

Targeted Training for Transitions

Development and Implementation of a Consultant Readiness Course for pre-CCT Anaesthesia Resident Doctors

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Introduction

The 2025 GMC national training survey highlighted that a concerning 61% of resident doctors are at moderate or high risk of burnout (1). It is also known that transition points in careers are believed to be a significant contributor to burnout risk (2); and taking up a consultant post is arguably the most significant transition in a doctor's career.

Aim

We believe that newly-appointed consultants are ill-equipped in some aspects of their role and were keen to smooth this transition by introducing a Consultant Readiness course for anaesthesia residents in their final year of training.

Methods

1. In January 2025 we undertook an email survey of all consultant anaesthetists in Scotland to determine which aspects of consultant appointment they found challenging on taking up their post.
2. In December 2025 we surveyed participants prior to a pilot Consultant Readiness course to ascertain their concerns about becoming a consultant.

BOX 1. Challenges faced by new Scottish Anaesthetic Consultants:

- Contractual issues e.g. job planning and appraisal
- Non-clinical expectations of a new consultant
- Volume of administrative work
- Being the senior decision-maker
- Difficulties in interpersonal relationships
- Move from a full-shift to a non-resident on-call pattern
- Juggling the training needs of residents with list management

Results

1. 170 consultants responded, out of 770 practicing in Scotland, giving a 22% response rate. The survey highlighted key themes outlined in box 1.
2. 87% of course participants felt 'somewhat apprehensive' or 'quite apprehensive' about transitioning from resident doctor to consultant. A sample of their concerns are highlighted below.

Taking on responsibility for others' decisions

Dealing with complaints / serious incidents etc

Being exposed to hospital management/politics in a way from which we are currently protected. This seems to make some people very unhappy.

Uncertainty around expected non-clinical obligations

Discussion

To address these challenges, we developed a successful pilot Consultant Readiness course encompassing topics identified in the survey, along with scenarios to develop socio-cognitive skills and behaviours. The course was universally well received.

"Fantastic course! Hugely beneficial and answered a lot of questions that have been playing on my mind. I feel better placed to approach the next few months and the transition to consultant practice now."



We have highlighted the need for formal training for anaesthesia residents beyond what is delivered in the curriculum. We suspect similar challenges are faced by consultants in other specialities, and plan to expand to a multi-specialty course in the near future.

References

1. General Medical Council. GMC National Training Survey 2025 results. 2025. <https://www.gmc-uk.org/-/media/documents/national-training-survey-2025-results-report-111657596.pdf> (accessed 28/08/2025)
2. du Plessis H. Burnout in anaesthesia: The UK and beyond. *Anaesthesia* 2025; **80**: 484-7. <https://doi.org/10.1111/anae.16551>

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