# **DEFINING STANDARDS** The 2021 Anaesthetics Curriculum partone



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In order to provide high-quality anaesthesia, critical care and pain medicine, the aspiring anaesthetist must develop wide-ranging knowledge, be proficient in a number of technical and nontechnical skills, and must understand how to best apply these abilities safely in different contexts. The consultant anaesthetist must possess the capacity for wise judgement, grounded in the values and norms of anaesthetic practice, and ably embrace the complexity and uncertainty of practice.

#### A new curriculum

Since 2017, the GMC has required colleges to embed 'Good Medical Practice' and the 'Generic Professional Capabilities Framework' within curricula, alongside specialty specific capabilities. The 2021 Curriculum is our response to these requirements.

It has been organised around the abilities of the anaesthetist, defined as professional and clinical higher learning outcomes described in terms of professional capabilities. This moves away from the previous structure where the activities were defined 'by proxy' according to the surgical activity that the anaesthetist supported. The abilities of the anaesthetist are applicable in many contexts, and it is not the case that those abilities can only be acquired during exposure to a single surgical discipline. For example, the understanding of the physiology of one-lung ventilation and the skill of delivering anaesthesia while allowing a lung to deflate are applicable not only to thoracic surgery but also to any procedure where one-lung ventilation is required. It is not important in which context that ability is acquired, but it is important that the anaesthetist's skill, knowledge and understanding can then be applied in a variety of contexts.

The curriculum also recognises that anaesthetic practice extends far beyond the delivery of direct patient care, and emphasises much more strongly than before the importance of anaesthetists in training cultivating their ability in generic professional domains, such as working in teams and research. It is expected that as a result of more explicit descriptions of these abilities anaesthetists will be

guided towards developing capabilities in these domains, and that these capabilities will be assessed during the training programme.

#### A holistic approach

The curriculum remains outcome based, as required by the GMC, as opposed to relying on case numbers and training duration as proxies for educational attainment. As such the achievement of competence facilitates progress through the curriculum, rather than the passage of time, and it is expected that learners will make progress at different speeds. expertise (a Technical Rational view of practice). Rather, it is one with frameworks but which starts where rules fade, where knowledge is temporary, dynamic and problematic, and where judgement is key (a Professional Artistry view). This view of practice as complex and uncertain, requiring initiation into the understanding and beliefs of the practice and the development of judgement and wisdom as to what ought to be done when there are competing ideas, conflicts with the reductionist 'competency based' approaches of previous curricula.

### The curriculum in practice should be much more than a list of the hurdles to be jumped

However, there is a firm move away from over-specification of competencies that can be accumulated individually, towards examining the whole. This a welcome step for our profession, as it is widely understood that attempting to simplify the complexity of anaesthetic practice by breaking it down to component parts is inadequate. In educating anaesthetists we are not producing trained performers but educating wise professionals who engage in intelligent practice.

## A philosophy based on shared beliefs and values

The philosophy underpinning this curriculum is based on shared beliefs and values, the most fundamental of which are, firstly, our view of anaesthetics is as something more difficult to pin down than as a practice which follows rules, where knowledge is graspable, and where the focus is on visible performance and technical

Secondly, our view of how anaesthetic expertise develops, through a process of immersion in the anaesthetic 'community of practice', where the learner engages in legitimate, peripheral participation in the activities of the anaesthetic community, and moves towards the centre of the community as they acquire the knowledge, skills, values and behaviours of that community. This process could be entirely passive: it is not unreasonable to believe that, without any structure, summative assessment, or regulation a learner could, given time, achieve a degree of competence in the practice of anaesthesia. Many current trainers will notice a resonance with that approach and the way in which they learned. Providing structure to a programme of adult learning avoids some of the pitfalls of an unstructured 'experience'.

Thirdly, our understanding of how learners learn anaesthetic practice is based on constructivist theory, in the sense that anaesthetists become active participants in their own learning rather than passive receivers of knowledge; the responsibility of the trainer is to signpost appropriate experiences and guide the learner's development. The curriculum seeks to support learners in their peripheral participation by providing structure, signposting opportunities, and defining the educational achievements that anaesthetists should reach at milestones in the training programme.

The curriculum in practice should be much more than a list of the hurdles to be jumped. It should be underpinned by a philosophy in which the complexity of practice is both understood and embraced, and in which learners are encouraged to take part in the activities of the wider anaesthetic community and build their own framework of knowledge and skills based on their experiences. It should be delivered in a context where development is expected by anaesthetists in training and supported by trainers, in which performance is explored frequently and honestly, and in which open conversations based on targeted observations guide improvement.

For suggested further reading please visit the website: rcoa.ac.uk/anaestheticcct-curriculum-2021