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## EDITORIAL

# Training junior doctors

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By the time you read this, the future will be known and along with it, the fate of those doctors who want to train in hospital medicine under the Department of Health's programme, 'Modernising Medical Careers' (MMC). However, currently there is confusion and dismay as approximately 30,000 junior doctors compete for approximately 18,000 training posts (the figures seem as vague as the process itself); by relatively simple calculation this will leave a significant minority of junior doctors without the opportunity to train in their chosen area of medical practice or specialty.

As co-editor of the *Journal of Obstetrics and Gynaecology*, I acknowledge an interest in junior doctor training, and must declare a personal interest because I have a son and daughter caught in all the uncertainty of employment and training after August. In March, our family, plus 12,000 junior doctors and their parents, and an impressive support from senior doctors, assembled outside the Royal College of Physicians and then marched along Euston Road, down Woburn Place and Southampton Row to the Royal College of Surgeons to listen to speeches and calls for support and clarity in the whole training process. Since then, there have been statements from Colleges, including: from the Academy of Medical Royal Colleges (Professor Neil Douglas, President of the Royal College of Physicians of Edinburgh) and from our own College (Professor Allan Templeton, President of the Royal College of Obstetricians and Gynaecologists); editorials and feature articles in the *British Medical Journal*, and a mother from 'Mums4Medics' who has written to the General Medical Council naming Professor Alan Crookard as ultimately responsible for MMC. Subsequently (30/03/07) Professor Crookard resigned.

In his letter of resignation to Professor Liam Donaldson, Professor Crookard wrote:

'I wish to resign from my position as National Director for Modernising Medical Careers with immediate effect. I am increasingly aware that I have responsibility but less and less authority. . .

From my point of view, this project has lacked clear leadership from the top for a very long time. Moving to the last few weeks, I have become increasingly

concerned that the well intentioned attempts to keep the recruitment and selection process running have been accompanied by mixed messages to the most important people in the whole process – the young doctor applicants. . .

I realise that the service must continue to allow patients to be treated and I know little of the law, but it seems to me basically unfair to advertise the possibility of four interviews and then suggest that these might not be honoured. . .

Equally devastating would be the suggestion of some stakeholders, that the completed interviews be discarded and the process be rerun. . .

I accept that in many areas and in many specialties, this round of recruitment and selection has been acceptable. But the overriding message coming back from the profession is that it has lost confidence in the current recruitment system'.

In the last week there have been e-mails circulating between some of the more senior members of our College reflecting a degree of guilt that we individually, collectively and as a College have not played a greater role in junior doctor training. Some have drawn comparisons between what is proposed and the residency training within the USA, where there are differences in selection process, commitment to training from the trainers or firm 'bosses', and the average hours worked are 80 per week, to achieve a level of training in the years allocated. I reflect on the huge gifts of time and training opportunity given to me when I was a junior doctor and realise how different our contributions are now. Recently, in the MRCOG Part 1 committee, we have debated the role and timing of this examination, which was previously sat before or soon after entry into our specialty. Today, those entering O&G from the Foundation years are positively discouraged to sit these exams (and perhaps even to learn about the relevant anatomy, physiology, medical physics, etc.) before joining us in clinical activities that then take priority and discourage the discipline of going back to the books and re-learning (or sometimes learning) the basics in the evenings.

So what will become (has become) of the Medical Training and Application Service (MTAS)? Will it limp on to provide at least some doctors with jobs for August? Will the consultants who have contributed to the process so far feel committed to seeing it through, or will a growing number abandon it as has occurred in other specialties and in many parts of the country? What will happen to those marriages and partnerships that have been split by geography and the inability to get interviews in the same region let alone jobs in the same city? What will become of those junior doctors who have been offered enticing 'training' posts in faraway countries and who may be lost

to the British workforce at the cost of expensive medical schooling forever?

We know the *Journal of Obstetrics and Gynaecology* is read by many trainees and invite you to write with your ideas and experiences. We will publish as many letters as possible in our correspondence section. We will welcome views from juniors and seniors on how training in O&G can be separated from political influences and the streamlining to produce more consultants in a shorter time to reach politicians' 'targets', and how our College and specialty can survive this current threat. Such ideas can be submitted as correspondence or as more formal articles/commentaries.