Training: what went wrong? Where do we go now?

When Sir Liam Donaldson wrote *Unfinished Business: proposals for reform of the senior house officer grade* in 2002 (Donaldson, 2002), only the most cynical of minds could have predicted the quagmire that we lie in today. On the contrary, there was an atypical professional consensus on the need for improvements to be carried out. The Sysiphean task of sending off hundreds of CVs for 6 months of poorly regulated training with no continuity and scant supervision was just one element of a system ripe for improvement. And so Modernising Medical Careers (MMC) was born – a 21st century training system that would streamline medical training and bring us in line with our European counterparts. This shining new system would also herald the 'consultant-led health service' promised in the *NHS Plan* (Department of Health, 2000).

A glance at the following offering *Modernising Medical Careers, The Next Steps* (UK Health Departments, 2004) must have reassured any naysayers concerned about the creation of a new 'lost tribe':

'A significant transition period may be necessary while new training programmes and curricula are developed…'

'...ensure that those who are not selected initially for their chosen field have opportunities to continue in training. It is not acceptable that they should, at this stage, fall out of the training system.'

'There will be in-programme opportunities for candidates to move to other preferred or more suitable specialties. The processes for doing this must be clear, explicit and fair – it will be a very important feature of the new system.'

So what happened to these best-laid plans that rub salt into the wounds of any affected doctor who reads them today? Even MTAS (Medical Training Application Service), the illustrious computer system designed to increase efficiency via standardized application and automated job matching, was never originally planned to be the bedrock of MMC.

Instead, MMC was bulldozed through at a dizzying speed, against the advice of a weakened profession, for reasons best known to those behind closed doors at the Department of Health. Was it so that, come the fast-approaching election season, the spin doctors could announce at any cost that implementation of MMC had been successfully achieved rather than being a work in progress – a far less impressive sound bite for any campaigning prime minister? We don't know. We wonder what the spin doctors will say now that the project hangs in tatters along with the careers of the real doctors. Sir Liam's silence is, by now, almost deafening.

The effect on doctors

The majority of applicants now know whether or not they have a 'golden ticket' of run-through training (18 000) or career stagnation or termination (14 000). But the saga continues. The one saving grace of MTAS was that you would be allocated your top preference from the interviews you were successful in, so there would be no second-guessing of job offers. But with the deaneries in disarray, job offers have been sent out, subsequently withdrawn, even reissued. Mistake upon mistake is being made, each one making or breaking an individual doctor's whole career.

Having endured months of stress and uncertainty, many are at breaking point. Those who have been unlucky have so little faith in the system that they can't be sure that they lost out on merit. The widely publicized failures in the short-listing procedures, the differences between round 1a and 1b interviews and now the excess of administrative errors leaves most with the bitter taste that they have been cheated. Round 2 lumbers slowly on, but – with no one at the helm and the now familiar vacuum of information all around – desperate doctors navigate their way alone in a scramble for jobs far worse than any that has been seen in decades.

Ministerial apologies (Jones, 2007) and high-level resignations (Hall, 2007; Ribiero, 2007) offer little solace to those lying in the tracks of the MMC juggernaut. 1 August approaches, and with it the bizarre paradox of posts lying empty alongside an unprecedented number of unemployed doctors. Round 2 is set to continue into October and beyond. The then Secretary of State for Health claimed that the 1 August changeover is nothing new, and devolved responsibility to the individual trusts for ensuring that there is adequate staff to meet patients' needs, just like on any other day of the year (Hewitt, 2007). It did not seem relevant to her that it was government policy that enforced these changes, without adequate provision for their implementation. There is some poignancy to the statement that 'above all, the driver for change was a need for better care systems for patients' (UK Health Departments, 2004). Anyone not on compulsory induction courses in August will just have to gird their loins, and anyone in a hospital bed might be called on for a bit of 'blitz spirit'.

So what next?

What lessons can we learn from what the Royal College of Physicians describes as 'the worst episode in the history of medical training in the UK in living history' (Lansley, 2007)?

Eyes turn to Sir John Tooke, whose review group is entrusted with the task of reviewing MMC in its entirety, and whose September report will be eagerly awaited. Patricia Hewitt insisted that the problems this year have been a result of the implementation process, but that the wider principles of MMC are sound and widely accepted (Lansley, 2007). Remedy seeks to challenge this; in particular, the concept of run-through training commencing prematurely at ST1. This is a time when it has not been proved possible to select juniors

appropriately for specialty training. Simultaneously, the creation of the fixed-term specialty training appointment (FTSTA) grade has created a new lost tribe, with no opportunity to re-enter the specialty training conveyor belt.

We must learn the lesson that change in practice in medical training must be subject to the same scrutiny as it is in every other corner of the profession. At the very least it should be piloted and validated by independent bodies before being rolled out nationwide.

It would appear that Sir John has learned the lessons of his predecessors and is keen for open dialogue with the profession. He has travelled all over the UK to hear doctors' views on the recent debacle. His extensive inquiry open to any doctor will, hopefully, shed some detailed light on the mistakes in the past and the correct path ahead (www.mmcinquiry.org.uk/). It's a survey that any doctor interested in the future of the profession should fill out.

Like our patients before us, we have grown tired of the paternalistic notion that our representative bodies always know best. Some, such as the wholly unrepresentative and unaccountable Postgraduate Medical Education and Training Board (PMETB), have lost universal respect. The son-of-MTAS generation demand to be consulted, and in this culture of 24-hour web and email access there is no excuse for not improving communication skills – the most basic and transferable competency in the modern medical world. There has already been a change in the landscape. Remedy's rise to notoriety on the crest of informative communication has since been followed by increased provision of information and regular e-updates from the British Medical Association (BMA) and the Royal Colleges.

But this alone is not enough. A change in culture among the whole profession is long overdue. We have seen what happens when we sit back, do nothing and hope it will all turn out alright. Whether it be through Remedy, the BMA or the Royal Colleges, engagement of the disillusioned grass roots is the only avenue by which medical training can get back on course.

We now have a new Secretary of State for Health. Alan Johnson must know that, although the current problems are not of his personal making, he has a mountain to climb to repair the damage done. He will also know that he faces a new, politically aware and engaged generation of doctors. These doctors have marched through London in their thousands, held a rally at Westminster, lobbied hundreds of MPs and taken the Department of Health to the High Court. They are a different group of people to the ones that were approaching MMC last December. They are prepared to make some noise, and will make themselves heard. We hope he is listening. **BJHM**

KEY POINTS

- Modernising Medical Careers (MMC) was born out of the desire to make medical training in the UK more effective.
- Key assurances were made early on that steps would be taken to avoid the creation of a 'lost tribe' by careful planning of the transition period to MMC.
- Rushed reform driven by political imperative has broken these assurances resulting in inadequate selection and a lost tribe of 12–14 000 UK doctors.
- The future of medical training relies on policy making that includes the grass roots, and the acid test of this will be the effectiveness of the Tooke review.

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Department of Health (2000) *The NHS Plan.* Department of Health, London

Donaldson L (2002) *Unfinished Business: proposals for reform of the senior house officer grade.* Department of Health, London (www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_4017024 accessed 25 June 2007)

Hall C (2007) Expert in charge of doctors' job fiasco resigns. *Daily Telegraph* **31 March**

Hewitt P (2007) Modernising Medical Careers. *Hansard* **April 24**: column 814 (www.publications.parliament.uk/pa/cm200607/cmhansrd/cm070424/debtext/70424-0007.htm#07042428000647 accessed 25 June 2007)

Jones G (2007) Hewitt apologises over training chaos. *Daily Telegraph* **17 April**

Lansley A (2007) Modernising Medical Careers. *Hansard* **April 24:** column 808 (www.publications.parliament.uk/pa/cm200607/cmhansrd/cm070424/debtext/70424-0006.htm accessed 25 June 2007)

Ribiero B (2007) MTAS resignations: implications for MMC. *Ann R Coll Surg Eng* **89** (Suppl): 154–5

UK Health Departments (2004) *Modernising medical careers : the next steps. The future shape of Foundation, Specialist and General Practice Training Programmes.* Department of Health, London (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4079530 accessed 25 June 2007)