Letter to BMA News regarding the Shape of Training Review

Sir William Osler once wrote 'By far the most dangerous foe we have to fight is apathy.' Despite representing one of the most significant shake-ups in medical training in our lifetime, most trainees are sadly unaware of the Shape of Training Report and its implications for their training and future careers. The RCPE Trainees and Members' Committee recognises that adaptation of existing training structures is necessary to maintain high quality patient care in the face of changing patient demographics, and to address the recruitment difficulties faced by many medical specialties.

Whilst welcoming aspects of the report, we have expressed significant concerns throughout the review process, in particular the expansion of generalists at the expense of specialty training, the potential creation of a 'sub-Consultant' grade, and the negative impact such recommendations may have upon patient safety, the delivery of high quality care and recruitment and retention of doctors within medical specialties.

At the centre of any discussions regarding doctors' training should be the maintenance of patient safety and the provision of high quality care. Changing patient demographics, advances in technology and rising patient expectations necessitate an expansion in the number of specialists *in parallel* with an expansion in the number of generalists; most specialties already operate beyond capacity.

For physicianly specialties, training in General Internal Medicine (GIM) should be undertaken in parallel with specialty training, leading to a Certificate of Specialty Training (CST). GIM must not be seen as a "stepping off" point and cannot be completed in a shorter time frame than already exists. Attainment of a CST should signify competency to practice independently as a Consultant. The Consultant model ensures the highest standards of safe and effective patient care, is what patients choose and ensures that medicine remains an attractive career. The answer to the unpopularity of GIM and the 'Med Reg' job is not to devalue the role further by effectively creating a 'sub-Consultant' grade, with all specialisation the remit of post-CST credentialing. Many trainees already feel that their job largely consists of service provision, and protected time for training is essential to ensure the provision of high quality patient care and promote recruitment and retention. There is a real risk of losing our bright, motivated and highly skilled trainees to other specialties or overseas, leaving an increasingly stretched and disenfranchised workforce.

The final report also proposes significant changes to the Staff and Associate Specialist (SAS) grade, with early entry to the SAS grade immediately post graduation. This would effectively create a sub-Specialty Doctor grade, undermining the quality and diversity which currently exists within the SAS grade. The proposed changes to the undergraduate curriculum also require careful consideration and it is essential that undergraduate and prospective students are supported with up to date careers advice.

Any changes to the current system must be phased in to avoid destabilisation of the medical workforce and compromise of patient care; stability and security are vital for existing trainees. Current trainees risk becoming stuck in 'limbo' during the transition phase, with little impetus in the meantime to address current training issues.

Excellent training is fundamental to excellent patient care. Trainee engagement as we move into the implementation phase of the report is essential, beginning with a drive to raise awareness of the report and its implications for all medical trainees.

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