

Training Programme

Does the anaesthesia curriculum reflect reality in dealing with the older patient?

Chris Carey

Affiliations

- Neuroanaesthetist BSUH
- Associate PG Dean HEE KSS
- Senior Lecturer BSMS
- RCoA council member
- Chair of training committee
- Deputy chair of curriculum review group
- Previous College Tutor & Head of School
- ALS instructor (expired)

The evolution of PGME



- 'New Deal' (1991)
- Calman (1995)
- Schools (1995-8)
- EWTR (2004-9)
- MMC (2007)
- Curriculum (2010)
- Contract (2016)

What is the purpose of training?

Curriculum for a **CCT in Anaesthetics**

This programme leads to the award of a CCT in anaesthetics that entitles admission to the Specialist Register. Its aim is to produce well-trained, high quality clinicians, with the broad range of clinical leadership and management skills and professional attitudes necessary to meet the diverse needs of the modern National Health Service [NHS] and who can embark upon safe, independent practice as consultant anaesthetists in the United Kingdom [UK].

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The Royal College of Anaesthetists





Essential Units	7
Anaesthesia for neurosurgery, neuroradiology and neuro critical care	8
Cardiothoracic anaesthesia and cardiothoracic critical care	12
General duties	16
<u>Airway management</u>	16
<u>Critical incidents</u>	19
Day surgery	20
General, urological and gynaecological surgery (incorporating peri-operative care of the elderly)	22
Head, neck, maxillo-facial and dental surgery	25
Management of respiratory and cardiac arrest	28
<u>Non-theatre</u>	31
Orthopaedic surgery (incorporating peri-operative care of the elderly)	33
Perioperative medicine	35
<u>Regional</u>	39
<u>Sedation</u>	42
Transfer medicine	44
Trauma and stabilisation	47
Intensive care medicine (see Annex F)	
<u>Obstetrics</u>	50
Paediatrics	52
Pain medicine	55
Optional Units	57
<u>Ophthalmic</u>	53
Plastics/Burns	60
Vascular surgery	62

Specifics

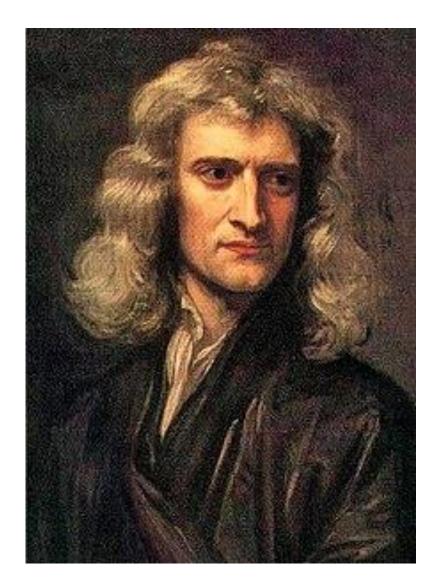
- Core & Intermediate*
 - Learning outcomes: GGU, Ortho
 - Competencies in PoM, sedation, day surgery, ophthalmic, basic sciences
- Higher & Advanced
 - Elderly patients form an increasing part of anaesthetic caseload across all specialist areas, and emphasis on their care and attendant problems should feature in many subunits of general duties
 - General duties, pain, day surgery

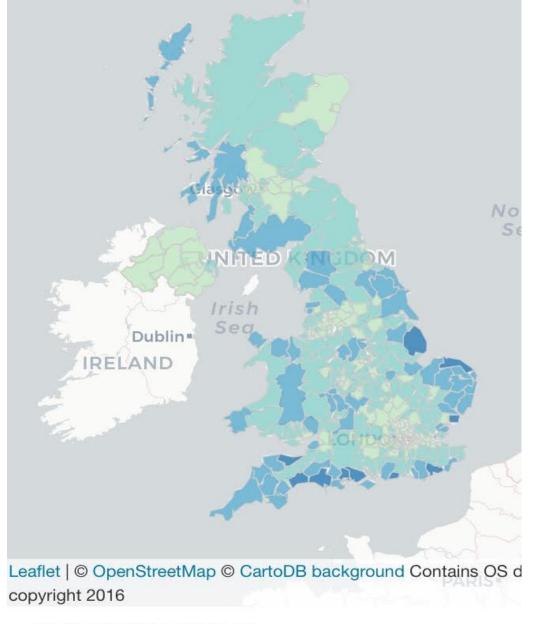
What does training really look like?

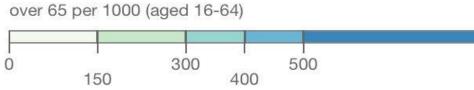


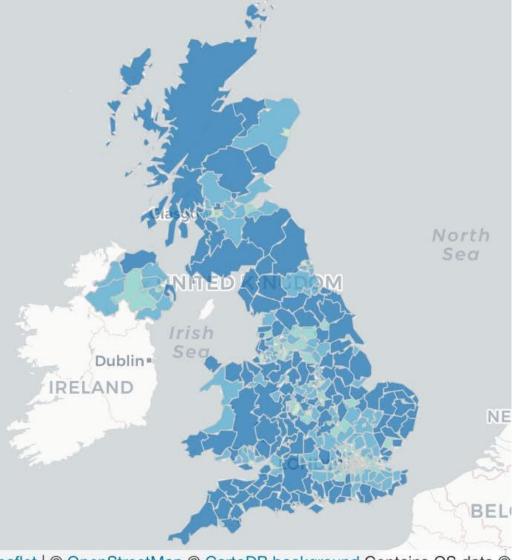
A career in anaesthesia

CT1 2019 ↓ ST3 2021 ↓ CCT 2026 ↓ Pension 2060

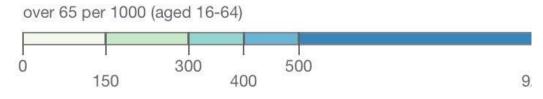












Patient Demographics

The UK's youngest cities

- Slough 33.9
- Oxford 34.4
- Luton 35.1
- Cambridge 35.4
- Coventry 36.2
- London 36.5
- Bradford 36.7
- Cardiff 36.7

The UK's oldest cities

- Blackpool 43.2
- Worthing 43
- Bournemouth 42.8
- Southend 42.2
- Birkenhead 42.1
- Swansea 41
- Sunderland 41
- Barnsley 40.9

A New Anaesthetic Curriculum



Generic professional capabilities framework

Working with doctors Working for patients





Securing the future of excellent patient care

Final report of the independent review Led by Professor David Greenaway



Changes to the training programme

- Stage 1:
 - 3 years
 - IAC, IAOC, Primary FRCA
 - 6/12 ICM
 - Core plus 'general' intermediate outcomes (including some paeds)
- Stage 2 (uncoupled):
 - 2 years
 - Final FRCA
 - Single block of Neuro & Cardiac, 3/12 ICM
 - Intermediate / Higher level outcomes
- Stage 3
 - 2 years
 - 1 year to support generalist consultant on call skills
 - 1 year in specific special interest areas (2 categories)

Summary

- There are a number of specific references to the elderly within the curriculum
- Most training (& of course service) is organised by surgical specialty & centralised in metropolitan areas
- It is important to ensure that trainees gain experience in the environments that allow them to gain the relevant expertise
- The new curriculum will aim to reflect current & future patient demographic trends