

**Evidence submitted to the UK
Government Department of Health
“Expanding Undergraduate Medical
Education” Consultation**

A statement from



and



British Orthopaedic Trainees Association

2nd June 2017

Association of Surgeons in Training (ASiT)

Founded in 1976, ASiT is a professional body and educational charity (Registered Charity number 274841) working to promote excellence in surgical training across all ten surgical specialties in the UK and Ireland. ASiT is independent of the Surgical Royal Colleges, National Health System and training regulators (General Medical Council, Joint Committee on Surgical Training), and is run for trainees by trainees.

British Orthopaedic Trainees Association (BOTA)

Founded in 1987 and subsequently became affiliated to the British Orthopaedic Association. BOTA is a democratically elected professional committee. That represents Trauma and Orthopaedic trainees across England, Scotland, Wales and Northern Ireland. BOTA has a current membership of over 1000.

Background

In March 2017, the Department of Health published 'Expansion of Undergraduate Medical Education' which includes a proposal that medical graduates either complete a period of mandatory NHS service or incur a financial penalty ¹.

ASiT and BOTA firmly oppose this proposal. It is our view, and that of the trainees we represent, that mandating a period of NHS service will negatively impact patient care and surgical training. Rather than increasing medical workforce recruitment and retention, this proposal would be detrimental to the motivation of dedicated, committed doctors, at a time when low morale is already well documented.

There are falling competition ratios for entry into specialist training³. Failure to retain medical staffing is a symptom of greater underlying problems in an underfunded health service, rather than the cause of the problem⁴. The conscription of new medical graduates into a chronically underfunded service, which is overstretched will not redress the balance the NHS is already facing.

Burnout is increasingly recognized as a widespread problem in healthcare with negative effects on patient care³. A positive workplace culture can improve performance⁵. Malcom Gladwell has described three cornerstones of work satisfaction: autonomy, complexity and a direct connection between effort and reward⁶. To improve the issue of recruitment and retention of the most junior medical staff there must be improvements to the quality of their training, their working lives and future career prospects⁴. Surgical trainees are already witnessing an impact on their surgical training of increasing NHS pressures⁷. Removing doctors autonomy even further and and “forcing” them to stay in the system will not result in quality improvement. Instead, the focus should be on improving the healthcare environment so that doctors can deliver the high standard of care they are trained to do, while feeling valued and respected in their workplace⁸.

There are many other reasons why mandatory service for new medical graduates is unacceptable. It will disincentivise excellent students from applying to medical school, and encourage candidates to pursue alternative career paths. In addition, working in other healthcare systems broadens skills and widens perspectives, which drives positive changes in patient care. The vast majority of trainees who leave the NHS to spend time working abroad

return to the NHS within 3 years. A period of mandatory service is likely to reduce access to opportunities to train abroad, and decrease the expertise of the UK workforce.

We strongly encourage the Government to prioritise patient safety and to attract trainees to work in the NHS by providing world class training opportunities and healthcare, rather than pursuing a negative route of attrition and enforcement. The proposal of mandatory NHS service must be abandoned, for the good of patients, medical students and trainees.

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