

Mr Bernard Ribeiro
President
The Royal College of Surgeons of England
35/43 Lincoln's Inn Fields
London
WC2A 3PN

12th March 2007

Dear Mr Ribeiro,

Re: MTAS Review Board

I have been following the developments and associated announcements regarding the initial outcomes from the MTAS review which has raised some additional issues that I wish to draw to your attention and receive comment upon.

You will be aware that ASiT have been concerned about the issues surrounding the implementation and running of MTAS which was brought to a head last week with the actions in the West Midlands deanery. At that stage we had felt that the interview panel should have carried out the interviews and only appointed those candidates of the very highest quality and if there was doubt should have recycled the posts to round two. However, given the further announcement that there had been crucial deficiencies in the longlisting process we have subsequently backed the decision of this panel on the basis that people may have been inappropriately shortlisted who would not have gotten through the longlisting process, which would have ultimately prevented eligible candidates from being shortlisted.

The announcement of a review last week was an important step, and something that ASiT lobbied for, and have supported. However we, and our members, are now somewhat confused by the outcome of the announcements from yourself and the Department of Health.

In your statement you have said that "Surgeons will now use full CVs and the customary structured interview to select candidates for jobs rather than relying on a computerised selection process which has clearly failed and has caused deep distress to both trainees and those who were tasked with selection. All candidates who have been previously selected for interview will still be interviewed, but trained medical advisors will now go back and examine in detail the candidates who were left out first time around. Those candidates who are worthy of training posts will now re-enter the process and go forward to interview at no disadvantage."

You have stated that the computerised system will not be relied upon, which relates to the shortlisting process rather than the interview process, and this has led to confusion. A misconception has cropped up that people not shortlisted the first time round will now have the opportunity to submit their CVs for consideration, which does not appear to be supported in the statements on the MTAS website or in the DoH press release. I have interpreted your statement as meaning that the application forms alone will be reviewed by a

trained assessor in each region, and where appropriate that people will be offered an interview if felt to warrant this.

This raises my first major question. Will all applicants have each one of their applications reviewed and reconsidered, regardless of whether they have received an offer of interview in another specialty or deanery? This is important as some people offered interviews may not have received an interview for their first or second choice specialty/deanery yet may have received an interview in a lower preference specialty/deanery. There is a perception that if someone has already been offered any interview that their application will not be reviewed. If these individuals do not have all of their applications reconsidered this would appear to be discriminatory to these individuals.

Second, who will the trained assessors be, who re-inspect the application forms and subsequently make the decision as to whether people should be invited to interview? How will these people be trained? How will these people be allocated time to perform these tasks? And what criteria will they be using that will be available to inspect?

Third, with regards to the interview processes that will result from these amendments, how will this work in those deaneries that have already interviewed candidates? Surely this will mean a second interview panel to be convened and a second set of questions/scenarios developed. How can this be at all comparable with interviews held at significantly different times?

Fourth, will CVs be available at the time of interview? If so, how will these be submitted? The MTAS website simply states that the panel chairperson will have access to the application form, which may be shared with the rest of the panel in exceptional circumstances, is this going to be the case for surgery?

Fifth, given the concerns arising from this round of applications I feel strongly that it would be important that people offered jobs as a result of this round are offered the opportunity to decline these offers and to compete on an equal footing in the second round if they have not achieved their first choice specialty. This would involve information of anticipated minimum numbers of posts needing to be made available prior to the candidates having to select or reject the posts from the first round. In this manner trainees can know what posts are likely to be available should everyone accept their offered posts, but acknowledging that some more posts may become available after this date.

I worry that a lot of the changes that are taking place are actually further deepening divides in the medical profession. I do not believe on a personal level that a complete abandonment of the MTAS process at this stage is of benefit to anyone as there is no viable alternative at this stage, and a return to the old selection methods in itself would be discriminatory to the more junior trainees at each level as it would be impossible to shortlist these people even on the basis of CVs. I look forward to your responses and clarification on these important questions and comments. Given the timeframe for the impact of some of these changes, an urgent response by e-mail might allow us to disseminate this information more rapidly.

Yours Sincerely,



Conor Marron
President ASiT