


Recruitment & retention in surgery

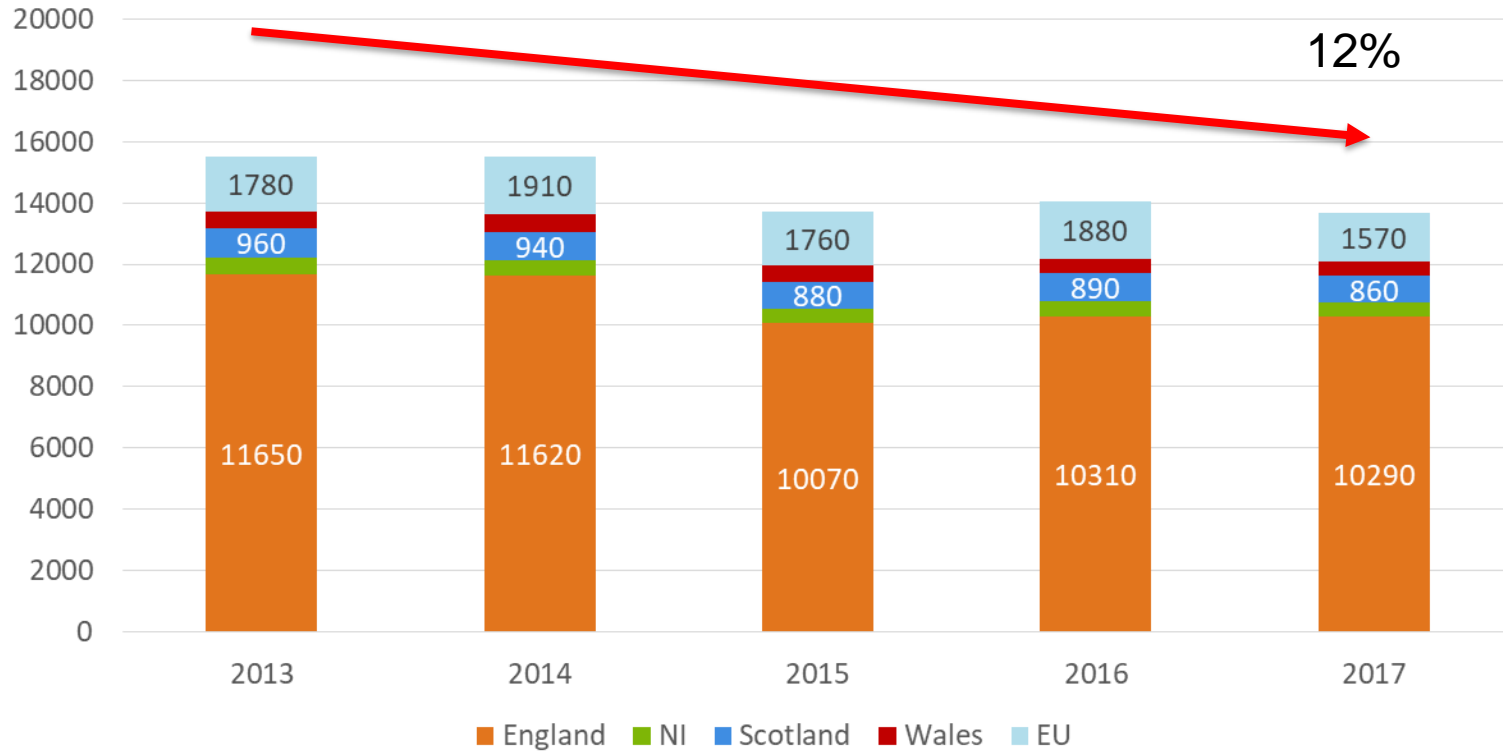
John Brecknell

Head of School, London

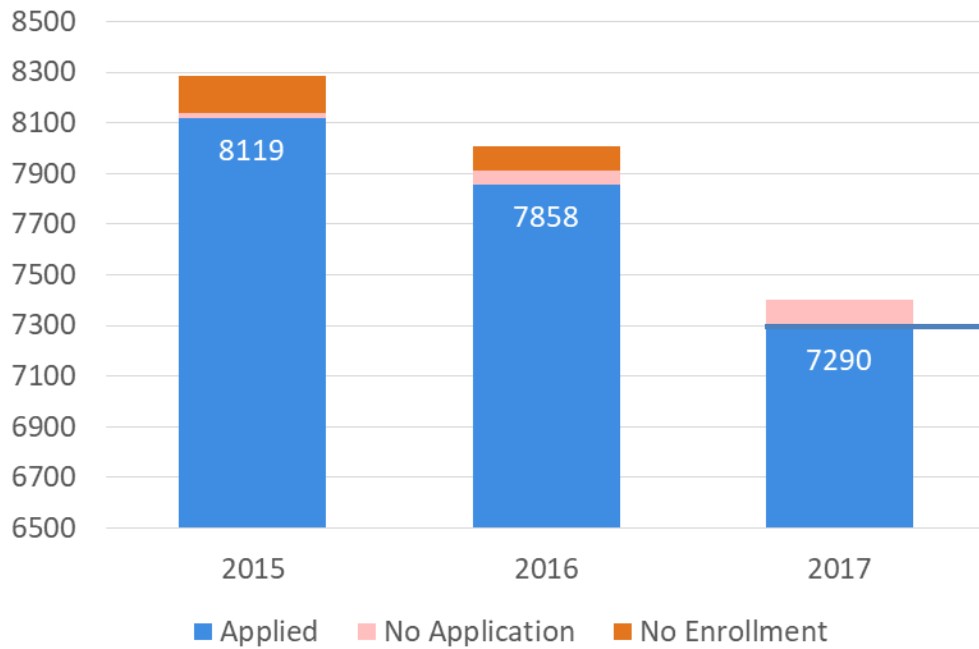
A photograph of a woman with dark hair, wearing a light blue surgical cap and blue scrubs, smiling warmly at the camera. She is in an operating room, with various pieces of medical equipment and blue cabinets visible in the background. The lighting is soft and focused on her.

Developing people
for health and
healthcare

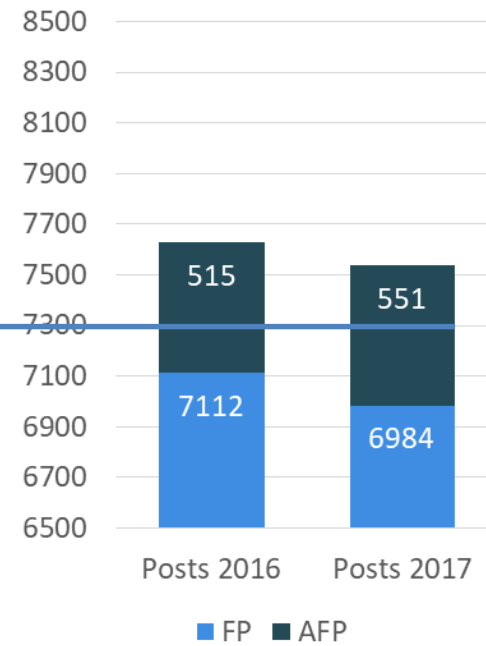
www.hee.nhs.uk



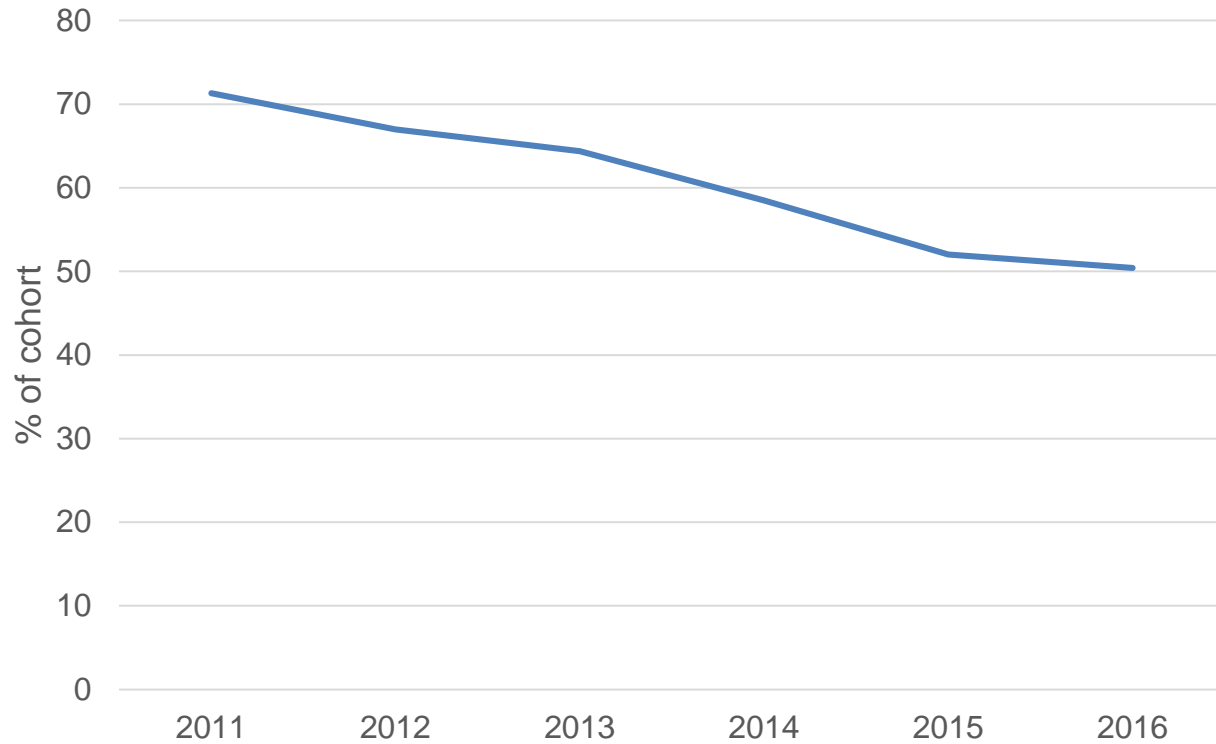
Graduates Nominated by UK Schools

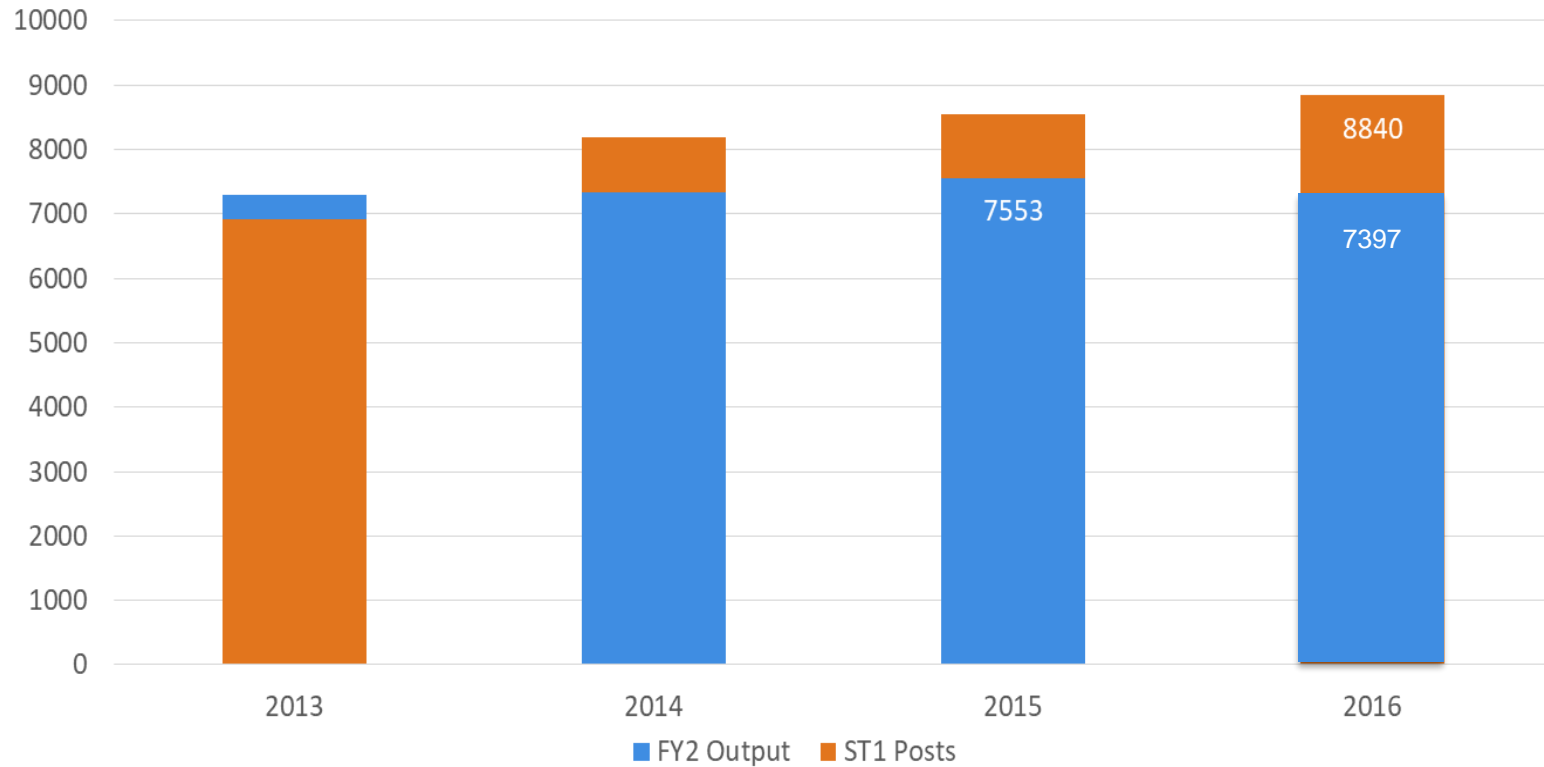


Posts



F2 doctors entering training in the UK





News story

1,500 extra medical undergraduate places confirmed

From: [Department of Health](#)

Published: 9 August 2017

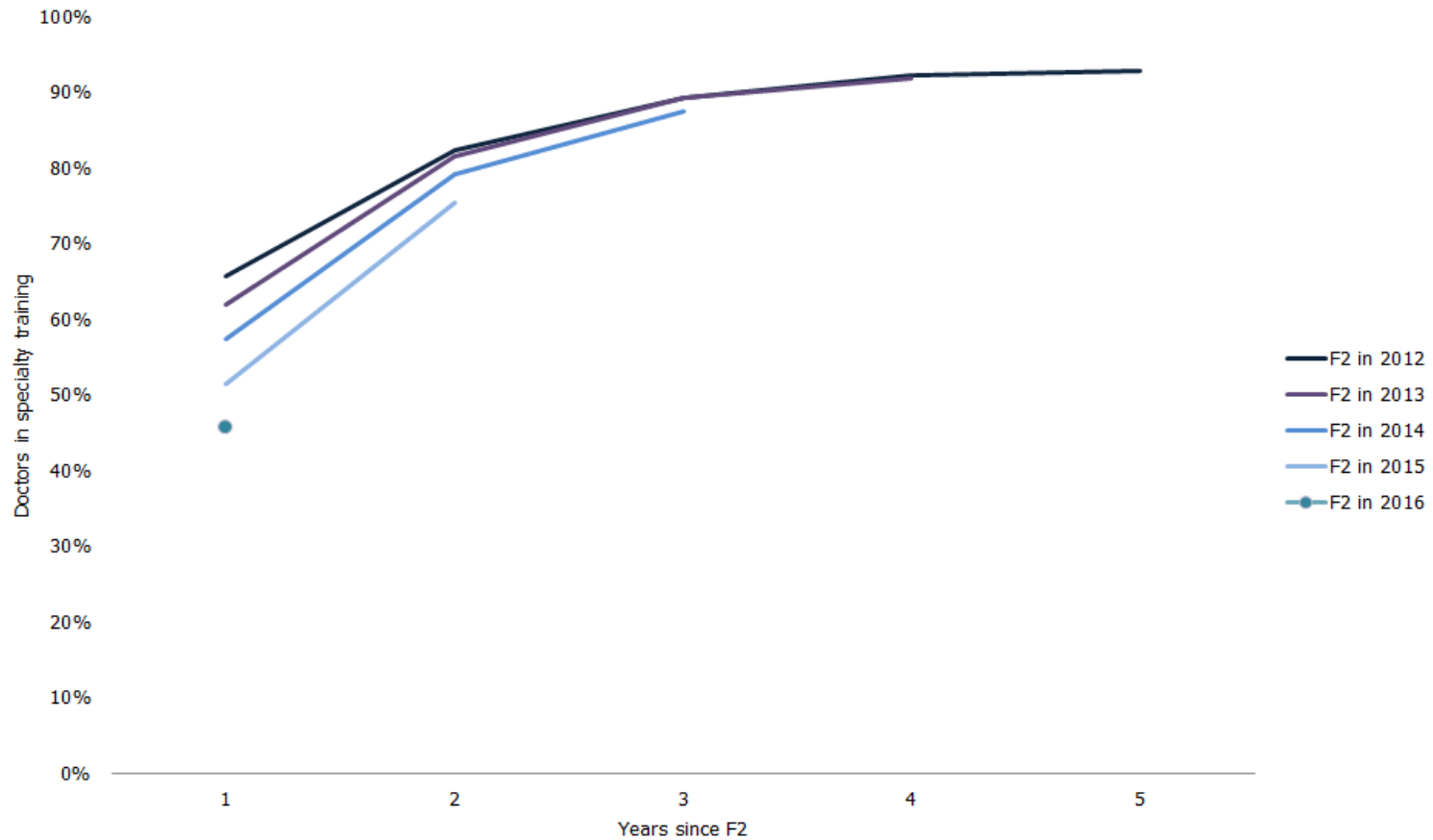
Government response to consultation confirms expansion of undergraduate medical education in England.



The department has published the [government response to the recent consultation on expanding undergraduate medical education](#).

The government will increase the number of student places at medical schools in England by 1,500.

From next year, existing medical schools will be able to offer an extra 500 places to future doctors. Another 1,000 places will be allocated across the country, based on an open bidding process.



Overall issues causing concern

- Falling medical school applications
- Falling medical school output
 - but more places on the way
- Increasing trend to F3
 - but most return
- Rising demand for C/ST1 trainees, unmet by static Foundation output

Core surgical recruitment

	2015	2016	2017
Posts	508	507	501
Accepts	498	506	500
Fill Rates	98.03%	99.80%	99.80%
Competition	2.31	2.53	2.56

Specialty	Level	2017				2016			2015			2014		
		Post Type	Posts	Accepts	Fill Rate	Posts	Accepts	Fill Rate	Posts	Accepts	Fill Rate	Posts	Accepts	Fill Rate
Cardio-thoracic surgery	1	ST	10	8	80.00	6	6	100.00	8	8	100.00	7	7	100.00
Cardio-thoracic surgery	3	ST	10	9	90.00	8	8	100.00	14	13	92.86	20	20	100.00
Core Surgical Training	1	CT	629	621	98.73	642	631	98.29	636	613	96.38	647	581	89.80
General and Vascular Surgery	3	ST	216	187	86.57	208	182	87.50	197	197	100.00	168	168	100.00
Neurosurgery	1	ST	29	29	100.00	26	26	100.00	27	27	100.00	38	37	97.37
Neurosurgery	3	ST	9	2	22.22	6	6	100.00	4	4	100.00	8	8	100.00
Oral and Maxillo-facial Surgery	1	ST	8	8	100.00	3	3	100.00	5	5	100.00	7	7	100.00
Oral and Maxillo-facial Surgery	3	ST	36	24	66.67	31	13	41.94	25	18	72.00	32	26	81.25
Otolaryngology	3	ST	69	67	97.10	62	62	100.00	56	56	100.00	42	42	100.00
Paediatric Surgery	3	ST	12	12	100.00	13	13	100.00	15	15	100.00	14	14	100.00
Plastic Surgery	3	ST	33	33	100.00	52	52	100.00	66	67	101.50	66	66	100.00
Trauma and Orthopaedic Surgery	1	ST	14	14	100.00	18	18	100.00	14	14	100.00	11	11	100.00
Trauma and Orthopaedic Surgery	3	ST	172	172	100.00	136	136	100.00	175	175	100.00	194	194	100.00
Urology	3	ST	62	62	100.00	65	65	100.00	61	61	100.00	55	55	100.00
			1387	1326	95.6	1372	1317	95.99	1405	1374	97.79	1385	1308	94.44

- ST1 vs ST3
- Gen Surg over last 2 years
- ENT and CTS - early warning?

Destinations for F2 doctors – year on year comparison	2016	2015	2014	2013	2012	2011
Specialty training in UK – run-through training programme	32.8%	24.0%	29.5%	29.9%	33.5%	34.0%
Specialty training in UK – core training programme	15.4%	26.0%	26.8%	29.6%	30.5%	34.0%
Specialty training in UK – academic programme	0.7%	1.3%	1.6%	1.5%	1.6%	1.5%
Specialty training in UK – FTSTA	0%	0.1%	0.2%	0.2%	0.8%	1.1%
Specialty training in UK – deferred for higher degree	0.4%	0.0%	0.1%	0.2%	0.1%	0.1%
Specialty training in UK – deferred for statutory reasons	1.1%	0.5%	0.3%	0.5%	0.5%	0.5%
Subtotal for specialty (incl. GP) training in UK	50.4%	52.0%	58.5%	64.4%	67.0%	71.3%
Locum appointment for training (LAT) in UK	0.5%	0.5%	0.5%	0.6%	0.7%	0.4%
Service appointment in UK	8.3%	9.2%	5.6%	3.5%	3.3%	2.3%
Other appointment in UK (e.g. anatomy demonstrator, higher education)	7%	5.5%	6.1%	2.3%	1.9%	3.0%
Still seeking employment as a doctor in the UK	5.9%	8.6%	8.4%	7.6%	7.4%	6.3%
Specialty training outside UK	0.3%	0.4%	0.3%	0.6%	1.1%	0.8%
Other appointment outside UK	7.8%	6.1%	3.9%	4.8%	6.6%	7.4%
Still seeking employment as a doctor outside the UK	4.6%	4.3%	5.1%	6.5%	5.5%	3.7%
Not practising medicine – taking a career break	13.1%	13.1%	11.3%	9.4%	6.1%	4.6%
Not practising medicine – permanently left profession	0.6%	0.3%	0.3%	0.3%	0.2%	0.1%
Turned down specialty training in the UK as location unsuitable	0.6%					

		2015	2016	2017
ST1	CST	2.3	2.5	2.5
	CT	8.5	10	6.4
	OMFS	5.4	6.3	2.5
	Neurosurg	5.6	6.5	5.2
	T&O (W of S)	10	8	8.2
ST3	Gen Surg	1.8	1.7	1.5
	T&O	2.1	2.4	1.8
	Urology	2.4	2.2	2.1
	ENT	1.7	1.6	1.6
	Plastics	2.2	2.8	3.4
	OMFS	1.5	1.3	1.2
	Paed	3.5	4.1	4.1
	CT	4.5	6.8	4.6

General surgery

- Falling application rates from 558 in 2014 to 350 in 2017
- Norm referenced, retrospectively determined, appointability criterion
- Of 55 unfilled posts over the last two years
 - GS rather than vascular
 - Scotland and the North of England

Solutions

- Overall, surgical recruitment remains healthy against a difficult climate in other areas of medicine
- No scope for complacency and genuine concern in general surgery
- Embrace runthrough training as part of a mixed economy - IST, ENT pilot 2018, ?urology and vascular to follow in 2019
- Examine appointability thresholds
- Work as an advocate in medical schools and foundation programmes

Retention

- Much more difficult with little data available
- Direct progression from core to ST3 35% in the MTAS cohort, around 50% over last few years
- UKMED
- Successful application from CSTAC, analysis in progress
- Would encourage all to use this facility to monitor retention rates in their training area

Paying attention to retention

- Workforce planning
- Relatively low satisfaction rates in surgery - especially core
- Surprisingly low retention rates elsewhere
- A good guide (the best?) to programme success



Enhancing junior doctors' working lives

A progress report

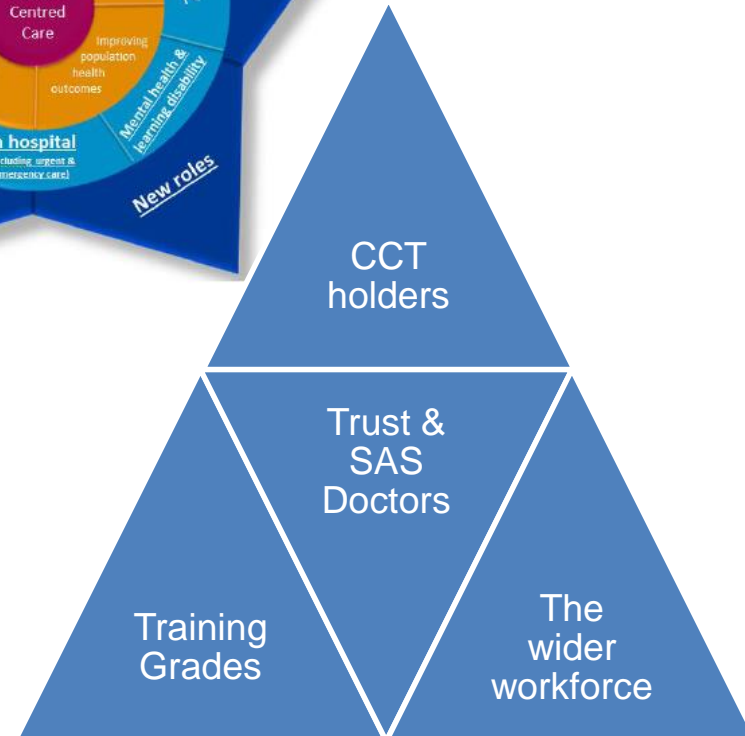
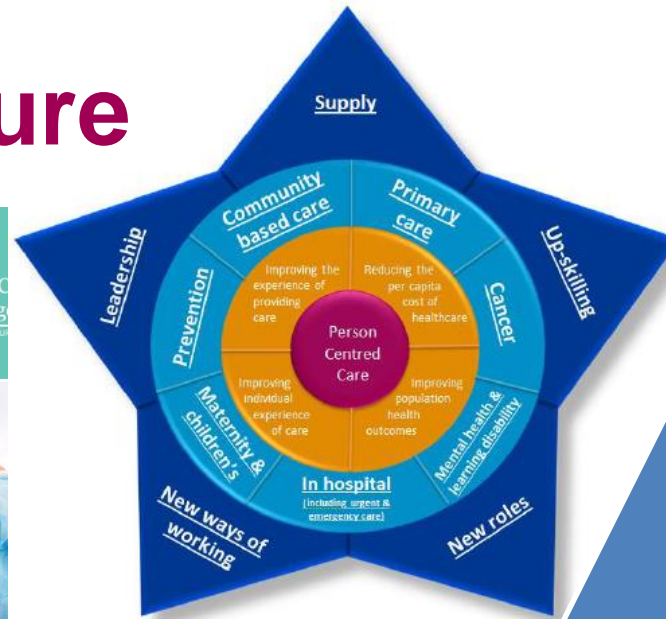
- Code of Practice - 90% target achieved but more to do
- Improved deployment - special circs for specialty recruitment, enhanced preferencing, facilitated placement in place for 2018
- LTFT access - pilot in EM in place
- Study leave/cost of training - AoMRC document with specialty specific lists coming soon, centralised study leave budget

Enhancing junior doctors' working lives

A progress report

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- Streamlining of induction - work continuing
 - Longer placements - scoping complete and principles agreed
 - Supported return to training - working groups underway.
Encouragement to proactively address the needs of the returning trainees. The AoMRC document provides a good structure
 - ARCP report expected in the new year
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The bigger picture



with thanks to ...

- Bill Allum
- Marc Terry
- Julia Whiteman
- Kate Evans
- Rowan Parks

