

Research during surgical training: why are we doing it?

Sir

We read with interest the recent symposium on Modernising Medical Careers (MMC) (Vol 66(3)) and editorial on academic medicine in the UK (Pusey and Thakker, 2005). With the advent of MMC, surgical trainees currently holding research posts are faced with great uncertainty. The traditional route to higher surgical training (HST) involving progression through basic surgical training, MRCS, and often a period of postgraduate research, is about to see great reform.

Time spent in surgical research towards a higher degree (PhD or MD) was almost a prerequisite for appointment to many HST programmes, appearing in the desirable section of a specialist registrar job description. As the aim of MMC is to create a seamless training structure, the role of postgraduate surgical research has become unclear.

Presently, a period of full-time research towards a higher degree is considered an essential requirement for those aspiring to an academic career, providing excellent training in the skills required to pursue any subsequent

research programme. For those not involved in active research, the ability to critically appraise the wealth of medical literature is essential in order to practice evidence-based medicine, and can be developed during a period of undergraduate or postgraduate research.

The new training structure in surgery will consist of a 2-year foundation programme, followed by a 2-year basic specialist training programme (ST1 and ST2) in the speciality, and maybe subspeciality of choice. Entry into higher specialist training (ST3 onwards) will lead directly to award of a certificate of completion of training (Department of Health, 2004).

Basic specialist foundation programmes in, for example, urology, plastics and hepatobiliary surgery are already being piloted in some regions. However, what will be the role of postgraduate research in making these transitions? HST appointments will probably be based upon the assessment of key competencies obtained during basic specialist training programmes (ST1 and ST2) (Department of Health, 2004), rather than the possession of a higher degree and a number of publications.

We are concerned that the new generation of trainees will lose the opportunity for personal development through involvement in surgical research. The

Academic Careers Subcommittee of MMC and UK Clinical Research Collaborative are welcome developments following the Research Assessment Exercise, which is perceived to have adversely affected academic medicine in the UK (Academy of Medical Sciences, 2002).

We wait, with anticipation, for decisions from these organizations and the Postgraduate Medical Education and Training Board regarding the structure of the academic career pathway, the role of research in surgical training, and how those currently in research will see seamless integration into the new clinical training structure.

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Patients with unsafe swallowing: look out for bedside hazards

Sir

A 67-year-old man suffered a left middle cerebral artery infarct resulting in global aphasia, right hemiplegia and right hemianopia. He suffered periods of restlessness and confusion. Speech and language therapy assessment concluded that it was unsafe for him to swallow food or liquid.

After an initial period of nasogastric tube feeding, a decision was made to provide nutrition via percutaneous endoscopic gastrostomy (PEG). During endoscopy for the insertion of a PEG tube, two one-pound coins were unexpectedly discovered in his stomach

(Figure 1). Subsequently it was noticed that on top of a bedside table kept to the left of the patient (his functional side),

Figure 1. Two one pound coins found in the stomach of patient during endoscopy.



there were items such as loose coins and a box of chocolates, close enough for him to reach. Presumably he had picked up and swallowed the coins during periods of agitation.

Well-meaning relatives or nursing staff often leave objects and drinks within easy reach of a patient. These may have the potential to cause upper airway obstruction, and greatly increase the risk of aspiration pneumonia. The need to maintain close vigilance of surroundings of patients deemed unsafe to swallow should be made clear to the relatives and the team looking after such patients.

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