



Information about the 2020 RCOA Curriculum for a CCT in Anaesthetics

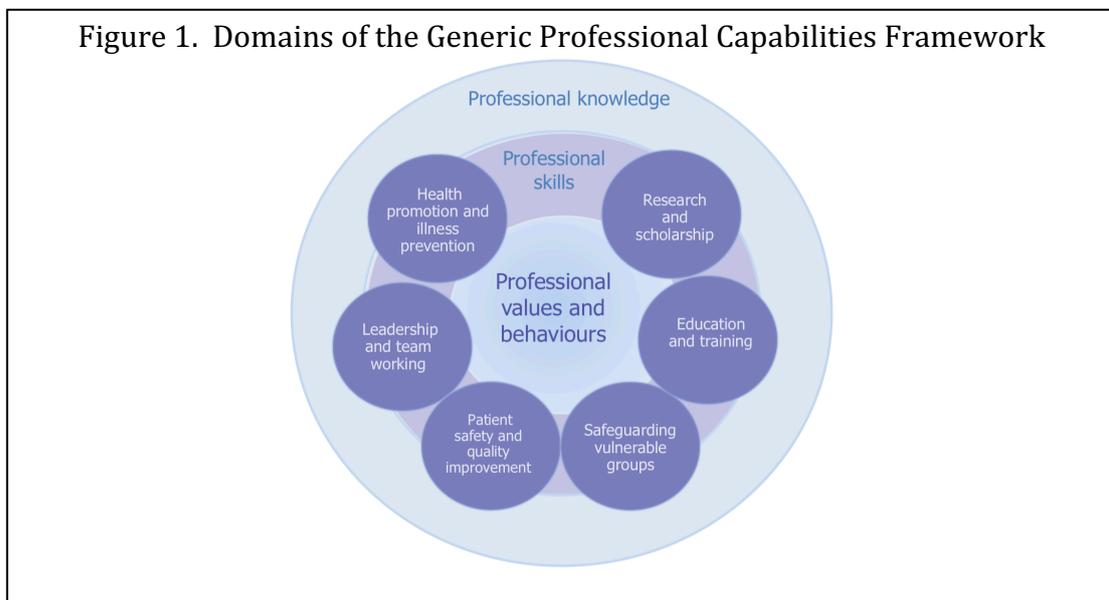
Why the change?

In 2017 the GMC set new standards for postgraduate curricula¹. These stated that the curriculum should:

- Be structured around generic professional capabilities in terms of generic and specialty-specific learning outcomes
- Describe expected levels of performance and the breadth of experience required to progress or complete training.
- Identify what must be met to move through critical progression points

What must be included in the new curriculum?

The GMC produced a Generic Professional Capabilities framework² in 2017. This describes a series of generic behaviours, values, skills and knowledge that all doctors must demonstrate to provide safe, effective, care (see Figure 1)

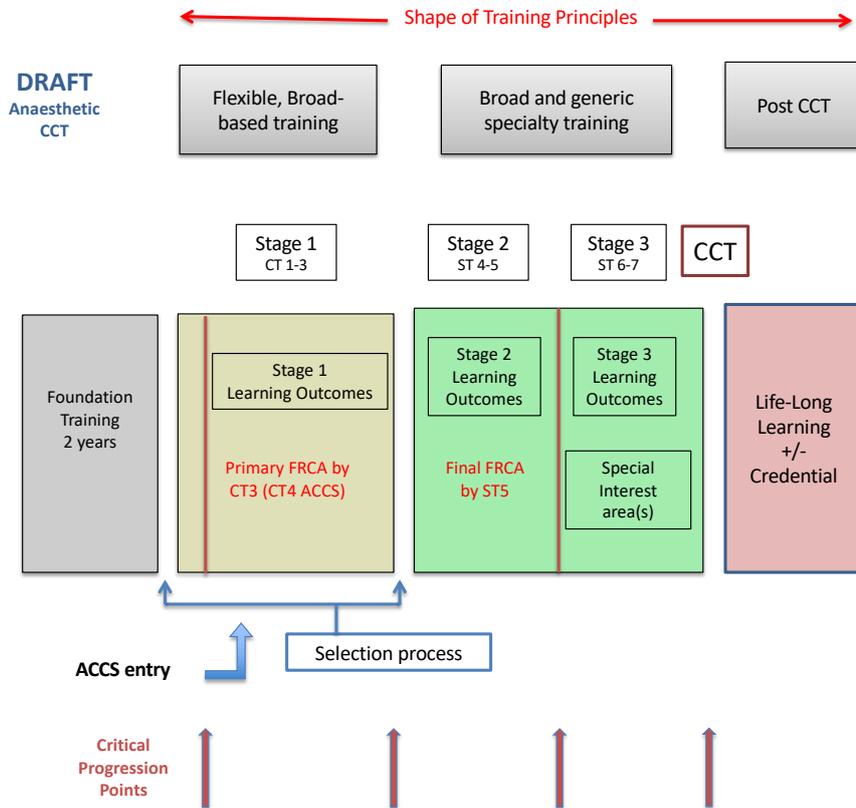


So what will the new curriculum look like?

- Compared to the current >100 page curriculum and 7 annexes, expect the new one to be much more streamlined.
- It will be based around 14 higher learning outcomes.
- These outcomes will be defined by key capabilities that an anaesthetic trainee needs to meet at each of the critical progression points.



- The new curriculum will focus on what is expected of an anaesthetist during each stage of training and to become a consultant, as opposed to the current system which can sometimes feel like a tick-box exercise.
- The format is also changing and is expected to look something like this:



When will the new curriculum be delivered?

As you can imagine, writing a new curriculum for a CCT in anaesthetics is no easy task! It is currently being developed by the Curriculum Review Group at the RCOA with involvement from trainees and consultation with the specialty societies amongst many other stakeholders

The new curriculum is planned to be introduced in August 2021 and it is hoped will be phased in over a two year period for all trainees.

Will these changes affect obstetric training?

Yes, but it sounds like the changes will be very positive. For example, the initial assessment of obstetric competence is likely to consist of several activities to assess that you are clinically competent to work under indirect supervision on the delivery suite rather than the current tick-box of 12 assessments.



Special interest training in obstetric anaesthesia will still exist, but again the core learning outcomes will hopefully be a better way to deem that a senior trainee can practice independently as a consultant obstetric anaesthetist.

Where can I find out more?

There is further information on the RCoA website:

<https://www.rcoa.ac.uk/careers-and-training/curriculum-review-anaesthetic-cct-curriculum-2020>

They also have a dedicated email address: 2020cct@rcoa.ac.uk

Keep an eye on your emails for RCOA Bulletins expected later this year

**With special thanks to Dr Nigel Penfold,
Chair of the RCoA Anaesthetic Curriculum Review Group.**

References

1. General Medical Council. Excellence by design. 2017. http://www.gmc-uk.org/education/postgraduate/excellence_by_design.asp (accessed 04/07/2019).
2. General Medical Council. Generic professional capabilities framework. 2017. www.gmc-uk.org/Generic_professional_capabilities_framework__0517.pdf_70417127.pdf (accessed 04/07/2019).