

Finding the BEAST within – A look into NZ BSTs' Expectations and Attitudes to Surgical Training

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The BEAST (BSTs' Expectations and Attitudes to Surgical Training) survey was developed in conjunction with the NZMA in 2005. The rationale for the survey was; the large number of changes to basic surgical training over the last 5 years; the ACCC report highlighting the need for transparent college processes; the concern from trainees about the lack of dialogue and representation regarding BST policies and issues. However, over the last year, we have seen a concerted effort by the Royal Australasian College of Surgeons to improve its communication with BSTs as well as the creation of the RACS Training Association (RACSTA).

The survey had three main objectives. Firstly, to obtain a demographic snapshot of NZ Basic Surgical Trainees. Secondly, to determine their attitudes and expectations with regard to Specialty Surgical Training (SST) selection processes and the role and effectiveness of the RACS. Thirdly, to aid the newly formed RACSTA in determining the priority of issues to be raised with the College.

The BEAST survey, supported by RACSTA, was administered over February to March 2006 to all BST2s and above by the Wellington branch of RACS. The overall response rate was 67% (see table 1). A secondary objective of the survey, that has already been successful, is the adoption and augmentation of the BEAST survey by our Trans-Tasman colleagues. We look forward to comparing our results with them in the near future.

Status	No. Of NZ positions	No. Of respondents	% Of respondents
BST2	40	29	73
BST3	29	20	69
BST4	25	15	60
TSTs	4	2	50
TOTAL	98	66	67

Table. 1. Response rate of BEAST survey

From the demographic section of the survey, the most common respondent was male (~66%), between the ages of 25-29 (~66%), neither married nor in a de facto relationship (~55%) and with no dependents (~90%).

Trainees are fairly inflexible when choosing their specialty of choice. Over 33% chose only one specialty and 70% choose 3 or less specialties that they are willing to pursue.

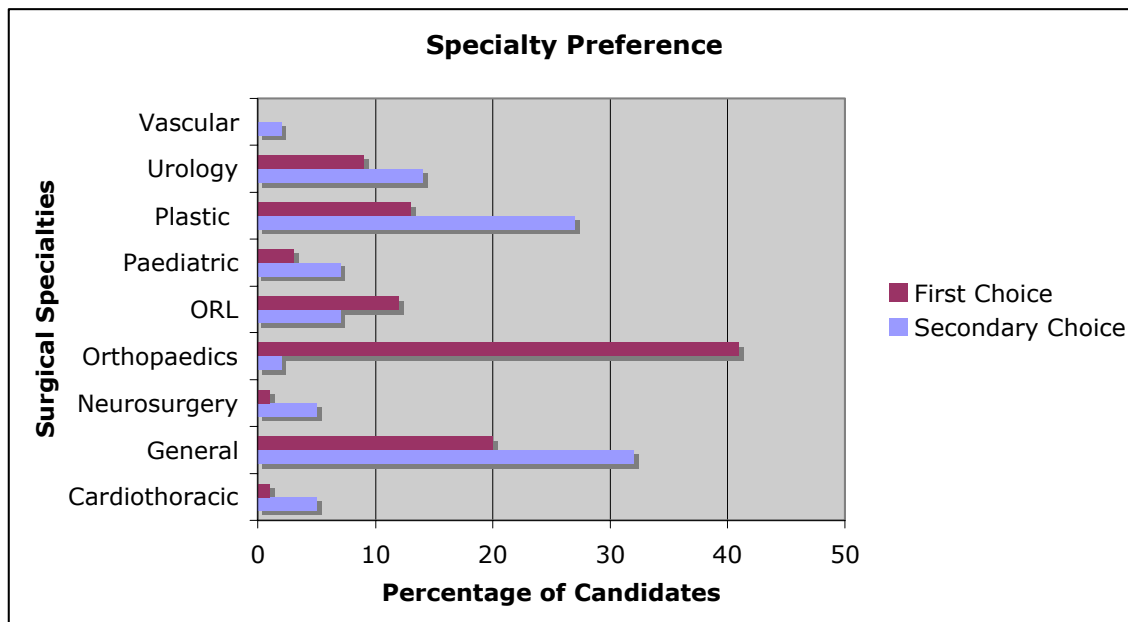


Fig 1. Specialty Preference Graph

Orthopaedic Surgery is currently the most popular first choice specialty for NZ BSTs, accounting for over 40% of respondents. However, there is a marked decline for it as a second choice. In contrast, General Surgery increases its popularity as a second choice, accounting for approximately 33% of BSTs. This raises the question as to whether basic trainees perceive the General Surgical training scheme as a gateway into other specialties, such as Plastic Surgery. Approximately 66% felt that this was not the case. Over 60% of basic trainees choose their primary specialty at a pre BST level (see Fig. 2).

Less than 25% of BST3s and above had applied for SST. Incredibly, 0% of BST3s who responded to this survey had previously applied to SST. Of the candidates that had applied, 45% applied to Orthopaedics, 27% to ORL and 18% to Plastic Surgery. Of these candidates only 25% applied to more than one specialty. Although all candidates received feedback from their SST applications only 66% found the feedback to be constructive. If not chosen for their surgical specialty, 33% were willing to pursue their careers overseas, while 33% were willing to leave medicine entirely.

In summary, we have a young, mobile workforce who have pre-selected their surgical specialty of choice, and are willing to leave the NZ medical workforce if not successful. Candidates are not applying in their second year of training. This could be related to BSTs not completing their requirements in time. One candidate felt that the “BST requirements are designed for Australian BSTs as they are able to get short ICU/HDU rotations which are generally not available in NZ”. Another explanation is that NZ

Surgical Specialties such as Orthopaedics, ORL and Plastic Surgery may prefer their candidates with a bit more surgical experience.

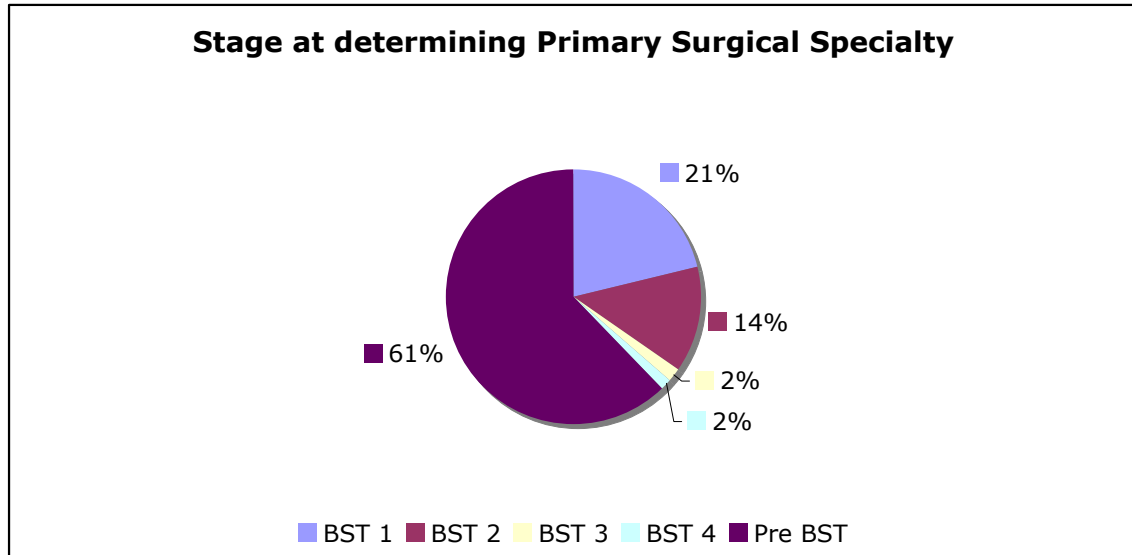


Fig. 2 Stage at determining Primary Surgical Specialty Graph

The College is now planning to introduce Integrated Surgical Training and scrap the BST scheme by 2007/8. This is a huge challenge for the College, especially RACSTA, as there were a lot of disheartened and dissatisfied BSTs when the last major structural change to surgical training was made, that is, the introduction of the BST scheme.

The final part of the BEAST survey focuses on what trainees felt about the various roles and structures of RACS. It also looks at prioritising the key issues for basic trainees for RACSTA. However, we are waiting for our Australian counterparts to compare our results to gain a more united view on these points.

I would like to thank Dawn Sutton at the Wellington branch of RACS for her help in administering the survey to all the NZ BSTs. Finally, congratulations to Dr Joanna Glengarry, who was the winner of the Apple iPod Nano for completing the BEAST survey.