



The 2007 GAT Annual Training Survey

Now into its fifth year, the GAT annual training survey continues to provide an important insight into the state of anaesthetic trainee experience. The survey evolves from year to year although the core questions remain.

This year's survey was conducted at the GAT Annual Scientific Meeting in Brighton and was completed by 211 trainees - 65 SHOs, 30 pre-FRCA SpRs and 116 post-FRCA SpRs. The full list of questions is set out in Box 1. Questions specifically relating to MMC and MTAS were not asked as these areas had been surveyed earlier in the year by GAT. Instead an additional question about whether trainees would be prepared to work abroad was included to be used as a compass of the trainees' morale.

Box 1. Questions asked in the survey

1. What is your current grade?
2. Which pay band is your current job?
3. Do you receive pay protection for your current hospital rotation?
4. In your most recent five weeks of training, excluding leave, 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. Have you had a cut in your study leave allocation?
7. Have you had a cut in your annual study leave budget? If so, what is your budget now?
8. Do you think the introduction of a sub-consultant grade would make Anaesthesia as a career less attractive?
9. Would you consider working abroad as a career option?

38 % of trainees are on a Band 2A compliant rota, 36% are on a Band 2B rota, just 19% are on a Band 1A, 4% are on a Band 1B, the remainder on either a Band 3 or on flexible training. A further move to 2B rotas from 2A has occurred since last year, although the percentage of trainees working a Band 1A remains the same.

With just two years to go before the European Working Time Directive limits junior doctors' hours to 48 hours, three quarters of the trainees continue to work up to 56 hours a week. Of good news to Human Resource Departments, only 30% of the trainees received pay protection, down from over 50% this time last year.

86% of trainees still had access to a rest room during their rostered nights.

As with last year trainees were asked how many teaching lists they had received in the previous five weeks of training.

No of teaching lists in 5 week period	0-5	6-10	11-15	16-20	21-25	25+
SHO	36	11	8	5	1	3
Pre-FRCA SpR	13	3	8	1	1	2
Post-FRCA Spr	54	25	23	2	6	4

From these figures it appears that SHOs have had a further reduction in the number of accompanied teaching lists that they receive. 55% of these trainees received fewer than five

accompanied lists in the five weeks prior to the conference. This was a further deterioration from last year when the corresponding number was 47%.

Trainees were asked whether there should be an increase in the duration of training to compensate for the reduction in weekly working hours. 54% of all trainees agreed that length of training should increase. Agreement fell as the seniority of trainees increased. 70% of SHOs thought that training should increase, 53 % of pre-FRCA registrars agreed whilst only 45% of post fellowship registrars agreed that training should increase.

Many hospital trusts had in the financial year to April 2007 redirected study leave funding for the greater good of financial prudence and balancing their books. Of the 211 trainees responding to this year's survey, 21% had cuts to their actual study leave time whilst 118 trainees, 56%, reported cuts to their study leave budgets.

Budget now:	
0-£250	16
£251-£500	27
£501-£750	33
£751+	4
unsure of amount	38

In last year's survey, 78% of trainees thought that the introduction of a sub-consultant grade would make a career in anaesthesia less attractive. The same question was asked in this year's

survey. 85% of this year's responding trainees thought that such an introduction would be unattractive. There was no difference between the seniority of the trainees as to the response.

Much has been mentioned in recent months as to the morale of junior doctors. In this year's survey we asked whether trainees would be prepared to work abroad. 165 of the responders, just under 80% of the total, replied that they would be prepared to work abroad. As with the previous question there was no difference in response between the different seniorities. Trainees were invited to write their comments to explain why they would consider working abroad. Although several of the answers are unprintable, two main reasons became apparent. The first and most common response was the lack of certainty about the number of consultant jobs that would be available at the time of their CCT and whether there would be the introduction of 'junior consultant' jobs. The second most common explanation was the erosion of professionalism from their career and perceived non-medical interference.

As 2009 approaches with the legal requirement for a reduction in junior doctors' hours, 75% of anaesthetic trainees are still working up to 56 hours. With this soon-approaching decrease in training time, coupled with the very poor number of consultant-accompanied lists that trainees received and the erosion of study leave and budgets is it any surprise that just under 80% of responders would seek employment abroad?

Mike Parris
GAT Committee Member

HELP FOR DOCTORS WITH DIFFICULTIES

The AAGBI supports the Doctors for Doctors scheme run by the BMA which provides 24 hour access to help (www.bma.org.uk/doctorsfordoctors).

To access this scheme call 0845 920 0169 and ask for contact details for a doctor-advisor*. A number of these advisors are anaesthetists, and if you wish, you can speak to a colleague in the specialty.

If for any reason this does not address your problem, call the AAGBI during office hours on 0207 631 1650 or email secretariat@aagbi.org and you will be put in contact with an appropriate advisor.

*The doctor advisor scheme is not a 24 hour service