Anaesthesia Associates Curriculum

Version 1.3

Change log

This document outlines the curriculum to be used by those completing an Anaesthesia Associate qualification in the UK.

This is Version 1.3. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number	Date issued	Summary of changes
Version 1.1	27 February 2023	Change in supervision level 1 to include level 1a and 1b
Version 1.2	12 June 2023	Addition made clarifying that supervision of AA may also be undertaken by autonomously practicing SAS doctors
Version 1.3	2 October 2023	Central venous line insertion removed from practical procedure grid in Annex C

Contents

1   Introduction to the Anaesthesia Associates Curriculum

This document identifies the purpose, content of learning, process of training, and the programme of assessment leading to an Anaesthesia Associate qualification.

The Anaesthesia Associate curriculum is based on the General Medical Council document, Physicians Associate and Anaesthesia Associate Generic and Shared Learning Outcomes. The Anaesthesia Associate curriculum works in conjunction with Excellence by Design: Standards for Postgraduate Curricula and Promoting Excellence: Standards in Medical Education and Training. These provide an integrated education framework for the development, approval and provision of Physician Associates and Anaesthesia Associates education and training in the UK. These documents align to the professional standards in Good Medical Practice: interim standards for Physician Associates and Anaesthesia Associates.

1   Introduction to the Anaesthesia Associates Curriculum

2 Purpose

2.1   Purpose of the Anaesthesia Associates Curriculum

This purpose statement addresses the requirements of the *GMC Excellence by design: standards for postgraduate curricula*[1] to include a clear statement, addressing patient and service needs, and the scope of practice and level expected of those completing training.

The curriculum has a stated and clear purpose based on scope of practice, service, and patient and population needs.

The purpose of this Anaesthesia Associate curriculum is to enable successfully enrolled students to become fully qualified Anaesthesia Associates with the generic professional and specialty specific capabilities to assist in the delivery of high quality anaesthesia and perioperative care as part of the Anaesthetic Team. The curriculum provides a framework for training, articulating the standard required to work at on qualification, as well as encouraging the pursuit of excellence in all aspects of clinical and wider practice.

The need for Anaesthesia Associates to follow this new and revised programme is timely. Since the conception of the Anaesthesia Practitioners programme in 2002, the profession has gained momentum and has inevitably undergone some radical developmental changes. Most significantly perhaps, in 2019 the GMC agreed to act as the regulatory body, and with that comes specific professional requirements and standards to which the profession must adhere in order to comply with statutory regulation.

The existing original curriculum was written in 2008, and whilst many of the elements are still relevant, there are aspects that need revising to bring it up to date for our Anaesthesia Associates of the future.

The need for an additional member of the Anaesthetic Team is clear; a nationwide survey of all UK hospitals in 2013 demonstrated that anaesthetists are responsible for the care of more than 3.5 million patients per year. This means that in a given year 1 in 20 of the population will require an anaesthetic.[2] The Centre for Workforce Intelligence (CfWI) in-depth review of anaesthesia and Intensive Care Medicine (ICM), published in 2015[3], reported that the demand for anaesthesia and ICM services is expected to exceed supply over the next 20 years. The report also identified an existing unmet need of 15% in anaesthesia. The Royal College of Anaesthetists '***The Anaesthetic Workforce: UK State of the Nation Report***' published in February 2022 sets out how the NHS is in dire need of more anaesthetists. Worryingly, the report also sets out new workforce projections that show the gap between the supply and demand of anaesthetists is set to grow dramatically. Unless urgent action is taken, the UK will be 11,000 anaesthetists short by 2040.[4]

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[1] GMC Excellence by Design: Standards for Postgraduate Curricula

[2] The Anaesthetic Workforce: UK State of the Nation Report, February 2022

[3] Centre for Workforce Intelligence In-depth review of the anaesthetics and intensive care medicine workforce, February 2015

[4] The Anaesthetic Workforce: UK State of the Nation Report, February 2022

Unlike many other specialties there is no potential for cross-cover from doctors in other specialties to meet the staffing gap for anaesthesia, as the ability to deliver a safe anaesthetic for even the most straightforward of cases is simply not part of the wider skill set of doctors outside of our specialty.

This curriculum seeks to provide a flexible, attractive programme for those seeking an Anaesthesia Associate qualification, covering the clinical and academic aspects of the delivery of anaesthetic services. Anaesthesia Associate students will have the opportunity to develop a range of knowledge, skills, behaviours and attributes needed to practice as an Anaesthesia Associate in the NHS. The content of the curriculum reflects the wide range of clinical and professional skills required to provide safe provision of the clinical skills inherent in the role.

Both generic professional capabilities and anaesthetic clinical skills and knowledge will be developed and evidenced through achievement of High-level Learning Outcomes (HLOs) across 14 domains. The HLOs to be achieved by students capture the skills, knowledge and behaviours required, incorporating the General Medical Council's (GMC) Physicians Associates and Anaesthesia Associates Generic and Shared Learning Outcomes [5], are described at a high level in the table below:

HLO	Title	Generic and Shared Learning Outcome Themes	Descriptor
1	Professional behaviours & communication	1,2,3	Demonstrates the professional values and behaviours expected by patients and members of the multi- disciplinary team
2	Management and Professional/regulatory requirements	1,2,4	Understands managerial, administrative and organisational roles
3	Team working	1,2,3	Contributes to teams to enhance patient care
4	Safety and Quality Improvement	1,2,3,4	Improves the quality and safety of patient care
5	Safeguarding	1,2,3,4	Identifies vulnerable people and takes appropriate action
6	Education and training	1,3,4	Helps others to develop their professional practice

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[5] GMC Physicians Associates and Anaesthesia Associates Generic and Shared Learning Outcomes

7	Research and managing data	1,2,4	Expands the understanding of anaesthetic practice
8	Perioperative Medicine	1,2,3,4	Facilitates safe multi-disciplinary perioperative care
9	General anaesthesia	1,2,3,4	Provides safe and effective general anaesthesia
10	Regional anaesthesia	1,2,3,4	Provides safe and effective regional anaesthesia
11	Resuscitation and transfer	1,2,3,4	Resuscitates, stabilises and safely transfers critically ill patients
12	Procedural Sedation	1,2,3,4	Provides safe and effective sedation
13	Pain	1,2,3,4	Manages pain
14	Healthcare promotion	1,2,3,4	Promotes principles of public health interventions and practices efficient use of healthcare resources.

The curriculum considers interdependencies across related specialties and disciplines. It demonstrates that it has addressed the expectations of the service and healthcare system.

Delivery of anaesthesia underpins the safe provision of a wide range of essential NHS services. The specialty as a whole works and interfaces with many other medical specialties and hospital teams, facilitating safe anaesthesia and perioperative care.

During its development, the curriculum has undergone extensive consultation with stakeholders including the Royal College of Anaesthetists (RCoA), General Medical Council (GMC), Association of Anaesthetists, Association of Anaesthesia Associates, NHS Employers and Educational Providers.

Input from appropriate external stakeholders from other related specialties (notably the Faculty of Physicians Associates) was constructive. Anaesthetic specialist societies and lay and patient groups were also consulted, to gain their insight into what they require and would want from a high quality Anaesthesia Associate.

The curriculum supports the flexibility and transferability of learning.

Anaesthesia Associate students are recruited from diverse backgrounds, and this has been reflected in the entry requirements in order to enable equitable access.

Entry to the national learning programme will be open to applicants from one of two different routes:

Registered healthcare practitioners

For example, nurses and operating department practitioners (ODPs). The following criteria must be met:

- at least three years, full-time, post-qualification work experience in a relevant area
- evidence of recent and successful academic activity

<u>New entrants to healthcare</u>

With a biomedical science, or biological science background, preferably with a second class Honours degree or higher.

With a demonstrable commitment to a career in healthcare.

<u>Entrants from other GMC approved UK MAP qualifications or courses</u>

Will have met 1) or 2) criteria as above

2.2 Transferable generic and specific capabilities already achieved will be on an individual basis

All applications will be individually assessed.

HLOs can be evidenced by experiences in a wide range of posts and environments, allowing flexibility to meet the needs of both the service and individual students.

2.3 Rationale for the Anaesthesia Associates curriculum

The need for Anaesthesia Associates to follow this new and revised programme is timely. Since the conception of the Anaesthesia Practitioner programme in 2002, the profession has gained momentum and has inevitably undergone some radical developmental changes. Most significantly perhaps, in 2019 the GMC agreed to act as the regulatory body, and with that comes specific professional requirements and standards to which the profession must adhere in order to comply with statutory regulation.

The existing original curriculum was written in 2008, and whilst many of the elements are still relevant, there are aspects that need revising to bring it up to date for our Anaesthesia Associates of the future.

2.4 Development of the Anaesthesia Associates curriculum

Responsibility for the Anaesthesia Associates curriculum rests with the RCoA via the Faculty of Anaesthesia Associates Founding Board (FAAFB). The RCoA established the Anaesthesia Associates Curriculum Review Group with delegated responsibility for setting the direction of the curriculum revisions and overseeing and approving the review work. The group's membership represents a wide range of stakeholders including the President's Office, Council and Faculties, the Association of Anaesthesia Associates, Association of Anaesthetists, Anaesthesia Associate students and lay/patient groups.

2.4.1 <u>Ongoing curriculum review</u>

The curriculum will be reviewed regularly with an implementation date for any changes being not less than twelve months after their publication date. All changes to the curriculum are prospectively approved by the GMC before publication. When published, the curriculum document will be annotated with the same version number and will be available on the RCoA website. A summary of changes will be published with the new version of the curriculum and available on the RCoA website.

Occasionally the FAAFB may have to take decisions that may affect the immediate interpretation or application of specific items in this curriculum document of supporting guidance manuals. These will be published as a 'Training Programme Update' circular to those involved in the delivery of

training, higher education institutes, as well as being cascaded to Anaesthesia Associate student groups and published on the RCoA website.

2.5 The training pathway and duration of training

Anaesthesia Associates will enter training via two different routes as either a registered healthcare practitioner or as a new entrant to healthcare with a biomedical science, or biological science background.

Anaesthetics is a craft specialty and much of the education and learning is acquired through experiential means and reflective practice with trainers. Learning is undertaken through a variety of formats including lectures, tutorials, seminars, simulation, e-learning and personal study.

Anaesthetic training is outcome-based rather than time-based. However, the indicative length of training is two years from appointment to completion.

The Anaesthesia Associates curriculum is a postgraduate level qualification. Higher Education Institutes will develop their own syllabi in line with the requirements set out in this curriculum document.

3 Organisation and content of the curriculum – content of learning

3.1 Generic and Shared Learning Outcomes and Good Medical Practice: Interim Standards for Physicians Associates and Anaesthesia Associates

The GMC has developed the Physician Associates and Anaesthesia Associates Generic and Shared Learning Outcomes [6] to describe the fundamental, career-long, generic capabilities required of every Physician Associate and Anaesthesia Associate. The framework describes the requirement to develop and maintain key professional values and behaviours, knowledge, and skills, using a common language. The Generic and Shared Learning Outcomes also represent a system-wide, regulatory response to the most common contemporary concerns about patient safety and fitness to practise for Physician Associate and Anaesthesia Associates.

The Good Medical Practice: interim standards for Physicians Associates and Anaesthesia Associates (iGMP)[7] is embedded at the heart of the Generic and Shared Learning Outcomes. In describing the principles, duties and responsibilities of doctors the Generic and Shared Learning Outcomes articulate iGMP as a series of achievable educational outcomes to enable curriculum design and assessment. The Generic and Shared Learning Outcomes describe four domains with associated descriptors outlining the 'minimum common regulatory requirement' of performance and professional behaviour for those completing an Anaesthesia Associate Postgraduate Diploma or its equivalent. These attributes are common, minimum and generic standards expected of all practitioners achieving an Anaesthesia Associate qualification.

The four domains of the Generic and Shared Learning Outcomes framework are directly identifiable in the Anaesthesia Associates curriculum. They are mapped to each of the generic and specialty specific domains, which emphasises those core professional capabilities that are essential to safe clinical practice and that they must be demonstrated at every stage of training as part of the holistic development of responsible professionals. This approach will allow early detection of issues most likely to be associated with fitness to practise and to minimise the possibility that any deficit is identified during the final phases of training.

3.2 Domains of learning

The Anaesthesia Associates curriculum contains 14 domains that describe the standard that Anaesthesia Associates must demonstrate as they progress through training and ultimately attain the Anaesthesia Associate qualification. Anaesthesia Associate students are required to demonstrate achievement of both the generic professional and specialty-specific domains throughout their training period.

Each domain has a **High-level Learning Outcome (HLO)** that sets the scene for what constitutes an Anaesthesia Associate.

Below that is a **learning outcome** that provides a description of attainment to be achieved.

Next follows a set of **key capabilities** that are mandatory capabilities that must be evidenced by Anaesthesia Associate students to meet the learning outcomes.

Every learning outcome in each domain of learning will include a selection of **evidence examples** that give the range of clinical contexts that Anaesthesia Associate students may use to support

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[6] GMC Physicians Associates and Anaesthesia Associates Generic and Shared Learning Outcomes

[7] GMC Good Medical Practice: interim standards for Physician Associates (PAs) and Anaesthesia Associates (AAs).

their achievement of the key capabilities, as well as suggested assessment methods. These are intended to provide a prompt to the Anaesthesia Associate student and their trainers as to how the overall outcomes may be achieved. They are not intended to be exhaustive and there are many more examples that would provide equally valid evidence of performance. In addition, excellent Anaesthesia Associate students may produce a broader portfolio of evidence that demonstrates deeper learning. It is not expected that Anaesthesia Associate students provide a set quota of evidence; the aim of assessment is to provide adequate, robust evidence against every key capability to demonstrate acquisition of the domains.

Satisfactory achievement for each domain of learning requires demonstration that, the Anaesthesia Associate student's performance meets or exceeds the minimum requirements as described. This will require educational supervisors to make a global judgement indicating whether satisfactory progress has been made. More detail is provided in the programme of assessment section of the curriculum.

3.3   Practical procedures

There are a number of procedural skills in which an Anaesthesia Associate student must become proficient to the level expected by the end of training. They must be able to outline the indications for these procedures and recognise the importance of valid informed consent, and of requesting help when appropriate. For all practical procedures the Anaesthesia Associate student must be able to recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary.

Anaesthesia Associate students should *ideally* receive training in all procedural skills in a simulated setting before performing these procedures clinically. When the Anaesthesia Associate student has been signed off as being able to perform a procedure independently, they are not required to have any further assessment (e.g., DOPS) of that procedure, unless they or their educational supervisor thinks that this is required (in line with standard professional conduct).

The procedural skills are an essential component to meet some key capabilities in the respective stage of the relevant domains. A list of practical procedures to be covered by all Anaesthesia Associate students is included in Annex C.

4 Programme of learning

4.1 The training programme

The organisation and delivery of training is currently the responsibility of the individual Higher Education Institute. Anaesthesia Associates are employed by their host NHS Trust for the duration of the programme.

The Higher Education Institute is responsible for providing educational lectures, devising and organising assessments and ensuring quality.

Each Trust has an educational supervisor, responsible for organising weekly tutorials, signing off the required milestones and liaising with the Higher Education Institute.

The successful completion of training will be dependent on achieving the expected level of attainment in all domains. The programme of assessment will be used to monitor and determine progress through the programme.

The sequence of training should ensure appropriate progression in experience and responsibility. The training to be provided at each training site will be designed to ensure that, during the programme, the entire curriculum is covered and also that unnecessary duplication and educationally unrewarding experiences are avoided.

4.2 The training environment

This curriculum should be used to help design training programmes locally that ensure all Anaesthesia Associate students can develop their practice in a variety of settings and situations. It is designed to ensure that it can be applied in a flexible manner, meeting service needs as well as supporting each Anaesthesia Associate student's learning and development plan. The requirements for the provision of training have not changed as a result of this new curriculum. All training must comply with the GMC requirements presented in *Promoting excellence: standards for medical education and training*[8]. This stipulates that all training must comply with the following ten standards:

4.2.1 Theme 1: Learning environment and culture

S1.1   The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2   The learning environment and organisational culture value and support education and training, so that learners are able to demonstrate what is expected in Good Medical Practice: interim standards for Physicians Associates and Anaesthesia Associates and to achieve the learning outcomes required by their curriculum.

4.2.2 Theme 2: Educational governance and leadership

S2.1   The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability and responding when standards are not being met.

S2.2   The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

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[8] GMC Promoting excellence: standards for medical education and training

S2.3   The educational governance system makes sure that education and training is fair and is based on the principles of equality and diversity.

4.2.3   Theme 3: Supporting learners

S3.1   Learners receive educational and pastoral support to be able to demonstrate what is expected in Good Medical Practice: interim standards for Physicians Associates and Anaesthesia Associates, and to achieve the learning outcomes required by their curriculum.

4.2.4   Theme 4: Supporting educators

S4.1   Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.

S4.2   Educators receive the support, resources and time to meet their education and training responsibilities.

4.2.5   Theme 5: Developing and implementing curricula and assessments

S5.1   Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

S5.2   Postgraduate curricula and assessments are developed and implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice: Interim Standards for Physicians Associates and Anaesthesia Associates, and to achieve the learning outcomes required by their curriculum.

It is the responsibility of Higher Education Institutes to ensure compliance with these standards for training, and to notify the FAAFB if further support is required in achieving this.

4.3   Learning methods

Anaesthetics is a craft specialty and much of the education and training is acquired through experiential learning and reflective practice with trainers. A variety of learning experiences enable the achievement of the capabilities described in the domains. There will be a balance of different learning methods from formal teaching programmes to experiential learning 'on the job'. The proportion of time allocated to each method may vary and should be constructed to enable the Anaesthesia Associate student to experience the full range of educational and training opportunities.

4.3.1   Practice-based experiential learning

Anaesthetic training is largely experiential in nature with any interaction in the workplace having the potential to become a learning episode. The workplace provides learning opportunities on a daily basis for Anaesthesia Associate students. To ensure patient safety, Anaesthesia Associate students must, at all times, be directly supervised.

4.3.2   Independent self-directed learning

Anaesthesia Associate students will use this time in a variety of ways depending upon their stage of learning. Suggested activities could include:

- reading, including web-based material such as e-Learning for Healthcare (e-LfH)
- maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- involvement in a departmental quality improvement project
- reading journals.

4.3.3   Learning with peers and colleagues

There are many opportunities for Anaesthesia Associate students to learn with their peers and colleagues. Local teaching opportunities may allow Anaesthesia Associates of varied levels of experience to come together for small group sessions. Examination preparation encourages the formation of self-help groups and learning sets.

4.3.4   Formal education sessions

The content of formal education sessions and access to other more formal learning opportunities are determined by the Higher Education Institutes and will be based on the curriculum.

4.3.5   Simulation training

Procedural competency training, using simulation aimed at achieving technical competence for certain anaesthetic procedures should be provided as early as possible. Scenario-based immersive simulation training is expected to be undertaken, with human factors incorporated into the scenarios where appropriate.

Simulation training within anaesthetic practice is a developing field and in line with the RCoA Simulation Strategy development.

Examples of simulation courses that should be used to deliver aspects of the curriculum include, but are not limited to:

- Novice Anaesthesia Skills and Drills
- Assessment of failed intubation drill
- Critical incident training
- Vascular access
- Intra-hospital transfer training course

5 Programme of Assessment

5.1 Purpose of assessment

The purpose of the programme of assessment is to:

- assess an Anaesthesia Associate student's actual performance in the workplace
- encourage the development of the Anaesthesia Associate student as an adult responsible for their own learning
- enhance learning by providing formative assessment, enabling the Anaesthesia Associate student to receive immediate feedback, understand their own performance, and identify areas for development
- drive learning and enhance the training process by making it clear what is required of Anaesthesia Associate students and motivating them to ensure they receive suitable training and experience
- demonstrate Anaesthesia Associate students have acquired the Generic and Shared Learning Outcomes and meet the requirements of Good Medical Practice: interim standards for Physicians Associates and Anaesthesia Associates
- ensure that Anaesthesia Associate students possess the essential underlying knowledge required for their specialty
- provide robust, summative evidence that Anaesthesia Associate students are meeting the curriculum standards during the training programme
- inform the end of year assessment process, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression
- identify Anaesthesia Associate students who should be advised to consider a change of career direction.

5.2 Programme of assessment

Our programme of assessment refers to the integrated framework of examinations, assessments in the workplace and judgements made about an Anaesthesia Associate student during their approved programme of training. The purpose of the programme of assessment is to robustly evidence, and clearly communicate the expected levels of performance and ensure these are met on an annual basis, and to demonstrate satisfactory completion of, training as required by the curriculum.

The programme of assessment comprises the use of a number of individual assessment tools. These include the examinations, which encompass the 'knowledge requirements' that underpin the curriculum and have been mapped to and will form the syllabus for each component of the examinations, as well as summative and formative structured learning events (SLEs; historically referred to as workplace-based assessments). A range of assessments is needed to generate the necessary evidence required for global judgements to be made about satisfactory performance, progression in, and completion of training. All assessments, including those conducted in the workplace, are linked to the relevant learning outcomes (e.g. through the blueprinting of assessment system to the stated curriculum outcomes).

The programme of assessment emphasises the importance and centrality of professional judgement in making sure Anaesthesia Associate students have met the expected level of attainment in the domains of training, as set out in the approved curriculum. It also focuses on the Anaesthesia Associate as a reflective practitioner. Assessors will make accountable, professional judgements on whether progress has been made. The programme of assessment explains how professional judgements are used and collated to support decisions on progression and satisfactory completion of training.

Assessments will be supported by structured feedback for Anaesthesia Associate students. Assessment tools, which are well established in anaesthetic training, will be both formative and summative and have been selected on the basis of their fitness for purpose and their familiarity to trainers.

Anaesthesia Associate students will be assessed throughout the training programme, allowing them to continually gather evidence of learning and to provide formative feedback. Those assessment tools which are not identified individually as summative, will contribute to summative judgements about an Anaesthesia Associate student's progress as part of the programme of assessment. The number and range of these will ensure a reliable assessment of the training and achieve coverage of the curriculum.

Reflection and feedback should be an integral component to all SLEs. Every clinical encounter can provide a unique opportunity for reflection and feedback and this process should occur frequently – and as soon as possible after any event to maximise benefit for the Anaesthesia Associate student. Feedback should be of high quality and should include an action plan for future development for the Anaesthesia Associate student. Both Anaesthesia Associate students and trainers should recognise and respect cultural differences when giving and receiving feedback.

Course providers are able to design their own programmes of assessment, and are responsible for the benchmarking and quality assurance of assessment processes and progression decisions.

5.3   Anaesthesia Associate Registration Assessment

When an Anaesthesia Associate student has satisfactorily completed the components of their course that would entitle them to a postgraduate diploma, or its equivalent, they are eligible to sit the Anaesthesia Associate Registration Assessment (AARA). Successful completion of the Anaesthesia Associate training programme and passing of the AARA will be a requirement to join the GMC register.[9]

The AARA is a test to determine whether the individual has the knowledge and skills to practice safely in the UK. It tests to a minimum standard and is not a substitute for a course provider's own programme of assessment, which should incorporate formative and summative assessments, enhance learning, and determine the learner's attainment of curriculum outcomes. Guidance on course assessment is below in the educational approach section.

However, courses should prepare Anaesthesia Associates students for the AARA. Course providers should ensure that there is broad coverage in their programmes of the professional values and behaviours, clinical capabilities and professional knowledge and skills set out in the AARA content map.

The content map also includes some areas that are not assessed in the AARA but should be assessed by course providers. Courses should reference the content map when developing their own assessment programme.

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[9] *Anaesthesia Associate students enrolled on a course awarding an MSc, or other higher qualifications, may sit the AARA before graduating, provided they have completed the components of the course that would entitle them to a postgraduate diploma. However, they may not join the register until they have fully completed their course and been awarded their qualification. For more information see the* GMC's Registration requirements for PAs and AAs.

5.4   Assessment of High-level Learning Outcomes

The assessment process contains both formative and summative elements, which are detailed in section 5.7.

5.4.1   Formative assessment

Formative assessment is *assessment for learning*. The goal of formative assessment is to monitor progress in order to offer ongoing constructive feedback with the aim of improving performance. In formative assessment there is no grade or mark, no pass or fail. Formative assessment must provide good quality feedback; without this the process loses its purpose. The main formative assessments used in the curriculum are the Structured Learning Events (SLEs).

SLEs are *only one* source of evidence towards the attainment of a learning outcome. Their purpose is to demonstrate engagement of trainers and Anaesthesia Associate students in professional educational conversations alongside the logbook and trainer feedback. Further examples of how Anaesthesia Associate students might provide evidence of achievement of key capabilities and higher learning outcomes will be included in the examples of evidence section that accompanies each learning outcome. These will include activities such as teaching, course attendance and quality improvement projects.

This curriculum is outcomes-based. Key capabilities (knowledge or skills) relating to each learning outcome in the curriculum are listed in annexes at the end of this document. The key capabilities may be assessed by SLEs and these, along with other evidence, may be used to demonstrate their attainment and therefore achievement of the learning.

5.4.2   Summative assessment

Summative assessment is *assessment of learning* and results in a mark or grade, pass or fail. The goal of summative assessment is to test knowledge or performance against set criteria to meet the key capabilities.

5.5   Critical Progression Points

Critical progression points will be set by the individual Higher Education Institutes; however they will be likely to include an assessment of progress at the end of the first year of study. Completion of the programme will entail satisfactory completion of the 14 domains of the curriculum.

5.6   Domains and High-level Learning Outcomes

The tables below provide a high-level description of attainment to be achieved, in each of the domains, at the end of training. A copy of this grid including mapping to the Generic and Shared Learning Outcomes and domains of Good Medical Practice: interim standards for Physicians Associates and Anaesthesia Associates can be found in Annex A.

Generic professional domains

Domain	Professional behaviours and communication	Management and professional/regulatory requirements	Team Working	Safety & Quality Improvement (QI)	Safeguarding	Education and Training	Research and managing data
High-level Learning Outcome	Demonstrates the professional values and behaviours expected by patients and members of the multi-disciplinary team	Understands managerial, administrative and organisational roles	Contributes to teams to enhance patient care	Improves the quality and safety of patient care	Identifies vulnerable people and takes appropriate action	Helps others to develop their professional practice	Expands the understanding of anaesthetic practice
Domain Learning Outcome(s)	Demonstrates the professional values and behaviours required of a Medical Associate Professional	Understands managerial, administrative and organisational roles expected of Anaesthesia Associates	Works effectively as a member of a clinical team	Understands and applies quality improvement methodology. Applies the principles of patient safety to their own clinical practice	Describes the importance of safeguarding vulnerable people	Takes responsibility for their own education and training needs and contributes to departmental education	Is research aware: demonstrates an understanding of the evidence-based approach to anaesthetic and perioperative care

Specialty-specific domains

Domain	PoM	General Anaesthesia	Regional Anaesthesia	Resuscitation & Transfer	Procedural Sedation	Pain	Healthcare Promotion
High-level Learning Outcome	Facilitates safe multi-disciplinary perioperative care	Provides safe and effective general anaesthesia	Provides safe and effective regional anaesthesia	Resuscitates, stabilises and safely transfers critically ill patients	Provides safe & effective sedation	Manages pain	Promotes principles of public health interventions and practices efficient use of healthcare resources.
Domain Learning Outcome(s)	Identifies clinical and social challenges that increase risk for patients undergoing surgery	Provides safe and effective general anaesthesia with appropriate supervision for patients undergoing non-complex elective and emergency surgery within a general hospital setting	Performs simple peripheral nerve blocks and spinal anaesthesia, and understands the principles of all forms of neuraxial anaesthesia	Able to recognise and initiates resuscitation of the deteriorating patient. Works as an effective member of the cardiac arrest team	Provides safe procedural sedation to ASA 1 to 3 patients within the theatre complex	Recognises, assesses and treats acute pain independently. Differentiates between acute and chronic pain	Explains the principles of health promotion and illness prevention. Appreciates the principles of sustainability in clinical practice

5.7 Evidence of progress

The following methods will provide evidence of progress in the integrated programme of assessment. Evidence is a crucial concept in this curriculum, and as well as the methods listed below, can include other sources, such as the Personal Development Plan, involvement in a quality improvement project or logbook summaries. The Anaesthesia Associate student will collect evidence to support their acquisition of the requirements for each of the domains, and the educational supervisor will use it to make a global judgement indicating whether the Anaesthesia Associate student has made satisfactory progress. These methods are described briefly below.

5.7.1 Summative assessment

Summative assessment is *assessment of learning* and results in a mark or grade, pass or fail. The goal of summative assessment is to test knowledge or performance against set criteria. The summative assessment in the Anaesthesia Associate training programme takes the following forms:

- Objective Structured Clinical Examination (OSCE)
- Multiple Choice Question Examinations (MCQ)
- Holistic Assessment of Learning (HALO) form
- Multiple Trainer Reports (MTR)
- Educational supervisors structured report (ESSR)

5.7.2 Formative assessment

Formative assessment is *assessment for learning*. The goal of formative assessment is to monitor progress in order to offer ongoing constructive feedback with the aim of improving performance. In formative assessment there is no grade or mark, no pass or fail. Formative assessment must provide good quality feedback; without this the process loses its purpose.

SLEs have been in use for over ten years and in that time have been revised so that they emphasise their formative function[10]. Integral to the SLEs is reflection on the learning event by the Anaesthesia Associate student and feedback from the assessor. The purpose of feedback is to inform the learner about their work in relation to what is expected and direct them on how to improve. As part of this feedback the assessor can indicate what level of supervision the Anaesthesia Associate student requires for that task or case and how they can improve in order to reach the level of supervision required. To facilitate this on the SLEs a supervision/entrustment scale will be included.

The levels of supervision/entrustment are 1a to 2b:

A supervision scale will be used in a formative way to demonstrate progress by the Anaesthesia Associate student. Qualified AAs work under supervision levels 1b and 2a when providing general anaesthesia. Student AAs must always be supervised at level 1a or 1b. This scale will be used to inform summative assessments:

1a	**Supervisor present in theatre throughout and required to assist case with proactive involvement**
1b	**Supervisor present in theatre throughout and available to assist reactively when needed**
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**

The educational supervisor should review the SLEs with the Anaesthesia Associate student to see how they are progressing and to ensure that they are acting on feedback received.

The main formative assessments used in the curriculum are the SLEs:

- Anaesthetic Clinical Evaluation Exercise [A-CEX]
- Anaesthetic List/Clinic/Ward Management Assessment Tool [ALMAT]
- Direct Observation of Procedural Skills [DOPS]
- Case Based Discussion [CBD]

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[10] Norcini, J. and Burch, V. (2007), 'Workplace Based Assessments as an Educational Tool: AMEE Guide 31'. *Medical Teacher,* vol. 29, pp 855-871.

- Logbook
- Multi-Source Feedback [MSF]
- Anaesthetic Quality Improvement Project Assessment Tool [A-QIPAT]
- Multiple Trainer Report (MTR)

5.7.3   SLEs

Each individual SLE is designed to assess a range of important aspects of performance in different training situations. Taken together they can assess the breadth of knowledge, skills and performance described in the curriculum. The SLEs described in this curriculum have been in use for over ten years and are now an established component of training.

The SLE methodology is designed to meet the following criteria:

- **Validity** – the assessment actually does test what is intended; that methods are relevant to the actual clinical practice; that performance in increasingly complex tasks is reflected in the assessment outcome
- **Reliability** – multiple measures of performance using different assessors in different training situations produce a consistent picture of performance over time
- **Feasibility** – methods are designed to be practical by fitting into the training and working environment
- **Cost-effectiveness** – the only additional significant costs should be in the training of trainers and the time invested needed for feedback and regular appraisal, which should be factored into trainer job plans
- **Opportunities for feedback** – structured feedback is a fundamental component
- **Impact on learning** – the educational feedback from trainers should lead to Anaesthesia Associate students' reflections on practice in order to address learning needs.

SLEs use different trainers' direct observations of Anaesthesia Associate students to assess their actual performance as they manage different clinical situations in different clinical settings and provide more granular formative assessment in crucial areas of the curriculum than does the more global assessment provided by supervisors' reports. SLEs are primarily aimed at providing constructive feedback to Anaesthesia Associate students in important areas of the curriculum. It is normal for Anaesthesia Associate students to have some assessments that identify areas for development because their performance is not yet at the standard for the completion of that training.

5.7.4   How many SLEs?

In order to complete a learning outcome, Anaesthesia Associate students should undertake SLEs that contribute to evidence showing key capabilities for each of the domains of learning. There are several key capabilities within each domain and a single assessment may provide evidence to satisfy multiple key capabilities across a range of domains.

The SLE blueprints are found in section 5.10. These show how the SLEs could be used to provide evidence towards demonstration of attainment of each learning outcome.

There are no requirements for minimum numbers of SLEs. The SLEs should be used in a formative way to demonstrate reflection on learning and progress by the student. The SLEs allow the trainer to indicate what level of supervision is required for the Anaesthesia Associate student. Trainers need to be satisfied that the Anaesthesia Associate student is able to perform with the required level of supervision in order to complete these training requirements.

5.7.5 Who can assess?

Consultants, SAS doctors and LEDs , and experienced Anaesthesia Associates can assess SLEs. In accordance with GMC standards, assessors must possess expertise in the area to be assessed and be familiar with the assessment process. Senior Anaesthetic trainees and non-medical staff may also assess SLEs if they have completed appropriate training, and if the educational supervisor considers it appropriate.

5.7.6 The structured learning event process:

- feedback is the most important element of a SLE
- Anaesthesia Associate students should undertake SLEs relevant to their current practice
- areas for assessment should be identified prior to starting a list, clinic, ward-round, etc., and the Anaesthesia Associate student should ask the trainer in advance to perform an assessment
- requesting assessments retrospectively is considered poor practice and is not acceptable, except for Case-Based Discussions
- the Anaesthesia Associate students should reflect on the learning event in the SLE
- the trainer should observe the performance of the Anaesthesia Associate student, and give immediate verbal feedback as well as suggestions for future development, further reading etc.; they will indicate what level of supervision the Anaesthesia Associate student requires for that activity
- trainers should comment on clinical and non-clinical aspects of performance, such as professionalism and team-working
- if the online form cannot be completed at this time, the Anaesthesia Associate student will send a request for assessment to the trainer electronically
- verbal feedback should always take place at the time of the assessment
- the trainer should complete the online form as soon as possible
- the Anaesthesia Associate students should link the form to the relevant learning outcome so that the assessment can be used as evidence
- linking the assessment to more than one domain of learning may be appropriate if it demonstrates relevant progress.

5.7.7 Supervisor reports

Consultant feedback, and feedback from other approved trainers, is a fundamental source of evidence when assessing Anaesthesia Associate students' performance. This means of assessment is valuable in identifying Anaesthesia Associate students who are performing above and below the standard expected for their level.

All of these methods are described briefly below and include feedback opportunities as an integral part of the programme of assessment.

5.7.8 Holistic Assessment of Learning Outcomes (HALOs)

A satisfactorily completed HALO form provides evidence that an Anaesthesia Associate student has achieved the key capabilities required to demonstrate attainment of a domain learning outcome. Supervisors should draw upon a range of evidence including the logbook of cases completed, SLEs, examples of evidence set out in the curriculum document, and trainer feedback to inform their decision as to whether the domain learning outcome has been achieved. The logbook review should consider the mix of cases, level of supervision and balance of elective and emergency cases, if relevant, for the learning outcome. The supervisor will be able to review this evidence at the end of training to complete the HALO but it is expected that the evidence will be

collected and linked throughout the training period so that the educational supervisor is able to review progress.

Each trainer should be familiar with the requirements for the domain learning outcomes and be able to provide guidance for Anaesthesia Associate students who have not yet achieved them

The professional judgement of the educational supervisor will ultimately determine whether it is appropriate to sign the HALO form for an Anaesthesia Associate student.

5.7.9   Anaesthesia Clinical Evaluation Exercise (A-CEX)

The A-CEX is used during clinical sessions, and the assessments are based on the observed performance of the Anaesthesia Associate student's skills, attitudes and behaviours, and knowledge. It looks at the Anaesthesia Associate student's performance in a case rather than focusing on a specific procedure, for example the anaesthetic management of a patient with renal failure.

5.7.10   Anaesthesia List Management Tool (ALMAT)

Similar to the A-CEX, the ALMAT is designed to assess and facilitate feedback on an Anaesthesia Associate student's performance during their practice. When undertaking an ALMAT, an Anaesthesia Associate student is given responsibility for the running of a surgical list according to their level of competence. This tool is particularly appropriate for more senior Anaesthesia Associate students and allows assessment of both clinical and non-clinical skills. Anaesthesia Associate students should request this assessment before the start of the list, and they may be assessed either by the trainer with direct responsibility for that list.

5.7.11   Directly Observed Procedural Skills (DOPS)

The DOPS tool is used for assessing performance in procedures, such as tracheal intubation or supraglottic airway insertion. They are useful for assessing Anaesthesia Associate students who are learning a new skill e.g. nerve block.

5.7.12   Case-Based Discussion (CBD)

The CBD is usually used away from the clinical environment – it allows the assessor to question the Anaesthesia Associate student about a clinical episode in order to assess their knowledge and rationale for their actions, or what they would do if presented with the clinical scenario. When undertaking a CBD, the Anaesthesia Associate students should bring the case notes and/or anaesthetic chart of a case that they wish to discuss in retrospect. The conduct and management of the case as well as the standards of documentation and follow up should be discussed. CBDs offer an opportunity to discuss a case in depth and to explore thinking, judgement and knowledge. They also provide a useful forum for reflecting on practice, especially in cases of critical incidents.

5.7.13   Multi-Source Feedback (MSF)

The MSF, unlike the other SLEs, provides specific feedback on generic skills such as communication, leadership, team working, reliability, etc., across the domains of Good Medical Practice: interim standards for Physicians Associates and Anaesthesia Associates from a wide range of individuals who have worked with the Anaesthesia Associate student in the current training year. Other SLEs are a snapshot in time covering a clinical episode, where the MSF is used to measure an Anaesthesia Associate student's performance across a broader period of time and informs the assessment of achievement of learning outcomes.

Anaesthesia Associate students are required to have at least one MSF completed for each training year. The Anaesthesia Associate student identifies a minimum of 12 people (who should be from a

mixture of disciplines) with whom they have worked, for example, consultants, theatre staff, recovery staff, ODPs, and administrative staff.

5.7.14 Anaesthetic Quality Improvement Project Assessment Tool (A-QIPAT)

Quality improvement is a key element of professional practice. The A-QIPAT form is introduced in this curriculum to enhance assessment of this learning outcome. This assessment allows individuals who have worked with the Anaesthesia Associate student to comment on their performance as part of a quality improvement project. This is a very useful way to provide the Anaesthesia Associate with feedback that is specific to their performance in quality improvement projects.

5.7.15 Multiple Trainer Reports (MTRs)

Trainer feedback is a mandatory part of completing a learning outcome and should assure that the Anaesthesia Associate student is considered competent to provide anaesthesia and peri-operative care to the required level.

The MTRs differs from an MSF as it concerns an Anaesthesia Associate's training progress with key capabilities and learning outcomes. MSFs seek feedback from the multidisciplinary team, including consultants, on overall professional behaviour and attitude.

 At least one MTR will be required per year of training.

Trainer feedback will be collated, linked to the learning outcome and presented in the ESSR at the end of year assessment. It should be discussed with the student during or at the end of a learning outcome prior to sign-off.

5.7.16 Educational supervisors structured report (ESSR)

The ESSR will periodically (at least annually) record a longitudinal, global report of an Anaesthesia Associate student's progress based on a range of assessment, potentially including exams and observations in practice or reflection on behaviour by those who have appropriate expertise and experience. The ESSR can incorporate commentary or reports from longitudinal observations, such as from supervisors or formative assessments demonstrating progress over time.

5.8   Decisions on progress

The final assessment is the formal process where the Anaesthesia Associate student's progress is reviewed. This process should be used to collate and systematically review evidence about an Anaesthesia Associate student's performance and progress in a holistic way and make decisions about their achievement of expected outcomes.

ESSRs form the basis of the evidence that is reviewed at the end of training and other evidence such as the logbook, teaching, management and examination results are considered. The decisions made on completion of training should be clear and defensible. They must be fair and robust and make use of evidence from a range of assessments, potentially including examinations and observations in practice or reflection on behaviour by those who have appropriate expertise or experience. They can also incorporate commentary or reports from longitudinal observations, such as from supervisors or formative assessments demonstrating progress over time.

Assessment of attainment of the learning outcomes involves looking across a range of different skills and behaviours to make global decisions about an Anaesthesia Associate student. The domains of learning in Annex A set out the high-level description of attainment to be achieved for each learning outcome.

As a precursor to the final assessment, the FAAFB strongly recommend that Anaesthesia Associate students have an informal review with their educational supervisor. These provide opportunities for

early detection of Anaesthesia Associate students who are failing to gather the required evidence for the final assessment.

5.9   Anaesthesia Associate students requiring additional support

For most Anaesthesia Associate students, the final assessment will confirm that they are on course to complete training without difficulty. For those not progressing as expected, additional help and support must be given to enable them to fulfil the requirements of the programme. The FAAFB strongly encourages all supervised training sessions to be assessed formatively so that Anaesthesia Associate students who are experiencing difficulties come to the attention of trainers early. This should give the Anaesthesia Associate student time to try and overcome the deficiencies identified and allow trainers to target training and support. If the problems identified are related to attitudes and behaviours, the use of non-technical skills assessment and targeted training may be required.

Any difficulties should feed into the appraisal process, via the ESSR and MSF and trainer feedback, so that directed learning objectives can be set. Help might involve a combination of extra supervision, counselling or focused training. Any relevant external factors which may have affected progress in training should be taken into account. Anaesthesia Associate students should be aware that the outcome of meetings with their educational supervisor will, with their knowledge, help inform the assessment process and such discussions should be recorded.

5.10 Overarching assessment blueprint

The overarching assessment blueprint shows how each of the assessments relates to the domains of learning. It is not necessary that every method will be used for each key capability and additional evidence may be used to make a global judgement on attainment.

5.10.1 Assessment blueprint

Figure 7 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	General Anaesthesia	Regional Anaesthesia	Resuscitation and transfer	Procedural Sedation	Pain	Healthcare promotion
A-CEX	O	O	O		O	A*		A*	A*	A*	A*	A*	A*	A*
DOPS	O		O	O		O		O	A*	A*	O	O	A*	O
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*

A* should be used to assess this domain

O may be used to assess this domain

5.10.2 Programme of Assessment

Figure 8 the programme of assessment

	2-year training programme
Formative Supervised Learning Events (SLEs)	
A-CEX	There is no requirement for a minimum number of SLEs each year. The Anaesthesia Associate students 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 Anaesthesia Associate student 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.
ALMAT	
CBD	
DOPS	
A-QIPAT	
Summative Assessments	
MSF (one per year)	✓
Multiple Trainer Report	✓
HALO	✓
Educational Supervisors Structured Report (ESSR)	
ESSR	✓

6   Supervision and feedback

This section of the curriculum describes how Anaesthesia Associate students will be supervised, and how they will receive feedback on performance.

Access to high quality, supportive and constructive feedback is essential for the professional development of the Anaesthesia Associate student. Anaesthesia Associate students' reflection is an important part of the feedback process and exploration of that reflection with the trainer should ideally be a two-way dialogue. Effective feedback is known to enhance learning and combining self-reflection to feedback promotes deeper learning.

Trainers should be supported to deliver valuable and high quality feedback. This can be by providing face to face training to trainers. Anaesthesia Associate students would also benefit from such training as they may act as assessors to junior doctors, and all involved could also be shown how best to carry out and record reflection.

6.1   Supervision

All elements of work in training posts must be supervised with the level of clinical supervision varying depending on the experience of the Anaesthesia Associate student and the clinical exposure and case mix undertaken. As training progresses the Anaesthesia Associate should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient.

Organisations must make sure that each Anaesthesia Associate student has access to a named educational supervisor. The role and responsibilities of trainers have been defined by the GMC in their standards for medical education and training[11].

6.1.1   Educational supervisor

The educational supervisor is responsible for the overall supervision and management of an Anaesthesia Associate student's educational progress during a placement or a series of placements. They regularly meet with the Anaesthesia Associate student to help plan their training, review progress, and achieve agreed learning outcomes. They are also responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements.

The educational supervisor, when meeting with the Anaesthesia Associate student, should discuss issues of clinical governance, risk management and any report of any untoward clinical incidents involving the Anaesthesia Associate student. If the clinical directorate (clinical director) has any concerns about the performance of the Anaesthesia Associate student, or there were issues of doctor or patient safety, these would be discussed with the relevant educational supervisor. These processes, which are integral to development, must not detract from the statutory duty of the trust to deliver effective clinical governance through its management systems.

It is essential that training in assessment is provided for trainers and Anaesthesia Associate students in order to ensure that there is complete understanding of the assessment system, assessment methods, their purposes and use. Training will ensure a shared understanding and a consistency in the use of the SLEs and the application of standards.

Opportunities for feedback to Anaesthesia Associate students about their performance will arise through the use of the SLEs, regular appraisal meetings with supervisors, other meetings and discussions with supervisors and colleagues and feedback.

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[11] GMC Promoting excellence: standards for medical education and training

6.1.2   Sessional supervisor

All consultant anaesthetists who have Anaesthesia Associate students attached to them in any clinical area are Sessional Supervisors. They have direct responsibility for what that Anaesthesia Associate student does in the workplace while they are supervising them. Clinical supervision of student AAs may be a role for autonomously practicing SAS doctors.

6.1.3   Anaesthesia Associate students

Anaesthesia Associate students should make the safety of patients their first priority. Furthermore, they should not be practising in clinical scenarios which are beyond their experiences and competences without direct supervision.

Anaesthesia Associate students should actively devise individual learning goals in discussion with their trainers and should subsequently identify the appropriate opportunities to achieve said learning goals. Anaesthesia Associate students need to plan their SLEs accordingly to enable them to collectively provide a picture of their development during a training period. Anaesthesia Associate students should actively seek guidance from their trainers in order to identify the appropriate learning opportunities and plan the appropriate frequencies and types of SLEs according to their individual learning needs. It is the responsibility of Anaesthesia Associate students to seek feedback following learning opportunities and SLEs. Anaesthesia Associate students should self-reflect and self-evaluate regularly with the aid of feedback. Furthermore, they should formulate action plans with further learning goals in discussion with their trainers.

6.2   Appraisal

A formal process of appraisals and reviews underpins training. This process ensures adequate supervision during training, provides continuity between locations and different supervisors and is one of the main ways of providing feedback to Anaesthesia Associate students.

6.2.1   Induction appraisal

The Anaesthesia Associate student and the educational supervisor should have an appraisal meeting at the beginning of the post to review progress so far, agree learning objectives for the post ahead and identify the learning opportunities presented by the post. Reviewing progress through the curriculum will help Anaesthesia Associate students to compile an effective Personal Development Plan (PDP) of objectives for the upcoming post. This PDP should be agreed during the Induction Appraisal. The Anaesthesia Associate student and supervisor should also both sign the educational agreement at this time, recording their commitment to the training process.

6.2.2   Monthly meetings

Monthly meetings between Anaesthesia Associate students and their educational supervisor are not mandatory but are strongly encouraged. These are particularly important if either the Anaesthesia Associate student or educational supervisor has training concerns, or the Anaesthesia Associate student has been set specific targeted training objectives. At these meetings Anaesthesia Associate students should review their PDP with their supervisor. SLEs and progress through the curriculum can be reviewed to ensure Anaesthesia Associate students are progressing satisfactorily, and attendance at educational events should also be reviewed.

6.2.3   End of attachment appraisal

Anaesthesia Associate students should review the PDP and curriculum progress with their educational supervisor using evidence. Specific concerns may be highlighted from this appraisal. The end of attachment appraisal should record the areas where further work is required to

overcome any shortcomings. Further evidence of competence in certain areas may be needed, such as planned SLEs, and this should be recorded. Information gathered from this meeting should be incorporated into the Educational Supervisor's Structured Report.

7 Quality assurance and quality management

7.1.1 Curriculum

The RCoA has developed this curriculum to the standards set out in *Excellence by design* (EBD) and will manage the document through the GMC's approval processes.

Once approved, the RCoA via the FAAFB will be responsible for the maintenance of the curriculum as set out in Theme 5 of EBD, including making sure that it is regularly reviewed and kept up to date.

7.1.2 Delivery of education

The delivery of the training set out in this curriculum is the responsibility of the course providers of the Anaesthesia Associate training programmes.

They will be responsible for the quality management of the clinical placements they commission checking that the placements meet the standards set out in *Promoting excellence*.

Courses and their placements will be subject to the GMC's quality assurance processes and will be required to demonstrate that they meet the standards set out in *Promoting excellence*.

8 Intended use of curriculum by trainers and Anaesthesia Associate students

The curriculum is a crucial document for ensuring the quality and consistency of training and assessment. It must be referred to throughout training, as the Anaesthesia Associate student's record evidence demonstrating their developing skills and knowledge, enabling progression towards achievement of the HLOs.

The curriculum should be used to help design training programmes locally that ensure all Anaesthesia Associate students can develop the necessary skills and knowledge in a variety of settings and situations. The curriculum is designed to ensure it can be applied in a flexible manner, meeting service needs as well as supporting each Anaesthesia Associate student's own tailored learning and development plan.

This curriculum will be available in due course via the RCoA website

Educational supervisors should use the curriculum and guidance documents as the basis of their discussion with Anaesthesia Associate students, particularly during the appraisal process. Both trainers and Anaesthesia Associate students are expected to have a good knowledge of the curriculum and should use it as a guide for their training programme.

The Anaesthesia Associate student will use the curriculum to develop learning objectives and reflect on learning experiences. Anaesthesia Associate students will have different strengths and areas of interest, and so may be able to demonstrate achievement of some learning outcomes at different rates.

8.1 Ongoing management of the curriculum by the RCoA

The RCoA via the FAAFB will develop a process to allow for regular review of the curriculum to ensure it remains fit for purpose, reflecting current training and service needs.

A dedicated email address for the new Anaesthesia Associates curriculum will be created for stakeholders to submit proposed revisions to the examples of evidence and range of clinical contexts that Anaesthesia Associate students may use to support their achievement of the key capabilities, as well as suggested assessment methods.

A sub-group of the FAAFB will be established to review and either approve or reject the proposed revisions on an annual basis. Should any revisions be proposed to the High-Level Learning Outcomes (HLOs) or the Key Capabilities (mandatory), amendments will only be made where a clear rationale exists for doing so, such as where it is necessary to address patient safety concerns or reflect a significant change in contemporary anaesthetic practice, and every effort will be made to minimise any negative impact on Anaesthesia Associate students.

Following submission to and approval from the GMC as the regulatory body, updated curriculum annexes will be issued prior to the start of the training year, making clear, using the version tracking table at the front of each document, what amendments have been made on each occasion.

9 Equality and diversity

The RCoA will comply, and ensure compliance, with the requirements of equality and diversity legislation set out in the Equality Act 2010 [12].

The RCoA believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the RCoA, either as members of staff and Officers; as advisers from the medical profession; as members of the RCoA's professional bodies or as doctors in training and examination candidates.

Higher Education Institutes will quality assure each training programme so that it complies with the equality and diversity standards as set by the GMC. They should provide access to a professional support unit or equivalent for Anaesthesia Associate students requiring additional support.

Compliance with anti-discriminatory practice will be assured through:

- monitoring of recruitment processes
- ensuring all RCoA and Higher Education Institute representatives and Programme Directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post
- ensuring that educational supervisors have had equality and diversity training (for example, an e-learning module) every 3 years
- ensuring that any specialist participating in Anaesthesia Associate training interview/appointments committees or processes has had equality and diversity training (at least as an e-module) every 3 years
- ensuring Anaesthesia Associate students have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature. On appointment Anaesthesia Associate students must be made aware of the route in which inappropriate or discriminatory behaviour can be reported and supplied with contact names and numbers. It must also be ensured that contingency mechanisms are in place if Anaesthesia Associate students feel unhappy with the response or uncomfortable with the contact individual
- providing resources to Anaesthesia Associate students needing support (for example, through the provision of a professional support unit or equivalent)
- ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly advantage or disadvantage an Anaesthesia Associate student with any of the Equality Act 2010 protected characteristics. All efforts shall be made to ensure the participation of people with a disability in training through reasonable adjustments and recognising that not all disabilities are visible.

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[12] The Equality Act 2010 does not apply to Northern Ireland. You can find more information about the equality legislation in Northern Ireland on the Equality Commission for Northern Ireland's website

Annex A - Domains and High-level Learning Outcomes grid

Domain	Professional behaviours and communication	Management and professional/regulatory requirements
High-level Learning Outcome	Demonstrates the professional values and behaviours expected by patients and members of the multi-disciplinary team.	Understands managerial, administrative, and organisational roles.
Domain Learning Outcome(s)	Demonstrates the professional values and behaviours required of a medical associate professional.	Understands managerial, administrative and organisational roles expected of Anaesthesia Associates.
PA & AA Generic and Shared Learning Outcomes	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Being honest and trustworthy • Consent and mental capacity • Personal responsibilities and wellbeing **Theme 2 – Professional capabilities** • Holistic and integrated care • Communication • Working in multi-professional teams • Respect for colleagues • Manage time and workload **Theme 3 – Clinical care** • Using information effectively and safely	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Personal responsibilities and wellbeing • Legal responsibilities **Theme 2 – Professional capabilities** • Health promotion and illness prevention • Working in multi-professional teams **Theme 4 – Safety and quality** • Patient safety and quality improvement • Healthcare resource management
PA & AA Generic and Shared Learning Outcomes	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Being honest and trustworthy • Consent and mental capacity • Personal responsibilities and wellbeing **Theme 2 – Professional capabilities** • Holistic and integrated care • Communication • Working in multi-professional teams • Respect for colleagues • Manage time and workload **Theme 3 – Clinical care** • Using information effectively and safely	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Personal responsibilities and wellbeing • Legal responsibilities **Theme 2 – Professional capabilities** • Health promotion and illness prevention • Working in multi-professional teams **Theme 4 – Safety and quality** • Patient safety and quality improvement • Healthcare resource management
Good Medical Practice: interim standards for PAs & AAs	**Domain 1: Knowledge, skills and performance** • Develop and maintain your professional performance • Apply knowledge and experience to practice • Record work clearly, accurately & legibly **Domain 2: Safety and Quality** • Contribute to and comply with systems to protect patients • Respond to risks to safety • Protect patients and colleagues from any risk posed by your health	**Domain 2: Safety and Quality** • Contribute to and comply with systems to protect patients • Respond to risks to safety **Domain 3: Communication, Partnership and Teamwork** • Communicate effectively • Work collaboratively with colleagues **Domain 4: Maintaining Trust** • Treat patients and colleagues fairly and without discrimination • Act with honesty and integrity

	Domain 3: Communication, Partnership and Teamwork	
	• Communicate effectively	
	• Work collaboratively with colleagues	
	• Establish and maintain partnerships with patients	
	Domain 4: Maintaining Trust	
	• Show respect for patients	
	• Treat patients and colleagues fairly and without discrimination	
	• Act with honesty and integrity	

Domain	Team Working	Safety & Quality Improvement (QI)
High-level Learning Outcome	Contributes to teams to enhance patient care.	Improves the quality and safety of patient care.
Domain Learning Outcome(s)	Works effectively as a member of a clinical team.	Understands and applies quality improvement methodology. Applies the principles of patient safety to their own clinical practice.
PA & AA Generic and Shared Learning Outcomes	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Being honest and trustworthy • Personal responsibilities and wellbeing **Theme 2 – Professional capabilities** • Communication • Working in multi-professional teams • Respect for colleagues • Manage time and workload **Theme 3 – Clinical care** • Using information effectively and safely	**Theme 1 – Professional behaviour and trust** • Being honest and trustworthy • Personal responsibilities and wellbeing • Legal responsibilities **Theme 2 – Professional capabilities** • Communication • Safeguarding • Working in multi-professional teams **Theme 3 – Clinical care** • Medical management • Managing prescribed medicines safely **Theme 4 – Safety and quality** • Patient safety and quality improvement • Teaching and learning
Good Medical Practice: interim standards for PAs & AAs	**Domain 3: Communication, Partnership & Teamwork** • Communicate effectively • Work collaboratively with colleagues • Teaching, training, supporting and assessing • Continuity and coordination of care **Domain 4: Maintaining Trust** • Treat patients and colleagues fairly and without discrimination • Act with honesty and integrity	**Domain 1: Knowledge, Skills & performance** • Apply knowledge and experience to practice **Domain 2: Safety & Quality** • Contribute to and comply with systems to protect patients • Respond to risks to safety **Domain 3: Communication, Partnership & Teamwork** • Communicate effectively • Work collaboratively with colleagues

Domain	Safeguarding	Education and Training
High-level Learning Outcome	Identifies vulnerable people and takes appropriate action.	Helps others to develop their professional practice.
Domain Learning Outcome(s)	Describes the importance of safeguarding vulnerable people.	Takes responsibility for their own education and training needs and contributes to departmental education.
PA & AA Generic and Shared Learning Outcomes	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Being honest and trustworthy • Consent and mental capacity • Legal responsibilities **Theme 2 – Professional capabilities** • Holistic and integrated care • Communication • Safeguarding • Working in multi-professional teams **Theme 3 – Clinical care** • Complex care and uncertainty **Theme 4 – Safety and quality** • Patient safety and quality improvement	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Personal responsibilities and wellbeing **Theme 2 – Professional capabilities** • Working in multi-professional teams • Respect for colleagues • Manage time and workload • Lifelong learning **Theme 4 – Safety and quality** • Clinical research and scholarship • Teaching and learning
Good Medical Practice: interim standards for PAs & AAs	**Domain 2: Safety & Quality** • Contribute to and comply with systems to protect patients • Respond to risks to safety **Domain 3: Communication, Partnership & Teamwork** • Communicate effectively • Work collaboratively with colleagues **Domain 4: Maintaining Trust** • Show respect for patients • Treat patients and colleagues fairly and without discrimination • Act with honesty and integrity	**Domain 1: Knowledge, Skills & performance** • Develop and maintain your professional performance • Apply knowledge and experience to practice **Domain 3: Communication, Partnership & Teamwork** • Communicate effectively • Work collaboratively with colleagues • Teaching, training, supporting and assessing **Domain 4: Maintaining Trust** • Act with honesty and integrity

Domain	Research and managing data	Perioperative Medicine
High-level Learning Outcome	Expands the understanding of anaesthetic practice.	Facilitates safe multi-disciplinary perioperative care.
Domain Learning Outcome(s)	Is research aware: demonstrates an understanding of the evidence-based approach to anaesthetic and perioperative care.	Identifies clinical and social challenges that increase risk for patients undergoing surgery.
PA & AA Generic and Shared Learning Outcomes	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Personal responsibilities and wellbeing **Theme 2 – Professional capabilities** • Health promotion and illness prevention • Manage time and workload • Lifelong learning **Theme 4 – Safety and quality** • Clinical research and scholarship • Teaching and learning .	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Being honest and trustworthy • Consent and mental capacity **Theme 2 – Professional capabilities** • Holistic and integrated care • Health promotion and illness prevention • Communication • Working in multi-professional teams • Manage time and workload **Theme 3 – Clinical care** • Diagnosis and effective consultations • Medical management • Complex care and uncertainty • Managing prescribed medicines safely • Using information effectively and safely **Theme 4 – Safety and quality** • Patient safety and quality improvement • Healthcare resource management
Good Medical Practice: interim standards for PAs & AAs	**Domain 1: Knowledge, Skills & performance** • Develop and maintain your professional performance • Apply knowledge and experience to practice **Domain 2: Safety & Quality** • Contribute to and comply with systems to protect patients **Domain 3: Communication, Partnership & Teamwork** • Communicate effectively • Work collaboratively with colleagues • Teaching, training, supporting and assessing **Domain 4: Maintaining Trust** • Show respect for patients • Act with honesty and integrity	**Domain 1: Knowledge, Skills & performance** • Develop and maintain your professional performance • Apply knowledge and experience to practice **Domain 2: Safety & Quality** • Contribute to and comply with systems to protect patients • Respond to risks to safety **Domain 3: Communication, Partnership & Teamwork** • Communicate effectively • Work collaboratively with colleagues • Teaching, training, supporting and assessing • Continuity and coordination of care • Establish and maintain partnerships with patients **Domain 4: Maintaining Trust** • Show respect for patients • Treat patients and colleagues fairly and without discrimination. • Act with honesty and integrity

Domain	General Anaesthesia	Regional Anaesthesia
High-level Learning Outcome	Provides safe and effective general anaesthesia.	Provides safe and effective regional anaesthesia.
Domain Learning Outcome(s)	Provides safe and effective general anaesthesia with appropriate supervision for patients undergoing non-complex elective and emergency surgery within a general hospital setting.	Performs simple peripheral nerve blocks and spinal anaesthesia, and understands the principles of all forms of neuraxial anaesthesia
PA & AA Generic and Shared Learning Outcomes	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Being honest and trustworthy • Personal responsibilities and wellbeing **Theme 2 – Professional capabilities** • Holistic and integrated care • Communication • Working in multi-professional teams • Respect for colleagues • Manage time and workload **Theme 3 – Clinical care** • Diagnosis and effective consultations • Medical management • Emergency and acute care • Complex care and uncertainty • Managing prescribed medicines safely • Using information effectively and safely **Theme 4 – Safety and quality** • Patient safety and quality improvement • Healthcare resource management	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Being honest and trustworthy • Personal responsibilities and wellbeing **Theme 2 – Professional capabilities** • Holistic and integrated care • Communication • Working in multi-professional teams • Respect for colleagues • Manage time and workload **Theme 3 – Clinical care** • Diagnosis and effective consultations • Medical management • Emergency and acute care • Complex care and uncertainty • Managing prescribed medicines safely • Using information effectively and safely **Theme 4 – Safety and quality** • Patient safety and quality improvement • Healthcare resource management
Good Medical Practice: interim standards for PAs & AAs	**Domain 1: Knowledge, Skills & performance** • Develop and maintain your professional performance • Apply knowledge and experience to practice • Record work clearly, accurately & legibly **Domain 2: Safety & Quality** • Contribute to and comply with systems to protect patients • Respond to risks to safety • Protect patients and colleagues from any risk posed by your health **Domain 3: Communication, Partnership & Teamwork** • Communicate effectively • Work collaboratively with colleagues • Teaching, training, supporting and assessing • Continuity and coordination of care • Establish and maintain partnerships with patients **Domain 4: Maintaining Trust** • Show respect for patients • Treat patients and colleagues fairly and without discrimination • Act with honesty and integrity	**Domain 1: Knowledge, Skills & performance** • Develop and maintain your professional performance • Apply knowledge and experience to practice • Record work clearly, accurately & legibly **Domain 2: Safety & Quality** • Contribute to and comply with systems to protect patients • Respond to risks to safety • Protect patients and colleagues from any risk posed by your health **Domain 3: Communication, Partnership & Teamwork** • Communicate effectively • Work collaboratively with colleagues • Teaching, training, supporting and assessing • Continuity and coordination of care • Establish and maintain partnerships with patients **Domain 4: Maintaining Trust** • Show respect for patients • Treat patients and colleagues fairly and without discrimination • Act with honesty and integrity

Domain	Resuscitation & Transfer	Procedural Sedation
High-level Learning Outcome	Resuscitates, stabilises and safely transfers critically ill patients.	Provides safe and effective sedation.
Domain Learning Outcome(s)	Able to recognise and initiates resuscitation of the deteriorating patient. Works as an effective member of the cardiac arrest team.	Provides safe procedural sedation to ASA 1 to 3 adult patients within the theatre complex.
PA & AA Generic and Shared Learning Outcomes	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Consent and mental capacity • Legal responsibilities **Theme 2 – Professional capabilities** • Holistic and integrated care • Communication • Working in multi-professional teams **Theme 3 – Clinical care** • Diagnosis and effective consultations • Medical management • Emergency and acute care • Complex care and uncertainty • Managing prescribed medicines safely • Using information effectively and safely **Theme 4 – Safety and quality** • Patient safety and quality improvement	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Consent and mental capacity **Theme 2 – Professional capabilities** • Communication • Working in multi-professional teams **Theme 3 – Clinical care** • Diagnosis and effective consultations • Medical management • Emergency and acute care • Complex care and uncertainty • Managing prescribed medicines safely • Using information effectively and safely **Theme 4 – Safety and quality** • Patient safety and quality improvement
Good Medical Practice: interim standards for PAs & AAs	**Domain 1: Knowledge, Skills & performance** • Develop and maintain your professional performance • Apply knowledge and experience to practice • Record work clearly, accurately & legibly **Domain 2: Safety & Quality** • Contribute to and comply with systems to protect patients • Respond to risks to safety • Protect patients and colleagues from any risk posed by your health **Domain 3: Communication, Partnership & Teamwork** • Communicate effectively • Work collaboratively with colleagues • Teaching, training, supporting and assessing • Continuity and coordination of care • Establish and maintain partnerships with patients **Domain 4: Maintaining Trust** • Show respect for patients • Treat patients and colleagues fairly and without discrimination • Act with honesty and integrity	**Domain 1: Knowledge, Skills & performance** • Develop and maintain your professional performance • Apply knowledge and experience to practice • Record work clearly, accurately & legibly **Domain 2: Safety & Quality** • Contribute to and comply with systems to protect patients • Respond to risks to safety • Protect patients and colleagues from any risk posed by your health **Domain 3: Communication, Partnership & Teamwork** • Communicate effectively • Work collaboratively with colleagues • Teaching, training, supporting and assessing • Continuity and coordination of care • Establish and maintain partnerships with patients **Domain 4: Maintaining Trust** • Show respect for patients • Treat patients and colleagues fairly and without discrimination • Act with honesty and integrity

Domain	Pain Medicine	Healthcare promotion
High-level Learning Outcome	Manages pain.	Promotes principles of public health interventions and practices efficient use of healthcare resources.
Domain Learning Outcome(s)	Recognises, assesses and treats acute pain. Differentiates between acute and chronic pain.	Explains the principles of health promotion and illness prevention. Appreciates the principles of sustainability in clinical practice.
PA & AA Generic and Shared Learning Outcomes	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Being honest and trustworthy • Consent and mental capacity **Theme 2 – Professional capabilities** • Holistic and integrated care • Communication • Working in multi-professional teams **Theme 3 – Clinical care** • Diagnosis and effective consultations • Medical management • Complex care and uncertainty • Managing prescribed medicines safely **Theme 4 – Safety and quality** • Patient safety and quality improvement	**Theme 1 – Professional behaviour and trust** • Professional duties and responsibilities • Consent and mental capacity **Theme 2 – Professional capabilities** • Holistic and integrated care • Health promotion and illness prevention • Communication **Theme 3 – Clinical care** • Diagnosis and effective consultations **Theme 4 – Safety and quality** • Patient safety and quality improvement • Healthcare resource management
Good Medical Practice: interim standards for PAs & AAs	**Domain 1: Knowledge, Skills & performance** • Develop and maintain your professional performance • Apply knowledge and experience to practice • Record work clearly, accurately & legibly **Domain 2: Safety & Quality** • Contribute to and comply with systems to protect patients • Respond to risks to safety • Protect patients and colleagues from any risk posed by your health **Domain 3: Communication, Partnership & Teamwork** • Communicate effectively • Work collaboratively with colleagues • Teaching, training, supporting and assessing • Continuity and coordination of care • Establish and maintain partnerships with patients **Domain 4: Maintaining Trust** • Show respect for patients • Treat patients and colleagues fairly and without discrimination • Act with honesty and integrity	**Domain 1: Knowledge, Skills & performance** • Apply knowledge and experience to practice • Record work clearly, accurately & legibly **Domain 2: Safety & Quality** • Contribute to and comply with systems to protect patients • Respond to risks to safety • Protect patients and colleagues from any risk posed by your health **Domain 3: Communication, Partnership & Teamwork** • Communicate effectively • Work collaboratively with colleagues • Teaching, training, supporting and assessing • Continuity and coordination of care • Establish and maintain partnerships with patients **Domain 4: Maintaining Trust** • Show respect for patients • Treat patients and colleagues fairly and without discrimination • Act with honesty and integrity

Annex B - Domains of Learning

1. Professional behaviours and communication

Demonstrates the professional values and behaviours expected by patients and members of the multi-disciplinary team			
Generic and Shared Learning Outcome themes	1,2,3	Good Medical Practice: Interim Standards domains	1,2,3,4

Domain learning outcome
Demonstrates the professional values and behaviours required of a medical associate professional

Key Capabilities	
A	Demonstrates the personal and professional values and behaviours set out in *Good Medical Practice - interim standards for Physician Associates and Anaesthesia Associates*
B	Communicates effectively with patients (taking into account any disability, cultural or language matters), their relatives and members of the multidisciplinary team with whom they work including being open and honest when things go wrong
C	Practices effective interpersonal skills, emphasising empathy, compassion, courtesy and respect while working in partnership with patients
D	Appreciates how their own behaviour affects patients and members of the multidisciplinary team and acts accordingly
E	Reflects on their own clinical practice in order to achieve insight and gain meaningful learning from experiences
F	Understands the principles of obtaining valid consent following the associated legal and professional principles in all areas of relevant practice
G	Understands the need to participate in national quality control, management and assurance processes
H	Produces accurate, legible, contemporaneous notes relating to all clinical practice
I	Appreciates the importance of physical and mental health in self and others

Examples of Evidence *(see section 3.2)*

Experience & logbook
- range of surgical specialties and patient groups in theatre setting, obstetrics, pre-operative assessment clinics and Intensive Care Unit.

Supervised Learning Events (SLEs) can be used to demonstrate:
- effective communication skills with patients during pre-operative assessment
- accurate recording of details of pre-operative assessment on anaesthetic chart
- discussion of event where demonstration of duty of candour is appropriate
- safe and effective handover to another member of the health care team
- high standards how medication prescribed
- active involvement with safety checks in theatre e.g. WHO checklist.

Personal Activities and Personal Reflections may include:
- maintenance of professional portfolio including evidence of regular meetings with educational supervisor
- reflection on examples of good and poor behaviour by members of the multidisciplinary team
- demonstration of confidentiality within all means of communication including social media
- simulation training: critical incidents, transfers
- attendance at quality improvement/clinical governance meetings.

Other evidence
- multi-source feedback
- thank-you cards/letters/emails from patients or colleagues.

Cross links with other domains and capabilities
- Education and Training
- Safety and Quality Improvement
- all specialty-specific domains

2. Management and professional and regulatory requirements

Understands managerial, administrative and organisational roles			
Generic and Shared Learning Outcome themes	1,2,4	Good Medical Practice: Interim Standards domains	2,3,4

Domain Learning Outcome
Understands managerial, administrative and organisational roles expected of Anaesthesia Associates

Key Capabilities	
A	Describes the management structure and processes of the anaesthetic department within the wider hospital environment
B	Works within local and national systems for clinical governance and data protection
C	Stays up to date, and complies, with relevant guidance from the GMC and other professional bodies
D	Commits to the objectives of the hospital as an organisation
E	Understands equality and diversity legislation, and applies this in their professional practice
F	Complies with health and safety legislation in the context of patient care

Examples of Evidence *(see section 3.2)*

Experience & Logbook:
- engagement with Anaesthetic Departmental activities.

Supervised Learning Events (SLEs) can be used to demonstrate:
- application of principles of information governance
- knowledge of guidance from GMC and other professional bodies.

Personal Activities and Personal Reflections may include:
- equality and diversity training
- attendance at hospital induction and completion of mandatory training requirements
- attendance at departmental clinical governance meetings
- e-learning or reading literature on employment law
- presentation at clinical governance meeting
- attendance with reflection at anaesthetic department governance meetings.

Cross links with other domains and capabilities
- Safety and Quality Improvement
- Education and Training.

3. Team Working

Contributes to teams to enhance patient care			
Generic and Shared Learning Outcome themes	1,2,3	Good Medical Practice: Interim Standards domains	3,4

Domain Learning Outcome
Works effectively as a member of a clinical team

	Key Capabilities
A	Actively participates and contributes to the work and success of a team
B	Demonstrates appropriate clinical leadership behaviour in the workplace
C	Demonstrates the importance of non-technical skills in the functioning of a successful team
D	Describes leadership responsibilities
E	Explains why effective leadership is central to safe and effective care
F	Provides, accepts and acts on constructive and appropriately framed feedback

Examples of Evidence *(see section 3.2)*

Experience & Logbook
- range of surgical specialties and patient groups in pre-operative assessment clinics, ward work and theatre setting

Supervised Learning Events (SLEs) can be used to demonstrate:
- evidence of good team working through reflection
- participation with teams in theatre (e.g. ALMAT)
- acting as a member of Medical Emergency Team

Personal Activities and Personal Reflections may include:
- completion of resuscitation courses
- simulation training
- multi-source feedback.

Cross links with other domains and capabilities
- Professional behaviours and communication
- Safety and Quality Improvement
- all specialty-specific domains

4. Safety & Quality Improvement

Improves the quality and safety of patient care			
Generic and Shared Learning Outcome themes	1,2,3,4	Good Medical Practice: Interim Standards domains	1,2,3

Domain Learning Outcomes
Understands and applies quality improvement methodology   **Applies the principles of patient safety to their own clinical practice.**

Key Capabilities	
A	Describes basic quality improvement theories and methodologies
B	Contrasts quantitative and qualitative analysis and the diagnostic tools used to understand the system
C	Compares audit, research and quality improvement
D	Commits to the principles of continuous quality improvement
E	Describes the common threats to patient safety in theatre and the perioperative period, and describes how these are minimised by day-to-day work routines
F	Describes the benefits of learning by sharing patient safety problems and solutions by means of critical incident reporting and improving care through morbidity or mortality reviews
G	Understands the importance of recognising and rewarding excellence in quality and safety, not simply mistakes and errors
H	Demonstrates the importance of the non-technical aspects of care such as situation awareness, task management, making and team working in anaesthetic practice.
I	Understands the importance of interpersonal skills, structured communication and the use of cognitive aids in managing critical emergencies, and recognises the role of simulation in rehearsal
J	Describes the benefits and limitations of technology and equipment in maintaining patient safety
K	Describes the requirements and processes for raising concerns

L	Explains and demonstrates duty of candour
M	Describes the principles of safe, appropriate, effective and economical drug prescribing
N	Can safely administer drugs to patients via the oral, inhaled, intravenous, oral, sub-cutaneous and intramuscular routes
O	Works collaboratively with their named supervising anaesthetist, including informing them about any concerns, issues or questions raised as part of managing their patient's care

Examples of Evidence *(see section 3.2)*

Experience & Logbook
- involvement in QI activities within Anaesthetic department

Supervised Learning Events (SLEs) can be used to demonstrate:
- understanding of quality improvement methodology (A-QIPAT for relevant projects)
- engagement with surgical safety initiatives and departmental guidelines relating to patient safety
- learning from critical incidents
- learning from pre-briefs and de-briefs on own and team's performance
- evidence of applying good non-technical skills and effective multi-disciplinary team working (e.g. ALMAT)
- safe administration of drugs.

Personal Activities and Personal Reflections may include
- attendance at quality improvement training
- involvement with local, regional or national quality improvement projects
- submission of excellence and incident reports
- simulation training e.g. crisis resource management, critical incident, resuscitation
- attendance at local clinical governance/quality improvement meetings
- self-directed learning regarding duty of candour
- multi-source feedback.

Cross links with other domains and capabilities
- Professional Behaviours and Communication
- Team working
- all specialty specific domains.

5. Safeguarding

Identifies vulnerable people and takes appropriate action			
Generic and Shared Learning Outcome themes	1,2,3,4	Good Medical Practice: Interim Standards domains	2,3,4

Domain Learning Outcome
Describes the importance of safeguarding vulnerable people

Key Capabilities:	
A	Explains local procedures for safeguarding vulnerable adults
B	Discusses the principles of adult safeguarding; empowerment, prevention, proportionality, protection, partnership, accountability
C	Communicates effectively with vulnerable patients
D	Recognises potential forms of abuse of vulnerable adult and the various contexts in which they may occur
E	Classifies the different forms of maltreatment that can occur
F	Complies with professional requirements and legal processes when obtaining consent from vulnerable patients
G	Describes escalation triggers and processes

Examples of Evidence *(see section 3.2)*

Supervised Learning Events (SLEs) can be used to demonstrate:
- management of consent in an adult who does not have capacity
- knowledge of the local procedure for referral of an adult for safeguarding concerns
- involvement with cases where there are safeguarding issues with adults.

Personal Activities and Personal Reflections may include:

- attendance at local mandatory training including safeguarding
- eLearning: child and adult safeguarding
- eLearning: mental capacity act.

Cross links with other domains and capabilities
- Professional Behaviours and Communication
- *Education and Training*

6. Education and Training

Helps others to develop their professional practice			
Generic and Shared Learning Outcome themes	1,2,4	Good Medical Practice: Interim Standards domains	1,3,4

Domain Learning Outcome
Takes responsibility for their own education and training needs and contributes to departmental education

Key Capabilities	
A	Demonstrates that providing high quality patient care is always the priority in the context of education
B	Manages their own programme of learning
C	Describes the importance of and participates in induction and orientation of new staff
D	Explains the need for, reflects and acts on feedback on their education and training, including at local, regional and national level
E	Describes the importance of patient education
F	Records educational activities appropriately, including reflection on learning
G	Contributes to departmental educational programmes

Examples of Evidence *(see section 3.2)*

Experience & Logbook
- use of SLEs throughout stage of training to facilitate learning and guide progress.
- Supervised Learning Events (SLEs) can be used to demonstrate:
- reflection on learning in the workplace and response to feedback

Personal Activities and Personal Reflections may include:
- maintenance of professional portfolio
- setting out and review of personal development plans
- record of attendance at local and HEI teaching sessions
- completion of any relevant professional body training survey
- teaching session delivered (presentation slides)
- attendance at pre-assessment (POA) or perioperative medicine (POM) clinic and reflection on learning
- production of patient educational materials

- attendance at hospital induction session(s)
- mandatory training
- simulation training
- use of eLearning Anaesthesia
- engagement with feedback on education and training
- personal learning activities such as journal articles read and reflections on them

Cross links with other domains and capabilities

- all specialty-specific and generic professional domains

7. Research and managing data

Expands the understanding of anaesthetic practice			
Generic and Shared Learning Outcome themes	1,2,4	Good Medical Practice: Interim Standards domains	1,2,3,4

Domain Learning Outcome
Is research aware: demonstrates an understanding of the evidence-based approach to anaesthetic and perioperative care

Key Capabilities	
A	Develops the skills required to be current with national guidelines, best practice and relevant publications, appreciating the principles of an unbiased literature search
B	Explains the principles of Good Clinical Practice (GCP)
C	Understands the role of research evidence in clinical practice
D	Describes essential statistical techniques used in research

Examples of Evidence *(see section 3.2)*

Supervised Learning Events (SLEs) can be used to demonstrate:
- use of evidence-based national or local guidelines
- accessing and interpreting evidence from the literature to aid shared decision making.

Personal Activities and Personal Reflections may include:
- presentation at journal club: academic paper, review article, national reports or guidelines such as NCEPOD, NICE
- undertaking or completed GCP certificate
- assisting with data collection for research project
- involvement in review article / literature review

Cross links with other domains and capabilities
- Safety and Quality Improvement

8. Perioperative Medicine

Facilitates safe multi-disciplinary perioperative care			
Generic and Shared Learning Outcome themes	1,2,3,4	Good Medical Practice: Interim Standards domains	1,2,3,4

Domain Learning Outcomes
Identifies clinical and social challenges that increase risk for patients undergoing surgery.

	Key Capabilities
A	Explains the patient, anaesthetic and surgical factors influencing patient outcomes
B	Applies a structured approach to preoperative anaesthetic assessment of ASA 1-3 patients prior to surgery and recognises when further assessment and optimisation is required
C	Explains the effect that co-existing disease, subsequent treatment and surgical procedure may have on the conduct of anaesthesia and plans perioperative management accordingly and works in partnership with patients to meet individual needs
D	Prioritises patient informed preference when obtaining consent for anaesthetic procedures
E	Describes and utilises appropriate antibiotic prophylaxis and prevention and treatment of infections
F	Recognises the patient with sepsis and employs local infection control policies
G	Explains individualised options and risks of anaesthesia and pain management to patients
H	Describes the importance of perioperative nutrition and fasting
I	Describes local policies to prevent venous thromboembolism and understands the implications for anaesthetic practice on an individualised basis
J	Recognises and acts on the specific perioperative care requirements in frail and elderly patients and those with cognitive impairment
K	Describes the perioperative requirements for day case surgery
L	Describes the principles of safe administration of blood products and understands blood conservation therapies e.g. cell salvage
M	Describes the principles of end of life care

Examples of Evidence *(see section 3.2)*

- SLEs throughout training across range of surgical specialties
- SLE and experience in pre-operative assessment clinics.
- Demonstration of learning through reflection of hospital guidelines, journal articles, texts, eLearning, webinars, courses etc.
- Blood transfusion training

Cross links with other domains and capabilities

- General Anaesthesia
- Regional Anaesthesia
- Professional Behaviours and Communication

Examples of Evidence *(see section 3.2)*

9. General Anaesthesia

Provides safe and effective general anaesthesia			
Generic and Shared Learning Outcome themes	1,2,3,4	Good Medical Practice: Interim Standards domains	1,2,3,4

Learning Outcome
Provides safe and effective general anaesthesia with appropriate supervision for patients undergoing non-complex elective and emergency surgery within a general hospital setting

Key Capabilities	
A	Conducts comprehensive pre-anaesthetic and pre-operative checks
B	Safely performs induction of anaesthesia by inhalational and intravenous techniques, under direct supervision level 1b
C	Provides safe maintenance of general anaesthesia with level 2a supervision for ASA 1- 3 adults undergoing non-complex elective and emergency surgery within the general theatre setting.
D	Maintains anaesthesia and manages extubation and emergence from anaesthesia under level 1b supervision
E	Plans recovery care, and manages recovery from anaesthesia utilising safe discharge criteria
F	Diagnoses and manages common peri-operative complications
G	Recognises anaesthetic critical incidents and explains their causes and management
H	Demonstrates knowledge of standard equipment used in anaesthetic practice with an understanding of relevant underpinning physics and clinical measurement involved.
I	Demonstrates knowledge of anatomy, physiology, biochemistry, pathology and pharmacology relevant to anaesthetic practice
J	Can identify patients with difficult airways, demonstrates management of the 'cannot intubate cannot oxygenate' scenario in simulation, and describes difficult airway guidelines
K	Recognises the challenges associated with shared airway surgery
L	Manages intra-operative fluid balance appropriately

M	Describes the specific needs of the obese, frail and elderly patient undergoing general anaesthesia
N	Describes the principles of total intravenous anaesthesia and uses it safely in clinical practice for non-complex cases

Examples of Evidence *(see section 3.2)*

- SLEs throughout stage of training across range of surgical specialties
- simulation training: critical incidents.
- simulation training : airway management

Cross links with other domains and capabilities

- Team Working
- Safety and Quality Improvement
- Education and Training
- Perioperative Medicine
- Resuscitation and Transfer
- Procedural sedation
- Health Promotion

10. Regional anaesthesia

High-level Learning Outcome			
Provides safe and effective regional anaesthesia			
Generic and Shared Learning Outcome themes	1,2,3,4	Good Medical Practice: Interim Standards domains	1,2,3,4

Domain learning outcome
Performs simple peripheral nerve blocks and spinal anaesthesia, and understands the principles of all forms of neuraxial anaesthesia

Key Capabilities:	
A	Explains clearly to patients the risks and benefits of regional anaesthesia
B	Describes the indications and contraindications to regional anaesthetic techniques
C	Practices measures to avoid wrong-site blocks
D	Explains the principles of spinal anaesthesia for ASA 1-3 surgical patients and can perform spinal anaesthesia under level 1b supervision
E	Performs simple peripheral nerves blocks with and without ultrasound under level 1b supervision
F	Identifies and describes the initial management of complications of regional anaesthesia including systemic local anaesthetic toxicity
G	Understands the principles of neuraxial anaesthesia and can describe the management of immediate complications
H	Discusses the scientific basis of ultrasound and the generation of ultrasound images of vessels and nerves
I	Discusses drugs and equipment used in regional anaesthesia

Examples of Evidence *(see section 3.2)*
- SLEs throughout stage of training across range of surgical specialties to include spinal anaesthesia and simple peripheral nerve blocks e.g. fascia iliacus, ankle (non-exhaustive list)   - these should include demonstration of Stop Before You Block measures.

Cross links with other domains and capabilities

- Safety and Quality Improvement
- Perioperative Medicine
- Health Promotion

11. Resuscitation and Transfer

Resuscitates, stabilises and safely transfers critically ill patients			
Generic and Shared Learning Outcome themes	1,2,3,4	Good Medical Practice: Interim Standards domains	1,2,3,4

Domain Learning Outcomes
Able to recognise and initiates resuscitation of the deteriorating patient   **Works as an effective member of the cardiac arrest team**

Key Capabilities	
A	Explains of the pathophysiology of respiratory and cardiac arrest
B	Initiates resuscitation appropriately in all patient groups in accordance with the latest guidance
C	Describes ethical and legal issues associated with resuscitation including advance directives
D	Explains scoring systems in the management of deteriorating patients, and responds appropriately

Examples of Evidence *(see section 3.2)*

- SLEs throughout stage of training across relevant cases including cases managed as part of the medical emergency team.
- successful completion of adult life support courses
- simulation training
- personal activity or reflection on attendance at debrief session.
- transfer training course

Cross links with other domains and capabilities

- Professional Behaviours and Communication
- Team Working

12. Procedural Sedation

Provides safe and effective sedation			
Generic and Shared Learning Outcome themes	1,2,3,4	Good Medical Practice: Interim Standards domains	1,2,3,4

Domain Learning Outcome
Provides safe procedural sedation to ASA 1 to 3 adult patients within the theatre complex.

Key Capabilities	
A	Conducts appropriate pre-assessment of adult patients with respect to sedation, understands patient related risk factors, and plans accordingly.
B	Chooses safe, appropriate sedative drugs to deliver conscious sedation.
C	Describes the particular dangers associated with the use of single or combinations of sedative drugs, particularly in the frail, elderly or critically ill patient and those requiring transfer
D	Monitors a sedated patient's physiology appropriately
E	Explains the different levels of sedation and appreciates the risks associated with these.
F	Ensures the provision of safe post-procedural care.
G	Recognises and manages the complications of sedation.

Examples of Evidence *(see section 3.2)*

- SLEs throughout stage of training across range of surgical specialties

Cross links with other domains and capabilities
- Regional Anaesthesia
- Resuscitation and Transfer

13.   Pain

Manages pain			
Generic and Shared Learning Outcome themes	1,2,3,4	Good Medical Practice: Interim Standards domains	1,2,3,4

Domain Learning Outcome
Recognises, assesses and treats acute pain.   **Differentiates between acute and chronic pain**

Key Capabilities	
A	Can recognise, examine, assess and manage acute pain in the surgical patient including those with chronic pain conditions
B	Explains the principles of safe analgesic prescribing for acute pain management
C	Demonstrates effective communication skills regarding pain management with patients, relatives and carers, and the pain team
D	Demonstrates the safe use of equipment used in pain management

Examples of Evidence *(see section 3.2)*
- SLEs throughout stage of training across range of surgical specialties including acute pain round and setting up PCA pump
- recognition of safe and appropriate prescribing of medication for pain management in the perioperative period.
- personal activities such as teaching sessions, e-learning, attending pain clinic.

Cross links with other domains and capabilities
- Professional Behaviours and Communication
- General anaesthesia

14. Healthcare promotion

Promotes principles of public health interventions and practices efficient use of healthcare resources.			
Generic and Shared Learning Outcome themes	1,2,3,4	Good Medical Practice: Interim Standards domains	1,2,3,4

Domain Learning Outcome
Explains the principles of health promotion and illness prevention   **Appreciates the principles of sustainability in clinical practice**

Key Capabilities	
A	Describes and recognises the role of socio-economic, environmental and lifestyle factors in health and illness
B	Identifies appropriate opportunities to educate patients (and their carer if appropriate) in health matters
C	Explains the environmental impact of healthcare and the principles of sustainable clinical practice

Examples of Evidence *(see section 3.2)*
- SLEs throughout training across range of surgical specialties   - SLE and experience in pre-operative assessment clinics.   - Demonstration of learning through reflection of journal articles, texts, eLearning, webinars, courses etc.   - Blood transfusion training   **Cross links with other domains and capabilities**   - Professional Behaviours and Communication   - Perioperative medicine   *General Anaesthesia*   - Regional Anaesthesia

Annex C - Practical Procedures grid

Capable of performing:
Insertion of supraglottic airway
Intubation using standard laryngoscope
Intubation using video laryngoscope
Spinal anaesthesia
Simple peripheral nerve block
Peripheral venous cannulation
Urinary catheterisation
Ultrasound guided peripheral venous cannulation
Trained in simulated environment:
Emergency front of neck airway access
Needle thoracocentesis
Nasogastic tube insertion
Understands how to perform procedure and can assist senior anaesthetist:
Arterial line
Chest drain insertion

The Anaesthesia Associate student's clinical theatre placements will, by definition, all be at level 1 supervision (i.e. direct supervision) on the supervision/entrustment scale, since they are pre-registration students. The Anaesthesia Associate curriculum will take Anaesthesia Associate students to level 1b or 2a, and where this is appropriate in the clinical domains and the key capability statements, the level is clearly stated.