Royal College of Anaesthetists

Guide to Anaesthetics Training

2021 Curriculum

Version 1.0 - January 2022

Contents

1 Introduction

The 2021 Curriculum Guide to Anaesthetics Training has been designed by members of the Anaesthesia Curriculum Implementation Group including anaesthetists in training to support adoption of the new curriculum.

It is intended to support Educational Supervisors, College Tutors, local Assessment Faculties, Anaesthetists in Training, and Training Programme Directors with the everyday practical aspects of implementing the new curriculum.

This guide should be used in partnership with the 2021 Curriculum Assessment Guidance. It is envisioned that these documents will complement the 2021 Curriculum for a CCT in Anaesthetics document, rather than act as a replacement.

The next iteration of this document will also determine a change in format. As it will become a cornerstone of the *Training hub* on the College website. The change will be widely publicised at the appropriate time.

2 Why has the Curriculum changed?

2.1 Development of the 2021 Curriculum for a CCT in Anaesthetics

Anaesthetic training in the UK followed an apprenticeship-style model until the year 2000, when the first structured anaesthetic training programme was implemented. The 2010 curriculum introduced the concepts of competency-based medical education, workplace-based assessments, and 'spiral learning' to a generation of anaesthetists. The 2021 Curriculum moves anaesthetic training forwards again with an outcomes-based, holistic approach that incorporates developments in medical education and addresses the needs of anaesthetists in training, patients, and the wider NHS[1].

In 2017 the GMC published "*Excellence by Design*"[2] which mandated a review of existing curricula in every specialty across the UK. This report recommended greater focus on "*Generic Professional Capabilities*"[3] (GPCs), the professional skills required by all doctors; an outcomes-based (rather than competency-based) curriculum; involvement of stakeholders in development; and flexibility and transferability between curricula. In responding to *Excellence by Design* the Royal College of Anaesthetists (RCoA) has also drawn on the recommendations of *The Shape of Training Review*[4], its own 2015 *Curriculum Review*[5], and the *Report on the Welfare, Morale and Experiences of Anaesthetists in Training* of 2017[6].

The 2021 Curriculum was developed by a group comprising the Vice-President of the College, Chair of the Training Committee, Training Department staff, FRCA examiners, lead Regional Advisers (RAs) and College Tutors (CTs), anaesthetists in training, experts in education, training and assessment, as well as representatives from SAS, Pain Medicine, ICM, clinical director, recruitment and lay groups. Throughout the process there was extensive engagement with wider stakeholder groups as detailed in Appendix A.

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[1] Shippey B, Nixon M. Defining Standards- The 2021 Anaesthetics Curriculum Part One. Bulletin Jan 2021, pp48-49. https://rcoa.ac.uk/policy-communications/publications/bulletin/bulletin-125-january-2021

[2] https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/excellence-by-design

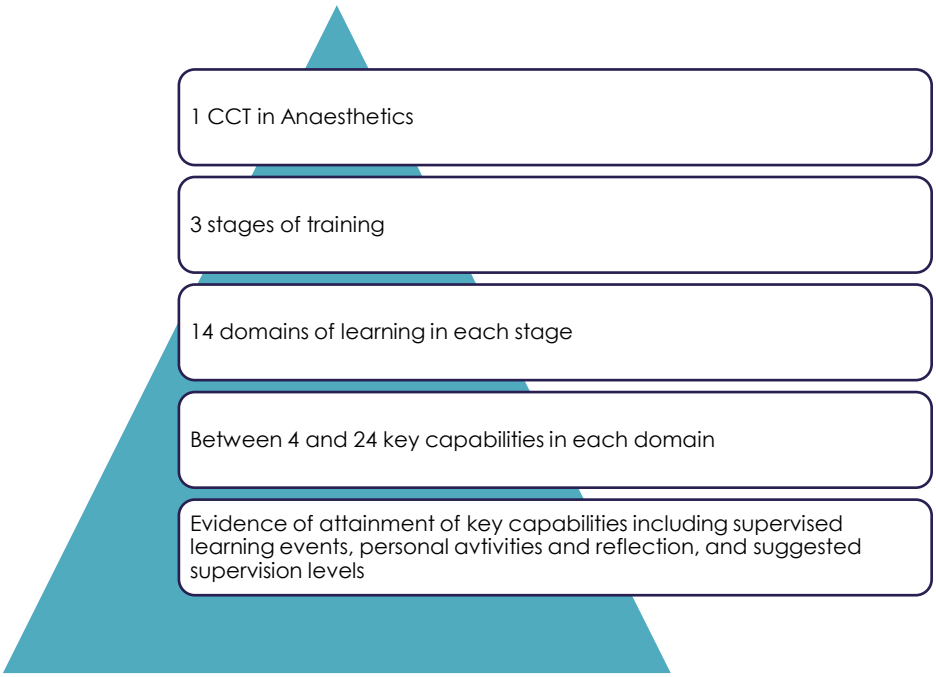
[3] https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework

[4] https://www.gmc-uk.org/-/media/documents/Shape_of_training_FINAL_Report.pdf_53977887.pdf

[5] https://www.rcoa.ac.uk/sites/default/files/documents/2019-11/DrAidanDevlin-FellowshipReport2014.pdf

[6] https://www.rcoa.ac.uk/sites/default/files/documents/2019-08/Welfare-Morale2017.pdf

2.2 Structure of the 2021 Curriculum for a CCT in Anaesthetics



The Anaesthetic training programme is delivered in 3 **stages of training**.

The 2021 Curriculum describes 14 **domains of learning** for each stage of training, these are divided into 7 specialty specific areas of clinical practice and 7 generic professional domains.

The 7 generic professional domains are:

- *Professional Behaviours and Communication*
- *Management and Professional and Regulatory Requirements*
- *Team Working*
- *Safety and Quality Improvement*
- *Safeguarding*
- *Education and Training*
- *Research and Managing Data*

The 7 speciality specific domains are:

- *Perioperative Medicine and Health Promotion*
- *General Anaesthesia*
- *Regional Anaesthesia*
- *Resuscitation and Transfer*
- *Procedural Sedation*
- *Pain Medicine*
- *Intensive Care*

Each domain has a high-level learning outcome that describes what must be achieved by the end of the training programme and learning outcome(s) for each stage.

Within each domain, a number of stage-specific **key capabilities** are described, which will guide the anaesthetists in training towards achieving the learning outcomes.

Evidence of attainment of key capabilities is described in the agreed assessment framework. The complexity of the key capabilities and the level of attainment expected increases as the anaesthetist progresses through the training programme.

2.3 Stage 1 Training

Stage 1 training takes the doctor from being a novice (someone new to anaesthesia) to a level where they can anaesthetise an ASA 1 or 2 patient for non-complex surgery with distant supervision. This training is for an

indicative 3 years. The Initial Assessment of Competence (IAC) must be completed during the first phase of the stage of training. This in unchanged from the previous curriculum, however, the mechanisms that underpin assessment have been revised and updated.

The Initial Assessment of Competence in Obstetric Anaesthesia (IACOA) must be obtained by all anaesthetists in training before being considered safe to work in an obstetric unit without direct supervision. Achieving the IACOA does not signal achievement of all the key capabilities in this area for stage 1.

In order to complete stage 1 training, anaesthetists in training will need to demonstrate evidence of completion of all 14 domains of the 2021 curriculum at this stage and must also pass the Primary FRCA examinations.

A *Stage 1 Certificate* will be achieved on completion of these components.

2.4 Stage 2 Training

Stage 2 training develops the skills of the anaesthetist in training and broadens experience in the complexity of cases. It is for an indicative 2 years and includes training in sub-speciality areas of anaesthetic practice such as neuro-anaesthesia and cardiothoracic anaesthesia.

In order to complete Stage 2 training, anaesthetists in training will need to demonstrate evidence of completion of all 14 domains of the 2021 curriculum at this stage and must also pass the Final FRCA examinations.

A *Stage 2 Certificate* will be achieved on completion of these components.

2.5 Stage 3 Training

Anaesthetists in training who successfully complete stage 2 training will progress to stage 3 of the 2021 Curriculum. This period of training sees the anaesthetist progress to a level where they can practice independently. Stage 3 training also lasts for an indicative 2 years and includes the opportunity for anaesthetists in training to develop their knowledge and skills within one or more special interest areas (SIAs) of anaesthetic practice.

Stage 3, including the special interest areas (SIAs), is not the same as higher and advanced training in the 2010 curriculum. It should be thought of as a mosaic of training where the skills and experience gained in the SIAs also informs the capabilities for stage 3 and vice versa. Completion of stage 2 will equip the anaesthetist in training with the capability to complete any of the SIAs in stage 3. This is different to the 2010 curriculum where higher training in an area of practice was needed before commencing advanced training in that area.

2.5.1 Special Interest Areas (SIAs)

During stage 3 anaesthetists in training must undertake 12 months (whole time equivalent) of training in one or more areas of special interest. The time taken in each SIA depends on the type of SIA.

Upon completion of stage 3, anaesthetists in training will be awarded a *Stage 3 Certificate*. This process will also incorporate the previous process for the *Notification of Completion of Training*.

A more detailed description of the structure of the 2021 curriculum can be found here.

The programme of assessment associated with the 2021 curriculum can be found here.

3 Acute Care Common Stem (ACCS) Anaesthetics

The ACCS 2021 Curriculum is the result of close collaboration between the 3 parent colleges (RCoA, RCEM, JRCPTB) and the FICM. It has been designed with the aim of creating a more integrated curriculum than before with improved harmonisation between the ACCS specialties that is easier to navigate and better suited to the needs of the programme. The content of the curriculum is predominantly unchanged, but the focus, packaging, and assessment process has been largely revised.

The ACCS 2021 Curriculum consists of 11 ACCS Learning Outcomes (LOs): 8 clinical and 3 generic; generic capabilities are linked to the GMC's GPCs. *Key capabilities* describe exactly what is expected of the doctor in training for completion of that LO and the *descriptors* associated with each LO provide guidance as to how to meet these capabilities.

Summary of what has stayed the same

- *Principle of training junior doctors in acute care*: the purpose of ACCS is still to equip doctors with the skills and competencies required to recognise and initially manage the acutely unwell patient.
- *Curriculum content*: this is largely unchanged – it is the 'packaging' and the approach to assessment that has changed to become more focussed on outcomes.
- *ACCS placements*: doctors in training still rotate through the four core specialties of ACCS.
- *Supervision*: doctors in training are still supervised by a Clinical Supervisor (CS) in each placement and an overall Educational Supervisor (ES) throughout their rotations.
- *Evidence*: doctors in training still collect evidence to support their learning, however the quantity and nature is more flexible and driven by the doctor in training.
- *E-portfolio*: doctors in training still use their parent specialty e-portfolio; the e-portfolios have been adapted to accommodate the new curriculum.

Summary of what has changed

- *Ethos*: move towards outcome-based training underpinned by GPCs.
- *Terminology:* some new terminology has been introduced.
- *Assessment process*: a move away from a 'tick box' approach with greater emphasis on formative assessment and the introduction of panel-based judgements and a move to entrustment-type decisions.
- *Rotation*: the ACCS curriculum now exclusively covers the generic 2 years of training prior to joining the parent specialty, comprising 4 x 6 month blocks (whole time equivalent). It is no longer possible to make up the anaesthetic/ICM year with anything other than 6 months (whole time equivalent) in each placement.

A quick reference 'User guide' to the ACCS curriculum is available on the ACCS website which covers the content, assessment, and implementation of the new curriculum.

4 Dual Training in Anaesthetics and ICM

Doctors undertaking **dual training in Anaesthetics and ICM** have a programme that allows attainment of capabilities in both curricula to be gained during their placements.

The RCoA and the FICM have jointly developed Guidance on Dual CCT programmes in ICM & Anaesthetics.

5 Pain medicine

The *Pain* domain of learning in the Anaesthetic curriculum is divided into 3 stages, with advancing complexity and sophistication. All 3 stages are essential for anaesthetists in training. There are additional special interest areas (SIAs) in *Acute Inpatient Pain* and *Pain Medicine*.

The FPM has developed complementary guidance intended to help anaesthetists in training, supervisors, and training programme directors with the new curriculum for Pain Medicine.

6 New Programme of Assessment

The Assessment Guidance describes the new overarching programme of assessment for the 2021 curriculum and introduces the key components of the new training programme in anaesthesia. The programme of assessment defines both formative and summative elements of the new approach to assessment.

The Assessment Guidance also includes a number of HALO Guides that contain additional information for anaesthetists in training and trainers on specific components of the programme of assessment for each stage of training.

Details of the learning syllabus for each stage of training can be accessed here.

7 Role of the Trainer

7.1 College Tutor

College Tutors are ultimately responsible for the overall anaesthetic training and assessment arrangements in their hospitals, working in conjunction with the individual educational supervisors.

7.2 Educational Supervisor

This role is defined by the GMC as a trainer who is appropriately trained to be responsible for the overall supervision and management of a specified anaesthetist's educational progress during a training placement or series of placements. The educational supervisor is responsible for the anaesthetist in training's educational agreement.

7.3 Local Assessment Faculty

Assessment Faculty are designated trainers who will be responsible for the summative assessment of specific key capabilities in the new curriculum. Each department will identify trainers to act as Assessment Faculty.

More information about Assessment Faculty can be found in the Assessment Guidance.

8 Role of the Anaesthetist in Training

The 2021 Anaesthetics Curriculum has been designed to support learning, development, and professional identity formation for UK anaesthetists in training. Much more than a set of hurdles to clear, the curriculum is intended to prepare individuals for all aspects of a career as an anaesthetist, not only as a clinician, but in every facet of the professional role.

Achievement in training is predicated on willingness to engage with the range of learning experiences on offer, underpinned by a continuous reflective cycle that is recorded in the Lifelong Learning platform (LLp). Supervised Learning Events (SLEs), Personal Activities, and Personal Reflections should all be used alongside a clinical logbook to create a narrative of progression across the 14 domains of learning.

8.1 Supervised Learning Events (SLEs)

While the familiar tools remain (A-CEX, ALMAT, CBD, DOPS), their ethos has shifted significantly. SLEs are low-stakes records of the everyday 'learning conversations' that take place with trainers. Completed contemporaneously, they should outline pertinent discussion points and sign-post agreed strategies for development. Their use is no longer prescriptive nor limited by arbitrary targets or set minimum numbers. Instead, consistent, meaningful participation is the overriding requirement.

The supervision scale should be viewed as an adjunct to formative feedback, enabling individuals to benchmark progress against the expectations of the programme. As records of the learning process, SLEs should represent a range of clinical experiences, including encounters that demonstrate areas for improvement. A portfolio of SLEs will show evidence of progression, both in complexity and in the diminishing level of clinical supervision required with time and experience.

8.2 Personal Activities

Keeping a log of supporting professional activities (such as attendance at courses, conferences, project work, simulation, etc.) will show engagement with both the specialty specific and generic professional

domains of the 2021 curriculum. These portfolio entries are as equally important as SLEs and should be completed alongside appropriate reflective practice. This mirrors the professional requirements for appraisal and revalidation which will continue throughout your career.

8.3 Personal Reflections

The ability to reflect on learning experiences is a fundamental part of professional development. Reflections may be stand-alone entries in the portfolio or linked to SLEs, Personal Activities, or cases from the logbook.

8.4 Assessment at Critical Progression Points

A local Assessment Faculty will draw on the range of information contained in an individual's portfolio to manage progression at key milestones in the programme. It is important that anaesthetists in training understand and provide evidence for the key capabilities, which underpin the learning outcomes of the 14 domains at every stage of training.

Each learner will progress at their own rate and should work collaboratively with trainers to ensure achievement of educational objectives. In return, learners should expect to receive the support and guidance needed to be successful.

8.5 The anaesthetist in training as a supervisor

Senior anaesthetists in training will take on a supervisory role for their more junior colleagues. These experiences are mutually beneficial, providing near-peer support for learners and preparing senior anaesthetists in training for their educational role as consultants. As well as providing supervision and mentorship, it is also expected that senior anaesthetists in training will complete SLEs, especially related to practice outside normal working hours and in emergency settings. These experiences can also be used to evidence capabilities in the *Education and Training* domain of learning, amongst others within their own portfolios.

The 2021 Curriculum recognises anaesthetists in training as capable professionals who are responsible for managing their own learning. The curriculum has been designed to complement and support professional development and is underpinned by authentic and robust assessment practices. We believe that the changes made in the 2021 Curriculum will empower anaesthetists in training and help them towards achieving their potential.

9 Lifelong Learning Platform

Anaesthetists in training registered with the College have access to the Lifelong Learning platform (LLp). The LLp allows the storage of training documents, recording of details of anaesthetics given, and manages SLEs referenced to the curriculum domains of learning. Anaesthetists in training should register with the College as soon as they have accepted an offer for a training placement by completing the core or higher specialty training registration webform available on the College website.

10 Training and the RCoA

10.1 Registration for Training

All anaesthetists in training are required to register with the College as soon as possible once appointed to CT1, and again after appointment to Specialty Training at ST4; registration webforms are available on the College website. Copies of correspondence related to individual training programmes are held by the College. A Certificate of Completion of Training (CCT) date is calculated when the ST4 registration form has been processed. This date is amended if there are any changes to the training programme such as domains of learning not being achieved or being deferred, or other circumstances prevail, such as sick leave, maternity leave, or less than fulltime training.

10.2 Schools of Anaesthesia

Schools of Anaesthesia are responsible, on behalf of Deaneries, for the delivery of a GMC approved programme of postgraduate education in anaesthesia, intensive care, and pain medicine. There may be separate Schools for ACCS training. The School should provide educational leadership and governance, ensuring appropriate structures are in place to deliver training to the standards required by the GMC.

All hospitals in the UK that provide training belong to a School. It is important to note that the Schools of Anaesthesia are not a homogenous group and therefore the curriculum permits flexibility to allow local organisation of training.

The first point of contact for information concerning training or career planning is this document and the 2021 Curriculum, in conjunction with the *Training and Careers* and *Examinations* sections of the College website.

The next point of contact is the College Tutor (CT) of the department in which the anaesthetist in training is working. If the College Tutor is unable to give the necessary guidance, then the Regional Adviser (RA) should be asked for advice. Only if the CT or RA cannot help should an anaesthetist in training contact the College's Training Department for advice as the administration team will not be aware of the anaesthetist in training's individual and personal circumstances.

11 Out of Programme

There are opportunities for anaesthetists in training to undertake approved periods of time outside of the approved programme as experience, research, or training. When contemplating undertaking a period out of programme, anaesthetists in training should discuss the options and consequences with their Educational Supervisor, College Tutor, and Training Programme Director.

Details of the various out of programme opportunities are available in the Gold Guide. Although College approval is not required for all types of out of programme, it is essential that anaesthetists in training inform the Training Department of the dates of any such activity so that prospective completion dates can be revised as necessary.

11.1 Time out of programme for approved clinical training (OOPT)

OOPT is clinical training, undertaken outside the UK or in non-approved locations in the UK (please refer to the GMC list of approved locations). Placements undertaken in a different Deanery may be referred to as OOPT in respect of that local training programme but would not be considered as an OOPT by the College or GMC and therefore don't need to be managed via this process.

An OOPT placement will count towards the CCT provided the following conditions and requirements are met:

- on commencing OOPT the anaesthetist in training must be in a GMC approved training programme having completed stage 1 and stage 2 of training *in their entirety*. This does not preclude setting up and planning OOPT during stage 2
- only 12 months (whole time equivalent) in total during stage 3 can be taken as OOPT
- the OOPT programme must map to capabilities identified in the stage 3 and/or special interest area(s)
- the OOPT post must be prospectively approved by the GMC with support from the Postgraduate Dean and College *(a minimum of 3 months should be allowed for GMC approvals processes)*
- OOPT must be undertaken in clinical posts locally indicated as being suitable for training
- the last 6 months of the CCT training programme normally should be in the UK; and
- on return, the anaesthetist in training must complete a report on the time spent on OOPT and submit it, together with an assessment report from the local supervisor, to the Deanery and the College's Training Department. Until this report has been received and reviewed the College cannot confirm time spent on OOPT towards a CCT.

11.2 Time out of programme for research (OOPR)

OOPR is research taken out of programme. The same rules apply as for OOPT.

Up to 12 months (whole time equivalent) of research can be counted towards the CCT, provided there is a clinical element to the programme (this includes out of hours duties within the hospital where the anaesthetist in training is based for their research time). If there is no clinical element to the research programme, a maximum of 6 months only will count towards the CCT.

6 months of research can be counted towards the stage 3 *Research and Managing Data* domain of learning as well as the SIA in this area. If there is an appropriate clinical element to the OOPR, a further 6 months can be counted towards stage 3 capabilities in other areas.

When planning an OOPR, anaesthetists in training are advised to consider complementary areas and capabilities of stage 3 that may also be evidenced.

11.3 Time out of programme for non-clinical Special Interest Area (SIA) training

As for research, opportunities can be taken to undertake training in non-clinical special interest areas of training during Stage 3.

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.*

When planning non-clinical SIA training, anaesthetists in training should consider complementary areas and capabilities of stage 3 that may also be evidenced.

Only 12 months (whole time equivalent) in total during ST6-7 can be taken as either OOPR or OOPT.

11.4 Applying for OOPT and OOPR

It is recommended that Schools of Anaesthesia have guidelines that inform anaesthetists in training commencing stage 3 of the requirements for, the notice of and the documentation required for the organisation of OOPT and OOPR. It should be made clear that any proposed period of OOPT or OOPR must be arranged at the earliest opportunity. Gaps created within the rotation will need to be filled and if the OOPT is to be spent overseas, the acquisition of visas and the necessary licensing documentation for clinical work may be lengthy and difficult.

It is the responsibility of the anaesthetist in training to provide all necessary information in their applications to the Deanery. The College application form to request support can be found here.

11.5 Anaesthesia in developing countries

The College supports anaesthetists in training taking time out of programme to widen their clinical skills and knowledge. To support individuals undertaking OOPT in a developing country, a Special Interest Area of training (*Anaesthesia in Resource Poor Environments*) has been developed. Up to 6 months can be counted towards the CCT.

Requirements for consideration

For an OOPT in a developing country to count towards the CCT, the following requirements should be met:

- the anaesthetist in training should have attended a course on Anaesthesia in Developing Countries
- prior to working in the hospital of choice the anaesthetist in training must have made contact with the hospital to be visited and have a clear idea of what can be achieved there. A 'risk assessment' of the environment should be undertaken

- the anaesthetist in training will have a clear pre-placement introduction and familiarisation with the clinical and social context in which they will be working. Where necessary an appropriate induction programme will need to be undertaken (this is the case with some international agencies/NGOs)
- for a hospital to be deemed suitable for training the following criteria must be fulfilled:
  - an Educational Supervisor must be identified to supervise the anaesthetist in training in the developing country [ESDC] to be visited and the anaesthetist in training must have had a successful selection interview, supported by references from other trainers
  - the ESDC must have undertaken a 'Training the Trainers' type course. The ESDC may not be familiar with the more recent developments in UK training, so the College strongly recommends that there should also be an Educational Supervisor in the UK who both anaesthetist in training and ESDC in the developing country can liaise with via emails, telephone and video-links
  - the anaesthetist in training must have met with the ESDC abroad. Ideally this should be face to face but if necessary could be done by telephone
  - the ESDC and Educational Supervisor in the UK must be satisfied that the period of time will fulfil the requirements of the curriculum
  - the ESDC should devise a training plan, which should contain detailed proposals in the following fields:
    - clinical experience
    - audit/quality improvement project
    - teaching
    - research
    - management and logistics
  - as with any OOPT, a designated local appraiser must be identified.

On return to the UK, the anaesthetist in training must complete a report on the time spent on OOPT and submit it, together with an assessment report from the local supervisor, and a completed Holistic Assessment of Learning Outcome (HALO) form for Special Interest Area *Anaesthesia in Resource Poor Environments* to the Deanery and the College Training Department.

12 The management of maternity, paternity, shared parental or parental leave and sickness absences

The effect of any absences or changes to the training programme resulting from *any* type of sickness, maternity, paternity, shared parental, or parental leave should be assessed on an individual basis.

The Gold Guide acknowledges that a competence defined programme of educational progression requires an agreed framework of time to enable appropriate breadth of experience and practice to be gained. Short periods of absence from the training programme may not require extension to the duration of the programme, continued progression with relevant learning outcomes achieved can be demonstrated.

Absence from training, other than for study or annual leave, may have an impact on a doctor's ability to demonstrate competence and the satisfactory completion of the curriculum and assessment system to enable them to be awarded a CCT.

The GMC position statement *Time out of Training* states that if a doctor in training is absent for a total of 14 days or more within a 12-month period, a review of their CCT date will be triggered. This includes forms of absence such as sickness, maternity, parental, compassionate, etc. but not study or annual leave, or prospectively approved Out of Programme Training/Research placements. The GMC supports Deaneries in implementing the guidance flexibly so that each doctor in training's circumstances can be considered on an individual basis and that any changes to the CCT date will reflect the demonstration of competence.

The administration of the absence and decision on any extension to training will be undertaken locally by the relevant Deanery in consultation with the relevant College/Faculty where necessary. A review will be undertaken at the ARCP and consideration will be given to the number of absent days and progression through the training programme. A decision will then be made as to whether further targeted training or an extension to the CCT date is required.

The Training Department will request confirmation from the local Specialty Training Committee or Training Programme Director that the effect of the leave has been discussed, that the programme has been adjusted to take account of the individual anaesthetist in training and that the provisional CCT date needs to be revised as necessary.

In the case of an extended period away from the workplace, eg, maternity leave, the College recommends that before the anaesthetist in training returns to work, a formal assessment of which parts of the programme have been missed along with review of the individual's remaining training programme occurs. Clear educational objectives must be agreed in advance and the domains of learning as defined in the curriculum must be achieved.

13 Less than Full Time Training (LTFT)

After appointment any anaesthetist in training, with Deanery agreed eligibility, can request to train less than full time. The training programme will then be delivered on a pro rata basis. Each region has a LTFT adviser who works with the Regional Adviser and the local Deanery to ensure that the needs of those anaesthetists in training are met. General advice on LTFT is contained in the Gold Guide. In addition, one of the College Bernard Johnson Advisers provides strategic advice to the RCoA on the needs of those in less than full-time training and can be contacted via training@rcoa.ac.uk.

There are two different categories of applications to LTFT. These are used by Deaneries to assess eligibility and prioritise applications. However, these categories are not exhaustive:

Category 1

Doctors in training with:

- disability or ill health (this may include those on in vitro fertility programmes)
- responsibility for caring (men and women) for children
- responsibility for caring for an ill/disabled partner, relative, or other dependent.

Category 2

Doctors in training with:

- unique opportunities for their own personal/professional development, eg training for national/international sporting events, or short-term extraordinary responsibility, eg, a national committee
- religious commitment, involving training for a particular religious role with requires a specific amount of time commitment
- non-medical professional development such as management courses, law courses, fine arts courses, or diploma in complementary therapies.

LTFT training will only be offered if there are trainers and training experience available and the employing Trust agrees. There are sometimes difficulties with funding which may delay the commencement of a LTFT training post, particularly at points of re-entry into training. There is detailed guidance on LTFT that can be found here.

14 Out of hours commitments

Out of hours work for anaesthetists in training largely involves providing services for emergencies and compared with elective work makes different demands on the anaesthetist. There are several reasons for anaesthetists in training to undertake out of hours work. It provides:

- the opportunity to experience and develop clinical decision making, with reduced resources, under distant supervision
- the opportunity to learn when to seek advice and appreciate that close clinical supervision is required when learning new aspects of emergency work
- a reflection of professional anaesthetic practice, as in most hospitals patients are admitted 24 hours a day, 7 days a week; there is therefore a service commitment.

Occasionally there may be a domain of learning where out of hours work is not required; this will be the exception. For the domains of learning where out of hours work is required, *anaesthetists in training should not normally work more than a 1 in 8 rota, ie 7 nights in an 8-week period,* to ensure that they can meet the many learning outcomes that are gained during normal working hours, in addition to those gained out of hours.

The College recognises that there are occasions when additional out of hours work is required due to local circumstances; when this occurs, it should only be for short periods otherwise the anaesthetist in training will require extended training time to ensure the domains of learning are met. Local trainers, in conjunction with their Clinical Directors [CDs], must recognise this consequence of excessive out of hours commitments. Finally, it is important to ensure that any new aspects of emergency work are undertaken initially with close clinical supervision.

For anaesthetists in training unable to undertake out of hours work due to illness or other debilitating circumstances, the College Tutor, Regional Adviser, Training Programme Director, and Chair of the College Training, Curriculum, and Assessment Committee will determine whether it is possible to obtain all the essential key capabilities of a domain of learning and whether extra training time is required. This may involve extending the period of training and so anaesthetists in training are advised to discuss the potential consequences of inability to perform out of hours work as soon as practicable, as it may have a major impact on the training programme leading to the award of a CCT.

14.1 Service commitment to ICM and obstetrics

In many hospitals anaesthetists in training provide out of hours cover to intensive care units and obstetrics. Whilst these provide valuable training and experience, it must not be to the detriment of anaesthetic training; anaesthetists in training must receive a balanced programme of training over their higher specialty training years. It is up to individual Schools, normally via their specialty training committees, to ensure the College recommendations for training are met.

***Service commitment to ICM**:* the College recommends that anaesthetists in training must spend no more than a total of 6 months, when all time spent in ICM duties is considered, in their indicative 2 years of stage 2 training undertaking daytime ICM duties (this is to include their dedicated *Intensive Care* domain of learning), to ensure they achieve their other anaesthetic key capabilities.

It is important for anaesthetists in training to gain experience in emergency anaesthesia so they need to be on call for general theatre emergencies. The on-call cover for intensive care should not be detrimental to the anaesthetists in training gaining experience in emergency anaesthesia in general theatres or obstetrics.

During stage 3 training, experience in ICM on call could be useful in gaining the capabilities for the *Intensive Care* or *Resuscitation and Transfer* domains of learning.

***Service commitment to obstetrics**:* the College recommends that no more than a third of service commitments in their indicative 2 years of stage 2 training are dedicated to obstetric anaesthetic services.

The College expects anaesthetists in training to develop their skills in emergency anaesthesia in all disciplines. Anaesthetists in training exposure to emergency anaesthesia should not be compromised because of service commitments to ICM and obstetric anaesthesia. 'Sign off' confirming adequate exposure to emergency anaesthesia related to a particular domain of learning is necessary on the Holistic Assessment of Learning Outcomes (HALO) form.

15 Educational Development Time (EDT)

The 2021 CCT Curriculum in Anaesthetics includes reference to the GMC's 9 domains of Generic Professional Capabilities. These areas of professional practice are incorporated within the learning outcomes in each of the 3 stages of the curriculum. The domains are:

- *Professional Behaviours and Communication*
- *Management and Professional and Regulatory Requirements*
- *Team Working*

- *Safety and Quality Improvement*
- *Safeguarding*
- *Education and Training*
- *Research and Managing Data*

Whilst some of these domains such as *Professional Behaviours and Communication* and *Team Working* will be assessed in the context of the clinical environment, others will require specific time for developing and assessing skills. In order to ensure that anaesthetists in training are able to complete these areas of training the College has provided guidance for the provision of Educational Development Time (EDT) to support learning and assessment in professional practice.

The College recommends that anaesthetists in training in posts in stages 1 and 2 of the curriculum on both Core Anaesthetic Training and ACCS pathways should be allocated up to 2 hours of EDT per week. Those in stage 3 should be allocated up to 4 hours per week reflecting the requirement for greater involvement in some of these areas in the later stages of the training programme.

EDT should be allocated pro rata for less than full time anaesthetists in training. In all cases it may be managed flexibly by departments and can be averaged over a period of time if desired to ensure that access is equitable. It must be discussed and planned with the Educational Supervisor in all cases with specific objectives to be completed. This should encompass work specific to the learning outcomes outlined in the curriculum and may include:

- educational activity and preparation of educational materials
- quality Improvement projects
- research
- management and leadership activity
- other activities which support the development of skills in these areas.

Time should be spent on site unless there are specific agreed reasons such as involvement in research projects on different sites or a lack of suitable facilities and space to support the work being undertaken. During the initial period of training when the IAC is being undertaken EDT should support this activity in areas such as simulation and tailored educational sessions.

In stage 3 of the training programme EDT may also be used to support maintenance of skills in special interest areas already undertaken by agreement with the College Tutor. However, this should be incorporated within the allowed time and not taken in addition.

During the COVID pandemic EDT may be used for targeted training in particular areas of clinical and professional practice. This applies particularly to individuals who have been awarded Outcome 10 at ARCP. We recommend that this is allowed during such time that COVID ARCP Outcomes remain in place.

EDT should not be counted as an alternative to local or regional teaching programmes and should not form part of the Study Leave allowance. All activity should be monitored by educational supervisors and recorded in the end of placement structured report. Departmental policy should be monitored by the local and regional educational leadership teams.

16 Sessions

A minimum of 3 supervised sessions per week (averaged over 3 to 6 months) is required to ensure sufficient workplace-based learning to allow most anaesthetists in training to progress to CCT within the 7 year indicative length of the programme; this figure is based on many years of experience. It is accepted that there may be variation from week to week depending on local work patterns and the structure of individual School programmes of training, and that the number of sessions required, in the various settings, to meet curriculum requirements will vary according to the stage of training and the individual interests of the anaesthetist in training as they progress.

To ensure patient safety, anaesthetists in training new to the specialty must, at all times, be directly supervised until they have passed the Initial Assessment of Competence (IAC). This concentrated period of supervision is essential to ensure that anaesthetists in training complete all the required learning outcomes

during this phase of the programme. Following this, the appropriate level of supervision for the anaesthetist's level of competence should be provided.

17 Training Resources

Further resources to support the 2021 Anaesthetics Curriculum are available on the College website.

The RCoA interactive guide for novice anaesthetists in training to support the first three to six months on the training programme can be accessed here.

18 Appendix A

18.1 Curriculum working group members

Dr Nigel Penfold - **Chair**	Dr Joe Lipton	Dr Chris Thorpe
Dr Liam Brennan	Professor Ravi Mahajan	Dr HooKee Tsang
Dr Jo Budd	Dr Tina McLeod	Dr Anne Whaley
Dr Chris Carey	Dr Sarah Muldoon	Dr Andy Whallett
Dr Jon Chambers	Dr Marie Nixon	Dr Ian Whitehead
Dr Jenny Cheung	Dr Russell Perkins	Dr Lucy Williams
Dr Richard Davidson	Dr Oliver Pratt	Dr Karine Zander
Dr Aidan Devlin	Dr Gethin Pugh	**RCoA staff** Mr Russell Ampofo Ms Claudia Moran Mr Neil Wiseman Ms Stephanie James Ms Rajashree Krishnian
Dr Fiona Donald	Dr Oliver Rose	
Dr Janice Fazackerley	Dr David Selwyn	
Dr Lina Fazlanie	Dr Soumen Sen	
Dr Tom Gale	Dr Ann Shearer	
Dr Tom Gallacher	Dr Ben Shippey	
Dr David Humphreys	Brigadier Robin Simpson	
Dr Angela Lim	Dr Jamie Strachan	

18.2 Stakeholder groups

RCoA members	The Association of Anaesthetists
Anaesthetists in training and their representatives on the Anaesthetists in Training Representatives Group	Deanery and School administrators
RCoA Training Committee, Council and Boards, Lay Committee	FICM
RCoA Regional Advisers and College Tutors	FPM
Heads of Schools of Anaesthesia	Intercollegiate Committee for Training in ACCS
Training Programme Directors	Intercollegiate Training Board for PHEM
RCoA Equality and Diversity group	Specialist anaesthesia societies and groups
Future anaesthetists	Academy of Medical Royal Colleges
Members of the public	BMA
Groups representing equality, diversity and inclusivity	GMC
Postgraduate Deans representing the four nations	NHS Employers