

## EDUCATION

# The future United Kingdom anaesthetic workforce: training, education, and role boundaries for anaesthetists and others

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## Abstract

Anaesthesia is the largest hospital-based specialty in the UK, and the activities of the anaesthesia workforce underpin the care of all patients in the hospital sector. Changes in the way care will be delivered in the future will impact on the workforce as a consequence of patient requirements and funding issues. This article considers these and other factors in the context of the current and future workforce.

**Key words:** anaesthesia; education, medical; morale

The Royal College of Anaesthetists (RCoA) celebrates 25 yr as a Royal College this year. Amongst the College's many achievements during the past 25 yr has been its support to all working anaesthetists through the education programmes, both in developing the future workforce and in supporting the current one.

Anaesthesia is the largest hospital-based specialty, and its workforce interacts with and underpins the care of all patients in the hospital sector. It is impossible to comment on anaesthesia in the UK without considering the wider picture and the possible impact of current policy and politics on the future workforce. However, the potential impact of the UK leaving the European Union is not included in my considerations. The President of the RCoA recently gave his views on the implications of this decision.<sup>1</sup>

## The wider issues

There is a global shortage of health-care staff,<sup>2</sup> and it is estimated that by 2022 there will be a workforce shortage of 22–29%.<sup>2</sup> Compared with other Organisation for Economic Co-operation and Development (OECD) countries, the UK has

fewer beds and fewer doctors, spending ~9.8% of our Gross Domestic Product (GDP) on health care and achieving an average life expectancy of 81 yr. In comparison, the USA spends about 17% of its GDP on health care and achieves an average life expectancy of 78 yr. At a time of increasing demand, there is a significant restriction on finances, and the most recent UK Government Comprehensive Spending Review imposes yet more austerity with, for example, Health Education England (HEE) expected to make cuts of up to 30%. Health Education England, in collaboration with the equivalent organizations in Wales, Scotland, and Northern Ireland, is responsible for commissioning training places for anaesthesia from provider organizations and agreeing the total number of places available for training. As a consequence of this and other pressures, as a profession there is a requirement to be open to innovation and change. Anaesthetists generally are good at this and have driven many important changes throughout the last 30 yr, such as the National Confidential Enquiries, in collaboration with others.

The delivery of health care in the UK is a devolved function, which means that England, Scotland, Northern Ireland, and Wales have all evolved different models of contracting for services. But

**Editorial decision:** August 23, 2017; **Accepted:** August 30, 2017

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all four nations are required to meet the standards set out by the General Medical Council (GMC), including the curriculum and assessment methodologies designed by the RCoA and approved by the GMC for all four nations. This means that doctors who are trained in one part of the country are free to move and work in every part of the UK. Of the 601 training places available for entry into anaesthesia at Core trainee 1 level (CT1) in August 2017, 80% of places were in England, with Scotland having 65 funded placements, Wales 36, and Northern Ireland 18.

## England-only issues

Sustainability and Transformation Partnerships (STPs) initiated by the Chief Executive of the National Health Service (NHS), Simon Stevens, in 2016 represent a huge unknown in the future for the NHS and Social Care in England. They were given the triple aim of delivering improved health, improved care, and saving money.<sup>3</sup> They require health and social services to be planned as an integrated process with shared budgets. Inevitably, finance has dominated the agenda, and the recently published plans have also been criticized for a lack of consultation.<sup>3</sup> Many require infrastructure investment to facilitate new ways of working. Very little has been written about the requirement to invest in developing staff. A National Audit Office report published in 2016 estimated that there was already a 6% vacancy rate across the NHS in England<sup>4</sup> and recommended that all key health policies and guidance should explicitly consider the workforce implications. They also commented that Trusts' workforce plans 'appear to be influenced as much by meeting efficiency targets as by staffing needs'. A House of Lords report published in April 2017 described workforce problems as the biggest internal threat to the NHS.<sup>5</sup>

Scotland, Wales, and Northern Ireland do not have formal initiatives called STPs but are financially challenged to a similar extent. They are working collaboratively to address the same issues.

## Industrial action

In June 2016 trainees were invited to vote on the proposed new national contract that had been agreed between the British Medical

Association (BMA) leadership and NHS Employers. On July 6, 2016 the Secretary of State for Health told the House of Commons that the new contract would be introduced in England, despite the lack of agreement from the majority of trainees balloted.<sup>6</sup> This decision resulted in strike action by trainees, and there are still issues to be resolved.<sup>7</sup> Although pay is clearly part of the problem, there is much unhappiness about many other aspects of their working life that are affecting well-being and morale. Anaesthesia has traditionally been popular with trainees, delivering a well-organized and generally well-supported training programme, but recruitment has been affected in some areas. Recently published data for 2017 recruitment into the first year of anaesthesia training (CT1) shows an overall fill rate for UK of 98% compared with 99% for 2016, with some regional variation (Table 1) (Choudhury A. RCoA Workforce Planning and Recruitment Co-ordinator, personal communication, 2017). Anaesthesia training in the UK requires a further competitive application to enter higher training, termed Specialty Training 3 (ST3). Data show an overall fill rate of 86% for 2017, compared with 89% for 2016, with very marked regional variation (Table 2) (Choudhury A. RCoA Workforce Planning and Recruitment Co-ordinator, personal communication, 2017).

## Trainees and the role of the Guardian

Anaesthetic trainees in England will move to the new contract during 2017, and there will be opportunities with the introduction of the new arrangements, including additional responsibilities for the Educational Supervisor, introduction of work schedules, and the new role of the Guardian of Safe Working.<sup>8</sup> The Guardian of Safe Working role was created as part of these new contract arrangements, and each hospital is required to appoint a senior clinician to this role, with responsibility for overseeing working time for trainees and ensuring problems that are reported as 'exceptions' are resolved. This new requirement for exception reporting both with regard to missed education (reported to the Director of Medical Education) and unsafe hours worked (reported to the Guardian) should help to make much more explicit the gap between what can safely be achieved with the current workforce and what is actually required to deliver high-quality training and clinical care. Trainees in Wales, Northern Ireland, and Scotland will remain on the existing contract.

**Table 1** Core trainee year 1 fill rates, regional. HEE, Health Education England. Choudhury A, personal communication (Choudhury A. RCoA Workforce Planning and Recruitment Co-ordinator, personal communication, 2017)

Region	Places	Accepted	Held	Declined	Expired	Fill rate (%)
HEE, East Midlands	30	30	0	9	3	100.00
HHE, East of England	40	39	0	7	4	97.50
HEE, Kent, Surrey and Sussex	47	47	0	6	3	100.00
HEE, North East	27	27	0	1	0	100.00
HEE, North West	66	66	0	5	0	100.00
HEE, South West	52	52	0	12	3	100.00
HEE, Thames Valley	13	13	0	3	0	100.00
HEE, Wessex	15	15	0	0	1	100.00
HEE, West Midlands	48	41	0	14	12	85.42
HEE, Yorkshire and the Humber	48	46	0	14	5	95.83
London Recruitment	96	96	0	6	2	100.00
Northern Ireland	18	18	0	2	0	100.00
Scotland	65	65	0	6	2	100.00
Wales	36	35	0	3	10	97.22
Total	601	590	0	88	45	98.17









- Appendix A in *Enhancing junior doctors' working lives: a progress report*, 2017. Available from <https://www.hee.nhs.uk/our-work/developing-our-workforce/supporting-doctors-training/enhancing-junior-doctors-working-lives> (accessed 24 September 2017)
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