

Post-CCT Non-Consultant Grade

Position Statement by
The Association of Surgeons in Training

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On behalf of the ASiT Executive
Ratified by ASiT Council

1 Introduction

- 1.1 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.
- 1.2 ASiT welcomes the opportunity to contribute to the ongoing debate surrounding post-CCT non-consultant grades and clarify the position of surgical trainees.
- 1.3 This document represents the opinions gathered from current surgical trainees in all specialities, at all stages of training. Views have also been sought from the relevant surgical specialty trainee organisations through their ASiT Representatives, and the President of the British Orthopaedic Trainees Association (BOTA).
- 1.4 We note “Briefing 52: Medical Training and careers – the employers’ vision” (NHS Employers, November 2008) in the preparation of this position statement. We also note other statements published by the Roleaux Club (August 2008), the Psychiatric Trainees’ Committee (Royal College of Psychiatrists, December 2008) and the discussion document “Patients, Training, Clinical Leadership and a ‘Subconsultant’ Grade” by the RCP Trainees Committee (Royal College of Physicians of London, March 2008).
- 1.5 The resulting position statement represents the consensus opinion following discussion and ratification by ASiT Council.
- 1.6 Given the recent period of uncertainty regarding non-Consultant post-CCT posts, ASiT would welcome further open debate in this area.

2 ASiT Position Statement

- 2.1 Patients understand the concept of a 'Consultant' being the senior clinician in a team. Such a role brings with it certain legal and professional responsibilities.
- 2.2 Patients request and deserve Consultant-delivered care. This "gold-standard" should not be diluted by introducing post-CCT non-Consultant positions in an attempt to circumvent this.
- 2.3 From a patient and tax-payer perspective, Consultants have been shown to represent the most efficient model of hospital care. Introduction of a new post-CCT non-Consultant staff tier would not therefore confer any economic benefit to the current provision of NHS healthcare.
- 2.4 ASiT recognises the necessary medical workforce and training changes brought about by the introduction of the Modernising Medical Careers (MMC) programme. Coupled with the introduction of the 48-hour EWTD compliant week in 2009, training opportunities have required formalising due to reduced length of training and reduced working hours available during this.
- 2.5 A CCT should indicate that the holder is fit for appointment to an autonomous Consultant post without further specialist examinations or credentialing. If this is not the case then the CCT is awarded inappropriately, as training has not been completed.
- 2.6 If CCT holders require further training then the adequacy, timing and appropriateness of the CCT requires further consideration. Lengthening or improvement of pre-CCT training may be required to address this shortfall of training experience in the streamlined training pathway of the future.
- 2.7 ASiT does not believe a 'Chef-de-Service' model, as frequently seen in Europe, is the most appropriate form of healthcare delivery in the UK. A move away from independent Consultant practitioners must be seen as a retrograde step both for patient care and also for the holders of those posts.

- 2.8 A service delivery argument has been made for the creation of post-CCT non-consultant posts. ASiT does not believe a CCT should be required to take up these posts, as these are different roles requiring different skills to a Consultant position.
- 2.9 Service delivery non-Consultant posts already exist in the NHS (Staff and Associate Specialist Grades) and creation of a “sub-consultant” post would be an unnecessary duplication of this.
- 2.10 An argument has been put forward for post-CCT non-Consultant positions aiding the absorption of surplus CCT holders into NHS jobs. ASiT does not believe this a suitable tool for correcting inadequacies in medical workforce planning.
- 2.11 It is vital that the process by which future workforce projections are based matches future supply and demand as closely as possible in order to achieve a steady state. A planned over-supply of trainees should not form part of this.
- 2.12 Where surplus CCT holders exist, the number of trainees in that speciality must be reduced through appropriate awarding of national training numbers. NHS service requirements will still remain, so any reduction in NTN should be balanced with the creation of non-training posts to address this.
- 2.13 Introduction of post-CCT non-Consultant positions would place further demands on existing Consultants who would ultimately have to supervise a new staff tier. This would involve overseeing training and taking clinical responsibility as the senior clinician. Such extra demands and responsibilities may not be welcomed by Consultants who are already stretched in providing existing training and services.
- 2.14 In view of the recent hurried introduction of changes to medical training it seems unnecessary at this point to introduce further changes to career structures before the outcomes of these changes in training can be fully assessed.

- 2.15 Introduction of post-CCT non-Consultant positions would adversely affect the motivation and morale of trainees, for whom career progression would be in doubt.
- 2.16 The functional service provision role of these posts would also serve to inhibit the sense of ownership Consultants currently have over the provision of their services. This would be detrimental to continuing excellence in healthcare provision by the NHS.

3 Future Workforce Debate

- 3.0 ASiT would welcome similar position statements from the Royal Colleges and speciality associations across the breadth of medicine.
- 3.1 Further clarification of future workforce plans should also be made by the Department of Health in order to aid doctors' career planning and assist in adequate workforce planning.