1. **CCT Unemployment/No job prospects**
    a. Cardiothoracic: 57 predicted by end of year
    b. ENT: 40
    c. Neurosurgery: ~7 per year, current figure not quoted
    d. T&O 110 CCTs in August 2007, with 50-60 posts
    e. Urology level not quoted
    f. Discussion:
        i. Neurosurgery felt that if their consultant expansion reached the predicted figure of 350 Consultants in the UK, then they would be on target, however this is not being met at all.
        ii. General feeling of concern from all SACs about expansion and the potential for unemployment
        iii. ENT reported a recent job had 2 unemployed surgeons applying
        iv. I raised the issue of the proposals by Lord Warner to have GPs performing surgery including General and ENT surgery in the community and questioned the validity of this when we were producing fully qualified consultant surgeons with no job prospects. I urged that the profession take this forward and make a stand to object to these proposals and encourage the appointment of surgeons to perform these tasks. There was widespread support for this, including form the lay representative. The chairman stated that he would take this forward.

2. **MMC Selection and Recruitment**
    a. The ASiT letter to Sarah Thomas was noted and a response from her circulated that was very non-specific. This will be circulated separately.
        i. IT company (METHODS) employed to set up electronic process
        ii. Selection methodology information being circulated to deaneries and a programme of Deanery Roadshows has been set up.
        iii. Person Specifications submitted, but require amendment and work is ongoing for these. The person specifications will be specific and explicit for each level.
        iv. Each Deanery will run the shortlisting against national criteria, HOWEVER, depending on the desired level of competition for interview at each deanery, the criteria may be raised. Therefore it is possible that an individual may be shortlisted in one deanery BUT NOT in another depending on the number of applicants. Information on the number of places available will be searchable on the MTAS system, but the level of competition

for interview for that deanery will NOT be available. Eg. If Northern Ireland wants 3:1 applicants to posts for interview, they may interview more people than Edinburgh which may (for example) want a ratio of 1.5:1.

v. The face to face interviews will be designed by individual deaneries to address national criteria and competencies.

vi. Selection panels for both shortlisting and interviews will have to consist of individuals from several specialties that could be selecting out of 'Surgery'

vii. Individuals can now apply for:

- 4 positions in total
- ie. 2 specialties in 2 deaneries
- 1 specialty in 4 deaneries
- 4 specialties in 1 deanery

viii. Definition of specialty is "Surgery in general'.

ix. On application form, individuals will select 'Surgery in General', then another drop down menu will appear asking individuals to list their preferences for themed/generic programmes.

x. At present, the selection panel are blinded to the themed programme preferences as this was requested by the JDC and the AoMRC Trainees Groups. Dr Thomas asked for feedback from Surgical Trainees on whether this was what they wished for. There was a strong feeling from the SAC and heads of schools of surgery that this was inappropriate, and that often a desire to do a career was a positive selection tool. I explained that trainee paranoia in the transition period, coupled with ever changing information and lack of clarity or dissemination of information. We have been asked for a response on this issue.

xi. The applicants, if they apply for 2 specialties will complete separate application forms for each specialty that will be blinded to the other specialty.

xii. The person specifications will be designed against the curricula, and applicants to ST2, must show that they have obtained ST1 and Foundation competencies, while those applying to ST3 must show that they have achieved ST1,2 and Foundation competencies. The curricula have not yet been published on websites etc, and this was pointed out. It was suggested by Dr Thomas that the colleges and other bodies should publish on their website examples of how competencies can be demonstrated for current trainees. Trainees need to have their portfolios up-to-date, and have collected all assessment forms, logbooks, audits etc in order to provide this evidence. The performance and inclusion of mini-CEX, mini-PATs etc would be

helpful but is not essential. I demonstrated the examples of this quoted in my presentation to trainees in Leeds and also in Stevenage comparing the 11 Workforce Psychology Partnership ‘competencies’ with my own SpR shortlisting criteria, and this was verified as being the kind of thing they would be looking for. It is entirely within the scope of trainees who have any insight to easily demonstrate these aspects.

xiii. ST1 will include foundation competencies and less than 1 year in ‘Surgery’

xiv. ST2 will be >1 year in Surgery, and <3 years in Surgery

xv. MRCS will be essential for ST3, BUT having the MRCS does not preclude you form applying to ST2, providing you have not met all of the other competencies for ST3. It will be up to trainees to decide at which level to apply. There will be an online checklist to help the applicants decide to which level they should apply.

xvi. Individuals may apply to be considered for FTSTA posts if not successful for ST training, or decide to apply directly to FTSTA posts. It is envisaged that this will be predominantly taken up by overseas trainees. The point of concern here is that the UK MMC Strategy Group has decided to appoint a large proportion of FTSTA posts after the 1st round of interviews. If an individual accepts a FTSTA post, then they WILL BE ineligible to apply for ST posts in the 2nd round. It is envisaged that up to 70% of FTSTA posts will be appointed at the first round. This would appear to severely disadvantage the chances for local trainees to obtain training posts if these posts are filled by ‘overseas’ graduates after the first round, as it would only leave a very small number of posts. It therefore appears to disadvantage those trainees with a real desire to enter specialty training. This was strongly contested by the T&O SAC and I strongly supported their concern over this. We were informed that the decision had been taken over concerns form trusts about the difficulties of appointing such a large number of people at a late stage. There was unanimous discontent with this process, including from Dr Thomas, and she suggested that we write to her, Shelly Heard, and JACSTG to express this concern and suggest that appointment of FTSTA posts should only occur after the second round of applications to ST posts had been completed. This requires URGENT action.

xvii. **ACTION PLAN:**

- Canvass opinion on blinding of themed preferences from members and councils of ASiT and BOTA

- Write to Sarah Thomas, JACSTG, and Shelly Heard to express dismay at the procedures for appointing FTSTAs