

# Excellence delivered

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**LIST OF ABBREVIATIONS** General Medical Council (GMC), Modernising Medical Careers (MMC), Medical training application service (MTAS), Postgraduate Medical Education and Training Board (PMETB)

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MTAS, the UK online system for appointing trainee doctors that was introduced with little consultation and without piloting in 2006, can only be described as a catastrophe. The ensuing debacle focused critical attention on MMC, itself a radical yet untried training system introduced under the auspices of the still developing PMETB. A generation of junior doctors was suddenly confronted with a very uncertain future and began to question the support and leadership of their senior colleagues. Almost inevitably, the government's response was to commission an independent inquiry charged with identifying what had gone wrong and what must be done to put it right. Many feared that this might only paper over the difficult issues and would prove to be too little, too late. Not so; the interim report *Aspiring to Excellence* was published on 8 October and is an outstanding piece of work that addresses the fundamental problems fairly and squarely and puts forward a series of practical and sensible solutions (<http://www.mmcinquiry.org.uk/draft.htm>).

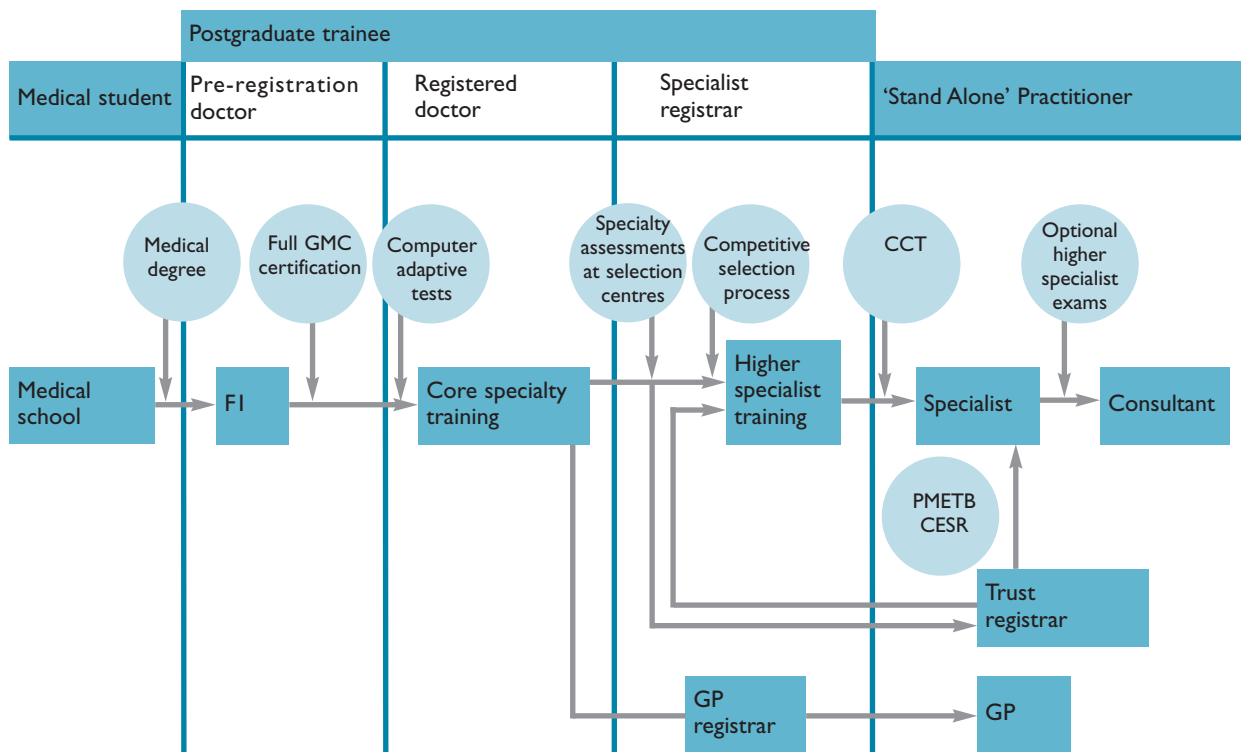
The review group chaired by Sir John Tooke consulted widely and have produced a cogent, sensible and pragmatic report that runs to 194 pages, deals with eight major issues and contains 45 specific recommendations. The key proposals for changes in the structure of postgraduate training are illustrated in Figure 1 overleaf. Others include the recommendation that PMETB is merged with the GMC.

Two important and very welcome themes run through the report. The first, reflected by the title, is the need to promote excellence; something that was in danger of being stifled by a system that sought nothing more than competence. 'Just good enough is just not good enough' for a healthcare system that should be among the best in the world. This implies that entry into specialty training has to be competitive and must value academic

achievements (BSc, PhD, publication of papers), rapid acquisition of postgraduate qualifications (MRCP (UK), for instance) and evidence of flair and dedication from referees. The second is the need to maintain sufficient flexibility to allow trainees to change direction as they explore their interests and aptitudes. Clearly, flexibility must have limits; excessive career U-turns cannot be sensible, but there must (to borrow a phrase) be a career safety net that enables trainees to reasonably change specialty while receiving appropriate credit for earlier experience.

There are inevitably many wider issues that Sir John Tooke's review group could not, and was not expected to, resolve. Nevertheless, the report rightly draws attention to the fact that it will be impossible to design training programmes if we do not have a clear idea of what we want our doctors to do. Other healthcare professionals are increasingly taking on work that was traditionally the province of doctors and Sir John's call for a debate on what we should expect of tomorrow's doctor is both opportune and far-sighted.

The profession also faces some very difficult workforce issues. The number of medical students passing through our medical schools has doubled in the last ten years and we are destined to see fierce competition for a limited number of training posts. Indeed, there will probably be three applicants for every training post in the 2008 round of appointments. This will be intensified by the Court of Appeal decision in favour of the British Association of Physicians of Indian Origin that doctors from abroad on the highly skilled migrant programme can apply for these posts. Moreover, it seems clear that in the future there will be nowhere near enough consultant posts to accommodate all CCT holders. The NHS is effectively a monopoly employer and will be open to strong criticism



**FIGURE 1** Postgraduate training – Tooke Inquiry recommendations (modified).

if large numbers of well trained doctors are denied the opportunity to use their skills; we must therefore find satisfactory career paths for those doctors who do not enter specialist or higher training schemes and for those who cannot find a consultant post, without creating a second class (even 'lost tribe') of disillusioned doctors undertaking limited, repetitive and un-stimulating tasks. At the same time, the future international standing of British medicine requires that the government devise a sensible and fair policy for dealing with the potentially huge number of international medical graduates who wish to work and train in the UK.

The Tooke inquiry describes a collective failing of planning and quite correctly points out that the profession itself was responsible for many of the problems that followed in the wake of MMC and MTAS. Much of this stems from the fact that the professional bodies consulted as the mess unfolded tended to focus their comments and advice on parochial issues creating the impression that the profession was divided and without clear leadership. As Sir John points out, there is an urgent need to develop a coherent and consistent mechanism for passing on the views of the profession to government and NHS management. The review itself offers a golden opportunity to kick start such a process. We certainly hope that the profession, the Royal Colleges, the Specialist Societies and the BMA will unite by accepting Tooke's key findings and their implications and insisting that government implements all 45 recommendations as soon as possible.