

## **The effects of rising costs on surgical training**

### **Introduction**

ASiT has raised the issue of the rising cost of surgical training in our position statement in 2007. There are numerous challenges facing the funding of postgraduate medical education, even more during a time of financial austerity.

Trainees are willing to contribute to the cost of their own training, under the principle of “the beneficiary pays”, but there has been a sustained shift of training costs from central government onto undergraduates and surgeons in training over the last decade. There has been no debate as to who ought to contribute and what proportion.

### **Background**

The Education Act of 1962 made the Local Education Authorities responsible for paying tuition fees for full time students, and providing a maintenance grant for living costs for some. These did not have to be repaid. Student Loan Companies were born in the early nineties to provide students with additional help with low interest loans.

Tuition fees were a recommendation of the Dearing Report in 1997; students should contribute to the cost of their education. The Teaching and Higher Education Act was passed in 1998 and introduced an annual fee of £1000 starting in 1998/9, when maintenance grants were also replaced by repayable student loans. The Higher Education Act of 2004 increased tuition fees to £3,000. The Browne review, published in October 2010, proposed a removal of the cap on tuition fees although the current government has recommended a cap of £9,000. Many universities plan to charge the maximum £9,000 from next year.

Increasing costs of training, examination and regulation mean that trainees are not afforded the benefits their predecessors enjoyed despite “on paper” earning more.

Notwithstanding ASiT highlighting the rising costs of training and increasing debt, a fee to support the administration of training by the Joint Committee on Surgical Training (JCST) was introduced three years ago and has been capped until summer 2011. We have learned that there is a shortfall of £1,000,000 and are concerned that this may be passed onto the trainee membership. There are no published long-term projections for the fee and we await the results of the JCST review.

ASiT recently undertook a survey of our membership to look into the costs of surgical training.

## Key Survey findings

- 1085 surveys were fully completed by trainees from all surgical specialties, all grades and all deaneries.
- 78% of medical students qualified with debt, and the proportion of graduates with debt has increased with time.
- Debt on qualification has risen considerably over time and has been over £20,000 since 2004 (this figure is unlikely to reflect the serial increases in tuition fees yet).
- Study leave allowances are approximately £400 per 6 months per trainee but there is significant variation between deaneries.
- Over a quarter of trainees are paying for mandatory training out of their study leave budgets.
- The overwhelming majority of surgeons in training are not satisfied with the fee to support the JCST and do not feel it represents good value for money.
- Surgeons in training have multiple professional fees and subscriptions and if the JCST fee rises then many would consider leaving organisations, notably the BMA and specialty associations.
- Future rises to the JCST fee will be most unwelcome. This fee is however small in comparison to the debt accumulated prior to qualification.

## Discussion

The mission statement of this Royal College is: *“The Royal College of Surgeons of England is committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care.”* ASiT believes that the rising costs of training are a threat to this and also to future surgical research.

The accumulation of significant amounts of undergraduate debt is threatening the traditional model of individual contribution to training costs. The consequences of the most recent increases in tuition fees will only be revealed in 5-6 years, when the incoming cohort qualify as doctors. Medical degrees are significantly longer than most other university courses and trainees aspiring to become surgeons will qualify with significantly more debt than other graduates.

Current surgeons in training who have qualified with large student debts are finding that they have poor credit ratings, creating difficulties in gaining approval for mortgages or credit cards. This will have an inevitable effect on postgraduate training, as junior doctors struggle to pay off their debts and try not to incur more in a system that requires their investment to succeed.

Craft specialties take longer to train at postgraduate level, and surgery will therefore be more affected than other specialties. Within surgery there will be specific problems, for example the need for maxillofacial surgeons to be dual-qualified; the increase in tuition fees may deter some from undertaking a second degree course.

Increasing costs of administration, courses, and examinations are being mirrored by a decline in educational funding. Study leave budgets have previously been diverted to support clinical care. ASiT believes that the same funds are often top-sliced to

support local curriculum delivery, whilst already insufficient to support trainees undertaking mandatory courses and exams required for progression.

There has been a gradual reduction in salary as the effect of the EWTR was enforced, with associated lowering of New Deal banding supplements. The loss of free House Officer accommodation is also contributory. Training costs are therefore not only rising in isolation; they are forming an ever-increasing proportion of trainees' salaries. We suspect that future surgeons in training will struggle to afford courses and conferences; journal subscriptions and professional associations may also suffer. The most affected are those in early years training, with many mandatory courses and examinations undertaken with little chance of career progression given current predicted workforce calculations.

ASiT is concerned that research will be affected at undergraduate and postgraduate levels. An optional intercalated BSc may be seen as an extra £9,000 in tuition fees, an extra year of student living costs and interest payments on loans already taken out. Similarly, taking time out of training for research will mean lost earnings, prolonged loan repayments and a delay in reaching CCT. International fellowships and observer visits might become less popular for similar reasons.

ASiT has been unable to support the previously introduced fee to aid in the administration of training. Trainees are rightly concerned that this fee may soon rise given the shortfall in the funding of the JCST. Trainees feel that this fee is not transparent and is a duplication of function given the role of the regulator. ASiT is concerned that subsequent increases in the fee will be seen by surgeons in training to be at the behest of the Royal Surgical Colleges rather than from the withdrawal of central government funding. ASiT believes that this is divisive and will only distance trainees from the Royal Surgical Colleges.

Workforce pressures and employers keen to reduce the cost of future specialists may translate into attempts to recruit the cheapest surgical specialist product available. Future surgeons in training with significant debt are less likely to be able to afford to decline substandard employment conditions. Trainees contribute significantly to the funding of service and have been estimated to earn their NHS Trusts far more than their salaries cost, with little commitment in return from the employer towards education and training.

We are gravely concerned that the sustained push of educational fees towards the trainee will ultimately reduce the diversity of entrants into surgery, and it may become an unpopular career choice. The current arrangements governing study leave budgets are manifestly unfair, and increased transparency is required from all organisations levying training-related fees on increasingly hard-pressed junior doctors.

## **Conclusions**

- There has been a sharp increase in undergraduate debt and postgraduate training costs. These are projected to worsen with increased tuition fees.
- Surgery may become less popular as a career, and some specialties may be particularly affected.
- Research and fellowships may well suffer.
- The volume of training and quality has suffered from a period of reduced stability in medical education whilst the service and income generated by trainees has continued unaffected.
- If professional standards are to be improved then urgent action is needed by the Royal Surgical Colleges to champion high quality and affordable surgical training.
- If unchallenged the spiraling costs and changes to the funding of education will discriminate against trainees who are not independently wealthy and reduce the diversity of the workforce.

## **Recommendations**

ASiT believes that urgent action is required given the forthcoming rise in tuition fees. Open debate between all stakeholders is required. With the JCST review ongoing there is an opportunity for this Royal College to lead the other Royal Surgical Colleges by example. The Royal College is requested to set up a working group to examine how surgical training can be improved to meet these challenges, to ensure that professional standards continue to be improved and that the workforce continues to recruit the best not just the independently wealthy.

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