

## THE TRUTH ABOUT MTAS...

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In this edition, Owen (1) evaluates the feedback received from DMS Medical Officers who applied for entry into Specialty Training (ST) during 2007 using the Medical Training Application Service (MTAS). This feedback was obtained through a questionnaire sent to all DMS MTAS applicants and although the response rate was disappointing, enough completed questionnaires were received to indicate the general feelings of DMS applicants about MTAS which were as negative as those of most of their civilian colleagues.

This was surprising given that the greatest anxiety of their civilian colleagues was generated by some inadequacies in the long/short listing procedures and the fact that a significant number were not initially offered an interview during the first round. No such anxiety should have arisen for DMS applicants as all were appropriately short-listed (long-listing was not relevant in our case as all DMS applicants already met the standard criteria for eligibility to apply) and all were called for interview in collaboration with the West Midlands Deanery (WMD). Furthermore, they were aware that, if they were successful at interview, sufficient training capacity existed in most specialties within the DMS so that the majority would be offered a training programme with choice of location linked to their level of success – ultimately 80% were offered a Run - Through (RT) Training Programme and a further 8% a Fixed Term Specialty Training Appointment (FTSTA).

So why the dissatisfaction? All questionnaire responses were received before any MTAS results were known so there could have been no bias related to the result. Clearly there was genuine concern among DMS applicants that the MTAS process was lacking and some felt disadvantaged in that the interview panels were not necessarily aware which applicants were military and so their military experience had not been recognised. Surgical applicants were the least satisfied and it is interesting to note that the failure rate at interview was higher in this group; however the competition for surgical specialties was also much higher in both the NHS and DMS.

So, was MTAS 07 as bad as portrayed by the media? There is no doubt that, disappointingly, a series of problems arose; the computer programme suffered from periodic sub-optimal functionality and security issues. There were concerns about plagiarism and the relevance of some of the questions. The selection interview process appeared to vary among specialties, particularly with regard to the degree of attention paid by interview panels to portfolios and CVs and some interviewers seemed obviously less enthusiastic about the process than others. When it became evident that fewer applicants than expected had been invited to interview in the first tranche of the first round, media attention increased and the credibility of the

process plummeted; in May 07 the Secretary of State for Health intervened and MTAS was withdrawn for selection purposes. Obviously, no figures are available which could confirm how many people were not called to interview who might have expected to be called as this was pure speculation. A review panel was set up which recommended eventually that local Deanery arrangements be reinstated for the selection of the remaining applicants and, for those applicants who had not yet been offered an interview, each be offered at least one interview in their first choice specialty (also, they were offered an opportunity to re-rank tactically their specialty choices if they so wished in light of data released by the Department of Health detailing competition ratios across the various specialties and Deaneries). Round 1 was extended to accommodate these recommendations and became known as Round "1b" but the system again soon ground to a halt pending the result of a Judicial Review brought by Remedy UK with the aim of invalidating MTAS altogether – it did not succeed, much to the relief of Deaneries who had already interviewed thousands of applicants, and to the significant number of candidates who had been successful and were waiting to be allocated training programmes. Consequently, the start of Round 2 was further delayed until July with a completion date of October 07.

At the end of July 07, in England 9336 applicants out of 13600 UK graduates (almost 70%) had accepted a training post with Round 2 yet to come. 1 Aug 07 came and went almost unnoticed – yes, it was a chaotic day for many NHS Trusts but they coped (and in any case the first Wednesday in August has always been chaotic for Trusts). Time will tell exactly how many UK graduates will remain unplaced by Nov 07 but it is evident that it will be nothing like the number predicted by an hysterical media earlier this year. We will never know what would have happened if the original timetable had been allowed to proceed as Round 2 would have finished for the Aug 07 start and it is possible that the outcome might not have been much different – after all, we still have the same number of applicants and only a slight increase in the number of posts as a result of the review.

And for DMS applicants? All 162 applicants had been interviewed by mid Jun 07. 131 successfully benchmarked against their civilian colleagues and were offered RT programmes, the vast majority in the specialty of their choice. 13 who were borderline at interview were offered FTSTAs giving them an opportunity to get started in their training and to improve their prospects for MTAS 08. 18 applicants regrettably failed to benchmark in either their 1st or 2nd choice (only a few requested a 2nd choice interview) but nevertheless have been offered non-training posts in the clinical environment of their choice, again giving them an opportunity to improve their prospects for next year. However, 5 out of 13 FTSTA appointees and 14 out of 18 "non-benchmarkers" were applicants for surgical specialties in which, general surgery apart, the DMS currently has limited training capacity so competition will remain fierce again next year.

So was the ST selection process in 2007 not fit for purpose for

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the DMS? Clearly it suffered imperfections as the 21 surgical applicants who initially failed to benchmark have opined unequivocally. The 36 surgical applicants<sup>1</sup> who were successful have been less inclined to comment. Across all specialties our success rate (even for surgical specialties) was excellent compared with other Deaneries; we can be proud of our performance and particularly that of a number of individuals who were truly outstanding.

And next year? The development of the application and selection process for ST in 2008 is already under way and a number of new proposals are being considered. It seems likely that an on-line application system will still be used (possibly still called "MTAS" but hopefully with improved technology), and

<sup>1</sup>All surgical specialties including 5 FTSTAs

used only for the management of applications; the selection process is likely to remain local to Deaneries once more. Within the DMS, we will continue to require our applicants for ST to benchmark against their civilian colleagues within the WMD and we will work to ensure that any appropriate military experience gains due recognition. As the final report of the Tooke review is not expected until Jan 08, any recommendations from this which should shape the definitive model for MMC cannot be implemented until 2009; this should allow time for a more measured approach and greater consultation with the Royal Colleges and the profession as a whole.

## References

1. Owen JP. MTAS evaluation for DMS doctors. *J R Army Med Corps* 2007; 153(3): 175-180