

ACADEMIA IN SURGICAL TRAINING – ASGBI/SARS JOINT APPROACH

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The most important component of surgical training is the acquisition of quality assured clinical and technical competence. On receiving a CCST (or CCT in future), an individual should possess the essential qualities required for independent surgical practice.

These aims, however, are arguably insufficient if surgical science and innovation are to progress. Surgeons should be provided with opportunities to expand their academic aspirations throughout their training and into consultant practice. Apart from undoubted personal satisfaction which accrues from such endeavour (as well as the stimulus of market forces), there are additional benefits associated with active participation in academia (both research and education) in a lengthy surgical career. Most people would accept that within a 10 year training programme and in up to 30 years of consultant practice, it is not unreasonable that a proportion of time should be allocated to pursuing academic goals.

The Society of Academic and Research Surgery (SARS) is committed to encouraging all surgeons to be involved in some academic activity (research, teaching, education, audit and innovation) during training. This view is supported by the ASGBI.

In recent years, academic surgery has fallen on hard times with closures of several major University Surgical departments. This has been precipitated, in part, by an unrealistic insistence on high scoring RAE at the expense of other academic functions.

With the development of MMC and the UK Clinical Research Collaboration (UKCRC), an opportunity has now arisen to encourage formal incorporation of academic pursuits into surgical training programmes. It is recognised that with EWTD, less time is available for frontline clinical exposure, but this should not detract committed individuals from pursuing academic interests outwith the confines of EWTD.

The joint committees of MMC and the UKCRC have made recommendations on the training needs of future educators and researchers. I believe this is particularly relevant to surgical training programmes. I highlight key proposals from the report which support my personal views;

- 1) Surgery in the undergraduate curriculum must be maintained and enhanced. Clinical academics should be required to provide undergraduate teaching portfolios and become important role models for medical students.
- 2) Within the foundation year (F2), academic opportunities should be encouraged either by the formation of a 4 month academic rotation or a proportion of time within F2 dedicated to academic activity each week.
- 3) During specialist training, dedicated academic training programmes should be developed and encouraged. Specific funding would be required to ensure that individuals have the opportunity to take time out of elective surgery to pursue their clinical academic ambitions. There should also be flexibility to enable NHS trainees to enter academic training at later stages.
- 4) Within University departments, individuals who wish to pursue an education-based career, should have equal opportunities for promotion as research-based individuals.

Following extensive discussions between ASGBI and SARS, the concept of a joint conference to explore how surgical academia can be incorporated into modern training programmes was enthusiastically endorsed by both Councils. The aim being to enhance both clinical and technical expertise, without extensive lengthening of the training years.