

Trainee Representatives' Report **BAPS Executive & Council meeting March 2008**

Since the last BAPS executive and council meeting the trainee representatives have the following to report:

BAPS/CCSG Oncology study day:

This took place in Leeds on the 24-25th January. It was modestly well attended and included lectures on the whole range of paediatric oncological conditions plus additional lectures on the principles of radiotherapy, chemotherapy, histopathology and clinical genetics.

BAPS Trauma Study Day:

This took place in Birmingham on the 26th February and was very well attended. There were excellent lectures on the evidence base for imaging in the emergency room, burns management and witnessed resuscitation. The highlights of the day for most were two outstanding talks by Major Tai of the RAMC and The Royal London on lessons that can be learned from war surgery and also on immediate operative procedures in the emergency room.

Trainees welcomed the central location of the course and the low fee (£40) for an excellent and well catered course.

SAC meetings:

There have been two SAC meetings since the last BAPS executive meeting. At these many important issues were discussed.

- The implications of Tooke's report into MMC. The report was broadly welcomed by the SAC and the trainee reps.
- Post CCT fellowships. These were cautiously welcomed by the trainees but it remains unclear where they will fit into over all training and what the implications for trainees not successful in securing a post CCT fellowship may be and concerns were expressed that they may lead to a further dilution of training experience. It was not possible to discuss specific fellowships however so it remains to be seen if these concerns will be realised.
- ST3 expansion. We again expressed our reservations as to the wisdom of further expanding training numbers and our concerns that in the years to come an over supply of CCT holders in paediatric surgery may become a reality. We again called for more robust and transparent workforce planning for the specialty.
- National selection into paediatric surgery. This has not taken place in 2008 but may be undertaken in 2009. Trainees would welcome this but would not want to see undue restrictions on the number of centres an individual could apply to and the selection process would need to be sufficiently robust to ensure fairness and a high standard of selection.
- PMETB/JCST approval for periods out of program. PMETBs efforts to prospectively approve "well-trodden paths" of overseas placements was

welcomed, as were the clear guidelines on types out of program periods and which needed PMETB approval and which would count towards CCT. Trainees still remain frustrated at the lack of clarity as to whether old-style SHO jobs will count toward a CCT or if trainees who have undertaken these will need to apply via article 14 for a CESR. It seems that PMETB direct you to the JCST whilst the JCST point you to PMETB.

- The concept of “penultimate year assessments” was discussed whereby the year 5 RITA would consist of a comprehensive review of a trainee’s progress and performance and identify areas that need to be addressed in the final year, with the aim of avoiding unexpected RITA D or E assessments. It was noted that this has worked well in other specialties and the concept was welcomed by trainees.

BAPS E&T Committee

This was attended on the 4th February and covered several topics including:

- Logbook. The e-Logbook continues to improve and Sarah Wood has agreed to be trainee representative on the committee developing the logbook.
- Training Days will all have a “theme” to them and be centrally coordinated to ensure even coverage of the curriculum. Recent correspondence suggests this will need to be communicated regularly to centres hosting the training days.
- It is proposed to introduce a pilot of OSCE style assessment at London trainee’s RITAs. This suggestion was unpopular with trainees who felt that a RITA should be part of a formative process and not a summative one in its self.

Exam board

A meeting of the exam board was attended on the 23rd January. At this the trainees were able to present several queries and feedback on the exam. It has been suggested that a post-exam trainee is identified who would be willing to sit on this board, progress is being made toward this.

ASiT:

Two meetings of the council of the Association of Surgeons in Training have been attended. As a result there will be efforts made to broaden the appeal of ASiT to non-general surgical trainees, this may include heavily subsidised practical (laparoscopic) courses.

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Trainee Representatives.