

GAT and RCoA Advisory Board for Scotland: Scottish Trainee Survey

Craig Beattie¹, Adam Paul², John Colvin³

Introduction

Drivers such as 'Modernising Medical Careers' (MMC) and the European Working Time Directive (EWTD) have transformed UK postgraduate medical education. The expansion in consultant numbers seen in the last decade is unlikely to continue and newer posts are likely to incorporate an increasing out of hours commitment. There has been recent increased managerial focus on time for Supporting Professional Activities (SPA), with a particular pan-Scottish managerial initiative towards restricting SPA time for new consultants. Forecasts of over supply of CCT holders and developing financial constraints appear to be prime drivers in this. The spectre of sub-consultant grades and speciality doctor posts for CCT holders without jobs all make the future very uncertain.

The aim of this survey was to canvas opinion of the 'trained' anaesthetists of the future, i.e. current anaesthetists in training, in some of these key areas. This was undertaken on behalf of the Royal College of Anaesthetists Advisory Board for Scotland and the Group of Anaesthetists in Training Committee (GAT).

Method

We devised an on-line questionnaire (www.zoomerang.com). This was emailed to anaesthetic trainees in Scotland via the GAT trainee database and Regional Advisors in each of the 4 Scottish Deaneries. We asked questions in 3

areas A) demographics, B) career paths and working patterns, C) opinions on 'hot topics'. Results were collated with Microsoft Excel Office 2007.

Results

A: Demographics

We received 162 (143 complete) replies, this approximating 40% of the total trainee population in Scotland. 54% of responses were from male trainees. All training grades and deaneries were well represented (Figure 1).

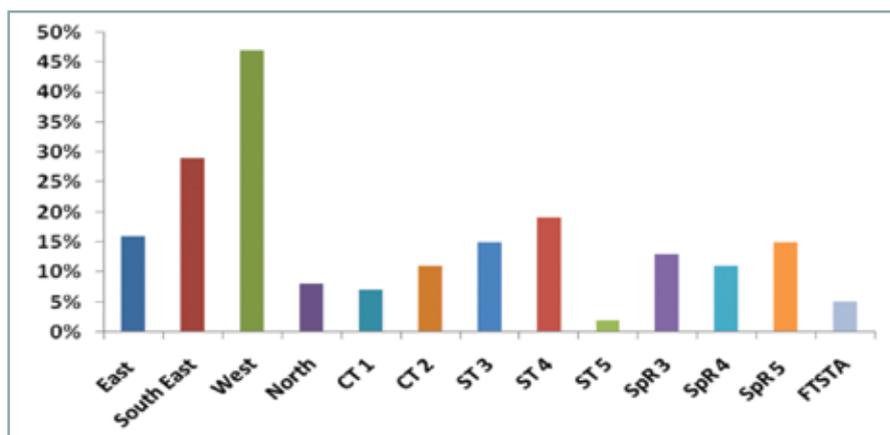


Figure 1. Training grades and Deaneries represented (% of total response)

B: Career plans and working patterns

Training (n=147)

- 102 (69%) feel that extension to training time (junior or advanced) may have merit in terms of extra clinical experience in the face of reduced working hours introduced by the EWTD

- 91 (62%) felt this training time could include elements of the high quality service currently provided by trainees
- 68 (46%) felt that this training time may have merit in maintaining a service delivery balance between pre- and post- CCT anaesthetists

Less than full time working (n= 148),

- 6 (4%) currently work less than full time
- 34 (23%) plan to work less than full time during their training

- 59 (40%) plan to work less than full time on completion of their training

Working overseas (n=148)

- 70 (47%) plan to work overseas at some point during their training
- 47 (32%) plan to work overseas at some point on completion of their training

After CCT (n=147)

- 142 (97%) plan to work in UK as a consultant Anaesthetist
- 121 (82%) plan to work in the area in which they have trained
- 80 (54%) plan to work in a District General Hospital
- 26 (18%) would like an academic consultant post

After CCT (n=148)

- 110 (74%) believe proposals to 'reshape' the consultant post (e.g. 1 SPA) are unacceptable
- 117 (79%) would consider a move abroad if no consultant posts were available

C: Hot topics

Physician's Assistants in Anaesthesia (PA-A's) (n=143)

- 17 (12%) felt we should be training PA-A's
- 42 (29%) felt they had impacted negatively on their training

Respondents were asked to rate concerns faced on completion of training. These included non-consultant posts, changes to the 'traditional' consultant contract and revalidation.

Discussion

Our responses represent a response rate of approximately 40% though the absolute denominator is not exactly known. All training grades and deaneries were well represented giving a good snapshot of current opinion amongst Scottish Anaesthetic trainees.

The effect of hours reduction on training is yet to be clearly established. Additional training time at a junior level where trainees are given a 3 year contract to complete 2 years training may allow more time to successfully complete exams, develop a portfolio and gain vital clinical experience [1]. In our survey more than two thirds of trainees were positive about an extension to training time, at either junior or senior level, corroborating previously published trainee surveys[2]. There was also recognition that this could include a service component which would contribute vital clinical experience to training. Indeed the Tooke report stresses the contribution of trainee doctors to service delivery, emphasising the fundamental role of appropriately supervised service work during training [3]. It is interesting to note that other work has demonstrated that trainees increasingly feel obliged to come in on days off so as not to compromise their training [4]. The training and role of PA-A's and in particular their perceived negative impact on anaesthetic training by nearly a third of respondents also needs to be noted. Given that PA-A's seem to be here to stay it may be time to address these concerns within schools. It was unclear from our results whether opinions varied according to whether or not trainees had worked alongside PA-A's.

This is the first survey to canvas ambitions and work patterns amongst current trainees. Traditionally about 20% of anaesthetic trainees drop out during their training for a variety of reasons [5]. If we add this to the 40% in our survey who plan to work less than full time as a consultant and the 32% who plan to work abroad at some

point after CCT, it is likely that the rapid reduction in training numbers proposed for Scotland (and elsewhere in the UK) may cause a swing from the upcoming one-off glut to a famine of post CCT anaesthetists. Workforce planning is notoriously difficult but proposed reductions in training numbers may be excessive in the face of the above factors and the prospect of significantly higher numbers retiring from 2018.

This is also the first survey to canvas opinion on some of the recent and proposed changes to the Consultant contract. Though progression to a Consultant post has never been guaranteed – a 'sub-consultant grade' was reported in our survey as by far the greatest concern on completion of training. Though it is easy to 'tick a box' - we were surprised at the huge number of current trainees (79%) who responded that they would consider a move abroad if there were no consultant posts available on finishing their training. They may follow their 'MMC generation' counterparts, exacerbating the loss of highly trained UK doctors to other countries. An increase in out of hours work, resident on-call shifts and a reduction in SPA time were also of significant if somewhat lesser concern in our survey. A reduction of SPA's could lead to a very significant reduction in new consultant involvement in non-clinical activities. This carries a major risk to postgraduate training, undergraduate teaching, personal CPD and ultimately revalidation in addition to the perhaps less tangible risk to maintaining an appropriate training environment in terms of departmental viability.

We would like to thank all those who responded. We hope this survey will stimulate further debate on training requirements, workforce planning and the 'trained doctor' service in Anaesthesia, perhaps including the consultant body in a future survey. We must utilise and develop this highly skilled specialist medical workforce in a way that promotes excellence of future practice and training and retains this valuable asset within UK NHS practice.

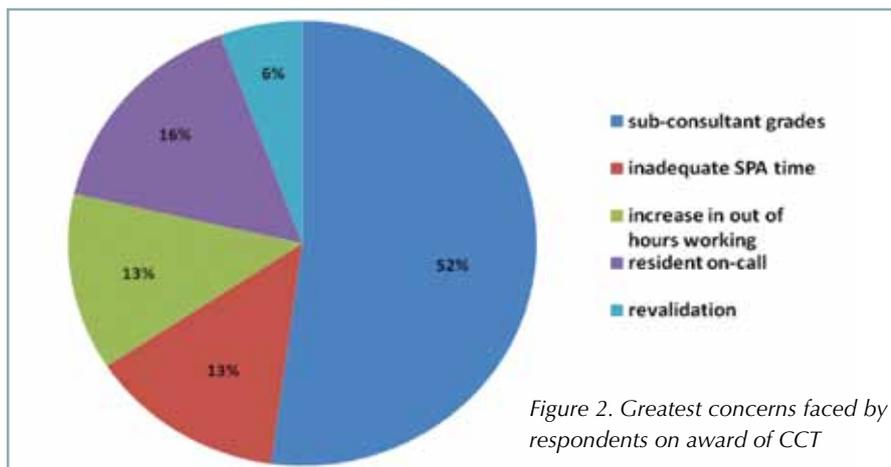


Figure 2. Greatest concerns faced by respondents on award of CCT

References

- 1) Colvin JR. Training requirements, workforce balance and the 'trained doctor service' in anaesthesia. *Royal College of Anaesthetists Bulletin* 2009; 57: 42- 44.
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Correspondence

1. Craig Beattie
Elected trainee representative, RCoA Advisory Board for Scotland
Anaesthesia SpR
Department of Anaesthesia, Critical Care and Pain Medicine
Royal Infirmary of Edinburgh
Little France, Edinburgh EH16 4SA
craigbeattie@hotmail.com
2. Adam Paul
GAT Committee member (2006-09)
Consultant Anaesthetist (Fixed Term)
Department of Anaesthesia, Critical Care and Pain Medicine
Royal Infirmary of Edinburgh
Little France, Edinburgh EH16 4SA
3. John R Colvin
Chair, RCoA Scottish Advisory Board
Consultant Anaesthetist
Dept of Anaesthesia
Ninewells Hospital, Dundee DD1 9SY



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