Reviewer's report

**Title:** Changes in caseload and the potential impact on surgical training: a retrospective review of one hospital's experience

**Version:** 1  **Date:** 21 September 2005

**Reviewer:** Gareth Morris-Stiff

**Reviewer's report:**

**General**

This is a very important topic and deserves more attention in the literature as the EWTD has huge implications in relation to training and patient care which were not addressed before its implication. The MMC program is likely to lead to further changes, and again there has been no planning on how the training should be carried out in the new system and no verification of the training and assessment process before it actually commenced. This paper adds to the existing literature in demonstrating how training opportunities are becoming fewer for trainees and urges planning on how training can be addressed within the context of the MMC.

**Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)**

In the methods section we are told that numbers of elective procedures carried out were summated and related to the number of SHOs. However, it is not clear whether the trainees took advantage of these opportunities - was it the SHO, SpR or consultant that performed the hernia repair. In many cases appropriate training opportunities, although present, are not taken full advantage of. This is particularly relevant in Orthopaedic surgery where little is done by SHO-type trainees. In the future, as a result of MMC the 'advanced' trainees (equivalent to current SpRs) are likely to be less experienced and may wish to perform hernia repairs, leaving little for the lower training grades.

**Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)**

There are a number of other publications in the literature addressing these issues that have not been referenced. It would be a good idea to update the discussion based on the new work.

**Discretionary Revisions (which the author can choose to ignore)**

The time period quoted would pre-date the full (current) EWTD hours regulations with the development of full shift systems as well as Hospital at Night regulations. It would be interesting to see what has happened in the past year - things may be even worse.

The effect of Government policy to increase doctors numbers by increasing medical student numbers has not been mentioned. As these new trainees enter the workplace, they are likely to dilute available experience even further.

Day case surgery, as mentioned in the discussion is appropriate for all trainees for minor and intermediate procedures but does not provide a solution for training in relation to Major and Complex Major cases that many specialties encounter on a regular basis. Likewise dedicated training lists,
whilst a good idea, were often in the past policed by experienced SpRs. In the future, there are likely to be less experienced SpRs to carry out this work.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests