS_OA_2.5	Convert neuraxial anaesthesia to general anaesthesia for caesarean birth	Mini CEX EPA 7
SS_OA_2.6	Provide anaesthesia for management of postpartum complications	CbD EPA 7
SS_OA_2.7	Demonstrate basic and advanced life support of the newborn consistent with Australian and New Zealand Committee on Resuscitation (ANZCOR) guidelines	Course EPA 7

Medical expert – Optional additive skill	
SS_OA_3.1	Perform an epidural blood patch

Please note: trainees will not be assessed on their ability to perform optional additive skills during RGA training. However, the DOPS tool could be used to provide structured feedback to trainees.

RGA Roles in Practice Applied to Obstetrics

Communicator		
SS_OA_3.2	Obtain informed consent in labour for anaesthesia interventions appreciating the dynamic nature of consent and patient expectations	Mini CEX
SS_OA_3.3	Take a targeted history and perform a relevant examination adapting communication approach in obstetric emergencies	Mini CEX
Collaborator		
SS_OA_3.4	Participate in the multidisciplinary management of a complex obstetric case	CbD
Leader and manager		
SS_OA_3.5	Apply the guidelines and recommendations for standards of safe practice contained in WPI 14 Joint RANZCOG/ANZCA Position Statement on the Provision of Obstetric Anaesthesia and Analgesia Services	Mini CEX
Professional		
SS_OA_3.6	Discuss complex ethical situations that may occur in obstetric anaesthesia, for example, maternal-fetal conflict, termination of pregnancy and describing avenues to address such issues	CbD

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Appendix One

Professional Documents and Guidelines referred to throughout the Curriculum

ANZCA Professional Documents

PG03(A)	Guideline for the management of major regional analgesia
PS04(A)	Position statement on the post-anaesthesia care unit
PG06(A)	Guideline on the anaesthesia record
PG07(A)	Guideline on pre-anaesthesia consultation and patient preparation
PS08(A)	Position statement on the assistant for the anaesthetist
PG09(G)	Guideline on sedation and/or analgesia for diagnostic and interventional medical, dental or surgical procedures
PG12(POM)	Guideline on smoking as related to the perioperative period
PG18(A)	Guideline on monitoring during anaesthesia
PS26(A)	Position statement on informed consent for anaesthesia or sedation
PG28(A)	Guideline on infection control in anaesthesia
PG29(A)	Guideline for the provision of anaesthesia care to children
PG31(A)	Guideline on checking anaesthesia delivery systems
PG41(PM)	Guideline on acute pain management
PG43(A)	Guideline on fatigue risk management in anaesthesia practice
PS45(PM)	Position statement on patients' rights to pain management and associated responsibilities
PG51(A)	Guideline for the safe management and use of medications in anaesthesia
PG52(G)	Guideline for transport of critically ill patients
PS53(A)	Position statement on the handover responsibilities of the anaesthetist
PS54(A)	Position statement on the minimum safety requirements for anaesthesia machines and workstations for clinical practice
PS55(A)	Position statement on minimum facilities for safe administration of anaesthesia in operating suites and other anaesthetising locations
PG56(A)	Guideline on equipment to manage difficult airways
PS59(A)	Position statement on roles in anaesthesia and perioperative care
PG61(A)	Guideline for the management of evolving airway obstruction: transition to the Can't Intubate Can't Oxygenate airway emergency
PS62(G)	Position statement on cultural competence
PS64(G)	Position statement on environmental sustainability in anaesthesia and pain medicine practice

Guidelines

AAGBI Safety Guideline: Management of Severe Local Anaesthetic Toxicity

Endorsed guideline from ANZICS: Central Line Insertion and Maintenance Guideline 2012

Endorsed guideline WHO surgical safety checklist Australian and New Zealand edition.

Version control register

Version	Author	Approved by	Approval date	Sections modified	Date of next review
Version 1	K. Sinni	Council	December 2023	The word '*diploma'* removed throughout document	2024