

National Surgical Fellowship Scheme

Response by
The Association of Surgeons in Training

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I Introduction

- I.1 The Association of Surgeons in Training (ASiT) represents UK trainees from all surgical specialties and is one of the largest specialty trainee organisations in the UK with over 2200 members.
- I.2 ASiT believes that the proposed National Surgical Fellowship Scheme could offer an excellent opportunity for enhancing training in highly sub-specialised practice. Several areas of concern however are identified in the current proposal, these are outlined below and, unless they are adequately addressed, ASiT is unable to support the proposed programme as it currently stands.

2 Areas of concern

- 2.1 ASiT strongly believe that the proposed system would be applicable only for the acquisition of a very limited number of highly sub-specialised skills and must not become an entry requirement for the majority of consultant posts. With this in mind the numbers of fellowships must be very tightly controlled and linked closely to workforce planning with fellows being trained only when the super-specialist skills are required. A system of proleptic appointments to Consultant posts, contingent on the acquisition of very carefully defined skills to be developed during a specific fellowship, would be essential.
- 2.2 Fellowship posts must be time-limited to one year with explicit learning opportunities. The posts must be subject to independent quality assurance, along the lines of the SAC system, and should be subject to periodic inspection. Clearly defined goals must

be set and attained and service provision minimal. The proposed QA process for individual posts must be in place prior to commencement of the scheme.

- 2.3 Skills to be obtained during fellowship training must be beyond those appropriate to NTN holders and competition between pre and post-CCT trainees for individual training opportunities would be unacceptable. The fellowship must not become a further opportunity to develop skills required for ordinary Consultant practice and any perceived deficiencies in the current training scheme should be addressed prior to the award of a CCT, rather than by extending training beyond that level.
- 2.4 Involvement in research, whether as a major or minor part of fellowship posts, must be optional and not compulsory. It is envisaged that the primary function of these posts will be the acquisition of super-specialist clinical skills and although individual trainees may wish to avail themselves of opportunities for relevant research offered by the host unit, there should be no formal requirement for this.
- 2.5 National Fellows must be employed on a nationally agreed contract of employment which should provide identical access to facilities such as sick leave, maternity and paternity leave and study leave, as doctors employed on conventional training contracts. Negotiation and agreement of national Terms and Conditions of Employment for Fellows must be sought with the British Medical Association and all fellows employed under the same arrangement.
- 2.6 Funding for the National Fellowship Scheme must be allocated afresh with no diversion of pre-existing training budgets. Current trainees throughout England have

faced widespread cuts in funding for study-leave and new fellowship posts must not confound this problem.

- 2.7 On-call commitment would be acceptable if it were to provide additional skills appropriate to the fellowship - e.g. tertiary practice. Fellows providing cover at Consultant level, with suitable support, would be reasonable however the fellow should not be used to provide standard middle-grade cover for the sole purpose of rota compliance.

In view of the above, ASiT feel strongly that the project deserves full and proper planning and further discussion, prior to implementation. Before being able to lend its support to the scheme, ASiT would require a written undertaking from the Royal College of Surgeons of England that the above conditions would be met in full and ideally assurances that a trainee be involved in the selection process in order to safeguard the interests of pre-CCT surgeons in training.

We feel that the current timetable is far too tight and that the project will inevitably be rushed and suffer as a result. ASiT suggests a delay in the proposed start date of at least one year in order for these concerns to be addressed and would welcome the opportunity for further dialogue.

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