

A Survey on Attrition from a National Surgical Training Programme over 11 years.

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Attrition

Surgical Training is highly competitive and demanding

Overall attrition rate from general surgery **18%**¹

- Rate increased in US despite introduction of working hour restrictions

Personal Cost

Expensive

Affects work force planning

1. Khoushal et al. JAMA Surgery 2017

Literature Review

Gender

- Conflicting results in primary studies
- SR: 25% ♀ vs. 15% ♂¹
 - (95% CI 16%-34% & 11%-20% respectively; $p < 0.001$)

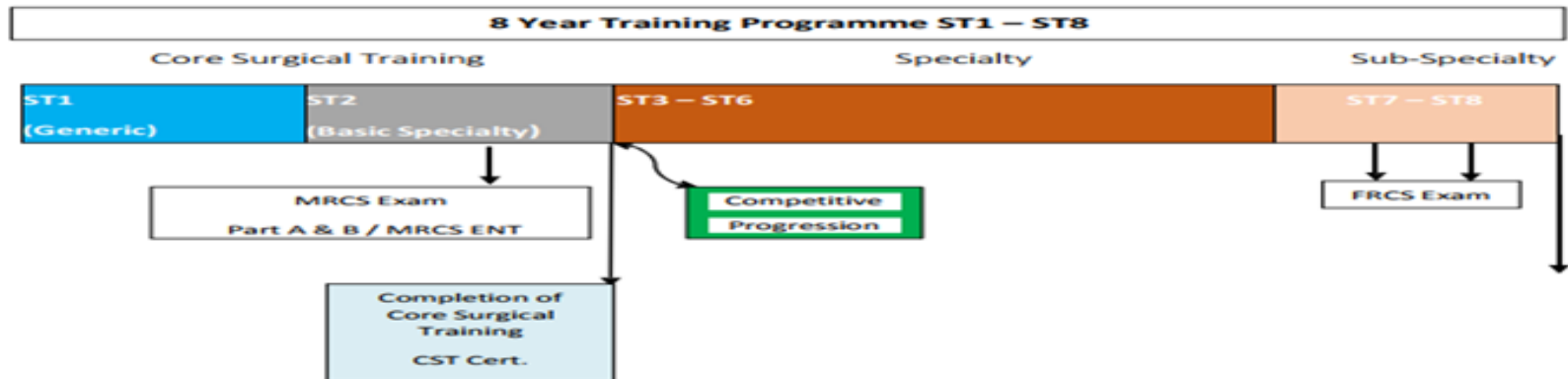
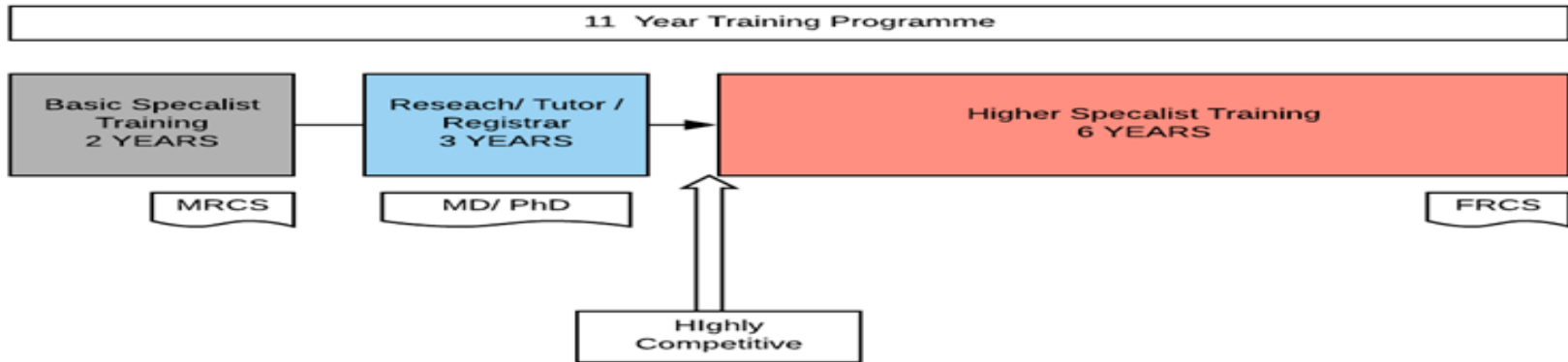
Lifestyle

- Work life balance
- Concerns for life after training

Programme factors

- Operative experience
- Educational opportunities
- Number of trainees
- Academic / university associated / independent
- Role models and mentorship

Irish Surgical Training



Irish Context

Ir J Med Sci (2017) 186:225–233
DOI 10.1007/s11845-016-1545-0



ORIGINAL ARTICLE

What is the future for General Surgery in Model 3 Hospitals?

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Abstract

Background General Surgery consultant recruitment poses considerable challenges in Model 3 Hospitals in Ireland.

in Model 3 Hospitals 25% were locums and 54% had not undergone formal training in Ireland. A further 22% of these surgeons will retire in the next five years. General

National Clinical Programme for Surgery ~45% in 2020

Aims

To quantify retention and attrition among surgical trainees

Identify alternative specialities selected by those who leave

Explore reasons for leaving surgical training.

Methods

Online anonymous survey

Validated questions on attrition
and workplace satisfaction

Inclusion criteria:

- SHO/CST appointees from 2007-2016



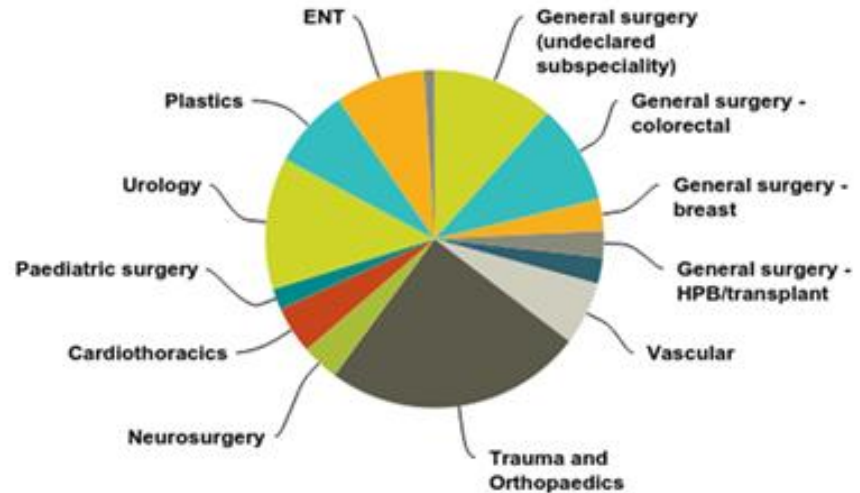
Results

202/304 responses

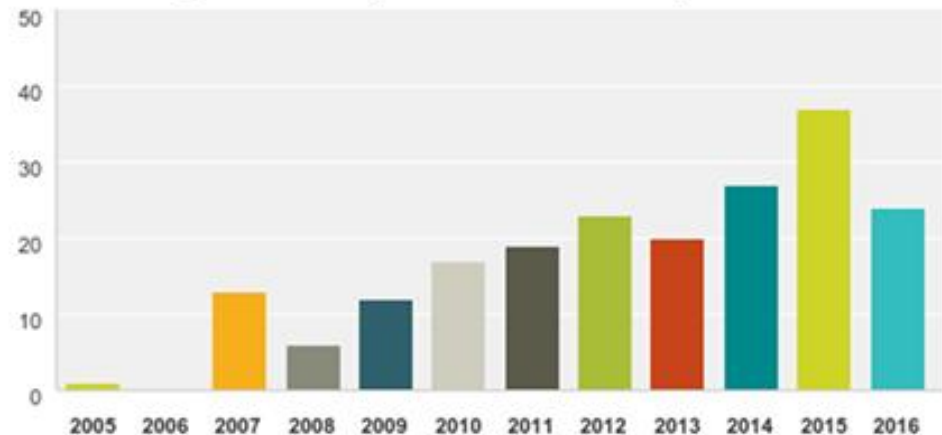
- 67% response rate

62% male

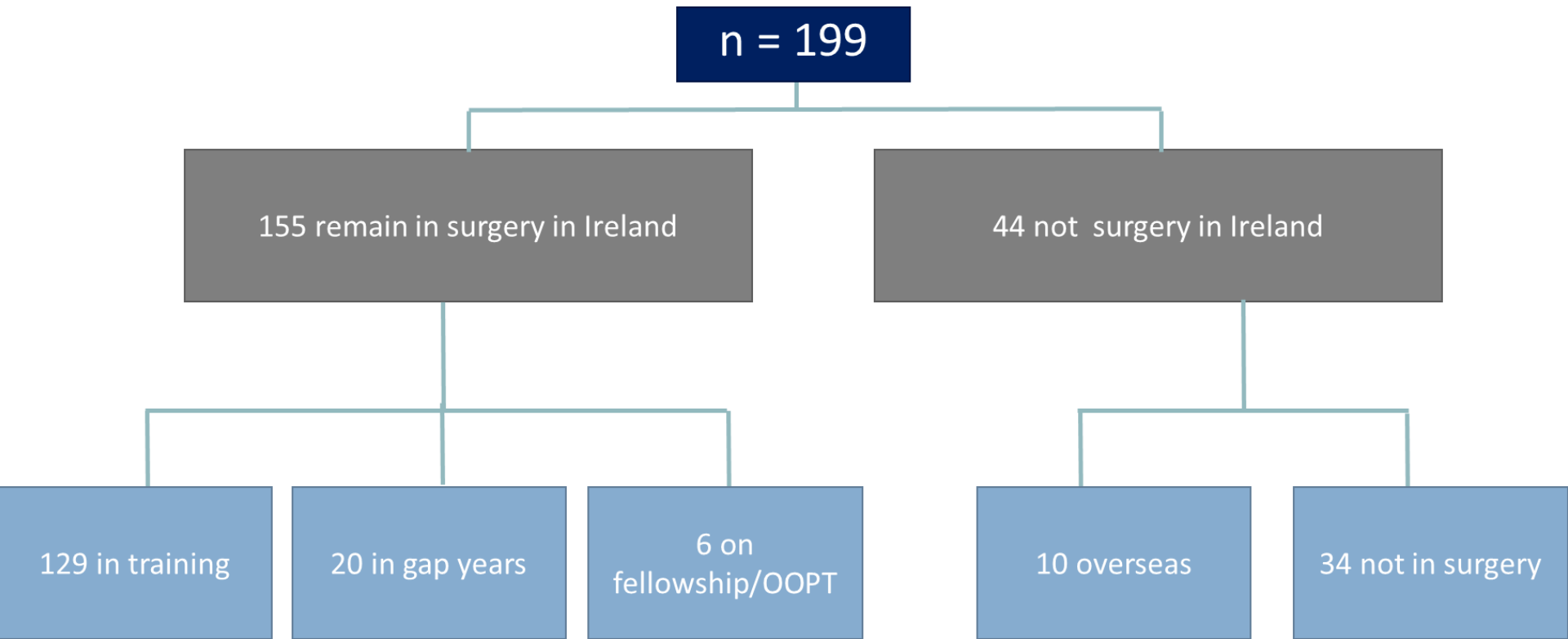
What is/was your surgical subspeciality interest?



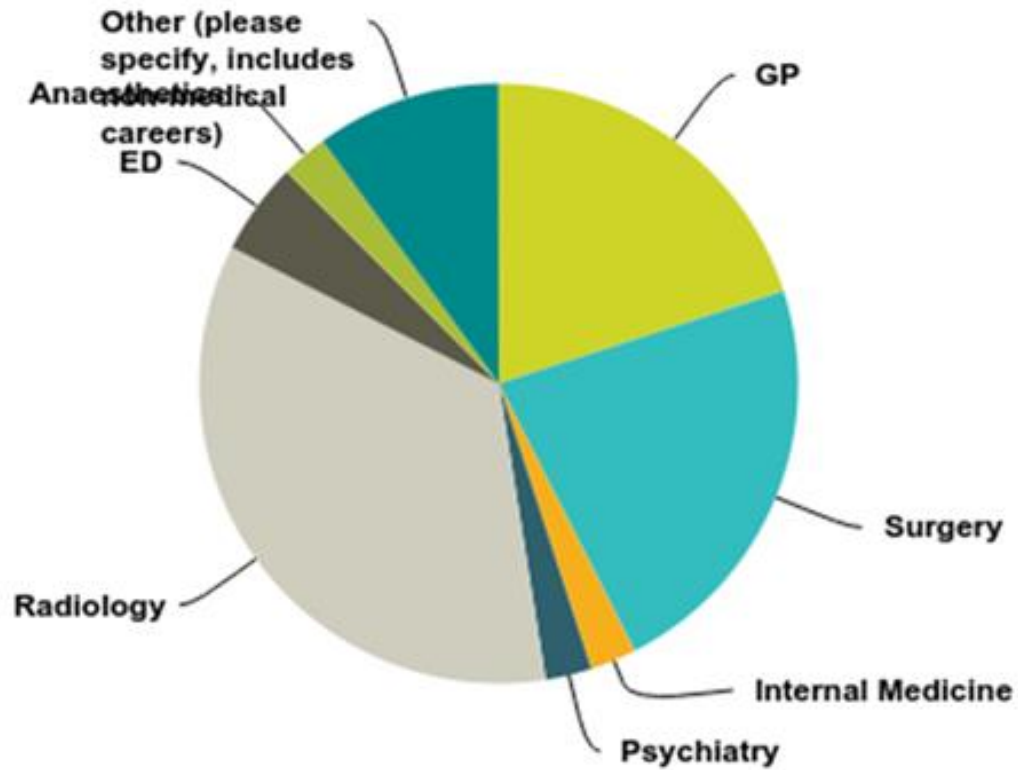
Q5 What year did you start on the RCSI surgical SHO (or ST1/CST/BST) scheme



Attrition



Where did they go?



Trainee attrition (n=44)

83% had passed MRCS

14% did dedicated research (MCh/MD/PhD)

35% applied for SpR

Less than 25% decided to leave before SHO Year 2

Reasons for leaving

Career related

- Work/life balance 61%
- Workplace bullying/harassment 48%
- Lack of enjoyment of surgery 57%
- Daily workload too onerous 43%
- Consultancy not financially attractive 25%

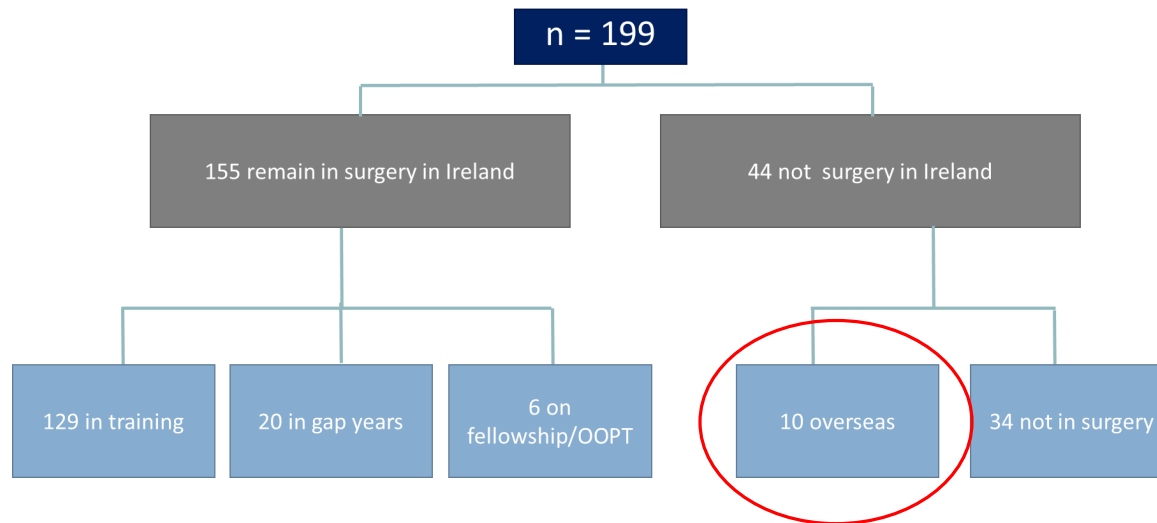
Training related

- Instability of training scheme 86%
- Uncertainty regarding career progression 84%
- Lack of encouragement/support 64%
- Length of training too long 25%
- Lack of supervision 55%
- Lack of theatre time 47%
- Better options abroad 48%

Those who continue

- 33% considered leaving in the past year

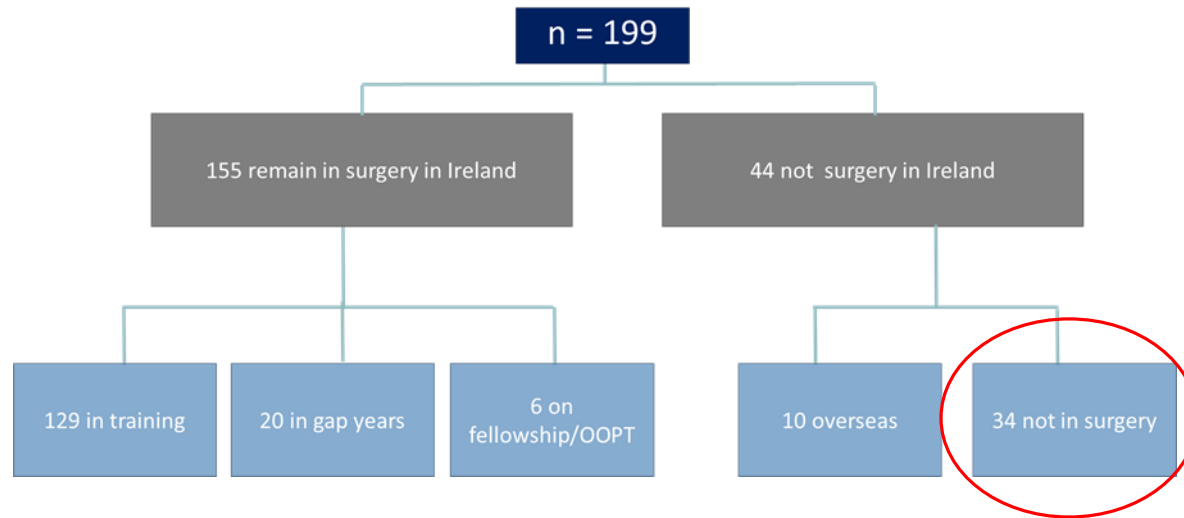
Discussion 1



Individuals with ongoing commitment to surgery

Retain / Attract back

Discussion 2



Initial ambition: Examinations / Research

Training issues strongly influenced decision to leave

How could they be addressed?

Strengths

First Survey of Irish Surgical Trainees

Identifies current status of the trainees who leave

- Current Speciality
- Geography
- Data that Training Body may not be in a position to capture

Identifies issues regarding training that influence decisions to leave.

Limitations

Survey based

- Selection bias

Heterogeneity in the sample

Structure of Surgical training has changed

- May not reflect issues / concerns of current trainees.

Next Direction

Compare self reported rate with training body data

Quantitative Project:

- Correlate application and progression data with attrition

Qualitative Project: Evaluate experiences of those who stayed and left

Identify areas for improvement in training to enable people stay