

## **Note from MMC Programme Board 01-10-07**

*NB Each item in this note is based around one of the papers, which were circulated in advance.*

### **Context of the meeting**

The aim of the meeting was to reach consensus on the issues tabled for 2008 recruitment to pass to ministers for a decision. If no consensus was reached, then this would be reflected in the information communicated to ministers.

The Board discussed potential risks surrounding any decisions to be made. Serious concern was expressed concerning whether a national IT system would be deliverable, the risk of any failure impacting upon 2009 recruitment, and the attendant risks to patient care. At the same time it was emphasised that some apparently low risk options may carry hidden risks; for example, unlimited application might result in all specialties attempting to recruit at the same time with potential impact on consultant and junior time and patient care.

The BMA team circulated a 'green paper' setting out a fifth option for specialty selection and recruitment in 2008, based on BMA policy and agreed among the negotiating team.

### **Matters arising from the minutes**

These will be taken at the next meeting

### **Consultation Responses**

A significant number and range of written responses were obtained both from individual doctors (n=120), major stakeholders (n=43), groups and local organisations (n=38), other countries (n=4) and individuals with educational responsibilities (n=48). This is in addition to feedback from the two-day workshop that involved 50 representatives from the medical profession and the NHS. General feedback about nature and extent of the consultation was that people thought it was a fair reflection of the current position. Expressed views were diverse but nevertheless an overall pattern was apparent across responses. It was noted that this is a qualitative and not quantitative consultation, and that the full range of responses remain available as implementation proceeds.

### **Context for decision making**

Predicted numbers of applicants and posts remain as previously.

### **Shortlisting**

The Board decided that selection into specialty training for 2008 would be through local processes of shortlisting, followed by interviews. There would be no national shortlisting scoring system. Shortlisting would be through consideration of structured (CV-based) application forms. Different Deaneries and specialties would use different CV indicators. Exceptions to local processes would be: GP selection, O&G (where a national cascade method was used in 2007 round 2), possibly Paediatrics (who are developing a similar system to O&G) and very small specialties such as Histopathology. The BMA team emphasised the need for transparency in local scoring systems, with a need to inform trainees of the specific local scoring systems to be employed.

The Board decided that machine marked tests for clinical problem solving, plus selection centres, could be piloted in 2008 according to local and specialty preference. However, the appointments procedure in 2008 will at all times employ CV-based shortlisting and interview that would be used to evaluate any piloted methods of selection. Specific proposals will be brought back for consideration at subsequent Programme Board meetings.

### **National computer system or deanery's own system**

The Programme Board saw the clear advantages of a national IT system but the potential risk of failure was considered very significant by all stakeholders given the very short time scales. The BMA supported the notion of a national IT system for 2009, but for 2008 the risk was far too great to proceed, though a 'back office' system for Deanery support should be considered. The Programme Board decided not to proceed with a national IT system for recruitment for 2008, but instead to focus effort on developing a national IT system for 2009.

Consideration will be given to central collection of data or 'back office' functionality concerning numbers of applications and acceptances for 2008 and this will be brought back to the Programme Board. However, there will be no single central portal for overall applications in 2008.

### **National or local application form**

Having made the decision not to proceed with a national IT system in 2008, the Board recognised the difficulty with establishing a national application form, given the heterogeneous provision of local Deanery-based IT systems and the possible need to modify individual IT systems. The BMA team emphasised that national standards (in terms of person specifications) were required rather than a national application form.

The Board decided not to proceed with a national application form for 2008, but to develop a set of national standards (similar to the standards established in 2007 round 2).

### **Number of applicants' preferences and how should they be treated?**

The Programme Board agreed that without a national IT system it would not be possible to deliver a preferencing system across all specialties. The Programme Board therefore decided not to proceed with preferencing for 2008, but to develop proposals for 2009. Therefore there will be no limit to the number of applications or potentially interviews. There is the possibility of interview clashes, which will have to be managed by the individual applicant. Formal linking of applications will not be possible. The Programme Board turned to consider the 'green paper' from the BMA team under the next item.

### **An integrated national timetable?**

It was noted that different stakeholders attach different meanings to the notion of a national timetable. The Board generally agreed that recruitment must have a clear start and end date. Concern was expressed that an entirely locally based recruitment process might lead to specialties and/or Deaneries competing to recruit first, placing undesirable pressure on the clinical service during the winter months. The Board discussed the extent to which it could place checks and balances on Deaneries with respect to delivery of a decentralised local application process for 2008.

Discussion moved to the 'green paper'. The BMA team proposed that this provides a simple and robust solution that provides amelioration of the 'stick or twist' dilemma while potentially providing high fill rates and also reducing the 'crowding' problems identified in the DoH modelling. The Board discussed this extensively and agreed that

The Board agreed that a national timetable should be provided, but not overly prescriptive. The exact detail of the timetable would require further consideration of whether the local process should be a 'free for all' or according to a 'wave' timetable as proposed in the 'green paper'. The Board decided to undertake detailed modelling of the BMA proposals and this will be considered at a future meeting.

### **The size of Units of Application (UoAs)**

The Board agreed that to some extent this was a moot issue given the decision to use a locally based recruitment process for 2008. It was generally agreed that very large UoAs were undesirable from both Deanery and trainee perspectives, and the particular problems of London/KSS as a single UoA were noted. The BMA team suggested that UoA size should be specialty-driven in co-operation

with the Deaneries, and it was further pointed out that trainees will accept geographical distribution within a rotation provided that information is transparent. The question was asked whether we know how many Schools are established.

The Programme Board decided to consult with Deaneries, determine how many Schools have been finalised, and bring this back to the November meeting.

### **Other selection issues – eligibility and longlisting**

The Board decided to keep a maximum limit of 12 months of training in a specialty for ST1.

There was discussion concerning the maximum period of experience for applications to ST2, and it was pointed out that this period was introduced originally as a mechanism to manage the transition period, not as a permanent feature. The question of whether experience limits contravened age discrimination legislation was asked, and it was confirmed that they do not. The Board agreed to reconsider this decision at a later meeting.

The Board agreed that longlisting would need to be done locally given earlier decisions.

### **Context for the decisions on the offer to applicants**

This half of the meeting considered the nature of the offer to 2008 applicants. The previous Programme Board decision that trainees offered RTT in 2007 would continue to have RTT even if changes are introduced for 2008 was reaffirmed.

### **Timing of the application process and start dates**

The Board discussed the view by some stakeholders (not shared by all in the consultation) for there to be multiple entry rounds throughout the year into specialty training. It was noted that this is a particular requirement for recruitment to ST3 level and above, due to the variable timing of exit to CCT. The Board determined that for 2008 there should be a maximum of three entry points, determined locally by specialty according to needs. For 2009 and beyond this would be modelled and revisited at subsequent meetings.

The Board further considered, given the large number of August ST1 starters, whether staggering start dates throughout the month of August would be helpful to the service. However, this would introduce some staggering of subsequent ST2 start dates. The BMA team expressed concern about how such a process would be delivered within a single month with the attendant requirements to deliver induction etc. Staggered start dates through the year were supported, but not within a single month.

### **Transferable competences and common training**

The Board agreed that work should be undertaken during 2008 to progress towards transferable competences for 2009, with Royal Colleges and specialty groups taking a lead in defining competences. The process would involve the Deans and the Academy of Royal Colleges through JACSTAG (?)

### **Run-through training and the possibility of “uncoupling”**

Two issues were considered with respect to the offer for 2008. The Board noted that this was not a decision about 2007 (trainees having accepted RTT) nor for 2009 (due to the pending Tooke decisions). The key issue put out for consultation was for whether there should be a “single economy” or “mixed economy” of models. It was clear from stakeholder feedback that mixed economy would be preferred. For some specialties (e.g. Obstetrics and Gynaecology) a model was preferred with ‘single stream’ RTT from ST1. For other specialties, it was proposed that a closed competition model for the ST2/ST3 (or ST3/4 depending on specialty) incorporating a larger number of posts might be preferred. Here, the discussion was more nuanced. The BMA team emphasised

that a return to large-scale workforce imbalances with large numbers of trainees in ST1-2 who are then dramatically reduced at ST3 would not be acceptable, and further emphasised that returning specialty-ready researchers must be accommodated. There was acceptance of the need to accommodate returning researchers in competition.

The BMA argued that there was a strong need for increased entry points above ST1 such as that provided by the 'inverted pyramid' model. The large numbers of FTSTA positions relative to ST positions in some specialties was noted, and the BMA team emphasised the need to establish a workable career pathway for these individuals. It was noted that this would need to include FTSTA2 posts. It was stated that Deaneries were looking to manage the number of FTSTAs downward during transition. The issue now concerned solely the offer being made to applicants in 2008.

The Board was mindful of the need not to pre-empt any recommendations in Tooke for 2009, and that the current discussion was focused on 2008 only. It was stated that Sir John Tooke had confirmed that nothing currently being discussed was in conflict with his future recommendations. It was not certain how PMETB would react to proposals for decoupling given that RTT curricula had been agreed, that this added a further legal dimension that impacted upon whether uncoupling was deliverable.

The Board decided not to make a formal decision but to ask for the views and rationale of each Royal College regarding their specific specialties, bringing that back together to the Programme Board later in October for discussion and decision.

#### **Fixed term specialty training appointments (FTSTAs)**

This was considered part of the 'decoupling' discussion and the same decision was reached

#### **AOB**

The minutes of the last meeting were approved.

Martin Marshall has been appointed to the post of Medical Director of the Health Foundation. He will continue as co-chair until November.

It was agreed that the minutes of this meeting would be agreed and circulated electronically in the next couple of days given the importance of the decisions made today.

The BMA team enquired about progress with the separate academic recruitment process and it was reported that this will be addressed at the next meeting of the Programme Board.

Communication was re-emphasised, particularly the need to inform trainees of competition ratios, and appointment dates. It was agreed that the system for 2009 and beyond, which is likely to be an improved electronic portal, should be regularly reviewed by the board, ensuring development and testing proceeded as all parties agreed.

*1<sup>st</sup> October 2007*

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