

ASiT Council and Conference Report

I attended the ASiT council meeting as paediatric surgery rep on the 7th March and their conference the following 2 days.

Council meeting:

- Responses to the DoH response to the Tooke report from the RCS, RCP and BMA. These were all generally in agreement that the government should implement the Tooke report more fully. PMETB will be merged with the GMC, but not until 2010. It remains to be seen what the final decision is on NHS:MEE and run through training.
- Post CCT fellowships. ASiT has written an excellent response to the proposals for post-CCT fellowships. This broadly welcomes the principle of fellowships but outlines the potential pitfalls of dilution of training opportunities and of providing training with no clear end point. It expresses reservations about these fellowships becoming the norm and not the exception and the spectre of the “sub-consultant” grade that this would raise. It also raises concerns about the lack of clarity in the aim and nature of the fellowships and the tight timetable that they are being implemented under. The recommendations are that these fellowships ideally be attached to proleptic consultant appointments and that their implementation be delayed for at least one year.
- EWTD. At the BMA JDC council meeting the same weekend there was a significant motion passed that recognises the different nature of surgical training compared to other specialties and enables the JDC to explore avenues that may make special provision for surgical trainees within the EWTD, for example a third definition of “work”, although this would mean overturning the SiMAP and Jaeger European Court rulings.
- PRCSEng. Mr Riberio was at the meeting and I shared with him what he described as “a robust exchange of views”. I had the opportunity to put our case across that expansion of training numbers in our specialty was NOT what the trainees wanted, including those yet to get an ST3 and reiterated our concerns that the continued expansion may lead to an overproduction of trainees, creating post-CCT unemployment in 6 years time and

diluting training in our numbers critical specialty further in the meantime. His response was that general paediatric surgical (GPS) provision would fall to us in the future and we needed to expand and prepare for this. I pointed out that this was a matter of opinion currently and the future of GPS provision is far from clear at the moment. I also pointed out that appointing trainees to a specialist paediatric surgical training scheme in the expectation that they will work as a general paediatric surgeon providing secondary level care was disingenuous and a poor solution. Mr Riberio's opinion is that trainees will be "lost" to the NHS if ST3 posts are not expanded. My feeling is that if this is done in an uncontrolled manner without careful workforce planning then trainees will become trapped by the NHS, over-trained and with nowhere to go.

- Training fee. This is now inevitable and the proposed fee is £125, the method of collection remains to be sorted out, as does who the fee will apply to. The reason for the fee has been given as the ISCP but whether trainees who do not use the ISCP (SpRs) will be required to pay is under debate currently.
- Paediatric surgical involvement in ASiT. I pointed out that to many trainees ASiT appears to be a "general surgical club". The executive were keen to dispel this and include all specialties. To this end I have had conversations with the Covidien rep and will look to put on a heavily subsidised (~£120 for one day) laparoscopic course for paediatric surgical trainees under the auspices of ASiT. Please let me know of any suggestions you may have and if you would be interested in attending.

Conference

The conference was of a very high standard with plenary sessions including high profile speakers on many issues affecting trainees including John Orr, PRCSEd, talking about the future of the consultant grade, Brian Rowlands, President of the ASGBI, talking about future representation in surgery and so on. The scientific sessions included several prize sessions and would be an excellent forum for SHOs and registrars to present in.

Ian Yardley