

21st of September 2023

Joint statement in response to national recruitment challenges within surgery

The Association of Surgeons in Training (ASiT) and Specialty Surgical Training Associations issue this joint statement in response to concerns relating to significant challenges within national recruitment across the surgical specialties of the United Kingdom for 2023-2024.

In recent years, **national recruitment processes have encountered formidable pressures arising from two key factors:**

- 1. A shortage of qualified personnel available to serve as interviewers and assessors
- 2. Modifications made to recruitment in response to the global pandemic have raised concerns about the validity of recruitment processes

Following extensive deliberation, ASiT and the Surgical Specialty Training Associations are committed to collaborating on pragmatic solutions to safeguard national recruitment and to working constructively with stakeholders. Furthermore, we advocate for improvements that enhance the overall validity and delivery of national recruitment.

Of immediate concern is the scarcity of interviewers and assessors, who face the challenge of addressing clinical workloads and tackling waiting lists. Regrettably, participation in national selections relies on altruism and assessors' contributions often go unrecognised both professionally and financially. In the previous recruitment cycle, as part of an emergency response, senior trainees shouldered the burden of supporting the Core Surgical Training interviews with approximately half of interviewers being trainees.

This statement underscores several long-standing issues that demand attention:

- Timely communication, integration and engagement of key stakeholders is essential for the evolution of effective recruitment and interview processes.
- Feedback for improvement of national recruitment by the respective surgical stakeholders must form the core basis of future strategies to ensure that processes are fair and that it selects the best candidates.
- Candidates must be provided with clear guidance and ample preparation time without late changes to application criteria.

While a return to face-to-face interviews was viewed as the best solution from all signatories to this statement, we are advised that current economic and logistical limitations render this option unfeasible for recruitment during 2023-2024. Nevertheless, we recognise some merits to a virtual interview system; more environmentally sustainable and enabling wider participation in recruitment.



The foremost priority for all stakeholders must be to secure national selection and ensure the successful execution of all of the 2023-2024 surgical recruitment cycles.

We believe the following measures may help to address some of the immediate issues:

- 1. As a **temporary and exceptional** measure, we would support the engagement of post-CCT trainees and fellows as assessors for those specialties that deem it necessary. There must be appropriate training with suitable professional and financial recognition in return for these assessors. We emphasise that this is a temporary measure for the upcoming cycle and unreservedly reject any similar practice for future recruitment cycles.
- 2. We appeal to consultants and trainers to contribute to the future of their surgical specialties by participating in national recruitment. This is in line with previous correspondence issued by the four Chief Medical Officers of the UK that encourages trusts to release clinicians in support of national recruitment.
- 3. We support a hybrid approach to national recruitment that brings all interviewers/ assessors together for communal interview process review and quality assurance.
- 4. Succinct, clear, and timely delivery of specialty specific self-assessment criteria, for both applicants and assessors, with suitable controls to improve efficiency for scoring and evaluation. We advocate for measures that ensure the standardisation of the validation process for self-assessment/shortlisting scores (against clearly set criteria) among assessors. This would help to minimise appeals and delays to the recruitment process.
- 5. Utilising validated logbooks with greater weightage of marks as acknowledgment of practical experience.



As we look **beyond the 2023-2024 recruitment cycle**, we call for constructive collaboration between surgical stakeholders including SACs, trainee organisations, and recruitment services. It is in the strongest possible terms we propose the following measures to mitigate the recurrence of these issues:

- 1. A published long-term strategy that sustains and develops surgical national recruitment. With independent yearly reviews of recruitment processes that are published.
- 2. A focus on the financial, resource and administrative investment into national recruitment processes as part of all future strategy.
- 3. Trainee organisations substantial contributions warrant their involvement as key stakeholders in the recruitment development process.
- 4. Transparency into the assessment and review processes of national recruitment is paramount, including the disclosure of any report findings to stakeholders and trainees.

Our collective aim is to ensure that national recruitment processes are equitable, transparent, accessible and of the highest quality. Thereby selecting the most qualified candidates for surgical training. In this endeavour, the entire surgical trainee community stands united.

Signatories:

Association of Surgeons in Training (ASiT) ASGBI Moynihan Academy (ASGBI MA) Association of Otolaryngologists in Training (AOT) BAUS Section of Trainees (BSoT) British Orthopaedic Trainees Association (BOTA) British Neurosurgical Trainees' Association (BNTA) Duke's Club Herrick Society Mammary Fold Oral and Maxillofacial Surgery Fellows in Training (OMFS FiT) Plastic Surgery Trainee Association (PLASTA) Rouleaux Club Roux Group National Trainee Committee - Society for Cardiothoracic Surgery in Great Britain and Ireland (SCTS) Trainees in Paediatric Surgery (TriPS) Defence General & Vascular Surgery