

Association of British Neurologists Trainee Committee
Ormond House
27 Boswell Street
London WC1N 3JZ

15th July 2013

RE: Open letter regarding Neurology training in the UK

We are writing on behalf of the Association of British Neurologists (ABN) Trainees. We regard the recent proposal for Specialist Trainees (ST3+) in neurology to participate in general medical on-call rotas as unsafe for patients, liable to render neurology services unsustainable, and a major risk to training.

To gauge the opinion of the Neurology Trainees, we conducted an online survey at the beginning of June this year. An e-mail was distributed to all trainee members of the ABN. There were 176 respondents to the survey, representing around three quarters of the ABNT membership. Of those who responded, 3% currently participate in general medical on call, 19% had played an active role within the last two years, 29% between 2-5 years and 48% had not done a general medical on call for more than 5 years. In our survey 90% of trainees did not feel that they were currently competent to take on the role of a general medical registrar and 2% did not know. Neurology trainees do not undertake training leading to dual CCT in general internal medicine, and do not receive training in general medical competencies during normal working hours. The RCP have advised that junior doctors who have not had training in a particular area in the preceding 12 months should not be expected to deliver out-of-hours care in that area (Statement by Prof Ian Gilmore on behalf of the Federation of the Royal Colleges of Physicians of UK). We feel that patient safety will be compromised if neurology trainees, who do not have up to date competencies in general medicine, were expected to participate in medical on-call rotas.

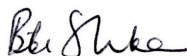
Whilst we appreciate that neurological problems account for a proportion of the acute medical take, it is well established that the skills and competencies of neurology trainees are best utilised by providing directed advice regarding these patients, rather than overseeing unselected medical admissions. We fully support greater involvement of neurologists, including trainees, in delivering acute neurological care, including acute stroke care, as recommended in the recent joint ABN/RCP report "Local adult neurology services for the next decade". The implementation of this recommendation would be compromised if trainees were diverted from delivering acute neurology to providing general medical cover. Indeed 95% of the responders to our survey felt that involvement on the general medical on-call would adversely affect the Neurology services we deliver to our patients, with clear implications for patient safety. There would be a significant impact not only on neurology on-call rotas (many of which cover stroke thrombolysis), but also on daytime in-patient cover and outpatient clinics if neurology registrars were diverted into working in general medicine.

The current training period for single-CCT in Neurology takes 5 years and 91% of the respondents to our survey felt that involvement in the general medical rota would affect their ability to meet their competencies within that time. This could lead to trainees being unable to demonstrate progression at their ARCPs, which would result in an extension to their period of training and may have implications for appraisal and revalidation as well as drawing attention from the GMC as to why an approved curriculum was not being delivered without extensions to training.

Finally, there is already some difficulty in attracting high calibre candidates to Neurology training posts, with variability in competition ratios between different regions. Seventy-three per cent of respondents to our survey stated that they would have been less likely to have chosen Neurology as a speciality if they had known that there would be a requirement to take part in the general medical rota. This could lead to further problems filling Neurology posts, adding yet more strain to Neurology service provision. A requirement to undertake general medical on call would also probably lead to negative feedback in the GMC National Trainees Survey, again drawing the attention of the GMC to the training programmes affected, with further negative impact on recruitment.

We strongly feel that neurology trainees, lacking up-to-date experience in general medicine, should not be participating in general medical on-call rotas. Doctors operating outside of their competencies will place patients at risk. The time commitments will compromise existing neurology and stroke services, hamper the development of improved acute neurology provision, and place training at risk. We would therefore urge that trainees in neurology are exempted from these proposed changes.

Yours sincerely,



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Neurology ST5
Chair ABNT



Dr Seán J Slaght
Post-CCT Fellow
Secretary ABNT

Copies sent to:

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GMC Shape of Training Review

Geraint Fuller, President ABN

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All ABNT members