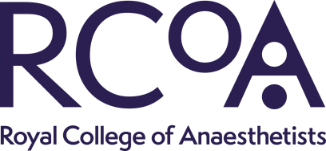
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17 May, 2021

**Joint statement on anaesthetics recruitment**

The recent ST3 recruitment round in anaesthesia saw a large number of applications, with applicant numbers increasing from 758 in 2020 to 1,056 in 2021.

Various factors have contributed to this: pressures from the impending change to the [2021 Anaesthetics Curriculum](https://www.rcoa.ac.uk/training-careers/training-anaesthesia/2021-anaesthetics-curriculum); more applications from overseas graduates due to the [ending of the resident labour market test requirement](https://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/the-new-points-based-immigration-system/skilled-worker-route); changes to the person specification in response to the disruption caused by COVID; and, reduced numbers of doctors travelling abroad to work as a result of COVID travel restrictions. Whilst training post numbers have marginally increased, this remains out of proportion both to service requirement and to application numbers. There remain over 500 anaesthetists who were unable to secure a place within national anaesthetic registrar training.

These anaesthetists have worked tirelessly to support the response to the COVID pandemic in which anaesthetists dealt with the brunt of severe cases as well as experiencing significant disruption to their training. The [Royal College of Anaesthetists](https://www.rcoa.ac.uk) (RCoA), the [Association of Anaesthetists](https://anaesthetists.org/) and the [British Medical Association](https://www.bma.org.uk) recognise the importance of supporting this highly valued group of doctors, and in retaining their skills and expertise within the NHS to the benefit of the service and current and future patient care.

With the implementation of the 2021 Anaesthetics Curriculum there will be a move to a three-year Core Training programme (four-year ACCS), with the last entry to registrar training at ST3 occurring in February 2022. Those unable to gain training posts in the last two recruitment rounds at ST3 level will need to arrange posts to gain the competencies contained in the CT3 year to be eligible to apply for registrar training at the new ST4 entry point. It is crucial, therefore, that the NHS provides anaesthetists who have been unable to secure an ST3 post with the training opportunities that they require.

The RCoA has [published details of these competencies](https://www.rcoa.ac.uk/training-careers/training-anaesthesia/training-news/ct3-equivalent-training-guidance-published). Many anaesthetic departments already offer locally employed posts, and the RCoA is supporting Trusts and Health Boards across the UK to ensure the content of these posts provide doctors with a suitable level of training so that they will have evidence of completion of Stage 1 training. There should be equity of access to study leave and budgets, educational supervision, training opportunities, and other resources. It is important that these posts not only allow anaesthetists in these roles to be eligible for, but equally competitive at ST4 application as their colleagues who have been successful during the current recruitment round.

The RCoA will write to the Statutory Education Bodies in the UK (Health Education England, NHS Education Scotland, Health Education and Improvement Wales, the Northern Ireland Medical and Dental Training Agency), as well as to NHS leaders, Deaneries and Heads of Schools, to strongly encourage them to follow its [CT3 equivalent training guidance](https://www.rcoa.ac.uk/training-careers/training-anaesthesia/training-news/ct3-equivalent-training-guidance-published) and to consider experience gained outside of the training programme as counting towards the progression of anaesthetists in training. We also strongly encourage employers, who are reliant on these anaesthetists, to support departments of anaesthesia in honouring these commitments.

Salary scales for these posts should have parity with national pay scales for doctors in training and we urge employers to ensure equity of pay and conditions. Anaesthetists in these posts should also have equivalent safe working limits and protections to their colleagues in formal training posts, including access to exception reporting in England and rota monitoring in the devolved nations. It is important that anaesthetists in these posts retain the ability to train ‘less-than-full-time’, and we would expect Trusts and Health Boards to ensure that applications for part time working are supported.

We urge applicants wishing to show completion of Stage 1 training to ensure they apply for posts which honour these requirements, and to seek advice and support from the Royal College of Anaesthetists, the Association of Anaesthetists, and the British Medical Association if they have concerns about what is being offered.

We will publish a set of common standards for these roles. These will empower anaesthetic departments and individual doctors to ensure these jobs are delivering the experience and protections that these anaesthetists require and that they are treated equitably to their colleagues in formal training posts.

**Royal College of Anaesthetists**

Dr Chris Carey, Chair, Education, Training and Examinations Board

Dr Jamie Strachan, Chair, Anaesthetists in Training Committee

**Association of Anaesthetists**

Dr Mike Nathanson, President

Dr Roopa McCrossan, Chair Trainee Committee

**British Medical Association**

Dr Sarah Hallett, Chair, BMA UK Junior Doctors Committee

Dr Lucie Cocker, Deputy Chair, BMA UK Junior Doctors Committee

**ENDS**