FOR IMMEDIATE RELEASE

The Association of Surgeons in Training (ASiT) and the British Orthopaedic Trainees’ Association (BOTA) are extremely disappointed by the decision of the Joint Committee on Surgical Training (JCST) and the Royal Colleges to raise the annual trainee fee by a further £5, representing a 2% increase in annual cost to the trainee. This is despite the fact that, last year, the JCST made a surplus of £57,751. Whilst this most recent increase has been cited merely as a rise in line with inflation, it is noteworthy that doctors’ pay has not risen in line with the rate of inflation since 2007. Moreover, we applaud the RCSI for ensuring that trainees in Ireland do not cover the JCST fee themselves, demonstrating there are alternative, more balanced, solutions.

ASiT and BOTA continue to see the value of good training infrastructure not only to trainees, but also to consultants, hospitals and patients, all of whom benefit from high quality surgical education. The rise in the JCST fee is directly contrary to our advice to both the JCST and the Royal Colleges and it is not appropriate that trainees are the sole bearers of this increased fee, when trainees are quite clearly not the sole beneficiaries of the services, including the Intercollegiate Surgical Curriculum Programme (ISCP). We do not, therefore, recognise the rationale informing the decision to burden the trainee in isolation.

Trainees are facing increasing costs in all aspects of their training, including both exams and courses that trainees are expected to participate in. Furthermore, there has been no annual increment in the study budget, with the traditional 1% increment stopping in 2008. Consequently, trainees are having to use an ever increasing proportion of their own money to fund their training.

Surgical training is in a difficult position at present, with ongoing issues relating to junior doctor morale, the rising costs of training to trainees and a well-documented negative workplace culture. Consequently, there are falling competition ratios for surgical specialties. Adding another very public fee increase on this background, borne solely by the trainee, is unnecessary and insensitive.
Both ASiT and BOTA hope to continue to work with JCST to ensure that surgical training in the UK and Ireland is adequately and fairly funded to enable the training of safe surgeons working towards ever improved patient outcomes.

Adam Williams
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