

Joint Consultative Committee on Anaesthesia

A tripartite committee of the Australian and New Zealand College of Anaesthetists (ANZCA),
The Royal Australian College of General Practitioners (RACGP)
and the Australian College of Rural and Remote Medicine (ACRRM)

Advanced rural skills Curriculum statement in anaesthesia

Third edition, 2003



AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS



THE ROYAL AUSTRALIAN
COLLEGE OF
GENERAL PRACTITIONERS



AUSTRALIAN COLLEGE OF RURAL
AND REMOTE MEDICINE

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Introduction

This curriculum statement replaces the Anaesthesia Advanced Rural Skills Curriculum Statement – Second Edition April 1998. The content has been largely drawn from that statement, and modified to reflect administrative and policy changes, as well as current practice in anaesthesia. This statement is promulgated under the crests of all three colleges, rather than RACGP Rural Faculty, reflecting the input, membership and authority of the JCCA. It is the academic basis for training of rural GP anaesthetists, as well as the yardstick for accreditation of existing GP anaesthetists with the JCCA.

Selection

The JCCA believes that doctors who wish to administer anaesthesia as part of rural or remote medical practice should acquire the skills necessary for competent independent anaesthesia practice in an approved training post, for a minimum duration of 12 months (including appropriate leave). In the previous curriculum statement, anaesthesia training was only available to doctors who were enrolled with the Rural Training Stream (RTS) of the RACGP. Doctors who were not enrolled with the RTS did not have access to recognised (by the colleges) anaesthesia training. Over the period of existence of the JCCA (since 1993), it has become clear that there are doctors who wish to undertake training in anaesthesia outside the recognised training programs of any college. Initially, these doctors were accommodated by the JCCA on an exceptional basis, but more recently as routine. Therefore, the JCCA does not require applicants for anaesthesia training to be enrolled with any particular college training program. It is expected that applicants will have had at least 3 years postgraduate experience, a commitment to rural/remote medical practice and be free of any chemical dependence. A doctor undertaking such a period of training is hereinafter referred to as a JCCA registrar.

Training posts

Training posts are available in all states and territories. Hospitals that are accredited for training by ANZCA are automatically accredited for JCCA training. Smaller regional hospitals have been accredited for training by the JCCA. Hospitals accredited for a provisional Fellowship year by ANZCA may be suitable for JCCA accreditation, on a case by case basis. Hospitals wishing for suitable posts to be accredited for JCCA training may apply to the JCCA, and a decision will be made by the committee to accredit or make an accreditation visit to the hospital. Accreditation, when granted, is for 3 years, unless there is a major change in staffing or other circumstance. Criteria for accreditation and application forms are available from the JCCA secretariat. Each post should have two nominated supervisors, one of whom is a specialist anaesthetist, usually the head of department or training supervisor, and the other a non-specialist or general practitioner anaesthetist.

Overseas training

In the past, many Australian doctors undertook anaesthesia training in the UK, some of them returning with the Diploma of Anaesthetics. This is still possible, although the DA (UK) has been abolished. Hospitals in the UK which are accredited for training with the RCA are automatically accredited with the JCCA. Ideally, a registrar wishing to undertake training in the UK would contact the JCCA before leaving, taking a copy of the curriculum with him or her, so as to have appropriate information for a prospective supervisor at a UK hospital.

Other overseas training may be acceptable to the JCCA. Any overseas training in anaesthesia should be of 12 months duration, including appropriate leave, in an approved training hospital, be based on this curriculum; the registrar should bring back evidence of satisfactory summative assessment from the supervisors of the post.

On return to Australia, the JCCA requires a registrar to undertake 2 weeks or 10 working days assessment/retraining at a JCCA accredited training hospital, preferably in the area of the registrar's proposed future career. Subject to a satisfactory training report, the registrar may then undertake the formal examination of the JCCA.

In the event of being requested to comment on suitability of a doctor for accreditation in rural GP anaesthesia, the JCCA will use this curriculum and process in making such determination.

Learning objectives

Rural practice varies from working in a large regional town or small city with some tertiary support to a single doctor community that may be geographically isolated in extreme conditions. Some of these objectives are not exclusive to anaesthesia practice, but are universal to any medical practice or indeed co-existence with other human beings.

Communication skills and the patient-doctor relationship

The JCCA registrar will be able to:

- develop good listening skills and provide empathic advice and support to patients, carers, families and other team members
- understand the different skills required in cross cultural communication and demonstrate an ability to acquire them
- establish and utilise a comprehensive professional referral network
- demonstrate an understanding of the physical and mental states which may influence conduct of anaesthesia
- outline the influence of emotional, psychological and social factors on an individual's response to pain (acute and chronic)
- demonstrate an ability to communicate and cooperate with a range of rural specialist anaesthetists in the provision of safe anaesthetic services
- demonstrate an understanding of the emotional impact of patients undergoing surgery and provide supportive counselling
- demonstrate an ability to communicate effectively with frightened and uncooperative adults and children.

Applied professional knowledge and skills

The JCCA registrar will be able to:

- develop the clinical skills required to competently manage safe anaesthesia practice in a rural GP setting
- demonstrate confidence to make decisions and accept the outcomes of those decisions whilst working within his/her own limitations
- utilise a problem solving approach to medical care
- demonstrate clinical skills required for appropriate pre-operative assessment and care of patients
- identify features of the pre-operative assessment which will require specialist anaesthesia services and refer appropriately
- use and maintain a range of equipment required for general anaesthesia and monitoring
- induce and maintain unconsciousness and provide intra-operative analgesia
- administer and reverse muscle relaxation safely
- administer local, topical and regional anaesthesia
- describe the principles of common or important operations requiring anaesthesia and their appropriateness in rural GP anaesthesia practice
- provide post-anaesthesia care
- demonstrate knowledge of, and ability to care for, all aspects of a patient's respiratory system, including recognition of problems, use of oxygen, ventilators and artificial airways
- manage acute pain and chronic cancer and non-cancer pain
- effectively manage patients of all ages suffering from cardiac or respiratory arrest
- assess a patient's suitability for transportation
- stabilise, support and organise safe transportation for the critically ill patient
- demonstrate an ability to predict pre-operative, intra-operative and post-operative anaesthesia risks, consulting with a specialist anaesthetist and referring when necessary.

Professional and ethical role

The JCCA registrar will be able to:

- demonstrate an understanding of the particular need and difficulties in maintaining confidentiality in small communities
- critically review relevant literature, analysing and utilising it appropriately in the workplace
- develop skills in balancing the case load and demands of working in isolation in a rural practice with social and personal responsibilities
- develop an understanding of the principles of small business management appropriate to a rural general practice
- demonstrate an ability to establish professional networks, organisations and utilise available rural resources and referral agencies
- develop a commitment to continuing self directed learning and professional development sufficient to provide quality anaesthesia care
- demonstrate an attitude of adaptability to changes in anaesthetic practice relevant to safer rural anaesthesia
- develop the appropriate skills for self care and self reliance
- demonstrate awareness of current ANZCA standards for anaesthesia practice (College Professional Documents) and act in ways consistent with these standards
- work effectively as part of a multidisciplinary team.

Organisational and legal dimensions

The JCCA registrar will be able to:

- outline legal responsibilities regarding notification of disease, birth, death and autopsy, and related documents
- outline his/her responsibility in relation to obtaining informed consent
- demonstrate an understanding of the social/domestic pre-requisites for day only surgery.

The curriculum

This list of topics is neither complete nor comprehensive; it is a guide to the areas of anaesthesia practice in which the registrar should become involved. Some parts will be exhaustively covered, others will merely be touched upon. Each registrar should develop his or her own learning plan.

1. Pre-operative and general medical care

- Pre-operative assessment
- Physical and mental states which influence conduct of pre-operative anaesthesia:
 - history taking, physical examination and relevant investigations
 - identification of suitable day surgery patients
 - patients unsuitable for GP anaesthesia
- Previous and family history
- Relevance of previous medical, surgical and anaesthetic events:
 - significant features in the previous history, eg. failed intubation, anaphylaxis
 - family and genetic disorders
 - oesophageal reflux
- Clinical examination and investigation
- Significant symptoms and signs requiring further investigation:
 - relevant history, eg. chest pain suggestive of ischaemic heart disease, and physical signs, eg. prediction of difficult intubation
 - recent food and fluid ingestions
 - laboratory and radiological investigations
 - conditions requiring post-operative intensive care, eg. respiratory failure
- Post-operative pain relief methods
- Disease and drug therapy:
 - the effect and treatment of surgical diseases on body systems
- The primary (surgical) conditions:
 - effect of surgical illnesses and injuries on anaesthesia, operative and post-operative management
 - aetiology, natural history and effect of surgical illness relevant to rural anaesthesia practice
 - the effects of anaesthesia on the patient's condition and incidence of post-operative complications
 - urgency of surgery, preparation of patient, and suitability for transportation
 - preparation of patient for surgery with emphasis on resuscitation
- Intercurrent disease:
 - local and general effects of relevant medical diseases
 - its relevance to case selection for rural GP anaesthesia, principles of management
 - principles of management
 - effect of anaesthesia and surgery on intercurrent disease
 - effect on anaesthesia
 - consultation with specialist anaesthetist in pre-operative preparations
- Drug therapy:
 - physiological response to anaesthesia
 - principles of drug interactions
 - interactions between anaesthesia drugs, and drugs used in the treatment of disease
 - modification of existing drug therapy for anaesthesia and surgery
- Assessing risk of anaesthesia and surgery:
 - risks of anaesthesia and surgery relevant to the rural location
 - urgency of the surgery in relation to the risk of anaesthesia, eg. a higher anaesthesia risk may be accepted if surgery is life saving
 - prediction of pre-operative, intra-operative and post-operative anaesthesia risks, consulting and referring to a specialist anaesthetist if necessary

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- Pre-operative medication:
 - the emotional impact of patients undergoing surgery and provide supportive counselling
 - informed consent
 - pharmacology principles
 - administration objectives
 - Day care surgery and anaesthesia:
 - principles of selection of patients for day care surgery and anaesthesia
 - surgical procedures suitable for day care surgery
 - evaluating patients suitable for day care surgery
 - social/domestic pre-requisites for day care surgery.

2. General anaesthesia

- Equipment for general anaesthesia and monitoring:
 - range, function, clinical use and hazards of equipment
 - safety issues in the use and maintenance of equipment
 - choosing, assembling and using equipment, eg. systematic check of anaesthetic machine
 - balancing benefits of using particular items, eg. endotracheal tubes, against potential complications
 - requirements of, and skills for, equipment maintenance (as technical back up is often lacking in a rural hospital)
 - use of pulse oximetry, capnography, volatile agent monitoring, ECG monitor and non-invasive BP monitors
 - use and hazards of diathermy
- Narcosis and analgesia:
 - induction of unconsciousness and sensory blockade
 - theory of mechanisms involved in narcosis, anaesthesia and sensory blockage
 - pharmacology of drugs used to modify consciousness, opioid drugs, sedatives, neuroleptics agents and tranquillisers as well as those used to provide sensory and reflex blockage
 - choice and administration of suitable drugs to induce and maintain unconsciousness and provide intra-operative analgesia
 - factors involved in choice of agents for induction and maintenance of anaesthesia
 - patients' emotional response to induction
 - venepuncture, airway maintenance and tracheal intubation, including cricoid pressure and rapid sequence induction, and indications for the relevant techniques
 - failed intubation drill, particularly for obstetric anaesthesia
 - use of 'difficult airway' equipment, eg. bougies, alternative laryngoscopes or any other suitable equipment for unexpected difficult intubations
- Muscle relaxation:
 - the mechanisms of muscle tone
 - the pharmacology of muscle relaxants
 - safe provision and reversal of muscle relaxation
 - physiology of muscle relaxation
 - indications and complications
 - provision of satisfactory relaxation
 - inappropriate response and plan of management
 - understanding of the principles, and use of a nerve stimulator.

3. Local and conduction anaesthesia

- Physiology, anatomy and pharmacology:
 - physiology and anatomy relevant to local, topical and conduction anaesthesia
 - pharmacology of local anaesthetic drugs
 - indications for different drugs
 - management of overdose or abnormal response

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- The practice of local, topical and regional anaesthesia:
 - techniques, effects and complications and their management
 - techniques of subarachnoid anaesthesia and commonly used nerve blocks, eg. axillary and ischaemic arm blocks
 - physiological responses to subarachnoid and epidural blockade
 - monitoring techniques for use in local and conduction anaesthesia
 - management of immediate and delayed complications
 - use of sedative and neuroleptic drugs in conjunction with local and conduction anaesthesia
 - implications of general anaesthesia in conjunction with local and conduction anaesthesia.

JCCA Policy on epidural skills

The JCCA believes that it is difficult to conduct obstetric anaesthesia practice without epidural skills. It is desirable that JCCA registrars acquire these skills during their training, but the committee recognises that this is not always possible. Registrars will be specifically asked about epidural skills and experience in their formal assessment.

4. Care related to surgery and anaesthesia

- Interpersonal management:
 - effective communication with adults and children
 - emotional reactions of patients to hospitalisation, surgery and anaesthesia
 - effect of emotional state on response to anaesthesia and surgery
 - communication with frightened or unco-operative adults, children and their carers
 - effect of illness and separation on patients' relatives and carers
- Specialist anaesthetists:
 - communication, support and co-operation with, and support from, rural specialist anaesthetists
- Rural GP anaesthetists:
 - establishment of cooperative GP anaesthetic networks
 - maintenance of quality anaesthetic services before commercialism
- Staff and patient safety:
 - hazards of the operating theatre
 - hazards of infection, (eg. HIV, hepatitis B, C, or other blood-borne infections), physical injury, electric shock, radiation, surgical and anaesthetic equipment and environmental pollution
 - hazards of cross infection, patient posture, and immobility
 - plans to avoid hazards.

5. Specific applications of care during surgery and anaesthesia

- Principles of common or important operations requiring anaesthesia
- Whether the effect on the patient and conduct of anaesthesia is appropriate for rural GP anaesthetists
- Particular problems, associated with specific procedures and methods to overcome them
- Administration of appropriate IV fluids during operations.

6. Examples of specific application of care during surgery and anaesthesia

- Neurosurgery:
 - (recognising that elective neurosurgery is inappropriate but emergency cases may arise)
 - control of intracranial pressure
 - signs of raised pressure
 - anaesthesia techniques which minimise untoward changes
- Thoracic surgery:
 - (recognising that elective cases are inappropriate but emergency cases may arise)
 - changes which follow open surgical pneumothorax
 - plan for control of secretions and air leak

- Paediatric surgery:
 - principles of paediatric anaesthesia
 - modification of apparatus and technique

JCCA Policy on Paediatric Anaesthesia

In practice, elective anaesthesia in children under the age of three years should be avoided. Further experience in paediatric anaesthesia may be gained during a specific attachment to a supervisor with a special interest in paediatric anaesthesia in a hospital with an adequate caseload. Registrars will be specifically asked about paediatric anaesthesia skills and experience in their formal assessment, and asked to nominate a minimum patient age for elective cases.

The JCCA's policy is:

'That endorsement for elective paediatric anaesthesia down to age twelve months may be granted on an individual practitioner basis after demonstration of the need for such endorsement, and assessment/accreditation by regional representatives of the JCCA. Such endorsement is to be related to the area of need, the individual's documented training in paediatric anaesthesia to the age of 12 months, and be dependent on the maintenance of professional standards.'

- Obstetric anaesthesia and analgesia:
 - important physical and emotional changes in pregnant women, relevant to anaesthesia
 - analgesic and anaesthetic factors which influence fetal wellbeing
 - analgesic techniques in obstetrics
 - neonatal resuscitation
- Other procedures:
 - similar considerations, as above, to patients undergoing other procedures including, abdominal surgery, dentistry or oral surgery, ENT surgery, genito-urinary surgery, gynaecology, plastic surgery, orthopaedic surgery and ophthalmic surgery.

7. Post-anaesthesia care

- Natural history of post-anaesthesia recovery:
 - emotional impact of recovery phase
 - causes of post-operative discomfort (including pain)
 - criteria for discharge from recovery room
- Clinical assessment:
 - aetiology, symptoms, signs, effects and management of post-anaesthesia complications
 - disturbances of physiology especially airway, respiration and circulation
 - complications identified in the recovery room
 - management of unconscious patients, especially maintaining an unobstructed airway.

8. Respiratory care

(including pre-, intra-, post-anaesthesia and intensive care)

- Respiratory system:
 - control and function of the respiratory system
 - symptoms and signs of respiratory failure
 - basic respiratory physiology
 - common respiratory problems and their management
 - interpretation of radiography and lung function testing
 - mechanisms of changes in blood gases and capnographs
- Oxygen therapy:
 - pathophysiology of hypoxaemia
 - indications for oxygen therapy
 - hazards in respiratory failure and prematurity
 - oximetry
 - indications for hyperbaric oxygen therapy

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- General care:
 - clearing respiratory secretions
 - physiotherapy
 - suction and humidification
 - Ventilators:
 - the principles and practice of respiratory support and ventilation
 - principles of, and indications for, mechanical ventilation
 - safety features
 - methods of monitoring
 - choosing and using ventilators in patients with varying degrees of resistance and compliance
 - use of ventilators in theatre, intensive care and during or awaiting transport
 - The artificial airway:
 - indications, management and complications for artificial airways
 - advantages and disadvantages of each type
 - insertion of pharyngeal airways, laryngeal masks, oral and nasal tracheal tubes and tracheostomy
 - management of immediate and delayed complications of an artificial airway, eg. laryngeal spasm.

9. The management of pain

- Physiological and anatomical basis of pain
- Effective pain management in modifying surgical stress response
- Inter-patient variability in analgesic requirement
- Opioid and non-opioid agents which modify pain conduction
- Patient controlled infusion devices
- Supplementation of post-operative analgesia with regional techniques, eg. epidural analgesia, nerve block, if available
- Management of chronic non-cancer pain:
 - influence of emotional, psychological and social factors on an individual's pain response
 - visual analogue scores for quantifying pain
 - effect of psychosocial issues
 - management of chronic pain using non-opioid medication
 - pain clinic services
- Management of chronic cancer pain:
 - anatomical and pathological mechanisms
 - psychological effects
 - therapeutic needs
 - assessment for pain clinic referral
 - common methods of treating pain, drugs used, mode of administration, eg. subcutaneous infusion
 - empathy and communication skills with patients and family.

10. Resuscitation and emergency care

- Cardiopulmonary resuscitation:
 - management of cardiac or respiratory arrest in patients of all ages
 - causes, symptoms and signs of impending cardiac or respiratory arrest
 - airway management
 - expired air ventilation
 - external cardiac compression on patients and models
 - drugs used in acute clinical situations
 - defibrillator
- Transport of critically ill patients:
 - the problems and dangers of transport of critically ill patients
 - criteria for stabilisation and support of critically ill patients at local hospital before transport or retrieval is arranged
 - principles underlying safe transport of critically ill patients
 - communication and co-operation with retrieval teams.

11. Selection and negotiation of content

While, under normal circumstances, it is expected that a registrar would study all of the listed topics, the curriculum is designed to be flexible to accommodate different depth and extent of coverage. The determination of coverage should take place through a negotiated agreement between the registrar and the designated ARSP supervisors. The supervisors would usually be involved in the anaesthesia teaching program at the hospital. The negotiation process should take into account:

- 1) the selection of a broad and representative set of common conditions likely to be encountered in the context of most rural general anaesthesia practice
- 2) the potential geographical location of the registrar and the perceived needs arising from that location (where this is known), and
- 3) the background and experience of the registrar.

The outcome of the negotiation process should be a written statement setting out proposed coverage of content for the year of study, which should be signed by the parties concerned. The content should be subject to periodic review. At the very least, reviews should take place three monthly. Reviews should take into account factors such as the workloads and clinical exposure of the units to which the registrar is attached, the changing interests of the registrar, and the strengths and limitations of the registrar's work in anaesthesia procedures.

Teaching and supervision

This curriculum is designed to be taught primarily in regional hospital posts which are accredited for ANZCA training. In some cases these posts will be Rural Health Training Units (RHTUs) in the Australian states. These are likely to be hospitals with a focus on secondary rather than tertiary referral, and with suitable facilities and staffing in anaesthesia. It is assumed that teaching staff will be selected from specialist anaesthesia staff and rural general practitioner-anaesthetists associated with the RHTUs. The JCCA views as essential that registrars are exposed to the teaching of at least two specialist anaesthetists, and desirable that registrars are exposed to the teaching of non-specialist anaesthetists, preferably rural general practitioners.

The curriculum is designed for a 12 month continuous training post in anaesthesia (including appropriate leave), which may include not more than 3 months of intensive care. During the training period, the registrar is expected to take on the roles and responsibilities of an anaesthesia registrar under the direction of the head of unit or anaesthetic supervisor. In general the duties would include:

- 1) pre-operative assessment of patients
- 2) administration of anaesthesia under supervision, with increasing responsibility over time
- 3) post-operative follow up
- 4) participation in emergency anaesthesia roster (under appropriate supervision)
- 5) involvement in intra-hospital and extra-hospital transfer of patients where indicated.

One-to-one teaching should occur in the context of these activities. This teaching should be active and interactive and should recognise the needs of registrars as adult learners. Registrars are expected to take responsibility for directing their own learning in the negotiated topics while engaged in unit activities. References to the literature should be provided for studies of relevant anatomy, physiology, pathology and research although registrars are expected to use the library facilities of the hospital to locate reference material for themselves. The small number of registrars undertaking this training may preclude the conduct of a tutorial program. However, registrars should be encouraged to join other educational programs in the hospital and/or attend sessions offered to other anaesthetic department staff.

Registrars are required to maintain clinical diaries with written records of patients managed and check these against the negotiated topics. There should be regular review and discussions between the registrar and supervisors. Cases can be presented at the regular audits and meetings in the anaesthesia department. A selected number of cases should be prepared for assessment as set out in the section below.

Prerequisites and assumed prior experience

The JCCA registrar must satisfy the following criteria:

- successful completion of the Early Management of Severe Trauma Course (EMST) or Emergency Life Support Course (ELS) or a secure position within a future course
- demonstration of relevant knowledge, skills and experience including, or similar to, experience as an RMO in a term in anaesthesia
- demonstration of a commitment to rural general practice, including experience of at least one term in rural general practice
- freedom from chemical dependence
- development of a knowledge of anatomy, physiology, pharmacology and research appropriate for a Resident Medical Officer in a department of anaesthesia
- competence in the following basic skills:
 - history taking, physical examination and clinical assessment skills
 - intravenous cannulation
 - airway maintenance
 - endotracheal tube insertion
 - cardiopulmonary resuscitation.

Assessment methods

Assessment principles

This curriculum uses a combination of formative and summative assessment. The purpose of assessment, particularly the former kind, is supervisory as well as judgmental. It should provide an indication of progress in the program and guidelines for registrars in directing their own learning as well as an outline of overall development over the training period. The assessment should be conducted by the designated specialist and non-specialist anaesthetist supervisors, who should be appointed at the beginning of the registrars' programs and continue their involvement with the registrars under supervision for the duration of the training period. There is provision for external moderation of components of the assessment, if circumstances require. This applies to the case commentaries and research project. The same processes of formative and summative assessment apply to the situation of GP anaesthetists assessed as 'enrolled' with the JCCA, who wish to attain 'accredited' status. The requirement of a GP or non-specialist supervisor may be waived, if appropriate. The minimum length of clinical attachment in this situation shall be 2 weeks or 10 working days. A satisfactory training report from a designated supervisor is mandatory before presenting for the formal examination (Appendix 4).

Formative assessment

Regular discussions should take place between the registrar and supervisors using the diaries/logbooks containing notes of the registrar's work. The contents of the diaries/logbooks should be checked against the lists of topics derived from the negotiation of content. These discussions should ideally take place on a weekly basis and brief annotations could be made in the registrar's diaries by the supervisors. The style and format of the diary/logbook should largely be decided by each registrar. Where staff other than designated supervisors are responsible for supervision, there should be at least fortnightly discussion using the diary as a basis for the interchange, although annotations may not be necessary.

Summative assessment

Summative assessment should be conducted jointly by the two supervisors at the end of the training period. This summative assessment should comprise completion of the training report (Appendix 2), including specific mention of skills in epidural and paediatric anaesthesia, as well as completion or otherwise of an EMST or ELS course. Satisfactory and unsatisfactory grading only should be used. Space is provided for comments. A satisfactory report must be presented to the examiners when the registrar presents for formal assessment, as below.

Components of formal assessment

This should include two elements:

- 1) a 60 minute viva voce examination with emphasis on risk assessment and management of anaesthesia complications and problems. The examination must cover the seven specified areas of anaesthesia practice, listed in the examination report. The registrar should exhibit judgment skills appropriate to GP anaesthesia. The assessment panel should consist of a specialist anaesthetist and a GP anaesthetist. A supervisor is acceptable as one examiner. If a GP anaesthetist is not available, two specialists are acceptable. The examiners' report (Appendix 3) is forwarded to the JCCA after the assessment, and
- 2a) three case commentaries which demonstrate risk assessment and management relevant to rural GP anaesthesia,
or
- 2b) an original research project demonstrating the use of scientific method to investigate a simple anaesthetic problem.

The case commentaries or research project should be moderated internally by the designated supervisors at an appropriate time, or externally if required. Mention of them can be made in the summative assessment, if indicated. On receipt of satisfactory training and examination reports, the JCCA will consider, at its next meeting, awarding of a letter of completion of training to the registrar. Award of this will confer 'accreditation' status with the JCCA to the registrar. If training supervisors feel unable to provide a satisfactory training report for a JCCA registrar, they may recommend a further period of training at the same hospital or another location. (The registrar cannot present for a formal examination without a satisfactory training report.) This situation should be notified to the JCCA.

Curriculum evaluation

This curriculum statement should be subject to regular review and evaluation, and information should be collected from all stakeholders in the teaching and learning process. This should include:

- 1) regular formative and summative evaluation of the program by registrars through questionnaire and discussion
- 2) discussion by supervisors and JCCA members
- 3) reports by moderators of case studies
- 4) reports by visiting representatives of ACRRM, ANZCA or RACGP.

References

- Accreditation Process & Maintenance of Professional Standards of JCCA 2002-2004
- Anaesthetics Advanced Rural Skills Curriculum Statement – Second Edition April 1998
- Program for the Maintenance of Professional Standards of Rural GP Anaesthetists (MOPS) 1999-2001.

Appendix 1

Registrar application for advanced rural skills post in Anaesthesia training

This form is to be completed by the registrar prior to commencing the advanced rural skills training post in anaesthesia and forwarded to the JCCA Secretariat.

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REGISTRAR APPLICATION FOR ADVANCED RURAL SKILLS POST IN ANAESTHESIA TRAINING

Name _____ Date of birth _____

Address _____

Postcode _____

Mobile _____ Email _____

Training details Hospital _____

Dates _____ to _____

Is this post accredited with the JCCA or ANZCA? Yes No

If no, application needs to be made by the hospital to JCCA

Primary medical degree _____

Date _____ Place _____

Postgraduate qualification/s _____

Date/s _____ Institution _____

Medical registration _____ State _____

Affiliated with RACGP ACRRM Neither

Enrolment/membership/QA&CPD number (if applicable)

Previous training position/s

Place	Specialty	Duration	Dates

Intended area of rural practice (not necessarily immediately after anaesthetic training)

I assert I am free of chemical dependence, and apply to undertake training in anaesthesia according to the Advanced Rural Skills Curriculum Statement in Anaesthesia (ARSCSA) - Third Edition 2003 and agree to abide by the policies and directions of the Joint Consultative Committee on Anaesthesia.

Signature: _____ Date: _____



AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS



AUSTRALIAN COLLEGE OF RURAL AND REMOTE MEDICINE

Appendix 2

Report by training supervisors

This form is to be completed by the two training supervisors at the conclusion of the advanced rural skills post in anaesthesia and forwarded to the JCCA Secretariat with Appendix 3: Viva examination report.

A copy of this report can be provided for the registrar.

The recommendation re the examination in Appendix 3 is confidential for the JCCA.

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THE ROYAL AUSTRALIAN
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AUSTRALIAN COLLEGE OF RURAL
AND REMOTE MEDICINE

REPORT BY TRAINING SUPERVISORS

Chair
Joint Consultative Committee on Anaesthesia
RACGP
1 Palmerston Crescent
SOUTH MELBOURNE Vic 3205

Dear Sir

Dr _____ has completed / will complete twelve months
Please print name

training in anaesthesia at _____ Hospital

on ____/____/____ according to the Advanced Rural Skills Curriculum Statement in Anaesthesia
(ARSCSA) – Third edition 2003.

- He / she is practising to the standard of the curriculum, and is ready to undertake the formal examination of the JCCA.
- He / she has / has not acquired epidural skills.
- He / she has / has not acquired skills in paediatric anaesthesia, down to a minimum patient age of _____ years / months.
- He / she has completed / will undertake an EMST or ELS course on ____/____/____

Training supervisors

Name _____ Please print name _____ Please print name

Signed _____

Date ____/____/____



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Appendix 3

Viva examination report

This form is to be completed by the two training supervisors following the JCCA's viva examination and forwarded to the JCCA Secretariat with Appendix 2: Report by training supervisors.

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VIVA EXAMINATION REPORT

Chair
Joint Consultative Committee on Anaesthesia
1 Palmerston Crescent
SOUTH MELBOURNE Vic 3205

Dear Sir

Dr _____ was examined on ____/____/____ at
Please print name

_____ Hospital.

He /she has completed /will complete his /her training at _____
_____ Hospital on ____/____/____, and we have received

the report of the training supervisors. Copy attached Yes No

Names of training supervisors _____
Please print name Please print name

The following topics were covered during the examination (> 1 hour):

- Anaesthesia and analgesia for obstetrics [Comment on epidural skills]. Comments: _____
- Airway assessment, difficult & failed intubation. Comments: _____
- Preoperative assessment & case selection. Comments: _____
- Anaesthetic machine check & equipment maintenance. Comments: _____
- Management of anaphylaxis & other rare/unexpected crises. Comments: _____
- Emergency anaesthesia. Comments: _____
- Paediatric anaesthesia: nominated minimum age: _____ Comments: _____

We are satisfied that Dr _____ has achieved the standard of the Advanced Rural Skills Curriculum Statement in Anaesthesia (ARSCSA) – Third edition 2003, and is suited to practice unsupervised as a rural GP anaesthetist.

Examiners

Name _____
Please print name Please print name

Signed _____

Date ____/____/____



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Appendix 4

Supervisor's report on upskilling attachment

This form is to be completed by the supervisor at the conclusion of the upskilling period by the GP Anaesthetist. It is used as confirmation of the competency of the GP Anaesthetist to sit for the JCCA's viva to upgrade to a Category A GP Anaesthetist with the JCCA.

The original copy should be forwarded to the JCCA Secretariat with a copy provided for the GP Anaesthetist.

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SUPERVISOR'S REPORT ON UPSKILLING ATTACHMENT

Chair
Joint Consultative Committee on Anaesthesia
1 Palmerston Crescent
South Melbourne

Dear Sir

Dr _____ has completed ten days training in
Please print name

anaesthesia at _____ Hospital on ____/____/____ ,

according to the Advanced Rural Skills Curriculum Statement in Anaesthesia (ARSCSA) – Third edition 2003 and the Maintenance of Professional Standards Program of the JCCA.

- He /she is practising to the standard of the curriculum, and is ready to undertake the formal examination of the JCCA.
- He /she has / has not acquired epidural skills.
- He / she has / has not acquired skills in paediatric anaesthesia, down to a minimum patient age

of _____ years / months.

Training supervisors

Name _____
Please print name

Please print name

Signed _____

Date ____/____/____



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