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Richard Bacon Esq MP
MP for South Norfolk
House of Commons
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Dear Mr Bacon,

MODERNISING MEDICAL CAREERS AND MEDICAL TRAINING APPLICATION SYSTEM

Thank you for your letter of 16 March 2007 in which you brought to my attention concerns that consultants at the Norfolk and Norwich University Hospital have raised with you about the Modernising Medical Careers initiative and in particular the problems with the Medical Training Application System (MTAS). We have received similar concerns from a number of other MPs asking us to look at the issues raised including a request from Edward Leigh who has asked us to consider undertaking a value for money study.

As you point out, there have been a growing number of reports of problems with MTAS, the system chosen by the Department of Health to administer a centralised system of processing applications for junior doctor training positions within the NHS. In choosing MTAS, the Department's aim was to introduce a more consistent, transparent and cost-effective system of recruitment for junior doctors. MTAS was intended to support the Department's Modernising Medical Careers initiative and contribute to overall HR efficiency in the NHS. The principles of Modernising Medical Careers are widely accepted and it is the application system MTAS rather than the wider initiative that has been criticised.

The Modernising Medical Careers initiative

Modernising Medical Careers (MMC) was launched in August 2005 to improve the career structure for hospital doctors in postgraduate training. A Department of Health review in 2002 of the Senior House Officer (SHO) doctor grade reported that there were a number of problems with the SHO grade (which comprised some 21,000 junior doctors in England in 2005). Principally that: SHO posts provided a poor career structure for doctors; training was uncoordinated; selection and appointment processes were not standardised; and there was inadequate supervision, assessment and appraisal for SHOs.

The MMC initiative was the first time that national standards and competencies have been applied to doctors working in the NHS and is being implemented across England, Scotland, Wales and Northern Ireland. As well as providing consistency in training and medical standards, MMC attempts to unify a disparate range of training grades into one single grade system. The new training programme for doctors, introduced under MMC, comprises a new two year foundation course following undergraduate medical training. After which, if a doctor wishes to specialise, they are required to carry out a further three to four years training in one of 58 medical specialties including general practice. The foundation programme was introduced in 2005 and the specialist training programme commences in August 2007. The problems that have been highlighted in relation to MTAS are in relation to applications for this August intake.



INVESTOR IN PEOPLE

The Medical Training Application System (MTAS)

To enable doctors to apply for the specialist training posts a new competency based job application procedure was designed called the Medical Training Application System (MTAS). In the past there was no national system for recruitment and there were wide variations in practice for employing and training doctors. NHS trusts advertised posts individually and applicants were required to apply locally and be assessed against locally determined criteria. This meant that doctors had to make multiple applications throughout the year based on when and where posts became available. The consensus between the Department, NHS Employers and the British Medical Association was that this process was inconsistent, laborious and costly for applicants and employers. The business case for MTAS estimated that MTAS would reduce administration and advertising costs by at least 10 per cent, saving approximately £1m per year.

The MTAS process is led at a local level by the medical deaneries (14 regional bodies based in medical schools). MTAS is an electronic web-based on-line system and works in a similar way to the university application system, UCAS, which has been in operation now for a number of years. MTAS was trialled in 2006 to administer the 6000 or so applications to the foundation programme. The application system is based on responses to competency based questions and does not require candidates to include their curriculum vitae in support of their application. Whilst the system worked effectively for entry to the foundation programme the wider application of MTAS into specialist training posts, launched in January 2007, has proved to be more complex.

Problems with the applications to specialist training posts emerged from the outset with complaints from junior doctors unable to obtain interviews and consultants who felt their best doctors were not getting interviews. There main criticism was that there were significantly more applications than places, with the system recording around 120,000 applications (30,000 applicants making up to 4 applications each) for 22,000 places; and there were administrative problems with the on-line system. The large number of applicants comes from the fact that this is the first year that doctors leaving the foundation year are applying for training and jobs at the same time as doctors already working in the old 'senior house officer' grade. Other concerns have been raised such as administrative mistakes, inconsistent practices between deaneries, and serious breaches in security in the MTAS system.

The Department and indeed the then Secretary of State, Patricia Hewitt, have acknowledged the problems with the Medical Training Application System (MTAS) and have already put in place revised procedures based on an interim review (chaired by Professor Neil Douglas), including closing the MTAS internet portal. We understand that the Department has also made available a further 215 training places and extended the application process for doctors having difficulty finding vacancies after round one. The Department has also asked Strategic Health Authorities to ensure that all applicants currently in NHS employment will continue to have employment whilst they progress through the next round of recruitment.

The Department has commissioned a second independent review of the system which is being led by Professor Tooke (Chair of the Postgraduate Medical School in Exeter). My Director of Health Value for Money Audit, Karen Taylor, met with Professor Tooke in early June and discussed the membership and terms of reference for the review into MMC and MTAS (Annex A) and confirmed that the review would examine the broader context underlying the recent difficulties and will scope the fitness for purpose of current arrangements. Professor Tooke intends to make recommendations to inform improvements for 2008 and beyond and has agreed to keep us informed on developments. We intend to keep in close touch with the review process, including reviewing the interim report in September. And when he has finished his review, we will examine the results and report further to Parliament. We shall take account of the Government's plans to increase vetting of foreign doctors.

If you have any information that you feel we may not be privy to, or would like to discuss your concerns more fully, please let me know or contact my Director, Karen Taylor (0207 798 7161 or Karen.Taylor@nao.gsi.gov.uk).

Thank you once again for bringing your concerns to my attention.

*Yours sincerely,
John Bourn*

JOHN BOURN

ANNEX 1 – INDEPENDENT REVIEW

Panel Members

Prof. Sir John Tooke – Chair of the Panel and Director of the Postgraduate Medical School in Exeter

Sue Ashtiany – A lawyer with interest in employment law and equal opportunities

Sir David Carter – previously Chief Medical Officer for Scotland

Dr Allan Cole – Medical Director, University of Leicester Hospitals Trust

Sir Jonathan Michael – previously Chief Executive of Guy's and St Thomas' Hospital

Prof. Aly Rashid -General Practitioner and Associate Director of the National Clinical Assessment Service

Prof. Peter C Smith -Professor of Economics and Director of the Centre for Health Economics at the University of York (also a board member of the Audit Commission)

Prof. Stephen Tomlinson - Provost of the Wales College of Medicine, Biology, Life & Health Sciences and Deputy Vice-Chancellor Cardiff University

Terms of Reference

The independent review will examine the framework and processes underlying Modernising Medical Careers (MMC) and make recommendations to inform any improvements for 2008 and beyond.

The review will examine:

1. the extent to which MMC has engaged the medical profession and to make recommendations to ensure that it has the support of the profession in the future
2. the extent to which implementation to date has met the needs of doctors in training, patients, the service and employers
3. the governance structures across the UK that underpin MMC and the inter-governmental working arrangements of the four home countries
4. the implementation processes underlying MMC and the methods used in selection and recruitment
5. factors relating to the wider professional, regulatory, workforce and service environment which may have impacted on the programme.

Specific issues that have been the subject of stakeholder concern, including:

- the extent and quality of stakeholder engagement with the programme

- the effective engagement of doctors in training and the profession as a whole in MMC and the development of a proper understanding of its aims and benefits
- the appropriate relationship between the acquisition of competence and the pursuit of excellence
- the assessment methodologies used in the selection process including the relative merits of competency-based and more traditional methods of selection and recruitment
- the use of assessment centres in selection and recruitment
- the level of choice on offer at application
- the lack of flexibility available to trainees on run-through programmes
- the role of fixed-term training posts alongside run-through posts
- the relative roles of the Deaneries and the Medical Royal Colleges in delivering components of the programme
- the need for flexibility in implementation across the UK.
- The review will be conducted independently of the four Health Departments and will have its own independent secretariat.

The independent review team intends to produce an interim report in September 2007 and a full report by the end 2007/early 2008.