Upcoming changes to the 2021 Curriculum

All anaesthesia residents have transitioned to the 2021 Curriculum and the processes and structure are now familiar to residents and trainers. Following the settling in period, we received feedback from trainers, residents and specialist anaesthesia societies regarding the content and structure of the curriculum which has prompted these changes. The feedback has consistently clustered around several themes which are detailed in this document.

The changes are incremental and are intended to smooth, rather than disrupt, training. They seek to improve areas of the curriculum where there are difficulties in delivery of training or assessment, where the intention of the curriculum is unclear, and to refresh areas where the practice of anaesthesia has advanced since the curriculum was written.

An earlier version of this document was sent to trainers and anaesthetist in training networks for their feedback. Following the consultation process minor amendments have been made, and the following changes have approved by the GMC.

The implementation date for these changes is **17 August 2026**. Please read the updated National Anaesthetics ARCP Checklist in conjunction with the transition guidance.

If you have any questions, please email 2021cct@rcoa.ac.uk.

1 Paediatric emergencies

The assessment of some key capabilities around paediatric emergencies will be moved from the Intensive Care Medicine domain to the Resuscitation and Transfer domain. The exposure to this skill occurs separately from the rest of the ICU block and, as such, these key capabilities are usually not covered in adult ICU placements. Feedback has shown that this causes confusion and delays with the signoff of this area at Stage 1 and Stage 2.

Moving this into the Resuscitation and Transfer domain will allow this skill to be assessed properly at the end of a stage of training and make this smoother for trainers and anaesthetists in training.

2021 Curriculum v1.4:

12.14 Stage 1 Intensive Care

12.14.5 Key capability D

D	Recognises the acutely ill child and initiates management of paediatric emergencies

12.14.5.1 Examples of evidence

- SLEs throughout stage of training for relevant cases
- simulation training including paediatric resuscitation courses.

12.14.5.2 Suggested supervision level

- FICM capability level 1 (see below for details).

12.14.5.3 Cross links with other domains and capabilities.

- Resuscitation and Transfer

2021 Curriculum v1.5:

12.11 Stage 1 Resuscitation and Transfer

12.11.5 Key capability I

I	Recognises the acutely ill child and initiates management of paediatric emergencies

12.11.5.1 Examples of evidence

- SLEs throughout stage of training for relevant cases
- simulation training including paediatric resuscitation courses.

12.11.5.1 Suggested supervision level

- 1 - direct supervisor involvement, physically present in theatre throughout.

12.11.5.1 Cross links with other domains and capabilities.

- Resuscitation and Transfer

2021 Curriculum v1.4:

13.14 Stage 2 Intensive Care

13.14.5 Key capability D

D	Recognises the acutely ill child and initiates management of paediatric emergencies

13.14.5.1 Examples of Evidence

- SLEs throughout stage of training for relevant cases
- simulation training including paediatric resuscitation courses.

13.14.5.2 Suggested supervision Level

- FICM capability level 3 (see below for details).

13.14.5.3 Cross links with other domains and capabilities

- Resuscitation and Transfer

2021 Curriculum v1.5:

13.11 Stage 2 Resuscitation and Transfer

13.11.8 Key capability H

H	Recognises the acutely ill child and initiates management of paediatric emergencies

13.11.8.1 Examples of evidence

- SLEs throughout stage of training for relevant cases
- simulation training including paediatric resuscitation courses.

13.11.8.2 Suggested supervision level

- 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

13.11.8.3 Cross links with other domains and capabilities.

- Resuscitation and Transfer

2 Low thoracic epidural

The requirement for CCT holders to demonstrate the skill of low thoracic epidural has been removed. Over the last few years there has been consistent and firm feedback from trainers and residents from all around the UK that this skill is no longer relevant to the practice of a UK Consultant Anaesthetist, with some exceptions in very specific specialist areas. Most residents are struggling to develop this skill because the clinical opportunities no longer exist. This reflects the move over the last 20 years to minimal access surgery and the promotion of early mobilisation and enhanced recovery pathways. Those CCT holders requiring this skill will still be able to develop this in the Special Interest Areas and the existing key capabilities in the curriculum accommodate this.

3 Practical Procedures

The Practical Procedures Grid was carried over from the 2010 curriculum and these procedures were intended to be assessed as part of the HALO form. The grid was developed as a guide to the expected supervision level at each stage of training, but feedback has shown that there is an inconsistent approach across schools of anaesthesia.

The practical procedures contained within this grid have been incorporated more explicitly in the learning outcomes, and subsequently the HALO forms, so that this inconsistency is minimised. It also clarifies the supervision level for each practical procedure to trainers and anaesthetists in training. A list of practical procedures will still be available to view for those who need it, but the corresponding supervision level will be removed as these will now be contained within the HALOs.

There are also changes to the airway content of the practical procedures, as detailed further below in the Airway section.

Practical procedures grid		**Stage 1**	**Stage 2**	**Stage 3**
Airway management	Insertion of supraglottic airway	General*	General*	General*
	Intubation using standard laryngoscope	General*	General*	General
	Intubation using video laryngoscope	General*	General*	General
	Fibreoptic intubation	General*	General	General
	Intubation in the awake patient	General*	General	General
	Emergency front of neck access (simulation)	General*	General*	General* and Resus
	Insertion of double lumen tube	Removed	General	Resus
CVS	Central venous line insertion	ICM	ICM	Resus
	Venous access line for renal replacement therapy	ICM	ICM	Resus
	Arterial line	ICM	ICM	Resus
	Ultrasound guided peripheral venous cannulation	ICM	ICM	Resus
Respiratory	Needle thoracocentesis	ICM	ICM	Resus
	Chest drain insertion	ICM	ICM	Resus

* indicates domain with new key capabilities

Practical procedures grid		Stage 1	Stage 2	Stage 3
Regional Techniques	Lumbar epidural	Regional	Assessed in Stage 3	Regional
	Low thoracic epidural	Removed	Removed	Removed
	Spinal anaesthesia	Regional	Assessed in Stage 3	Regional
	Combined spinal/epidural	Regional	Assessed in Stage 3	Regional
	Simple peripheral nerve block	Regional	Regional	Regional
	Ultrasound guided chest wall plane block	Not assessed	Regional	Regional
	Ultrasound guided abdominal wall plane block	Not assessed	Regional	Regional
	Ultrasound guided lower limb block including femoral nerve block and fascia iliaca block	Regional	General	Regional
	Ultrasound guided upper limb block including brachial plexus block	Regional	Regional	Regional

Example of incorporation into domains of learning:

12.14 Stage 1 Intensive Care

12.14.3 Key capability B

B	Performs safely and effectively the clinical invasive procedures required to maintain respiratory, cardiovascular and renal, support

12.14.3.1 Examples of evidence

SLEs throughout the period of training in relevant cases, assessing skills in:

- Central venous line insertion
- Insertion of venous access line for renal replacement therapy
- Insertion of arterial lines
- Ultrasound-guided intravenous cannula insertion
- Needle thoracocentesis (simulation)
- Chest drain insertion (simulation).

Procedures can be completed in theatre or ICU settings during the stage of training.

12.14.3.2 Suggested supervision level

- FICM capability level 2 (see below for details)
- Anaesthetics supervision level 2

12.14.3.3 Cross links with other domains and capabilities.

- Resuscitation and Transfer

4 Airway

Airway skills are the core skill of an anaesthetist and feedback from the RCoA Airway Leads Group and the Difficult Airway Society is that the current airway content in the curriculum needed to be updated. We have updated airway content of the curriculum in consultation with these groups and have incorporated this more clearly into the existing domains, which will make assessment of these crucial skills more robust and increase patient safety by ensuring the curriculum reflects modern airway management.

12.9 Stage 1 General Anaesthesia

2021 Curriculum v1.4:

12.9.5 Key capabilities K & L

K	Can identify patients with difficult airways, demonstrates management of the 'cannot intubate cannot oxygenate' scenario in simulation, and describes difficult airway guidelines
L	Recognises the challenges associated with shared airway surgery

12.9.6.1 Examples of evidence

- EPAs 1, 2, 3 and 4
- SLEs throughout stage of training across range of surgical specialties including ENT, Head & Neck
- simulation training: airway management.

12.9.6.2 Suggested supervision level

- 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

12.9.6.3 Cross links with other domains and capabilities

- Perioperative Medicine and Health Promotion

(Plus airway procedures in the practical procedures grid)

2021 Curriculum v1.5:

12.9.5 Key capabilities K, L & T

K	Identifies patients with known and difficult airways and seeks help appropriately
L	Formulates a safe airway strategy for patients with known or potential difficult airways
T*	Recognises the challenges associated with shared airway surgery

* indicates a new key capability

12.9.6.1 Examples of evidence

- EPAs 1, 2, 3 and 4
- SLEs throughout stage of training across range of surgical specialties including ENT, Head & Neck
- simulation training: airway management.

12.9.6.2 Suggested supervision level

- 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

12.9.6.3 Cross links with other domains and capabilities

- Perioperative Medicine and Health Promotion

New key capabilities to replace practical procedures and based on feedback specialist societies:

12.9.7 Key capabilities U to Z

U*	Demonstrates management of the 'cannot intubate cannot oxygenate' scenario (including emergency front of neck airway) in simulation, and describes current difficult airway guidelines
V*	Describes and implements measures to prevent unrecognised oesophageal intubation
W*	Uses supraglottic airway devices safely and appropriately
X*	Intubates using direct laryngoscopy safely and appropriately
Y*	Intubates using video laryngoscopy safely and appropriately
Z*	Manages low-risk extubation safely

* indicates a new key capability

12.9.7.1 Examples of evidence

- EPAs 1 and 2
- SLEs throughout stage of training across range of surgical specialties including ENT, Head & Neck
- simulation training: airway management.

12.9.7.2 Suggested supervision level

- 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

New key capabilities based on feedback from specialist societies:

12.9.7 Key capabilities AA to AD

AA*	Uses high flow nasal oxygenation for per-oxygenation safely and appropriately
AB*	Describes intubation with flexible bronchoscopy
AC*	Describes intubation through a supraglottic device
AD*	Manages at-risk extubation safely

* indicates a new key capability

Examples of evidence

- EPAs 1 and 2
- SLEs throughout stage of training across range of surgical specialties including ENT, Head & Neck
- simulation training: airway management.

Suggested supervision level

- 1- Direct supervisor involvement, physically present in theatre throughout.

13.9 Stage 2 General Anaesthesia

2021 Curriculum v1.4:

13.9.11 Key capabilities I & J

I	Safely manages patients with complex airways including the ability to perform video laryngoscopy with local supervision
J	Manages non-complex shared airway surgery with distant supervision

13.9.11.1 Examples of Evidence

- SLEs throughout stage of training in a range of surgical specialties including ENT and Maxillo-facial surgery.

13.9.11.2 Personal Activities and Personal Reflections may include:

- simulation courses: airway management.

13.9.11.3 Suggested supervision level

- refer to practical procedures grid for details of airway management.

13.9.11.4 Cross links with other domains and capabilities

- General Anaesthesia

(Plus airway procedures in the practical procedures grid)

2021 Curriculum v1.5:

13.9.11 Key capabilities I & J

I	Formulates and delivers a safe airway strategy for patients with known or potential difficult airways
J	Manages non-complex shared airway surgery

13.9.11.1 Examples of Evidence

- SLEs throughout stage of training in a range of surgical specialties including ENT and Maxillo-facial surgery.

13.9.11.2 Personal Activities and Personal Reflections may include:

- simulation: airway management.

13.9.11.3 Suggested supervision level

- 3 - Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance

13.9.11.4 Cross links with other domains and capabilities

- General Anaesthesia

New key capabilities to replace practical procedures and based on feedback specialist societies:

13.9.9 Key capabilities Y to AD

Y*	Demonstrates management of the 'cannot intubate cannot oxygenate' scenario (including emergency front of neck airway) in simulation, and describes current difficult airway guidelines
Z*	Describes and implements measures to prevent unrecognised oesophageal intubation
AA*	Uses supraglottic airway devices safely and appropriately
AB*	Intubates using direct laryngoscopy safely and appropriately
AC*	Intubates using video laryngoscopy safely and appropriately
AD*	Manages low-risk extubation safely

* indicates a new key capability

13.9.9.1 Examples of Evidence

- SLEs throughout stage of training in a range of surgical specialties including ENT and Maxillo-facial surgery.

13.9.9.2 Personal Activities and Personal Reflections may include:

- simulation: airway management.

13.9.9.3 Suggested supervision level

- 4- Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols

13.9.9.4 Cross links with other domains and capabilities

- General Anaesthesia

New key capabilities based on feedback from specialist societies:

13.9.10 Key capabilities AE to AH

AE*	Uses high flow nasal oxygenation for per-oxygenation safely and appropriately
AF*	Intubates using flexible bronchoscopy
AG*	Manages at-risk extubation safely
AH*	Intubates through a supraglottic airway device either in a patient or in simulation

* indicates a new key capability

13.9.10.1 Examples of Evidence

- SLEs throughout stage of training in a range of surgical specialties including ENT and Maxillo-facial surgery.

13.9.10.2 Personal Activities and Personal Reflections may include:

- simulation: airway management.

13.9.10.3 Suggested supervision level

- 3 - Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance

13.9.10.4 Cross links with other domains and capabilities

- General Anaesthesia

13.9.11 Key capability AI

AI*	Describes intubation in the awake patient

13.9.11.1 Examples of Evidence

- SLEs throughout stage of training in a range of surgical specialties including ENT and Maxillo-facial surgery.

13.9.11.2 Personal Activities and Personal Reflections may include:

- simulation: airway management.

13.9.11.3 Suggested supervision level

- 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

13.9.11.4 Cross links with other domains and capabilities

- General Anaesthesia

14.9 Stage 3 General Anaesthesia

2021 Curriculum v1.4:

14.9.5 Key capabilities F & G

F	Manages patients with complex airway disorders in most situations including independent fibre-optic intubation and can recognise when additional assistance is necessary
G	Can manage the anaesthetic challenges of patients needing complex shared airway surgery

14.9.5.1 Examples of evidence

- SLEs including experience in ENT and maxillo-facial surgery.

14.9.5.2 Personal Activities and Personal Reflections may include:

- courses and e-Learning: airway management, scientific meeting on difficult airway management.

14.9.5.3 Suggested supervision level

- refer to practical procedures grid for airway management supervision levels.

14.9.5.4 Cross links with other domains and capabilities

- Perioperative Medicine and Health Promotion

2021 Curriculum v1.5:

14.9.5 Key capabilities F, G & P

F	Manages patients with anticipated difficult airways safely, recognising when additional assistance is necessary
G	Manages the anaesthetic challenges of patients needing complex shared airway surgery
P*	Manages patients requiring awake tracheal intubation, recognising when additional assistance is necessary

* indicates new key capability

14.9.5.1 Examples of evidence

- SLEs including experience in ENT and maxillo-facial surgery.

14.9.5.2 Personal Activities and Personal Reflections may include:

- courses and e-Learning: airway management, scientific meeting on difficult airway management.

14.9.5.3 Suggested supervision level

- 3 – supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

14.9.5.4 Cross links with other domains and capabilities

- Perioperative Medicine and Health Promotion

New key capabilities to replace practical procedures and based on feedback specialist societies:

14.9.6 Key capabilities Q to U

Q*	Demonstrates management of the 'cannot intubate cannot oxygenate' scenario (including emergency front of neck airway) in simulation, and describes current difficult airway guidelines
R*	Uses high flow nasal oxygenation for per-oxygenation in spontaneously breathing patients safely and appropriately
S*	Intubates using flexible bronchoscopy
T*	Manages at-risk extubation safely
U*	Intubates through a supraglottic airway device either in a patient or in simulation

* indicates a new key capability

14.9.6.1 Examples of Evidence

- SLEs throughout stage of training in a range of surgical specialties including ENT and Maxillo-facial surgery.

14.9.6.2 Personal Activities and Personal Reflections may include:

- simulation: airway management.

14.9.6.3 Suggested supervision level

- 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols

14.9.6.4 Cross links with other domains and capabilities

- General Anaesthesia

5 SIA: Anaesthesia for Patients with Complex Airway

The paediatric key capability within this SIA has been removed. Feedback has shown that almost all residents undertaking the complex airway SIA see exclusively adult patients. Feedback also shows that the paediatric key capabilities contained within the current Complex Airway SIA are neither deliverable nor relevant to AiT's future practice as consultants.

The paediatric key capabilities within this SIA are already covered in the Paediatric Anaesthesia SIA, which is a much more appropriate location.

15.11 SIA: Anaesthesia for Patients with Complex Airway

15.11.1 Stage 3 SIA learning outcomes

- *Provides safe perioperative airway and anaesthetic care for a wide variety of patients with complex airway problems independently*
- *Is capable of leading the delivery of care in this area of anaesthetic practice, to the benefit of both patients and the organisation*

Removal of key capability B and changes to wording:

15.11.2 Key capabilities

A	Acts as a senior decision maker within the multi-disciplinary team in planning the appropriate airway management in patients with complex airway pathology
~~B~~	~~Can proficiently manage the difficult paediatric airways that may present in any non-specialist hospital~~
C	Formulates and delivers a safe airway strategy (including awake techniques) for the management of patients with complex airway pathology
D	Can plan and deliver an extubation strategy for all patients, including those with airway pathology or having airway surgery
E	Utilises techniques for apnoeic oxygenation and ventilation
F	Proficient in front of neck airway and participates in the delivery of emergency front of neck airway training
E	Proficient in managing anaesthesia for patients needing a wide range of major head and neck surgery

15.11.3 Examples of Evidence

15.11.3.1 Experience & Logbook:

- pre-operative clinic based assessment and multi-disciplinary planning for the suitability of surgery of patients with complex head and neck pathology like cancer, infection and congenital or acquired anatomical deformities
- range of experience in theatres including ENT and head and neck surgery.

15.11.3.2 Supervised Learning Events (SLEs) can be used to demonstrate:

- pre-operative assessment and management of patients with complex airway pathology
- leadership of multi-disciplinary planning for patients with complex airways
- practical procedures such as:
- video-laryngoscope assisted intubations
- pre-operative nasendoscopy
- awake tracheal intubation
- awake bronchoscopy
- deliver and teaching of front of neck airway techniques: ultrasound guided, mannequin, cadaver
- jet ventilation (tube-less surgeries)
- apnoeic oxygenation and ventilation techniques
- using investigations like CT head & neck and CT chest to aid the planning of complex airway management
- use of innovative techniques for complex airway management
- use of point of care ultrasound of the airway.

15.11.3.3 Personal Activities and Personal Reflections may include:

- national and international meetings related to management of patients with complex airway pathology
- difficult airway training courses
- presentation at relevant meeting ie abstract or free paper
- development of guidelines and policies related to airway management
- leadership of QI projects related to airway management
- involvement with local/regional educational programs for teaching airway skills
- leadership training
- attendance at MDT ENT - radiology teaching sessions.
- attendance at ENT clinics (nasendoscopy experience)
- attendance at respiratory bronchoscopy sessions.

15.11.3.4 Other evidence:

- satisfactory MSF.

15.11.4 Suggested supervision level

- 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

15.11.5 Cross links with stage 3 domains and capabilities

- All generic professional domains of learning
- General Anaesthesia