General Medical Council

Anaesthetics

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Anaesthetics. You will also need to read the Anaesthetics CCT curriculum.

This document was last updated on 05/11/2026

Contents

Introduction 4

Submitting your evidence 7

How much evidence to submit 8

Organising your evidence 9

Structured reports 10

Evidence of training, qualifications, and employment 10

Demonstrating the knowledge, skills and experience (KSE) required for each High Level Learning Outcomes (HLO) 13

Appropriate types of assessments and SLEs 16

Common Reasons for unsuccessful applications 18

Curriculum Domain 1: Professional behaviours and communication 20

Curriculum Domain 2: Management and Professional and Regulatory Requirements 22

Curriculum Domain 3: Team Working 25

Curriculum Domain 4: Safety and Quality Improvement 27

Curriculum Domain 5: Safeguarding 30

Curriculum Domain 6: Education and Training 32

Curriculum Domain 7: Research and managing data 34

Curriculum Domain 8: Perioperative Medicine and Health Promotion 36

Curriculum Domain 9: General Anaesthesia 42

Curriculum Domain 10: Regional Anaesthesia 56

Curriculum Domain 11: Resuscitation & Transfer 60
Curriculum Domain 12: Procedural Sedations 65
Curriculum Domain 13: Pain 67
Curriculum Domain 14: Intensive Care Medicine 72
Special Interest Areas 74
Appendix A - Anaesthetics Portfolio Pathway - Application Checklist 79
Appendix B – Exemplars 83
Appendix C – Advice from a successful applicant 88

Introduction

You can contact us and ask to speak to the GMC Specialist Applications team for advice before you apply. You are strongly advised to refer to the resources on the Royal College of Anaesthetists website for Portfolio pathway applicants and ensure to contact them with any questions **before** you submit your application. The Royal College of Anaesthetists can be contacted at portfolio@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, (or equivalent) from the outset of your application process.

Standard of assessment

Anaesthetic Portfolio pathway applicants need to demonstrate they have the knowledge, skills and experience (KSE) required for practising as an eligible specialist in the UK.

The High-level Learning Outcomes (HLOs) set out in the *Anaesthetics CCT curriculum* will provide the evaluation framework to assess if a doctor has demonstrated the standard and you may also find the *2021 Curriculum Assessment Guidance* a useful resource. If you are submitting a Portfolio application in a Non-CCT specialty (neuro-anaesthesia, paediatric anaesthesia or cardiothoracic anaesthesia) please ensure you refer to the RCoA Non-CCT guidance as well as this SSG, as some of the requirements may differ.

Portfolio pathway applicants need to demonstrate that they have achieved the HLOs for 14 Domains - seven Generic Professional Capability Domains and seven Clinical Domains, and at least one Special Interest Area.

- Domain 1 - Professional behaviours and communication.
- Domain 2 - Management and professional/regulatory requirements
- Domain 3 - Team working.
- Domain 4 – Safety & Quality Improvement.
- Domain 5 – Safeguarding.
- Domain 6 – Education and Training.
- Domain 7– Research and Managing Data.
- Domain 8 – Perioperative Medicine and Healthcare Promotion.

- Domain 9 – General Anaesthesia.
- Domain 10– Regional Anaesthesia.
- Domain 11– Resuscitation & Transfer.
- Domain 12– Procedural Sedation.
- Domain 13 – Pain Medicine.
- Domain 14– Intensive Care.
- Special Interest Areas - HLO in at least one of the Special Interest Areas (SIA)

Timeliness and currency of evidence

Evidence of your HLOs should be recent. In general, evidence of knowledge, skills and experience from the last five years of clinical practise (WTE, does not need to be consecutive), should be submitted, as it typically demonstrates that learning outcomes have been recently maintained. If your evidence is older than the last five years of clinical practise, please include recent testimonials from consultant colleagues/supervisors, as well as assessments and logbooks, demonstrating that you have kept up to date in this area.

Evidence should be contemporaneous and recorded as close to the time of the activity as possible. For events such as SLEs, the focus is on real-time observation and feedback to support development, rather than simply documenting an activity after it has occurred. Delayed entries reduce the quality and immediacy of meaningful reflective feedback. Evidence should also demonstrate ongoing experience and include material from your most recent workplace to show that your practice remains current.

Where additional evidence is requested following a recommendation for a review application, any evidence submitted must be either prospective or completed contemporaneously and signed off in real time within the past five years, demonstrating current practice and ongoing professional development. Retrospective sign-offs completed after the event will not be accepted.

Submitting your evidence

Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our user guide when doing so.

You will need to make sure your evidence meets our requirements, this includes:

- Anonymising (redacting) identifiable information:

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
- 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.

- Verifying your evidence to confirm its authenticity. 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.
- Authenticating overseas qualifications
- Translating any documents not in English. Please ensure the translations you submit meet our translation requirements.

It is important that you read and follow our guidance. If your evidence does not meet these requirements, it may not be included in your application.

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.

How much evidence to submit

Applicants should submit **no more than 1000 pages of evidence (around 100 electronic uploads)**. To successfully demonstrate the KSE, it is expected that between 800 and 1,000 pages of evidence will be required. This total excludes lengthy non-evidential documents, such as job descriptions and curricula.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated descriptors. If you do not have all the evidence listed here, we recommend that you delay applying until you are able to gather it.

Your evidence **must** include the required information regarding training and qualifications, employment in posts and duties (including training posts) and cover the qualifications, knowledge, skills and experience (KSE) to demonstrate the required HLOs in all areas of the 14 Domains. If evidence is missing from any area, 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.

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

Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You should submit your evidence electronically under the correct section of your online application.

You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's CV guidance. You will also be asked to nominate referees to provide structured reports.

You should provide sufficient evidence in respect of each HLO, or the application may fail. **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 application under each relevant Domain, with a clear cover letter at the start of each domain stating that the evidence is located elsewhere, what the evidence is and exactly where it is located, and that you would like to cross-reference it. 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 of the knowledge, skills and experience required, at the expected supervision level. It is important to note that you will not be able to compensate for shortfalls in your KSE in a particular area by providing extra evidence in other areas. Domains should include a variety of evidence types (e.g. SLEs, logbooks and evidence of personal activities) that can be triangulated to demonstrate the breadth of your experience and practice.

All evidence needs to be accessible. For example, if you are submitting a HALO, you must upload a representative sample separately to ensure they can be accessed by evaluators. Logbooks should be presented in a clear and structured format with cases consolidated into relevant areas of clinical practice – logbooks should **not** be presented as a lengthy, undifferentiated spreadsheet of hundreds of cases.

Where we ask in our guidance, please group your evidence together to keep the number of individual electronic uploads manageable. This will need to be done prior to uploading on the GMC application. There are many software solutions widely available that can be used for converting documents/excel sheets/PowerPoint presentations and images to PDFs and combining PDF documents.

You must ensure you follow our guidance on how to present and group your evidence in the online application

Structured reports

When you complete your application online you will be required to provide the details of a minimum of four referees to provide structured reports for you.

One of your structured reports should be from a doctor who holds a managerial or educational lead role, such as a Clinical Director, Clinical Service Lead (CSL), College Tutor, Regional Adviser, Portfolio Pathway programme lead or equivalent.

We will reach out to the nominated referees directly to obtain the structured reports once your application has been submitted to us and allocated to an adviser for processing.

Evidence of training, qualifications, and employment

You can see below the evidence you must submit in these general areas. It is useful to submit evidence of your training as background evidence – this allows the evaluators to see your whole career pathway.

Substantial primary evidence for any previous training towards a medical qualification should only be submitted if the training is directly relevant to the KSEs and HLOs required for your Portfolio pathway application, and dates **from the past five years of practice**. Otherwise, certificates of completion are sufficient evidence of training. Overseas evidence can be used, providing it is from the past five years or where it is older, is able to be triangulated with more recent evidence.

Evidence of training and qualifications	
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 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 our provider. The rest of your evidence should be verified in line with our guidance.
Specialist medical qualification(s)	Please provide a **copy** of all specialist medical qualifications you hold. If you hold a specialist medical qualification from outside the UK, this must be **authenticated and provided in hard copy**. 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.
Recent specialist training	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 **authenticated copy** of the curriculum or syllabus that was in place when you undertook your training. 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. 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 (or equivalent) would satisfy this requirement. If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them. If you have undertaken approved specialty training towards a CCT in anaesthetics in the UK in the past, you should provide a copy of your ARCPs.

	Should you wish to provide further evidence obtained within your UK specialty training, this evidence should have been reviewed and signed off through an ARCP from completed years in training.

Evidence of employment in posts and duties (including training posts)	
CV	You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website.
Employment letters	The information in these letters **must** match your CV. They should 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) Usually this will be set out in the letters offering you the post and renewing your contracts. **We do not need to see contracts and terms and conditions of employment**.
Job descriptions	These **must** match the information in your CV. They will usually confirm the following: • your position within the structure of your department • your post title • your clinical and non-clinical commitment • your involvement in teaching or training.

What evidence to submit to demonstrate the knowledge, skills and experience (KSE) required for each High Level Learning Outcomes (HLO)

Examples of evidence required for each HLO in a particular Domain 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 KSE. 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.

Experience and Logbook	Domains 1 - 14
Supervised Learning Events (SLEs) or alternative Workplace Based Assessment (WPBA) methods	Domains 1 - 14
Personal Activities and Reflections	Domains 1 – 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 Domain 10 - Regional Anaesthesia Domain 12 - Procedural Sedation Domain 13 – Pain Medicine Domain 14 - Intensive Care Special Interest Areas

Patient feedback	Domain 1 - Professional behaviours and communication Domain 3 - Team working Domain 8 - Perioperative Medicine and Healthcare Promotion Domain 9 - General Anaesthesia Domain 10 - Regional Anaesthesia Domain 12 - Procedural Sedation Domain 13 – Pain Medicine Domain 14 - Intensive Care Special Interest Areas
Satisfactory Consultant Colleague/ Multi Trainer Feedback	Domains 1- 14, Special Interest Areas

Logbooks

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 Anaesthesiologists (ASA) status. The applicant needs to demonstrate breadth and depth of anaesthetic experience and practice - the mix of cases, level of supervision and a balance of elective and emergency cases, if relevant, for the learning outcome.

Logbooks should be presented in a clear and structured format, not as a lengthy, undifferentiated spreadsheet of hundreds of cases. To enhance readability and demonstrate breadth of experience, cases should be grouped and consolidated into relevant areas of clinical practice. These should include Domains 1–7 and 10–14, as well as specific sections for General Anaesthesia, Paediatric Anaesthesia, Obstetric anaesthesia, Neuro-anaesthesia, and Cardiothoracic Anaesthesia, and Special Interest Areas.

Logbooks should be validated and organised with a summary of the total numbers for the various procedures listed in the logbook alongside speciality summary statistics, with detailed clinical evidence of cases and procedures to be provided demonstrating case mix, weekly rotas, dates, ASA rating and age of patients. These should be completed annually and include your role in the procedure. If you are using anything other than Royal College of Anaesthetist's Lifelong Learning Platform for your logbook, we would expect that the logbook also contains information like mode

of anaesthesia, supervision levels for the cases, teaching activity and any regional blocks undertaken. Please refer to the RCoA logbook guidance and summary data set here.

It is important that the logbooks cover the full range of the curriculum demonstrating the breadth and depth of the specialty. This may mean that you have to go back further than five years. All evidence must be validated and anonymised for individual patient data.

SLEs/WPBAs

Similarly, there is no set number of SLEs (or similar) required as they are formative to guide learning. We would strongly advise seeking advice from a trainer (e.g. educational supervisor or equivalent) to ensure that KSE are met. A range of SLEs covering different aspects of the domains will help demonstrate competence. Your SLEs should be used in a formative way to demonstrate reflection on learning and progress.

Multisource Feedback (MSFs)

MSFs should be completed every five years and there should be a minimum of at least 15 assessors and eight respondents for each MSF. Please note, patient feedback and colleague feedback once every five years are part of the GMC requirement towards revalidation and if this is evident from appraisal and revalidation submissions to the GMC it does not need to be repeated.

Patient feedback

Patient feedback should be completed every five years with a minimum of 15 responses. Please note patient feedback and colleague feedback once every 5 years are part of the GMC requirement towards revalidation and if this is evident from appraisal and revalidation submissions to the GMC it does not need to be repeated.

Reflections

Reflection is a core requirement for all medical professionals registered with the GMC and covers all aspects of medical practices, including management, training, education and clinical activity. The reflective piece must demonstrate evaluation and critical analysis, identifying areas for personal and professional development. It is often most effective when based on a specific incident or case and should be fully anonymised in line with GMC guidance. Ideally, reflections should be included as evidence in all relevant domains, as this forms a key part of the evidence reviewed by the assessor. Common pitfalls for reflections include making the reflection too descriptive, inclusion of patient details/lack of anonymisation and lack of depth or clarity.

Appropriate types of assessments and SLEs

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, and additional evidence may be used to make a global judgement on attainment.

Assessment or SLE	**Should** be used to assess this Domain	**May** be used to assess this Domain
Anaesthesia Clinical Evaluation Exercise (A-CEX) or alternative WPBA method	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) or alternative WPBA method	Domain 1 Domain 2 Domain 3 Domain 8 Domain 9 Domain 10 Domain 12 Domain 13	Domain 5 Domain 11
Case-Based Discussion (CBD) or alternative WPBA method	Domain 2 Domain 5 Domain 6 Domain 8 Domain 9 Domain 10 Domain 11 Domain 12	Domain 1 Domain 3 Domain 4 Domain 7

	Domain 13 Domain 14	
Directly Observed Procedural Skills (DOPS) or alternative WPBA method	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) or similar consultant feedback	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) or alternative WPBA method	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

Fellowship of the Royal College of Anaesthetists ("FRCA"), RCoA 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

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 HLO requirements and KSE 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 KSE across all or most Domains and areas and understand the requirements for Specialist Registration in the UK.

Common Reasons for unsuccessful applications

It is our experience that unsuccessful 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 Domains' HLOs.** If you have not covered each of the required KSE in a specific area in the past five years of clinical practise (WTE, does not need to be consecutive) it may be advisable to postpone an application until you have been able to gain or revisit this experience. Applicants **must** ensure they can provide primary contemporaneous evidence of their HLOs and KSE in all Domains and areas.

- **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 or quality improvement projects in which they played lead role, together with contributions to service improvement and risk management projects. You should include **a minimum of one quality improvement project** with a 'fully closed loop' in your Portfolio application – it is suggested that a quality improvement project is included within at least one special interest area. This should include the full completion of **all** stages of a quality improvement project, with an evaluation/re-audit of the outcomes following implementation and presentation of results. 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. Please see the Quality Improvement Education Guidance for the 2021 Curriculum for further information about undertaking quality improvement projects.

- **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 management 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.

- **Insufficient evidence of Special Interest Areas**. Applicants must provide evidence to demonstrate the minimum requirements for Special Interest Areas (SIAs). Common reasons for unsuccessful applications include having the incorrect number of SIAs or insufficient evidence for that of a special interest area – you must make sure you refer to the SIA section in this document and the **Special Interest Area Guidance** which provides details of what needs to be evidenced and the SIA groups.

- **Inappropriate supervision levels.** A common reason for unsuccessful applications is not providing evidence at the appropriate supervision level. Applicants should ensure the evidence they provide meets the expected supervision level for each area, which is stated in each domain of this document.

Curriculum Domain 1: Professional behaviours and communication

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

Standard expected
High-level Learning Outcome(s):
1. Demonstrates the professional values and behaviours required to be a consultant.

Knowledge	• Works within appropriate equality and diversity legislation • Explains job planning, performance management and the requirement for revalidation and takes part in annual appraisal
Skills	• 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
Experience	• 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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**Experience & Logbook** • Range of surgical specialties including special interest areas **SLEs or similar WPBA methods can be used to demonstrate:** • Ability to manage lists as a sole anaesthetist including areas of special interest (ALMAT) • Leadership when discussing the care of a complex patient with the multi-disciplinary team • Evidence of effective shared decision making with patients and colleagues **Personal Activities and Personal Reflections may include:** • Courses and eLearning: Leadership and management, equality and diversity e.g. certificates showing course or eLearning attendance/ participation • Professional portfolio and CV ready for consultant interview • Management of a difficult conversation with a colleague, patient or relative e.g. email exchange or letters; reflective piece • Active listening in a range of environments and situations e.g. reflective piece • Patient feedback materials and with evidence of reflection on these • Leadership of a quality improvement project e.g. presentation slides or poster, correspondence; programme indicating presentation at a meeting • 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 • Experience of the process whereby complaints are dealt with e.g. reflection showing participation in the complaints process **Other evidence** *Satisfactory MSF – see requirements for MSF at the beginning of this document

Cross links with other Domains	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

Curriculum Domain 2: Management and Professional and Regulatory Requirements

Undertakes managerial, administrative and organisational roles

Standard expected
High-level Learning Outcome(s):
1. Understands and undertakes managerial, administrative and organisational roles expected of consultants.

Knowledge	• 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 • 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 • Describes mechanisms for workforce planning and their limitations • Describes how healthcare systems are commissioned and funded • Knows how to prepare medico-legal statements and co-operate with agencies involved in legal requirements
Skills	• Appreciates the roles and practice of different professionals in the organisation and delivery of the health service by promoting inter-professional understanding and working • Applies management and team skills to complex and dynamic situations • Works within regulations relating to information governance, data protection and storage

Experience	• 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 the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**Experience & Logbook** • Leadership of anaesthetic departmental activities **SLEs or similar WPBA methods can be used to demonstrate**: • Management and team leadership skills with complex cases such as in theatres, pre-operative assessment clinics, obstetrics and intensive care **Personal Activities and Personal Reflections may include:** • Management responsibility in the anaesthetic department e.g. evidence of managing rotas, organising teaching programmes • Roles in regional training programme such as trainee representative e.g. correspondence confirming attendance at meetings or appointment to role • Rota management for anaesthetists in training e.g. evidence of managing rotas • Attendance at hospital/Trust Board level meetings e.g. email or other correspondence confirming invitation and attendance • 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

	• 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 • Training and involvement in investigation of serious incidents e.g. correspondence/ feedback from trainer; reflective piece • Involvement in writing a report for the Coroner or other medico-legal indication e.g. anonymised report; correspondence confirming involvement • 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 • Awareness of relevant government health policies e.g. reflective piece
Cross links with other Domains	Domain 1 - Professional behaviours and communication Domain 3 - Team Working Domain 4 - Safety and Quality Improvement Domain 6 - Education and Training Domains 8-14 – All clinical domains

Curriculum Domain 3: Team Working

Contributes to teams to enhance patient care

Standard expected
High-level Learning Outcome(s):
1. Leads and participates in complex and diverse teams in all situations.

Knowledge	• Describes contributions to a major incident response • Seeks and shares information and anticipates future problems to maximise safe practice
Skills	• Demonstrates the skills to provide clinical leadership in a special interest area of anaesthetic 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 • Delegates appropriately and effectively • Manages and reflects on challenging behaviours within the team and escalate concerns as appropriate
Experience	• 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 • Adapts leadership behaviour to improve engagement and outcomes

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**Experience & Logbook** • Range of experience in theatres, obstetrics, pre-operative assessment and including special interest areas. **SLEs or similar WPBA methods can be used to demonstrate:** • Leadership of the theatre team in the management of challenging cases • Leadership of complex resuscitation cases including team debrief discussion **Personal Activities and Personal Reflections may include:** • Courses and eLearning: Leadership and management, Human Factors, Appraisal skills, Major Incident training, Risk management e.g. certificates showing course or eLearning attendance/ participation • Faculty member of simulation courses e.g. correspondence/ programme confirming faculty participation; feedback from delegates • 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 **Other evidence** Satisfactory MSF – see requirements for MSF at the beginning of this document
Cross links with other Domains	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

Curriculum Domain 4: Safety and Quality Improvement

Improves the quality and safety of patient care

Standard expected

High-level Learning Outcome(s):

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

Knowledge	• Explains how complexity theory applies to healthcare • Describes how to sustain improvement • Explains how organisational culture can influence failure or improvement in clinical practise
Skills	• Identifies and supervises a quality improvement project, prioritising and evaluating measures and outcomes important to patients in a special interest area of anaesthetic practice • 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 • Applies safety science principles and practice at individual, team, organisational and system levels • Uses measures of process reliability to monitor and improve safety • Uses a systems-based approach to proactively assess risk and in the investigation of safety incidents • Analyses the strengths and weaknesses of safety interventions • Addresses the limitations of the concept of 'human error' in incident investigations and responses • Mitigates against fixation error, unconscious and cognitive biases
Experience	• Promotes a collaborative approach to delivering quality improvement utilising the principles of patient co-design when possible • Effectively evaluates the impact of a quality improvement intervention • Predicts how system failures will create risks to patients • Acts on national regulation and findings of national case studies in patient safety • Quantifies the effect of contextual factors on safety

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**Experience & Logbook** • Leadership of QI activities within Anaesthetics department and experience of regional or national QI and risk assessment **SLEs or similar WPBA methods 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 (including an evaluation/re-audit of the results of the QI project following implementation) • 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 • Attendance and presentation at clinical governance meetings e.g. slides/ abstract/ poster of presentation; feedback/ confirmation of attendance from clinical governance lead; meeting programme

	**All quality improvement projects must have a fully closed loop with a demonstrable benefit of the project, an evaluation/re-audit of the outcomes following implementation and a presentation of results.*
Cross links with other Domains	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
High-level Learning Outcome(s):
1. Evaluates and instigates initial management of safeguarding concerns.

Knowledge	• 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 • Applies equality and diversity legislation in the context of vulnerable patient care
Skills	• Identifies safeguarding concerns and acts to refer to relevant professionals when dealing with vulnerable patient groups • Determines when and how to safely restrain and safeguard vulnerable patients in distress
Experience	• Manages the particular needs of vulnerable patients of all types in complex clinical situations • Engages in national safeguarding initiatives and Trust mandatory training

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**Experience & Logbook** • Range of surgical specialties and patient groups in theatre setting, obstetrics, pre-operative assessment clinics and Intensive Care Unit. **SLEs or similar WPBA methods can be used to demonstrate:** • Management of a vulnerable patient for surgical procedure

	• Management of vulnerable patient in distress with potential to require restraint • Management of a case where cultural or religious differences affect consent and treatment **Personal Activities and Personal Reflections may include:** • 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 • Participation in best interests decision e.g. anonymised notes; confirmation of involvement by supervising consultant; reflective piece
Cross links with other Domains	Domain 1 - Professional Behaviours and Communication Domain 6 - Education and Training

Curriculum Domain 6: Education and Training

Helps others to develop their professional practice

Standard expected
High-level Learning Outcome(s):
1. Meets the requirements of a clinical supervisor as defined by the GMC.

Knowledge	• Explains how to raise concerns about the performance or behaviour of learners who are under their clinical supervision • 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
Skills	• Actively promotes a culture of learning • Demonstrates leadership in terms of patient safety in the context of clinical supervision • Develops a plan for personal life-long learning • Assesses the performance of learners fairly and objectively
Experience	• Creates effective learning opportunities • Participates in planning and delivery of educational programmes using a range of educational methods to deliver teaching

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**Experience & Logbook** • Range of clinical experience taking advantage of all opportunities for teaching and learning **SLEs or similar WPBA methods 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 • Presentation at regional or national meeting e.g. slides/ abstract/ poster of presentation; feedback/ confirmation of presentation from meeting faculty; meeting programme • Development of eLearning module e.g. demonstrate the eLearning module; feedback from learners ▪ Training sessions with educators such as educational supervisors, College Tutor, Post-graduate Clinical Tutor e.g. feedback from educators; reflective piece
Cross links with other Domains	Domains 1-14 - All Clinical and GPC Domains

Curriculum Domain 7: Research and managing data

Expands the understanding of anaesthetic practice

Standard expected
High-level Learning Outcome(s):
1. Is research experienced.
2. Has engaged with research; applies the governance involved in research, evaluates and communicates research findings clearly.

Knowledge	• Formulates relevant research questions and designs a studies to answer them • Demonstrates practical knowledge of research principles and governance and how to translate findings into practice
Skills	• 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 the processes for effective clinical decision making where research is absent or contradictory
Experience	• 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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**Experience & Logbook** • Inclusion of cases from SIA(s) **SLEs or similar WPBA methods can be used to demonstrate:**

	• Use of evidence-based medicine • Management of cases where research data is lacking **Personal Activities and Personal Reflections may include:** • Attendance at scientific meeting e.g. certificate of attendance • Abstract accepted at national or international meeting e.g. slides/ abstract/ poster of presentation; feedback/ confirmation by correspondence by meeting organisers; meeting programme • Publication in peer reviewed journal e.g. copy of publication • Involvement in research project including ethical approval, gaining consent of participants, data analysis e.g. correspondence from lead of the research project detailing involvement • Leads in development or revision of local guidelines e.g. copy of local guideline development or revision; correspondence from supervisor confirming lead role • Participation in systematic literature review e.g. publications; reflective piece • 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
Cross links with other Domains	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 ad practices efficient use of healthcare resources

Standard expected
High-level Learning Outcome(s):
1. Manages perioperative care at an individual and service-wide level.
2. Applies the principles of sustainability to clinical practise.

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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods (including from Special Interest Areas) and experience in pre-operative assessment clinics demonstrating, for example:** • Ability to work independently in special interest area (ALMAT) • Leading a pre-operative assessment clinic • Discussion and advice on likely outcomes and recovery following anaesthesia and surgery for complex patients

	• Discussion of alternative treatment pathways and their relative risks and benefits **Personal activities and reflections:** • Courses and eLearning: Scientific meetings on perioperative medicine e.g. certificates showing course or eLearning attendance/participation **Logbook**
Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	Domain 1 - Professional Behaviours and Communication Domain 9 – General anaesthesia Special Interest Areas

Skills	• 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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods (including from Special Interest Areas) and experience in pre-operative assessment clinics demonstrating, for example:** • Leadership in discussion of patient care with surgical team **Personal activities and reflections:** • Courses and eLearning: NICE guidance – Shared Decision Making e.g. certificates showing course or eLearning attendance/participation **Logbook**
Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	Domain 1 - Professional Behaviours and Communication Domain 9 – General anaesthesia

Experience	• 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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBAs methods (including from Special Interest Areas) and experience in pre-operative assessment clinics demonstrating, for example**: **Personal activities and reflections:** • Activities related to enhanced recovery programmes 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) • 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) **Logbook**
Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	Domain 9 – General anaesthesia

Experience	• Promotes strategies to support sustainable healthcare in clinical practise

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBAs (including from Special Interest Areas) demonstrating:** **Personal activities and reflections:** ● Courses and eLearning: Environmental impact of anaesthesia e.g. certificates showing course or eLearning attendance/ participation ● 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
Supervision Level	**N/A**
Cross links with other Domains	Domain 4 - Safety and Quality improvement Domain 9 – General anaesthesia

Knowledge	● Develops an understanding of the basic principles of global health including governance, health systems and global health risks

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBAs (including from Special Interest Areas) demonstrating:** **Personal activities and reflections:** ● Courses and eLearning: anaesthesia in developing countries e.g. certificates showing course or eLearning attendance/ participation

Supervision Level	**N/A**
Cross links with other Domains	Domain 4 - Safety and Quality improvement Domain 9 – General anaesthesia

Curriculum Domain 9: General Anaesthesia

Provides safe and effective general anaesthesia

Standard expected
High-level Learning Outcome(s):
1. Provides safe and effective general anaesthesia independently for patients undergoing non-specialist procedures and for patients within defined areas of a special interest.

Knowledge	• Demonstrates the decision making and organisational skills required to manage operating sessions ensuring that the care delivered to patients is safe, effective and efficient
Skills	• Provides general anaesthesia for all patients undergoing elective and emergency surgery in general settings including maternity units for common complex surgical procedures
Experience	• 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 the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods (including from Special Interest Areas) and out of hours experience:** • CBDs and ALMATs from a range of surgical specialties **Personal activities and reflections:**

	Courses and eLearning: Scientific meetings related to special interest area e.g. certificates showing course or eLearning attendance/ participation **Logbook**
Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	Domain 1 - Professional Behaviours and Communication Domain 3 – Team working Domain 8 – Perioperative medicine and health promotion Special Interest Areas

Experience	▪ 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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods**: from experience in major trauma (such as poisoning or burns). **Personal activities and reflections:**

	• Courses and eLearning: Trauma management e.g. certificates showing course or eLearning attendance/ participation **Logbook**
Supervision Level	**Minimum 3 –** please see details at the end of this document
Cross links with other Domains	Domain 11 – Resuscitation and Transfer Domain 14 – Intensive Care Medicine

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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** from experience in special interest areas. This may include A-QIPAT for relevant projects **Personal activities and reflections:** • Teaching delivered e.g. correspondence/ programme confirming teaching participation; feedback from delegates • 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 • Development of local guidelines e.g. copy of local guideline development or revision; correspondence from supervisor

	• Departmental presentations e.g. slides/ abstract/ poster of presentation at departmental meeting; feedback from department; meeting programme
Cross links with other Domains	Domain 4 - Safety and Quality improvement Domain 6 – Education and Training Domain 7 – Research and managing data Special Interest Areas

Skills and Experience	• Manages patients with anticipated difficult airways safely, recognising when additional assistance is necessary • Manages the anaesthetic challenges of patients needing complex shared airway surgery • Manages patients requiring awake tracheal intubation, recognising when additional assistance is necessary

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** including experience in ENT and maxillo-facial surgery **Personal activities and reflections:** • Courses and eLearning: Airway management, Scientific meeting on difficult airway management e.g. certificates showing course or e-learning attendance/participation **Logbook**
Supervision Level	**3 –** please see details at the end of this document

Cross links with other Domains	Domain 8 – Perioperative medicine and health promotion

Skills and Experience	• Demonstrates management of the 'cannot intubate cannot oxygenate' scenario (including emergency front of neck airway) in simulation, and describes current difficult airway guidelines • Uses high flow nasal oxygenation for per-oxygenation in spontaneously breathing patients safely and appropriately • Intubates using flexible bronchoscopy • Manages at-risk extubation safely • Intubates through a supraglottic airway device either in a patient or in simulation

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** from experience in a range of surgical specialties, including ENT and maxillo-facial surgery **Personal activities and reflections:** • Simulation: airway management **Logbook**
Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	Domain 9 – General Anaesthesia

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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** from experience such as ECT, radiology, interventional cardiology, interventional neuroradiology, endoscopy, emergency department
Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	Domain 8 – Perioperative medicine and health promotion

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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** from experience such as neurosurgery, cardiac surgery, trauma, general surgery **Personal activities and reflections:** • Courses and eLearning: relevant scientific meetings e.g. certificates showing course or eLearning attendance/ participation **Logbook**
Supervision Level	**Minimum 3 –** please see details at the end of this document
Cross links with other Domains	Domain 14 – Intensive Care Medicine

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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** from experience such as neurosurgery, cardiac surgery, trauma, general surgery and obstetrics **Personal activities and reflections:** • Courses and eLearning: blood transfusion, trauma management e.g. certificates showing course or eLearning attendance/participation **Logbook**
Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	Domain 9 – General anaesthesia Domain 14 – Intensive Care Medicine

Skills and Experience	• Manages the anaesthetic implications of previous neurosurgery and/or intracranial pathology in patients presenting for co-incidental surgery

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** from experience such as neurosurgery **Personal activities and reflections:** • Neuro anaesthesia scientific meeting e.g. certificates showing scientific meeting attendance/participation **Logbook**
Supervision Level	**Minimum 3 –** please see details at the end of this document
Cross links with other Domains	Domain 9 – General anaesthesia Domain 14 – Intensive Care Medicine

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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** from experience such as cardiac surgery

	Personal activities and reflections: • Courses and eLearning: Adult congenital heart disease e.g. certificates showing course or e-learning attendance/participation **Logbook**
Supervision Level	**Minimum 3 –** please see details at the end of this document
Cross links with other Domains	Domain 9 – General anaesthesia Domain 14 – Intensive Care Medicine

Obstetric Anaesthesia	
Knowledge, Skills and Experience	• Provides safe anaesthetic care for any patient who requires elective or emergency obstetric anaesthesia in a general maternity unit

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** from experience in obstetrics **Personal activities and reflections:**

	Attendance at obstetric anaesthesia clinic e.g. correspondence from supervising consultant confirming attendance; timetable; reflective piece **Logbook**
Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	Domain 8 – Perioperative medicine and health promotion

Paediatric Anaesthesia	
Knowledge, Skills and Experience	• Provides safe anaesthetic care for common non-complex elective and emergency surgical procedures in children aged one year and over • Provides emergency anaesthetic care for paediatric patients pending inter-hospital transfer to a tertiary unit

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** from experience in paediatric surgery **Personal activities and reflections:** • Courses and eLearning: Scientific meeting paediatric anaesthesia, paediatric resuscitation e.g. certificates showing course or eLearning attendance/ participation

	Logbook
Supervision Level	**Children aged 1-3: supervision level 2b** **Children aged 3 and over: supervision level minimum 3** Please see details at the end of this documents
Cross links with other Domains	Domain 8 – Perioperative medicine and health promotion Domain 3 – Team working Domain 11 – Resuscitation and Transfer Domain 14 – Intensive Care Medicine

Neuro Anaesthesia	
Knowledge, Skills and Experience	• 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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** from experience in neurosurgery **Personal activities and reflections:** • Final FRCA or accepted Test of Knowledge, or equivalent **Logbook**
Supervision Level	**Minimum 2a –** please see details at the end of this document
Cross links with other Domains	Domain 9 – General Anaesthesia

Cardiothoracic Anaesthesia	
Knowledge, Skills and Experience	• 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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** from experience in cardiac and thoracic surgery **Personal activities and reflections:** • Final FRCA or accepted Test of Knowledge, or equivalent **Logbook**
Supervision Level	**Minimum 2a –** please see details at the end of this document
Cross links with other Domains	Domain 8 – Perioperative medicine and health promotion

Curriculum Domain 10: Regional Anaesthesia

Provides safe and effective regional anaesthesia

Standard expected
High-level Learning Outcome(s):
1. Delivers a range of safe and effective regional anaesthetic techniques to cover the upper and lower limb, chest wall and abdominal wall independently.

Knowledge and Skills	• Tailors regional anaesthesia techniques to patients undergoing day surgery

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** in a range of surgical specialties **Personal activities and reflections:** • Courses and eLearning: Regional anaesthesia e.g. certificates showing course or e-learning attendance/participation **Logbook**
Supervision Level	**4 –** please see details at the end of this document

Cross links with other Domains	Domain 13 – Pain

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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** in a range of surgical specialties **Personal activities and reflections:** • Courses and eLearning: Regional anaesthesia e.g. certificates showing course or e-learning attendance/participation **Logbook**
Supervision Level	For other expected regional procedures that not listed within the required KSE for this domain, supervision levels are: Lumbar epidural – **4** Spinal – **4**

	Combined spinal/epidural – **4**
Cross links with other Domains	Domain 4 - Safety and Quality improvement Domain 13 – Pain

Skills and Experience

- Performs ultrasound-guided regional anaesthesia for the chest wall
- Performs ultrasound-guided regional anaesthesia for the abdominal wall
- Performs ultrasound-guided nerve blocks for lower limb surgery
- Performs ultrasound-guided brachial plexus block

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence

SLEs or similar WPBA methods in a range of surgical specialties (this should include femoral nerve and fascia iliaca blocks for lower limb blocks)

Personal activities and reflections:

- Courses and eLearning: Ultrasound, Regional anaesthesia, management of chest wall trauma e.g. certificates showing course or e-learning attendance/participation

Supervision Level	**4 –** please see details at the end of this document

Cross links with other Domains	Domain 4 - Safety and Quality improvement Domain 10: Regional Anaesthesia Domain 13 – Pain

Curriculum Domain 11: Resuscitation & Transfer

Standard expected

High-level Learning Outcome(s):

1. Is able to lead the multidisciplinary team for all patients requiring resuscitation from any acute, subsequent stabilisation and post-resuscitation care.
2. Able to supervise inter-hospital transfers and evaluate the necessary resources for patient transfers.

Knowledge	• Maintains contemporary knowledge and skills required for the delivery of successful resuscitation
Skills	• Identifies situations where specialist retrieval teams are required • Evaluates the suitability of resuscitation, stabilisation, retrieval or transfer
Experience	• Leads a multidisciplinary resuscitation team from the initial assessment and management of a critically ill patient, through to handover to Critical Care or another specialist team • Leads the clinical care of patients requiring retrieval/transfer

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** in relevant cases, assessing skills in (procedures can be completed in theatre or ICU settings): • Central venous line insertion of venous access line for renal replacement therapy • Insertion of arterial lines • Ultrasound-guided intravenous cannula insertion • Needle thoracocentesis (simulation) • Chest drain insertion (simulation)

	Personal activities and reflections: • Courses and eLearning: Trauma resuscitation, Transfer, Adult and paediatric resuscitation e.g. certificates showing course or e-learning attendance/participation **Logbook**
Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	Domain 14 – Intensive Care Medicine

Experience	• Leads debrief sessions for both staff and relatives in a sensitive, compassionate and constructive manner • Undertakes discussions with patients, families and colleagues to aid decision making on resuscitation, including DNACPR 'do not attempt cardiopulmonary resuscitation' orders

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** including out of hours experience

	Personal activities and reflections: • Courses and eLearning: Resuscitation, Human Factors, Breaking bad news e.g. certificates showing course or e-learning attendance/participation **Logbook**
Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	Domain 1 - Professional Behaviours and Communication Domain 3 – Team working Domain 14 – Intensive Care Medicine

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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** including out of hours experience

	Personal activities and reflections: • Courses and eLearning: Transfer e.g. certificates showing course or e-learning attendance/participation
Supervision Level	**N/A**
Cross links with other Domains	Domain 11 – Resuscitation and Transfer Domain 14 – Intensive Care Medicine

Experience	• Acts as a member of the multidisciplinary trauma team in the initial assessment and stabilisation of the multiple trauma patient and prioritise further management

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** including out of hours experience **Personal activities and reflections:** • Courses and eLearning: Trauma resuscitation, Transfer e.g. certificates showing course or e-learning attendance/participation **Logbook**

Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	Domain 9 – General Anaesthesia Domain 14 – Intensive Care Medicine

Curriculum Domain 12: Procedural Sedations

Provides safe and effective sedation

Standard expected
High-level Learning Outcome(s):
1. Delivers safe and effective procedural sedation independently.

Knowledge	• Describes local and national guidelines regarding sedation practice outside the operating theatre
Skills	• 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
Experience	• Delivers procedural sedation for all patients in all settings

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** in appropriate cases e.g. ophthalmic surgery, trauma, dentistry, endoscopy, Intensive Care, cardioversion **Personal activities and reflections:** • Contribution to safe sedation training across hospital e.g. evidence of developing teaching programme/ training with non-anaesthetists

	• Involvement with writing local guidelines relating to sedation e.g. copy of local guideline development or revision; correspondence from supervisor detailing involvement **Logbook**
Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	Domain 4 - Safety and Quality improvement Domain 8 – Perioperative medicine and health promotion Domain 14 – Intensive Care Medicine

Curriculum Domain 13: Pain

Manages pain

Standard expected
High-level Learning Outcome(s):
1. Able to initiate complex pain management for in-patients and to signpost to appropriate pain management services.

Knowledge	• Applies knowledge and understanding of assessment and management of pain in a multi-professional context
Skills	• 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 the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** 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

	Personal activities and reflections: • Attendance at pain clinic, multidisciplinary pain meetings e.g. confirmation of attendance by supervising consultant; reflective piece • Development of an individual pain management care plan in pre-operative assessment clinic e.g. anonymised copy of clinical notes **Logbook**
Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	Domain 3 – Team working Domain 8 – Perioperative medicine and health promotion Domain 9 – General anaesthesia Domain 10 – Regional Anaesthesia Domain 14 – Intensive Care Medicine

Skills	• 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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** across range of surgical specialties, acute pain ward rounds and from specialist pain clinics; for example: • Recognition of end-of-life care and adjustments to pain medication accordingly • Managing and planning analgesia for patients with acute on chronic pain • Assessing patients with chronic pain. **Personal activities and reflections:** • Experience of management of pain in the terminal care setting • Attendance at pain intervention lists (if available in that area). **Logbook**
Supervision Level	**N/A**
Cross links with other Domains	Domain 3 – Team Working Domain 8 – Perioperative medicine and health promotion Domain 9 – General anaesthesia

Experience	• Prescribes appropriately in the perioperative period and recognises the long term implications of not reviewing patient analgesia in the post–operative period following discharge

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA method** across range of surgical specialties, acute pain ward rounds, and from specialist pain clinics; for example: • Managing and planning analgesia for discharge **Personal activities and reflections:** • Identification and management of complications from patient controlled analgesia, neuraxial techniques and continuous regional techniques e.g. reflective piece; anonymised copy of clinical notes **Logbook**
Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	Domain 8 – Perioperative medicine and health promotion Domain 9 – General anaesthesia Domain 10 – Regional Anaesthesia

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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**SLEs or similar WPBA methods** across range of surgical specialties acute pain ward rounds, and from specialist pain clinics For example: • Management of the intra-venous drug user who presents for surgery • Managing and planning analgesia for patients with chronic pain who present for surgery. **Logbook**
Supervision Level	**4 –** please see details at the end of this document
Cross links with other Domains	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
High-level Learning Outcome(s):
1. Provides safe and effective care for critically ill patients with specialist help and guidance

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

Documentation required:

The illustrations listed are examples of how you might evidence achievement of the KSE required for a particular HLO. A single piece of evidence can be utilised to evidence KSE across various Domains. These illustrations are not exhaustive.

Examples of KSE evidence	**Experience & Logbook** • Experience from theatre and on call work in intensive care.

	SLEs or similar WPBA methods 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 **Personal Activities and Personal Reflections may include:** • Completion of resuscitation courses • Simulation training • Attendance at scientific meetings with focus on intensive care medicine • Attendance at ICU follow up clinic **Logbook** **MSF**
Cross links with other Domains	Domain 1 - Professional behaviours and communication Domain 9 – General anaesthesia capabilities D, I, J & O Domain 11 – Resuscitation and Transfer

Special Interest Areas

Special interest areas (SIAs) allow the anaesthetist to demonstrate the knowledge, skills and experience (KSE) required to be an independent practitioner. They also indicate KSE in specialised areas of anaesthetic practice that the anaesthetist may want to pursue as a consultant in the UK.

There are 22 clinical Special Interest Areas (SIAs) and currently four non-clinical SIAs (SIAs that relate to generic professional domains of learning). Applicants need to submit evidence to align with the HLO and required KSE in at least one area.

Please ensure you refer to the *Specialty Specific Guidance Special Interest Areas*. The *2021 Curriculum Learning Syllabus for Stage 3 Special Interest Areas* and document are useful resources.

Portfolio pathway applicants are expected to evidence an indicative time of 12 months (whole time equivalent) worth of evidence in a Special Interest Area (SIA), which can be demonstrated through a single SIA or a combination of SIAs. Spending time in SIAs allows doctors to develop knowledge, skills and experience required to be an independent practitioner in a more specialised area of anaesthetics practice. The SIA experience does not have to be completed as a continuous block, and specific/minimum numbers of cases/procedures are not mandated. However, applicants should provide logbooks and SLEs at the required supervision level, alongside examples of a broad scope of evidence *related to the SIA*, such as audits/quality improvement projects, development of guidelines and policies, or presentations at national and international level, which demonstrate acquisition of the SIA learning outcomes. Examples of how you might evidence achievement of the SIAs KSE can be found here.

Applicants must therefore demonstrate one of the following:

- Minimum of one Group 1 SIA (indicative time of 12 months)
- Two SIAs from Group 1 (indicative time of six months in each)

- One SIA from Group 1 (indicative time of six months) plus one SIA from Group 2 (indicative time of six months)
- One SIA from Group 1 (indicative time of six months) plus two SIAs from Group 2 (indicative time of three months each)
- Two SIAs from Group 2 (indicative time of six months each)
- Three SIAs from Group 2 (indicative time of four months each)
- Additional Intensive Care (indicative time of six months) PLUS one SIA from Group 1 (indicative time of six months)
- Additional Intensive Care (indicative time of six months) PLUS one SIA from Group 2 (indicative time of six months)
- Additional Intensive Care (indicative time of six months) PLUS two SIAs from Group 2 (indicative time of three months each)

There are also non-clinical SIA's which include '*Research and Managing Data', 'Safety and Quality Improvement', Management and Professional and Regulatory Requirements', and 'Education and Training'.* Each of these options is a maximum of an indicative six months, and applicants may select **only one** as their SIA. If they do so, they must also demonstrate one of the following:

- One SIA from Group 1 (indicative time of six months)
- One SIA from Group 2 (indicative time of six months)
- Two SIAs from Group 2 (indicative time of three months each)

Group 1

Clinical SIAs

- Anaesthesia for Cardiac Surgery
- Anaesthesia for Neurosurgery
- Obstetric Anaesthesia
- Paediatric Anaesthesia
- Pain Medicine

Group 2

Clinical SIAs

- Acute Inpatient Pain
- Anaesthesia for Bariatric Surgery
- Anaesthesia for Complex Orthopaedic Surgery
- Anaesthesia for Hepato-Pancreato-Biliary Surgery
- Anaesthesia for Major General Surgery
- Anaesthesia for Ophthalmic Surgery
- Anaesthesia for Patients with Complex Airway
- Anaesthesia for Plastic Surgery and Burns Management
- Anaesthesia in Resource Poor Environments
- Anaesthesia for Thoracic Surgery
- Anaesthesia for Vascular Surgery
- Military Anaesthesia
- Perioperative Medicine
- Regional Anaesthesia
- Transfer Medicine
- Trauma and Stabilisation
- Additional ICM

Non-Clinical SIAs

- Safety and Quality Improvement
- Research and Managing Data
- Education and Training
- Management and Professional Regulatory Requirements

The following are generic illustrations of KSE required across all 26 areas, but each SIA will have its own specifications with further information and evidence that needs to be provided. **Please refer to the SIA document at Specialty specific guidance for Anaesthetics - GMC (gmc-uk.org) where KSE requirements for each SIA are individually referenced.**

Examples of evidence	**Experience & Logbook** Experience in Special Interest area **SLEs or similar WPBA methods can be used to demonstrate:** Experience of and SLEs for cases in special interest area **Personal Activities and Personal Reflections:** Courses: National and International meetings relevant to special interest area, leadership, management Abstract presented at meeting relevant to special interest area Evidence of a quality improvement project with a 'fully closed loop' Development of policies and guidelines relevant to special interest area Satisfactory MSF Satisfactory consultant feedback

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).

Portfolio pathway applicants must provide evidence that they have achieved the appropriate supervision/entrustment level in all areas of the specialty-specific clinical domains. The majority of this are Level 4, with Paediatrics having a minimum of Level 2b.

Appendix A - Anaesthetics Portfolio Pathway - Application Checklist

Review the Guidance

Before starting your application, ensure you have thoroughly reviewed the RCoA Information for Applicants. This includes the FAQs, podcasts, and supporting guidance documents. The following documents are essential and must be understood and followed throughout your application:

- Specialty Specific Guidance
- Special Interest Areas Guidance
- Anaesthetic Curriculum

Important Information

This checklist is not exhaustive and does not include all evidence required for an application. While it cannot guarantee a successful outcome, it highlights key areas that commonly lead to unsuccessful applications if they are not adequately evidenced. Each domain should contain a range of evidence types to allow triangulation and support a robust assessment.

1) Application size

☐ The application is no more than 1,000 pages. This helps assessors identify the most relevant evidence and complete a thorough review within a reasonable timeframe.

2) Evidence currency

☐ All primary evidence is dated within the last five years.

☐ All mandatory training and certification (e.g. Resuscitation certificates and required e-learning) remain valid at the time of submission. Expired certificates or primary evidence older than five years are likely to result in rejection.

3) Primary evidence

☐ All knowledge, skills and experience (KSE) claimed within the application (including the CV) are supported by primary evidence such as SLEs, logbook entries, testimonials, or other relevant documentation.

☐ If submitting a HALO, upload a representative sample of the associated SLEs/WPBAs separately. Assessors cannot consider evidence that is inaccessible through the HALO alone.

4) Triangulation of evidence

☐ A range of evidence types is provided across all domains, including an appropriate combination of SLEs/WBPAs, logbooks, feedback/testimonials, and personal reflections and personal activities (such as course or meeting attendance). Where evidence cannot be triangulated, applications are unlikely to be successful.

5) Ensure you application is organised

☐ Each domain includes a clear cover sheet/cover letter with appropriate cross-referencing and signposting to the supporting evidence.

6) Supervision level

☐ Evidence demonstrates achievement at the supervision levels specified within the SSG. Evidence below the required supervision level is unlikely to be accepted.

7) Logbooks:

☐ Logbooks are verified and include a summary page showing total case numbers and specialty-specific activity. Lengthy, unfiltered spreadsheets without summary data will not be accepted as standalone evidence.

8) Multisource Feedback (MSF) and Patient feedback:

If you have not revalidated within the last five years (or have not provided evidence of revalidation), include:

☐ Multi-Source Feedback (minimum 15 respondents).

☐ Patient Feedback (minimum 15 respondents).

9) Quality Improvement Project/audit:

☐ At least one completed QIP or audit demonstrates a full audit cycle, including implementation of change, re-audit, and presentation of results - where possible - consider incorporating this evidence within a Special Interest Area. Audits without evidence of a closed loop are unlikely to be accepted.

10) Understanding of UK health systems:

☐ Evidence demonstrates an understanding of UK healthcare systems, including attendance at or participation in local management, governance, or leadership meetings.

☐ Where this is not possible, evidence of management training and Good Clinical Practice (GCP) training should be provided.

11) Domain 9 – General Anaesthesia

☐ This is one of the most commonly unsuccessful domains; ensure all KSE are comprehensively evidenced.

☐ Evidence is provided for every KSE within this domain through SLEs at the required supervision level, triangulated with logbooks, courses, and relevant personal activities.

12) Domain 10 – Regional Anaesthesia

☐ At least one SLE is provided for **each** Plan A block at supervision Level 4, supported by logbook evidence and relevant personal activities.

13) Special Interest Area

☐ The correct number of SIAs is included, with sufficient experience and time spent in each area (indicative time of 12 months).

☐ The SIAs selected meet the grouping and duration requirements specified in the SSG. Failure to meet these requirements is likely to result in an unsuccessful application.

☐ Evidence demonstrates leadership, development, or service improvement activity within each SIA.

☐ SLEs and logbook evidence demonstrate all required KSEs at the appropriate supervision level (usually Level 4), in line with the SIA Guidance.

14) Contemporaneous Evidence Sign-Off

☐ All evidence has been signed off by an authorised individual at, or close to, the time of the learning event - retrospective sign-off is strongly discouraged and is unlikely to be accepted as primary evidence.

15) Practical procedures

☐ All practical procedures required within the SSG are supported by SLEs completed at the appropriate supervision level.

Appendix B – Exemplars

These are examples of the evidence an applicant could submit for a successful outcome in Domain One (GPC) and Domain Eight (Clinical).

This is by no means exhaustive and for more examples and information please refer to the remainder of the SSG.

Domain One Exemplar - Professional Behaviours and Communications

Knowledge

- Works within appropriate equality and diversity legislation.
    - Certificates from courses and eLearning: equality and diversity
- Explains job planning, performance management and the requirement for revalidation and takes part in annual appraisal.
    - Evidence of revalidation and appraisal including patient and colleague feedback (if revalidated by the GMC in the past 5 years there is no need to submit further evidence)
    - Evidence of job planning discussion e.g. testimonial from clinical director or copy of agreed job plan.

Skills

- Leads the management of complications that have arisen in the course of delivery of health care.
    - One SLE or similar WPBA method demonstrating leadership in the management of patient complications **OR**
    - Evidence of reflection on a critical incidence/ SUI **OR**
    - Evidence of reflection demonstrating management of a difficult conversation with a colleague, patient or relative relating to complications 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.

    - One SLE or similar WPBA method demonstrating leadership when discussing the care of a complex patient with the multi-disciplinary team, and effective shared decision making.
    - Logbook evidence – your logbook should demonstrate breadth of experience, mix of cases, level of supervision and a balance of elective and emergency cases, if relevant for the learning outcome*

Experience

- Complies with governance frameworks and seeks to ensure that all members of the multidisciplinary team do likewise.

    - Evidence of shadowing members of senior hospital management such as clinical governance lead, clinical directors, medical directors e.g. logbook, SLE or similar WPBA methods, testimonials.
- Experience of the process whereby complaints are dealt with e.g. testimonials, reflective piece, certificates from courses and eLearning.

- 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.

    - Certificates showing attendance at courses or eLearning: Leadership and management **OR**
    - Testimonials from supervisors or reflective piece demonstrating optimising health and wellbeing and supporting others.

Domain Eight Exemplar – Perioperative Medicine and Health Promotion

Knowledge

- Describes the principles of person-centred care, including effective self-management, self-care and expert patient support.

    - Certificates showing attendance/participation on courses or eLearning: Scientific meetings on perioperative medicine.

- Describes the reasonable limitations of perioperative interventions.
    - As above
- Describes the impact of patient mental health and well-being on perioperative care and applies this to practice.
    - One SLE or similar WPBA method demonstrating knowledge and application to practice.
- Develops an understanding of the basic principles of global health including governance, health systems and global health risks.
    - Certificates showing attendance/ participation on courses and eLearning: anaesthesia in developing countries.

Skills

- Delivers high quality perioperative care of all patients for elective and emergency surgery, developing expertise in an area of anaesthetic special interest.
    - Logbook evidence – your logbook should demonstrate breadth of experience, mix of cases, level of supervision and a balance of elective and emergency cases, if relevant for the learning outcome*
    - SLEs or similar WPBA methods demonstrating leading a pre-operative assessment clinic (supervision level 4)
- Can make reasoned clinical decisions in the face of uncertainty.
    - SLEs or similar WPBA methods demonstrating discussion and advice on surgical outcomes, recovery and risks/ benefits of alternative treatment pathways (supervision level 4)
- Applies the principles of shared decision making about the suitability of surgery and anaesthesia with high-risk patients and colleagues.
    - As above (supervision level 4)

- Evaluates information gained through preoperative assessment and applies the principles of shared decision making with the patient and multi-disciplinary team.

    - Certificates showing attendance/ participation on courses and eLearning: anaesthesia in developing countries.

Experience

- Acts as an advocate for health promotion and illness prevention in the perioperative period.

    - Logbook evidence.
    - Evidence showing activities related to enhanced recovery programmes e.g. presentations, supervisor's testimonials

- Supports members of the preoperative team to deliver perioperative health promotion strategies.

    - Evidence showing activities related to development of preparation for surgery strategies e.g. presentations, supervisor's testimonials

- Promotes strategies to support sustainable healthcare in clinical practice.

    - Evidence demonstrating involvement with a Quality improvement project looking at sustainability in operating departments e.g. slides/ abstract/ poster of presentation at local, regional or national meeting.

*Please note that your logbook can be cross-referenced

The below is an example of the evidence an applicant could submit for a successful outcome in one of the SIAs – Anaesthesia for Bariatric Surgery.

This is by no means exhaustive and for more examples and information please refer to the SIA document at Specialty specific guidance for Anaesthetics - GMC (gmc-uk.org).

SIA Exemplar – Anaesthesia for Bariatric Surgery

Knowledge

- Describes the pathophysiology and anaesthetic implications of different sleep disordered breathing conditions
    - Certificate of attendance at national and international meetings related to anaesthesia for bariatric surgery and specialist societies
- Describe methods of testing and be able to interpret and act on the results of sleep studies
    - Evidence of attendance at a sleep clinic e.g. clinic timetables, redacted notes, consultant colleague testimonials, personal reflection.

Skills

- Provides risk stratification to patients with obesity related co-morbidity on their peri operative risk profile
    - Evidence of attendance and participation in bariatric pre assessment clinics e.g. clinic timetables, redacted notes, consultant colleague testimonials
- Demonstrate techniques to prolong safe apnoea time, and techniques for managing the difficult airway in the patient requiring bariatric surgery
    - Two SLEs or similar WPBA methods discussing safe apnoea techniques and difficult airway management

Experience

- Provides safe anaesthesia and ventilation strategies for all main weight loss surgical procedure
    - Logbook evidence – your logbook evidence should demonstrate breadth of experience, mix of bariatric cases, level of supervision and a balance of elective and emergency cases if relevant for the learning outcome*
    - Up to five SLEs or similar WPBA methods demonstrating assessment and management of cases with high BMI including those undergoing obesity surgery
    - Leadership of QI projects related to patients with high BMI undergoing surgical procedures

*Please note that your logbook can be cross-referenced

Appendix C – Advice from a successful 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 HLOs set out in the anaesthetic curriculum that provide the framework to assess if a doctor has demonstrated the standard
2. 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, it 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.
3. Good preparation is key. Make sure you look carefully at:
   a) this Specialty Specific Guidance.
   b) the Royal College of Anaesthetists website.

4. 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, Educational Supervisors (or equivalent) with your application.

5. Try benchmarking yourself against this guidance. For each Domain HLO, try looking at:

   a) where you already have KSE evidence and start to gather this in one place.
   b) where you have KSE, but as yet cannot provide evidence. Think about what evidence you could provide. Try to gain some, such as SLEs; Directly Observed Procedural Skills (DOPS), Case Based Discussions (CBDs) and Anaesthesia Clinical Evaluation Exercise (A-CEX) or similar WPBA methods.
   c) where you have previously obtained HLOs but need to gather evidence to show that your skills are still up to date
   d) where you do not yet have HLOs. Make a plan of how you could address these gaps.

6. The Portfolio pathway places most emphasis on evidence gathered in the last five years (WTE, does not need to be consecutive). 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 obtain some SLEs or similar WPBA methods in that area. The Trust would probably want you to have an honorary contract for this.

7. 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.
8. 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.
9. 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.
10. 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 some time off from your Portfolio pathway application and then look at it afresh.