The 2009 GAT Annual Training Survey

Another year has passed; competencies have beengained, appraisals attended, exams passed and CCT's awarded but what about day-to-day life as an Anaesthetic trainee? Are we getting a better or worse deal? Are we any further forward than we were 7 years ago.....

The seventh 2009 GAT Annual Training Survey was conducted in July, during the GAT Annual Scientific Meeting in Cambridge. There have been dramatic changes in recent years, related not only to MMC but also the reduction in hours due to the introduction of the European Working Time Regulation (EWTR). We believe that this yearly review of anaesthetic training is more crucial than ever and that it provides a vital insight into the current condition of anaesthetic training.

The survey evolves each year and we have incorporated some new 'topical' questions this year. Importantly, it allows GAT to be able to follow trends in trainee conditions by keeping a core selection of questions which ensure we recognise any significant changes.

Demographics

The survey was completed by a total of 175 anaesthetists this year. These constituted 70 CTs and ST1-2's, 28 ST3-4's , 8 ST5-7 and 58 SpR 3-5. There was also 8 FY1/2, 1 clinical fellow, 2 SAS doctors, 1 consultant and 1 ACCS (Acute Care Common Stem) trainee. 56.6% of trainees were pre-fellowship and 63.4% post-fellowship.

Pay/ banding

Trainees are paid according to a pay banding system which takes into account the number of hours a doctors works, the anti-social nature of these hours and the type of working pattern imposed. The overall salary is determined by a base salary with an additional salary according to the associated pay band. For the previous few GAT surveys trainees have been asked to specify their level of training and the banding of their current posts. This survey was filled in July and we are aware that many rotas may still have been evolving, with the final date for complying with the European Working Time Regulation in August. In July 40% of trainees were on a Band 1A compliant rota, 22% on a Band 2B rota, 21% of trainees on a Band 2A and 13% on Band 1B (Table 1). The remaining were either in military posts or less-than-full-time training (50-80% of full-time) and surprisingly 4 were still on Band 3.

Unsurprisingly there has been a large move towards band 1B rotas in comparison with 2007 and 2008, but compared to last year there has actually been a rise in 2A rotas. This will undoubtedly change from August in many departments with a fall in pay in association with the introduction if the EWTR.

Many trainees were unsure of the number of 'trainees on their current rota' and the number ranged from 2-12, with an average

	Number of Trainees	1B	2B	1A	2A	3
% pay in addition to base rate		**40%**	**50%**	**50%**	**80%**	**100%**
FY1/2	7	2	3	2	0	0
ST/CT 1-2	65	11	15	25	12	2
ST3-4	27	1	7	13	6	0
ST5-7	8		3	3	2	0
SpR 3-5	47	7	6	19	13	2
Total 2009:	**154**	**13.6% (21)**	**22.0% (34)**	**40.2% (62)**	**21.4% (33)**	**3.2% (5)**
Total 2008:	195	1% (2)	71.2% (129)	25.6% (50)	5.6% (11)	0%
Total 2007:	211	4%	36%	19%	38%	0%

TABLE 1: Banding level in current post, broken down by training year of respondents

of 7. When questioned about the change in rota numbers from August, even fewer were aware. This could reflect that even at this late stage many departments are struggling with ways in which to implement the 48hr week by August, leaving trainees unaware of what rota lies ahead. It certainly illustrates the uncertainty in many trainees' minds despite many changing post imminently.

Working during 'off days'

Trainees were asked about whether they felt the need to work outside their rota or come in on their day off for training purposes, we are concerned to find that 46% of respondents already did. Some stated that with the introduction of a 48 hour week from August they were concerned they would be required to also. **By decreasing trainees hours are we developing a culture where trainees are expected to work 'for free'?** Overall this highlights one major flaw in the EWTR reduction in hours - will it really improve work life balance? It is our (the trainees) responsibility to ensure we are 'adequately trained' despite the serious reduction in hours. Unless departments are able to adapt it will surely be training that misses out as they desperately try to cover their service commitments.

And when asked **'Would you choose to opt out of the 48 hour restriction if given the choice?'** 35.3% said they would opt out and 64.7% said they wouldn't.

Finally regarding training we asked *''We need to compensate for the reduction in working hours by increasing the duration of training"* 38.6% of anaesthetic trainees agreed with this statement. Of the 61.4% who disagreed, a number stated that if they were earlier on in their training they might feel differently.

Training

Trainees were asked how many half day training lists they had received in their last 5 weeks of training. We are aware that different numbers of accompanied lists are required at different stages of training, and also that the definition of a 'training list' varies according to seniority. The RCoA states that 3 lists a week is the minimum number (or 30% of daytime hours), therefore it can be presumed that there should be many more in the first few years of training. Table 3 illustrates the average number of training lists over a 5 week period according to grade.

Number of training lists in 5 weeks 2009							
	0-5	**6-10**	**11-15**	**16-20**	**21-25**	**25+**	**Total**
ST1-2	40% 23	24% 14	14% 8	14% 8	2% 1	7% 4	58
ST3-4	30% 8	19% 5	22% 6	15% 4	11% 3	4% 1	27
ST5-7	43% 3	0	29% 2	29% 2	0	0	7
SpR3-5	26% 13	35% 17	8% 4	18% 9	6% 3	6% 3	49

Table 2: The Number of Training Lists per 5 weeks compared to the Level of Experience of Trainee

Of concern, a large proportion of trainees stated they had received 0-5 training lists over the 5 weeks, this would equate to one or less per week.

In contrast to recent years 40% of ST 1/ 2's received one or less teaching lists per week, in 2008 it was 0%, in 2007 55% and 2006 44%- so despite the improvements last year there has been a significant deterioration in numbers again. 63% ST 1-2 had 2 or less lists per week and only 22% had more than the recommended minimum of 3. 59% of ST5-7/ SpR 3-5 had 2 or less lists per week and 70% had 3 or less per week which is an improvement from 2007 (89%) and 2008 (94%)

Due to the changes in training grades post MMC the table below concentrates on ST trainees only and compares results from 2008 with those from 2009.

With training days likely to be lost with the EWTR these figures may get worse and we will continue to monitor the situation.

Competencies

Many trainees are concerned about being able to achieve their competencies within limited training hours, especially with the introduction of a 48 hour working week. Therefore we asked *''Would you find it helpful to have a target number of logbook cases per subspecialty?"* We are led to believe that training is competence based rather than on time or case numbers. 34.1% felt that this would be useful but many of these were keen to enforce the idea that it should be a target only.

Rest Facilities

Since the introduction of the GAT Annual Training Survey it has focused on trainee working conditions and GAT are adamantly opposed to the removal of on-call facilities. Guidance suggests that rest facilities are extremely important for patient safety, fatigue is shown to increase mistakes1 and despite misconceptions trainees do not adjust to working nights. 'Napping' has been shown to improve concentration and thus decrease mistakes.2 Trainees were asked whether they have a room with a bed for their private use; 31.5% sometimes did, 50.3% always did and 18.2% never do. Of those who have oncall rooms 5% of trainees must compete for on call rooms facilities, 9.4% must share their facilities e.g. they are not private and 13.2% of trainees must share and compete for their room. Trainees may consider it inappropriate to expect trainees to share such facilities with those of the opposite sex.

As shift work increases more journeys are undertaken by 'tired' doctors. Recently the importance of rest facilities post on-call has been highlighted with a number of tragic accidents of healthcare professionals whilst driving home post-night shift. Rooms should be provided for resting post nightshift and this should be free of charge. When questioned 51.6% of trainees stated that these facilities are not available in their trust. 48.4% said that they were available but of these 22.5% were required to pay for such facilities. GAT is concerned that this lack of facilities will lead to ongoing risk to not only those doctors but others on the road.

Number of training lists in 5 weeks												
No of Lists	**0-5**		**6-10**		**11-15**		**16-20**		**21-25**		**25+**	
Year	**2009**	**2008**	**2009**	**2008**	**2009**	**2008**	**2009**	**2008**	**2009**	**2008**	**2009**	**2008**
ST1-2	40%	0%	24%	42%	14%	7%	14%	45%	2%	16%	7%	0%
ST3-4	30%	30%	19%	35%	22%	27%	15%	4%	11%	4%	4%	0%

Table 3: The Number of Training Lists for ST trainees per 5 weeks compared to the Level of Experience of Trainee for 2009 vs. 2008

Study leave

Trainee study leave is under attack! During the last few years, study leave budgets have been decimated and for a period of time completely withdrawn. Trainees have informed us that not only has the budget been cut but also what they can use it for has been restricted- some have not been allowed to use if for either exam courses or resuscitation courses. When questioned about their budget the majority of trainees were unsure- is this a deliberate policy by trusts? The amount suggested varied between £200 and £1200, but many were not sure if this was correct. The average amount stated was £638.50. More concerning was the report from an individual that their individual budget had been withdrawn completely from April 2009

We now have concern that study leave time is also being eroded. Trainees are entitled to 30 days study leave a year in post-Foundation year posts. Generally pre fellowship 15 days a year are spent internally at fellowship teaching and 15 externally. Post fellowship all 30 days can potentially be taken externally if no regional teaching is provided. 14.5% said their study leave time had been eroded. With the introduction of the 48 hour week this may continue and we will fight against this further erosion of training in lieu of service.

The future

We asked what trainees they expect when they've completed their training...

Only 75.8% felt 'confident that their current training scheme would *'prepare them adequately for a consultant position'*, a number of SpR's stated that this was only because they were on the 'old training scheme'. 40.9% said that they would *'consider taking a fellow grade or a non-consultant position post CCT'.* For many this was justified by saying that they would only consider it if it was a temporary position or subspecialty.

Finally we asked 'As a consultant would you be prepared to be resident on call' 52.8% agreed they would and 47.25 disagreed. Comments included despite disagreeing this may be inevitable or that it would depend on the frequency of night shifts

We can only wait and see what the future of anaesthetic training holds post the introduction on the EWTD....

Many thanks to those who completed the survey and the AAGBI events team for all their help.

Liz Shewry
Vice-Chair, GAT Committee

References

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