

Core surgical training: addressing the inbetweener effect

Sir,

Core surgical training represents the 2-year transition period between the foundation programme and higher specialty training which is meant to build on competencies obtained from earlier years of training. By providing the chance to work within multiple surgical subspecialties, trainees aim to determine the specialty most suited to them as a career. Trainees must gain exposure in at least two surgical subspecialties during their core surgical training to ensure broadness of learning.

But as entry into surgical higher specialty training remains a highly competitive process, with core surgical trainees often competing against more experienced candidates (Carr et al, 2011), there is an inevitable tendency developing for many candidates to focus their training on one specialty. Many local education and training boards have reacted to this by offering themed core surgical training programmes (Fitzgerald et al, 2012). More experience in a particular specialty is often required to demonstrate commitment and build competence as an independent operator within a particular subspecialty.

But while a themed core surgical training programme may be viewed as a prerequisite for success, broader programmes may still appeal to undecided trainees who have had limited exposure to surgery before their core surgical training (Thomas, 2008). Hence, core surgical trainees enter their respective programmes as either explorers or focused pre-higher specialty trainees but arguably

without the entitlements of a registrar. The unhelpful label of senior house officer, a misleading remnant of the previous training system, may increase unequal distribution of opportunities among non-FY1 pre-registrar grades (Dillner, 1993) which makes clarifying such entitlements difficult.

Getting to theatre and being given opportunities to perform procedures as a core surgical trainee is probably the biggest challenge caused by having an unclear role within a particular team. In surgical subspecialties, seniority normally dictates who is given priority when it comes to operating (Allan and Vig, 2009). The distinction between junior registrar and pre-registrar senior house officer is a prime example of how this hierarchy is maintained despite the fact that both trainees may be equally eligible to apply for higher specialty training. Ironically, this distinction can be less clear or even absent between core surgical trainees and foundation year 2 doctors.

While many programmes have pushed for the misleading senior house officer label to be phased out and for protected theatre time for core surgical trainees, it is possible that these issues may only be truly addressed by reducing the tendency towards a prolongment of training. In order to clarify the role of core surgical trainees, trainers must be fully aware of who they are which is often not the case. Trainees can play their own part in clarifying their role by proving their worth through hard work and demonstrating progressing

competency. Changing perceptions of the role of core surgical trainees should come from communication between foundation, core and higher specialty training programme authorities, who could ensure adequate signposting to their more junior and more senior colleagues, thus preventing the awkward 'inbetweener' effect felt by many core surgical trainees during their training.

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