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## Training Anaesthetists

SIR.—Your leading article "Training Anaesthetists" (22 January, p. 194) focuses attention on the proposed developments in the training of anaesthetists.

You briefly refer to the service implications of such training and quite rightly point out that the matter of maintenance of a service is not the direct concern of the Faculty of Anaesthetists. Nevertheless, the likely effects upon the anaesthetic service of the revised form of training cannot be lightly dismissed.

The well-endowed regions will have no great difficulty in implementing the Faculty of Anaesthetists' proposals, while the less fortunate will have considerable problems. The gap between the "haves" and the "havenots" will widen further. There has been a singular failure on the part of anaesthetists to face up to the staffing problems that lie ahead. This failure appears to be a result of the lack of an effective organization to exert the necessary pressures in the appropriate quarter.

The consequences of the implementation of the original proposals of the Faculty of Anaesthetists would have been very far-reaching and would inevitably have brought a call from some for the introduction of non-medically qualified anaesthetic personnel. Some hospitals would have been unable to satisfy the criteria for recognition for training. As a result, training posts would no longer have existed with them, and the very men and women we are training at the moment would not have been attracted to consultant appointments in such hospitals.

Happily, as your leading article points out, these original proposals have been modified, and under the new criteria it seems likely that most hospitals will be recognized in some degree for training purposes. However,

it is still conceivable that the products of our training schemes will be unattracted to some of the consultant appointments because of lack of promise of "job-satisfaction."

The question has been asked many times: are we overtraining anaesthetists for the work that many of them are likely to do for the rest of their professional lives? There would appear to be little or no provision, either within the training schemes proposed, or within the service organization, for the retention of the individual, who, through a sound anaesthetist, has difficulty in acquiring the necessary academic standards. It is argued that continuous assessment and career guidance will minimize the failure rate—this remains to be proved.

The regulations for the three-year vocational training programme for general practitioners, leading up to the M.R.C.G.P., appear to make no provision for doctors wishing to gain experience in the administration of general anaesthetics. It is perhaps not widely appreciated that the anaesthetic service in this country relies very heavily on general medical practitioners, particularly outside the large centres. (In the Sheffield region, general practitioners are employed for a total equivalent of approximately 160 notional half-days per week.)

Many of the established registrar posts were originally located to satisfy service demands, but now the emphasis has changed to training some of these posts are not ideally situated for day release courses, etc. A redistribution of such posts between and within regions is urgently required. Senior house officer appointments in anaesthesia are still created without reference to a training scheme, and even considered by some to be predominantly a service appointment.

These and many other matters require

urgent attention. My anxiety is that with the preoccupation of the possible creation of a College of Anaesthetists the solution of these problems will be further delayed.—I am, etc.,

J. A. THORNTON

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University of Sheffield

SIR.—Your leading article (22 January, p. 194) comments on the survey of postgraduate training in anaesthesia undertaken for the Faculty of Anaesthetists by M. D. Vickers with the support of the Nuffield Provincial Hospitals Trust.<sup>1</sup> It will have been read with interest not only by those responsible for training but also by the trainees themselves.

It should be noted that in the Faculty's *Criteria for the Recognition of Hospital Posts in Anaesthesia* as revised in 1971,<sup>2</sup> it is stated "... there should be at least one consultant session for every two sessions worked by trainees. Recognition will only be recommended if an adequate number of the consultants are prepared to take part in the instruction of trainees. . . . In the various branches of anaesthesia, such as Intensive Care and Obstetrics, nomination of certain consultants for specific clinical and training responsibility in these areas of practice will normally be essential for gaining recognition. In particular, the Faculty will require that one of the consultants be nominated to be in overall charge of training within the hospital or group of hospitals seeking recognition." Action has thus already been initiated in respect of many of the criticisms contained in your leading article.

We cannot allow your concluding paragraph to pass without commenting upon the statement therein that only training is the direct concern of the Faculty, implying that it is unable to effect improvements in promotion