

ABNT - Message from the Chair

The ABN Spring Meeting was held jointly this year with the British Society of Clinical Neurophysiologists, at Croke Park Stadium in Dublin, and featured a programme that is increasingly geared towards education, and the needs of trainees. Further details of this meeting will be reported separately in ACNR, but I'd like to draw your attention to the ABNT forum that was held at the close of the meeting.

In the past this has been poorly attended, due partly to an unappealing 7.30am slot! Attendance this year was much better, attracting between 30 and 40 trainees, and a number of related issues were discussed.

European Working Time Directive (EWTD)

The UK will move to a 48-hour working week in August 2009, potentially causing huge problems for the NHS. In neurology, some centres have already moved to a partial shift system, where others are trying to maintain an on-call system: to be compliant with EWTD, most on-call rotas need between 10 and 12 middle graders, with obvious funding implications. Although the Tooke Report implied that EWTD may be enforced with variable efficiency in the future, it is European law at present, and UK employment legislation theoretically has to comply. An employee opt out is a theoretical possibility, and alternative plans exist (such as the Barbados Plan, devised by Remedy UK); both leave trainees wide open to harassment and undue pressure from managers, and have significant logistical difficulties. From hospitals where trainees already have to work night shifts (either neurology only, or hospital at night), with compensatory time off day duties, there are already concerns that training is suffering. Although training is meant to be competency based, this is still blue-printed onto the reasonable amount of time that an individual can be expected to take to acquire that competency, i.e. is still time based in reality.

Post-CCT Fellowships

Context

Last year, the MMC Programme Board invited bids from all specialties for funded post-CCT fellowships, lasting one year. Their stated purpose was to provide extra training not covered in standard curriculum, but additionally they could help with the 'bulge' in trainee numbers, allowing trainees to vacate their numbers early, granting a salary for a year, and assisting in number recycling. Approximately 100 positions have been awarded to the applying specialties – the bulk of these are in the surgical specialties, but O&G, anaesthetics and psychiatry have also been reasonably successful, and JRCPTB has been awarded a few for the medical specialties. Some of the applications are a bit opaque – the skills they are meant to develop are not clearly super-specialist in some cases, and consultant jobs for these highly specialised trainees are still lacking!

Completely independently, the ABN Training and Education Committee have opened discussions with several of the major neurological charities to develop sub-

specialty fellowships in neurology. Although these are in the very early stages of development, and their future prospects are by no means clear, they are probably going to be shorter (around six months), and are designed to provide sub-specialty training in centres of excellence. There is scope to develop them further, including more widespread implementation, but funding arrangements are the obvious limiting factor. The background to, and pros and cons of post-CCT fellowships are summarised in Figure 1.

A potential solution

Opinion was canvassed from trainees with regard to the above issues, and discussion ranged around possible solutions. In general, it was felt that widespread implementation of Post-CCT fellowships in neurology was not in the best interest of patients or training, but that a more limited introduction would be of definite benefit to individual trainees. There was significant support from trainees for a lengthening of training to maintain CCT quality in the face of reduced experience due to EWTD, with a recognition that neurology should continue to be a consultant-led service, and that there was not a place for an extra grade between StR and Consultant. In this context, could subspecialty training could be incorporated as part of extra training instead of as a 'bolt-on' module?

The ABNT urgently needs to know more about your opinions on this – we will be discussing our concerns further with TEC and the Neurology SAC, and it's important that we represent you properly during this process. Please get in touch with your views via the ABN Offices (see contact details).

Next Meeting

The next ABNT meeting will be on Wednesday 10th September in Aviemore.

Andrew Kelso is Chair of the ABNT. He is an SpR in Neurology in Edinburgh, with a special interest in epilepsy. He is also a member of the BMA Junior Doctors Conference Agenda Committee, Junior Doctors Committee and Scottish Junior Doctors Committee.

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Figure 1
Post-CCT fellowships
The need

Shorter training
Perhaps no research experience?
Increasingly competitive job market
Recognition that neurology increasingly sub-specialised
Potential shortage of consultant jobs
PMETB imposed restrictions on dual accreditation with neurophysiology

Pros

Extra training
Benefits of national expertise
Improve CV

Cons

Non-standard jobs – national terms and conditions of service may not apply
No clearly defined training outcome
"Yellow box" (sub-consultant grade)
threat Loss of 6 month period of grace



Additional web content www.acnr.co.uk

See the website for an additional Case Report:

A Case of Isolated Central Nervous System Vasculitis

by Kalra S, Harries S, Gutowski NJ