



# THE NON-FINANCIAL COST OF SURGICAL TRAINING

## APPENDIX II-V



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## Appendix II - Qualitative Analysis Coding

A total of 52 codes emerged from the content analysis of participants' comments, which amounted to 604 coded references. All codes were merged into 5 main categories, listed in order of the total number of the coded references: 1) Impact on the Quality of Life, 2) Impact on Physical Health, 3) Financial Concerns, 4) Impact on Mental Health, 5) Job-related Issues, 6) Career break and leaving training. Some of the sub-categories had a dual function as a code hence, the number of coded references in some sub-categories is higher than the sum of the coded references for each code (Table S1).

**Table S1: Categories and sub-categories identified in participants' free-text comments**

Category / Sub-category / Code	Number of coded references
<b>1. Impact on the Quality of Life</b>	166
1) Poor work-life balance	54
- expectation to work beyond rostered hours	7
- little time to relax & rest	14
- using personal time for portfolio	14

## Appendix II - Qualitative Analysis Coding

Category / Sub-category / Code	Number of coded references
2) Impact on relationships	54
- impact on family	25
- impact on parenting	6
- impact on personal relationships with partners/friends	23
3) Accommodation	50
- commute	13
-unsettled living arrangements	37
4) Uncertainty about the future	8

## Appendix II - Qualitative Analysis Coding

Category / Sub-category / Code	Number of coded references
<b>2. Impact on physical health</b>	145
<b>1) Impact on health</b>	80
- exhaustion	13
- musculoskeletal problems	24
- sleep problems	2
- specific health problems	10
<b>2) Healthy lifestyle</b>	65
-impact on exercise	39
-impact on diet	19
-impact on weight	7

## Appendix II - Qualitative Analysis Coding

Category / Sub-category / Code	Number of coded references
<b>2. Impact on mental health</b>	115
1) Anxiety	5
2) Bullying	7
3) Burnout	32
4) Loss of confidence	1
5) Feeling stigmatised	2
6) Stress	63
-stress of recruitment	17
-stress of the job	16
-stress of training	30
-poor training	14
-sacrifice	3
7) Feeling Suicidal	3

## Appendix II - Qualitative Analysis Coding

Category / Sub-category / Code	Number of coded references
<b>3. Job related issues</b>	41
1) Lack of support	18
2) Negative working culture	11
3) Poor working conditions	7
4) Rota gaps	4
5) Unsafe working	1
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1) Lack of support	18
2) Negative working culture	11
3) Poor working conditions	7
4) Rota gaps	4
5) Unsafe working	1
<b>5. Career break and leaving training</b>	13

## Appendix III - Respondent demographics

<b>Gender</b>	Male	230 (50.1%)
	Female	207 (45.2%)
	Transgender Male	1 (0.2%)
	Non binary	1 (0.2%)
	Prefer not to say	20 (4.3%)
<b>Ethnicity</b>	White	256 (55.7%)
	Asian, Asian British, Asian Irish	130 (28.3%)
	Black, Black British, Black Irish	23 (5.0%)
	Mixed or multiple ethnic groups	17 (3.7%)
	Other ethnic group	26 (5.7%)
	Prefer not to say	7 (1.6%)

## Appendix III - Respondent demographics

<b>Marital Status</b>	Single	234 (51.0%)
	Married	177 (38.6%)
	Civil Partnership	11 (2.4%)
	Separated	1 (0.2%)
	Co-habiting	30 (6.53%)
	Prefer not to say	6 (3.8%)



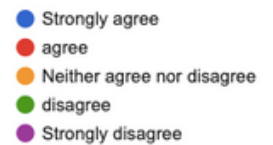
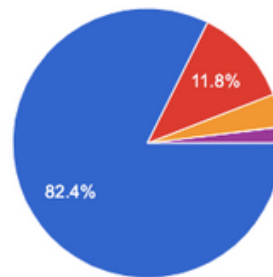
## Appendix IV - Full list of recommendations for each domain

### Uncertainty about the future

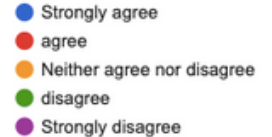
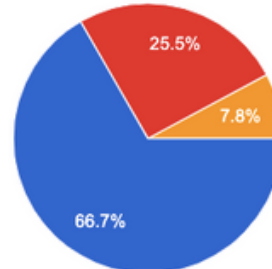
#### Recommendation

#### Council Agreement

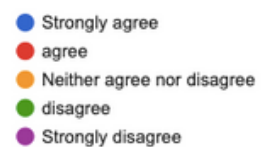
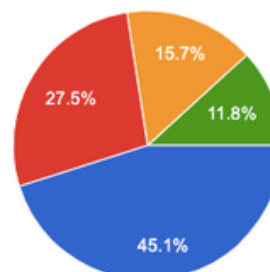
Minimum 1 year notice for any changes to the recruitment process



Assignment of a base hospital for deanery trainees from which rotations may not be over a certain distance [e.g over 60 minutes commute] unless specifically requested.



Assignment of all rotations for ST3-ST5 at the time of offer acceptance for ST3.  
Review and assignment of ST6-ST8 rotations during ST5, based on trainee specialist interests.



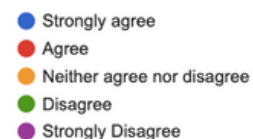
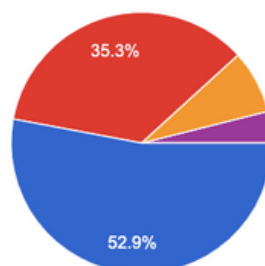
## Appendix IV - Full list of recommendations for each domain

### Uncertainty about the future

#### Recommendation

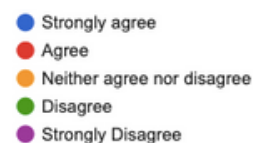
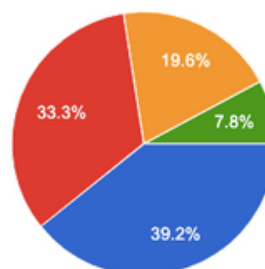
#### Council Agreement

A review of training numbers to avoid consultant bottle necks

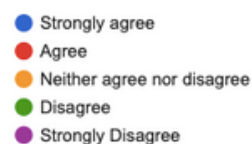
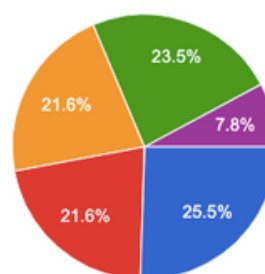


There should be national selection, but local recruitment: funding linked to trainees, with easier movements between deaneries.

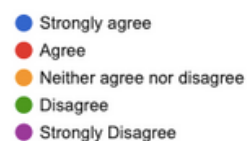
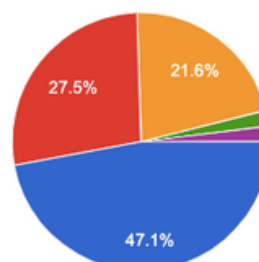
If trainees unhappy about training opportunities, they should be able to move more easily and take the funding with them.



Run-through numbers should be re-introduced for all specialties



Minimum of 12 month rotational placements (in a single site i.e hospital or trust) for core and higher trainees



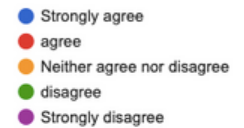
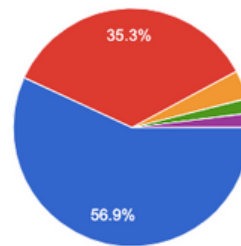
## Appendix IV - Full list of recommendations for each domain

### Poor work life balance

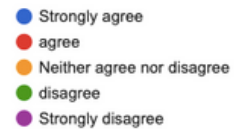
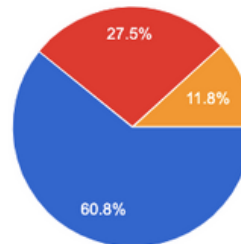
#### Recommendation

#### Council Agreement

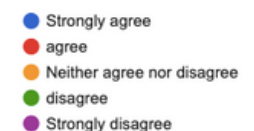
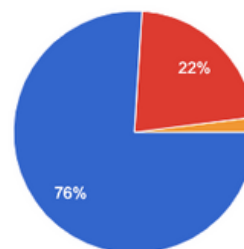
Mandatory self development time incorporated into all CST and HST rota plans



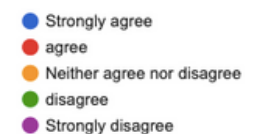
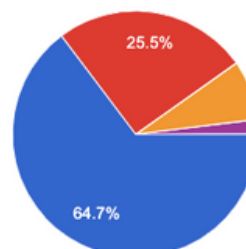
Increase of availability of e-rostering for trainees



Accommodation and food provided for any overnight workers [if requested]



Trusts fined for persistent unfilled rota gaps (>1 month)



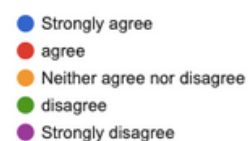
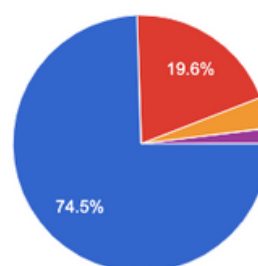
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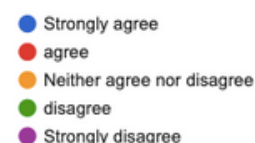
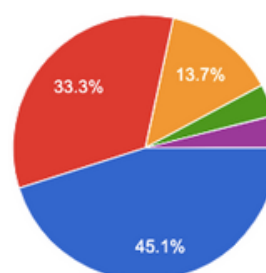
#### Recommendation

#### Council Agreement

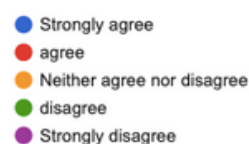
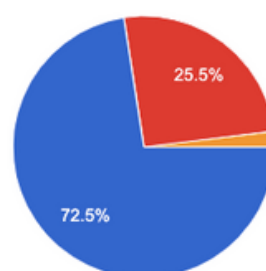
Extra duties such as rota planning should have protected time within job plan



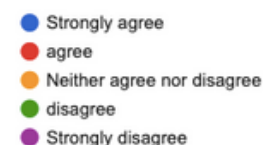
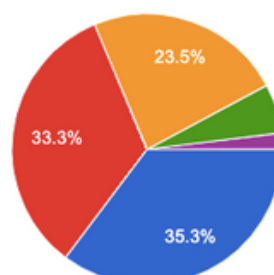
Rota management should be led by the non-clinical team but with a designated trainee lead



Mandatory area for higher surgical trainees for admin/SDT at work



There should be funding for wellbeing related activities (deanery-led non clinical days and wellbeing sessions)



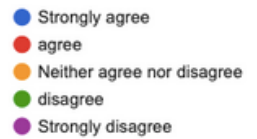
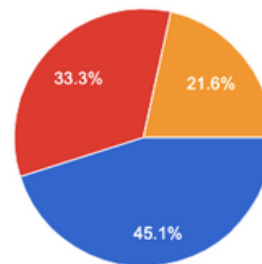
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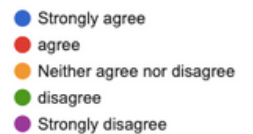
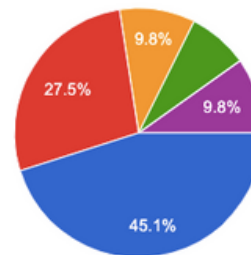
#### Recommendation

There should be a review of the exceptional reporting system, independent from the department/trust.

#### Council Agreement

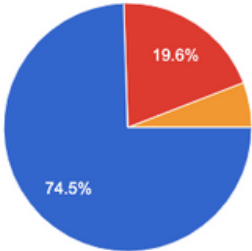
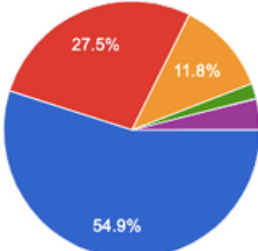
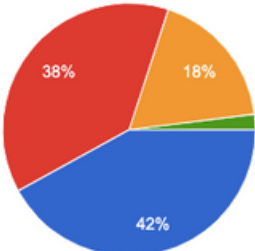
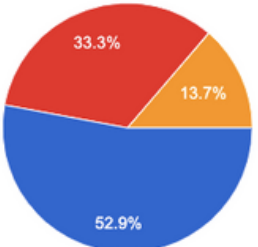


Trainees requesting annual or study leave >6 weeks in advance should be accepted regardless of assigned duties (on calls) and trusts should be fined if not implemented



# Appendix IV - Full list of recommendations for each domain

## Negative working culture

Recommendation	Council Agreement
Trusts fined for not providing rota on time (6 weeks prior to starting work)	 <ul style="list-style-type: none"> <li>● Strongly agree</li> <li>● agree</li> <li>● Neither agree nor disagree</li> <li>● disagree</li> <li>● Strongly disagree</li> </ul>
Trusts fined for unfilled rota gaps	 <ul style="list-style-type: none"> <li>● Strongly agree</li> <li>● agree</li> <li>● Neither agree nor disagree</li> <li>● disagree</li> <li>● Strongly disagree</li> </ul>
Mandatory, anonymised training survey within each deanery and specialty	 <ul style="list-style-type: none"> <li>● Strongly agree</li> <li>● agree</li> <li>● Neither agree nor disagree</li> <li>● disagree</li> <li>● Strongly disagree</li> </ul>
Working group with key stakeholders including trainees from all surgical specialties to tackle negative work culture	 <ul style="list-style-type: none"> <li>● Strongly agree</li> <li>● agree</li> <li>● Neither agree nor disagree</li> <li>● disagree</li> <li>● Strongly disagree</li> </ul>

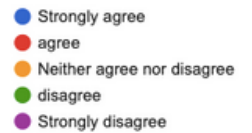
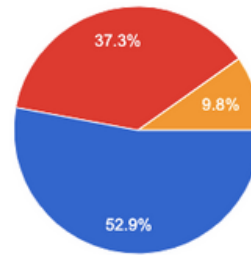
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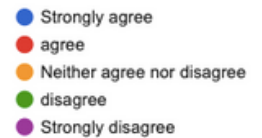
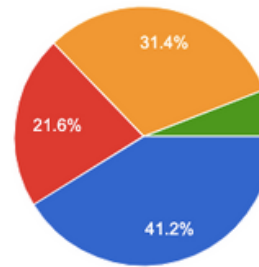
### Recommendation

### Council Agreement

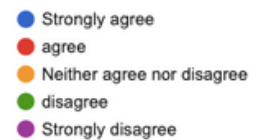
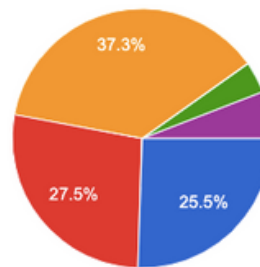
There should be an external reviewer following a placement to allow trainees to give feedback regarding training and working culture



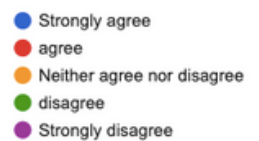
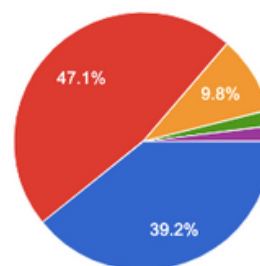
There should be a national mentoring network established for surgical trainees



Each surgical department should have a designated mental health officer



Each trust should have a designated support person for when things go wrong (e.g complication, complaint)



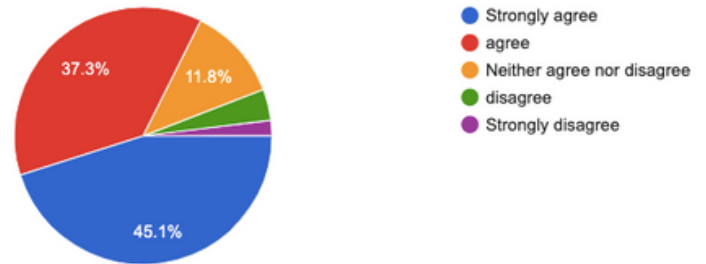
## Appendix IV- Full list of recommendations for each domain

### Negative working culture

#### Recommendation

There should be a return to the firm structure in all surgical departments

#### Council Agreement





## Appendix V - Limitations

This ASiT survey provides valuable insights into the non-financial costs associated with surgical training.

It is important to consider certain limitations that may affect the generalisability and interpretation of the survey findings. Firstly, the survey's reliance on self-report measures introduces the possibility of response bias or recall biases. Additionally, the survey sample may not be fully representative of all surgical trainees, as participation was voluntary and may have attracted individuals with particularly strong opinions or experiences. However, the findings of our survey results are in keeping with similar reports from surgical trainees including the GMC training survey and the RCSEng Workforce Census which have also highlighted high levels of burnout and discontent within the training workforce.

Finally, the context of surgical training varies across different regions, which could impact the generalisability of the survey findings. However, respondents of the survey consisted of trainees across all specialities and grades. Furthermore, recommendations based on this survey were created following established methods and consensus by representatives from all surgical specialities and all regions of the UK, thereby increasing the overall validity of the data presented.