Implementing a Structured Local Teaching Programme to Improve Anaesthetic Training: Lessons from St George's Hospital M Gabrel, G Davey, S Speers, T Carter St George's Hospital, London

Background

Anaesthetic residents are diverse in their goals and stages of training, requiring a teaching programme that is both comprehensive and adaptable. At St George's Hospital, suboptimal General Medical Council (GMC) training survey scores highlighted the need for improvement. In local teaching. In response, a structured teaching programme was introduced, grounded in the educational principle of *students as partners*. This initiative aimed to:

•Enhance training quality

•Improve trainee engagement and satisfaction •Align with curriculum requirements



Results

•GMC Training Survey Score increased from 60.96 (2023) to 77.42 (2024) — a 17-point improvement

•Positive qualitative feedback on:

- Session relevance
 - Professional development impact
 - Teaching delivery

Introduction of innovations based on feedback:

- Afternoon scheduling reduced clinical disruption
- Cardiac echo, gastric ultrasound, and well-being workshops were added

•Scores remain outside the top quartile, highlighting continued areas for development

Conclusions

The St George's Local Teaching Course demonstrates how: •Structured, responsive teaching programmes can boost engagement and satisfaction

•Incorporating residents as partners strengthens curriculum alignment

•The model is scalable and adaptable to other postgraduate training environments

Further improvement is needed to reach top-tier performance, but early outcomes are promising.



Methods

Drawing on best practices from high-performing institutions: •Protected weekly teaching sessions were implemented on Thursday afternoons, optimised through rota analysis to maximise attendance, considering zero days and annual leave patterns. •Sessions were consultant-led, with key topics including:

- Neuroanaesthesia
- Cardiac anaesthesia
- Paediatric anaesthesia
- Obstetric anaesthesia
- Trauma
- Monthly journal club on clinical topics

•Resident-led sessions were introduced for interview preparation and exam preparation, with specific viva practice sessions, delivered at appropriate points in the academic calendar. •Feedback was built in:

- - After each session At the end of each rotation

•Resident teaching representatives were appointed to coordinate topics, logistics, and feedback implementation.



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References

1.Iversen, A.-M., Pedersen, A. S., Krogh, L., & Jensen, A. A. (2015). Learning, Leading, and Letting Go of Control: Learner-Led Approaches in Education. SAGE Open, 5(4). https://doi.org/10.1177/2158244015608423

2.Bryson, C. (2016). Engagement through partnership: students as partners in learning and teaching in higher education. International Journal for Academic Development, 21(1), 84–86. https://doi.org/10.1080/1360144X.2016.1124966