

# AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

## POLICY ON SUPERVISION OF CLINICAL EXPERIENCE FOR VOCATIONAL TRAINEES IN ANAESTHESIA

### 1. INTRODUCTION

Supervision of clinical experience allows vocational trainees in anaesthesia to learn in safety as they progress towards independent practice as a specialist anaesthetist.

### 2. SUPERVISORS

2.1 Supervisors must be appropriately qualified by holding FANZCA or other qualifications acceptable to Council.

2.2 Other supervisors acceptable to Council include:

2.2.1 Anaesthetists employed as specialists in ANZCA-approved Hospital Departments or other organisations who hold a specialist qualification in Anaesthesia.

2.2.2 Provisional Fellows as defined in Professional Document TE13 – *Guidelines for the Provisional Fellowship Program*.

2.2.3 Trainees in ATY3 who have completed modules 1-10 and passed the Final Examination.

2.3 Anaesthetists who hold specialist qualifications other than FANZCA, but who are not appointed as a specialist are not acceptable as supervisors of ANZCA trainees.

### 3. LEVELS OF SUPERVISION

There are four such levels, viz.:-

3.1. **Level 1** Supervisor rostered to supervise one trainee and available solely to that trainee.

3.2. **Level 2** Supervisor rostered to supervise two trainees who are in anaesthetising locations in close proximity. The supervisor must be fully conversant with the nature of the patients in both locations and able to provide one-to-one supervision of each as appropriate.

3.3. **Level 3** The supervisor is available in the institution but is not exclusively available for a specific trainee.

- 3.4. **Level 4** The supervisor is not in the institution but is on call within reasonable travelling time and is exclusively rostered for the period in question. This level of supervision applies mainly to out-of-hours cases. Consultation must be available at all times.

#### 4. MINIMUM SUPERVISION LEVELS

##### 4.1 *General*

- 4.1.1 Supervision must be provided by a supervisor with appropriate experience of the particular area of anaesthesia or relevant discipline.
- 4.1.2 Supervision at **level 1 or 2** must be provided for all cases during an initial period varying in length according to the trainee's previous experience and their development of skills and judgement. **For trainees without previous anaesthesia experience, this will need to be for at least six months.** Before being permitted to practise anaesthesia beyond level 1 supervision, all trainees must achieve a satisfactory standard in a structured assessment of competence by at least two appropriate, designated consultant anaesthetists. It is the responsibility of the Supervisor of Training, Head of Department and Trainee to ensure this occurs.
- 4.1.3 All trainees must be supervised at level 1 in any area with which they are unfamiliar.
- 4.1.4 Assessment of competence before moving beyond level 1 supervision also applies to more experienced trainees who are working in unfamiliar sub-specialty areas. That assessment is the responsibility of the Module Supervisor or Supervisor of Training, and the Trainee and Head of Department.
- 4.1.5 Supervision at level 1 or 2 may be appropriate at any stage of training. It provides the best opportunity for teaching and for learning new techniques.
- 4.1.6 As trainees become experienced, more independent practice should be encouraged. Guidelines are presented in items 4.2 to 4.4. The Supervisor of Training must advise the Head of Department on appropriate levels of graduated supervision for individual trainees.
- 4.1.7 Supervision of trainees must extend beyond the operating theatres to pre- and post-anaesthesia consultations, pain rounds, all clinics, and related activities in other remote locations.
- 4.1.8 The same standards of supervision must apply both in-hours and out-of-hours.
- 4.1.9 Trainees must be encouraged to seek advice and/or assistance as early as possible whenever they are concerned. This applies both in and out of hours. At all stages of training, a supervisor must attend an anaesthetic whenever a trainee requests assistance. Conversely, a supervisor should attend an anaesthetic whenever this is deemed appropriate. It is the responsibility of the supervisor to make this decision.

4.1.10 Trainees should be encouraged to discuss their progress on an informal basis with their Supervisor of Training, or Module Supervisors at frequent intervals throughout their training. This is in addition to the structured In-Training Assessments (College Policy Document TE14 - *Policy for the In-Training Assessment of Trainees in Anaesthesia*).

4.1.11 Workload should be measured in time units, normally sessions of 4 hours.

4.2 *Supervision levels that aim to ensure learning in the Basic Training Years*

4.2.1 In the first two years of Basic Training, supervision should be provided at **levels 1 and 2** for **50%** of the workload.

4.2.2 In the first two years of Basic Training, supervision at **level 4** should not average more than **10%** of the workload.

4.2.3 In Basic Training, **out of hours work** should comprise between **25% and 50%** of the workload.

4.3 *Supervision levels that aim to ensure learning in the Advanced Training Years*

4.3.1 In the first two years of advanced training, supervision should be provided at **level 1 or 2** for at least **50%** of the workload.

4.3.2 In the first two years of advanced training, supervision at level 2 or 3 should be an integral part of the training program. Supervision at level 2 or 3 should be provided for at least 5% of the workload.

4.3.3 In the first two years of advanced training, supervision at **level 4** should not average more than **25%** of the workload.

4.3.4 In Advanced Training, **out of hours work** should comprise between **25% and 50%** of the workload.

4.4 *Supervision levels that aim to ensure safety for both trainees and their patients*

4.4.1 In the first year of supervised experience in clinical anaesthesia, after the initial period of level 1 supervision, the supervisor should be notified of all out-of-hours cases. The supervisor should attend for all patients with conditions such as the following:-

4.4.1.1 Patients requiring major resuscitation.

4.4.1.2 Patients with serious medical illness.

4.4.1.3 Debilitated patients.

4.4.1.4 Children under the age of ten years.

4.4.1.5 Operative procedures on pregnant patients.

4.4.1.6 Surgery which poses special anaesthesia problems.

4.4.1.7 Any other high risk patients.

- 4.4.1.8 Any patient who the trainee does not feel competent to anaesthetise.
- 4.4.1.9 Any patient who has a potential or known difficult airway.
- 4.4.2 In the second year of supervised experience in clinical anaesthesia the supervisor must be advised of all children under three years of age, all seriously ill patients and any patients posing special problems for anaesthesia.
- 4.4.3 In the third year of supervised experience in clinical anaesthesia, supervision at level 3 may be appropriate for many of the in-hours cases except where new areas of practice are encountered. In subspecialty areas, such as cardiothoracic anaesthesia, level 1 supervision is normally appropriate.
- 4.4.4 In the third year of supervised experience in clinical anaesthesia, for out-of-hours work, the supervisor must be advised of all children under one year of age, all seriously ill patients or those posing special problems for the anaesthetist, or unfamiliar clinical situations.
- 4.4.5 In the fourth year of supervised experience in clinical anaesthesia, for out-of-hours work, consultation can be at the discretion of the trainee although consultation (and where necessary supervision) remains essential for unfamiliar clinical situations.
- 4.4.6 In the fifth year of supervised experience in clinical anaesthesia, or during the Provisional Fellowship Program, consultation and appropriate supervision must be available at all times.

**This Professional Document should be interpreted with regard to the following Documents:**

- TE1 *Recommendations for Hospitals Seeking College Approval for Vocational Training in Anaesthesia*
- TE4 *Policy on Duties of Regional Education Officers in Anaesthesia*
- TE5 *Policy for Supervisors of Training in Anaesthesia*
- TE13 *Guidelines for the Provisional Fellowship Program*
- TE14 *Policy for the In-Training Assessment of Trainees in Anaesthesia*
- TE17 *Policy on Advisors of Candidates for Anaesthesia Training*

**COLLEGE PROFESSIONAL DOCUMENTS**

*College Professional Documents are progressively being coded as follows:*

- TE *Training and Educational*
- EX *Examinations*
- PS *Professional Standards*

*T      Technical*

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**RECOMMENDATIONS** – defined as ‘advisable courses of action’.

**GUIDELINES** – defined as ‘a document offering advice’. These may be clinical (in which case they will eventually be evidence-based), or non-clinical.

**STATEMENTS** – defined as ‘a communication setting out information’.

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