

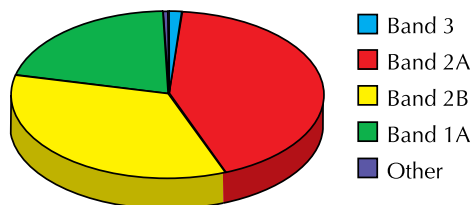
Delegates at this year's Annual Scientific Meeting in Newcastle were asked to complete the annual GAT Training Survey. The results from the completed questionnaires help to provide GAT and the AAGBI with an insight into the current training of UK anaesthetists. The questionnaire evolves from year to year and this year included questions about study leave, study budgets, and potential changes to hospital career structures.

## Questions asked in 2006 Survey

1. What is your current grade?
2. At which pay band is your current job banded?
3. Do you receive pay protection for your current hospital rotation?
4. In your most recent five weeks of training how many half-day teaching lists or sessions have you had?
5. At night do you currently have a room with a bed for your use?
6. We need to compensate for the reduction in working hours by increasing the duration of training. Agree/Disagree
7. Are you able to take your full allocation of study leave?
8. Have you had a cut in your study leave budget?
9. Do you think the introduction of a Junior Consultant grade would make Anaesthesia less attractive as a career?

169 delegates completed the questionnaire, 55 SHOs (33%), 29 Pre-FRCA SpRs (17%) and 85 post-FRCA SpRs (59%). Two trainees were working non-compliant rotas, 42 % working a Band 2A rota, 33% a Band 2B and 20% Band 1A.

## Pay Banding of Jobs

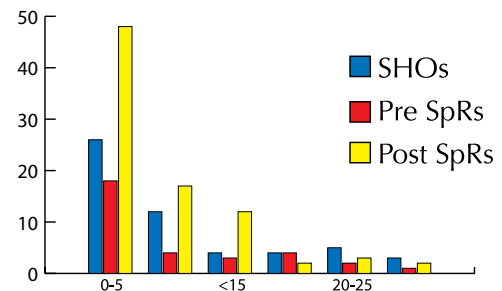


Compared to previous years, the banding of jobs appears to be changing. It may be that the provision of more Specialist Registrars or Trust Grade posts within rotas has allowed the introduction of more Band 2B compliant rotas, with the numbers increasing from 14% to 33% of all rotas worked. The proportion of doctors working a Band 2A compliant rota has dropped over the past year from 64% to 42%. Doctors working a Band 1A rota remained steady at 20%. Over half of the delegates completing the survey received pay protection in their jobs.

This year has seen a further small decrease in the number of trainees with access to "rest rooms" during their night shifts, down to 86% from above 90% last year. There appears to be a continuing downward trend, although not at the rate initially feared with the introduction of the shift system.

Last year's survey highlighted the lack of accompanied teaching list opportunities for Senior House Officers with over 40% of SHOs receiving less than 5 accompanied lists in a five week session. Unfortunately such figures are borne out again this year

## No of teaching lists in 5 week period



with 54% of all delegates receiving less than five teaching lists in the previous 5-week period. Splitting the figures down to grades, 47% of the SHOs received less than 5 teaching lists.

The introduction of Band 2B rotas should mean fewer hours are spent providing service out of hours, and more time is spent in the hospital within 'normal' hours. This should in turn provide more time for teaching opportunities but we have seen a decrease in the number of teaching lists allocated to trainees.

Delegates were again asked whether the training period should be increased to compensate for the reduction in the number of weekly hours worked. A simple yes/no answer was required rather than the sliding scale range of last year. Delegates were split as to whether training needed to be increased - 55% of responders agreed that it did.

The majority (72%) of delegates were able to take their full allocation of study leave but over the past year 33% of the trainees had seen a cut in their study leave budget from the deaneries, in some instances of up to £600.00.

While confusion and debate still surrounds the future of the career structure of hospital grade doctors, 131 of the responding trainees (78%) felt that the introduction of a "Junior Consultant" grade would make the speciality of anaesthesia less attractive for potential entrants.

As mentioned last year, this type of survey has a number of limitations including the self-selecting nature of the responders, and the overall small number of completed questionnaires compared to the total number of UK trainees. It does however provide a snapshot of training within the UK and highlights several potential problems facing us – the lack of accompanied lists for junior trainees, the erosion of on-call rooms and the significant loss in study leave budgets.

Many thanks to all those who completed the survey.

**Michael Parris, GAT committee member**