

## **The Renal Association Response to MMC Inquiry**

Discussion at the Annual General Meeting in May 2007 revealed considerable disquiet amongst members of the Renal Association regarding the current status of MMC and MTAS. These can be summarised as follows:

### **General points**

The principle of run-through is good for people with a clear vision of their future so they can define their area of specialty over 18 months after starting their ST1 and they know that they will / can stay in one region over their training. However, in many parts of the country, exposure to small specialties such as renal can be hit or miss both during undergraduate training and during foundation years and core medical training. Trainees may therefore not be in the position of choosing their final specialty within a predefined short period after qualifying. Trainees can also find it difficult to commit themselves to a geographical area for many years – young people form attachments, maybe to someone who lives elsewhere, or to someone whose work necessitates them moving.

### **Entry at ST3 into Renal**

We feel strongly that this must be separated from basic core medical training at ST1 and ST2 so that trainees apply separately for ST3 and to different deaneries so that they have more chances of being accepted for a given specialty. There should also be flexibility so that if unsuccessful the first time round, one can try again after 4-6 months, for example. We do agree, though, that this should be time limited (e.g. to 3 attempts) to avoid people spending long periods of time before embarking on specialist training. Uncoupling ST3 from ST2 will also allow individuals in FTSTA and Trust doctor posts to properly compete to get in at ST3; this is completely lacking in current plans, since the number of available posts after the ST2s have filled them will be negligible.

### **Number of choices**

Limiting the number of choices per trainee appears to have disadvantaged smaller deaneries in the current round of MTAS. Applicants have strategically chosen larger deaneries with higher numbers of potential posts so that small deaneries have been left with unfilled posts. This compounds recruitment problems into small specialties. We would therefore suggest that each trainee should be able to apply for a larger number of deaneries.

### **More than one entry point a year**

This is essential. Research jobs and pregnancies do not all start and end on the same date – and neither do retirements and therefore exits to consultant posts. Appointing locums will create extra work and could endanger patient care as standards of people applying could well be lower than those applying for substantive training posts.

### **Flexibility so that trainees can change specialty**

People make mistakes and/or their interests change and it would be undesirable for someone to be committed long-term to a specialty they did not enjoy. Therefore there has to be a means to enable individuals to change specialty.

### **Out of programme experience**

A parallel academic career path is essential in nephrology. Academic trainees have to be selected by a different process and there has to be flexibility to enable Out Of Programme Experience (OOPE) for proper research training. In addition, many trainees with no long-

term aspiration for an academic career have also benefited from OOPE, which can be in research, teaching, another specialty or other approved experience which adds to the trainee's capabilities. Consideration of access to OOPE and its future place in medical training is conspicuous by its absence in the current system.

### **More weight for academic achievements**

There is universal agreement that this is essential

### **Appointment process**

We feel that shortlisting should continue to be done at a local level and not nationally as training varies and therefore requirements are not standard between different regions. The structured carousel style of interviewing was also perceived to have generally worked well. However, there remain many concerns. The style of questioning on the application form was thought to be unresearched and inappropriate for selecting people for specialty training. This made short-listing random and unreliable. A structured application form incorporating the candidate's CV should therefore be developed; this would enable more appropriate scoring for academic abilities. The on-line reference system was not fit for purpose. References can provide important information for the selection process but the on-line system did not fulfil this need.