Professor Sir Stephen Powis, NHS England National Medical Director
Professor Sir Chris Whitty, Chief Medical Officer

BY EMAIL ONLY

6 March 2025

Dear Professor Sir Stephen Powis and Professor Sir Chris Whitty,

RE: Ongoing risks to training opportunities in theatre for resident doctors in surgery

We are writing to share our surgical community's concerns that access to operating theatres for training has not recovered since the COVID-19 pandemic, and that planned government reforms, if not carefully implemented, risk creating further barriers to training. New evidence from the Joint Committee on Surgical Training (JCST) suggests over three million operations which could have provided training opportunities have been lost since March 2020. As reforms develop and you embark on your review of postgraduate medical education, we have outlined some initial solutions to help safeguard access to theatres for resident doctors and the future of surgical training and patient care.

Experience in the operating theatre is indispensable. No textbook or simulation can fully substitute for real-life surgical practice. Yet, our most recent UK surgical workforce census revealed that 61% of resident doctors in surgery identified limited theatre access as a major challenge, while 52% reported inadequate time for training. Similar challenges are cited by Specialist, Associate Specialist and Specialty (SAS) surgeons and Locally Employed Doctors in surgery (LEDs).

Worryingly, theatre-based training has yet to return to pre-pandemic levels. Some of this reflects positive shifts in medical practice which have reduced the need for surgical intervention, including new pharmaceutical treatments. However, emerging evidence from JCST points to a worrying decline in operative experience across specialties. If we do not act now to protect and expand surgical training, the NHS will struggle to maintain a sustainable surgical workforce for future patients.

To prevent government reforms exacerbating these challenges, urgent changes are needed in three key areas:

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1. **Better balance the needs of training and the focus on service delivery**

Despite the relentless efforts of NHS staff, patients across the UK continue to face unacceptably long waits. We fully support the government's commitment to tackling the elective backlog. It is absolutely right that this remains a top priority.

However, in the drive to meet ambitious waiting time targets, there is a real risk that training opportunities will be sacrificed at the altar of productivity. Training and service delivery should not be seen as competing priorities. In fact, the current focus on clearing the backlog presents an opportunity to embed high-quality training while maintaining patient access. With over three million training opportunities already lost, a failure to address these issues will lead to an undertrained and inexperienced workforce in 5 – 10 years' time.

As Medical Director for NHS England and Chief Medical Officer, we urge you to send a clear, unequivocal message to all NHS leaders: training must be prioritised and mandated alongside service delivery and specified in contracts throughout the NHS. This must include **ringfenced time for training** within trainers' job plans, ensuring meaningful support for their resident doctors. **At the same time, we remind consultant surgeons of their critical role in training the next generation of surgeons.**

A key part of the solution is ensuring that resident doctors in surgery are actively involved in the evening, weekend, and high-intensity theatre (HIT) lists introduced to reduce waiting times. This must be a core expectation across the NHS to maximise training opportunities without compromising care. **We would also welcome an update on how financial reforms to incentivise waiting list activity will also facilitate high quality training**.

2. **Require the private sector to support training opportunities**

Under government and NHS plans, private and not-for-profit providers ('the independent sector') are delivering an increasing proportion of NHS care. In hip and knee surgery, the latest National Joint Registry data suggests the majority of patients are now treated in independent sector settings. Getting it Right First Time (GiRFT) data shows that only 17% of arthroscopy cases involved a resident doctor. Enabling access to surgery must be at the core of elective recovery to ensure a fully trained workforce in the medium term.

Expanding NHS capacity is essential, and the independent sector has provided valuable short-term support. Many of these providers are actively engaged in high-quality training. Nevertheless, we continue to hear of NHS trusts unwilling to release resident doctors for training opportunities outside their organisation, as well as independent sector providers reluctant to meaningfully support opportunities for resident doctors. The expansion of independent sector provision must not come at the cost of our future workforce and patient care. **NHS trusts should establish flexible job plans for resident doctors in surgery that include timetabled time working in the independent sector**.

We welcome NHS England's recognition of these concerns in the partnership agreement announced alongside the elective reform plan, which set an expectation that independent sector providers will collaborate with NHS partners to support training. **To maximise its impact, this commitment now needs clearer implementation details and tangible outcomes.**

3. **Ensure surgical hubs deliver on training opportunities**

Surgeons have been strong advocates for the establishment of surgical hubs, and NHS England have been right to expand the model. Surgical hubs have been a crucial reform to increase elective activity, giving patients quicker access to procedures, and providing a

dedicated environment for resident doctors to develop their skills. In collaboration with GiRFT, the Royal College of Surgeons of England established an accreditation scheme that requires hubs to have clear plans for supporting training.

However, emerging data from JCST suggests these opportunities are not being fully realised, with fewer than 10% of surgical training episodes currently occurring in hub centres.

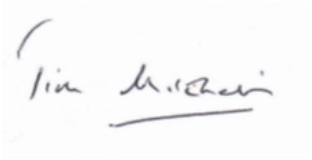
The Royal College of Surgeons of England are committed to working with GiRFT to strengthen the accreditation scheme and set even higher expectations for training. As NHS England rolls out the next wave of hubs, it should ask Trust leaders to explicitly outline how they will support surgical training within these centres.

In addition to the above government and NHS reforms, it is imperative that Professor Leng's review into physician and anaesthesia associates delivers clear protections for resident doctors' roles and training opportunities (as well as tackling the wider patient safety concerns). Our organisations have been unequivocal: training time for resident doctors in surgery must be protected and enhanced, not restricted because of new roles.

Ensuring service reforms work in tandem with high quality training opportunities is critical for retaining resident doctors in surgery and safeguarding high quality patient care. We cannot afford to get this wrong. Almost a third (32%) of surgeons in training who responded to our census say they are considering leaving training. While this letter focuses on operating theatre access in the context of the COVID-19 recovery and government reforms, multiple frustrations will be contributing to the challenges facing resident doctors in surgery including costs, lack of flexible working opportunities, and workplace culture. **Bottlenecks at key career points have also become a critical issue – such as entry into core surgical training where competition ratios are high – delaying or destroying career ambitions.** It is vital that your review of postgraduate medical training listens first and foremost to the voices of those in training.

We look forward to discussing these issues with you in further detail. Given the significant interest in the challenges involved and the concerns raised in our surgical workforce census, we are making this letter publicly available.

Yours sincerely



Mr Tim Mitchell
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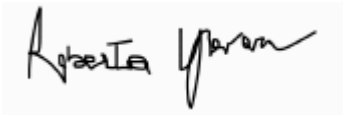

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