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Certification of Higher Surgical Training

SIR,—It has been decided that graduates intending to become consultants should obtain a certificate of specialist training and education. To implement this the Royal College of Surgeons and the Association of Surgeons have set up a Joint Committee on Higher Surgical Training (J.C.H.S.T.) and a number of specialist advisory committees for each subspecialty. Over the past two years these committees have been reviewing the present state of surgical training. Throughout this discussion period those involved in the existing training programmes have stressed the need for flexibility and variety in schemes and training posts for obvious reasons. We want to train individuals to develop their maximum potential. No trainee is like another, just as no two jobs, teachers, or hospitals are similar. This is the strength of British surgery. The trainee does not spend all his apprenticeship in one hospital as the American resident does; he moves around, finds the job best suited to his requirements and personality, and so gets a broad appreciation of the specialty and its practitioners.

Having decided upon the curriculum, the Specialist Advisory Committee in General Surgery has set as its next task the inspection of posts. It has moved from debate to action. In the wake of inspection has come documentation with recognition of some posts and rejection of others. There is no doubt that the act of inspection has stimulated improvements in the quality of a number of posts, but the rejection of some posts or the limitation of their use to short periods of time is restricting the freedom of choice of the individual trainee and negating the assurances that maximum freedom of choice would be encouraged.

Different men have different needs—for example, a young man who has spent most of his pre-Fellowship time in a busy gen-

eral hospital may best be trained after Fellowship by spending all his time in a teaching hospital. Similarly five gastrectomies done under close consultant supervision may be of far more value to one man than 50 done with little supervision. It is essential to maintain a complete variety of posts, without restrictions, so that the trainee can put together the training he thinks will make him suitable for the type of post he will ultimately seek. The quality of our surgeons has been maintained over the years by this facility. When a man completes one job, which has given good experience in one sphere but was deficient in another, he seeks a post which will fill the gap in his experience, but it is becoming apparent that posts which have deficiencies will not be acceptable to the J.C.H.S.T.

If we accept that our trainees are adult, sensible, and intelligent men who know what they are doing and where they want to go, we should allow them to choose their own training. The certifying committee should abandon the idea of recognized posts and award their certificate when the trainee believes he is prepared, after receiving a detailed report from trainee and trainers. If there are any serious deficiencies in the trainees' submission this could be pointed out and arrangements made to rectify it. Such a system would need general guidelines concerning the type and length of training the committee think is ideal, but this need not be binding on any individual and each man would be considered separately. Some men might achieve certification earlier than others and the competitive spirit would be maintained.

Though such a system would not need formal recognition of posts, a description of each job should be prepared after a

careful inspection so that both trainer and trainee know what they have to offer. The abolition of formal recognition of posts would also avert a hitherto little discussed problem. Should the trainee relinquish his recognized post, once certified, to make way for new trainees? Few will want to move to other posts at this stage unless such a move produces a higher salary and rapid promotion to consultant status.

Before writing an accurate assessment of a job it must be studied carefully. This takes time and local knowledge and we believe that this should be done by the local postgraduate committees that already exist in the regions. These committees could also undertake the responsibility of reviewing a candidate's submission for higher certification—passing it to the central committee for formal approval if acceptable or guidance in difficult cases. There would have to be occasional spot checks by the central committee to maintain uniform standards throughout the country, but most of the work would be done at a regional level by the men who know the jobs and the trainees.

It is impractical for the J.C.H.S.T. to say that they will consider any individual's proposed career plan as a special case, because our present appointments system prevents the arrangement of long-term programmes, except within the tenure of a single appointment. Although the degree of competition for senior posts is too great, we have not met any registrars who believe that the present element of competition at each stage should be eliminated. It is this competition and particularly the efficacy of the selection committees at consultant level that has ensured that new consultants are properly trained and suitable for their particular appointment. This most effective system should not be altered in any way.

One final plea. The absence of a timetable for the introduction of higher specialist