

Appendix: Stages of Training

Stage 1 - Performs simple peripheral nerve blocks and performs spinal anesthesia and lumbar epidural anesthesia/analgesia independently

- A Explains clearly to patients the risks and benefits of regional anesthesia
- B Describes the indications and contraindications to regional anesthetic techniques
- C Practices measures to avoid wrong-site blocks
- D Performs spinal anesthesia for ASA 1-3 surgical patients independently
- E Performs simple peripheral nerve blocks with ultrasound
- F Performs ultrasound-guided femoral or fascia iliaca blocks independently
- G Discusses the scientific basis of ultrasound and the generation of ultrasound images

Stage 2 - Performs a wider range of regional anaesthetic technique

- A Performs ultrasound-guided brachial plexus blocks
- B Performs ultrasound-guided fascial plane blocks for the chest or abdominal wall
- C Demonstrates how to achieve an optimal ultrasound image and recognizes common ultrasound artifacts
- D Describes ophthalmic blocks for patients undergoing awake ophthalmic surgery
- E Involves the patient in planning and understanding potential complications of regional anesthesia
- F Assesses when a regional technique is not appropriate
- G Manages inadequate block in the awake patient and in recovery if used as an adjunct to general anesthesia
- H Describes the longer-term management of complications of regional anesthesia
- I Discusses the use of regional anesthesia in the presence of abnormalities of coagulation

Stage 3 - Delivers a range of safe and effective regional anesthetic techniques to cover the upper and lower limb, chest and abdominal wall independently

- A Tailors regional anesthesia techniques to patients undergoing day surgery
- B Manages regional anesthesia and analgesia safely in the perioperative period in all settings
- C Performs ultrasound-guided regional anesthesia for the chest wall independently
- D Performs ultrasound-guided regional anesthesia for the abdominal wall independently
- E Performs ultrasound-guided nerve blocks for lower limb surgery independently
- F Performs ultrasound-guided brachial plexus block independently

Fellowship

- A Can independently practice safely a wide range of regional techniques for all upper limb and shoulder surgery under block alone, including the management of continuous nerve catheters for postoperative analgesia
- B Can independently practice safely a wide range of regional techniques for lower limb surgery, including the management of continuous nerve catheters for postoperative analgesia
- C Can independently practice safely a wide range of regional techniques for chest and abdominal wall surgery
- D Ability to independently organize, lead, and evaluate the effectiveness and efficiency of an operating list planned under regional anesthesia alone
- E Supervises and advises colleagues on the suitability and delivery of regional anesthesia in complex cases
- F Can evaluate the place of regional anesthesia, and any developments