Career focus

Locum appointments in the specialist registrar grade

The ideal is a long term rotation and a national number, but the short term posts springing up all over can be useful. Fiona McKevitt guides you through the maze of acronyms

Obtaining a specialist registrar post has become increasingly difficult since the new training scheme was introduced, restricting numbers. Since "calmanisation" we have become familiar with a variety of new abbreviations. The specialist registrar replaced the previous registrar and senior registrar grade. A national training number (NTN) is allocated after acceptance on to a training programme, and a certificate of completion of specialist training (CCST) is awarded on finishing such a programme.

With short term gaps appearing in training programmes, alternative appointments at the specialist registrar level are becoming available. These are an attractive option to many senior house officers struggling to obtain the limited NTN. These temporary positions also sport their own acronyms, and job advertisements are increasingly seen for LAT, LAS, or FTFA posts. It is important to understand the differences between these since not all will help you to achieve the ultimate goal of a CCST.

What is a LAS or LAT?

It is unavoidable that breaks in training programmes will occur—for example, when doctors leave temporarily for research purposes. These vacant posts must be filled, and trusts have two options. Specialist registrar placements consist of service and training components. If only the service element of the post is to be covered then a locum appointment, service (LAS) may be made. If, in addition to this service component, the training value of a post is recognised a second type of appointment may be made: a locum appointment, training (LAT).

A LAS does not attract an NTN, there is no training element, and it does not count towards a CCST. Because of the short term, service based nature of such a post these placements

Those acronyms defined

CCST Certificate of completion of specialist training
Endpoint of specialist training, required for all consultant jobs
NTN National training number
Issued centrally via postgraduate deans. Possession indicates clear route to CCST
SpR Specialist registrar
Formal training grade on the road to a CCST. Usually a 4 - 6 year rotation
LAT Locum appointment, training
Short term specialist registrar post (up to one year) which may eventually count towards award of CCST
LAS Locum appointment, service
Short term specialist registrar post which does not count towards total training requirement for CCST
FTFA Fixed term training appointment
One to three year "type 2" registrar post for doctors without residency rights in the United Kingdom. Holders do not require Home Office work permit.

are usually limited to a maximum of three months. A LAT, although not attracting a NTN, does have a training element. The key difference between the two locum appointments, therefore, is that, since this training is acknowledged, a LAT will count towards achieving a CCST. However, it is important to note that repeated LAT posts will not lead to the award of a CCST. A person will qualify for a CCST only if he or she has been appointed to a substantive post. This is a placement that has a recognised training programme. It has therefore been recommended that a LAT should not last more than one year.

In addition to LAS and LAT posts, fixed term training appointments (FTFA) are available. These are appointments adapted to meet the training needs of individual doctors and are usually for overseas doctors without the right of permanent residence. They can cover vacancies in SpR training but ideally should be independent. They do not lead to a CCST and usually last between six months and two years.

The eligibility requirements for a LAS are similar to those of a substantive specialist registrar post, but the appointment is the

responsibility of the employer, the hospital trust. The short term attraction of the post, other than financial, is that it fills a career gap with experience in a relevant specialty at specialist registrar grade. The long term advantages, however, are minimal. The training is limited, it does not count towards a CCST, and the appropriateness of a post should be questioned.

A LAT does count towards a CCST, and so these appointments are competitive. A representative of the appropriate royal college or faculty (or in Scotland a member of the national panel of specialists) is usually included in the appointment panel. A LAT therefore is suitable for those who wish to pursue a CCST training programme and have the entry requirements but have not yet been able to obtain an NTN. Valuable experience can be achieved in your chosen specialty, and if it has been agreed prospectively then the training gained during the period of a LAT will count in the calculation of time to completion of higher specialist training.

The disadvantages of such a post are that trainees can be considered second class since they need to compete again for an NTN. A LAT is not, howev-

er, a separate grade and holds a contract as a specialist registrar, subject to specialist registrar pay, terms, and conditions. But it is also important to note that holding such a post does not confer special or priority right of entry into a substantive specialist registrar placement.

So should I take it?

Should SHOs take a locum specialist registrar post? Of course individual circumstances differ, but, generally, the answer is yes with the caveat that the locum appointment includes training. There are short and long term advantages. Not only does it save repeating further SHO training, it also gives valuable experience in your chosen specialty and, importantly, it counts towards the CCST. It needs to be stressed, however, that no retrospective recognition of LAT training can be given and that LASs cannot be turned into LATs at a later date. Be sure that postgraduate approval has been granted and that you have enrolled with the joint committee on higher medical training. This is vital for recognition of your LAT training towards a CCST. It is also important to realise that LAT holders are required to undergo the same assessment and appraisal procedures as apply to specialist registrars. If these points are taken into consideration then hopefully you will gain the maximum benefit from your locum post, and I wish you luck in obtaining that ever elusive NTN.

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Further reading

Elkies R. Specialist training in the UK [letter; comment] *Lancet* 1997; 350: 1851.

Department of Health. A guide to specialist registrar training. 1998.

Smith R. Countering poor training within the NHS. *BMJ* 1999;18:552.

A step up in experience

Gavin Yamey, the *BMJ*'s newest editorial registrar, offers a personal view of the advantages of a LAS post

Becoming an MRCP brought me to a crossroads, and the signposts were blank. I was in no hurry to commit to a four or five year training programme and was eager to have a period of reflection before the next phase of my professional life. As I trawled through the pages of the *BMJ classified* for that dream job (minimal on-call, stimulating, life affirming and enriching), I spotted a LAS tucked away under "Rehabilitation Medicine". It would be nine to five, with two half days for research, as a registrar to a brain injuries unit for young adults in East London. This appealed to my interests in neurology and disability and had a strong psychosocial flavour, so I took up the three month post, which became six, then 12. None of this will ever count towards a CCST, so have I wasted my time?

The overnight metamorphosis from SHO to registrar involves a huge leap in responsibility, and a LAS or LAT can be a useful transitional period provided you are well supervised. My post involved seeing acute neurology referrals, and I moved through terror to burgeoning interest to quiet confidence as I got to grips with neurological diagnosis under the guidance of my highly supportive consultant.

All jobs inevitably have a service commitment, but a nurtur-

ing boss should ensure a mutually fruitful experience. I grabbed the chance to conduct my own qualitative research project, re-wrote a book chapter for a second edition, and attended interesting conferences and meetings. There is no reason why a locum appointment should be denied these educational opportunities.

Choose carefully, and you may find that you learn skills rarely taught to doctors. I became a member of an effective multidisciplinary team of inspiring and dynamic health professionals. I began to understand the issues facing people with severe and complex physical, cognitive, and psychiatric difficulties. Working with a multicultural patient group was the stimulus to my transcultural research and to meeting others involved in the field.

If you are a person with a detailed life plan, then I doubt you will be reading this. If you are still undecided about which specialty is for you, a locum registrar post could be the taster you need before sitting down to a heavy meal. This will be particularly valuable if you are facing the dilemma of general practice versus a "friendly" hospital specialty (such as rehabilitation medicine, rheumatology, genitourinary medicine, or elderly care). In theory you could sample a few different

menus, although questions may start to be asked about whether you have the stomach to commit. I certainly had to deal with the occasional raised eyebrow or sarcastic enquiry (for example, fellow registrar, proudly NTN positive: "When are you going to get a proper job?").

This question reveals much about the cultural identity of locum doctors. It can be very frustrating to be dismissed because of your temporary nature, and there may be an uneasy relationship with your permanent colleagues. This can be a two headed monster, since I sometimes found myself hiding behind this very attitude for protection ("Don't expect too much from me, I'm only a locum").

If the journey matters to you as much as reaching the final destination, and speed is not your principal concern, then you should savour the taste of the locum registrar's life. By doing more SHO posts, you may broaden your range, but you won't get the depth or quality of experience that seniority offers. My signposts now read "flexibility" and "variety", which I continue to pursue. Auden advised us to "leap before you look", and the leap up to a LAS/LAT will reward you with a valuable view.

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Briefing

● Taking royal college exams is an expensive business, as data from the BMA's cohort study of 1995 graduates shows clearly. Almost two thirds of those completing the 1998 questionnaire had taken royal college exams; about half passed. The average spent on exam fees and other expenses such as courses, books and transport was £917. The report takes a neutral view on whether this represents good value for money. The exams have been criticised for their expense and lack of clinical relevance, while the colleges point to their narrow profit margins and cross-subsidy of other educational activities.

● Not everyone wants to become an employment law specialist, though everyone who has a job should be aware of the basic principles. Recognising this, the arbitration and conciliation service (ACAS) produces an excellent series of brief advice notes and guidance for employers and employees on relevant topics. The series contains advice on most aspects of fairness at work; many can be downloaded from the website at <http://www.acas.org.uk>

● Harassment and bullying at work is one such topic. Defined as "unwanted conduct affecting the dignity of men and women in the workplace," it may be related to "age, sex, race, disability, religion, nationality, or any other personal characteristic." Complaints about such behaviours should always be taken seriously, the guide advises; unwarranted complaints are uncommon, and an investigation should not be deterred by the fact that the initial problem does not seem to fit neatly into a particular category. *Bullying and harassment at work* (Guidance for employers, managers, and employees) is available from ACAS Reader on 01455 852225.

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