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Welcome to the November 2022 edition of the CPOC newsletter with a focus on perioperative education and training.

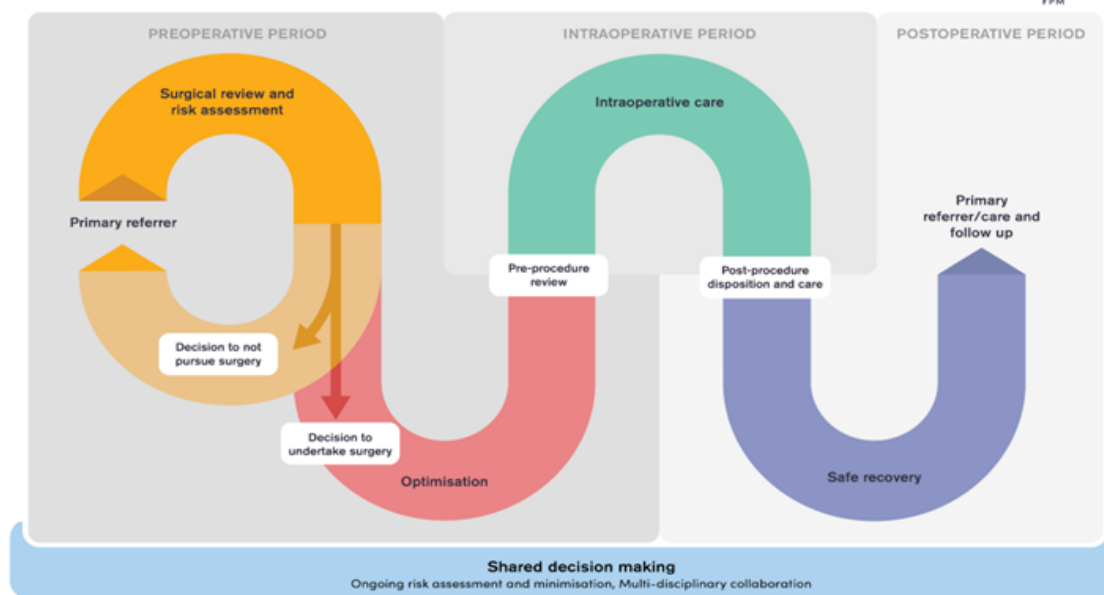
We always welcome your thoughts on what you would like to see in our Newsletter. Contact us at cpoc@rcoa.ac.uk.

The Perioperative Care Framework

From the contemplation of surgery to an optimal outcome



ANZCA
FPM



ANZCA acknowledges the work of the POM Care Working group in the development of this framework.

© October 2021

Perioperative Education ANZCA's Diploma of Perioperative Medicine

The Australian and New Zealand College of Anaesthetists (ANZCA) is leading the development of a formal diploma of perioperative medicine (DipPOM) as part of a major multi-disciplinary collaboration.

The Advancing Perioperative Medicine Project commenced in 2018 when a Perioperative Medicine Steering Committee was formed comprising representatives from ANZCA and its Faculty of Pain Medicine, and of the colleges of intensive care, surgeons, physicians (represented by geriatricians, internal medicine and rehabilitation specialists) as well as the colleges of GPs in Australia and New Zealand and of rural and remote medicine, and a consumer representative.

Clinical experience is a central distinguishing element of the qualification.

The first two topic areas of the diploma will be piloted in the final quarter of 2023 with the full rollout of the diploma (six topic areas) in January 2024. The diploma will be launched at the ANZCA Annual Scientific Meeting being held in Sydney in May 2023 with full course enrolments being taken later that year.

More Information

Underpinning the diploma is the Perioperative Care Framework that encompasses the patient journey from contemplation of surgery through to optimal outcome.

This framework has been designed to be a practical resource for those developing a perioperative medicine service. It identifies key steps and principles in the surgical patient's perioperative care journey; provides recommendations about how these principles might be applied in practice and provides resources that support the evidence behind these recommendations and/or their implementation in practice.

Topic area	12 months		
	Trimester 1 (10 wks)	Trimester 2 (10 wks)	Trimester 3 (10 wks)
1. Preoperative assessment	Topic 1		
2. Preoperative planning	Topic 2		
3. Optimisation		Topic 3	
4. Intraoperative impacts on patient outcomes		Topic 4	
5. Postoperative Assessment and Management			Topic 5
6. Discharge planning & rehabilitation			Topic

ANZCA DipPOM

The ANZCA's diploma curriculum is based on a foundation of educational theory, a graduate outcome statement and the Perioperative Care Framework.

The course is a one-year, flexible, competency-based program delivered in a hybrid model of online learning, workshops and clinical experience within six topic areas:

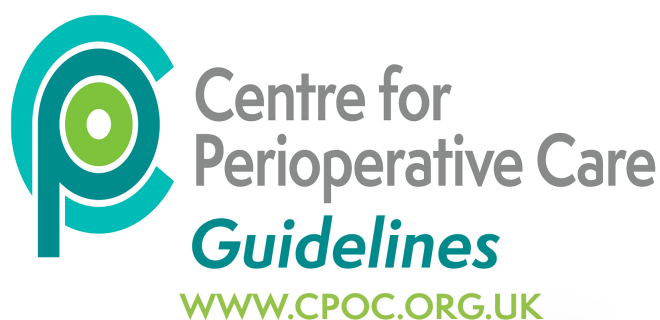
- 1. Preoperative assessment.
- 2. Preoperative planning.

3. Optimisation.
4. Intraoperative impacts on patient outcomes.
5. Postoperative assessment and management.
6. Discharge planning and rehabilitation.

Each topic area will be delivered separately over a 10-week period. Each topic area is divided into five key themes. The clinical experience component of each topic area will be supervised by holders of the diploma.

Enrolment eligibility and prerequisites have been determined and diploma e-learning content and clinical environment experiential learning and assessments are currently in development.

Find out more information



Frailty Guideline



Day Surgery



Diabetes Guideline Timing of Surgery



Anaemia Guideline Enhanced Care



Centre for Perioperative Care Perioperative Curriculum Project

The Centre for Perioperative Care (CPOC) has been commissioned by Health Education England (HEE) to develop a multidisciplinary curriculum for perioperative care. The curriculum for both doctors and allied health professionals will be drafted over an 18 month period with experts from across the perioperative pathway.

CPOC will be convening a multispeciality and transprofessional working group to lead this work in January 2023. CPOC will take the learning from the ANZCA Curriculum and perioperative

medicine programmes alike to inform the learning for the CPOC curriculum. It will be applicable to the four nations.

Shared Decision Making Education and Training



Personalised
Care Institute



Professional
Record
Standards
Body

NICE National Institute for
Health and Care Excellence



Shared decision making is a key concept for every aspect of perioperative care. One in three high-risk patients choosing surgery will experience serious medical complications leading to long-term decline in health and quality of life. Awareness of these long-term risks is poor among both doctors and patients. Consequently, many high-risk patients do not receive the information they need to make an informed decision about surgery.

In 2022, 10.1% of people felt they were "not at all" involved in making decisions about their healthcare (Personalised Care Institute)

A growing range of free eLearning

The PCI has six online modules available for free to all health and care workers:



Key features:

- take just 30-60 mins and can be completed at the learner's own pace
- created and peer-reviewed by national subject leaders
- online and accessible 24/7
- free to access
- include a 'Certificate of Learning' to claim CPD points and a 'Completer's Badge' to share on social media
- suitable for all levels of seniority and experience



[View all resources](#)



Guideline for Perioperative Care for People Living with Frailty Undergoing Elective and Emergency Surgery

September 2021

Recommendations In Practice

GSTT Perioperative medicine for older people having surgery (POPS)

The POPS team at Guys and St Thomas' NHS Foundation Trust co-manage older, complex patients undergoing either elective or emergency surgery across all surgical subspecialties at GSTT.

Preoperatively, they assess patients and optimise medical, functional, psychological and social status, with the aim of reducing risk and severity of postoperative complications and ensuring a safe and effective discharge from hospital. This input is tailored to the outpatient setting for elective patients and to the time available in emergency admissions.

Postoperatively, they provide a geriatric/surgical co-management service. This service is for both elective patients and also for emergency admissions. The team provide hands on medical input for acute medical complications and advise on long term conditions management, direct rehabilitation and ensure safe, effective discharge.

[Find out more on the POPS service.](#)



Patient Information Guideline Summary

As part of our guideline process moving forward, CPOC will be developing patient summaries of our guidelines. The summary will include all relevant recommendations and links to useful patient information.

CPOC wants to ensure the patient is the driving force in everything the centre does and ensuring our resources are relevant to patients is crucial.

As part of the publication of the Guideline for the Management of Anaemia in the Perioperative Pathway CPOC has published a patient summary.

[Find out more about the CPOC Anaemia Guideline summaries](#)

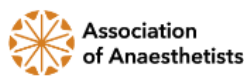
RECOMMENDATIONS FOR PEOPLE WITH ANAEMIA AND THEIR CARERS

- Be aware that anaemia is common, treatments are possible and that addressing anaemia may reduce postoperative complications.
- Be aware that there are many causes for anaemia. You are likely to have tests to discover the type of anaemia. Your surgery may be delayed for investigation or treatment of anaemia.
- Many people have anaemia due to low intake of essential nutrients. Please try to improve this:
 - Iron is found in: red meat, beans and nuts
 - B12 is found in: meat, fish, cheese or eggs
 - Folate is found in: green leafy vegetables, broccoli, brussel sprouts, asparagus, peas, chickpeas, brown rice and liver.
- Be aware that some patients are treated with blood products and your medical team may discuss this with you.
- Prepare for surgery or other treatment in good time. This may include:
 - increasing your physical activity/exercise, stopping smoking, preparing psychologically and practically. These interventions are proven to improve outcomes from surgery. There is more information on cpoc.org.uk/patients.
- Exercise should include: fitness, strength and balance – try sit-to-stand exercises.
- There are often different ways of investigating or treating anaemia. Patients are encouraged to ask questions, eg 'BRAN', what are the Benefits, Risks, Alternatives and what if Nothing is done? Work out what matters to you. This is Shared Decision Making.
- If you are given oral iron:
 - note that the dose for treating anaemia is several times higher than for health supplements
 - it is best to take iron tablets on an empty stomach (ie one hour before or two hours after eating). Absorption can reduce by up to 75% if taken with food
 - taking iron tablets with vitamin C does not seem to increase absorption?
 - taking iron tablets on alternate days will improve iron absorption and may minimise side effects
 - avoid taking iron with tea or with phytates (found in beans, seeds, nuts or grains) as this limits absorption
 - if you get diarrhoea or constipation, try taking iron on alternate days
 - if side effects are bad, ask the perioperative team if there is another treatment option.

Detailed explanations about reducing the reliance on blood transfusion
 Iron deficiency in pregnancy – a matter of public health
 For patients: High Spec Blood

QR codes for further information:
 Iron in your diet (NHS BT)
 Anaemia Patient Information (NHS BT)
 BRAN leaflet (CWUK)

CPOC is a partnership between:



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