

BOTA rising to the workforce challenge

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Adrian Andronic is an ST8 on the Yorkshire and Humber rotation and is the current BOTA Vice President. Adrian sits on multiple committees, including JCST, ISCP, and BOA Orthopaedic Committee. He has also served on the BOA Education and Careers Committee, RCSEng Learning Committee, and the HEE Training in the Independent Sector Committee.

Adrian is passionate about medical education and is actively engaged in supporting trainees to achieve the highest standards of both training and clinical care, especially in light of recent challenges to training.

NHS England reports over 20 million people in the UK, almost one third of the population, have an MSK condition such as arthritis. By 2030, over 15.3 million people in the UK will be over 65 years of age, resulting in an ever-increasing demand on MSK services¹.

In the UK, there is a predicted net loss of staffing levels in Trauma and Orthopaedic surgery, with more leaving the speciality than those entering training. Currently, 32% of consultants plan to retire over the next four years².

BOA President, Simon Hodkinson, raised the alarms when he said, "We do not have enough qualified surgeons. On a per capita basis, we are at or near the bottom of the league in T&O workforce in the developed world".

For the last 37 years, the British Orthopaedic Trainees Association (BOTA) has persistently and fervently fought for high standards of care for patients, for the safeguarding of training, and for the improvement and retention of the T&O trainee workforce. The BOTA vision is perfectly captured by the rallying call, 'No training today, no surgeons tomorrow', beautifully coined in the trainer's toolkit article by Miss Emily Baird, former BOTA President³.

In 2022, BOTA completed its latest census data collection for T&O speciality trainees across the UK. This followed the successful 2019 study, providing a valuable comparison between pre-COVID and post-

COVID orthopaedic training in the UK. The two surveys combined gathered extensive information on training and workplace culture experiences from more than 1,350 trainees.

The 2022 census found that a startling 42% of respondents said they have considered leaving T&O training. From the census, we identified five key domains that would improve the management of the trainee workforce: Increasing training opportunities, lead employment, flexible working, out of programme working and workforce wellbeing.

Training opportunities

From the BOTA census 2022, the majority of trainees reported that their current operative exposure is insufficient to meet the training requirements of the August 2021 T&O Curriculum. To quantify this concern,

the latest e-logbook data presented by the T&O SAC at the recent BOTA Regional Representative Forum Day in May 2024 in Manchester, highlighted that T&O trainees are performing 19% less elective operations compared to pre-COVID. Reasons for the low elective numbers are multifactorial and include rota gaps, theatre delays, bed pressure, increased case complexity, service provision pressures, all leading to reduced training opportunities.

Rota gaps and the impact on surgical training are worrisome and demonstrate the increasing strains of the system that we are training in. The BOTA Census 2022 found that 56% of registrar rotas have at least one gap, compared to 51% in 2019, >>

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Karen Chui is a Trauma and Orthopaedic Specialty Registrar in London. As BOTA President, Karen represents Orthopaedic trainees at national meetings, advocating to improve training and education opportunities for trainees. They are passionate about creating cultural change in Orthopaedics, building a compassionate profession for the modern surgeon to deliver excellent care to our patients.

and 27% reported two or more gaps in the rota, compared to 22% in 2019. As a result, 73% of respondents said they had to cover a gap at least once in the last month, compared to 67% in 2019.

Utilising the independent sector (IS) for training, in particular in NHS cases outsourced to IS, has seen improving numbers and holds promise as part of a multi-pronged approach to increase training opportunities. The BOTA Census found that 20% of trainees trained in the IS in 2022, compared to only 3% in 2019. Most trainees reported positive experiences training in the IS on NHS cases. To further incentivise training in the IS, BOTA has advocated for a training tariff and dedicated training lists in Surgical Hubs at the HEE Joint Meeting on Training in the Independent Sector advocating for trainees and NHSE Surgical Solutions meeting.

50% of trainees do not have access to simulation training based on the BOTA Census data. As previously discussed in the JTO, the BOA is in the process of becoming the first orthopaedic body to officially release a White Paper on the topic of simulation training⁴. Despite simulation being a valuable supplement to training and enhancing patient safety, 88% of trainees have not had robotic training and limited simulation training.

BOTA has worked closely with the BOA around the topic of the Physician Associate role in T&O surgery. We are reassured by the BOA's position on prioritising patient safety and the training of surgeons, and will not support any situations where the use of non-medical qualified personnel adversely impacts on the experience and training of junior doctors.

Lead employment

Lead employment offers multiple benefits to trainees, including reduced paperwork when rotating through placements, fewer pay and tax code errors, standardised employment services, and access to optional salary sacrifice schemes such as the green cycle to work scheme. In 2022, 40% of trainees reported having a lead employer, which has improved from 35% previously. BOTA advocates that all nations and employers work towards having rotating trainees under one lead employer. This is reinforced by BOA President, Simon Hodkinson, who raised this issue in the past and identified it as a 'long needed change'.

The 2022 census once again indicates that the majority of trainees favour transitioning to a lead employer. Implementing an 'NHS Passport' would facilitate seamless transitions between trusts and allow trainees more time to be engaged in training and clinical work⁵.

Flexible working

One of the most significant shifts between the 2019 census data and the 2022 results is the rise in trainees opting for flexible working arrangements and enrolling in Less Than Full Time (LTFT) training. LTFT training provides trainees with the opportunity to work fewer clinical days per week, accompanied by a proportional extension of their overall training period.

This has traditionally been utilised for caring roles, those with underlying health conditions and those with sporting commitments⁶. However, due to changes in the Gold Guide⁷ in 2021 and 2022, access to LTFT training is now open to a much wider range of reasons.





The census results shows an increase from 4% of trainees thinking about LTFT training in 2019, to 10% in 2022, with an associated increase in the actual numbers in LTFT training from 3% to 7%. LTFT training can allow trainees to accommodate care-giving responsibilities during their training, which will hopefully attract a more diverse workforce into T&O training. This may contribute to the improvement of women in T&O, who may consider pregnancy during their training⁸. As we see more trainees entering LTFT training and flexible work patterns, the NHS must take this into account for workforce planning in the UK, as the traditional model of trainees entering and completing training on a specific timeline changes.

Out of programme

Out of programme (OOP) time is predominantly utilised for research, parental leave, and fellowships, a trend that has remained consistent from 2019 to 2022. However, OOP time could also be used for work in low- and middle-income countries (LMIC). The census found that 50% of trainees said they would be interested in working in LMIC, but the actual numbers of trainees working in LMIC are very low despite T&O surgeons being urgently required in LMIC. BOTA has opened its National BOTA Congress to LMIC medical students and doctors for free in the last three years.

Of those who did undertake this work, more than 80% say it did not contribute formally

to their training. This is a significant barrier for trainees as those who are interested in global surgery would like it to be paid and count towards their training. BOTA and the World Orthopaedic Concern (WOC) have released guidance on overseas placements in low resource settings⁹. Other publications have highlighted positive experiences by trainees in these endeavours and should be considered as training in the future¹⁰⁻¹³.

Workforce wellbeing

The financial burden of training has been exacerbated by the 'cost of living crisis'. The census found that trainees are struggling financially: 96% of respondents report feeling worse off financially compared to last year, 55% stating that the rising costs of living has affected their training, and 71% stating that they need to partake in additional locum shifts to mitigate these costs. This comes in conjunction to the findings of the ASiT Non-Financial Cost of Training report, with BOTA contributions, which identified the "immense non-financial burden of surgical training. It affects doctors at all stages of their career and in all specialities, irrespective of their gender or ethnicity"¹⁴.

Whilst our census did not involve questions regarding the junior doctors' industrial action, this is inextricably linked with trainees' wellbeing. The cost of training was cited as the second most important priority for BOTA to improve upon, with training conditions being the first.

Conclusion

The BOTA census highlighted key areas for improvement with regards to the trainee workforce. The trainee workforce must be prioritised to safeguard the future consultant workforce, as 'No Training Today, No Surgeons Tomorrow'.

The BOTA census findings were discussed at the 2024 BOTA Regional Representative Day and helped define the BOTA top five priorities for training in 2024:

1. Improving access to training opportunities
2. Reducing the cost of training
3. Improving working conditions (both with regards to rotas and the working environment)
4. Professionalising training for trainers
5. Making improvements to core training ■

References

References can be found online at www.boa.ac.uk/publications/JTO.