

## Anaesthetics

### Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Anaesthetics. You will also need to read the [Anaesthetics CCT curriculum](#).

**This is the specialty specific guidance for Anaesthetics updated June 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).

## Introduction

### Can I get advice before I submit my application?

You can [contact us](#) and ask to speak to the GMC Specialist Applications team for advice before you apply. You are strongly advised to contact the Royal College of Anaesthetists for guidance **before** you submit your application. The Royal College of Anaesthetists can be contacted at [equivalence@rcoa.ac.uk](mailto:equivalence@rcoa.ac.uk). It is recommended that you engage with members of your local anaesthesia training team, e.g. Regional Advisors, College Tutors and Educational Supervisors, from the outset of your application process.

### What is the indicative period of training for a Certificate of Completion of Training (CCT) in Anaesthetics?

The indicative period of training for a CCT in anaesthetics is seven years and it is unlikely that a trainee would achieve all the learning outcomes required for a CCT in a shorter period of time. This needs to be taken into account when gathering and submitting evidence for the CESR application process.

The structure of the programme (in indicative timescales) is three years at **Stage 1** training - CT1, CT2, CT3 (or two years in Acute Common Stem (ACCS) plus two additional years in anaesthesia, followed by two years at **Stage 2** training – ST4, ST5 and then two years at **Stage 3** training – ST6, ST7 including Special Interest Areas.

CESR applicants need to demonstrate that they have achieved the Stage 3 High Level learning outcomes for 14 Domains - seven Generic professional capability Domains and seven Clinical domains, and at least one Special Interest Area. There are additional Stage 2 key capabilities from Domain 9 that need to be evidenced.

- Domain 1 - Professional behaviours and communication. Stage 3 High Level Learning Outcome
- Domain 2 - Management and professional/regulatory requirements. Stage 3 High Level Learning Outcome
- Domain 3 - Team working. Stage 3 High Level Learning Outcome

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- Domain 4 – Safety & Quality Improvement. Stage 3 High Level Learning Outcome
- Domain 5 – Safeguarding. Stage 3 High Level Learning Outcome
- Domain 6 – Education and Training. Stage 3 High Learning Outcome
- Domain 7– Research and Managing Data. Stage 3 High Level Learning Outcome
- Domain 8 – Perioperative Medicine and Healthcare Promotion. Stage 3 High Level Learning Outcome
- Domain 9 – General Anaesthesia. Stage 3 High Level Learning Outcome and Stage 2 key capabilities M,N,O,P,Q,R,
- Domain 10– Regional Anaesthesia. Stage 3 High Level Learning Outcome
- Domain 11– Resuscitation & Transfer. Stage 3 High Level Learning Outcome
- Domain 12– Procedural Sedation. Stage 3 High Level Learning Outcome
- Domain 13 – Pain Medicine. Stage 3 High Level Learning Outcome
- Domain 14– Intensive Care. Stage 3 Learning Outcome
- Special Interest Areas - Special Interest Area. Learning Outcome in at least one of the areas

For full details please refer to the [Anaesthetics CCT Curriculum](#).

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## Submitting your evidence

Do not submit original documents. All your copies, other than qualifications you're getting authenticated **must** be accompanied by a pro-forma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do this in our [important notice about evidence](#).

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

Your evidence **must** be accurate, and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

## Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You must remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted.
- This includes:
  - Names (first and last)
  - Addresses
  - Contact details such as phone numbers or email addresses
  - NHS numbers
  - Other individual patient numbers
  - GMC numbers

The following details don't need to be anonymised:

- Gender

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- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](#).

### **How much evidence to submit**

Your evidence **must** include the required information regarding training and qualifications, employment in posts and duties (including training posts) and cover the knowledge, skills and qualifications to demonstrate the required learning outcomes and capabilities in all areas of the [Anaesthetics CCT curriculum](#). If evidence is missing from any area of the curriculum, then the application may fail.

It will help us deal with your application more quickly if you make sure that you only send us evidence that is directly relevant. Evidence of your learning outcomes and capabilities should be recent. In general evidence of skills or experience more than five years old should not be submitted, as it typically does not demonstrate that learning outcomes and capabilities have been recently maintained. As a general guide we would want **no more than 1000 pages of evidence (around 100 electronic uploads)** (see indicative proportions below).

**Our guidance on compiling your evidence will help you decide what is relevant and what is not. We recommend you read it carefully.**

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## Evidence of training and qualifications

Substantial primary evidence for any previous training towards a medical qualification should only be submitted if the training is directly relevant to your CESR capabilities and dates **from the past five years**. Otherwise, certificates of completion are sufficient evidence of training.

### Primary medical qualification (PMQ)

If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.

If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise.

You can find out more about [primary source verification](#) on our website.

You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with [our guidance](#).

### Specialist medical qualification(s)

Please provide an **authenticated copy** of any specialist medical qualifications you hold.

There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.

Applicants need to show they have a test of knowledge as part of the application. The RCoA has a list of [accepted tests of knowledge](#). If your qualification is not in this list, evidence should be provided including a verified certificate of completion, with the full details of the curriculum and assessment criteria in force at the time of the award. This should be in English and verified by the institution.

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<p>Recent specialist training</p>	<p>If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an <b>authenticated copy</b> of the curriculum or syllabus that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.</p> <p>If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.</p> <p>If you have undertaken approved specialty training towards a CCT or CESR in anaesthetics in the UK in the past five years, you should provide a copy of your ARCPs.</p>
<p>Specialist registration outside the UK</p>	<p>Please provide an <b>authenticated copy</b> of details of the registration requirements of that authority.</p>

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#### Other relevant qualifications and certificates

Please provide **copies** of certificates including ALS, ATLS, and/or certificates of completion of specific training units in the training programme.

Other examples of evidence include degrees or diplomas in relevant areas such as management, business, IT, communication, education or law

You may also include postgraduate qualifications in other areas if they are relevant to associated capabilities e.g. teaching, management, research methodology.

Please provide **copies** of certificates.

## Evidence of employment in posts and duties (including training posts)

#### Employment letters and contracts of employment

The information in these letters and contracts **must** match your CV. They will confirm the following:

- dates you were in post
- post title, grade, training
- type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)

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Job descriptions	These <b>must</b> match the information in your CV. They will confirm the following: <ul style="list-style-type: none"><li>• your position within the structure of your department</li><li>• your post title</li><li>• your clinical and non-clinical commitment</li><li>• your involvement in teaching or training.</li></ul>
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## Evidence to demonstrate the required learning outcomes and capabilities in all areas of the Anaesthetics curriculum

The [Anaesthetic curriculum](#) is divided into 14 high level learning outcomes: seven encompass Generic Professional domains (Domains 1-7) and seven encompass specialty-specific clinical domains (Domains 8-14).

It is important to note that you will not be able to compensate for shortfalls in your evidence of training and experience in an area of the curriculum by providing extra evidence in other areas.

If you have a piece of evidence that is relevant to more than one domain, **do not include multiple copies in your application.** Instead, include one copy and list it in your evidence under each relevant area, stating that the document is located elsewhere. For example you may state that a document referring to Domain 9 is already referred to in Domain 1.

The amount of evidence needed for each domain will vary, according to the documentation required to cover each key capability required. Based on the evidence supplied across 14 domains for trainees on CCT training programmes approximately 50% of evidence submitted

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should apply to General Professional domains and 50% to specialty-specific domains, based on number of key capabilities within each domain. Please note this does not take in to account additional evidence required in at least one Special Interest Area.

## What evidence to submit

Each Domain at Stage 3 requires a Holistic Assessment of Learning Outcomes (HALO). [You can download a copy of the stage 3 HALO guide here.](#)

Examples of evidence required for HALOs are outlined in the table below and you should try to provide similar evidence. The guidance here is not exhaustive and you may have alternative evidence. You do not need to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the key capabilities. We recognise that you may not have all the evidence listed here and we recommend that you delay submitting an application until you are able to gather it.

Please also refer to the RCoA assessment guidance - [Introduction | The Royal College of Anaesthetists \(rcoa.ac.uk\)](#)

## Evidence required for HALOs and key capabilities

Experience and Logbook	Domain 1 - Domain 14
Supervised Learning Events (SLEs)	Domain 1 – Domain 14
Personal Activities and Reflections	Domain 1 – Domain 14
Multi Source Feedback (MSF)	Domain 1 - Professional behaviours and communication Domain 3 - Team working Domain 8 - Perioperative Medicine and Healthcare Promotion Domain 9 - General Anaesthesia

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	Domain 10 - Regional Anaesthesia Domain 12 - Procedural Sedation Domain 14 - Intensive Care Special Interest Areas
Satisfactory Consultant Feedback	Domains 1, Special Interest Areas

There is no minimum requirement for logbook numbers. That being said, clearly one case is insufficient, as is a logbook consisting of a thousand cases of the same procedure, age group and American Society of Anesthesiologists (ASA) status. The applicant needs to demonstrate breadth and depth of anaesthetic experience and practice.

Similarly there is no set number of SLEs required as they are formative to guide learning. We would strongly advise seeking advice from a trainer (e.g. educational supervisor) to ensure that key capabilities are met. A range of SLEs covering different aspects of the curriculum will help demonstrate competence.

MSFs should be completed annually there should be a minimum of at least 15 assessors and eight respondents for each MSF.

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**Appropriate types of assessments and SLEs that can be used for Stage 3 Domains 1-14, Special Interest Areas & additional Stage 2 key capabilities in neuro and cardiothoracic anaesthesia**

The table shows how each of the assessments relates to the domains of learning. Assessments / SLEs that “should be used” represent those that provide the most relevant evidence for each domain. It is not necessary that every method will be used for each key capability and additional evidence may be used to make a global judgement on attainment.

<b>Assessment or SLE</b>	<b>Should</b> be used to assess this Domain	<b>May</b> be used to assess this Domain
Anaesthesia Clinical Evaluation Exercise (A-CEX)	Domain 6 Domain 8 Domain 9 Domain 10 Domain 11 Domain 12 Domain 13 Domain 14	Domain 1 Domain 2 Domain 3 Domain 5
Anaesthesia List Management Tool (ALMAT)	Domain 1 Domain 2 Domain 3 Domain 8 Domain 9 Domain 10 Domain 12 Domain 13	Domain 5 Domain 11
Case-Based Discussion (CBD)	Domain 2 Domain 5 Domain 6 Domain 8 Domain 9	Domain 1 Domain 3 Domain 4 Domain 7

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	Domain 10 Domain 11 Domain 12 Domain 13 Domain 14	
Directly Observed Procedural Skills (DOPS)	Domain 6 Domain 9 Domain 10 Domain 13 Domain 14	Domain 1 Domain 3 Domain 4 Domain 8 Domain 11 Domain 12
Multiple Trainer Reports (MTRs)	Domain 1 Domain 3 Domain 6 Domain 7 Domain 8 Domain 9 Domain 10 Domain 11 Domain 12 Domain 13 Domain 14	Domain 2 Domain 4 Domain 5
Anaesthetic Quality Improvement Project Assessment Tool (A-QIPAT)	Domain 4	Domain 1 Domain 2 Domain 3 Domain 7
Leadership of QIP/ QIP in special interest area		Domain 1 Domain 8 Special Interest Areas

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Final FRCA (accepted Test of Knowledge, or equivalent)	Domain 1 Domain 4 Domain 7 Domain 8 Domain 9 Domain 10 Domain 11 Domain 12 Domain 13 Domain 14	Domain 2 Domain 3
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## Unsuccessful applications or poor evidence

It is our experience that applications from doctors in the specialty of Anaesthetics are often submitted with inadequate or poor evidence in the following areas:

- **Applicants do not provide evidence to cover the full breadth of the CCT curriculum.** If you have not covered a specific area of the curriculum in the past five years it is advisable to postpone an application until you have been to gain or revisit this experience. Applicants **must** ensure they can provide primary contemporaneous evidence of their learning outcomes and key capabilities in all areas of the curriculum.
- **Applicants do not have current certification in resuscitation.** Applicants must provide valid certification in advanced life support skills e.g. ALS.
- **Applicants provide poor evidence of clinical governance.** Applicants must provide evidence of various audits in which you played lead role, together with contributions to service improvement and risk management projects. The verified audits are required as evidence, not just email correspondence or statistics. Evidence of service improvement, risk management projects or other clinical governance activity is also needed.
- **Applicants provide poor evidence of teaching, training and assessing junior colleagues.** These may not form part of your role, however it is essential that evidence is supplied that confirms that you have the skills. This is best demonstrated by attendance at a course and the training or supervision of more junior colleagues. You must also provide evidence of your competence in teaching in the form of presentations or PowerPoint slides, in addition to evidence of feedback from students on your teaching skills and evidence of feedback you have given to students. The latter could take the form of assessments, multisource feedback, reference letters and constructive advice that you have provided to students, junior doctors and colleagues.
- **Applicants provide poor evidence of managements skills.** It is recognised that you may not have experience of managing a department, however some forms of management should be demonstrated e.g. rota management, budget management, leading ward rounds, leading theatre operating lists, leading on educational or research related activities.

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**We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.**

Where you have recently worked in an area of sub-specialty for a substantial period, you should submit evidence that you have previously achieved the requirements and key capabilities of the curriculum for your specialty **and** that you have maintained these skills at the required level.

We also strongly recommend that your referees are able to provide detailed support for your competences across all or most areas, and understand the requirements for specialist training in anaesthetics and Specialist Registration in the UK.

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## Curriculum Domain 1: Professional behaviours and communication

Demonstrates the professional values and behaviours that patients expect from their doctors

### Standard expected

Stage 3 High Level Learning Outcome:

Demonstrates the professional values and behaviours required to be a consultant.

### Key capabilities

- Leads the management of complications that have arisen in the course of delivery of health care
- Formulates management plans for patients with complex needs including those beyond guidelines, remaining aware of their own limitations and seeks help where appropriate
- Takes part in annual appraisal and explains job planning, performance management and the requirement for revalidation
- Complies with governance frameworks and seeks to ensure that all members of the multidisciplinary team do likewise
- Acts to optimise health and wellbeing appropriately and supports others to do so, being able to identify colleagues in difficulty and provide appropriate support and escalation when required
- Works within appropriate equality and diversity legislation

### Documentation required:

The illustrations listed are examples of how you might evidence achievement of each key capability in a particular learning outcome. A single piece of evidence can be utilised to evidence several key capabilities across various domains of the higher learning outcomes. These illustrations are not exhaustive.

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<b>Examples of evidence for Key Capabilities</b>	<b>Experience &amp; Logbook</b> <ul style="list-style-type: none"><li>• Range of surgical specialties including special interest areas</li></ul> <b>Supervised Learning Events (SLEs)</b> can be used to demonstrate: <ul style="list-style-type: none"><li>• Ability to manage lists as a sole anaesthetist including areas of special interest (ALMAT)</li><li>• Leadership when discussing the care of a complex patient with the multi-disciplinary team</li><li>• Evidence of effective shared decision making with patients and colleagues</li></ul> <b>Personal Activities and Personal Reflections may include:</b> <ul style="list-style-type: none"><li>• Courses and eLearning: Leadership and management, equality and diversity e.g. certificates showing course or eLearning attendance/participation</li><li>• Professional portfolio and CV ready for consultant interview</li><li>• Management of a difficult conversation with a colleague, patient or relative e.g. email exchange or letters; reflective piece</li><li>• Active listening in a range of environments and situations e.g. reflective piece</li><li>• Patient feedback materials and with evidence of reflection on these</li><li>• Leadership of a quality improvement project e.g. presentation slides or poster, correspondence; programme indicating presentation at a meeting</li></ul>
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	<ul style="list-style-type: none"> <li>• Evidence of training with members of senior hospital management such as clinical governance lead, clinical directors, medical directors e.g. correspondence or feedback from senior management team</li> <li>• Experience of the process whereby complaints are dealt with e.g. reflection showing participation in the complaints process</li> </ul> <p><b>Other evidence</b></p> <p>Satisfactory MSF – see requirements for MSF at the beginning of this document</p>
<b>Cross links with other domains and capabilities</b>	<p>Domain 2 - Management and Professional and Regulatory Requirements  Domain 4 - Safety and quality improvement  Domain 6 - Education and training  Domains 8-14 – All clinical domains</p>

## Curriculum Domain 2: Management and Professional and Regulatory Requirements

Undertakes managerial, administrative and organisational roles

### Standard expected

Stage 3 High Level Learning Outcome:

Understands and undertakes managerial, administrative and organisational roles expected of consultants.

### Key capabilities

- Explains how the management system and organisational structures at Trust/Health Board level communicate and co-operate
- Describes the structure and organisation of the NHS including primary care, the community and independent sectors and the wider health and social care landscape

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- Explains the national processes by which health policy are developed, promoted, disseminated, introduced, monitored and modified, and how services are held accountable to the public
- Appreciates the roles and practice of different professionals in the organisation and delivery of the health service by promoting inter-professional understanding and working
- Describes mechanisms for workforce planning and their limitations
- Applies management and team skills to complex and dynamic situations
- Describes how healthcare systems are commissioned and funded
- Knows how to prepare medico-legal statements and co-operate with agencies involved in legal requirements
- Works within regulations relating to information governance, data protection and storage
- Undertakes departmental administrative and managerial roles
- Engages with their own contractual obligations, appraisal and quality review processes

**Documentation required:**

The illustrations listed are examples of how you might evidence achievement of each key capability in a particular learning outcome. A single piece of evidence can be utilised to evidence several key capabilities across various domains of the higher learning outcomes. These illustrations are not exhaustive.

<p><b>Examples of evidence for Key Capabilities</b></p>	<p><b>Experience &amp; Logbook</b></p> <ul style="list-style-type: none"> <li>• Leadership of Anaesthetic Departmental Activities</li> </ul> <p><b>Supervised Learning Events (SLEs)</b> can be used to demonstrate:</p> <ul style="list-style-type: none"> <li>• Management and team leadership skills with complex cases such as in theatres, pre-operative assessment clinics, obstetrics and intensive care</li> </ul> <p><b>Personal Activities and Personal Reflections may include:</b></p>
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	<ul style="list-style-type: none"> <li>• Management responsibility in the anaesthetic department e.g. evidence of managing rotas, organising teaching programmes</li> <li>• Roles in regional training programme such as trainee representative e.g. correspondence confirming attendance at meetings or appointment to role</li> <li>• Rota management for anaesthetists in training e.g. evidence of managing rotas</li> <li>• Attendance at hospital/Trust Board level meetings e.g. email or other correspondence confirming invitation and attendance</li> <li>• Training sessions with members of senior management such as clinical directors, medical directors, Trust Chief Executive e.g. correspondence or feedback from senior management team</li> <li>• Courses and eLearning: NHS structure and management, Information Governance, Skills to manage difficult interactions, Mastering risk e.g. certificates confirming attendance / participation in courses of eLearning</li> <li>• Training and involvement in investigation of serious incidents e.g. correspondence/ feedback from trainer; reflective piece</li> <li>• Involvement in writing a report for the Coroner or other medico-legal indication e.g. anonymised report; correspondence confirming involvement</li> <li>• Experience of healthcare systems outside of the UK e.g. experience of training or working outside the UK as evidenced in employment posts and duties; reflective piece</li> <li>• Awareness of relevant government health policies e.g. reflective piece</li> </ul>
<p><b>Cross links with other domains and capabilities</b></p>	<p>Domain 1 - Professional behaviours and communication  Domain 3 - Team Working  Domain 4 - Safety and Quality Improvement</p>

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## Curriculum Domain 3: Team Working

Contributes to teams to enhance patient care

### Standard expected

Stage 3 High Level Learning Outcome:

Leads and participates in complex and diverse teams in all situations.

### Key capabilities

- Demonstrates the skills to provide clinical leadership in a special interest area of anaesthetic practice
- Leads the multidisciplinary team in the organisation of complex patient care
- Engages with all members of the perioperative and theatre teams to work efficiently and effectively
- Maintains high levels of individual and team situational awareness at all times
- Seeks and shares information and anticipates future problems to maximise safe practice
- Critically appraises performance of colleagues, peers and systems to promote best practice
- Demonstrates appropriate leadership behaviour to nurture teams and promote engagement
- Promotes an open and transparent culture, acting as a role model in supporting colleagues and respecting differences of opinion
- Adapts leadership behaviour to improve engagement and outcomes
- Delegates appropriately and effectively
- Manages and reflects on challenging behaviours within the team and escalate concerns as appropriate
- Describes contributions to a major incident response

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## Documentation required:

The illustrations listed are examples of how you might evidence achievement of each key capability in a particular learning outcome. A single piece of evidence can be utilised to evidence several key capabilities across various domains of the higher learning outcomes. These illustrations are not exhaustive.

<b>Examples of evidence for Key Capabilities</b>	<b>Experience &amp; Logbook</b> <ul style="list-style-type: none"><li>• Range of experience in theatres, obstetrics, pre-operative assessment and including special interest areas.</li></ul> <b>Supervised Learning Events (SLEs)</b> can be used to demonstrate: <ul style="list-style-type: none"><li>• Leadership of the theatre team in the management of challenging cases</li><li>• Leadership of complex resuscitation cases including team debrief discussion</li></ul> <b>Personal Activities and Personal Reflections may include:</b> <ul style="list-style-type: none"><li>• Courses and eLearning: Leadership and management, Human Factors, Appraisal skills, Major Incident training, Risk management e.g. certificates showing course or eLearning attendance/ participation</li><li>• Faculty member of simulation courses e.g. correspondence/ programme confirming faculty participation; feedback from delegates</li></ul>
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	<ul style="list-style-type: none"> <li>• Completion of a project demonstrating leadership and team building e.g. feedback from the team; slides/ abstract/ poster from presentation of the project; feedback from supervising consultant</li> </ul> <p><b>Other evidence</b></p> <p>Satisfactory MSF – see requirements for MSF at the beginning of this document</p>
<p><b>Cross links with other domains and capabilities</b></p>	<p>Domain 1 - Professional behaviours and communication  Domain 2 - Management and professional and regulatory requirements  Domain 4 - Safety and Quality Improvement  Domain 11 - Resuscitation and Transfer  Domains 8-14 – All clinical domains</p>

## Curriculum Domain 4: Safety and Quality Improvement

Improves the quality and safety of patient care

### Standard expected

Stage 3 High Level Learning Outcome:

Supervises a local quality improvement project and participates in regional or national quality improvement projects.  
Uses a systems approach to creating, maintaining and improving safety.

### Key capabilities

- Identifies and supervises a quality improvement project, prioritising and evaluating measures and outcomes important to patients in a special interest area of anaesthetic practice

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- Explains how complexity theory applies to healthcare
- Identifies levers and drivers and the principles of psychology underpinning change management that can be used to develop a shared purpose
- Identifies and engages with stakeholders affected by potential change
- Interprets the interplay between psychology, system, process and technical knowledge needed to implement change
- Promotes a collaborative approach to delivering quality improvement utilising the principles of patient co-design when possible
- Describes how to sustain improvement
- Effectively evaluates the impact of a quality improvement intervention
- Applies safety science principles and practice at individual, team, organisational and system levels
- Uses measures of process reliability to monitor and improve safety
- Predicts how system failures will create risks to patients
- Uses a systems-based approach to proactively assess risk and in the investigation of safety incidents
- Acts on national regulation and findings of national case studies in patient safety
- Explains how organisational culture can influence failure or improvement in clinical practice
- Analyses the strengths and weaknesses of safety interventions
- Quantifies the effect of contextual factors on safety
- Addresses the limitations of the concept of 'human error' in incident investigations and responses
- Mitigates against fixation error, unconscious and cognitive biases

**Documentation required:**

The illustrations listed are examples of how you might evidence achievement of each key capability in a particular learning outcome. A single piece of evidence can be utilised to evidence several key capabilities across various domains of the higher learning outcomes. These illustrations are not exhaustive.

<b>Examples of evidence for Key Capabilities</b>	<b>Experience &amp; Logbook</b>
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- Leadership of QI activities within Anaesthetics department and experience of regional or national QI and risk assessment

**Supervised Learning Events (SLEs)** can be used to demonstrate:

- Leadership of local QI project and participation in regional or national QI projects (A-QIPAT)
- Presentation of QI project results
- Implementation of QI project outcomes
- Promotion of safety in theatre lists

**Personal Activities and Personal Reflections** may include:

- Courses and eLearning: quality improvement methodology, understanding risk, understanding professional interactions, change management, national patient safety legislation, human factors training, complexity theory, safety science e.g. certificates showing course or eLearning attendance/ participation
- Involvement with patient safety investigation such as root cause analysis. e.g. anonymised report, correspondence confirming involvement, reflective piece
- Undertake mortality reviews . e.g. anonymised report; correspondence confirming involvement; reflective piece

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	<ul style="list-style-type: none"> <li>Attendance and presentation at clinical governance meetings e.g. slides/ abstract/ poster of presentation; feedback/ confirmation of attendance from clinical governance lead; meeting programme</li> </ul>
<b>Cross links with other domains and capabilities</b>	Domain 1 - Professional Behaviours and Communication Domain 2 - Management and professional and regulatory requirements Domain 3 - Team working Domain 8-14 - All clinical domains

## Curriculum Domain 5: Safeguarding

Identifies vulnerable people and takes appropriate action

### Standard expected

Stage 3 High Level Learning Outcome:

Evaluates and instigates initial management of safeguarding concerns.

### Key capabilities

- Identifies safeguarding concerns and acts to refer to relevant professionals when dealing with vulnerable patient groups
- Describes how beliefs, experience and attitudes might influence professional practice, and ensures that these do not exploit patient vulnerability
- Explains the effect of parental behaviour on children and young people and interagency response
- Manages the particular needs of vulnerable patients of all types in complex clinical situations
- Engages in national safeguarding initiatives and Trust mandatory training
- Determines when and how to safely restrain and safeguard vulnerable patients in distress
- Applies equality and diversity legislation in the context of vulnerable patient care

### Documentation required:

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The illustrations listed are examples of how you might evidence achievement of each key capability in a particular learning outcome. A single piece of evidence can be utilised to evidence several key capabilities across various domains of the higher learning outcomes. These illustrations are not exhaustive.

<p><b>Examples of evidence for Key Capabilities</b></p>	<p><b>Experience &amp; Logbook</b></p> <ul style="list-style-type: none"> <li>• Range of surgical specialties and patient groups in theatre setting, obstetrics, pre-operative assessment clinics and Intensive Care Unit.</li> </ul> <p><b>Supervised Learning Events (SLEs)</b> can be used to demonstrate:</p> <ul style="list-style-type: none"> <li>• Management of a vulnerable patient for surgical procedure</li> <li>• Management of vulnerable patient in distress with potential to require restraint</li> <li>• Management of a case where cultural or religious differences affect consent and treatment</li> </ul> <p><b>Personal Activities and Personal Reflections may include:</b></p> <ul style="list-style-type: none"> <li>• Courses and eLearning: Equality and diversity, Prevent/counter terrorism, child and adult safeguarding, mental capacity act e.g. certificates showing course or eLearning attendance/ participation</li> <li>• Participation in best interests decision e.g. anonymised notes; confirmation of involvement by supervising consultant; reflective piece</li> </ul>
<p><b>Cross links with other domains and capabilities</b></p>	<p>Domain 1 - Professional Behaviours and Communication Domain 6 - Education and Training</p>

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## Curriculum Domain 6: Education and Training

Helps others to develop their professional practice

### Standard expected

Stage 3 High Level Learning Outcome:

Meets the requirements of a clinical supervisor as defined by the GMC.

### Key capabilities

- Actively promotes a culture of learning
- Creates effective learning opportunities
- Demonstrates leadership in terms of patient safety in the context of clinical supervision
- Develops a plan for personal life-long learning
- Participates in planning and delivery of educational programmes using a range of educational methods to deliver teaching
- Explains how to raise concerns about the performance or behaviour of learners who are under their clinical supervision
- Assesses the performance of learners fairly and objectively
- Evaluates, reflects and acts on the effectiveness of their educational activities and learning
- Applies an understanding of the basis of educational theory that underpins successful adult learning

### Documentation required:

The illustrations listed are examples of how you might evidence achievement of each key capability in a particular learning outcome. A single piece of evidence can be utilised to evidence several key capabilities across various domains of the higher learning outcomes. These illustrations are not exhaustive.

Examples of evidence for Key Capabilities	Experience & Logbook

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- Range of clinical experience taking advantage of all opportunities for teaching and learning

**Supervised Learning Events (SLEs)** can be used to demonstrate:

- Use of SLEs throughout stage of training to facilitate learning and guide progress
- Completion of SLEs for more junior colleagues with demonstration of constructive feedback

**Personal Activities and Personal Reflections may include:**

- Courses: Teaching and training courses such as Generic Instructor (GIC), Anaesthetists as Educators, Train the trainers e.g. certificates showing course or eLearning attendance/ participation
- Acting as part of teaching faculty in simulation courses, exam preparation courses e.g. correspondence/ programme confirming faculty participation; feedback from delegates  
Delivery of teaching sessions with feedback
- Organisation of teaching programmes for anaesthetists in training e.g. teaching programme scheduled; correspondence confirming organisation of teaching programmes
- Critical appraisal of local teaching programme with suggestions for feedback e.g. feedback or reflective piece
- Completion of higher qualification in medical education such as PGCert e.g. certificate showing completion

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	<ul style="list-style-type: none"> <li>• Presentation at regional or national meeting e.g. slides/ abstract/ poster of presentation; feedback/ confirmation of presentation from meeting faculty; meeting programme</li> <li>• Development of eLearning module e.g. demonstrate the eLearning module; feedback from learners</li> <li>• Training sessions with educators such as educational supervisors, College Tutor, Post-graduate Clinical Tutor e.g. feedback from educators; reflective piece</li> </ul>
<b>Cross links with other domains and capabilities</b>	Domains 1-14 - All Clinical and GPC Domains

## Curriculum Domain 7: Research and managing data

Expands the understanding of anaesthetic practice

### Standard expected

Stage 3 High Level Learning Outcome:

Is research experienced.

Has engaged with research; applies the governance involved in research, evaluates and communicates research findings clearly.

### Key capabilities

- Practises evidence-based medicine based on critical analysis and awareness of current literature and national and local guidelines, with a detailed knowledge in an area of special interest in anaesthetic or perioperative practice
- Recognises where research can ask relevant questions; appreciates how to study these; where findings can be applied to patient care and can communicate these to patients in a meaningful way
- Promotes a culture of professional critical enquiry with the ability to understand and apply new and future areas of research and related practice e.g. informatics, genomics, stratified medicine, population and global health
- Demonstrates practical knowledge of research principles and governance and how to translate findings into practice

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- Formulates relevant research questions and designs a studies to answer them
- Demonstrates the processes for effective clinical decision making where research is absent or contradictory

**Documentation required:**

The illustrations listed are examples of how you might evidence achievement of each key capability in a particular learning outcome. A single piece of evidence can be utilised to evidence several key capabilities across various domains of the higher learning outcomes. These illustrations are not exhaustive.

<p><b>Examples of evidence for Key Capabilities</b></p>	<p><b>Experience &amp; Logbook</b></p> <ul style="list-style-type: none"> <li>• Inclusion of cases from special interest area(s)</li> </ul> <p><b>Supervised Learning Events (SLEs)</b> can be used to demonstrate:</p> <ul style="list-style-type: none"> <li>• Use of evidence-based medicine</li> <li>• Management of cases where research data is lacking</li> </ul> <p><b>Personal Activities and Personal Reflections may include:</b></p> <ul style="list-style-type: none"> <li>• Attendance at scientific meeting e.g. certificate of attendance</li> <li>• Abstract accepted at national or international meeting e.g. slides/ abstract/ poster of presentation; feedback/ confirmation by correspondence by meeting organisers; meeting programme</li> <li>• Publication in peer reviewed journal e.g. copy of publication</li> <li>• Involvement in research project including ethical approval, gaining consent of participants, data analysis e.g. correspondence from lead of the research project detailing involvement</li> </ul>
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	<ul style="list-style-type: none"> <li>• Leads in development or revision of local guidelines e.g. copy of local guideline development or revision; correspondence from supervisor confirming lead role</li> <li>• Participation in systematic literature review e.g. publications; reflective piece</li> <li>• Active involvement with local trainee research network (TRN) such as local lead for a TRN study e.g. correspondence from TRN lead detailing involvement; publications, poster presentations or abstracts</li> </ul>
<b>Cross links with other domains and capabilities</b>	Domain 4 - Safety and Quality Improvement Domain 6 - Education and training

## Curriculum Domain 8: Perioperative Medicine and Health Promotion

Facilitates safe multi-disciplinary perioperative care.

Promotes principles of public health interventions and practices efficient use of healthcare resources.

### Standard expected

Stage 3 High Level Learning Outcome

Manages perioperative care at an individual and service-wide level.

Applies the principles of sustainability to clinical practice.

### Key capabilities

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- Delivers high quality perioperative care of all patients for elective and emergency surgery, developing expertise in an area of anaesthetic special interest
- Describes the impact of patient mental health and well-being on perioperative care and applies this to practice
- Describes the principles of person-centred care, including effective self-management, self-care and expert patient support
- Describes the reasonable limitations of perioperative interventions
- Can make reasoned clinical decisions in the face of uncertainty

**Documentation required:**

The illustrations listed are examples of how you might evidence achievement of each key capability in a particular learning outcome. A single piece of evidence can be utilised to evidence several key capabilities across various domains of the higher learning outcomes. These illustrations are not exhaustive.

<p><b>Examples of evidence</b></p>	<p>SLEs throughout stage of training including special interest area and experience in pre-operative assessment clinics demonstrating, for example:</p> <ul style="list-style-type: none"> <li>• Ability to work independently in special interest area (ALMAT)</li> <li>• Leading a pre-operative assessment clinic</li> <li>• Discussion and advice on likely outcomes and recovery following anaesthesia and surgery for complex patients</li> <li>• Discussion of alternative treatment pathways and their relative risks and benefits</li> </ul> <p><b>Personal activities and reflections:</b></p> <ul style="list-style-type: none"> <li>• Courses and eLearning: Scientific meetings on perioperative medicine e.g. certificates showing course or eLearning attendance/participation</li> </ul>
<p><b>Supervision Level</b></p>	<p><b>4</b> – please see details at the end of this document</p>
<p><b>Cross links with other domains and capabilities</b></p>	<p>Domain 1 - Professional Behaviours and Communication          Domain 9 – General anaesthesia          Special Interest Areas</p>

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- Applies the principles of shared decision making about the suitability of surgery and anaesthesia with high-risk patients and colleagues
- Evaluates information gained through preoperative assessment and applies the principles of shared decision making with the patient and multi-disciplinary team

<b>Examples of evidence</b>	<p>SLEs throughout stage of training including special interest area and experience in pre-operative assessment clinics demonstrating, for example:</p> <ul style="list-style-type: none"> <li>• Leadership in discussion of patient care with surgical team</li> </ul> <p><b>Personal activities and reflections:</b></p> <ul style="list-style-type: none"> <li>• Courses and eLearning: NICE guidance – Shared Decision Making e.g. certificates showing course or eLearning attendance/participation</li> </ul>
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	<p>Domain 1 - Professional Behaviours and Communication</p> <p>Domain 9 – General anaesthesia</p>

- Acts as an advocate for health promotion and illness prevention in the perioperative period
- Supports members of the preoperative team to deliver perioperative health promotion strategies

<b>Examples of evidence</b>	<p>SLEs throughout stage of training including special interest areas and experience in pre-operative assessment clinics</p> <p><b>Personal activities and reflections:</b></p> <ul style="list-style-type: none"> <li>• Activities related to enhanced recovery programmes e.g. copy of local guideline development or revision, correspondence from supervisor</li> </ul>
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	<p>confirming role; slides/ abstract/ poster of any local, regional or national presentations; feedback from colleagues (anaesthetic and other specialties)</p> <ul style="list-style-type: none"> <li>• Development of preparation for surgery strategies e.g. RCoA Fitter Better Sooner e.g. copy of local guideline development or revision, correspondence from supervisor confirming role; slides/abstract/ poster of any local, regional or national presentations; feedback from colleagues (anaesthetic and other specialties)</li> </ul>
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 9 – General anaesthesia

- Promotes strategies to support sustainable healthcare in clinical practice

<b>Examples of evidence</b>	<p>SLEs throughout stage of training including special interest areas</p> <p><b>Personal activities and reflections:</b></p> <ul style="list-style-type: none"> <li>• Courses and eLearning: Environmental impact of anaesthesia e.g. certificates showing course or eLearning attendance/ participation</li> <li>• Quality improvement project looking at sustainability in operating departments e.g. slides/ abstract/ poster of presentation at local, regional or national meeting; programme meeting; feedback on project</li> </ul>
<b>Supervision Level</b>	<b>N/A</b>

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<b>Cross links with other domains and capabilities</b>	Domain 4 - Safety and Quality improvement Domain 9 – General anaesthesia
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- Develops an understanding of the basic principles of global health including governance, health systems and global health risks

<b>Examples of evidence</b>	<b>Personal activities and reflections:</b> <ul style="list-style-type: none"> <li>• Courses and eLearning: anaesthesia in developing countries e.g. certificates showing course or eLearning attendance/ participation</li> </ul>
<b>Supervision Level</b>	<b>N/A</b>
<b>Cross links with other domains and capabilities</b>	Domain 4 - Safety and Quality improvement Domain 9 – General anaesthesia

## Curriculum Domain 9: General Anaesthesia

Provides safe and effective general anaesthesia

### Standard expected

Stage 3 High Level Learning Outcome:

Provides safe and effective general anaesthesia independently for patients undergoing non-specialist procedures and for patients within defined areas of a special interest.

Stage 2 Key Capabilities – Neuro and Cardiothoracic anaesthesia

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## Key capabilities

- Provides general anaesthesia for all patients undergoing elective and emergency surgery in general settings including maternity units for common complex surgical procedures
- Demonstrates the decision making and organisational skills required to manage operating sessions independently ensuring that the care delivered to patients is safe, effective and efficient
- Applies understanding of co-morbidities in patients requiring general anaesthesia and delivers management strategies to offer individualised care

## Documentation required:

The illustrations listed are examples of how you might evidence achievement of each key capability in a particular learning outcome. A single piece of evidence can be utilised to evidence several key capabilities across various domains of the higher learning outcomes. These illustrations are not exhaustive.

<b>Examples of evidence</b>	SLEs throughout stage of training including special interest areas and out of hours experience: <ul style="list-style-type: none"><li>• CBDs and ALMATs from a range of surgical specialties</li></ul> <b>Personal activities and reflections:</b> Courses and eLearning: Scientific meetings related to special interest area e.g. certificates showing course or eLearning attendance/ participation
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 1 - Professional Behaviours and Communication Domain 3 – Team working Domain 8 – Perioperative medicine and health promotion Special Interest Areas

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- Provides safe anaesthetic care for multiply injured patients, from arrival in hospital through definitive treatment, and understands and applies the principles of management for complex situations such as severe burns or poisoning

<b>Examples of evidence</b>	SLEs: experience may be gained at major trauma centres, burns units  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"> <li>• Courses and eLearning: Trauma management e.g. certificates showing course or eLearning attendance/ participation</li> </ul>
<b>Supervision Level</b>	<b>Minimum 3</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 11 – Resuscitation and Transfer Domain 14 – Intensive Care Medicine

- Contributes to departmental expertise in one or more defined areas of special interest

<b>Examples of evidence</b>	SLEs from experience in special interest areas. This may include A-QIPAT for relevant projects  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"> <li>• Teaching delivered e.g. correspondence/ programme confirming teaching participation; feedback from delegates</li> <li>• Quality Improvement project in area of special interest e.g. slides/ abstract/ poster of presentation at local, regional or national meeting; feedback on QIP; meeting programme</li> <li>• Development of local guidelines e.g. copy of local guideline development or revision; correspondence from supervisor</li> <li>• Departmental presentations e.g. slides/ abstract/ poster of presentation at departmental meeting; feedback from department; meeting programme</li> </ul>
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<b>Cross links with other domains and capabilities</b>	Domain 4 - Safety and Quality improvement Domain 6 – Education and Training Domain 7 – Research and managing data Special Interest Areas
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- Manages patients with complex airway disorders in most situations including independent fibre-optic intubation and can recognise when additional assistance is necessary
- Can manage the anaesthetic challenges of patients needing complex shared airway surgery

<b>Examples of evidence</b>	SLEs including experience in ENT and maxillo-facial surgery  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"> <li>• Courses and eLearning: Airway management, Scientific meeting on difficult airway management e.g. certificates showing course or e-learning attendance/participation</li> </ul>
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 8 – Perioperative medicine and health promotion

- Provides safe anaesthesia for diagnostic or therapeutic procedures outside of the theatre environment including remote sites

<b>Examples of evidence</b>	SLEs from experience such as ECT, radiology, interventional cardiology, interventional neuroradiology
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 8 – Perioperative medicine and health promotion

- Provides safe anaesthetic care for the critically ill patient who needs to return to theatre from the intensive care unit

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<b>Examples of evidence</b>	SLEs from experience such as neurosurgery, cardiac surgery, trauma, general surgery  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"> <li>• Courses and eLearning: relevant scientific meetings e.g. certificates showing course or eLearning attendance/ participation</li> </ul>
<b>Supervision Level</b>	<b>Minimum 3</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 14 – Intensive Care Medicine

- Provides safe and effective perioperative anaesthetic care to all high risk surgical patients with significant co-morbidities and the potential for massive haemorrhage

<b>Examples of evidence</b>	SLEs from experience such as neurosurgery, cardiac surgery, trauma, general surgery and obstetrics  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"> <li>• Courses and eLearning: blood transfusion, trauma management e.g. certificates showing course or eLearning attendance/participation</li> </ul>
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 9 – General anaesthesia D Domain 14 – Intensive Care Medicine

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- Manages the anaesthetic implications of previous neurosurgery and/or intracranial pathology in patients presenting for co-incident surgery

<b>Examples of evidence</b>	SLEs from experience such as neurosurgery  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"> <li>• Neuro anaesthesia scientific meeting e.g. certificates showing scientific meeting attendance/participation</li> </ul>
<b>Supervision Level</b>	<b>Minimum 3</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 9 – General anaesthesia J Domain 14 – Intensive Care Medicine

- Manages the anaesthetic implications of congenital or acquired heart disease in patients presenting for co-incident surgery including referral to a specialist centre when appropriate

<b>Examples of evidence</b>	SLEs from experience such as cardiac surgery  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"> <li>• Courses and eLearning: Adult congenital heart disease e.g. certificates showing course or e-learning attendance/participation</li> </ul>
<b>Supervision Level</b>	<b>Minimum 3</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 9 – General anaesthesia I Domain 14 – Intensive Care Medicine

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## Obstetric Anaesthesia

- Provides safe anaesthetic care for any patient who requires elective or emergency obstetric anaesthesia in a general maternity unit

<b>Examples of evidence</b>	SLEs from experience in obstetrics  <b>Personal activities and reflections:</b> Attendance at obstetric anaesthesia clinic e.g. correspondence from supervising consultant confirming attendance; timetable; reflective piece
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 8 – Perioperative medicine and health promotion

## Paediatric Anaesthesia

- Provides safe anaesthetic care for common non-complex elective and emergency surgical procedures in children aged one year and over

<b>Examples of evidence</b>	SLEs from experience in paediatric surgery  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"><li>• Courses and eLearning: Scientific meeting paediatric anaesthesia e.g. certificates showing course or eLearning attendance/ participation</li></ul>
<b>Supervision Level</b>	<b>Minimum 3</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 8 – Perioperative medicine and health promotion

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- Provides emergency anaesthetic care for paediatric patients pending inter-hospital transfer to a tertiary unit

<b>Examples of evidence</b>	SLEs  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"> <li>• Courses and eLearning: paediatric resuscitation e.g. certificates showing course or e-learning attendance/participation</li> </ul>
<b>Supervision Level</b>	<b>Minimum 3</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 3 – Team working Domain 11 – Resuscitation and Transfer Domain 14 – Intensive Care Medicine

### Neuro Anaesthesia

- Applies relevant anatomical, physiological and pharmacological principles to neurosurgical patients
- Provides safe anaesthetic care to ASA 1-3 adults for simple elective and emergency intracranial, spinal and neuroradiology procedures under local supervision

<b>Examples of evidence</b>	SLEs from experience in neurosurgery  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"> <li>• Final FRCA or accepted Test of Knowledge, or equivalent</li> </ul>
<b>Supervision Level</b>	<b>Minimum 2a</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 9 – General Anaesthesia N

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## Cardiothoracic Anaesthesia

- Applies basic science and clinical anaesthetic principles to patients undergoing cardiac and thoracic surgery
- Describes the principles of anaesthesia for on and off bypass cardiac and thoracic surgery
- Provides safe anaesthetic care to ASA 1–3 adults undergoing elective cardiac revascularization, valvular surgery and cardiology procedures under direct supervision
- Demonstrates safe anaesthetic care for adults requiring non-complex thoracic procedures under direct supervision, including one lung ventilation

<b>Examples of evidence</b>	SLEs from experience in cardiac and thoracic surgery  <b>Personal activities and reflections:</b> Final FRCA or accepted Test of Knowledge, or equivalent
<b>Supervision Level</b>	<b>Minimum 2a</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 8 – Perioperative medicine and health promotion

## Curriculum Domain 10: Regional Anaesthesia

Provides safe and effective regional anaesthesia

### Standard expected

Stage 3 High Level Learning Outcome:

Delivers a range of safe and effective regional anaesthetic techniques to cover the upper and lower limb, chest wall and abdominal wall independently.

### Key capabilities

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- Tailors regional anaesthesia techniques to patients undergoing day surgery

**Documentation required:**

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<b>Examples of evidence</b>	SLEs in a range of surgical specialties  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"> <li>• Courses and eLearning: Regional anaesthesia e.g. certificates showing course or e-learning attendance/participation</li> </ul>
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 13 – Pain

- Manages regional anaesthesia and analgesia safely in the perioperative period in all settings

<b>Examples of evidence</b>	SLEs  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"> <li>• Courses and eLearning: Regional anaesthesia e.g. certificates showing course or e-learning attendance/participation</li> </ul>
<b>Supervision Level</b>	For procedures not listed below are: Lumbar epidural – 4 Low thoracic epidural – 3 Spinal – 4

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	Combined spinal/epidural – 4  <b>Please see details at the end of this document.</b>
<b>Cross links with other domains and capabilities</b>	Domain 4 - Safety and Quality improvement Domain 13 – Pain

- Performs ultrasound-guided regional anaesthesia for the chest wall independently

<b>Examples of evidence</b>	SLEs  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"> <li>• Courses and eLearning: Ultrasound, Regional anaesthesia, management of chest wall trauma e.g. certificates showing course or e-learning attendance/participation</li> </ul>
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 10 – Regional Anaesthesia A & B

- Performs ultrasound-guided regional anaesthesia for the abdominal wall independently

<b>Examples of evidence</b>	SLEs  <b>Personal activities and reflections:</b> Courses and eLearning: Ultrasound, Regional anaesthesia e.g. certificates showing course or eLearning attendance/participation
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document

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<b>Cross links with other domains and capabilities</b>	Domain 10 – Regional Anaesthesia A & B
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- Performs ultrasound-guided nerve blocks for lower limb surgery independently

<b>Examples of evidence</b>	<p>SLEs Experience should include femoral nerve and fascia iliaca blocks</p> <p><b>Personal activities and reflections:</b></p> <ul style="list-style-type: none"> <li>• Courses and eLearning: Ultrasound, Regional Anaesthesia e.g. certificates showing course or e-learning attendance/participation</li> </ul>
<b>Supervision Level</b>	<b>4</b> – please see details at the end of document
<b>Cross links with other domains and capabilities</b>	Domain 10 – Regional Anaesthesia A & B

- Performs ultrasound-guided brachial plexus block independently

<b>Examples of evidence</b>	<p>SLEs</p> <p><b>Personal activities and reflections:</b></p> <ul style="list-style-type: none"> <li>• Courses and eLearning: Ultrasound, Regional Anaesthesia e.g. certificates showing course or e-learning attendance/participation</li> </ul>
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 10 – Regional Anaesthesia A & B

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## Curriculum Domain 11: Resuscitation & Transfer

### Standard expected

Stage 3 High Level Learning Outcome:

Is able to lead the multidisciplinary team for all patients requiring resuscitation from any acute, subsequent stabilisation and post-resuscitation care.

Able to supervise inter-hospital transfers and evaluate the necessary resources for patient transfers.

### Key capabilities

- Maintains resuscitation capabilities achieved in earlier stages
- Identifies situations where specialist retrieval teams are required
- Leads the clinical care of patients requiring retrieval/transfer
- Evaluates the suitability of resuscitation, stabilisation, retrieval or transfer

### Documentation required:

The illustrations listed are examples of how you might evidence achievement of each key capability in a particular learning outcome. A single piece of evidence can be utilised to evidence several key capabilities across various domains of the higher learning outcomes. These illustrations are not exhaustive.

<b>Examples of evidence</b>	SLEs including out of hours experience  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"><li>• Courses and eLearning: Trauma resuscitation, Transfer, Adult and paediatric resuscitation e.g. certificates showing course or e-learning attendance/participation</li></ul>
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document

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<b>Cross links with other domains and capabilities</b>	Domain 14 – Intensive Care Medicine
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- Leads debrief sessions for both staff and relatives in a sensitive, compassionate and constructive manner

<b>Examples of evidence</b>	<p>SLEs including out of hours experience</p> <p><b>Personal activities and reflections:</b></p> <ul style="list-style-type: none"> <li>• Courses and eLearning: Resuscitation, Human Factors, Breaking bad news e.g. certificates showing course or e-learning attendance/participation</li> </ul>
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	<p>Domain 1 - Professional Behaviours and Communication</p> <p>Domain 3 – Team working</p> <p>Domain 14 – Intensive Care Medicine</p>

- Evaluates the wider implications of inter-hospital transfer for on-going safe hospital service delivery
- Explains the requirements for safe patient transfer by air retrieval

<b>Examples of evidence</b>	<p>SLEs throughout stage of training including out of hours experience</p> <p><b>Personal activities and reflections:</b></p> <ul style="list-style-type: none"> <li>• Courses and eLearning: Transfer e.g. certificates showing course or e-learning attendance/participation</li> </ul>
<b>Supervision Level</b>	<b>N/A</b>

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<b>Cross links with other domains and capabilities</b>	Domain 11 – Resuscitation and Transfer C Domain 14 – Intensive Care Medicine
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- Acts as a member of the multidisciplinary trauma team in the initial assessment and stabilisation of the multiple trauma patient and prioritise further management

<b>Examples of evidence</b>	SLEs including out of hours experience  <b>Personal activities and reflections:</b> <ul style="list-style-type: none"> <li>• Courses and eLearning: Trauma resuscitation, Transfer e.g. certificates showing course or e-learning attendance/participation</li> </ul>
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 9 – General Anaesthesia D Domain 11 – Resuscitation and Transfer A & D Domain 14 – Intensive Care Medicine

## Curriculum Domain 12: Procedural Sedation

Provides safe and effective sedation

### Standard expected

Stage 3 High Level Learning Outcome:  
Delivers safe and effective procedural sedation independently.

### Key capabilities

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- Delivers procedural sedation for all patients in all settings
- Evaluates the suitability of sedation for a procedure for a given patient, and formulates an alternative strategy when necessary
- Evaluates and manages the issues posed by provision of sedation in remote sites outside the hospital
- Describes local and national guidelines regarding sedation practice outside the operating theatre

### Documentation required:

The illustrations listed are examples of how you might evidence achievement of each key capability in a particular learning outcome. A single piece of evidence can be utilised to evidence several key capabilities across various domains of the higher learning outcomes. These illustrations are not exhaustive.

<b>Examples of evidence</b>	<p>SLEs in appropriate cases e.g. ophthalmic surgery, trauma, dentistry, endoscopy, Intensive Care, cardioversion</p> <p><b>Personal activities and reflections:</b></p> <ul style="list-style-type: none"> <li>• Contribution to safe sedation training across hospital e.g. evidence of developing teaching programme/ training with non-anaesthetists</li> <li>• Involvement with writing local guidelines relating to sedation e.g. copy of local guideline development or revision; correspondence from supervisor detailing involvement</li> </ul>
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	<p>Domain 4 - Safety and Quality improvement</p> <p>Domain 8 – Perioperative medicine and health promotion</p> <p>Domain 14 – Intensive Care Medicine</p>

## Curriculum Domain 13: Pain

Manages pain

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## Standard expected

Stage 3 Learning Outcome:

Able to initiate complex pain management for in-patients and to signpost to appropriate pain management services.

### Key capabilities

- Applies knowledge and understanding of assessment and management of pain in a multi-professional context
- Demonstrates safe effective pharmacological management of acute and procedure pain in all age groups
- Acts as an effective member of the inpatient pain team

### Documentation required:

The illustrations listed are examples of how you might evidence achievement of each key capability in a particular learning outcome. A single piece of evidence can be utilised to evidence several key capabilities across various domains of the higher learning outcomes. These illustrations are not exhaustive.

<b>Examples of evidence</b>	<p>SLEs across range of surgical specialties and from specialist pain clinics For example: Managing and planning analgesia for patients with chronic pain who present for surgery Leading an inpatient acute pain round Recognition of comorbidities and adjustment of pain medications accordingly</p> <p><b>Personal activities and reflections:</b></p> <ul style="list-style-type: none"><li>• Attendance at pain clinic, multidisciplinary pain meetings e.g. confirmation of attendance by supervising consultant; reflective piece</li><li>• Development of an individual pain management care plan in pre-operative assessment clinic e.g. anonymised copy of clinical notes</li></ul>
<b>Supervision Level</b>	<b>4 – please see details at the end of this document</b>

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<b>Cross links with other domains and capabilities</b>	Domain 3 – Team working Domain 8 – Perioperative medicine and health promotion Domain 9 – General anaesthesia Domain 10 – Regional Anaesthesia Domain 14 – Intensive Care Medicine
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- Effectively engages with multi-disciplinary primary and secondary pain services and palliative care when necessary
- Recognises the need for and complications of interventional pain procedures
- ~~Prescribes appropriately in the perioperative period and recognises the long term implications of not reviewing patient analgesia in the post-operative period following discharge~~

<b>Examples of evidence</b>	SLEs across range of surgical specialties, acute pain ward rounds and from specialist pain clinics; for example: <ul style="list-style-type: none"> <li>• recognition of end-of-life care and adjustments to pain medication accordingly</li> <li>• managing and planning analgesia for patients with acute on chronic pain</li> <li>• assessing patients with chronic pain.</li> </ul> <p><b>Personal activities and reflections:</b></p> <ul style="list-style-type: none"> <li>• experience of management of pain in the terminal care setting</li> <li>• attendance at pain intervention lists.</li> </ul>
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<b>Supervision Level</b>	<b>N/A</b>
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<b>Cross links with other domains and capabilities</b>	Domain 3 – Team Working Domain 8 – Perioperative medicine and health promotion Domain 9 – General anaesthesia
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- Prescribes appropriately in the perioperative period and recognises the long term implications of not reviewing patient analgesia in the post-operative period following discharge

<b>Examples of evidence</b>	<p>SLEs across range of surgical specialties, acute pain ward rounds, and from specialist pain clinics; for example:</p> <ul style="list-style-type: none"> <li>• managing and planning analgesia for discharge</li> </ul> <p><b>Personal activities and reflections:</b></p> <ul style="list-style-type: none"> <li>• Identification and management of complications from patient controlled analgesia, neuraxial techniques and continuous regional techniques e.g. reflective piece; anonymised copy of clinical notes</li> </ul>
<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	<p>Domain 8 – Perioperative medicine and health promotion          Domain 9 – General anaesthesia          Domain 10 – Regional Anaesthesia</p>

- Plans the perioperative management of patients for surgery who are taking high dose opioids and other drugs of potential addiction

<b>Examples of evidence</b>	<p>SLEs across range of surgical specialties acute pain ward rounds, and from specialist pain clinics          For example:</p> <ul style="list-style-type: none"> <li>• Management of the intra-venous drug user who presents for surgery</li> <li>• managing and planning analgesia for patients with chronic pain who present for surgery.</li> </ul>
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<b>Supervision Level</b>	<b>4</b> – please see details at the end of this document
<b>Cross links with other domains and capabilities</b>	Domain 8 – Perioperative medicine and health promotion Domain 9 – General anaesthesia Domain 10 – Regional Anaesthesia

## Curriculum Domain 14: Intensive Care Medicine

Manages critical illness

### Standard expected

Stage 3 High Level Learning Outcome:

Maintains the capabilities achieved at Stage 2

Provides safe and effective care for critically ill patients with specialist help and guidance

### Key capabilities

- Recognises the limitations of intensive care; employs appropriate admission criteria
- Can safely plan and conduct the transfer from, and return to, the intensive care unit for patients requiring multi-organ support
- Recognises and manages the surgical patient who would benefit from pre and/or post-operative critical care
- Provides safe anaesthetic care for the critically ill patient who requires a procedure or investigation outside of the intensive care 10
- Recognises and manages the patient with sepsis and employs local infection control policies
- Explains the physiological and pharmacological requirements for the clinical management of the patient for organ donation
- Supports clinical staff outside the ICU to enable the early detection of the deteriorating patient

### Documentation required:

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The illustrations listed are examples of how you might evidence achievement of each key capability in a particular learning outcome. A single piece of evidence can be utilised to evidence several key capabilities across various domains of the higher learning outcomes. These illustrations are not exhaustive.

<p><b>Examples of evidence</b></p>	<p><b>Experience &amp; Logbook</b> Experience from theatre and on call work in intensive care.</p> <p><b>Supervised Learning Events (SLEs)</b> can be used to demonstrate: Initial assessment, stabilisation and management of the critically ill patient including examples from obstetrics, multiple trauma, major surgical haemorrhage Anaesthesia for ICU patients requiring surgical intervention such as surgical tracheostomy, laparotomy, trauma surgery Emergency surgery in a critically ill patient requiring organ support Management of patient for organ donation Paediatric resuscitation and stabilisation Transfer of critically ill patient to remote sites such as MRI scanner, catheter laboratory Discussion with relatives following resuscitation</p> <p><b>Personal Activities and Personal Reflections may include:</b></p> <ul style="list-style-type: none"> <li>• Completion of resuscitation courses</li> <li>• Simulation training</li> <li>• Attendance at scientific meetings with focus on intensive care medicine</li> <li>• Attendance at ICU follow up clinic</li> </ul>
<p><b>Cross links with other domains and capabilities</b></p>	<p>Domain 1 - Professional behaviours and communication Domain 9 – General anaesthesia capabilities D,I,J &amp; O</p>

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## Curriculum: Special Interest Areas

There are 22 Special Interest Areas (SIA) and applicants need to submit evidence to align with the High Level Learning Outcome and key capabilities in at least one area.

1. Acute Inpatient Pain \*
2. Additional ICM
3. Anaesthesia for patients with complex airway
4. Anaesthesia for Bariatric surgery
5. Anaesthesia for Cardiac surgery
6. Anaesthesia for Hepato-Pancreato-Biliary surgery
7. Anaesthesia for Major General surgery
8. Military Anaesthesia
9. Anaesthesia for Neurosurgery
10. Obstetric Anaesthesia
11. Anaesthesia for Ophthalmic surgery
12. Anaesthesia for complex orthopaedic surgery
13. Paediatric Anaesthesia
14. Pain Medicine
15. Perioperative Medicine
16. Anaesthesia for plastic surgery and burns management
17. Regional Anaesthesia
18. Anaesthesia in resource poor environments
19. Anaesthesia for thoracic surgery

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- 20. Transfer Medicine
- 21. Trauma & Stabilisation
- 22. Anaesthesia for vascular surgery

The following are generic illustrations of evidence required across all 22 areas but certain SIAs (marked with\*) will need further information to be provided. Please refer to the [CCT curriculum](#) for further guidance on this area.

<p><b>Examples of evidence</b></p>	<p><b>Experience &amp; Logbook</b> Experience in Special Interest area</p> <p><b>Supervised Learning Events (SLEs)</b> can be used to demonstrate: Experience of and SLEs for cases in special interest area Practical procedures relevant special interest area (at least supervision level 3)</p> <p><b>Personal Activities and Personal Reflections may include:</b> Courses: National and International meetings relevant to special interest area, leadership, management Abstract presented at meeting relevant to special interest area Development of policies and guidelines relevant to special interest area Satisfactory MSF Satisfactory consultant feedback</p>
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## Stage 3 practical procedures (with supervision levels)

These practical procedures are completed as part of the curriculum. These can be observed using a DOPS/SLE although some might naturally be included within another SLE, such as A-CEX or CBD.

<b>Airway management</b>	Insertion of supraglottic airway	4
	Intubation using standard laryngoscope	4
	Intubation using video laryngoscope	4
	Fibreoptic intubation	3
	Intubation in the awake patient	3
	Emergency front of neck access (simulation)	4
	Lung isolation technique (e.g. double lumen tube or bronchial blocker)	2a
<b>CVS</b>	Central venous line insertion	4
	Venous access line for renal replacement therapy	4
	Arterial line	4
	Ultrasound guided peripheral venous cannulation	4
<b>Respiratory</b>	Needle thoracocentesis (simulation)	4
	Chest drain insertion (simulation)	4
<b>Regional Techniques</b>	Lumbar epidural	4
	Low thoracic epidural	3
	Spinal anaesthesia	4
	Combined spinal/epidural	4
	Simple peripheral nerve block	4
	Ultrasound guided chest wall plane block	4
	Ultrasound guided abdominal wall plane block	4
	Ultrasound guided lower limb block including femoral nerve block and fascia iliaca block	4
Ultrasound guided upper limb block including brachial plexus block	4	

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## Guidance to Supervision Levels

### Supervision/entrustment levels:

- 1) direct supervisor involvement, physically present in theatre throughout
- 2a) supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals
- 2b) supervisor within hospital for queries, able to provide prompt direction/assistance
- 3) supervisor on call from home for queries able to provide directions via phone or non-immediate attendance
- 4) should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

CESR applicants must provide evidence that they have achieved the appropriate supervision/entrustment level in all area of the specialty-specific clinical domains. The majority of this are Level 4, with Paediatrics having a minimum of Level 3 and Stage 2 neuro and cardiothoracic requiring Level 2a.

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## Appendix A

### Advice from a successful CESR applicant

1. Understand the time and effort that is required to make a successful application. You are asked to provide evidence that you have fulfilled all the learning outcomes defined in the CCT curriculum. Doctors who have gone through the formal training programme will normally have taken around seven years to gain these outcomes, so it is not something you can gather overnight. Depending on your recent work history and experience, the CESR may be a matter of starting an application now, or it may be a more long-term process to work towards as a goal in your career development.
2. Good preparation is key. Make sure you look carefully at:
  - a. the current curriculum in Anaesthetics.
  - b. this Specialty Specific Guidance.
  - c. the Royal College of Anaesthetists [guidance for applicants](#)

#### **Please ensure you are reading the latest guidance.**

3. Recognise that you will need others to support you in the application process. Think about who can help, explain to them what help you need and ask if they can support you. It is a good idea to engage local trainers such as College Tutors and Educational Supervisors with your application
4. Try benchmarking yourself against this guidance. For each domain of learning outcomes, try looking at:
  - a. where you already have evidence of capability and start to gather this in one place.
  - b. where you have capabilities, but as yet cannot provide evidence. Think about what evidence you could provide. Try to gain some, such as Directly Observed Procedural Skills (DOPS), Case Based Discussions (CBDs) and Anaesthesia Clinical Evaluation Exercise (A-CEX).
  - c. where you have previously obtained learning outcomes but need to gather evidence to show that your skills are still up to date
  - d. where you do not yet have learning outcomes. Make a plan of how you could address these gaps.

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5. The CESR places most emphasis on evidence gathered in the last five years. If you are providing evidence from before this time, think about what you can do now to show that you still have these capabilities. For example, if you still have contacts in that unit you could ask if they would be prepared for you to go back and have some workplace-based assessments in that area. The Trust would probably want you to have an honorary contract for this.
6. Choose the referees for your structured reports carefully. The GMC provides guidance on who should give structured reports, but you should also think about who values you enough to put in the time and effort to ensure that their report provides the information you need. Think about what you can do to support them in this process. The structured reports they provide have to be from their own direct observation of your practice. Do not assume they can remember everything you have done; like you, they are busy people. Consider drafting a prompt sheet to help them recall the clinical experience you have, any safeguarding experience, any management you have done and any governance work. It is entirely up to them what they write, but there is no harm in reminding them of the good work you have carried out.
7. Make sure you understand which evidence needs to be verified and that you follow the correct verification procedure, to ensure that all your evidence is accepted and does not need to be resubmitted. If in doubt, the GMC can advise on what needs to be verified and what types of verification can be accepted. Check the GMC's guidance on verifying evidence. Verification can be a time-consuming task for whoever you are asking to do this on your behalf. It is not just a case of signing off your documents; they need to be sure that it is honest evidence. Try to meet in advance with someone who can verify your evidence and discuss how they would prefer to do this task, e.g. waiting until you have gathered all your evidence and verifying everything at once, or in instalments while you are compiling it.
8. Take care to arrange your evidence following the order it is set out in this guidance, so it is easier for assessors to find the evidence they need for each of the sections.
9. Finally: keep going and don't lose heart! There will probably be a point in the middle where the task feels huge. When this happens, allow yourself a couple of weeks off CESR then look at it afresh.

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