

Philippine Board of Anesthesiology  
BOARD OF ACCREDITORS

Revised Standards and Requirements for Accreditation of Anesthesia Residency Training Program

**I. OBJECTIVES**

1. To standardize the Training Programs for Anesthesiology in the Philippines in congruence with the ASEAN Mutual Recognition Agreement (MRA)
  - a. To assess the quality of Residency Training and Education in hospitals with accredited training programs
  - b. To set reasonable, achievable, and measurable residents' performance outcomes
2. To improve the quality of anesthesia care delivery in accredited Residency Training Programs under the Philippine Board of Anesthesiology

Mechanism for implementation:

1. The Department of Anesthesiology shall be evaluated by at least **2** Accreditors who will assess the level of anesthesia care rendered and recommend steps toward its improvement and standardization.
2. The training center of Anesthesiology will be evaluated based on the following standards:

A. Human Resources	= 9 points
B. Implementation of the Training Program	= 21 points
C. Hospital Facilities and Services	= 27 points
D. Case Mix of Procedures	= 21 points

The minimum score is 54 points and should include the mandatory items specified in item II.B.1-2. For a center to be accredited, it should meet the minimum point requirement for each standard.

3. All pertinent records must be available at the time of accreditation.
4. Issues identified during the accreditation visit will be presented to the Hospital Director and the Chairman of the Department of Anesthesiology.
5. After the visit, the results will be presented to the Board of Accreditors meeting *en banc* for final deliberation.

**II. STANDARDS AND REQUIREMENTS FOR THE TRAINING HOSPITAL**

**A. BASIC REQUIREMENTS**

1. Level 3 hospital with at least 200 beds.
2. Department of Surgery, Obstetrics and Gynecology, Pediatrics, Medicine and Radiology (accredited)
3. Specialty/Tertiary Hospitals lacking in the required case mix should rotate their residents in other **accredited** hospitals for the appropriate duration of time to fulfill the required number of cases.
4. Post Anesthesia Care Unit /SICU / CCU / ICU
5. Remote anesthesia units should be equipped with anesthesia machine and monitoring devices.

## **B. MEDICAL STAFF**

1. The **Department Chair, Training Officer and Training Committee** are REQUIRED to be Diplomates of the Philippine Board of Anesthesiology and active members of the Philippine Society of Anesthesiologists. **(Mandatory)**
2. The Chair, Training Officer and Training Committee must be CDQ certified if conferred more than 10 years. **(Mandatory)**
3. The Chair and Training Officer must be Fellows of the PSA if conferred more than 5 years. **(Mandatory)**
4. The Training Committee must consist of at least 3 PBA Diplomates with ACLS certification and are committed to teaching and training. The maximum trainer to trainee ratio is 1:3. **(Mandatory)**
5. The Training Committee must identify a simulation-based medical education (SBME) lead person. **(Mandatory)**
6. The Resident Staff should consist of at least 3 residents at one time, and they must have ACLS certification on admission to the program. **(Mandatory)**
7. The Consultants and Residents are encouraged to attend and participate in the monthly conference held by the Philippine Society of Anesthesiologists.
8. Didactic conferences should be delivered by a consultant.

## **C. ANESTHESIA LIBRARY - Should be provided with the following:**

1. Current Anesthesiology textbooks
2. Basic Sciences Text Books: Physiology, Pharmacology, Anatomy
3. Clinical and Specialty Text Books on: Neural Blockade, Orthopedics, Neuroanesthesia, Pediatric Anesthesia, Obstetric Analgesia and Anesthesia, Co-existing Medical Illnesses and Anesthesia. Day Case and Ambulatory Procedures and Anesthesia, Pain
4. E-books and updated journals.
5. PC with internet or Wi-Fi connectivity is **required**. **(Aendicus ready)**

## **III. MINIMUM NUMBER OF REQUIREMENTS OF HOSPITAL CENSUS ANNUALLY**

Anesthesia Procedures	- 1,000
Surgical Procedures	- 750
OB-Gyne Procedures	- 500

## **IV. RESIDENCY TRAINING PROGRAM REQUIREMENTS**

The duration of Residency Training shall be at least thirty-six (36) months.

Re-accreditation of the Residency Training Program shall be required every 3 years.

1. Department Manual
2. A brochure/pamphlet of each Anesthesia Residency Training program which contains the following information:
  - General information about the hospital
  - Profile of the faculty and staff (to include chairman, training officer and assistant training officer)
  - An outline of the didactic program
  - The residents' monthly rotation schedule, including 24-hr duties.
3. A summary of Department activities, meetings and lectures (including an attendance log book) e.g. M&M protocols, Summary of discussions and case conferences, Tutorials, Monthly census of cases, lecture materials including audiovisual presentations **MUST** be available for evaluation.

4. Overall performance of residents in In-Training Examinations.
5. Overall performance of graduates of the Training Program in the certifying examinations.

## **CHECKLIST**

### **1. The ANESTHESIA EQUIPMENT**

- 1.1. Anesthesia apparatus and components
- 1.2. Breathing circuits (adult / pediatric)
- 1.3. Suction apparatus
- 1.4. Infusion pumps
- 1.5. Ventilators
- 1.6. Defibrillator
- 1.7. Thermoregulatory equipment
- 1.8. Difficult airway management devices
- 1.9. Ultrasound (optional)
- 1.10 Pneumatic compression devices (optional)

### **2. MONITORING DEVICES**

- 2.1. Sphygmomanometer / NIBP
- 2.2. Cardiac monitor
- 2.3. Pulse oximeter
- 2.4. Capnograph
- 2.5. Thermometer
- 2.6. Peripheral Nerve Stimulator
- 2.7. Invasive pressure monitor - optional
- 2.8. Level of consciousness monitor - optional

### **3. ANESTHESIA RECORDS**

- 3.1. Pre-anesthetic Evaluation – History and physical examination, system review, laboratory data, ASA physical status, proposed anesthetic plan
- 3.2. Anesthesia Consent Form acknowledged by the patient and the attending anesthesiologists to include the anesthesia plan and risk assessment.
- 3.3. The Anesthesia Record as prescribed by the PBA:
  - 3.3.1. General Information of the patient (Name, Age, Sex, Religion)
  - 3.3.2. Pre-induction evaluation of patient to include vital signs and physical examination
  - 3.3.3. Monitored vital signs, ECG, Oxygen Saturation, End Tidal Carbon Dioxide levels, character of respiration and temperature.
  - 3.3.4. Detailed anesthetic technique using universally accepted symbols and abbreviations.
  - 3.3.5. Additional data like Fluid Replacement, Blood Component Transfusion, urine output, estimated blood loss and status of the patient on transfer to PACU.
- 3.4. PACU sheet that should include the monitoring of five vital signs and status of patient on discharge (Aldrete, Bromage, Sedation Score, Post Anesthetic Recovery Score).

### **4. PERI-ANESTHESIA DRUGS**

- List of rational choice of Pharmacologic agents for specific perianesthetic indications should include:
  - 5.1. IV Agents
    - Propofol

- Ketamine
- Benzodiazepines
- Opioids
- Thiopental

#### 5.2. Vapors and Gases

- Sevoflurane
- Desflurane
- Isoflurane
- Halothane
- Nitrous Oxide (optional)

#### 5.3. Muscle relaxants

- Succinylcholine
- Vecuronium
- Rocuronium
- Atracurium
- Cis-atracurium

#### 5.4. Drugs for Neuraxial Blockade

- Lidocaine
- Tetracaine
- Bupivacaine
- Levobupivacaine
- Ropivacaine

#### 5.5. Reversal agents

- Sugammadex
- Neostigmine
- Naloxone
- Flumazenil

#### 5.6. Emergency Drugs

- Epinephrine
- Norepinephrine
- Ephedrine
- Atropine Sulfate
- Phenylephrine
- Dantrolene
- Adenosine
- NaHCO<sub>3</sub>
- Calcium

### **ACCREDITATION OF HOSPITALS FOR RESIDENCY TRAINING IN ANESTHESIOLOGY**

Hospitals may be approved and Certified for Residency Training in Anesthesiology by the PBA through the recommendation of the Board on Accreditors (BOA) for a period of 3 years. This Accreditation may be revoked by the PBA anytime through the recommendation of the BOA for failure to maintain standards set by the PBA.

## **MECHANICS OF ACCREDITATION**

The Chairman of the Department shall submit an application form to the PBA together with an accreditation fee of **Forty Thousand Pesos (Php 40,000.00)**. It should be supported by Endorsement of the Director and/or Chief of Hospital and should incorporate the following:

- Mission / Vision of the institution
- Commitment to comply with the rules on accreditation set by the PBA
- Department Manual

The Chair will be notified regarding details of the accreditation visit. During the accreditation survey, the Board will evaluate the department's performance of functions and processes aimed at continuously improving the training programs. The assessment is accomplished by evaluating the Department's compliance with the four standards based on:

- a) Verbal and written information provided to the Board.
- b) Onsite information and interviews by the accreditors.
- c) Review of records provided by the department.

Before the final decision is made, the Chairman will be informed of any deficiencies of his department. In case a revisit becomes necessary, a fee of Twenty Thousand pesos plus transportation expenses will be charged.