

Nominations

for role of

BNTA Post CCT/Fellowship rep

Akbar Hussain

madh@doctors.org.uk



I am currently a post CCT Fellow and understand the worries and the stresses of being in this position. Being a ST trainee and one of the first ST cohort to reach this stage I am aware of all the effort it takes to reach this point in the new era of training.

After many years of jumping through hoops, coming in on days off, staying late revising for hours for exams, we have achieved all that we have been asked but it is now that we face challenges that hard work and dedication cannot overcome. Workforce planning has been none existent and currently we, as a group, are left with little in the way of options. If we are a lucky we can win a consultant post but with the slowing in expansion of units, we are increasing the pool of post CCT specialists with no obvious place for them to go to. Many consultants have mentioned SAS posts and sub consultant posts. It seems the plan is to oversupply and overcrowd the market and the highly trained group of individuals will take whatever they are given. We need to have a representative and stand together so we are not taken advantage of.

Fellowships have become a prerequisite to any consultant job, and as a consequence it can be considered an ST9 year. There are many great fellowships available in the UK and abroad, offering invaluable training opportunities. However, the nomenclature of fellow is everywhere on NHS jobs; clinical fellow, junior fellow, trust fellow. There is little in transparency in which of the fellowships offers the best training or which fellowships have sufficient numbers of cases to call themselves supra speciality fellowships. If we truly consider this to be a post CCT ST9 year, should we be fighting for the same vigorous regulations and standards as the rest of our training?

If you vote for me as the Post CCT/Fellowship rep, my goals will be to address the issues of workforce planning for consultant posts and classify the fellowships on offer. The BNTA committee rightly represents trainees of all levels, but it needs someone to represent the concerns and needs of the most senior of trainee groups. I would like the opportunity to be the voice for this cohort so that once we achieve outcome 6 we are not forgotten.

Jebet Beverley Cheseram

bevjeb@yahoo.co.uk



I am the current skull base fellow at the University Hospital Wales, Cardiff. I recently completed my training in the South London rotation and briefly worked as a locum consultant. As one nears the end of their training, many of us increasingly choose fellowships either as a mandatory part for appointment within a subspecialty interest, to widen our skills or to expand our professional networks. Accessing this information is often reliant on word of mouth or based on our trainer's recommendation. It would be much more useful to pool this information centrally so that as one plans their post residency career, you know what options are available.

As the fellowship representative I plan to:

- set up a database of fellowships with in the UK and internationally. Wherever possible I would aim to input the selection criteria, the typical recruitment date or link to live adverts where appropriate.
- post feedback from previous fellows of what the job entails so that one is aware of what they will achieve should they apply for the post
- be a liaison between fellows and the rest of the BNTA group
- set up a fellows network group
- the college runs a new consultants day conference which helps one prepare for being effective on appointment. Having attended the course, I would like to arrange a similar course for fellows and senior registrars as part of preparing to apply for consultant posts

I look forward to working with the BNTA and am thankful to those who chose to vote for me.

Best wishes

Jebet Beverley Cheseram

Jonathan Ellenbogen
jellenbogen@doctors.org.uk



Having completed my training in Liverpool, I am currently the Functional Fellow at Kings College Hospital, having already undertaken a fellowship in Melbourne.

As a SHO I was supposed to be one of the 'lost tribe' (although I never felt very lost) and Modernising Medical Careers (MMC) was the panacea..... except it wasn't and the majority of my cohort were left stranded in its wake.

What MMC has managed to create is a true 'lost tribe' of post-CCT Fellows in the UK struggling to find substantive consultant posts. Whilst streamlining the process of seamless training, the intended match of the number of STs entering the training programme to the number of new Consultants required at the end of their scheme has not occurred. As I understand it, the number of Post-CCT Fellows awaiting consultant posts in the country stands at 33. It is becoming an increasing untenable issue, and as such the SBNS/BNTA have had to recognize this unfortunate situation by the creation of a Fellow representative on the BNTA committee.

I have witnessed constant changes to the hurdles of career progression throughout my years of training. This current example of poor workforce planning just serves as another type of hurdle. Being a Fellow is a very uncertain time, the added pressure of an ever-growing pool of similarly trained colleagues vying for fewer Consultant jobs is further demoralising. If not addressed the issue will only escalate as more junior colleagues join the ranks of the post-CCT Fellow.

I strongly believe that the current situation needs to be improved and I would welcome the opportunity to represent the Fellows' voices on the BNTA in the hope that this may bring about positive change, to improve the current situation and prevent it continuing for our junior colleagues.