

A bad week for Deaneries

Wednesday, 21 May 2008

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A bad week for the Deaneries

It has been a bad week for the Deaneries. The recent guidance from EASI that Deaneries are actually Employment Agencies will have left our chums at CoPMED reaching anxiously for their lawyers. All manner of changes may now be in the pipeline.

Employment Agency regulations were designed to protect workers and employers from dubious and sharp practices. For example Agencies are required by law to make clear to applicants where they will be working, what they will be earning and what their hours will be. This is information that is often sorely lacking in adverts for training posts. The recruitment and employment of doctors should be subject to the same quality controls and fairnesses that apply to other workers.

To complain about the conduct of an Employment Agency you can contact the Employment Agency Standards (4140), 1 Victoria Street, London SW1H 0ET or email them at eas@berr.gsi.gov.uk

Further information is available at

<http://www.berr.gov.uk/employment/employment-agencies/page27003.html>

I didn't get the job I wanted

Many successful candidates in the recent recruitments have found that the hospital they have been sent to was not the one that they wanted. The attitude of some seems to be that doctors should be grateful to have got any job at all - beggars cannot be choosers. These people would be shocked to discover that there were insufficient applicants in Round One to fill all the jobs.

There is no doubt that the massive interest in the run-through training on offer last year has not been matched by equivalent interest this year, Maybe the (illegal) exclusion of IMG's might have something to do with this. Maybe UK grads have smelt the coffee and gone abroad. – there are shortages of doctors in many counties.

Another possible mechanism has been the rigid compartmentalisation of

entry levels. The ceilings on eligibility may have backfired, and places at ST3 have been oversubscribed while ST2 places have been underfilled. The *raison d'être* for these rules and restrictions need to be seriously questioned in future.

Remedy was surprised to hear that the preferences of some candidates was disregarded and that they were placed at less popular hospitals "in the interests of patient safety". To us this seems like being accepted at Oxford University and then being told that the place will be left vacant and you will be sent to the University of Hertfordshire.

Of course the Deaneries do have significant conflicts of interests between providing service and providing training. How are these conflicts resolved? Does the fact that they are largely funded by the SHAs have any bearing on this?

The good news is that those trainees who are not satisfied with their allocation are free to compete again in phase two, when there will be vacancies to compete for across all sectors. It is worth emphasising that you can apply in phase two even if you have already accepted a job in phase one. The MMC website has more details about how this will work.

A call for resignations

The Health Committee Enquiry was peppered with words like 'defective', 'unsafe', 'disastrous', and 'inept'. It finds that 'the leadership shown by the Department of Health was totally inadequate'. And The Lancet wrote this week that "There is no agreement about why MMC failed. Mission creep? Complexity? Overambition? Fundamental flaws? Weak project management? Lack of clear lines of accountability? Postgraduate deaneries that elevated incompetence to a new art form? What is clear is that the MMC team was not up to the task."

This disaster did not just happen spontaneously, it was promoted and bulldozed forwards by a small cabal of highly-paid insiders. The small elite group of senior doctors who led this project, and who failed to heed the warnings they were given when they were in a position to do so, cannot now simply shrug their shoulders and walk away from the mess they made. We cannot understand why no heads have rolled over this, and we call on the senior architects and designers to resign.

The General Medical Council has issued clear guidelines for doctors who take up management roles. It has taken action in the past against doctors who have failed to maintain public confidence in the profession or to uphold proper standards of conduct in managerial roles. The intervention of the GMC may be necessary if we are to restore public confidence in the accountability of the medical profession.

Still more cover-ups and conspiracy

Doctors-in-training are required to achieve the milestones set by the relevant syllabus for their specialty. For example in respiratory medicine it may be necessary to attend bronchoscopy lists. The shortage of trainees, pressures on rotas and the havoc caused by the WTD have made this difficult in some places, and we have heard that some trainees are spending their time largely on 'ward work'.

At the completion of the module or rotation then this presents a little problem. Should the trainee be signed off for something that they haven't really completed.

The trainee would not wish to delay their training and would want to be passed. The trainers may not want to admit that their department cannot deliver proper training, for fear of losing some of their trainees. So a tacit deal is struck, under the vague fog of the 'competency' model, and all parties are left satisfied.

Well sort of. If you have any evidence of this going on locally please let Remedy know in confidence at dontcoverupforthem@remedyuk.org

Remedy Membership

Once again we end with a call for members. If you are already a member of Remedy then please pass this on to colleagues and ask them to consider joining. Membership details are on our website www.remedyuk.org

The Team

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