HKCA New Curriculum

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What's the need

- Existing curriculum >20 years
  - New developments in anaesthesia practice
    - New drugs / techniques / equipment / safety and quality requirements
  - Change in practice
    - Anaesthesia-related
    - Skills and technology-related e.g. USG / Echo
    - Surgery –related

- Competencies not specifically defined
- Stages of training and progression
- Volume of Practice requirements will need to be reviewed
- Assessment strategies limited to summative assessment using examinations and “In-training Assessments”

What's the difference

- **Competency-based**
  - Learning outcomes (Knowledge and Skills) clearly defined
  - Linked to possible assessment methods

Learning outcomes	Assessment
General knowledge	
Basic sciences	
Describe the anatomy of the airway, including innervation and endoscopic anatomy.	FEx
Discuss the respiratory physiology related to airway management, including changes with pregnancy, at extremes of age, and in pathological conditions.	CEX/CBD, IEx, FEx
Discuss the pathophysiology of pulmonary aspiration, methods of minimizing aspiration, and the role and timing of pre-operative fasting.	CEX/CBD, FEx
Outline the pharmacology of premedications used to. decrease gastric acidity	CEX/CBD, IEx
Airway assessment and plan	
Describe assessment of the airway during preop visit, including assessment of risk of aspiration, predictors of difficult intubation and mask ventilation, and formulation of an airway management plan.	CEX/CBD, FEx
Discuss the objectives and choice of methods for airway control, including manual manoevure, supraglottic devices, intubation and surgical airways.	CEX/CBD, FEx
Outline the options available for relieving airway obstruction in an unconscious patient.	CEX/CBD, FEx
List the indications for endotracheal intubation.	CEX/CBD, FEx
Outline the rationale and physiology behind pre-oxygenation.	CEX/CBD, IEx, FEx

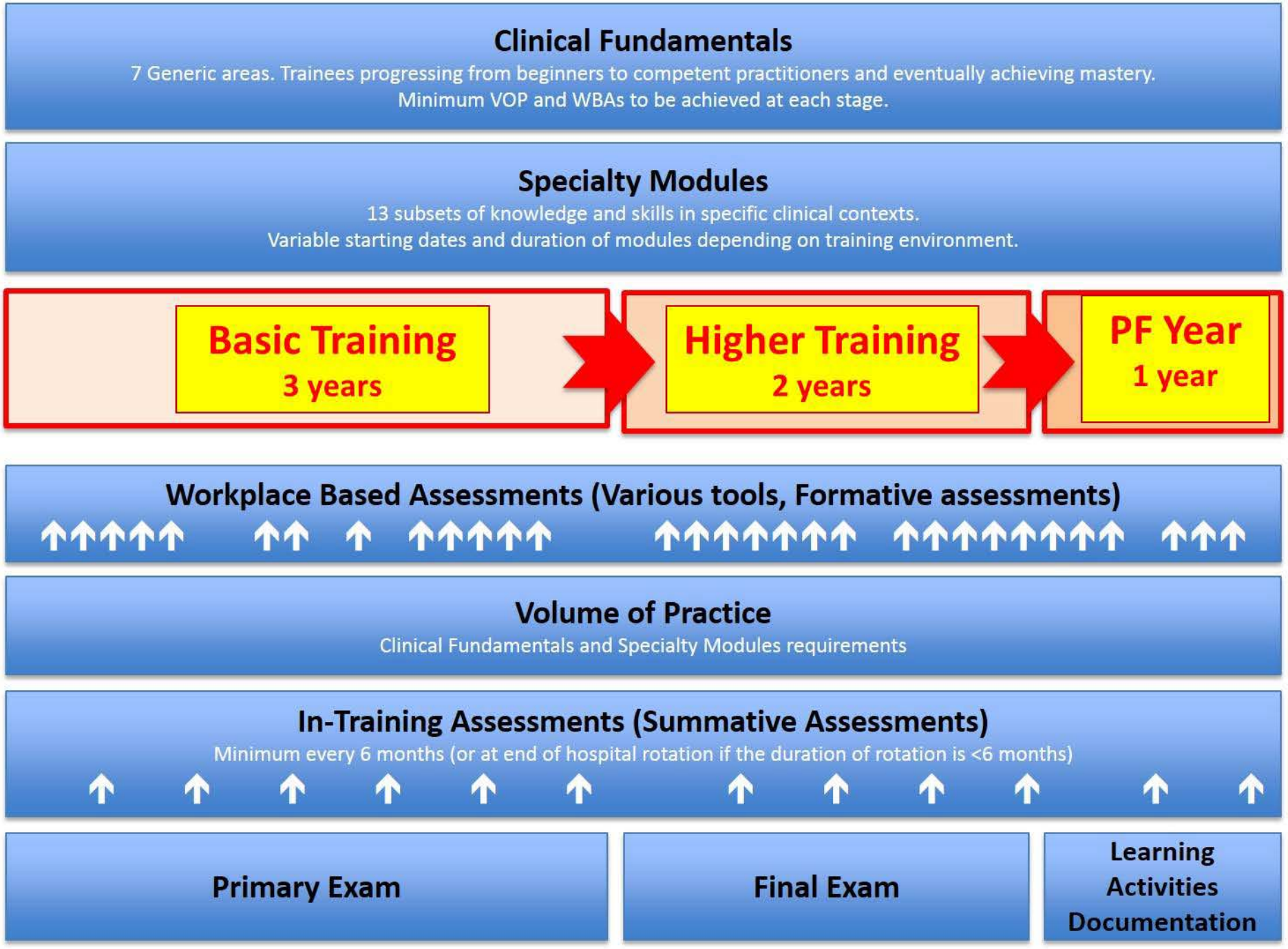
- **Stages of training clearly defined**
  - Basic -> Higher -> Provisional Fellowship
  - Milestones in relation to progression

- **Structure**
  - **No differentiation** of **core versus non-core** requirements
    - Previous non-core (1)
      - **Ophthalmic Anaesthesia -> Mandatory**
      - **Peripheral anaesthesia -> Mandatory**
      - **Chronic pain -> Mandatory** (more structured training required)
      - Day surgery – No specific requirements – Learning outcomes related to day surgery included in Perioperative medicine / General surgery modules

- **Structure**
  - **No differentiation** of **core versus non-core** requirements
    - Previous non-core (2)
      - **Cardiac anaesthesia -> Mandatory**
      - **Major Vascular -> Mandatory**
      - **Transplant** – no specific requirement. Learning outcomes of anaesthesia for **renal transplant / organ donation** is included under General surgery module
      - **Neonatal anaesthesia** -> no specific requirement. Related learning outcomes listed under Paediatric anaesthesia

- **Structure**
  - **No compulsory "non-anaesthesia" category** of training (while allowing non-anaesthesia experience to be claimed under "electives"
  - Inclusion of **Focused Transthoracic Echo**

- **Assessment**
  - Introduction of **Workplace Based Assessments**
    - Assessing not just the “knows”/”knows how”/”shows how” but also **the “does” level** of the Miller’s pyramid
    - **Formative assessment** (assessment for learning) + **FEEDBACK**
    - **Multiple WBAs** at **Multiple time points** by **Multiple assessors** -> formulate an overall picture of trainees progression


Clinical Fundamentals
7 Generic areas. Trainees progressing from beginners to competent practitioners and eventually achieving mastery.
Minimum VOP and WBAs to be achieved at each stage.
Specialty Modules
13 subsets of knowledge and skills in specific clinical contexts.
Variable starting dates and duration of modules depending on training environment.
Basic Training
3 years
Higher Training
2 years
PF Year
1 year
Workplace Based Assessments (Various tools, Formative assessments)
Volume of Practice
Clinical Fundamentals and Specialty Modules requirements
In-Training Assessments (Summative Assessments)
Minimum every 6 months (or at end of hospital rotation if the duration of rotation is <6 months)
Primary Exam
Final Exam
Learning Activities Documentation

Contents

- **Clinical Fundamentals**
  - Generic knowledge and skills that are required in all clinical settings
    - 2.1 General anaesthesia and sedation
    - 2.2 Regional anaesthesia
    - 2.3 Airway management
    - 2.4 Acute pain management
    - 2.5 Perioperative medicine
    - 2.6 Trauma, crisis management and resuscitation
    - 2.7 Safety and Quality in anaesthesia
  - Learning outcomes defined during Basic and Higher Training

- **Specialty Modules**
  - Special subset of knowledge and skills required in specific settings
    - 3.1 Anaesthesia for general surgery, urology, gynaecology and endoscopic procedures
    - 3.2 Anaesthesia for head and neck surgery and Otolarygngology procedures
    - 3.3 Anaesthesia for orthopaedic surgery
    - 3.4 Paediatric anaesthesia
    - 3.5 Obstetrics anaesthesia and analgesia
    - 3.6 Neuroanaesthesia
    - 3.7 Ophthalmic anaesthesia
    - 3.8 Anaesthesia outside operating theatre
    - 3.9 Anaesthesia for cardiac surgery and interventional cardiology
    - 3.10 Anaesthesia for thoracic surgery
    - 3.11 Anaesthesia for vascular surgery
    - 3.12 Pain medicine
    - 3.13 Intensive care medicine

- **Specialty Modules**
  - Variable **start time** and **duration**
    - To be discussed and planned by SOT and trainee taking into consideration local case loads and possible hospital rotation arrangements
  - **ICU** – minimum of 6 months
  - **Pain medicine module**
    - Block training is recommended – Continuity of care is important
    - **48 sessions** of dedicated pain-related activities to be completed **within maximum of 6 months**

Provisional Fellowship Year

- **Why?**
  - Some “graduates” from our training program seem not to be “ready” or “mature” enough to work independently as a specialist / AC
    - Some trainees took exam relatively late (6th yr or beyond) – remained closely supervised before they passed their exam
    - Not given “chances” to exercise judgment and make decisions
    - Seldom faced “challenging cases” by themselves
    - Lack of list management opportunities
    - Lack of / deficient in non-technical skills
    - Lack of management experience within department

- PFY = Bridging year, allow smooth transit from a trainee to a specialist
  - To further **consolidate and sharpen clinical skills, approach and judgment** in uncommon and/or difficult clinical contexts, in a self-reflective manner
  - To **explore and develop interests** in clinical subspecialties
  - To **extend and apply non-technical skills** in clinical practice, especially on leadership and communication
  - To **accumulate experience in non-clinical duties** that would normally be expected for a specialist working in an anaesthesia department

- **What to do?**
  - A **learning plan** to be developed by the trainee and submitted to College within 2 months of the start of PFY
  - >50% should be clinical time
  - Submission of **Reports of learning activities**
    - Clinical diary x1
    - Educational activity report x1
    - Management exposure report x1

Progression

- **From BT to HT**
  - PASSING Intermediate exam
  - Completing VOP and WBA requirements
  - No more than 1 fail in ITA throughout the training years (remedial actions to be determined by Board of Education)

- **From HT to PFY**
  - PASSING Final exam
  - Completing VOP and WBA requirements
  - No more than 1 fail in ITA throughout the training years (remedial actions to be determined by Board of Education)

- **Exit Assessment**
  - Completion of all VOP and WBA requirements
  - No more than 1 fail in ITA throughout the training years (remedial actions to be determined by Board of Education)
  - Completion of all mandatory courses (EASE/EMAC/ADAMA/EchoA)
  - Submission and approval of Reports of PFY
  - Submission and approval of Formal project

- VOP requirements

Microsoft Word Document

- WBA requirements

Microsoft Word Document

Implications

- **Passing Exams** = a MUST before progression from BT to HT and from HT to PFY
  - Trainees who change to anaesthesia after some experience in other specialties - may have less time to prepare and complete the Intermediate exam
  - Trainees need to pass Final exam in within the AT years to avoid delay in exit

- **Previous non-core exposure now becomes core** (** cardiac and pain)

- **The PFY** – how to achieve the goals
  - Training needs vs Department needs

- **WBA requirements**

- **Mandatory FTTE training**