

# MMC and Getting into Higher Surgical Training

Advice for surgical trainees looking for an SpR training number

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### Introduction

Making progress in a surgical career has always been uncertain and competitive. However, there is a view circulating amongst current basic surgical trainees that they are facing unfair odds and, worse still, that they are being abandoned.

The object of this document is to inform trainees of the changes to training currently being implemented as part of the government initiative Modernising Medical Careers (MMC) and to offer guidance and hope to those who want to continue with a career in surgery but have not yet obtained a training number for higher specialist training.

The below advice details the background to the changes (very briefly), gives an overview of the changes to surgical training that will be introduced in August 2007, and puts forward suggestions as to how trainees can make the best of their opportunities to obtain a place in the new system.

### Background

Last September, as part of MMC, the Postgraduate Medical Education and Training Board (PME'TB) assumed responsibilities for overseeing all postgraduate medical education and training across the UK. Its statutory responsibilities include assuring that selection to training programmes is fair, that training is of a universally high quality and that at the end of training, doctors have the necessary skills, knowledge and judgement to practice safely and competently.

Since assuming these responsibilities, PME'TB has been in detailed negotiations with the royal colleges and medical deaneries regarding the implementation of these goals and, finally, some order and certainty is beginning to emerge about the nature of postgraduate medical training. Simultaneously, the royal surgical colleges are introducing a new surgical training project, known as the intercollegiate surgical curriculum project (ISCP), which will define clear goals and standards for progression in training across all specialties.

### Modernising Medical Careers and Surgical Training

In August 2007, under the new intercollegiate surgical curriculum, new specialist surgical training programmes will begin. They will be 'streamlined' and 'run through', meaning that once accepted onto a programme, trainees will continue until completion of training, unless they fail explicit assessments along the way or opt out. Trainees will be given a national training number for surgery (NTN) upon entry into year one (surgical training 1, ST1). At the end of training, trainees will acquire the certificate of completion of training (CCT) and with this, become eligible for entry onto the Specialist Register and the opportunity to apply for consultant posts.

### The structure of the training programme

Under the new intercollegiate surgical curriculum, training will begin with core specialty training (CST) over two years (ST1 and ST2), which will be themed or generic, with trainees able either to opt for general core training or specialty specific core training. Themed rotations will contain specialty components best suited for the intended specialty of the trainee's choice, whilst generic rotations will contain a mix of specialties depending on available posts in the region. At the end of ST2, trainees will have to specify their specialty and their NTNs will have a suffix added that identifies the chosen specialty. If there are more trainees choosing a par-

ticular specialty than there are posts, then selection will be by competition, with the unsuccessful candidates possibly being offered a second surgical option, or opting out. Higher specialty specific training (ST3 onwards) will continue for four to six years, depending on the specialty.

### Selection onto a surgical training programme

Selection into CST will be open to all doctors who are 'foundation competent', ie those who can show evidence of achievement of foundation competencies. It will not be necessary to have done a surgical post (either during the foundation years or elsewhere) to enter into CST, but successful candidates will be those who are able to demonstrate appropriate motivation and aptitude to become surgeons.

Selection into CST will include assessment of a structured application form, structured interviews and some form of objective assessments of professional skills, knowledge, surgical ability, motivation and trainability using 'selection centre' methodology. Selection will be coordinated nationally (in a system similar to that of UCAS for university entry) with candidates stating a ranked preference for two specialties<sup>1</sup> and for two deaneries.<sup>2</sup> During the selection process, candidates will be scored and ranked in order to facilitate the fair allocation of applicants to specialties and deaneries.

The College has recently piloted recruitment to ST1 to facilitate discussion about the future selection process, which will be overseen nationally by the dean.

### Assessment and progress through the surgical training programme

Each year of training will have clear training objectives, outlined in the syllabus, which need to be achieved for progress onto the next year. It is accepted that some trainees may progress more slowly and may take longer to achieve their training than others but, as long as a trainee is deemed to be capable of progression, their training will continue. Assessment will take place in the workplace using 360 degree appraisal, clinical evaluation exercises, case-based discussions and direct observation of surgical skills (see the ISCP website at [www.iscp.ac.uk](http://www.iscp.ac.uk) for more details) and by intercollegiate specialty and MRCS style examinations at specified points in the curriculum. Progress will require satisfactory appraisal at the annual RITA (Record of In Training Assessment) – a process that is likely to become more rigorous than at present.

### How Will Current SHOs Fit In?

MMC has agreed that there must be a transitional period for trainees already in the system and that this transition may last for two to three years from August 2007. All of the surgical colleges recognise that current SHOs and research trainees must be treated and are urging the deaneries to take a sympathetic view of all trainees who have done what was expected of them and wish to progress in surgery. Nationally, the College is lobbying government to temporarily increase the number of NTNs available during the transitional period.

**Foundation year 1 trainees** who commenced training in August 2005 will progress through the foundation programme and be eligible for selection in to the new surgical curriculum programme at ST1, commencing in August 2007.

**Foundation trainees who are part of pilots that commenced in August 2004, and foundation year 2 trainees who will complete their programme in July 2006**, should apply for existing SHO posts or pilot CST programmes. However, pilots do not guarantee progression into specialty training.

**SHOs without MRCS** should collect evidence that they have achieved foundation equivalent and surgical competencies, and work to pass the MRCS. With these they will be able to apply for the new surgical programme and, if successful, be slotted in at an appropriate year or level.

**SHOs with three years experience and who have passed their MRCS** will be eligible to apply for ST3 posts. Those with the motivation and desire to undertake research may do so, but trainees will not be penalised for lack of research degrees when applying for NTNs.

**Trainees already in research** who complete their higher degrees will have this taken into account, but will also need to show evidence of achievement of foundation competencies or of basic surgical training.

SpR posts will continue to be advertised, and SHOs will continue to apply for these posts, according to the present system.

### Becoming One of Those Who Progresses

There are likely to be two key terms during the transition period:

**Person specification:** The competencies and qualifications required of a particular doctor.

**Post specification:** Details content and objectives of the post.

It is certain that candidates with the appropriate person specifications will outnumber the posts available. Therefore, at all stages, until a candidate achieves an NTN, there will be competition. Successful entry onto a training programme will require a well-rounded curriculum vitae, which demonstrates the potential to fulfil the many roles of the modern surgeon: teacher, manager, advocate, collaborator, scholar, professional, as well as surgical expert (visit the ISCP website for more information, [www.iscp.ac.uk](http://www.iscp.ac.uk)) in addition to appropriate competencies, qualifications and demonstration of the achievement of foundation competencies.

**Current SHOs therefore need to work towards the following:**

- > passing the MRCS;
- > obtaining documented evidence of competencies;<sup>3</sup> and
- > building up one's CV.<sup>4</sup>

**Research:** Research undertaken at the right time and for the right reasons will continue to be important but, in the future, will be integrated into surgical training rather than being a criterion for entry to surgical training. For those with a flair for research, there will be a specific academic surgical pathway and designated academic NTNs within surgery.

**Going abroad:** Time abroad presents opportunities for learning, experience and service, and is likely to remain valuable in dealing with exams and clinical work. However, if you are thinking of going abroad at present, you must consider whether you have a recognised SHO post to return to.

**Flexible training:** The new training programmes will make flexible training easier, as the competencies to be achieved will be clearly defined and more easily documented.

### What Happens If I Do Not Make It?

There are approximately 4500 educationally approved SHO posts in the UK and, each year, about 500 NTNs in surgery become available (though this may increase). Inevitably, some SHOs, perhaps the majority, will not be able to progress to complete the specialist surgical training. However, unlike the past, where trainees could stagnate, hoping, sometimes against the odds, that they would make it in surgery, such a scenario is not possible under the new system. During the transitional period two to three years from August 2007) trainees will be able to apply for vacant NTNs. Those who do not progress will have documented evidence of a range of competencies that are likely to help them enter other specialties and disciplines. Some may wish to take up career-grade posts, but the status, duties, and numbers of these are unclear at present.

Under the new system, there will be some time-limited training contracts controlled by the deanery – namely, one year training posts alongside CST (ST1/2) which do not have an NTN number, but from which trainees who failed to enter a numbered ST1 post can compete for numbered ST posts (therein replacing numbered trainees who, for whatever reason, have failed to progress in surgical training or have opted out of surgery). Trainees will be allowed to undertake no more than two such one-year time-limited, unnumbered, training contracts.

### Is the Picture Gloomy?

MMC was introduced by the government to help provide clear, structured training for doctors, so that at each stage of their career they knew what was expected of them and when. It is also designed to train doctors to care for patients competently and cooperatively, working with other professions to achieve this.

Some trainees believe that the end-product will be an under-trained ‘sub-consultant’. However, this is not the College’s position as we expect the current CCT to equate to the CCST. The ISCP is designed to support the training of high quality surgeons, able to carry out the duties required of them, able to adapt to the changes that will inevitably occur over the next 20–30 years, and able to provide leadership in the evolving health care system.

There is natural concern felt by SHOs that there will be a ‘funnelling down’ of opportunities as the old ‘SHO surplus’ system is replaced by the new ‘same number in/same number out’ training programme. However, the government needs trained surgeons to implement its targets to improve surgical services, and in the consultant-delivered service that is planned, the ratio of trainees to consultant will change from around the present 1:1 to 1:4 in the future.

### Further Information

I have summarised the changes taking place. Because we are currently piloting the proposed intercollegiate surgical curriculum programme, which will set in place the new surgical curriculum post-August 2007, and because the first foundation years trainees have only recently begun their training, there are still many aspects to, and details regarding, postgraduate medical/surgical training that need clarification.

For the moment, the best source of regular information is that featured on the below listed websites and, in particular, that of the ISCP.<sup>5</sup> Mr Bernard Ribeiro, the College president, provides regular updates in the College’s *Bulletin*, whilst I hope to keep you broadly informed of developments via the Affiliates’ newsletter. Most deaneries appreciate the anxieties and uncertainties SHOs currently face, and will try to make the transition into the new system as smooth as possible.

## Advice for SHOs Seeking an NTN

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1. Chosen from the nine major specialties within surgery.
2. The postgraduate deanery linked to a medical school, which has local responsibility for organising and supervising training programmes.
3. The documentation for this will soon begin to appear on the intercollegiate surgical curriculum project website at [www.iscp.ac.uk](http://www.iscp.ac.uk).
4. Think broadly, ensuring that you have publications, presentations, and audits to include. In the future, curriculum vitae are likely to be scored according to a structure that reflects the seven roles of the surgeon
5. Intercollegiate surgical curriculum project: [www.iscp.ac.uk](http://www.iscp.ac.uk)  
PMETB: [www.pmetb.org.uk](http://www.pmetb.org.uk)  
Senate of Surgery of Great Britain and Ireland: [www.senateofsurgery.org](http://www.senateofsurgery.org)  
MMC: [www.mmc.nhs.uk](http://www.mmc.nhs.uk)  
Also see the royal surgical college websites

## **Professional Standards and Regulation**

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