



Shape of Training Review: Training Cuts Could Harm Doctors

Statement: February 2015

There has been much concern expressed in the media recently about the potential adverse consequences of implementing reduced training times for junior doctors as recommended by the Greenaway "Shape of Training" review published in 2013. It has been proposed that training times to become a consultant should be reduced from 10-12 years down to 6-8 years. Such a reduction, it is claimed will "result in people finishing training and being labelled as a consultant much earlier on, when in fact they are not reaching the same standard that patients have come to expect".

The FSSA and the Surgical Forum of GB and Ireland discussed these issues at length last year in a meeting dedicated to this topic and attended by representatives of all 4 Surgical Royal Colleges and all 10 Specialty Surgical Associations.

They concluded the following:

- The broad goal of medical education must be to deliver trained doctors that match the needs of the local population with some organizational change to adapt to local requirements
- There needs to be greater emphasis on the need for generalist as opposed to specialist skills particularly in the care of the emergency acute patient
- A return to apprenticeship style training and an acceptance that training times will vary between individuals and disciplines is welcomed
- The role of the "consultant" requires revision to recognize the fact that consultant responsibilities change over career lifetime
- Training in a defined Sub-Specialty will require additional post CST training termed credentialing

Focussing on training times alone with the only endpoint of training being appointment to a consultant post may no longer be appropriate. There are a number of reasons for this:

- The UK and Ireland are the only countries that have appointment to a consultant post as the only outcome of training. The modern NHS needs to revisit the role of consultant / specialist
- The UK and Ireland unquestionably have much longer training times than our European or American neighbours. This is cost inefficient
- Our model of training presupposes that this only occurs as "junior doctor". This model is flawed. We, the FSSA, are of the view that training must continue after hospital appointment.
- The priority must be to train surgeons to fulfil the needs of society: in other words there is no justification to train more and more specialists when demand for such posts is few. Society needs surgeons who are able to deal with emergencies as these constitute the largest cohort of patient being admitted to UK hospitals each year
- Training should not be defined solely by quantity (i.e. years), but by quality