Diversity and inclusion in trauma and orthopaedics at the dawn of a new decade

Caroline B Hing, Giles Pattison, Robert Gregory, Fergal Monsell, Justine Clarke, Lisa Hadfield-Law and Deborah Eastwood

Caroline Hing is an Orthopaedic Surgeon and Honorary Reader at St George's University Hospitals NHS Foundation Trust. She is a member of the BOA Equality and Diversity Working Group and BOA Education and Careers Committee.

Giles Pattison is a children's Orthopaedic Surgeon in Coventry and Rugby. He is a member of the SAC and a Regional Surgical Advisor.

Robert Gregory is Lead Clinician in trauma and orthopaedics at County Durham and the Darlington NHS Trust. Robert has an interest in surgical education and is currently chair of the specialist training committee for trauma and orthopaedics and quality management lead in the School of Surgery in the Northern Deanery. He is an examiner at MRCS level and also Regional Specialty College Adviser in trauma and orthopaedics.

Trauma and Orthopaedics (T&O) is a challenging yet highly rewarding career. In order to ensure that it continues to attract and retain the best applicants, it is vital that the development of an increasingly diverse workforce at all levels is given priority. This requires acknowledgement that surgeons have other demands on their time, including their families and interests outside their career, this being particularly relevant as those now entering the profession will be expected to work to 67 years and beyond before retiring.

It is well-recognised that a more diverse workforce is associated with improved performance and increased innovation being one particular benefit. Whilst it is accepted that to achieve increased diversity in T&O, many groups currently under-represented in the workforce need to be encouraged to join, the largest by far is the female gender and this article deals predominantly with this group as an example of the challenges we face. Current figures show that surgery in general is not attracting or retaining a gender-diverse workforce. At the present time 55% of medical students are female but by the time a surgeon reaches specialty training that number has reduced to 30% and by consultant it is 13%. Whilst it should be acknowledged that the proportion of female surgeons has increased over the past decade (circa 7% across all grades and circa 5% at consultant level) the rate of change is insufficient to match the demographic changes seen in our medical schools (Figure 1 and Table 1).

Membership Grade	*Female Total*	*Females in first 5-years of grade*
Consultant	124	37
Locum Consultant	7	3
Post CCT	64	59

Table 1: Distribution of females within the first five years post CCT in 2019.

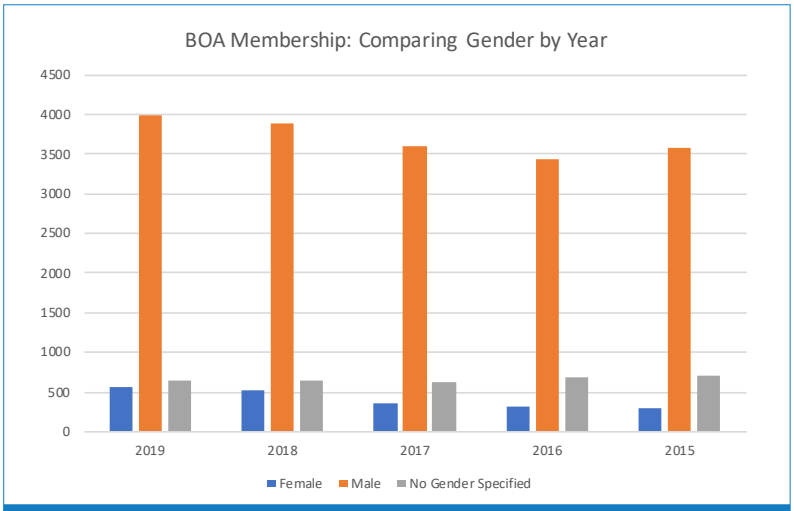

Figure 1: Gender distribution showing an improvement from 2015-2019.

Fergal Monsell is a Consultant at Bristol Children's Hospital where he is involved in the management of limb deformity and trauma. He is Visiting Professor at Cardiff University and Projector at the Grand Academy of Lagado. He has an active clinical and basic science research portfolio and is widely published.

T&O is the second largest surgical specialty, however it has the lowest proportion of female surgeons across all grades, with 7% at consultant and specialty and associate specialist (SAS) grades, and 19% at specialty training level[1]. This suggests that prompt and wide ranging action needs to be taken to address the imbalance and to generate interest in T&O as a career.

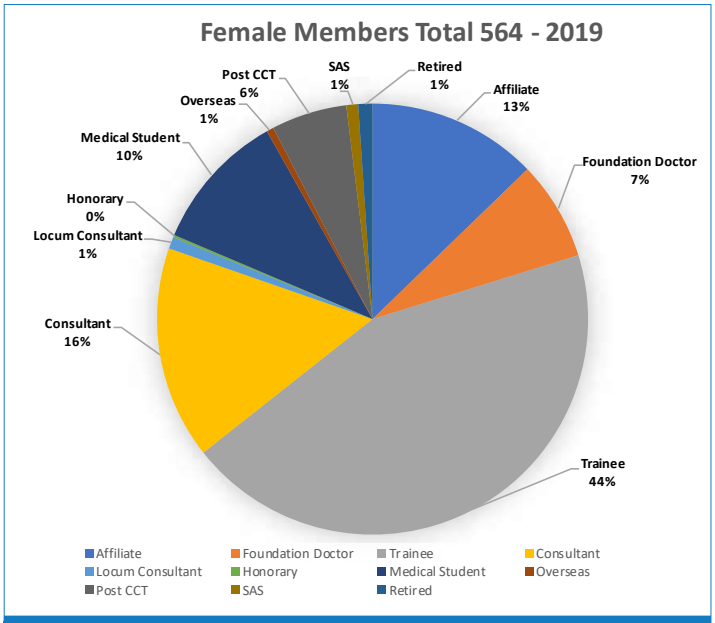

Figure 2: Female member distribution across the career grades in 2019.

The British Orthopaedic Association (BOA) currently has 5,195 members, comprising 1,955 consultants, 402 Post-certificate of completion of training (CCT) doctors, 1,183 trainees, 178 foundation doctors and 198 medical students. In total 11% of BOA membership is female, with similar percentages across the grades of the specialty as a whole (Figure 2).

The gender disparity has slowly improved over the last five years but still shows an under-representation of women across the career grades. An inclusive surgical profession is one that inspires, attracts and retains the best >>

Justine Clarke is Chief Operating Officer for the BOA.

Lisa Hadfield-Law, RGN MSc, FAcadMEd and education adviser to the BOA. https://hadfield-law.co.uk.

Deborah Eastwood is UCL Professor of Paediatric Orthopaedic Surgery at Great Ormond Street and the Royal National Orthopaedic Hospitals. Deborah is a former council member of BSCOS (British Society for Children's Orthopaedic Surgery) and current Board Member for EPOS (European Paediatric Orthopaedic Society).

talent from a wide variety of backgrounds. With this aim, orthopaedic associations across the world have started to recognise the strategic importance of actively encouraging diversity[2-4].

The aim of the BOA is to provide national leadership and a unifying focus supporting our members to deliver excellence in patient care. Diversity within the workforce has been shown to improve patient care. This was acknowledged at the 2019 BOA Congress, where a diversity networking event was held as a lunch time session with representation from Council and members. This was primarily a social event designed to gauge the interest of, and to generate support from, the membership and to learn how best to address the need for change. Following the event, a working group was formed to draft a strategic policy document to be taken to Council before dissemination to a wider focus group comprising key stakeholder representatives from women; black and minority ethnic (BAME); disability groups; lesbian, gay, bisexual, transgender and queer (or questioning) and others (LGBTQ+) and the 'ageing' surgeon groups. The BOA Council was fully supportive of the draft document with a three-year aim for change. Whilst still in draft phase, the aims include a commitment to understand and define the groups currently under-represented within the BOA; to increase the diversity of the BOA leadership; to promote diversity at Congress and educational events by increasing the diversity of chairs, speakers and invited guests; to increase awareness of trauma and orthopaedics as a career option; and to provide support and maintain interest throughout a T&O career.

We are fortunate in being able to attract good quality trainees into T&O but the trend in recent years is for a shrinking 'appointability gap' and there is a real danger that in the near future we may have unfilled posts at speciality training (ST) ST3. Other specialties, particularly General Practice, Psychiatry and Acute Medicine are less fortunate and their plight may lead to centrally driven measures to attract trainees to those areas. With such measures our ability to recruit may be put under further pressure.

Maintaining the status quo is not an option if our profession is to thrive. To deliver change there needs to be a willingness to change at all levels of the profession. 2020 heralds the start of a new decade and provides the opportunity to alter the face of the BOA to better reflect its membership and society as a whole, to be seen as a dynamic and empathetic organisation that celebrates and values difference and understands that if successful, this will improve performance and the quality of patient care. ■

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