

30th April 2007



Professor Sir John Tooke
The Peninsula Medical School
The John Bull Building
Tamar Science Park
Research Way
Plymouth PL6 8BU

Dear John

I am writing to you in your capacity as Chair of the Review Panel examining the processes underlying Modernising Medical Careers (MMC).

The leads for training in dermatology and representatives of the dermatology SAC discussed the design and implementation of MMC and the impact this is having on doctors in training and on recruitment to dermatology. The major flaws in the application system (MTAS) are well known, but we are equally concerned that the new medical training programmes in MMC do not offer either the choice or the flexibility that we were promised. Talented young doctors may be denied opportunities for training in dermatology and many are disillusioned about their futures. More training posts may be required to ensure that we provide UK medical graduates, in whom we have already made a considerable investment, with training opportunities.

I am attaching a document that outlines the issues that we discussed with the solutions that we propose. This letter has the support of Giles Dunnill, Chair of the Dermatology SAC.

Giles and I would be delighted to meet you to talk through MMC and the particular issues facing dermatology.

With best wishes

Yours sincerely,

Susan Burge OBE
President
British Association of Dermatologists

CC Rodney Burnham, Registrar, RCP
Chris Clough, Chair JRCPTB

MMC AND DERMATOLOGY

The promised flexibility and choice has not materialized.

Dermatology should feature within each regional CMT programme for trainees with ambitions in internal medicine, not only for those wanting to work in general practice. SHO posts in dermatology have been lost, for example in Leeds, and have not been incorporated into CMT as we had hoped.

CMT should offer themed training programmes, as promised, for those interested in smaller specialities such as dermatology. These should be developed in collaboration with the SACs and for dermatology might include experience in specialities such as pathology, plastic surgery, paediatrics and general practice.

New clinical “tasters” are proving difficult to co-ordinate in units that are already committed to teaching or training medical students, GP-trainees and SpRs. Such “tasters” are no substitute for 2 or 3 months dedicated clinical experience.

The training process will need to be more flexible facilitating such changes as transfers between deaneries or opportunities for flexible training. This applies particularly in specialties such as dermatology with a large female workforce.

The system should support and encourage those who have been engaged in research or those who wish to carry out research.

More training posts may be required to ensure that we provide medical graduates with training opportunities.

PMETB should be asked to clarify its vision of quality control. The new trainee questionnaire is helpful and the interim visits that included a trained lay chair were welcomed. However such visits have stopped. There have only been 2 visits over the last 18 months and we are very concerned that current trainees are working in programmes which have not been properly assessed in the last 5 years. Representatives of the SAC must be able to monitor training and maintain quality by visiting training schemes and talking directly to trainees about their learning experiences and training.

Application Process

Selection should take place at least two or three times per year, to provide flexibility and ensure that the process is manageable.

SACs should retain the right to define criteria for entry / allocation to ST3, and the criteria for “allocation” to ST3 in this round should be clarified

Geographic units of application should be smaller than in MTAS and Deaneries should have local input into selection.

CVs should be submitted prior to selection for ST1 or allocation into ST3. The appointment process should take full account of academic ability and clinical experience as well as recognise potential. The MTAS questions were not discriminatory, were open to plagiarism and academic achievement had insufficient weighting.

New selection tools must be piloted and validated before they are introduced

Selectors, including the lay members of committees, should be trained in the scoring of application forms so that the process is valid and reliable.

Some form of structured interview should be retained prior to selection for ST1 or allocation into ST3. Interview panels should know how to use the information provided by candidates in portfolios. Deaneries should be encouraged to pilot new methods of assessing knowledge, skills, attitudes and potential so that the process is valid and reliable.

Structured references should be required to support portfolio evidence and to ensure that trainees who have had difficulties are identified. The MTAS reference system was unsatisfactory and did not allow referees to discriminate between candidates.