Royal College of Anaesthetists

2021 CURRICULUM ASSESSMENT GUIDANCE

V1.5 JANUARY 2024

For review January 2025

Contents

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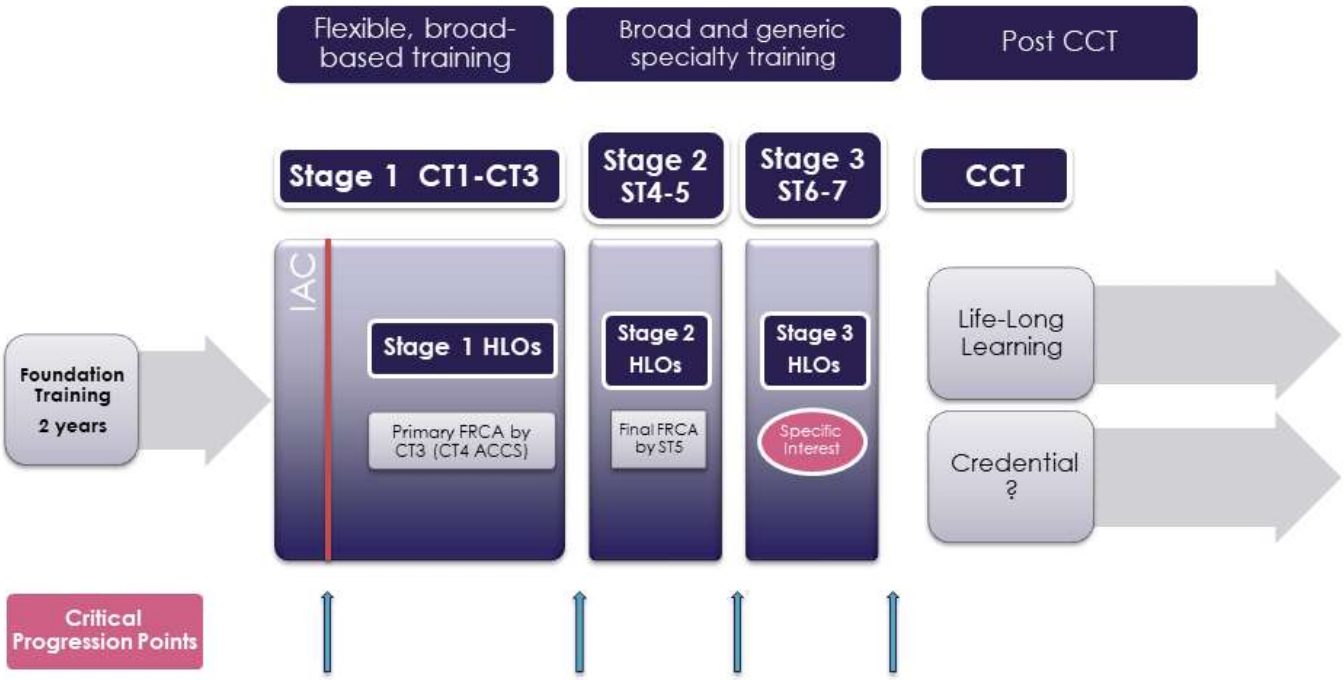
Introduction

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

This 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.

Figure 1 – The 2021 curriculum



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Philosophy of Assessment

The key aim for assessment is to improve practice by concentrating on the educational potential of assessment through reflection and analysis, and de-emphasising the collection of evidence of achievement. Assessment within the 2021 Curriculum is therefore intentionally weighted *towards formative development where we give an account of practice to enable improvement* rather than accounting for practice or quantifying achievement. The learner is expected, and should feel confident, to demonstrate a journey of progression, in which the process of improvement is appreciated in addition to achievement.

Anaesthetic practice is complex and uncertain, expertise is developed by immersion in a 'community of practice' and anaesthetists are actively engaged in their own learning, moving from peripheral participation in the anaesthetic community towards expertise. The developmental process is necessarily a journey where acquiring knowledge, practicing skills, and perfecting professional artistry are opportunistic. It follows that every experience that an aspiring expert in the practice of anaesthesia encounters should be an opportunity for learning.

The process that underpins that learning is an experiential cycle of concrete experience, reflective observation and abstract conceptualisation. The expectation is that the performance of the anaesthetist in training will improve through repeated cycles of experience, reflection, conceptualisation, and application.

Key to enabling assessment to improve practice is that the expert trainer enables reflection and conceptualisation within this cycle, focusing the learner on analysis of their performance in a developmental conversation. Recording elements of that conversation may help anaesthetists in training consolidate and apply concepts gained over a number of encounters. Every training encounter should therefore be undertaken with this iterative development in mind: they should examine the performance of the anaesthetist in training and explore ways in which it might be improved. Such discussions may be captured as part of a Supervised Learning Event (SLE) throughout the curriculum.

Assessment shapes every aspect of the learning experience and thus emphasis should be on the positive impact of improving *learning and practice rather than being regarded as a series of hurdles to progression.*

It is hoped that by refocusing attention on participation in developmental conversations and moving away from SLEs being viewed as summative assessments, these conversations become a normal part of everyday practice in which teaching, learning, and assessment happen simultaneously. The intention is that training moves away from performing SLEs for the purpose of demonstrating ability, towards a more open culture where frequent, informal, formative analysis of performance is both expected and achievable, and where those powerful conversations, guided by the standards within the curriculum, serve as the scaffold to the achievement of excellence.

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The 2021 Programme of Assessment

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

Each domain has a learning outcome for each stage. Within each domain several **Key Capabilities** are described which guide the individual towards achievement of the High-Level Learning Outcome for that domain.

Evidence of completion of all of the 14 domains for a stage of training is required before proceeding to the next stage. Such points in the curriculum are referred to as **Critical Progression Points**. The Initial Assessment of Competence (IAC) and Initial Assessment of Competence in Obstetric Anaesthesia (IACOA) are also considered critical progression points.

Anaesthetists in training can draw on a broad range of evidence including Supervised Learning Events (SLEs), personal activities, and personal reflections to demonstrate attainment of the Key Capabilities within each of the Domains of Learning.

Such activities may provide evidence of attainment of more than one of the Key Capabilities across more than one of the Domains of Learning. In addition, Key Capabilities with a high degree of commonality have been clustered together and may be evidenced together.

Table 1 - The programme of assessment (** critical progression point)

<table>
<tr><th></th><th colspan="3">Stage 1</th><th colspan="2">Stage 2</th><th colspan="2">Stage 3</th></tr>
<tr><td></td><td>CT1</td><td>CT2</td><td>CT3 **</td><td>ST4</td><td>ST5 **</td><td>ST6</td><td>ST7 **</td></tr>
<tr><td colspan="8">Formative Supervised Learning Events (SLEs)</td></tr>
<tr><td>A-CEX</td><td colspan="7" rowspan="5">There is no requirement for a minimum number of SLEs each year. The anaesthetist in training should use SLEs in a formative way to demonstrate reflection on learning and progress. Feedback on the learning event should help the learner improve their practice. The SLEs allow the trainer to indicate what level of supervision is required for the trainee for that case or procedure. Feedback should include guidance on how the learner develops their practice to reach the desired supervision level.
Practical procedures should be assessed with a DOPS tool.</td></tr>
<tr><td>ALMAT</td></tr>
<tr><td>CBD</td></tr>
<tr><td>DOPS</td></tr>
<tr><td>A-QIPAT</td></tr>
<tr><td colspan="8">Summative Assessments</td></tr>
<tr><td>Initial Assessment of Competence (IAC) **</td><td colspan="3">• Completed in CT1
• Supervision level 2b
• EPAs 1 and 2</td><td colspan="4" rowspan="2"></td></tr>
<tr><td>Initial Assessment of Competence in Obstetric Anaesthesia (IACOA)</td><td colspan="3">• Completed by end of CT2
• Supervision level 3
• EPAs 3 and 4</td></tr>
<tr><td>MSF (one per year)</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Multiple Trainer Report</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>HALO</td><td colspan="3">Stage 1 domains of learning 1-14</td><td colspan="2">Stage 2 domains of learning 1-14</td><td colspan="2">Stage 3 domains of learning 1-14</td></tr>
<tr><td colspan="8">FRCA Examinations</td></tr>
<tr><td>Primary FRCA</td><td colspan="3">Essential</td><td colspan="4"></td></tr>
<tr><td>Final FRCA</td><td colspan="3"></td><td colspan="2">Essential</td><td colspan="2"></td></tr>
</table>

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Educational Supervisors Structured Report (ESSR)							
ESSR	✓	✓	✓	✓	✓	✓	✓

Table 2 - The assessment blueprint

	Generic professional domains							Specialty specific domains						
	Professional Behaviours & Communication	Management & Professional Regulatory Requirements	Team Working	Safety & Quality Improvement	Safeguarding	Education & Training	Research & Managing Data	Perioperative Medicine & Health Promotion	General Anaesthesia	Regional Anaesthesia	Resuscitation and transfer	Procedural Sedation	Pain	Intensive Care Medicine
A-CEX	**O**	**O**	**O**		**O**	**A***		**A***	**A***	**A***	**A***	**A***	**A***	**A***
DOPS	**O**		**O**	**O**		**A***		**O**	**A***	**A***	**O**	**O**	**A***	**A***
CBD	**O**	**A***	**O**	**O**	**A***	**A***	**O**	**A***	**A***	**A***	**A***	**A***	**A***	**A***
ALMAT	**A***	**A***	**A***		**O**			**A***	**A***	**A***	**O**	**A***	**A***	
A-QIPAT	**O**	**O**	**O**	**A***			**O**							
MSF	**A***	**O**	**O**	**O**	**O**	**O**	**O**	**A***	**A***	**A***	**O**	**A***	**O**	**A***
MTR	**A***	**O**	**A***	**O**	**O**	**A***	**A***	**A***	**A***	**A***	**A***	**A***	**A***	**A***
HALO	**A***	**A***	**A***	**A***	**A***	**A***	**A***	**A***	**A***	**A***	**A***	**A***	**A***	**A***
IAC/IACOA	**O**		**O**	**O**	**O**			**A***	**A***	**A***	**A***	**A***	**A***	
Primary FRCA	**A***	**O**	**O**	**A***	**O**		**A***	**A***	**A***	**A***	**A***	**A***	**A***	**A***
Final FRCA	**A***	**O**		**A***	**O**		**A***	**A***	**A***	**A***	**A***	**A***	**A***	**A***

A* should be used to assess this domain

O may be used to assess this domain

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The Role of the Trainer: Assessment Faculty

Assessment Faculty are **designated trainers** who will be responsible for the **summative assessment** of **specific Key Capabilities** within the new curriculum. Each department will identify trainers to act as Assessment Faculty. This is ideally lead by the local College Tutor(s).

Assessment Faculty trainers include **Consultants and SAS doctors** who are **Clinical Supervisors or Educational Supervisors**. It is intended that this is an evolution of the previous role of Unit of Training supervisors and reflects the greater emphasis on the role of the expert trainer as part of the new programme of assessment.

Assessment Faculty should consider a broad scope of evidence to determine if the anaesthetist in training has met the requirements of **specific Key Capabilities and learning outcomes** described in the new curriculum.

Assessment Faculty Trainers are:

- **designated trainers** responsible for the assessment of **one or more specific Key Capabilities** within a Domain of Learning
- have knowledge of the requirements of the Key Capabilities for the **respective stage of training**
- trainers with existing clinical commitment relevant to the Key Capabilities
- are able to signpost to learning opportunities available locally as part of the training programme.

Within the Assessment Faculty for a given Domain of Learning, one or more of the faculty will be designated as being **responsible for assessment and completion of the Holistic Assessment of Learning Outcome (HALO)** for a given Domain of Learning.

Assessment Faculty should also be available to review the progress of anaesthetists in training at regular intervals throughout their training programme, to assess progress towards attainment of the Key Capabilities and the spread of evidence associated with different capabilities.

Assessment of Key Capabilities should take place **throughout the training programme** as evidence is attained, rather than being completed at the end of a stage of training. Some Key Capabilities that share a high level of commonality have been **grouped together and may be assessed at the same time**.

It is important to note that Supervised Learning Events can still be completed by all trainers and is not limited to members of the Assessment Faculty.

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Holistic Assessment of Learning Outcomes (HALOs)

HALOs provide a structured framework to reflect the evidence that the anaesthetist in training has achieved the required learning outcome for the Domain of Learning.

Holistic Assessment of Learning Outcomes (HALO) is the Summative Assessment for each domain of the 2021 Curriculum.

The anaesthetist in training will need to demonstrate the following to complete the respective HALO assessment:

- attainment of **all of the Key Capabilities or Key Capability clusters** within the Domain of Learning
- appropriate **clinical experience and logbook data** in the case of specialty specific domains
- successful completion of a **Multiple Trainer Report** for the respective stage of training.

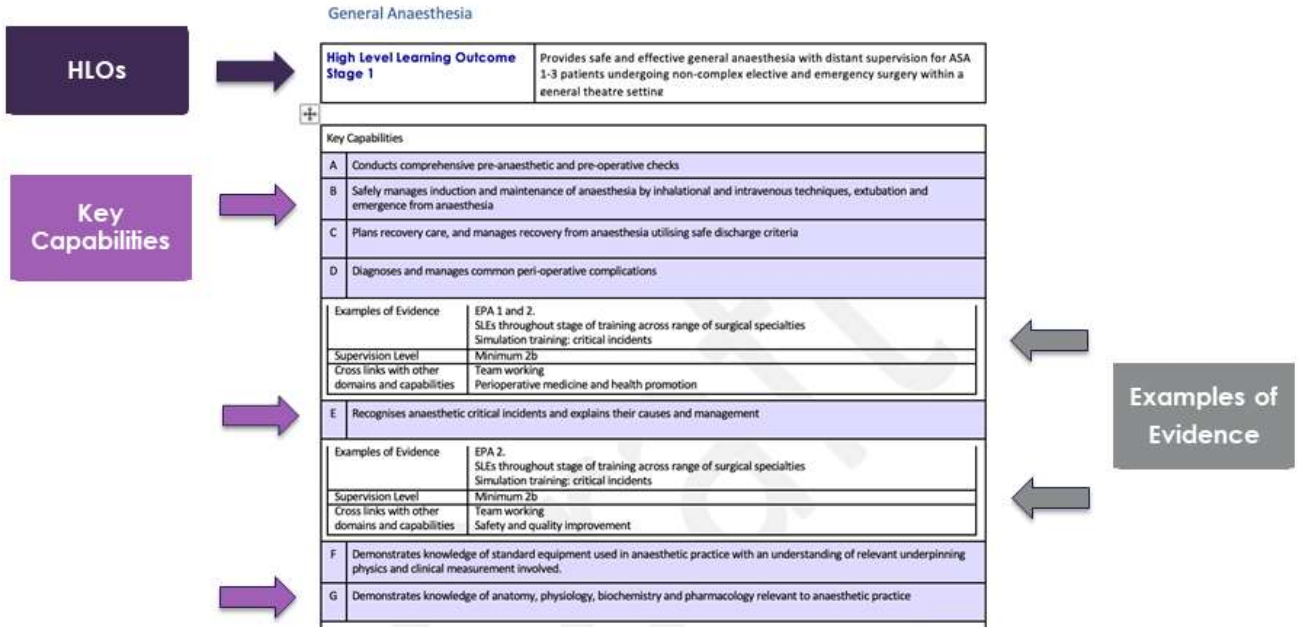
Evidence that may be used to demonstrate attainment of the Key Capabilities includes:

- clinical experience and logbook data
- Supervised Learning Events (as illustrated by the use of ACEX, CBD, ALMAT, DOPS or A-QIPAT)
- Personal Activities including attending courses, teaching sessions or simulation
- Personal Reflection.

Evidence may be linked to the different Key Capabilities by the anaesthetist in training or trainer, by selecting the Key Capability when the evidence is entered into the LLp.

Appendix 1, 2, and 3 of this guidance includes stage specific HALO Guides that provide further information on the suggested evidence for each of the Key Capabilities, for each of the Domains of Learning.

Figure 2 – Illustrated extract from the HALO Guide for stage 1



Anaesthetists in training and trainers will need to engage routinely with the LLp as part of training. As HALOs are unlikely to be completed until the latter phase of a stage of training, ARCPs will need evidence of engagement with training process throughout the stage of training and not reserved until the end of the stage.

All HALOs for all 14 domains must be completed for a stage of training in order to progress to the next stage.

Successful completion of the Primary FRCA and Final FRCA examination is also essential for the completion of some Domains of Learning at the respective stage.

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Shared Capabilities & Curriculum Cross References

The 2021 Curriculum contains a number of shared themes that span multiple Key Capabilities across both the specialty specific and general professional domains. Anaesthetists in training should consider such areas across all domains of the curriculum when recording SLEs and other educational activities.

A single piece of evidence can be used to evidence more than one of the Key Capabilities, further details on how capabilities can be evidenced and crosslinked can be found in Appendices 1, 2, and 3.

Who can complete assessment of the HALOs for each Domain of Learning of the new Curriculum?

A designated trainer of the local Assessment Faculty will be responsible for reviewing the evidence that has been collated to determine if the anaesthetist in training has met the requirements for the Domain of Learning.

This may be the **Educational Supervisor or a Clinical Supervisor who is a member of the Assessment Faculty** with responsibility for completion of the HALO for the specific Domain of Learning.

College Tutors will have an important role in working with and coordinating the Assessment Faculty roles within departments and signposting anaesthetists in training to different trainers within the local Assessment Faculty.

Is there a difference between assessment of specialty specific domains and generic professional domains?

Assessment of HALOs for specialty specific domains:

Within the local Assessment Faculty, **one or more of the faculty will be designated as being responsible for assessment and completion of the HALO** for a given Domain of Learning.

These individual trainers and their responsibilities should be clearly identifiable as holding such roles within each department, to allow developmental discussions between trainer and anaesthetist in training.

In many cases this is likely to be an evolution of the existing role of Unit of Training Supervisors within departments.

Assessment of HALOs for generic professional domains:

In the case of the generic professional domains, these are skills that are considered to be intrinsic to the activities of all professional doctors and thus it is likely that such domains can be reviewed and **completed by the Educational Supervisor.**

However, it is recommended that for the **Safety and Quality Improvement** domain, that the designated trainer has experience and engagement in QI activities is responsible for the assessment and completion of this domain.

Role of Educational Supervisor

Educational Supervisors have a vital role in the assessment of the new curriculum. Educational Supervisors will have responsibility for reviewing the overall progress of the attainment of the Key Capabilities and other evidence, to support for the completion of HALOs, as well as informing the wider educational development of the anaesthetist in training.

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HALOs: A trainers' guide to assessing progress

General principles

Holistic Assessments of Learning Outcomes (HALOs) are summative assessments used in the 2021 Curriculum to show that an anaesthetist in training has achieved the required learning outcome for a domain of learning and has illustrated this by uploading appropriate evidence to the Lifelong Learning platform (LLp).

Each domain of learning has an overarching **learning outcome for each stage**. **Within each stage the learning outcome** is underpinned by stage-specific key capabilities, which guide the individual towards achieving the learning outcome.

The main focus of each HALO is assessment of achievement of the learning outcome(s), for which the key capabilities provide the supporting evidence.

To complete a HALO, the anaesthetist in training will need to demonstrate the following:

- evidence linked to each key capability or cluster of key capabilities within that domain of learning
- appropriate clinical experience, evidenced by logbook data
- a completed Multiple Trainer Report for the respective stage of training, documenting appropriate progress & performance.

Evidence that may be used to demonstrate attainment of the key capabilities includes:

- Supervised Learning Events (SLEs) as illustrated by the use of ACEX, CBD, ALMAT, DOPS or A-QIPAT. No fixed number is required, but progress in terms of supervision levels should be demonstrated. Anaesthetists in training should show engagement with learning by regular completion of SLEs as 'low stakes' assessments that guide learning and provide feedback.
- Personal Activities such as attendance at courses, teaching sessions or simulation.
- Personal Reflection.

When evidence is uploaded to the LLp, it should be linked to the appropriate key capability or cluster of key capabilities by the anaesthetist in training. A single piece of evidence can be linked to more than one cluster of capabilities and more than one domain of learning.

Once some evidence has been linked to capabilities in a HALO the anaesthetist in training should click on the '**Create HALO'** tab. This will turn the HALO blue and allows the trainer to see what evidence has been linked to the key capability clusters and the supervision levels that have been recorded for individual SLEs. SLEs will appear in chronological order under the linked key capability or cluster of capabilities, which allows the progression with supervision to be clearly illustrated. To view progress with any aspect of the HALO the trainer should click on '**Review HALO'**. It is important to note that the trainer must not click on 'Create HALO' as this then locks the HALO for the trainee.

Successful completion of all 14 HALOs is required to complete each stage of training. Most HALOs will be approved towards the end of a stage of training. Some HALOs may be approved earlier in the stage, for example ICM, after completion of the relevant clinical attachments.

HALO Approval Procedure

When approving a HALO, educational supervisors, the assessment faculty, or both should review the evidence presented by the anaesthetist in training, to assure themselves that the evidence indicates that the **learning outcomes** have been met.

In discussion with the School of Anaesthesia, departments should agree local arrangements for approval of different HALOs. In most cases it is likely that the Educational Supervisor will be responsible for approving the generic professional domains for their respective anaesthetists in training, perhaps with the exception of *Safety & Quality Improvement*, which could be approved by a QI lead.

For some specialty specific domains, a lead trainer within the assessment faculty may be designated to approve HALOs. This might be the case in *Regional Anaesthesia*, *Resuscitation and Transfer*, *Procedural Sedation, Pain*, or *Intensive Care*. The lead trainer should have clinical experience in the content of that domain and knowledge of the curriculum requirements. Lead trainers fulfil a similar role to CUT supervisors or module leads from the 2010 curriculum.

For the larger clinical domains such as *Perioperative Medicine and Health Promotion* and *General Anaesthesia*, the HALO should usually be approved by an assessment faculty, which would include educational supervisors and lead trainers.

Assessment faculty

Creation of a local assessment faculty facilitates approval of larger clinical domains such as *Perioperative Medicine and Health Promotion* and *General Anaesthesia*, which include many different key capabilities across a wide spectrum of clinical practice.

The structure and membership of an assessment faculty can be adapted to account for different local arrangements but members should typically include Educational Supervisors, College Tutors and lead trainers with experience and knowledge in relevant clinical areas. The key requirements for membership of the faculty are knowledge of anaesthetists in training, the clinical area of practice, and the curriculum requirements.

The College Tutor should usually coordinate the assessment faculty, and they should identify the different roles, including curriculum responsibilities for approval of components of training, of faculty members. The faculty should meet to discuss the progress of individual anaesthetists in training and provide expert, global opinion, and judgment with respect to attainment of the learning outcomes as supported by the key capabilities. These decisions should be based on the evidence provided by the anaesthetist in training. This would include evidence linked to the key capabilities within the domain of learning, clinical experience, and logbook data and a Multiple Trainer Report for the respective stage of training, documenting appropriate progress and performance.

Supervision levels for SLEs

Suggested supervision levels for each stage of training are set out in the HALO stage guides. The faculty should discuss the supervision level they think the anaesthetist in training is achieving in practice. This should be reflected in the SLEs, however if a trainee does not have an SLE which demonstrates the required supervision level, the HALO can still be completed if the assessment faculty agree that the trainee is able consistently to perform safely at the required level.

If an anaesthetist in training is not achieving the suggested supervision levels then this may indicate issues with progress and should be discussed by the assessment faculty. Measures may need to be put in place to support the anaesthetist in training to achieve the supervision level required.

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Feedback from faculty decisions should be shared with the anaesthetist in training. This may be as a formative discussion, supervisory meeting or a summative recording of the HALO approval.

Evidence: Additional Points

Generic Professional Domains

- Capabilities within the generic professional domains are clustered for the whole domain. Evidence can only be linked to the cluster, not individual capabilities.
- When approving generic professional HALOs, trainers should see evidence relating to a selection of the key capabilities within the domain. Examples of evidence are given in the Assessment Guidance document and are included on the LLp.
- In some situations, a single piece of evidence may cover the majority of key capabilities for a generic professional domain, for example a Good Clinical Practice (GPC) course for *Research and Managing Data* in stage 1.
- Schools of Anaesthesia are encouraged to develop School specific examples of evidence such as attendance at specific training days.
- There is an expectation that anaesthetists in training are engaged with QI activity throughout their training, and the level of involvement increases with each stage. During stages 2 and 3 it is anticipated that at least one significant project will be undertaken for each stage.
- QI activity should be recorded using the A-QIPAT form, but other evidence may also be presented for example, uploading a project presentation.

Clinical Domains

- Anaesthetists in training are encouraged to use SLEs regularly to capture learning from clinical experience and use of the 'Quick Approve' function helps these to be completed at the time of the formative discussion with the trainer.
- The log book should be reviewed to ascertain that the case numbers and case mix are appropriate.
- Supervision levels can be recorded when completing SLEs. Suggested supervision levels for the end of each stage of training are set out in the Assessment Guidance. The anaesthetist in training should demonstrate progress in levels of supervision towards those required for the end of the stage of training.
- If the anaesthetist in training has used the 'Create HALO' tab then the trainer will be able to see evidence as it is linked to the clusters of key capabilities and will be able to review the supervision levels. This is done by clicking on 'Review HALO'.
- When reviewing evidence with the anaesthetist in training at regular supervisory meetings, a trainer should see progress with the levels of supervision. The suggested supervision level described in the HALO guide refers to what is expected at the end of the stage of training.
- Towards the end of the stage of training if the anaesthetist in training does not have an SLE which demonstrates the required supervision level, the HALO can still be completed if the assessment faculty agree that the trainee is performing safely at the required level. This should be supported by the Multiple Trainer Report feedback.
- A HALO cannot be approved if there is no evidence linked to a cluster or individual key capability. All clusters or individual key capabilities should have some form of evidence linked.

Figure 3 – HAL-gorithm for the approval of a HALO

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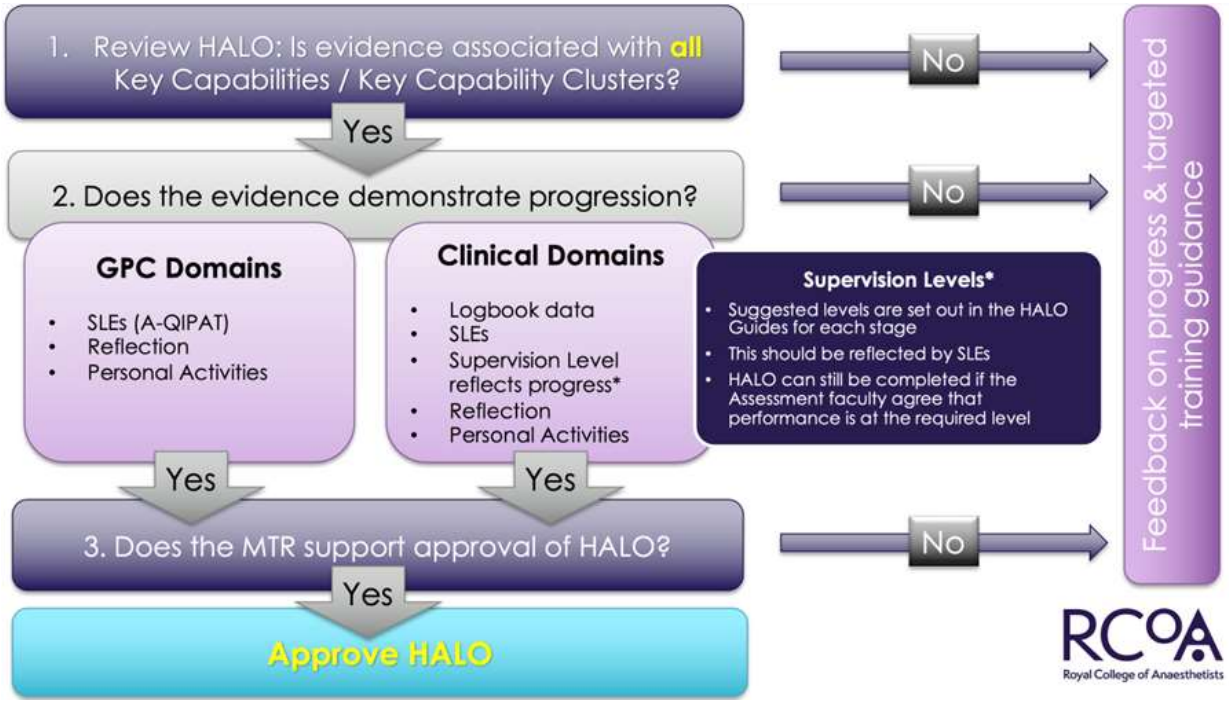

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Assessment of Discrete Areas of Anaesthetic Practice within *General Anaesthesia* and *Perioperative Medicine and Health Promotion*: The 'Triple C' Form

Assessment Faculty are **designated trainers** who are responsible for the **summative assessment** of **specific Key Capabilities** within the new curriculum. In the case of the smaller clinical domains (*Regional Anaesthesia, Resuscitation and Transfer, Procedural Sedation, Pain*, and *Intensive Care*), the assessment of the Key Capabilities is likely to be commensurate with the entire HALO for that domain.

However, in the case of the ***General Anaesthesia* and *Perioperative Medicine and Health Promotion* domains**, there are some additional considerations.

Within the new curriculum, areas previously represented by discrete Units of Training in the 2010 curriculum including cardiothoracic anaesthesia, neuro-anaesthesia, obstetric anaesthesia, and paediatric anaesthesia are integrated components of both the *General Anaesthesia* and *Perioperative Medicine and Health Promotion* specialty specific domains.

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.

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Supervised Learning Events (SLEs)

SLEs summary

- There is no minimum requirement for numbers of SLEs.
- SLEs are low stakes episodes of feedback and reflection in the workplace.
- Feedback is enhanced using supervision level judgments, that can show evidence of learning progression.
- SLEs should be a regular part of everyday clinical training.
- SLEs can be used as evidence together with personal activities and personal reflections to demonstrate achievement of key capabilities.

SLEs detailed outline

SLEs should be used by anaesthetists in training and trainers to promote professional educational discussions and guide future learning, with the emphasis on feedback. Developmental conversations that enhance the improvement in performance that comes with repeated cycles of experience, reflection, conceptualisation, and application. Feedback should include both the specialty specific and generic professional aspects of performance.

Features that are key to making SLEs effective are that the conversation happens soon after the observed activity, that this dialogue is aided by a credible facilitator, and that the conversation is seen as part of a continual process of development, rather than an assessment of performance at a single point in time.

It is important to note that **one SLE can provide evidence for more than one of the Key Capabilities** and there is **no minimum number of SLE requirement for any of the Domains of Learning**. SLEs need to be linked to the curriculum at the time they are submitted to the assessor for approval; retrospective linking will not be available. Assessors will not be able to add additional links to an SLE after it has been submitted but will be able to return an assessment to an anaesthetist in training if additional curriculum links are identified after the discussion about the SLE has taken place.

Anaesthetists in training and trainers will be familiar with the tools such as A-CEX, DOPS, CBD and ALMAT, however these have been updated to emphasise the importance of feedback and include a revised supervision scale.

A new SLE has been introduced for the formative assessment of Quality Improvement activities. This is known as the Anaesthesia-Quality Improvement Project Assessment Tool (A-QIPAT).

Resources

PDF versions of the SLE forms are available here; all will also be available on the LLp.

- Download a pdf version of an A-CEX form
- Download a pdf version of an ALMAT form
- Download a pdf version of an A-QIPAT form
- Download a pdf version of an CBD form
- Download a pdf version of a DOPS form

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Levels of supervision

Levels of Supervision summary

- Anaesthetists in training will need to demonstrate progression through the supervision levels for the different key capabilities within the HALOs.
- The assessor should identify the supervision level that the anaesthetist in training requires for that activity at the time the SLE is completed.
- This is the supervision level the anaesthetist in training would require if they were to repeat that same activity right here, right now.

In other words, if the anaesthetist in training were presented with a similar case, what supervision level would the assessor think that they would need? Would they need a supervisor to be with them at all times, to stay close (in the anaesthetic room), to be around but not necessarily that close (in the department), or could the supervisor be at home?

Using supervision level judgments and other evidence to determine progress

- Anaesthetists in training do not have to have a specific SLE with the suggested supervision level to meet the HALO requirements but they do need to demonstrate progress and the faculty decision will be made based on all the evidence supplied and observation in practice.
- Supervision levels are indicative and are intended to guide and reflect progress; SLEs are not individual assessments of competence.
- To allow trainers to review progress we suggest that anaesthetists in training use the 'Create HALO' function. This then allows both trainer and anaesthetist in training to see evidence as it is linked to the clusters of capabilities. It will also show the supervision levels in due course, although this function is still being worked on by the LLp team.
- The 'Create HALO' can only be used once evidence has been linked to that HALO.
- Trainers must not press 'Create HALO' when viewing portfolios as this then means that the anaesthetist in training can no longer add any further evidence and it needs to be 'unlocked' by the LLp team.

Levels of Supervision detailed outline

Anaesthetists in training will need to demonstrate progression through the different levels of supervision detailed in the table below for clinical activities.

Table 3 – The levels of supervision

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

For some activities it may be more appropriate to assign 'not applicable' for the supervision level.

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The trainer should identify the level of supervision that the anaesthetist in training requires for that activity at the time the SLE is completed. This is the supervision level the anaesthetist in training would require if they were to repeat that same activity 'right here, right now'.

At each stage of training, the specialty specific domains of the curriculum will describe the level of supervision that should be demonstrated by the anaesthetist in training by the end of the stage of training. Please refer to Appendices 1, 2, and 3.

It is expected that the anaesthetist in training will have demonstrated capabilities at the supervision level described in stage 3 at the time of CCT.

SLEs and other activities should be used to illustrate engagement in the training programme and the opportunity to gain and record structured feedback on performance. **Ongoing engagement in the training programme is also reflected in the Key Capabilities within the generic professional domains.**

For review January 2025

Entrustable Professional Activities: IAC & IACOA

The IAC and IACOA continue to be **Summative Assessments** for the initial periods of training in Anaesthetics and obstetric anaesthesia, respectively.

The previous list of workplace-based assessments has been replaced by the adoption of Entrustable Professional Activities (EPAs) for the assessment of the IAC and IACOA. Each EPA relates to a discrete area of clinical practice that an anaesthetist is trusted to perform as defined by the appropriate level of supervision when they have demonstrated sufficient competence.

During this training period, SLEs, personal activities, and personal reflection – as well as a Multiple Trainer Report – can be used by the anaesthetist in training to demonstrate their progress until they reach a point where they can be entrusted to carry out the activity with more distant supervision.

Further information on EPAs and the relevant workbooks for the IAC and IACOA can be found in Appendix 5 and Appendix 6 respectively.

For review January 2025

Multiple Trainer Reports (MTRs)

MTRs summary

- The fundamental purpose of the MTR is to ascertain whether the anaesthetist in training is making satisfactory progress for their stage of training or not.
- Completing an MTR can be as simple as answering the opening question and providing feedback in the general comments box.
- The curriculum domains are there to enable trainers to put additional comments on different domains if they wish to. Trainers do not have to comment on each domain.
- MTRs for the IAC should have:
  - an answer to the first question: Is the anaesthetist in training making satisfactory progress for their stage of training?
  - comments on Professional Behaviours and Communication, Perioperative Medicine and Health Promotion, and General Anaesthesia domains as a minimum; additional comments in other domains are at the discretion of the trainer
  - general feedback which can include aspects such as non-clinical skills.

MTRs detailed outline

The MTR replaces the existing consultant feedback mechanism suggested in the 2010 curriculum and reflects the greater emphasis on the professional judgement of the trainer as part of a revised programme of assessment.

The MTR is a **mandatory requirement** to support progression at critical progression points of the new curriculum. The MTR will be triggered and collated by the College Tutor and the results discussed with the anaesthetist in training and their educational supervisor.

A satisfactory MTR is an essential requirement in order to support the completion of each HALO for each of the Domains of Learning.

A satisfactory MTR is also an essential requirement for the attainment of the IAC and IACOA as part of the EPA process.

Trainers have the opportunity to report on the progress of the anaesthetist in training, including areas of excellence and areas for futher development. Such feedback should encompass both the specialty specific and generic professional aspects of the curriculum.

A minimum of 3 indiviudal MTR responses are required for the process to be considered valid. A minimum of one MTR is required per year of training.

A single MTR can illustrate progress across all the HALOs of the curriculum.

This MTR process if distinct from the Multi Source Feedback (MSF) which continues unchanged in the new curriculum.

Anaesthetists in the ACCS training programme should complete an ACCS specific multiple trainer report ('ACCS MTR/MCR' on LLp) during their ACCS rotations. Please see the ACCS website for further information.

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Appendices

Appendix 1 - Stage 1 HALO Guide: Domains of Learning, Stage Learning Outcomes, and Key Capabilities

A copy of the *Stage 1 HALO guide* can be downloaded here.

Alternatively, the same information can be viewed on the website in the *2021 Curriculum learning syllabus stage 1*.

Appendix 2 - Stage 2 HALO Guide: Domains of Learning, Stage Learning Outcomes, and Key Capabilities

A copy of the *Stage 2 HALO guide* can be downloaded here.

Alternatively, the same information can be viewed on the website in the *2021 Curriculum learning syllabus stage 2*.

Appendix 3 - Stage 3 HALO Guide: Domains of Learning, Stage Learning Outcomes, and Key Capabilities

A copy of the *Stage 3 HALO guide* can be downloaded here.

Alternatively, the same information can be viewed on the website in the *2021 Curriculum learning syllabus stage 3*.

Appendix 4 - Stage 3 Special Interest Areas (SIAs) HALO Guide: Domains of Learning, Stage Learning Outcomes, and Key Capabilities

A copy of the *Stage 3 SIAs HALO guide* can be downloaded here.

Alternatively, the same information can be viewed on the website in the *2021 Curriculum learning syllabus stage 3 special interest areas*.

Appendix 5: Initial Assessment of Competence: Entrustable Professional Activities 1 & 2

A copy of the *IAC workbook* can be downloaded here.

Appendix 6: Initial Assessment of Obstetric Competence: Entrustable Professional Activities 3 & 4

A copy of the *IACOA workbook* can be downloaded here.

Appendix 7: Formative Assessment and the Curriculum: Supervised Learning Events

Copies of pdf versions of the SLE forms can be downloaded from the links below:

- Anaesthesia Clinical Evaluation Exercise (A-CEX)
- Anaesthesia List Management Assessment Tool (ALMAT)
- Anaesthesia Quality Improvement Project Assessment Tool (A-QIPAT)
- Case Based Discussion (CBD)
- Direct Observation of Procedural Skills (DOPS)

Appendix 8: Non-Clinical SIA Guidance for Supervisors

A copy of the Non-Clinical SIA Guidance for Supervisors can be downloaded here.