East of England
School of Anaesthesia

Delivery of Stage 2 of the RCOA Anaesthesia 2021 curriculum in the East of England.

This handbook is not a replacement for the RCOA 2021 curriculum documents but is a guide to how the Stage 2 2021 curriculum should be delivered in the East of England.

The webpage of the Stage 2 2021 curriculum can be found here: https://www.rcoa.ac.uk/documents/2021-curriculum-learning-syllabus-stage-2/introduction

The whole curriculum can be found here: https://www.rcoa.ac.uk/training-careers/training-anaesthesia/training-news/2021-curriculum-cct-anaesthetics

The Assessment Strategy for the 2021 Curriculum should be read alongside the above curriculum document. It sets out the methods and philosophy behind assessment for the new curriculum : https://www.rcoa.ac.uk/sites/default/files/documents/2021-06/Assessment%20Strategy%20for%202021%20Anaesthetics%20Curriculum%20v1.0_0.pdf

Stage 2 2021 Curriculum

Stage 2 (indicative two years – ST4-ST5): Having gained knowledge of the principles underlying clinical anaesthetic practice at Stage 1, anaesthetists are introduced to wider areas of practice during Stage 2. The focus of this part of the training programme is twofold: an introduction to specialist areas of anaesthetic practice and consolidation of the skills gained in Stage 1 in 'generalist' practice with greater autonomy whilst developing skills in managing a higher risk patient population. Anaesthetists in training will complete the Final FRCA examination during this stage of training.

Domains of learning

The anaesthetics curriculum contains 14 domains that describe the standard that anaesthetists must demonstrate as they progress through training and ultimately attain a CCT. Anaesthetists in training are required to demonstrate achievement of both the generic professional and specialty- specific domains throughout their training period.

Each domain has a **High-level Learning Outcome (HLO)** that sets the scene for what constitutes an anaesthetist.

Below that is a **stage learning outcome** that provides a description of attainment to be achieved at the end of that stage in order to progress to the next.

Next follows a set of **key capabilities** that are mandatory capabilities that must be evidenced by anaesthetists in training to meet the stage learning outcome. These are also therefore mapped to the GPC framework.

Every HLO at each stage of training includes a selection of **examples of evidence** that give the range of clinical contexts that anaesthetists in training may use to support their achievement of the key capabilities, as well as suggested assessment methods.

Practical procedures

There are a number of procedural skills in which an anaesthetist in training must become proficient to the level expected by the end of training. They must be able to outline the indications for these procedures and

recognise the importance of valid informed consent, and of requesting help when appropriate. For all practical procedures the anaesthetist in training must be able to recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary.

Anaesthetists in training should *ideally* receive training in all procedural skills in a simulated setting before performing these procedures clinically. When the anaesthetist in training has been signed off as being able to perform a procedure independently, they are not required to have any further assessment (eg DOPS) of that procedure, unless they or their educational supervisor thinks that this is required (in line with standard professional conduct).

The procedural skills are an essential component to meet some key capabilities in the respective stage of the relevant domains. A list of practical procedures to be covered by stage 1 to 3 (in brackets) by all anaesthetists-in–training, but not including any related to the special interest areas, is included in Annex F.

The training programme

In the East of England we advise the trusts delivering Stage 2 training should organise the training as below but in any order. If training takes place across 2 trusts, then the trust that can deliver specialist areas should do so as a priority during the placement and there must be a discussion amongst the College Tutors of each trust to ensure where parts of the curriculum will be delivered.

The placements should contain attachments including (note time spent in a module is indicatice and may be varied) :

Cardiothoracics + POM + sedation	3 months
Neuroanaesthesia + POM + major trauma	3 months
Paediatrics + POM + sedation	3 months
ICM + resus and transfer	3 months
Obstetrics + POM	2 months
Regional and orthopaedics	2 months
Pain and sedation	2 months
General anaesthesia	6 months

to include all remaining types of list to cover remaining key capabilities including Airway lists, Vascular lists, Major General, Gynaecology and Urology, Ophthalmics and out of theatre sedation lists.

All opportunities must include experience with TIVA, and procedures identified on the stage 2 Annex F.

Any requirements for the curriculum that cannot be delivered at your institution should be highlighted to the Training Programme Directors so that they can ensure the trainees are not disadvantaged.

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Learning methods

Practice-based experiential learning

A minimum of three supervised sessions per week (averaged over three to six months) is required to ensure sufficient workplace-based learning to allow most anaesthetists in training to progress to CCT within the seven-year indicative length of the programme.

Independent self-directed learning

Anaesthetists in training will use this time in a variety of ways depending upon their stage of learning. Suggested activities include: (please note this list is not exclusive and other courses may be appropriate to an individual trainee)

- reading, including web-based material such as
    - e-Learning for Healthcare (e-LfH)
    - HEEOE Leadership ladder e-learning
    - Regional Courses on Bridge/Panopto
    - Quality Improvement methods course
    - Biopsychosocial module of pain e-learning (https://fpm.ac.uk/e-pain especially module 3)
    - HEEoE Tier 1 faculty of educators resources
- maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- audit, quality improvement and research projects
- reading journals
- achieving personal learning goals beyond the essential, core curriculum.

Learning with peers and colleagues

There are many opportunities for anaesthetists in training to learn with their peers and colleagues. Local postgraduate teaching opportunities allow anaesthetists of varied levels of experience to come together for small group sessions. Examination preparation encourages the formation of self- help groups and learning sets.

Formal postgraduate education sessions

Where appropriate formal teaching/meetings should include the multi-professional team. Access should also be provided to key meetings within the service. Suggested activities include:

- a programme of formal 'bleep-free' regular teaching sessions to cohorts of anaesthetists in training attendance and presentation at mortality and morbidity meetings
- case presentations
- research, audit and quality improvement projects
- attendance and presentation at governance and risk meetings
- lectures and small group teaching
- clinical skills demonstrations and teaching
- critical appraisal and evidence-based medicine and journal clubs
- joint specialty and multi-professional meetings
- attendance at training programmes organised on a deanery or regional basis, which are designed to cover aspects of the training programme outlined in this curriculum.

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Simulation training

Simulation training within anaesthetic practice is a developing field and will also be expected to be incorporated into Stage 2 learning to enable anaesthetists in training to meet the required Stage key capabilities and learning outcomes in line with the RCoA Simulation Strategy developments.

In addition anaesthetists in training will need to learn to be simulation training faculty members and this should be facilitated.

Formal study courses

Time to be made available for formal courses is encouraged, subject to local conditions of service. Regional courses should be a priority and courses out of region will only be considered if the courses is not available within region.

At stage 2 courses that should be considered include:

Life support courses that support the curriculum eg ATLS, EPALS and other similar courses if not already up to date.

Transfer courses

Teaching courses such as simulation faculty courses, GIC, Teaching the Teachers, Anaesthetists as Educators

Multidisciplinary Obstetric or Paediatric emergency courses

Airway courses

Sedation Courses

SMART/ Research skills course

Regional Block courses

Educational development time

In order to facilitate the acquisition of the essential generic capabilities required for safe, effective and high quality medical care as prescribed by the GMC GPC framework, and to recognise the contribution anaesthetists in training make outside of the clinical setting, the RCoA recommends that local Schools of Anaesthesia consider mechanisms to enable and encourage trainee involvement in research, audit and quality improvement, as well as allowing time for them to work on publications and presentations and participate in teaching and aspects of hospital management. One way to do so is to allow educational development time to help the development of these important skills and the RCoA recommends that this approach, or something similar, is taken by schools for all anaesthetists in training, although the amount of time required may vary throughout the training programme.

Educational Development Time in the East of England.

Guidelines:

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- Each trust is responsible for how they provide this time.
- Clinical progress must be maintained; so requests may be declined if a trainee is not making the expected progress in terms of exams or units of training etc this is at the discretion of the college tutor
- Trainees may request this time for any activity that is related to the current Generic Professional Capability Units of training in the 2021 curriculum for example:
    - Active role in PQIP project with clear outcome measures set
    - Active role in ACSA preparation with clear outcome measures set
    - Organise / coordinate departmental or local teaching programme with clear learning outcomes set
    - Deliver departmental or local teaching programme with clear learning outcomes set
    - Delivery of exam practise sessions for junior trainees
    - Act as simulation faculty
    - Do extra clinical lists if they've missed out on a module
    -
- It must be discussed with their educational supervisor in advance and form part of their PDP
- Afterwards evidence and reflection on the activity must be uploaded to the Life Long learning platform
- Study leave is to be used for attendance of regional teaching and courses.

Formative assessment

Formative assessment is *assessment for learning.* The goal of formative assessment is to monitor progress in order to offer on-going constructive feedback with the aim of improving performance. In formative assessment there is no grade or mark, no pass or fail. Formative assessment must provide good quality feedback; without this the process loses its purpose. Formative assessment encourages reflection on learning by the trainee and demonstrates to both the learner and trainer how the learner is progressing.

SLEs have been in use for over ten years and in that time have been revised so that they emphasise their formative function. Integral to the SLEs are reflection on the learning event by the anaesthetist in training and feedback from the assessor. The purpose of feedback is to inform the learner about their work in relation to what is expected and direct them on how to improve. As part of this feedback the assessor can indicate what level of supervision the anaesthetist in training requires for that task or case and how they can improve in order to reach the level of supervision required. To facilitate this, levels of supervision have been developed and a supervision/entrustment scale is included on some of the SLEs.

The levels of supervision/entrustment are 1 to 4.

A supervision scale will be used in a formative way to demonstrate progress by the trainee. It will be used to inform summative assessments such as the IAC and IACOA.

Figure 5 – the levels of supervision

5.1

1	Direct supervisor involvement, physically present in theatre throughout
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance
3	Supervisor on call from home for queries able to provide directions via phone or non- immediate attendance
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols

The educational supervisor should review the SLE with the anaesthetist in training to see how they are progressing and to ensure that they are acting on feedback received.

The formative assessments which are to be used to evidence Stage 2 training are Structured Learning Events(SLEs) such as A-CEX, ALMAT, DOPS, CBD, Logbook assessment, MSF, A-QIPAT and MTR.

Summative assessments in stage 2 are the 14 Holistic Assessment of Learning Outcomes (HALOs), MTR to support completion of HALO, and completion of the Fellowship of the Royal College of Anaesthetists Examination (Final FRCA exam) before the Stage 2 completion certificate can be signed and stage 3 can commence.

Completion of the Holistic Assessment of Learning Outcomes (HALOs),

A satisfactorily completed HALO form provides evidence that an anaesthetist in training has achieved the key capabilities required to demonstrate attainment of a stage learning outcome, in order to progress to the next.

All hospitals must identify appropriate designated trainers to sign the HALO form for each stage learning outcome. Each trainer should be familiar with the requirements for the stage learning outcome and be able to provide guidance for anaesthetists in training who have not yet achieved the learning outcomes. It is anticipated that the HALOs for the generic professional capability based stage learning_outcomes will be signed by the anaesthetists educational supervisor_ The HALO's should be completed towards the end of a stage of training to benefit from evidence gained across the whole period.

The professional judgement of the supervisor will ultimately determine whether it is appropriate to sign the HALO form for an anaesthetist in training.

Evidence for achievement of key capabilities and learning outcomes will be uploaded to the LLp and will be linked by the anaesthetist in training to the relevant stage learning outcome. The supervisor will be able to review this evidence **at the end of a stage of training** to complete the HALO but it is expected that the evidence will be collected and linked throughout the stage of training period so that educational supervisors and ARCP panels are able to review progress.

Supervisors should draw upon a range of evidence to inform their decision as to whether the stage learning outcome has been achieved.

- the logbook of cases completed,
- SLEs,
- illustrations set out in the curriculum document, and
- consultant feedback either formal (MTR) or informal

The logbook review should consider

- the mix of cases,
- level of supervision
- balance of elective and emergency cases

Consultant feedback is a mandatory part of completing a learning outcome and should assure whoever signs the HALO form that the trainee is considered competent to provide anaesthesia and peri-operative care to the required level in this learning outcome.

Completion of Capability Cluster ('Triple C') Form

In order to recognise the specific requirements for these discrete areas of clinical anaesthetic practice, the specific Key Capabilities for these discrete areas can be completed by a **designated member of the local Assessment Faculty** with existing clinical experience in this area, in a process that will feel familiar to the existing approach. As is the case elsewhere in the new programme of assessment, this is an evolution of the role undertaken by the Unit of Training supervisor.

This process can be captured on the LLp using the **Completion of Capability Cluster ('Triple C') Form**.

The requirements for the completion of the specific Key Capabilities for these discrete areas are the same as for elsewhere in the curriculum.

The anaesthetist in training will need to demonstrate the following to complete the 'Triple C' form for a discrete area of practice:

- attainment **of the specific Key Capabilities** that relate to the discrete area of clinical practice
- appropriate **clinical experience and logbook data**
- successful completion of a **Multiple Trainer Report**

The 'Triple C' form facilitates assessment of these specific Key Capabilities for discrete areas of practice across the more than one domain of the new curriculum.

The completed 'Triple C' form will then be viewable within the LLp to support completion of the *General Anaesthesia* and *Perioperative Medicine and Health Promotion* domains by the local Assessment Faculty member with responsibility for completion of the respective HALO.

For stage 2 there will be 4 Triple C forms which inform the Lead for the General Anaesthesia and the Perioperative Medicine HALOs. These are

- Cardiac Anaesthesia
- Neuroanaesthesia
- Obstetric Anaesthesia
- Paediatric Anaesthesia.

All 4 Triple C forms will be needed before stage 2 General Anaesthesia and the Perioperative Medicine HALOs can be signed.

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