Policy statement on Supervision of Registrars / Residents in Anaesthesia

Refer to College document “Supervision of clinical experience for vocational trainees in Anaesthesia” TE3 (2006)

1. Introduction

All procedures, or operations performed under general anaesthesia, major regional blockade or sedation initiated by an anaesthetist, should have the anaesthetist in attendance, from the start of the anaesthetic until patient is handed over to appropriate care in PACU. “Anaesthetist” for the purposes of this document refers to a consultant anaesthetist, an anaesthetic trainee, registrar or resident or A & E registrar rotating through anaesthesia. The following represents minimal supervision levels.

2. Basic Training (BT) level registrars and residents.

A&E registrars and residents, anaesthesia interns and HMOs are always supervised at College Level 1.

Registrars in the first year of training are supervised at College Supervision Level 1 for 6 months. After review at the Department of Anaesthesia the registrars may be permitted to do cases solo, (at College Supervision level 3 or 4), in or out of hours.

Registrars with more than one year experience will undergo an evaluation period before being allowed to do cases solo.

Evaluation periods may be extended without prejudice.

Sedation for in hours endoscopy may be done at supervision level 3 with the Senior anaesthetist in charge the supervisor. Registrars must inform the supervisor of difficult cases.

3. Paediatric and Obstetric Cases

Regardless of ability to do cases at supervision level 3 or 4, Basic Training (BT) Registrars (years 1 and 2) or equivalent experience must be supervised at College level 1 for:

- Paediatric cases (defined as patients aged <10)
- Caesarean sections and cases on pregnant women

Registrars may do suitable after hours paediatric and obstetric cases at College supervision levels 3 to 4 once they have successfully completed their paediatric and obstetric subspecialty training, or equivalent.

4. Advanced Training (AT) level registrars or equivalent

Senior registrars may be supervised at College levels 1 to 4 depending on case suitability and training requirements. For in hour cases, the Senior in charge is nominally the supervisor for the fellow. (Supervision level 3).

Registrars may do suitable paediatric and obstetric cases at College supervision levels 3 to 4 once they have successfully completed their paediatric and obstetric subspecialty training, or equivalent.

5. All Levels of registrars and residents

For all registrars, Consultants should attend for:

- ICU type cases or cases requiring major resuscitation
- High risk patients, debilitated patients, patients with serious medical problems
- Surgery or patients which poses special anaesthesia problems, in particular, patients with a difficult airway
- Any patient who the trainee does not feel comfortable to anaesthetise, or is beyond their abilities

Consultants are obliged to attend when requested to do so by the registrar.

Unless the consultant and registrar has previously agreed, the consultant should be informed of all cases with sufficient advance notice, if possible, to allow the consultant to come in.
Levels of supervision will be reviewed from time to time at staff meetings. Registrars may be supervised more closely, than the minimal levels described above, without prejudice, by individual anaesthetists or as determined by the Department.

6. **Epidurals in labour**

Epidurals for labour are taught to anaesthesia registrars and may be performed without the supervisor in the room (College supervision Level 2 or greater) after discussion with the supervising anaesthetist, once the registrar has completed epidural training satisfactorily.

7. **Advanced Training Year 3 (AT3)**

Registrars in AT3 or equivalent are considered to have sufficient experience to not require close consultant supervision. They should consult the on call anaesthetist / senior in charge anaesthetist freely and request their attendance where appropriate. It is recognized that having the consultant present represents a training and learning opportunity, and can improve efficiency.

8. **Documentation of level of supervision**

There is space on the anaesthetic chart to document the level of supervision using College definitions.

Registrars working at college supervision level 1 or 2 should have the name of the supervising consultant written at the top of the anaesthetic chart along side the heading of “Anaesthetist”.

Registrars working at college supervision level 3 or 4 should write the name of the supervising consultant against the supervision level on the anaesthetic chart, with a note reflecting the level of consultation, eg Have discussed with Dr X and agrees with plan of management. No documentation will lead to the conclusion that the consultant is unaware of the case.

In all situations after hours the consultant anaesthetist is obliged to come in when specifically requested by the registrar.

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**Appendix 1**

**Categories of Supervision of Trainees in Anaesthesia**

*(as specified in College Policy Document TE3 (2006))*

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

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 on both locations, and able to provide one-to-one supervision for each as appropriate.

3. Supervisor is available, either in the Medical institution, but is not exclusively available for a specific trainee.

4. Supervisor is not in the medical 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.

**Reference**

College document:

Interim review TE3 (2006) Policy on supervision of clinical experience for vocational trainees in anaesthesia