Guidance for transition to Curriculum for a CCT in Anaesthetics v1.5

July 2026
2021 Curriculum for a CCT Anaesthetics v1.5

1.1 Summary

In response to feedback from trainers, anaesthetists in training and specialist societies, the curriculum has been updated to improve clarity and refresh areas of practice. These changes are incremental and intended to smooth the delivery of training. The updated curriculum has now been approved by the GMC and will be implemented from **17 August 2026.**

Please read this in conjunction with the updated National Anaesthetics ARCP Checklist v4.0. If you would like to see the updates in detail, see the Upcoming changes to the 2021 Curriculum or view the full 2021 Curriculum for a CCT in Anaesthetics v1.5 here.

From July 2026, anaesthetists in training are encouraged to complete and have signed off any in-progress HALOs signed off before August 2026, where possible and appropriate.

From August 2026, anaesthetists in training moving into a new stage of training must use the updated curriculum, ie v1.5. Earlier transition is encouraged. The updates have been informed by feedback from the anaesthetic training network and reflect current practice, so we anticipate that the transition should be straightforward for most anaesthetists in training.

If you have any questions or would like to discuss a specific situation in detail, please email 2021cct@rcoa.ac.uk.

1.2 How will it work?

If a HALO has been signed off before August 2026, it does not need to be completed again on the updated curriculum.

If an anaesthetist in training is part-way through a stage of training in August 2026, any progress already made will be retained and they can complete the stage on v1.4. This means that anaesthetists in training nearing the end of a stage will not be disadvantaged by the curriculum update.

A combination of v1.4 and v1.5 HALOs is acceptable, provided each HALO has been fully signed off and the specific requirements for the training year in the national ARCP checklist have been met.

Important: Take care before deleting any in-progress HALOs for your current stage of training. Deleting a HALO will automatically update it to v1.5 and **this cannot be reversed.**

If a HALO is updated to v1.5, the new requirements must normally be completed. In exceptional circumstances, and at the TPD's discretion, anaesthetists in training may be allowed to continue working towards v1.4 requirements, but this must be clearly recorded in both the HALO and the ARCP outcome form. The requirements on the national ARCP checklist for the training year still apply in this situation.

When anaesthetists in training complete their current stage, any HALOs for their next stage, eg Stage 3, will be updated to v1.5.

Action for anaesthetists in training: If you are entering a new stage of training in August 2026, please delete and recreate any in-progress HALOs for the next stage of training. This ensures that you are working towards the correct curriculum. Evidence that was linked to the v1.4 HALO will automatically be assigned to any existing key capabilities in the v1.5 HALO.

Eg, an ST5 anaesthetist in training should delete and recreate any Stage 3 HALOs that have evidence attached before entering Stage 3. This is to ensure that anaesthetists in training move to the updated curriculum when they enter a new stage.

Please see the section below for more information on transition arrangements by training year.

The information is also available on our website, along with other resources.

1.3 Transition arrangements by training year

This should be read in conjunction with the National Anaesthetics ARCP Checklist.

ACCS1 starting Aug 2026

No changes to ACCS curriculum
See ACCS ARCP requirements

CT1/ACCS2 starting Aug 2026

Delete and recreate any Anaes Stage 1 HALOs
No changes to ACCS curriculum
ARCP requirements: EPA 1 and EPA 2

CT2 /ACCS3 starting Aug 2026

Take care when deleting any HALOs in progress
Move to Geneal Anaesthesia v1.5 is encouraged
ARCP requirement: EPA 3 and EPA 4

CT3/ACCS4 starting Aug 2026

Take care when deleting any HALOs in progress
Move to Geneal Anaesthesia v1.5 is encouraged
ARCP requirements: All Stage 1 HALOs completed

ST4 starting Aug 2026

Delete and recreate Stage 2 HALOs
ARCP requirements: Progress with Stage 2 capabilities

ST5 starting Aug 2026

Take care when deleting any HALOs in progress
Move to Geneal Anaesthesia v1.5 is encouraged
ARCP requirements: All Stage 2 HALOs completed

ST6 starting Aug 2026

Delete and recreate Stage 3 HALOs
ARCP requirements: Progress with Stage 3 capabilities

ST7 starting Aug 2026

Take are when deleting any HALOs in progress
All Stage 3 HALOs completed. HALOs for relevant SIAs

1.4 Deadline for transition

Anaesthetists in training who have started Stage 2 and Stage 3 will be required to move to the Curriculum for a CCT in Anaesthetics v1.5 by **17 August 2028.**

For anaesthetists in training who have already started Stage 1 domains of learning, there will be a transition window of three years to provide flexibility in exceptional circumstances where additional support may be required. These anaesthetists in training will be required to move to the Curriculum for a CCT in Anaesthetics v1.5 by **17 August 2029.**

1.5 Exceptional circumstances

Early transition is encouraged wherever possible. Both v1.4 and v1.5 HALOs will be accepted during the transition period. Exceptional circumstances should be discussed with your TPD in the first instance.

1.6 Practical Procedures

Practical procedures were implicit in v1.4 and guided by the practical procedures grid. In v1.5 they are now explicit and are incorporated into domains of learning.

During the transition period, evidence for these procedures can be recorded in different ways. It may be included within a local checklist used by the school of anaesthesia or uploaded against the relevant key capability. Either approach is acceptable, however we would encourage CT2, CT3 and ST5 anaesthetists in training to move to new General Anaesthesia HALO as early as possible, as this will enable the airway capabilities to be seen more easily.

The key requirement is that the evidence is clearly documented within the relevant HALO and is available for review at ARCP. See the ARCP checklist for more information.

1.7 ICM KC B moving to Resuscitation and Transfer

ICM key capability B will be moved to Resuscitation and Transfer for both Stages 1 and 2. These are the only two capabilities that move to a different domain. SLEs and other evidence linked to ICM KC B will automatically transfer to the Resuscitation and Transfer HALO for that stage.

You must ensure that the paediatric resuscitation key capability is evidenced in either ICM or Resuscitation and Transfer by the end of Stage 1 and Stage 2. The easiest way to do this is to keep both HALOs on the same version of the curriculum.

1.8 AiTs returning after time out of programme and those training LTFT

Anaesthetists in training returning from OOP or statutory leave should move to the updated curriculum on their return, in line with the transition timelines above. LTFT anaesthetists in training should move to the updated curriculum as soon as possible, in line with the transition timelines above.

If you have any questions or would like advice about a specific situation, please contact 2021cct@rcoa.ac.uk.