**Background**
- Currently I am the sole advanced pain trainee in Wessex Deanery.
- 1 CCT with specialist interest in Pain medicine in the last 10+ years.

**Aim**
- To identify and highlight what discouraged/s current Wessex anaesthetic trainees from taking up Advanced Pain Training.
- Identify areas that can be modified to boost engagement.
- Reach out to prospective trainees with interest.
- Identify trainee misconceptions.

**Method**
- A survey was circulated via Wessex trainee WhatsApp group and Wessex Deanery email circular.
- Requested to grade their accordane (scale strongly disagree – strongly agree [1-5]) to the 10 prepared statements to indicate why they did not or may not consider enrolling in APT.
- Trainees were invited to enter comments relating to their rating or other explanations.
- The data collected was processed and analysed using the data tool incorporated in the SurveyMonkey app.

**Results**
- 48 respondents completed the survey.
- 15 respondents left comments to further explain their sentiments.
- Mean score (range 1-5) calculated. If median = mean score (3.0) = no strong feeling either way.
- Mean <3 = disagreement; mean score >3= agreement.

**Significant findings:**

**EDUCATION/EXPOSURE Q7 – mean 3.33; 54.17% agree or strongly disagree**
- Hear success stories of chronic pain patients (eg. teaching/patient videos/workshops).
- Lack of exposure/experience during training is main factor.
- Difficulty getting good quality training in the region.

**PATIENT FACTORS Q4 – mean 3.77; 70.83% agree or strongly agree**
- Chronicity of disease & psychological aspect of patients needs.
- Not sure I want to take on complex chronic pain where I feel I can’t offer a significant change to their pain burden. OP Clinic.

**JOB PLAN Q9 – mean 3.44; 54.17% agree or strongly disagree**
- Heavy clinic workload.
- Does not appeal due to the outpatient clinics.
- Delivery model: In the community setting, so less support if things go wrong.

**Conclusion**
- Advanced Pain training remains undersubscribed in Wessex & wider.
- Clearly multifaceted causation for this.
- Certain components of the profession will not change (patients/clinic/exams/politics?)
- However:
  - 83% see pain as a beneficial specialty.
  - <35% felt they didn’t have the skills.
  - Exposure to pain medicine needs to be improved within the region.
  - More can be done!

**What next…?**
- Improve clinical exposure.
- Regional teaching day.
- Increase in-training career advice.