

GAT Response to the Shape of Training Review, March 2014

The Shape of Training Review final report "[Securing the future of excellent patient care](#)" was published in October 2013. The Association of Anaesthetists of Great Britain and Ireland Group of Anaesthetists in Training (GAT) represent over 3000 anaesthetic trainees and has participated actively in the review. Written evidence was submitted (see below for links) followed by attendance at an oral evidence session, informed by a survey of AAGBI trainee members. Several of the committee also participated in a workshop for doctors in training. The Faculty of Intensive Care Medicine and Royal College of Anaesthetists have published their responses to the final report, (see below for links) and we would like to add our thoughts and concerns.

One of the key messages of the review is that patients and the public need more doctors who are capable of providing general care in broad specialty groups across a range of settings. This grouping of specialties into patient care themes would undoubtedly give doctors a broader understanding of their area of medicine but it is unclear where anaesthesia would fit into this model. Compared with many medical disciplines anaesthesia has retained a very generalist model of training. This enables anaesthetists achieving the current Certificate of Completion of Training (CCT) to competently manage the broad range of patients presenting to a district general hospital.

The current anaesthesia training programme takes seven years to complete, a duration supported by the majority of our membership when surveyed, whereas the review envisages four to six year training programmes in the future. The report acknowledges that "general specialty's (like anaesthesia) and craft specialty's may need longer to develop the necessary technical knowledge, skills and experiences" but then apparently contradicts this by stating that this should still take place within the shorter timeframe of four to six years. This shorter programme will also include the opportunity to spend a year in a related specialty or undertaking research, management or leadership experience. Although we agree that these opportunities are very important, if they are to be included within an already curtailed training programme we are concerned that anaesthetists reaching the point of Certificate of Specialty Training (CST) will be much less prepared for independent general clinical practice than those completing the current CCT programme. Opportunities to

undertake further training post CST would be limited and only exist in the form of credentialing. We are concerned that this may lead to high calibre individuals wishing to innovate and develop not being supported by their organisations.

In the introduction, the report states that the driver behind these changes is the increasing number of people with multiple co-morbidities, an ageing population, health inequalities and ever increasing patient expectation. We would argue therefore that the forecasted needs of our population will necessitate a more highly trained workforce, and that training a generalist may take longer than training a specialist who manages a more limited patient group.

We agree with the review that emphasis on an apprenticeship style model, longer attachments, transferable competencies and increased flexibility within training would be welcomed. It is also clear to us, as stated in the report, that the purpose of training doctors is to provide the healthcare required by the UK population, however or wherever they present. The suggestion that medical students and junior doctors should have their expectations managed accordingly would therefore appear realistic and sensible.

Training limited to institutions that provide high quality training and supervision seems an obvious starting point, provided that smaller training facilities are able to compete fairly with larger university hospitals. Quality assurance of these institutions by the GMC will require work by the regulator to ensure that this is a fair and transparent process. In addition the GMC will be required to approve the new curricula and credentials required if the recommendations in the report are to be implemented. The Royal College of Anaesthetists will need to ensure that the curriculum changes and credentialing process continues to produce skilled and competent anaesthetists for the population.

We are concerned that the final report of the Shape of Training Review lacks the substantial detail required to form the blueprint of future post-graduate medical education and training; and that it raises more questions than it answers. If the reviews recommendations do come to fruition we believe it is vitally important that trainees are included as stakeholders within the proposed UK wide implementation group. As the elected representatives of anaesthetic trainees we would expect to be

included in any discussions regarding our specialty's position within the broad specialty groups.

In view of recent experiences of introducing changes to postgraduate medical training, we would caution against the introduction of wide spread changes to postgraduate education without piloting them first.

GAT, as holders of the mandate for the trainee membership of the Association of Anaesthetists of Great Britain and Ireland, are committed to promoting safety in anaesthesia. We would welcome the opportunity to work with the sponsoring boards of the review to inform a system whereby excellence within anaesthesia training is maintained.

[“Securing the future of excellent patient care”](#), the final report of the Shape of Training Review:

http://www.shapeoftraining.co.uk/static/documents/content/shape_of_training_final_report.pdf_53977887.pdf

GAT Written Evidence to SOTR:

http://www.aagbi.org/sites/default/files/images/GAT_response%20to%20the%20shape%20of%20training.pdf

AAGBI Written Evidence to SOTR:

<http://www.aagbi.org/sites/default/files/images/AAGBI%20response%20to%20Shape%20of%20Training%20Call%20for%20Evidence%20consultation%2007%2002%2013.pdf>

GAT Oral Evidence Session:

http://www.aagbi.org/sites/default/files/Shape%20of%20Training%20Review%20%40AAGBI_1.pdf

GAT Additional Written Evidence to SOTR

<http://www.aagbi.org/sites/default/files/SOTR%20oral%20evidence%20GAT%2030%2005%2013%20additional%20evidence.pdf>

Royal College of Anaesthetists Response to the Shape of Training Review:

<https://www.rcoa.ac.uk/news-and-bulletin/rcoa-news-and-statements/shape-of-training-%E2%80%93-initial-thoughts-considerations-and>

Faculty of Intensive Care Medicine Response to the Shape of Training Review:

<http://www.ficm.ac.uk/news-events/ficm-response-shape-training-review>