



## Delivery of Stage 3 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 3 2021 curriculum should be delivered in the East of England.

The webpage of the Stage 3 2021 curriculum can be found here:

<https://rcoa.ac.uk/documents/2021-curriculum-learning-syllabus-stage-3/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](https://www.rcoa.ac.uk/sites/default/files/documents/2021-06/Assessment%20Strategy%20for%202021%20Anaesthetics%20Curriculum%20v1.0_0.pdf)

### Stage 3 2021 Curriculum

**Stage 3** (indicative 2 years): the final stage of training will prepare anaesthetists for the transition to consultant practice. This final level of training allows them to mature for safe independent practice. The final stage of training also allows further development of the generic professional capabilities (GPCs) to a level appropriate for the award of a CCT in areas that include medical leadership, management responsibilities, and the ability to teach, train, and supervise others. This final stage equips anaesthetists with the expertise to manage complex clinical and organisational issues. The generic nature (to anaesthetic practice) of the clinical learning outcomes will allow opportunities for service providers to provide training in clinical areas in a manner that is flexible to meet service requirements and developments. Completion of stage 3 training will ensure that anaesthetists in training are fully prepared for consultant roles in generalist and/or specialist practice and will lead to the award of CCT.

During Stage 3 trainees will develop advanced skills that are transferable between generic and specialist areas of practice; all day-1 Anaesthetics CCT holders will be appointable to any Anaesthetics post advertised.

Training and assessment in each of the areas outlined in the domains will take place throughout each of the 3 stages of training.

This curriculum will train doctors to undertake the wide range of diverse roles that are associated with consultant anaesthetic practice throughout the UK. All anaesthetists will have the clinical and professional skills to manage and supervise elective and acute unselected perioperative care in an environment that includes a wide range of surgical specialties, maternity services, pain management and also to provide support for ICM and paediatric services in non-specialist centres. They will also have the capabilities to manage patients requiring specialist treatment until transfer to a definitive area of care. All anaesthetists at the completion of training are trained for "Generalist Practice".

Additionally, all anaesthetists will undertake specialist training in selected areas of practice such as major general surgery, obstetrics, complex trauma, cardiothoracic anaesthesia, neuroanaesthesia, paediatric anaesthesia, or chronic pain medicine, as well as have the potential to be specialty leads in DGHS in appropriate areas.



The GPCs and the specialty specific learning outcomes required will be identical throughout the duration of the training programme.

On completion of the training programme, an anaesthetist will be equipped with the competence and confidence to treat the full range of emergency and elective patients encountered in a typical general hospital, recognise and stabilise those who require tertiary care, before transferring them onward for definitive treatment.

### 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. However, this will not always be possible and appropriately supervised practice is also acceptable for most procedures. 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 Stage 3 will usually be delivered in 2 centres, a district general setting and a larger teaching setting in order for the anaesthetist in training to gain the broad experience required at this level of



## East of England School of Anaesthesia

training. The teaching centre will usually be a different centre to where they spent their Stage 2 training. The School of Anaesthesia aims to place the anaesthetist in training in a district general trust within the Hub that they are based. This can be either in stage 3.1 or 3.2. Delivery of training related to a special interest may be undertaken in one or two centres in the training program. There are a number of centres within the East of England which can deliver most of the special interest areas. Equally there are some special interests that can only be delivered in a limited group of centres. The availability of these placements will be taken into account in defining the order in which year 3.1 and 3.2 are planned. Trainees are not guaranteed a placement for a specific specialist interest, and in circumstances where it is not possible to accommodate a specialist interest the trainee may need to re-evaluate their options according to the placements that are actually available. The planning of stage 3 will take place during stage 2.2 (ST5) and will entail a formal application process.

Trusts delivering Stage 3 training should ensure that the training opportunities below are included. As training takes place across 2 trusts there will be a need to be a discussion between the College Tutors which as to centre will deliver of the different parts of the curriculum on a trainee by trainee basis.

The generalist year of stage 3 training should include the training opportunities below although some can be gained during the SIA attachment or from courses. The GPCs can be gained at any time throughout the 2 years

- Independent experience of high risk preoperative assessment clinics in any discipline.
- General On call experience managing complex cases.
- A period of Obstetric on calls and daytime supervised sessions
- Independent theatre lists of appropriate cases in both general lists and special interest areas
- Opportunities to manage the multiply injured patient
- Opportunities for complex airway management including fiberoptic intubation and shared airways.
- Management of remote site anaesthesia.
- Management of high-risk patients with significant comorbidity and potential for massive blood loss.
- Paediatric experience with non-complex children 1 year and over, supervision level 3.
- Management of paediatric patient awaiting transfer to tertiary centre.
- Opportunities for independent regional anaesthesia practise of chest wall, abdominal, upper and lower limb blocks.
- Management of procedural sedation independently in all settings
- Experience managing complex pain for in patients
- Leading inpatient acute pain team round, attendance at pain clinics/MDT pain meetings
- Opportunities to management patients with chronic pain perioperatively.
- Attendance at Pain intervention lists
- Maintenance of capabilities in Intensive care gained during stage 2. This does not require an attachment in ICU but can be supervision in a senior role.

All opportunities must include experience with TIVA, and procedures identified on the stage 3 Annex F.



## **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:

- reading, including web-based material such as e-Learning for Healthcare (e-LfH)
- 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.

### **Simulation training**

Simulation training within anaesthetic practice is a developing field and will also be expected to be incorporated into Stage 3 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. There are no mandated courses for this stage of training. Regionally provided courses should be a priority and courses out of region will only be considered if the courses are not available within region.

At stage 3 courses that could be considered include:

- Leadership and management:
  - Leadership and Management course eg local chief residents course,
  - HEEoE Next steps, Leadership and management Course. (Bursary from HEEoE)
  - HEEoE Leadership Ladder
  - Local critical incident training
- Quality Improvement
  - Courses providing an understanding of quality Improvement methodology, understanding risk, understanding professional interactions, change management, national patient safety legislation, human factors training, complexity theory, safety science
- Medical Education
  - Teaching courses such as simulation faculty courses, GIC, Teaching the Teachers, Anaesthetists as Educators
  - Post Graduate certificate in Medical Education (Bursary from HEEoE)
- Research
  - SMART/ Research Skills course
  - Attendance and presentation at general scientific meeting/ scientific meeting related to special interest area, eg Harold Youngman/ Norwich Anaesthesia Updates plus National/International meetings.
- Clinical Skills
  - Life support courses, Trauma/Adult/Paed's etc
  - Airway Course
  - Regional Block courses

Courses related to special interest areas, including regional and national meetings

### 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:

- Each trust is responsible for how they provide this time. This may vary between trusts.
- 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<sup>7</sup>. 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 3 training are Structured Learning Events(SLEs) such as, ALMAT, DOPS, CBD, Logbook assessment, MSF, A-QIPAT and MTR.

Summative assessments in stage 3 are the 14 Holistic Assessment of Learning Outcomes (HALOs), 1-3 SIAs, MTR to support completion of HALOs and individual SIA's.

**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 GPC 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 3 there will be 2 Triple C forms which inform the Lead for the General Anaesthesia and the Perioperative Medicine HALOs. These are

- Obstetric Anaesthesia
- Paediatric Anaesthesia.





## Specialist Interest Areas in the East of England.

During stage 3 of the Anaesthetics Curriculum, 12 months (whole time equivalent) of training must be undertaken in one or more areas of special interest. This allows the anaesthetist in training to develop knowledge and skills to enable them to gain the capabilities required to be an independent practitioner. It also prepares them for specialised areas of anaesthetic practice that they may want to pursue as a consultant or in preparation for additional training opportunities that might be undertaken in a more specialised area of anaesthetics practice after gaining CCT.

The Specialist Interest Areas Guidance from the RCOA can be found here:

<https://rcoa.ac.uk/documents/2021-curriculum-learning-syllabus-stage-3-special-interest-areas/introduction>

Special Interest Area (SIA) training is not separate from that of stage 3. In fact the capabilities acquired during this training inform the capabilities of stage 3. This is particularly relevant for the generic professional domains of learning. Stage 3 domains and the special interest areas together lead to achievement of independent practice.

The SIAs are undertaken over a period of one year during stage 3 of training. The time taken in each SIA depends on the type of SIA. The year may be a single SIA or combination of SIAs such as:

- 1 year of single SIA from group 1 or 2 x 6 month SIA from group 1
- 1 SIA from group 1 plus 1 or 2 from group 2
- up to 3 from group 2
- Additional Intensive Care plus 1 from group 1 or 1 or 2 from group 2.

Those in the Dual Anaesthetics and ICM programme will use the SIA year for completing stage 3 ICM training.

Anaesthetists in training undertaking Pre-Hospital Emergency Medicine (PHEM) training will do the *Transfer Medicine* and *Trauma and Stabilisation* SIAs plus the stage 3 *Resuscitation and Transfer HALO* in their PHEM year.

### SIA Groups

#### Group 1: 6 months to 1 year

- Anaesthesia for Cardiac Surgery – 1 year
- Anaesthesia for Neurosurgery – 1 year
- Obstetric Anaesthesia – 6 months
- Paediatric Anaesthesia – Tertiary specialist = 1 year GOSH placement, DGH Paediatric Lead = 6 months
- Pain Medicine – 1 year

#### Group 2: 3 to 6 months

- Acute Inpatient Pain
- Anaesthesia for Bariatric Surgery
- Anaesthesia for Complex Orthopaedic Surgery
- Anaesthesia for Hepato-Pancreato-Biliary Surgery
- Anaesthesia for Major General Surgery



- Anaesthesia for Ophthalmic Surgery
- Anaesthesia for Patients with Complex Airway
- Anaesthesia for Plastic Surgery and Burns Management
- Anaesthesia in Resource Poor Environments – Not provided as a placement
- Anaesthesia for Thoracic Surgery
- Anaesthesia for Vascular Surgery
- Military Anaesthesia – can be only completed by Military Trainees
- Perioperative Medicine
- Regional Anaesthesia
- Transfer Medicine
- Trauma and Stabilisation

**Additional Intensive Care: 6 months**

In this guidance for the SIAs examples are given of the experience and evidence suggested for the key capabilities. Schools of Anaesthesia may wish to adapt these examples to local requirements depending on the local provision of training in these areas.

**Non clinical SIAs**

Up to 6 months of SIA time can be used to complete SIAs that relate to generic professional domains of learning in any one of the following:

- Management and Professional and Regulatory Requirements
- Safety and Quality Improvement
- Education and Training
- Research and Managing Data.

Information is provided on the School of Anaesthesia HEEoE website about the centres able to provide training for the SIAs. All trainees will spend 1 year at a teaching centre where many SIAs can be delivered. Some SIAs can only be delivered in one centre eg Hepatobiliary, Neuro, Thoracics, Specialist Paeds, Burns and Plastics and Bariatrics surgery.