ASiT

THE PURSUIT OF EXCELLENCE IN SURGICAL TRAINING

THE NON-FINANCIAL COST OF SURGICAL TRAINING

ASiT REPORT 2024

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Foreword

The Cost of Surgical Training (CoST) working group of the Association of Surgeons in Training (ASiT) is pleased to present its first report on the non-financial costs of surgical training. The first survey on the non-financial costs incurred by surgeons in training was published in 2018 and investigated the impact of training on health, work-life balance and relationships. (1) The 2023 survey brings an increased understanding of the challenges surgeons face, guided by a more detailed questionnaire and an in-depth qualitative data analysis.

ASiT is an independent body working to promote the highest standards in surgical training. ASiT is dedicated to gathering relevant, contemporary evidence reflecting trainees' experiences, in order to help stakeholders develop high quality and sustainable surgical training strategies.

We would like to acknowledge the many trainees who have taken the time to complete this survey and we hope you find this report useful. We would also like to thank the CoST working group for their tireless work. Finally, we would like to thank all the Specialty Trainee Associations and ASiT Council members for the dissemination of this survey.

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We would like to acknowledge the contribution and collaboration of the surgical training associations in the dissemination and delivery of this survey and report.

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INTRODUCTION

Introduction

The United Kingdom's National Health System (NHS) has been facing unprecedented pressures following the COVID-19 pandemic. Surgical waiting list times are at a record high, and public satisfaction with the NHS is at a record low. (2) Doctors are inevitably affected by these challenging working conditions. The 2023 General Medical Council (GMC) National Training Survey highlighted that two-thirds of trainee doctors are at moderate or high risk of burnout; the highest level since it started collecting this data in 2018. (3) The recently published 2023 UK Surgical Workforce Census Report also highlighted burnout and working conditions as the top two reasons why trainees consider leaving the surgical profession. (4)

Doctors in surgical training face unique challenges, including some of the longest training times and high personal financial burden for career progression. (1,4,5) There are also serious non-financial challenges surgical trainees face, such as poor work-life balance and poor physical and mental wellbeing, which affect training progression and retention. (1)

The recently published NHS Long Term Workforce Plan identified retention of staff as one of the key priorities for the future. (6) Wellbeing, work-life balance and flexibility in the working environment were recognised as key areas for improvement. (6) NHS England Workforce, Training and Education (NHSE WT&E) also established the 'Enhancing Doctors' Working Lives Programme' in 2016, to address issues having a significant negative impact on the quality of life of doctors in postgraduate training. (7)

There is evidence that staff wellbeing is associated with improved patient safety, further highlighting the importance of a healthy workforce. (8)

The aim of this survey was to provide up-to-date evidence on the impact of surgical training on trainees and foundation doctors with an interest in surgery in the UK on the following:

1. Physical wellbeing
2. Mental wellbeing
3. Work-life balance
4. Satisfaction with a career in surgery

The aim of this report is to present the collected data to trainees and stakeholders, to highlight the main areas of concern and to suggest solutions to improve the working environment for current and future surgical trainees.

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KEY MESSAGES

Key messages

1) 459 UK surgical trainees responded to this survey

2) Surgical training has a **negative impact on trainees' physical health**
- **76.8%** of respondents reported a negative impact
- **22.2%** had to seek non-pharmacological treatment
- **11.6%** had to seek pharmacological treatment
- **18.1%** had to take sick leave
- Musculoskeletal issues, exhaustion, poor diet, lack of exercise were the most reported concerns

3) Surgical training has a **negative impact on trainees mental health**
- **84.3%** of respondents reported a negative impact
- **25.0%** had to seek non-pharmacological treatment
- **9.1%** had to seek pharmacological treatment
- **23.3%** had to take sick leave
- Bullying, burnout, stigma and stress associated with the job, training and the recruitment process were the most reported concerns

4) Staffing levels, rotational training and rota pattern have a negative impact on trainees' quality of life

5) The majority of respondents report that **surgical training negatively affects their romantic relationships** (81.5%) **and relationships with family** (77.0%) **and friends** (82.0%)

6) The majority of respondents have often **missed important family events due to clinical** (89.3%) **and non-clinical commitments** (62.2%) related to career progression

7) Half of trainees reported they are considering practising in another country due to the non-financial cost of surgical training

Methodology

The online survey was developed by the CoST working group (full survey in **Appendix I**) and was piloted among ASiT Council members.

The survey was created on SurveyMonkey, which is a password-protected digital platform, and was disseminated via ASiT's mailing list and social media channels, Specialty Trainee Associations, and regionally through the Regional Representatives network. The survey was open to all trainees, staff grades, foundation doctors and fellows, regardless of surgical specialty, working in the UK and the Republic of Ireland (ROI). Medical students were not eligible to participate. Responses were anonymous. As an incentive to participate, responders could opt in to provide their email address to enter a draw for two £25 Amazon gift vouchers. Emails were collected separately from survey responses, in order to maintain anonymity.

Quantitative results have been analysed using the statistical analysis package R version 4.2.1 (Vienna, Austria). Headcount data were obtained from multiple sources, including the GMC Trainee Survey, GMC Register reporting tool and Joint Committee on Surgical Training (JCST).

All free text comments were imported into the qualitative analysis software NVivo12. Content analysis was performed inductively by extracting initial codes from the data set. Multiple rounds of code refinement were undertaken to collate these into categories, subcategories and codes. Categories were assembled based on similarities to ensure internal homogeneity within the coded extracts and external heterogeneity with other categories. Illustrative quotes were provided for each code and category. A full outline of all the categories, subcategories and codes is reported in **Appendix II**.

Recommendations were generated using the nominal group technique for consensus.

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RESULTS

Results

Demographics of respondents

A total of 459 eligible non-consultant grade doctors working in the UK fully completed the non-financial cost of training section of the CoST survey. Due to the low response rate in the Republic of Ireland, these responses were excluded. According to GMC data, there are 5,764 doctors in surgical training in the UK. The response rate was therefore 7%, excluding responses from foundation doctors. The majority of respondents were male (50.1%), followed by females (45.1%) with a mean age of 31 (range: 23-51). The majority of respondents' ethnicity was white (55.7%), followed by Asian, Asian British or Asian Irish (28.3%). A majority of respondents (51.0%) report their relationship status as single, with 47.5% either married, in a civil partnership or cohabiting with their partner. A full breakdown of respondents' protected characteristics is reported in **Appendix III**.

Specialty, grade and location of work

All grades and countries were represented in this survey **(Figure 1A and 1B)**. The majority of respondents were from England (74.8%), followed by Scotland (13.5%), Wales (8.3%) and Northern Ireland (3.4%). According to GMC Registry data, this represents 6.8% of English surgical trainees, 14.2% of Scottish surgical trainees, 21.2% of Welsh surgical trainees and 14.6% of Northern Irish surgical trainees.

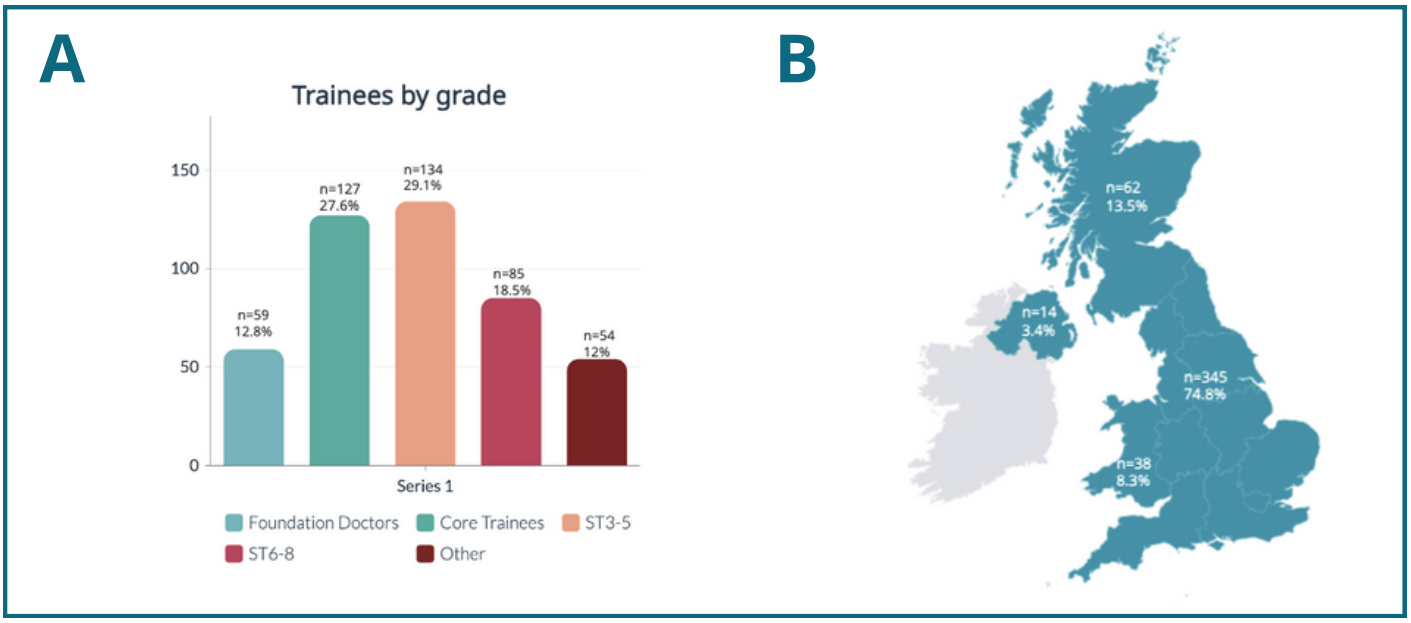


Figure 1 A *Percentage of respondents by grade. 'Other' includes: out of programme for research, locum doctor in surgical specialties, clinical/teaching fellows in surgery,* ***B*** *Percentage of respondents by location of work.*

All specialties were represented. The majority of respondents were General Surgery trainees (35.8%), followed by Trauma and Orthopaedic Surgery trainees (19.3%).

	Number (%)
Cardiothoracic Surgery	7 (1.4)
Ear, Nose and Throat Surgery	35 (7.5)
General Surgery	165 (35.8)
Neurosurgery	24 (5.2)
Oral and Maxillofacial Surgery	24 (5.2)
Paediatric Surgery	16 (3.5)
Plastic Surgery	31 (6.7)
Trauma and Orthopaedic Surgery	86 (19.3)
Urology	51 (11.1)
Vascular Surgery	19 (4.1)
Other (Ophthalmology)	1 (0.2%)

Table 1 *Number and percentage of respondents by specialty.*

Physical health and surgery

76.8% of respondents (n=350) reported that surgical training has had a negative impact on their physical health, as demonstrated in **Figure 2** below. There was no significant difference in responses when stratified by gender (p=0.776), grade (p=0.642), specialty (p=0.193), ethnicity (p=0.799), age (p=0.465) or location (p=0.245).

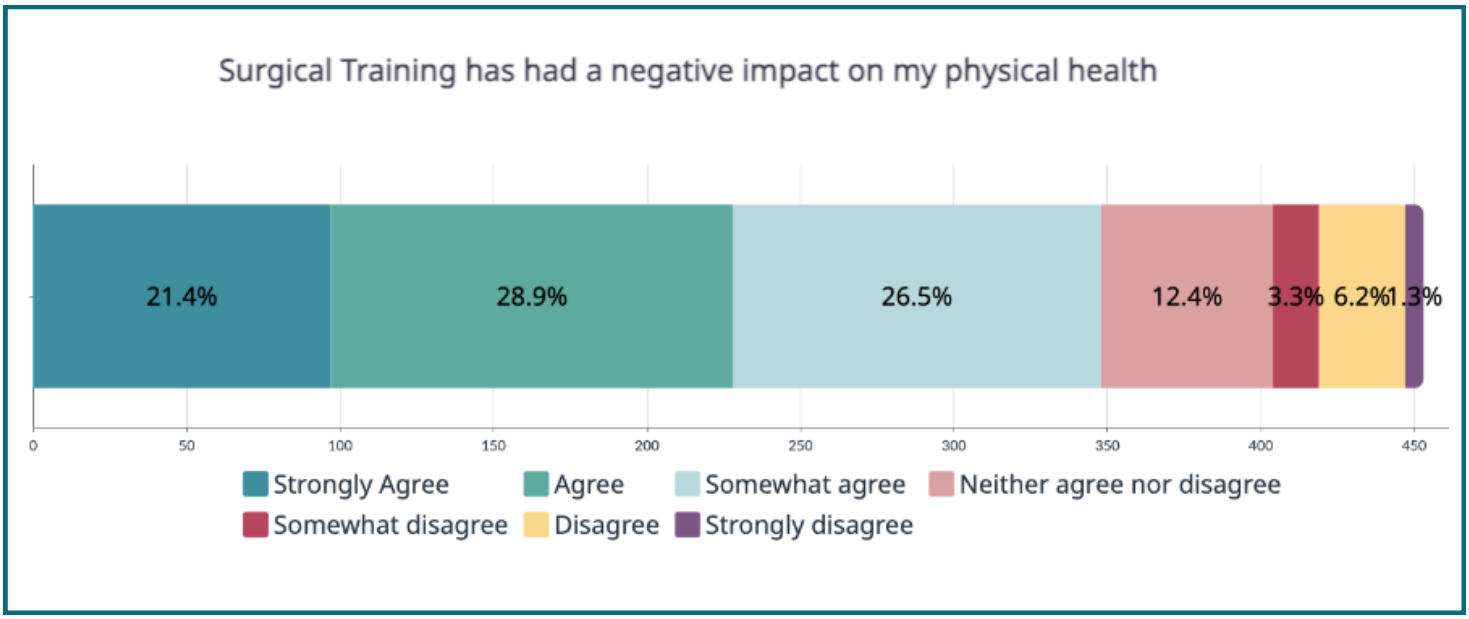


Figure 2 *Likert scale of respondents' answers about the impact of surgical training on their physical health. Number of respondents are represented in the x axis (n=455 responses, n=4 skipped this question).*

22.2% of respondents reported that they have had to seek non-pharmacological treatment (e.g. physiotherapy), and 11.6% of respondents reported seeking pharmacological treatment due to the impact of surgical training on their physical health. 72.0% of respondents who reported seeking pharmacological treatment had also sought non-pharmacological treatment.

Almost 1 in 5 trainees (18.1%) required sick leave due to the direct impact of surgical training on their physical health, of whom 41.4% reported a negative financial impact due to sick leave.

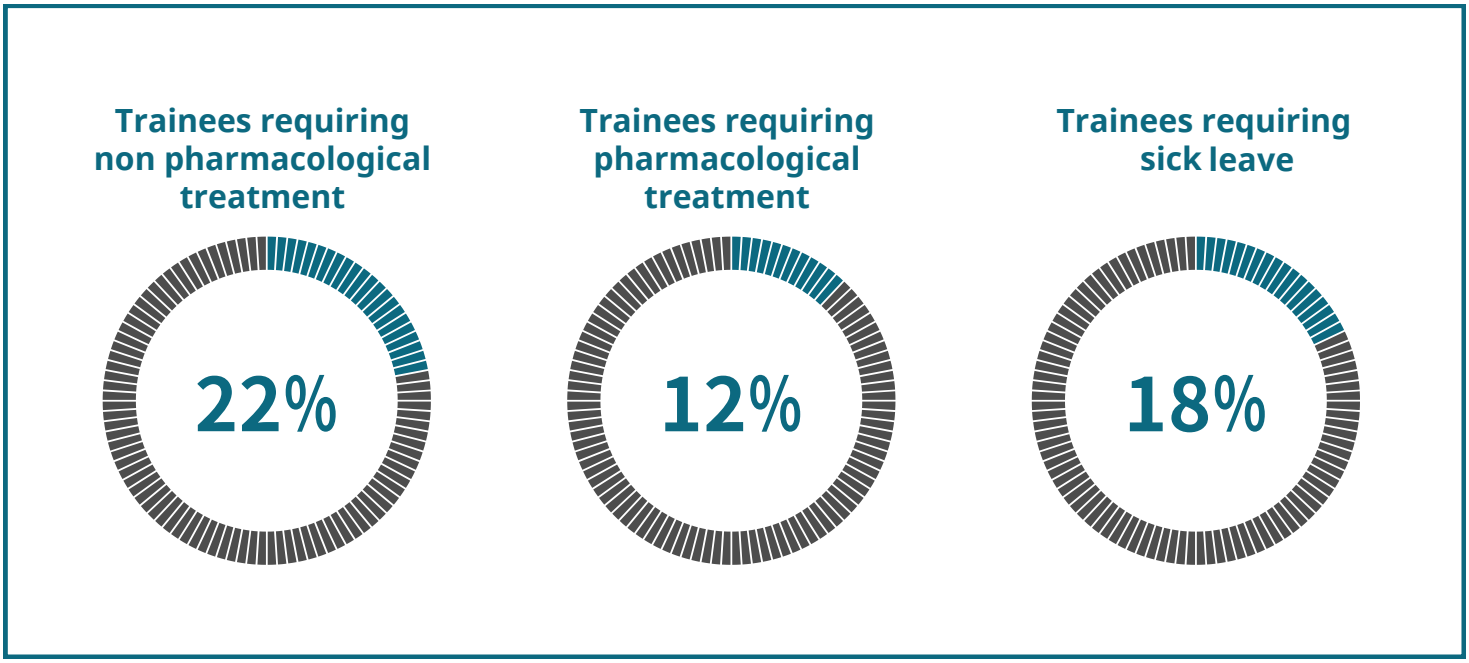


Figure 3 *Summary of the impact of surgical training on physical health.*

The impact of training on physical health was an area of significant concern in free text comments, and was reported in 145 responses. The main areas of concern were musculoskeletal problems, exhaustion, specific health problems and sleep problems, impact on exercise, and impact on diet and weight.

Musculoskeletal problems

Participants complained about the effect laparoscopic surgery, poor ergonomics, long operating times, heavy lead gowns and increasing patient weight had on their back, neck, and joints.

"Laparoscopic surgery not enough adjustments to female height and positioning. Severe shoulder and back pain after long cases"

"Wearing heavy lead gowns in theatre led to a slipped spinal disc"

"Non ergonomic clinical and surgical conditions leads to back and neck pain"

"Recurrent shoulder issues due to poor ergonomics i.e. working with trainers who are vastly different height and rubbish PPE (leads)"

Exhaustion

Surgical training has left participants feeling exhausted and unable to enjoy days off.

"Sometimes I'm too tired to do anything on my days off"

"Feel tired and exhausted after long shifts"

"Always feel tired"

"Very tiring due to long hours can leave trainees exhausted"

"I am too exhausted"

Specific health problems and sleep problems

Participants reported exacerbations of chronic conditions, development of new acute conditions and impact on fertility.

"Kidney stones"

"Physically exhausted. Drastically affected my fertility"

"I feel the emotional and physical stress of my job and bullying contributed to me miscarrying"

Impact on exercise

Surgical training has affected participants' abilities to maintain a healthy lifestyle, with significant impacts on their ability to exercise. Participants' comments suggested that the impact on their ability to exercise was either a consequence of a poor work-life balance with limited time availability or a result of irregular working pattern and frequent relocations.

"Unable to maintain physical activities and fitness to remain healthy as before starting training"

"Erodes away at your time to exercise"

"Limited time to participate in sports with night shifts and changeable work patterns"

"I am too tired to exercise half of the time and I feel that this impacts my health."

"Time spent either at work, courses, conference, studying for exams, extra hours impacts my ability to do other things outside work such as exercise"

"I do not have a regular rota so I find it hard to fit in regular exercise"

Impact on diet and weight

Participants commented on the poor access to healthy meal options in their hospitals, especially whilst on-call or on night shifts, resulting in "poor nutrition" and "dehydration". Some reported that long working hours affected their ability to cook healthy meals. Participants reported both weight gain and weight loss as a result of surgical training.

"Poor nutrition due to time demands of training and working in understaffed rotas"

"Due to all the additional necessary checklist points, I often have very little time for myself after work. I have to stay to finish audits. This means I cannot cook healthy foods as there is little time"

Mental health and surgery

74.3% of respondents reported that surgery has had a negative impact on their mental health, as highlighted in **Figure 4** below. This is a 6% increase compared to trainees asked the same question in the 2017 survey (1). There was no difference in response based on gender (p=0.182), grade (p=0.213), specialty (p= 0.968), ethnicity (p=0.847), age (p=0.089) or location (p=0.476).

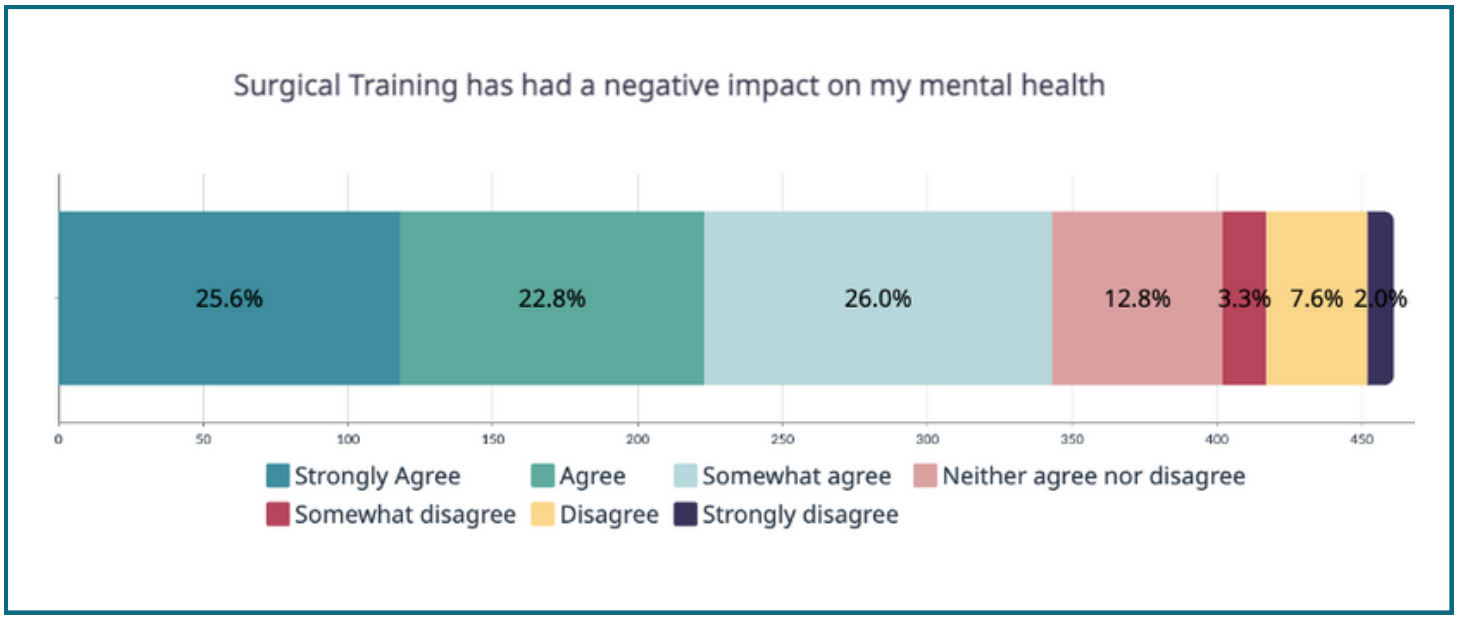


Figure 4 *Likert scale of respondents' answers about the impact of surgical training on their physical health. Number of respondents (n=459) are represented in the x axis.*

25% of respondents reported they have had to seek non-pharmacological treatment (e.g. counselling) and 9.1% of respondents reported needing pharmacological treatment due to the direct impact of surgical training on their mental health. Over 1 in 5 trainees (23.3%) have had to take sick leave due to the impact of surgical training on their mental health, of whom over 1 in 3 reported a negative financial impact due to sick leave.

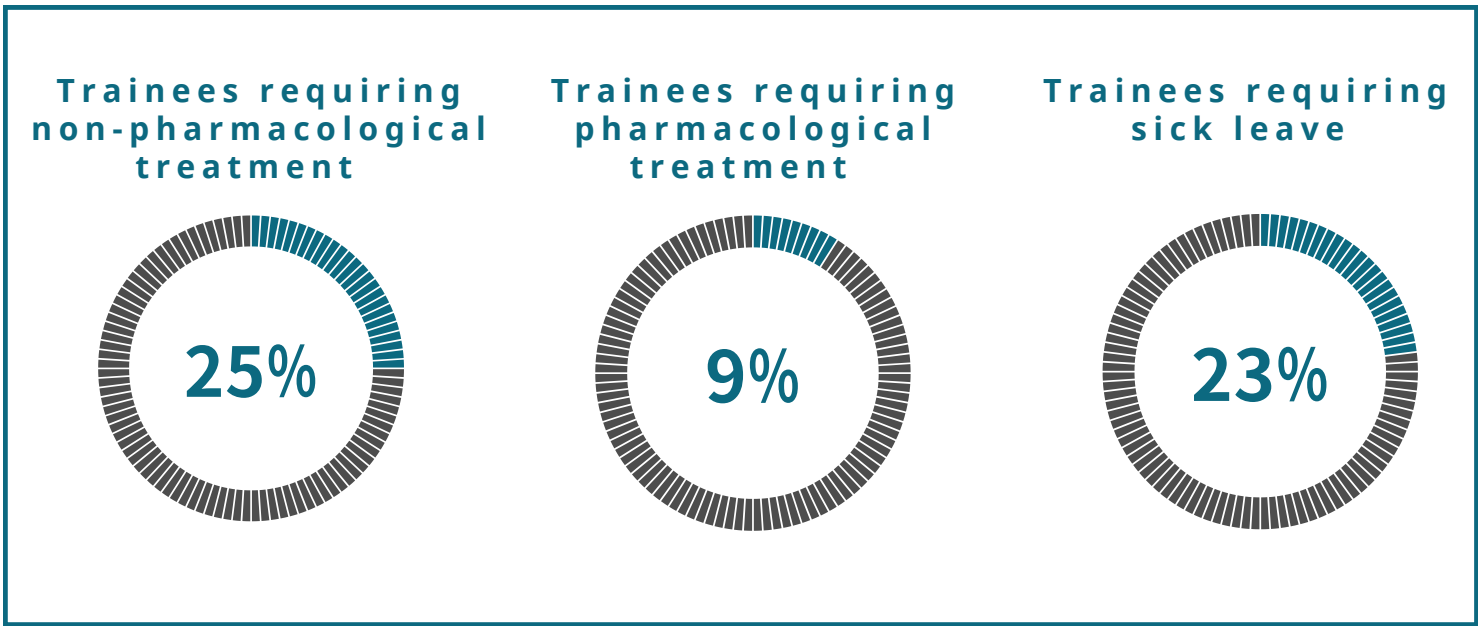


Figure 5 *Summary of the impact of surgical training on mental health.*

Participants' free text comments also highlighted that surgical training has had a significant negative impact on their mental health. The most commonly cited included burnout, stress associated with the job, training, the recruitment process and bullying and harassment. These resulted in participants feeling anxious, losing their confidence and even feeling suicidal at times. Poor quality of surgical training was another cause of stress cited by participants.

Burnout

Burnout was reported at all levels of training, both by junior and senior trainees. Exams, recruitment, commuting, poor work-life balance and working environments all contributed to participants feeling burnt out.

"Changing of application scores and criteria annually lead to burnout as previous invested hours are not rewarded."

"I ended up extending my core training because of burnout related issues"

"Having to commute 2 hours per day for successive years erodes away at your time with family and pursuit of hobbies which inevitably leads to worsening of mental health and burnout"

"It's relentless, knackering and soul destroying. Wish I'd done something else"

Stress

Multiple participants reported feeling stressed by the different aspects of surgical training, such as changing recruitment requirements, the working environment, personal sacrifices, lack of access to adequate training and the "constant treadmill of milestones" to achieve.

"National recruitment processes for sub specialty training make you feel like a number and take no consideration for your personal life."

"All the extra time/effort spent into getting into surgical specialty is overwhelming"

"Significantly impacted by the CST application process changing DRAMATICALLY at very short notice for the last 3 consecutive years"

"Stress about progression prospects"

"The emotional and financial pressures involved with even applying to CST are immense"

"Surgical training makes me very apprehensive about the future given the time commitments it requires and mental stresses from such a career"

"Stress as a result of work is climbing and it has definitely taken a toll on my happiness at home and my availability to be involved in my child's life"

Loss of confidence, feeling suicidal and feeling stigmatised

A significant minority of trainees reported severe mental health issues due to the direct effect of their working environment.

"Suicidal due to bullying"

"This put a massive strain on my marriage and left me feeling suicidal at one point"

"Recruitment was the worst time of my life. I was suicidal. Very little support when unsuccessful"

"I was a carer for my late parent, and I was stigmatised by peers and seniors for this"

"Stigma around part time training"

"Sometimes surgical training has damaged my confidence"

Factors affecting quality of life during surgical training

Workplace related issues

73.8% of respondents report that low staffing levels in their workplace have had a negative impact on their quality of life. 74.5% of trainees also reported that rota patterns have had a negative impact on their quality of life **(Figure 6)**.

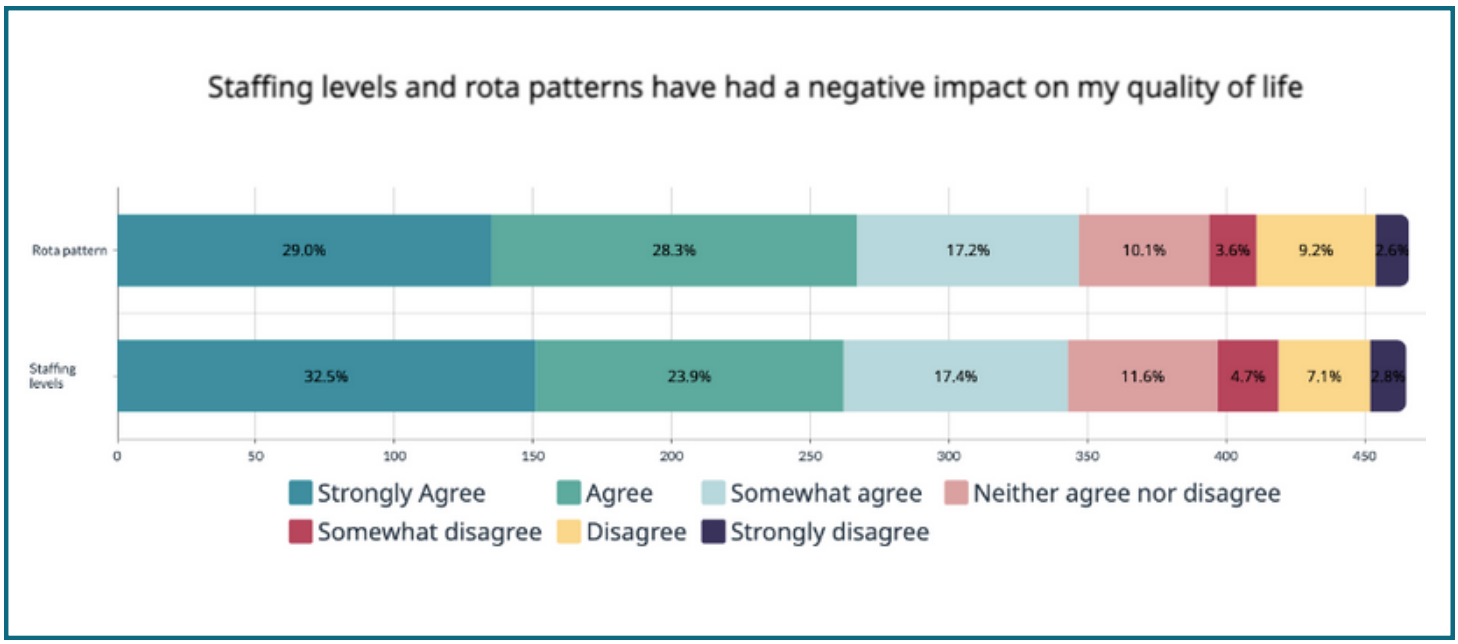


Figure 6 *Likert scale of respondents' answers about the impact of rotas and staffing on quality of life. Number of respondents (n=459) are represented in the x axis.*

Workplace related issues were also highlighted as a significant area of concern in the free text answers. The main themes emerging were lack of support, negative working culture, poor work conditions and rota gaps, and unsafe working.

Lack of support

Participants reported a lack of support in a range of areas, including pastoral care, training, mental health and physical health.

"Lack of support both pastoral and training"

"Lack of care in the whole system really"

"(...) however I have not really felt that there was any support available. I had a sudden bereavement during my core training and I contacted the trust about counselling but was told there was nothing available"

"I think supervisors are overworked also and so don't have time to support you and just want you to be 'ok' so don't ever delve deeper and just commend you for how well you are coping"

"Have attempted to return to work 3 times now and support and understanding sorely lacking"

"We are welcomed with the notion that our deanery is there to support us but in the same breath are told that *"we knew what we were signing up for when we chose this deanery""*

"Post-natal depression compounded by exam failure and unsupportive work environment. Caused significant long term problems"

"Will likely not complete surgical training due to the ongoing impact on mental health and the lack of consideration for this by trusts, royal college, government or the public"

Negative working culture

"Gaslighting was a significant problem as a CT. I did not disclose my commitments to my boss when I was an ST for fear it would negatively impact me"

"Terrible and it's always the trainees fault"

"Blame placed back onto trainees"

"Toxic environment"

"Undervalued. Pressure to cover shifts for poor rates"

Poor working conditions, rota gaps and unsafe working

Poor work conditions, rota gaps and unsafe working were issues reported by participants as factors contributing toward problems with mental and physical health.

"Shambolic deanery and HR admin staff - no clue as to what the training programme requires me to do. Has even enquired 60 days after rotating hospitals whether I am still employed in the same hospital. Expects all paperwork from my side to be done immediately, but anything on their side takes weeks/months"

"Chairs/desks are always broken"

"poor offices to conduct ward work in, desks and chairs not ergonomic progressing pains"

"working in understaffed rotas"

"Poorly staffed rotas means being called to help cover rota gaps"

"Half-filled rotas"

"In my last post I was also working 72h weekends on site with no break (obviously illegal but the practice was still in place in that training site last year and the training committee was aware).

Sleep deprivation unquestionably has a negative impact on your physical (and mental) health."

Rotational training

Survey participants particularly commented on the impact rotational training, frequent relocation and the inability to settle in a permanent home has had on their quality of life, relationships, health and hobbies.

Settling in a permanent home

80% (n=367) of respondents reported that surgical training has affected their ability to settle in a permanent home. There was no statistical difference observed based on specialty (p=0.968). There was an association with age, as expected, with older trainees more likely to have moved more often for work (p<0.001). On average, a core trainee moved 3.5 times for work, a middle grade registrar (ST3-5) 4.3 times, and a senior registrar (ST6-8) 6.3 times.

Frequent relocations and lack of appropriate notice were also one of the main issues reported in the free text answers, and they impacted people's physical health and continuity of care.

"The lack of settlement in 1 location has also had a negative impact on my ability to attend for follow up appointments / blood tests / scopes / etc"

"I only get told 2 months before I have to move location which is not enough time to locate a house, find new dog walkers, and move whilst working a full time job"

"I know of trainees who were unable to find rental homes so are living in the car park of the hospital in a camper van and commuting to their homes on their off days"

"Lots of relocation. Very difficult for friends and family"

"Geographical uncertainty"

"As a senior trainee I am frustrated with the inability to settle in one place as the chance of being placed in a location far from home is too high"

"Constant basal stress regarding inability to try and buy a flat in CT, in case I don't get into the same deanery and have to then sell my new flat"

"Stressful not knowing where you are for a full year. Being moved in 6 month placements. Not being able to settle down or buy a house because the deanery is too large and I cannot commute over 3 hrs daily. Complete disregard by deputy TPD and TPD over effect of moving constantly on a trainees life or wellbeing"

"Constantly rotating around different towns and cities has made it impossible to form roots and settle down"

Commuting

Long commutes were another issue frequently associated with rotational training impacting trainees' quality of life.

"Having to commute 2 hours per day for successive years"

"I cannot commute over 3 hrs daily"

"it should be assumed that you'll have at least one year with a difficult commute"

"Long commutes are exhausting and make me irritable"

"In my deanery the hospitals are too far away to commute so the only option is to move or commute up to an hour and a half each day"

"Having to wake up earlier than usual to commute for a 60 minute journey"

Relationships

77.1% of respondents reported that surgical training has had a negative impact on their family relationships. No significant difference was observed between respondents based on gender (p=0.524), age (p=0.266) or ethnicity (p=0.387).

82% of trainees reported that surgical training has had a negative impact on their relationships with friends. There was no significant difference based on age (p=0.276), gender (p=0.569) or ethnicity (p=0.665).

1 in 3 trainees strongly agreed that surgical training negatively impacted their romantic relationships. In total, 81.5% of trainees reported that surgical training had a negative impact on their romantic relationships. There was no significant difference based on age (p=0.227), gender (p=0.619) or ethnicity (p=0.772).

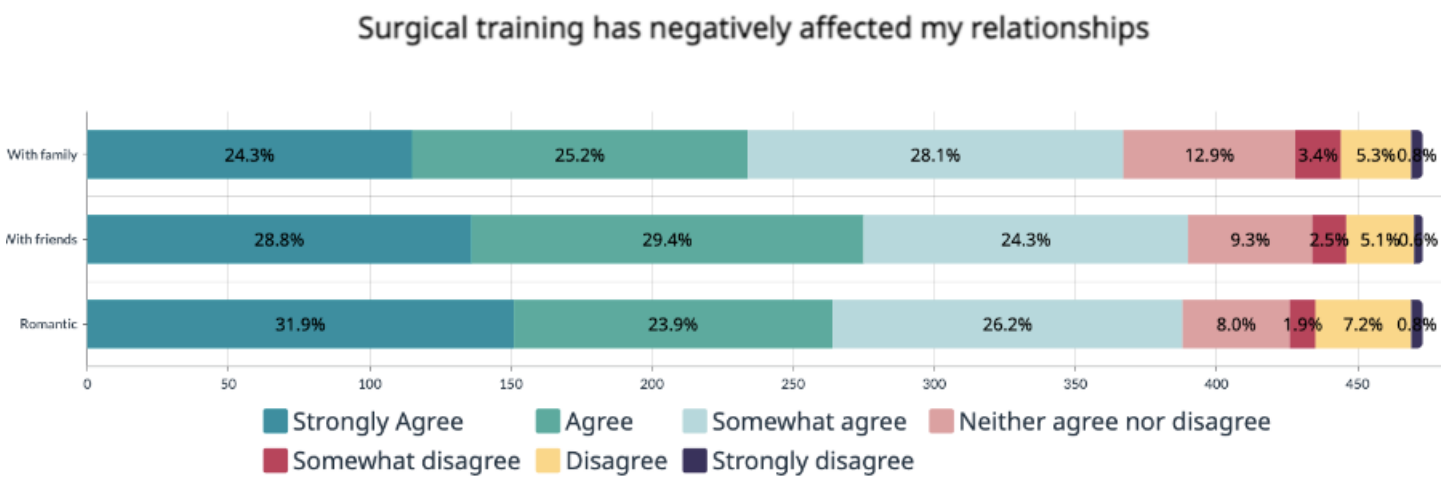


Figure 7 *Likert scale of respondents' answers about the impact of surgical training on their relationships . Number of respondents (n=459 complete responses) are represented in the x axis.*

Survey participants frequently reported in their free text comments the immense impact their surgical training has had on their relationships with family, partners, children and friends. These included the breakdown of marriages, separation from partners and families, inability to enjoy parenthood, loss of friendships and missing out on important family occasions. Some reported being unable to start a family because of the uncertainty associated with the nature of the surgical training.

Impact on family

"There is no doubt that training in this region has put an enormous strain on my personal life, marriage and emotional well-being. It is near impossible to support a marriage and consider raising a family when rotations during higher surgical training are as far as 110 miles apart"

"Impossible to plan for future/family when faced with training bottlenecks and rotational training structure is in place"

"The bottle neck for ST3 posts prevents us from buying a house and settling, as every year you may have to uproot your family and partner and move across the county if you get a NTN"

"My partner left her surgical job after we had a child to work a non clinical/nonmedical job. Cost of child care, conflicting rotas and rotations would have made it impossible for our family to function had she continued to work towards surgical training."

"I've missed big family events due to work"

"I am delaying buying a house, getting married, having children."

"It is impossible to settle down, have a family and live happily. I enjoy surgery but honestly wish I did not enjoy it so I can change my career paths and leave the NHS all together"

"Being far away from sick relatives was particularly difficult for me"

"Impact of having to uproot family to move the whole time and also not being about to link training applications to other specialties causes a lot of stress"

"Lack of flexibility in ability to train less than full time and the impact this has on progression of surgical training has been significant for me. It is very much felt you have to choose either a successful career in surgery or a harmonious family life, you cannot do both well in surgical training"

Impact on personal relationships with partner/friends

"It's difficult to pursue romantic relationships because of the hours we work and then having to change to a new hospital every few months"

"Tensions in friendships and relationships, and overall wellbeing"

"I ended a relationship in order to accept core surgical training offer which was in a deanery too far away to maintain the relationship"

"Family dynamics destroyed
Marital strain from moving constantly"

"There is no doubt that training in this region has put an enormous strain on my personal life, marriage and emotional well-being"

"Cannot live with my fiancé as we are assigned to different hospitals in different cities"

"Relationship breakdown"

"Significant stress caused by inability to plan further ahead and concerned about impact moving will have on fiancées life/work and time spent together"

Impact on parenting

"Barely see my children"

"OMFS trainee: Trying to support my family on Foundation salary is a massive burden resulting in reduced mat leave, and missed time with my child which I will never get back."

"Stress as a result of work is climbing and it has definitely taken a toll on my happiness at home and my availability to be involved in my child's life."

Training and important life events

57.9% of respondents reported they have missed more than five important family events due to clinical commitments. 30.2% reported they have missed between 1 and 5 family events due to clinical commitments. Only 11.7% reported they have never missed an important family event due to clinical work.

31.4% of respondents reported they have missed more than 5 important family events due to non-clinical commitments essential for career progression. 30.8% of respondents reported they missed between 1-5 family events due to non-clinical commitments. Only 37.4% of trainees have not missed any important family events due to non-clinical commitments.

Work life balance

A poor work-life balance was one of the main themes identified in the free text answers. It was further subdivided into four sub-themes: general poor work-life balance; using personal time for portfolio; little time to relax and rest and the expectation to work beyond rostered hours.

Poor work-life balance

"Don't have time for friends or hobbies"

"Since having a child, I've felt more of this burden and reconsidered priorities owing to difficulty balancing these"

"Leaves little space for much else in your life"

"Having to commute 2 hours per day for successive years erodes away at your time with family and pursuit of hobbies"

Having to use personal time for portfolio

"Have sacrificed annual leave and days off to attend courses and conferences, undertake research and other educational activities, with no compensation"

"Expected to complete extracurricular activities outside of work time for free"

"Having to work outside of the rota on your portfolio does not leave any time to recharge and has resulted in burnout"

"A lot of extracurricular that cannot be done in working hours so zero days become working days"

Little time to relax and rest

"You are demanded to work long hours in theatre or on the wards without rest, breaks or basic provisions"

"There is little time and I am too exhausted"

"Leaves little time to truly relax"

Expectation to work beyond rostered hours

"As a LTFT I've been told I should be coming in every evening and weekend to get more experience despite having a baby at home"

"Unpaid extra work required to be competitive as a surgical trainee"

Leaving surgical training

1 in 2 respondents reported that the non-financial cost of surgical training is likely to dissuade them from a career in surgery. More junior trainees were more likely to be dissuaded from a career in surgery (p=0.010). More than half of respondents reported that the non-financial cost of being a doctor is likely to make them move to another country to practise medicine.

In the free text section, participants commented about plans to take a career break or leave training altogether. Although the number of comments is fairly small, it is unlikely that our survey has captured any trainees who have already left training. The reasons listed for considering taking a career break or dropping out of training included difficulties with passing exams, the impact on mental health associated with working within a negative working culture and family caring responsibilities that seemed incompatible with the current surgical training system. Those further up the career ladder felt unable to leave the surgical training due to the degree of investment into the specialty.

"I had to leave training to improve my mental wellbeing"

"I plan to leave"

"Would not leave surgery for another specialty but would leave medicine altogether if an opportunity in consulting/health tech came up"

"Strongly considering doing something else to support my family"

"I am quite far on with my training now so I feel like I just need to complete it so I am not tempted to leave the profession. However, if I was more junior right now, I would be tempted to not pursue surgery as a career"

"I enjoy surgery but honestly wish I did not enjoy it so I can change my career paths and leave the NHS all together."

"The vast majority of my friends are leaving and rightfully so"

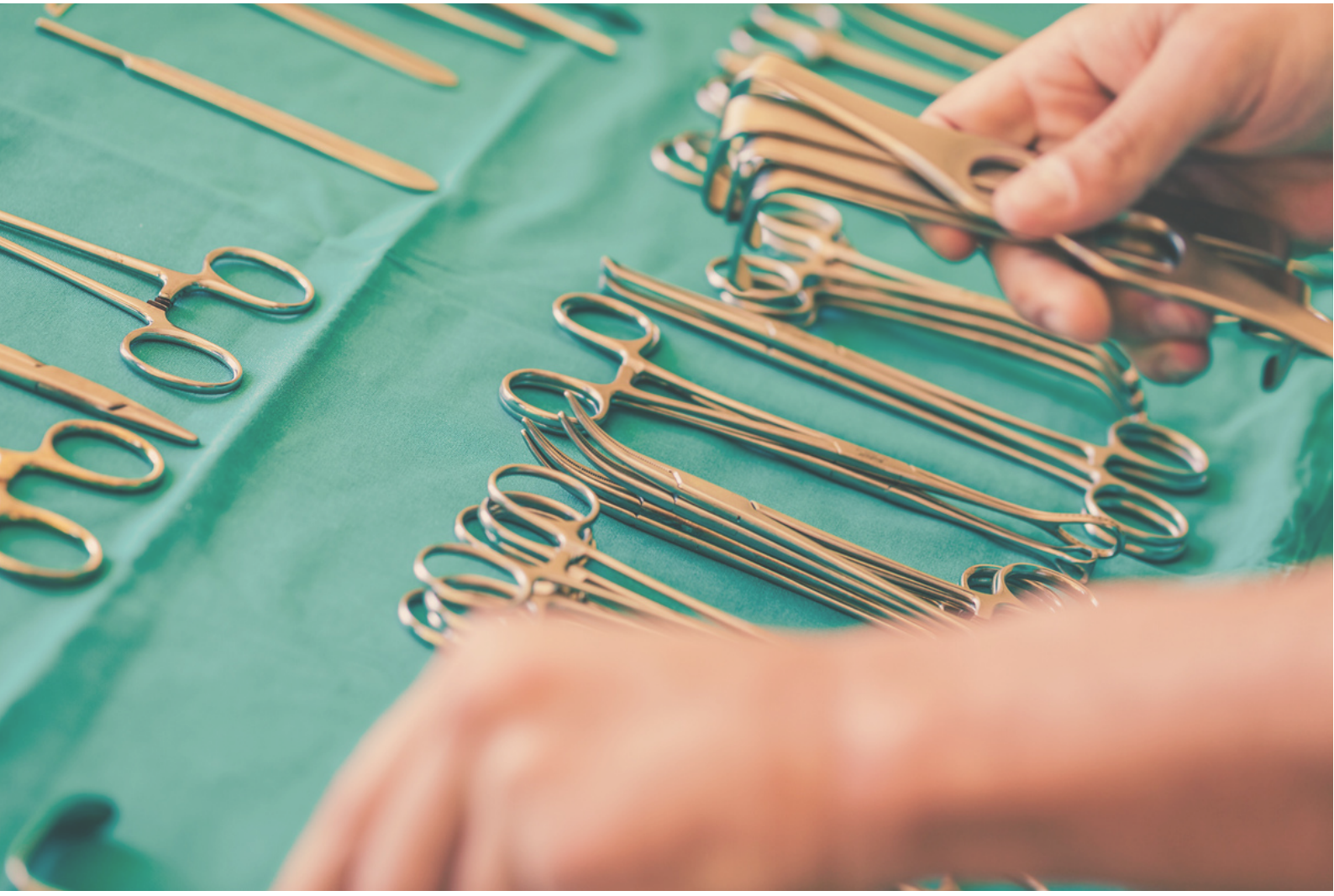
"Strong desire to leave UK or medicine in general"

"Will likely not complete surgical training due to the ongoing impact on mental health and the lack of consideration for this by trusts, royal college, government or the public"

"There is very little consideration for the wider impact this has on our lives and there will be moments every few months where I break down and consider leaving the profession because of its psychological toll."

ASiT Non-Financial Cost of Surgical Training Report

RECOMMENDATIONS



Recommendations

This report highlights the immense non-financial burden of surgical training. It affects doctors at all stages of their career and in all specialties, irrespective of their gender or ethnicity. The three main recurring themes that have been identified in this report, which have a serious impact on doctors' physical health, mental health, personal relationships and family dynamics are:

1. **Uncertainty about the future**

2. **Poor work-life balance**

3. **Negative working culture**

Healthcare and surgical stakeholders must collaborate to improve the working lives of surgeons in training and deliver upon recommendations based on the data collected in this survey. Stakeholders with a responsibility to address the serious concerns raised in this report include (but are not limited to):

- Royal Colleges of Surgeons
- NHS
- Specialty Surgical Associations
- JSCT - Joint Committee on Surgical Training
- COPSS - The Confederation of Postgraduate Schools of Surgery
- ASiT & Surgical Specialty Trainee Associations

Consensus-building methodology

A structured consensus process was followed to create the top 3 recommendations following the non-financial CoST report.

The ASiT Council consists of members representing every surgical specialty and every region in UK and ROI. Council members were given the non-financial CoST report results and were invited to a 90-minute nominal group meeting. This meeting served to generate suggested recommendations from all Council members, within each broad category (uncertainty about the future, poor work-life balance, and negative work culture).

22 council members attended the nominal group recommendation generation meeting. 7 recommendations were generated for uncertainty about the future, 10 for poor work-life balance and 9 for negative work culture. The final list was circulated for approval or any additions following the meeting.

The generated recommendations were then presented to the entire council (58 members) and members were asked to rate their strength of agreement of each recommendation and then to select the 3 highest-rated recommendations. 50/58 members took part in the ranking exercise (86%). This ranking process was undertaken anonymously and virtually via Google Forms. The top 3 ranked recommendations for each domain are presented and full data available separately in **Appendix IV**.

Uncertainty about the future: recommendations

The data captured in this survey demonstrates that uncertainty about the future spans across all stages of surgical training. At a junior level, it is related to the recruitment process, career progression, "bottlenecks" in the national training numbers and the associated need to move around the country to allow career progression. At a senior level, it is related to the rotational nature of surgical training - the often unpredictable location of the next rotation, given at short notice, resulting in frequent abrupt relocations. At all career stages, uncertainty regarding the future affects personal relationships, mental health, family dynamics, friendships, hobbies and the ability to engage in parenting roles.

Surgeons in training are adults who value stability and the ability to maintain relationship and family networks. The framework for providing surgical training should respect trainees' rights to a personal life beyond their training commitments.

We recommend:

1) Notice of a minimum of 1 year for any changes to a recruitment process: 74% of ASiT council members selected this recommendation as a top priority with 94% stating strong agreement or agreement.

2) Assignment of a base hospital for trainees, from which rotations must not be over a 60 minute commute (unless requested by the trainee): 54% of council members selected this recommendation as a top priority, with 92% stating strong agreement or agreement.

3) Assignment of higher specialty trainee rotations in 2 blocks (rather than once every 12 months) at time of offer acceptance for ST3-ST5 and review and assignment at ST6-ST8: 50% of council members selected this as a top priority and 74% stated strong agreement or agreement.

Poor work life balance: recommendations

This survey has found that a poor work-life balance severely affects trainees, and is a significant cause of physical and mental health issues. A majority of trainees surveyed use their personal time for mandatory professional development, such as completing their training portfolio and attending courses, and thus have missed important family events or life events as a result. Rota gaps and working beyond rostered hours are also cited as having a significant, negative effect on work-life balance.

Whilst surgeons in training accept, due to the nature of working patterns, that some compromises will be required, the erosion of trainees' work-life balance should not be accepted as the norm.

We recommend:

1) Mandatory self-development time incorporated into all core and higher specialty trainee rotas: 52% of participants selected this as a top priority, with 92% of council members stating strong agreement or agreement.

2) Trainees requesting annual or study leave with >6 weeks notice should be accepted regardless of assigned duties (e.g. on-calls): 52% of participants selected this as a top priority recommendation, with 74% stating strong agreement or agreement.

3) Free accommodation and food available for overnight workers (especially when assigned 24 hour on-calls): 50% selected this as a top priority recommendation, with 97.9% of council members stating strong agreement or agreement.

Negative working culture: recommendations

Improving the working culture will improve the overall quality of life of surgical trainees. This could be achieved by ensuring caring responsibilities and working less-than-full-time are not stigmatised, that bullying and blame are eradicated and that the need for rest and quality of life is respected. This in turn may reduce the non-financial burdens of surgical training and prevent trainees leaving training.

Improvement of the working culture, and a positive working environment should also include access to basic provisions such as ergonomic chairs, desks, protected office space, access to water and healthy food, and protected rest stations. As highlighted in this survey, lack of access to these basic provisions is still an issue for many trainees, and a leading cause of physical and mental health issues.

We recommend:

1) Trusts to be fined for not providing a rota within minimum time guidance (8 weeks to start date): 54% of participants selected this as a top priority, with 94% of council stating strong agreement or agreement.

2) Trusts to be fined for unfilled rota gaps (beyond a minimum time period): 52% of council selected this as a top priority, with 82% of participants stating strong agreement or agreement.

3) There should be an exit interview by an external, independent reviewer following each placement: 50% of council selected this as a top priority, with 90% stating strong agreement or agreement.

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Appendix

Summary of appendix

I - Survey questions

II - Qualitative analysis coding

III - Demographic characteristics of respondents

IV - Full list of recommendations for each identified domain

V - Limitations of the survey

Available as a separate document

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