

**ASiT, the Trainee Surgical Speciality Associations' & BMA UKJDC Joint Letter to Sir David Behan, Mr David Garbutt, Ms Alex Howells & Mr Mark McCarey, Chairs of the Four Educational Bodies, regarding the recent changes to Core Surgical Training Recruitment 2022 - 2023**

Thursday 6th October 2022

Dear Colleagues,

On Monday 26th September, the Medical and Dental Recruitment and Selection (MDRS) group National Specialty Recruitment manager, updated the Joint Committee on Surgical Training (JCST) Selection Leads meeting that the Multi-Specialty Recruitment Assessment (MSRA) examination will be used to shortlist candidates for the Core Surgical Training (CST) 2022-2023 recruitment round. The approval to introduce this examination by the MDRS involved no consultation with the Association of Surgeons in Training (ASiT) or British Orthopaedic Trainees Association (BOTA) representatives at the Core Surgical Training and Advisory Committee (CSTAC) or the Trainee Surgical Speciality Associations.

ASiT is an independent professional body (Charity Number 1196477) working to promote excellence in surgical training for the benefit of junior doctors and patients. With a membership of over 3500 members and trainees across all grades and specialties, the Association provides support at both regional and national levels throughout the United Kingdom and Republic of Ireland. Governed by an elected Executive and Council, the Association is run *by trainees for trainees*.

Following a meeting with the chair of the CSTAC to discuss this significant change in recruitment plans, published on Wednesday 5th October, ASiT hosted an emergency meeting of all pan-specialty surgical training organisations in the United Kingdom and Ireland.

**Surgical specialty training organisations formally oppose plans to introduce the MSRA examination for recruitment to Core Surgical Training**

**Rationale:**

**(A) Evidence Base**

The MSRA has been used in recent years as a compulsory assessment for some run-through postgraduate specialty training applications in the UK (General Practice (GP), Obstetrics and Gynaecology, Ophthalmology, Psychiatry and Neurosurgery). (1) We are aware of one published internal

review by the Working Psychology Group (WPG) in relation to psychiatry utilising the MSRA, which has found correlation between exam performance and future Annual Review of Competency Progression (ARCP) outcomes. (2) There has been no correlation found to date with MSRA performance and overall performance in other areas of the recruitment round (e.g. Interview and Portfolio). ASiT & the Trainee Speciality Associations support the facilitation of high-quality recruitment for trainees. We are therefore disappointed that no process for piloting this on a formative basis has taken place.

### **(B) Precedent**

We are aware that The Royal College of Paediatrics and Children's Health (RCPCH) **stopped** using the MSRA for three highly concerning reasons:

- The review of data demonstrated greater differential attainment than the standard process
- The MSRA gave no greater degree of discrimination (in the sense of telling between high-performing and lower-performing candidates) than the standard process despite the additional burden on interviewees
- The MSRA is still very adult-focussed and felt less able to ascertain the experience and skills of paediatric doctors. Non-UK doctors would be more likely to be solely working in CYP (children and young people's services) rather than adult services in their recent careers.

We are also aware that the MSRA was opposed by ASiT and the Trainee Associations in 2020 and by our Internal Medicine Training (IMT) colleagues in recent years where the introduction was initially proposed and then withdrawn.

### **(C) Equality and Diversity**

We are also aware of the invitation for trainees to take part in a review of the MSRA by the WPG. This review has been commissioned with the aim of reducing the attainment gap between different groups of trainees because it has been found by Health Education England that "a difference in attainment levels has been found across groups of trainees across multiple demographic groups on both tests"(3). The recent Kennedy report (4) specifically recommended that there is recognition that "*current differentials are NOT the function of learner deficit*" and that any gaps need to be urgently addressed. The introduction of the MSRA exam is at direct contradiction to this aim. At a time when there should be a greater focus on reducing differential attainment, this announcement is counterproductive and will exacerbate existing barriers for prospective applicants to CST.

## **(D) Communication**

The postgraduate medical and surgical workforce remains under constant and significant pressure working within the current healthcare system. Battling service provision against reduced opportunities to train has had an impact on doctors' mental health and wellbeing (5). With a rise in the rates of burnout and low morale across the profession, last-minute changes to recruitment are not only unacceptable but risk further lack of confidence in the process itself. Whilst the number of applicants to CST remains high, the number of applicants proceeding directly into specialty training continues to fall year after year. (5) We foresee that this decision will unfortunately have a negative impact on the numbers that decide to apply to CST in 2022–2023, further adding to the workforce crisis.

Prospective applicants to the CST programme have understandably remained flexible to changes in recruitment processes over the preceding years due to the pandemic and ASiT to date has worked closely with the Educational Bodies to facilitate progression whilst protecting trainees. Many will have continued to tailor their surgical portfolio at significant financial (6) and emotional cost to those previous requirements to now be faced with an additional examination introduced without communication of rationale.

Specialty training organisations recognise that there have been increased demands placed on recruitment processes. We acknowledge that the availability for trainers to partake in recruitment processes has necessitated statements from the Academy of Medical Royal Colleges, GMC, Chief Medical Officer and NHS Executives on the “appropriate release of medical colleagues for the purposes for carrying out work for the wider health system”. (7) Training and now recruitment for doctors looking to specialise in surgical specialties are being adversely affected. In the context of the largest surgical backlogs in the history of our NHS we can not understand the need for excessive burdens to be placed on individual applicants. It would appear that the challenges within the provision of postgraduate training are now impacting recruitment to training.

There are **less than three weeks** until the opening of CST on Wednesday 2nd November (7).

We write to formally request that:

- 1) The Four Educational Bodies reverse their decision to instigate the MSRA exam for Core Surgical Training Recruitment**
- 2) Health Education England release the equality and diversity assessment data from the 2021/2022 recruitment round in line with previous years' releases**

**3) A formal consultation process is opened with ASiT to explore the rationale for introducing the examination**

ASiT & the Trainee Speciality Associations support the continued facilitation of high-quality recruitment for trainees. It is our opinion that those responsible for medical recruitment should strive for applicants to have equal opportunity as a minimum and, ideally, through evidence based assessments. The introduction of the MSRA, the manner in which this has been done, and the withholding of the most recent equality and diversity assessment from 2021/2022 go **against** equality and diversity.

We support the stance that a points-based shortlisting system can create disparities for applicants from different backgrounds. The measures to reduce inequity are to be welcomed but require better communication. We appreciate the consideration being given to reforming the recruitment system (an important contributor to the rising cost of training) and we note with interest the recent removal of intercalated degrees from shortlisting points. However, if we are to move to a new recruitment methodology, we ask that we learn from previous failings, engage all key stakeholders and give the process its due consideration to deliver an improvement on the current model.

Yours sincerely,

Mr Martin King, ASiT President on behalf of ASiT Council

Mr Oliver Adebayo, BOTA President

Mr Nicholas Boxall, BSoT Chair

Mr David Robinson, Roux Group President

Miss Charlotte Brown, Herrick Society President

Miss Natasha Jiwa, Mammary Fold

Mr Mohamed Rabie, The Dukes' Club President

Miss Rachael Forsythe, Rouleaux Club President

Mr Walid Mohamed and Mr Bassem Gadallah, The Society for Cardiothoracic Surgery

Miss Kirstie Taylor, PLASTA UK President

Miss Elizabeth Vaughan, ASGBI-MA President

Miss Divya Sharma, OMFS FiT President

Mr Raef Jackson, TRiPS representative

Miss Tharsika Myuran, AOT President

Dr. Vivek Trivedi Co-Chair BMA UKJDC

Dr. Robert Laurenson Co-Chair BMA UKJDC

Dr Kiara Vincent, Deputy Chair (Education and Training) BMA UKJDC

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cc.

Professor Adrian Brookes (Chair of the Medical and Dental Recruitment and Selection Programme Board)

Professor Emma Watson (Co-Chair of the Medical and Dental Recruitment and Selection Programme Board)

Dr Geoff Smith (Chair of the MDRS Recruitment Group)

Professor Jon Lund (Chair of the Joint Committee on Surgical Training)

Mr Senthurun Mylvaganam (Chair of Core Surgical Training Advisory Committee)

Professor Neil Mortensen (President, Royal College of Surgeons of England)

Professor Michael Griffin (President, Royal College of Surgeons of Edinburgh)

Professor Laura Viani (President, Royal College of Surgeons of Ireland)

Mr Mike McKirdy (President, Royal College of Physicians and Surgeons of Glasgow)

## **References**

- (1) Ooi SZY, Ooi R. Impact of the recent changes of the Multi-Specialty Recruitment Assessment (MSRA) weightage in specialty training recruitment during the COVID-19 pandemic. *Postgraduate Medical Journal* 2022;98:e170-e171
- (2) <https://nwpgmd.nhs.uk/sites/default/files/CT1%20Psychiatry%20Selection%20-%20Evidence%20for%20Use%20of%20the%20MSRA%20WPG%20-%20Interview%20analysis%20included%20%28002%29.pdf> (accessed October 2022)
- (3) Help us to improve the Multi-Specialty Recruitment Assessment - A Call for Focus Group Participants, Work Psychology Group
- (4) Royal College of Surgeons of England. The Royal College - Our Professional Home. An independent review on diversity and inclusion for the Royal College of Surgeons of England. An exciting call for radical change. March 2021. Available at: <https://www.rcseng.ac.uk/-/media/files/rcs/about-rcs/about-our-mission/rcs-diversity-report--22-march-1.pdf> (accessed October 2022).
- (5) Kotta PA, Elango M, Matcha N, Chow KY. Foundation doctors' perspectives on the impact of the COVID-19 pandemic and lessons for the future. *Clinical Medicine*. 2021 Sep;21(5):e522.
- (6) O'Callaghan J, Mohan HM, Sharrock A on behalf of the Council of the Association of Surgeons in Training, *et al* Cross-sectional study of the financial cost of training to the surgical trainee in the UK and Ireland *BMJ Open* 2017;7:e018086.
- (7) <https://www.england.nhs.uk/wp-content/uploads/2022/05/B1659-letter-appropriate-release-of-medical-colleagues-may-2022.pdf> (accessed October 2022)
- (8) <https://specialtytraining.hee.nhs.uk/Recruitment/Recruitment-timelines> (accessed October 2022)

*The Association of Surgeons in Training is an independent professional body and charitable company (1196477) founded in 1976 to promote the highest standards in surgical training. ASiT has an elected Council representing all surgical specialty organisations and training regions in the United Kingdom and Ireland.*