

### **Run through training pilots. Current Position (April 2023, updated Feb 2025):**

The General Medical Council has considered final run through pilot evaluations provided by JCST (Otolaryngology and General Surgery – sent Dec 2021), (Urology and Vascular Surgery - sent Feb 2023) and (Trauma and Orthopaedic Surgery – sent March 2024). The JCST recommends:

- A 'pre-pilot' status quo (uncoupled training pathways) is retained in these specialties.
- Work is underway with stakeholders to restructure the Core Surgical Training curriculum, as requested by the GMC.
- Problems with ST3 post availability have been felt in the pilots, particularly in England. Some smaller specialties may feel they can manage this within existing arrangements but we do not recommend each specialty go in their own direction.

The mixed economy of run through and uncoupled surgical training in England led to some core surgical trainees being disadvantaged, as there were insufficient numbers of ST3 posts available.

Trainees continue to be recruited into run through pathways in Scotland and Wales, where experiences have differed. The GMC therefore confirm their approval for run through training as an option for General Surgery, Otolaryngology, Trauma and Orthopaedic Surgery, Urology and Vascular Surgery. This approval is particularly relevant to Scotland and Wales, at this current time. Where run through training is no longer a pilot, this does not mean that posts will be available, and this is at the discretion of Workforce Training and Education Directorate (WTED) in England.

Update: A report for the run through pilot in Paediatric Surgery was sent to the GMC (Dec 2024). It explained that the number of doctors appointed to the pilot programmes was smaller than expected, and not all of the intended regions ended up taking part. This was likely influenced by the cessation of recruitment to other surgical run through programmes in England. Although anecdotally doctors on the pilot run through programmes are progressing well, there are limited data, and it has not been possible to evaluate the pilot meaningfully. The GMC are unable to confirm approval for the substantive roll out of run through training as an option in Paediatric Surgery without an evaluation. A 'pre-pilot' status quo (uncoupled training pathway) is retained in Paediatric Surgery.

### **Next steps (for these specialties):**

The specialty training curricula have been updated with references to the pilot run through programmes removed. The GMC will also remove details of the pilot programmes from their website.

### **Additional background:**

The JCST's responsibilities in regards to the quality measurement of the pilots includes providing an evaluation report, in line with published GMC guidance, at the completion of the pilot. Each specialty's pilot was launched/completed at different dates and managed by different bodies:

- SAC in Otolaryngology managed an Otolaryngology pilot (2018-2021).
- Improving Surgical Training/Improving Surgical Care was managed by Health Education England working with the Royal College of Surgeons of England. Launched in 2018, initially for General Surgery (2018-2021), expanding to include Urology (2019-2022), Vascular Surgery (2019-2022) and Trauma and Orthopaedic Surgery (2020-2023).
- SAC in Paediatric Surgery introduced a Paediatric Surgery pilot (2021-2024).

*These dates relate to a final report on 'run through training' by specialty provided at end of year 3, when 2 cohorts have completed ST2 training. Whilst run through training formed part of the initiatives investigated by IST, IST also examined many other facets of the working environment of core surgical training. The IST pilot has been conducted with independent evaluations. The JCST reports were on run through only and made in parallel to the wider independent evaluations. Otolaryngology and Paediatric Surgery were not part of the IST pilot.*