

# TRAINEE SURVEY 2016

Dr Jubin Joseph

**BJCA Secretary**

Dr Abhishek Joshi

**Communications Officer**

Dr Afzal Sohaib

**BJCA President**



Conflicts of Interest: None

# BACKGROUND & AIMS

- Eleven surveys since 2004
- Designed by trainees
- Measures trends in training *and* opinions of trainees
- Open to all doctors at registrar level
  - NTN & non-NTN holders
  - OOP trainees



# DEMOGRAPHICS

- 461 responses
  - 93.4% of respondents NTN holders
  - 64% of all NTN holders (431/678)
  - 50% of all BJCA members (461/919)
- 75% male - 24% female
- 79% UK trained - 6% EEA - 15% overseas
- Median year for training landmarks (Quartiles 1-3)
  - Start of Training: 2012 (2010-2014)
  - Expected CCT year: 2018 (2017-2020)



# REGIONAL RESPONSES



Region	Responses (NTNs)
East of England	41
London - NW	38
London - NE	36
London - S	34
Scotland	34
Northern	32
Yorkshire & Humber	32
Wales	31
North Western	26
Oxford	22
Wessex	21
West Midlands	21
Peninsula	15
East Midlands	13
Mersey	12
KSS	10
Northern Ireland	7
Severn	4



# FOCUS FOR 2016

- Career Intentions
- Local structure of training
- Patterns of work
- Assessments
- Procedural Training
- Adult Congenital Heart Disease Training
- Less Than Full Time Training
- Advanced Imaging Training



# FOCUS FOR 2016

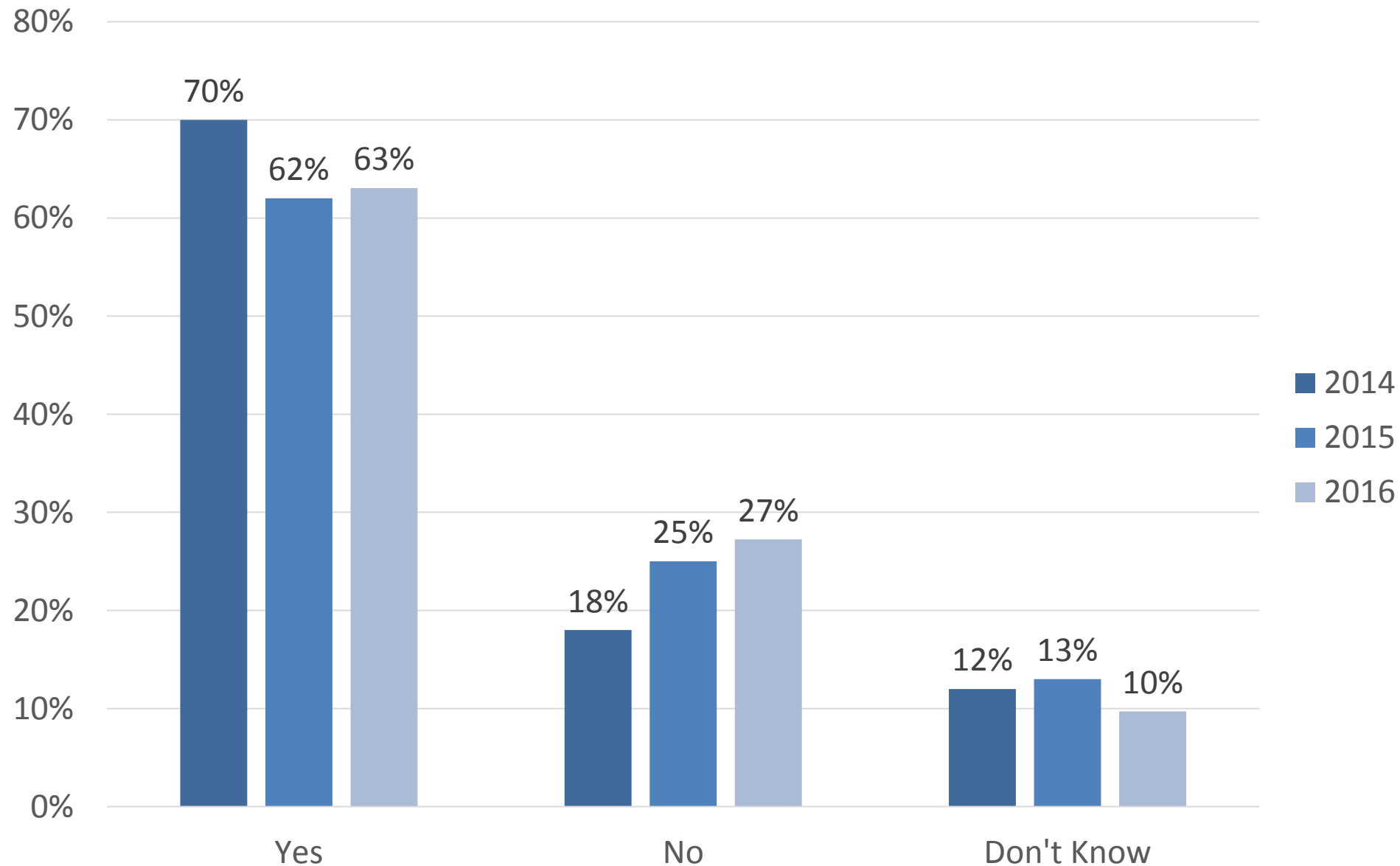
- Career Intentions
- Local structure of training
- Patterns of work
- Assessments
- Procedural Training
- **Adult Congenital Heart Disease Training**
- **Less Than Full Time Training**
- **Advanced Imaging Training**



# CAREER INTENTIONS

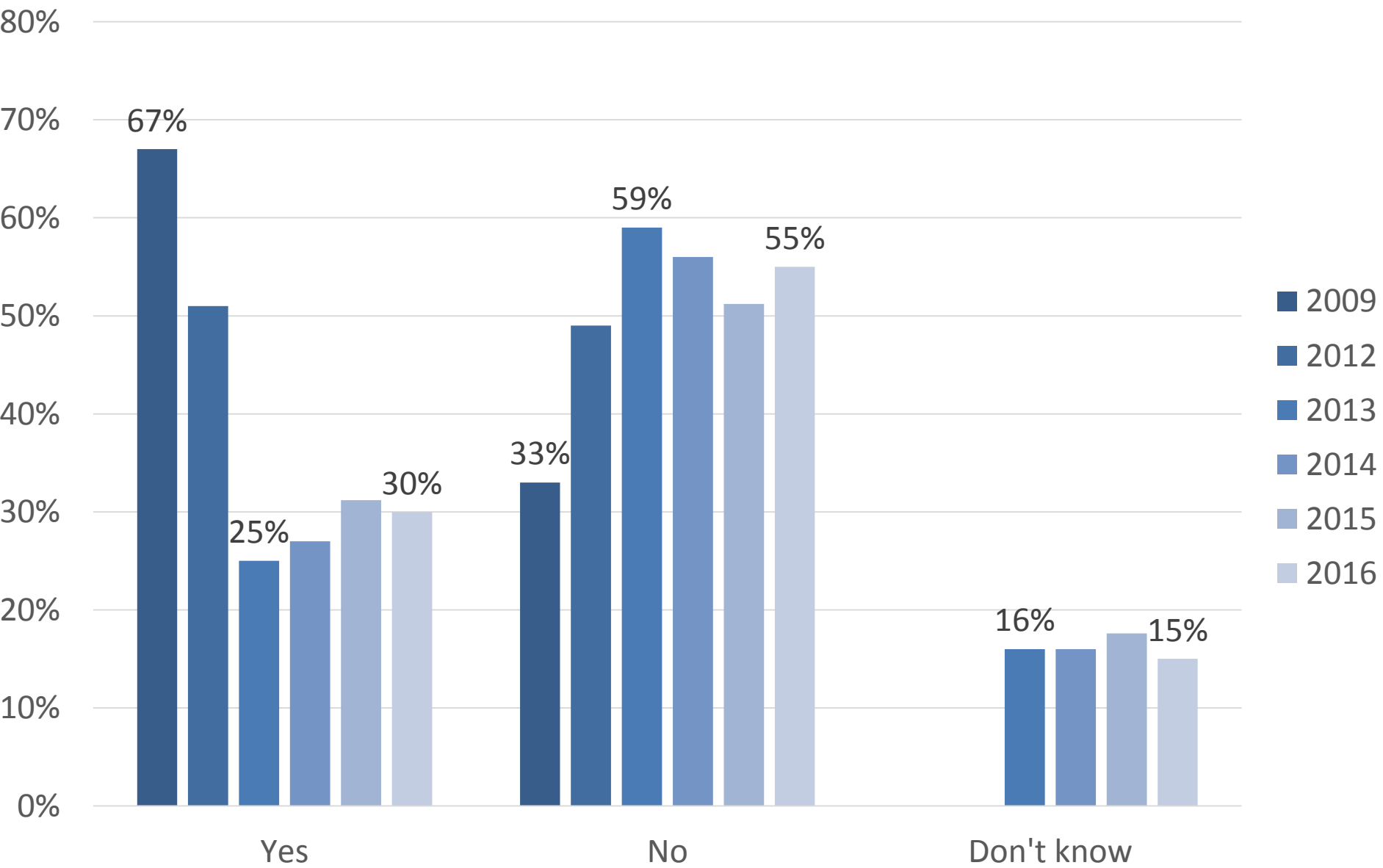


# ARE REQUIREMENTS FOR GIM DIFFICULT TO ACHIEVE FOR CARDIOLOGY TRAINEES?

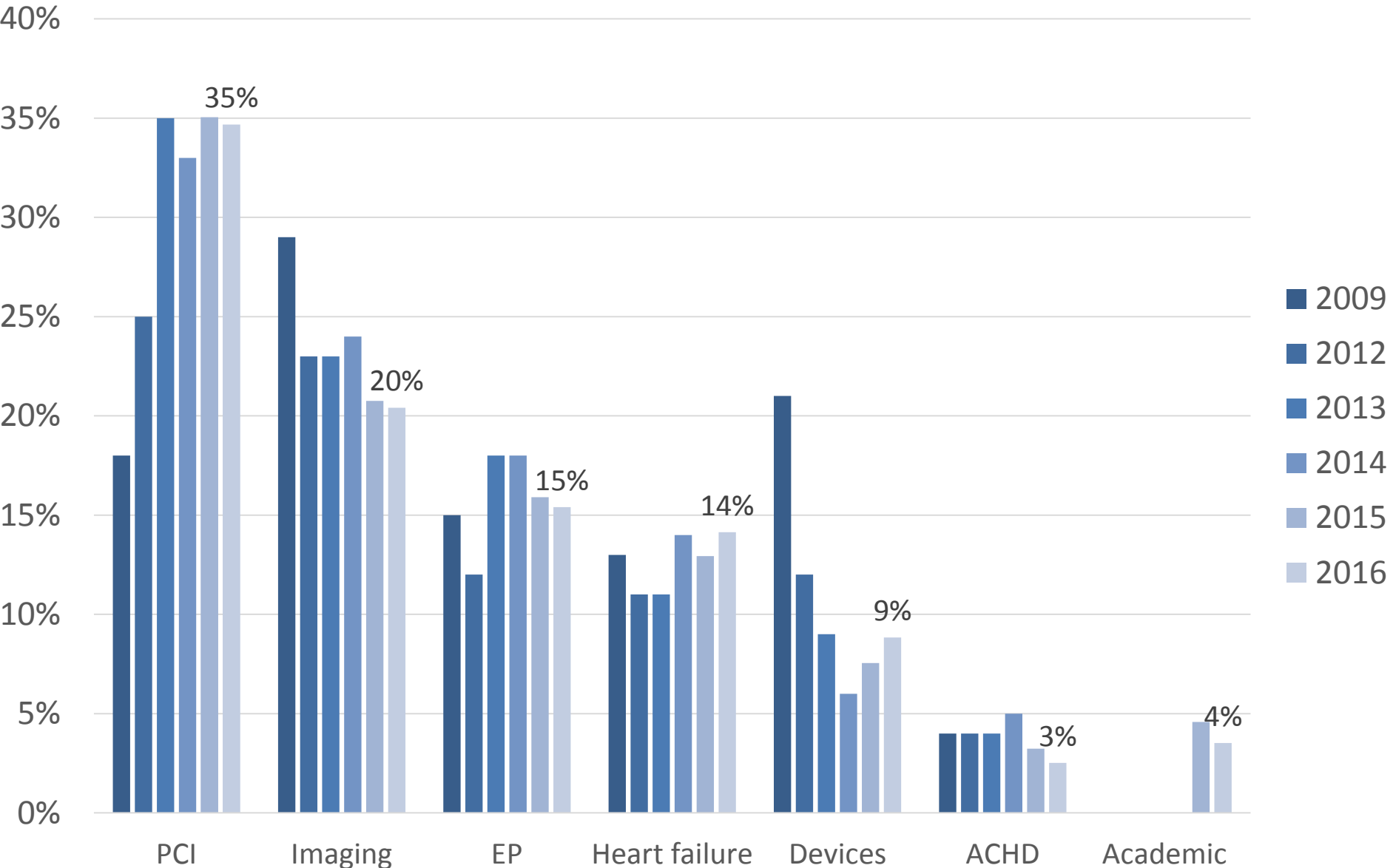




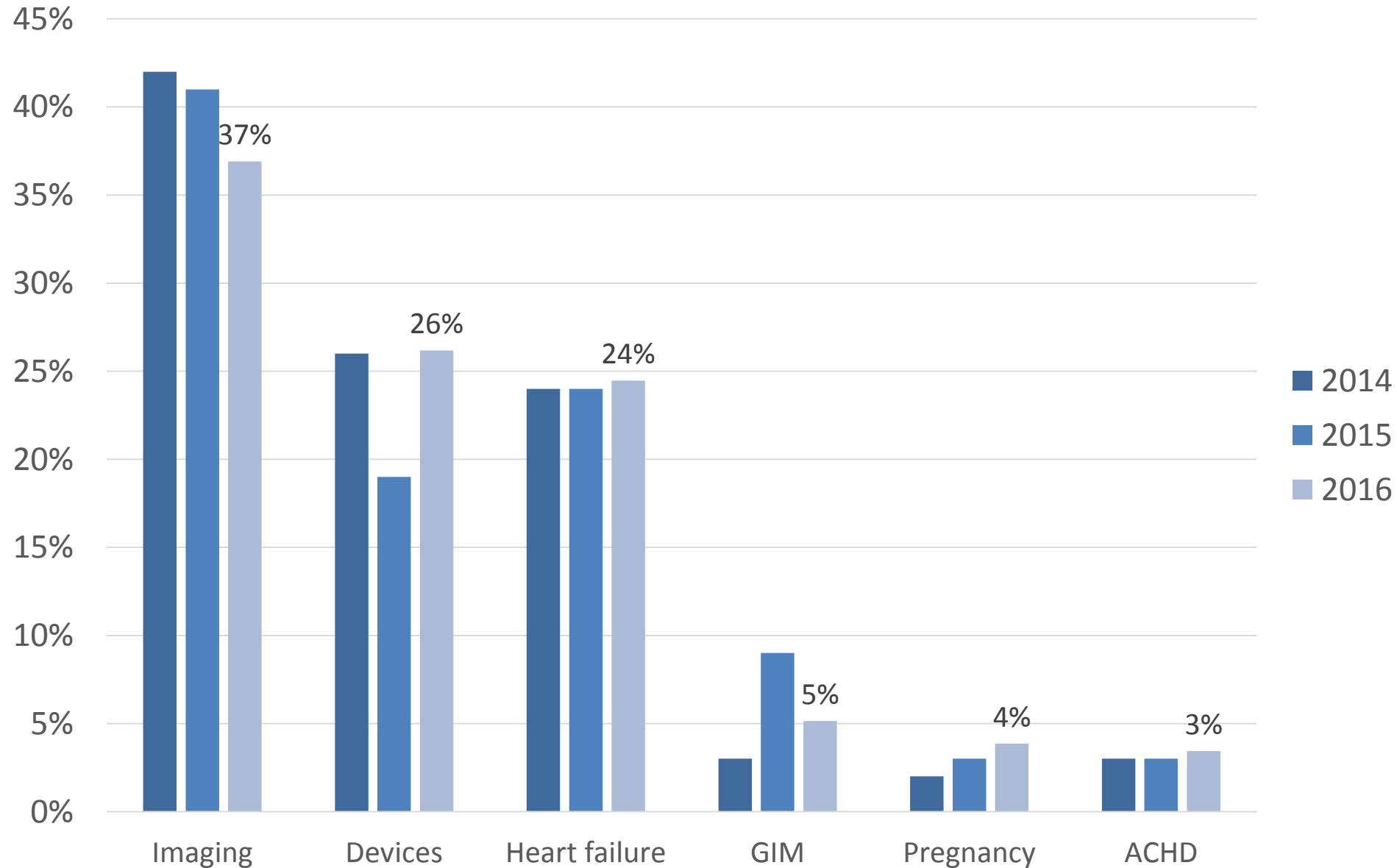
# ARE YOU PLANNING TO DUAL ACCREDIT IN GENERAL MEDICINE?



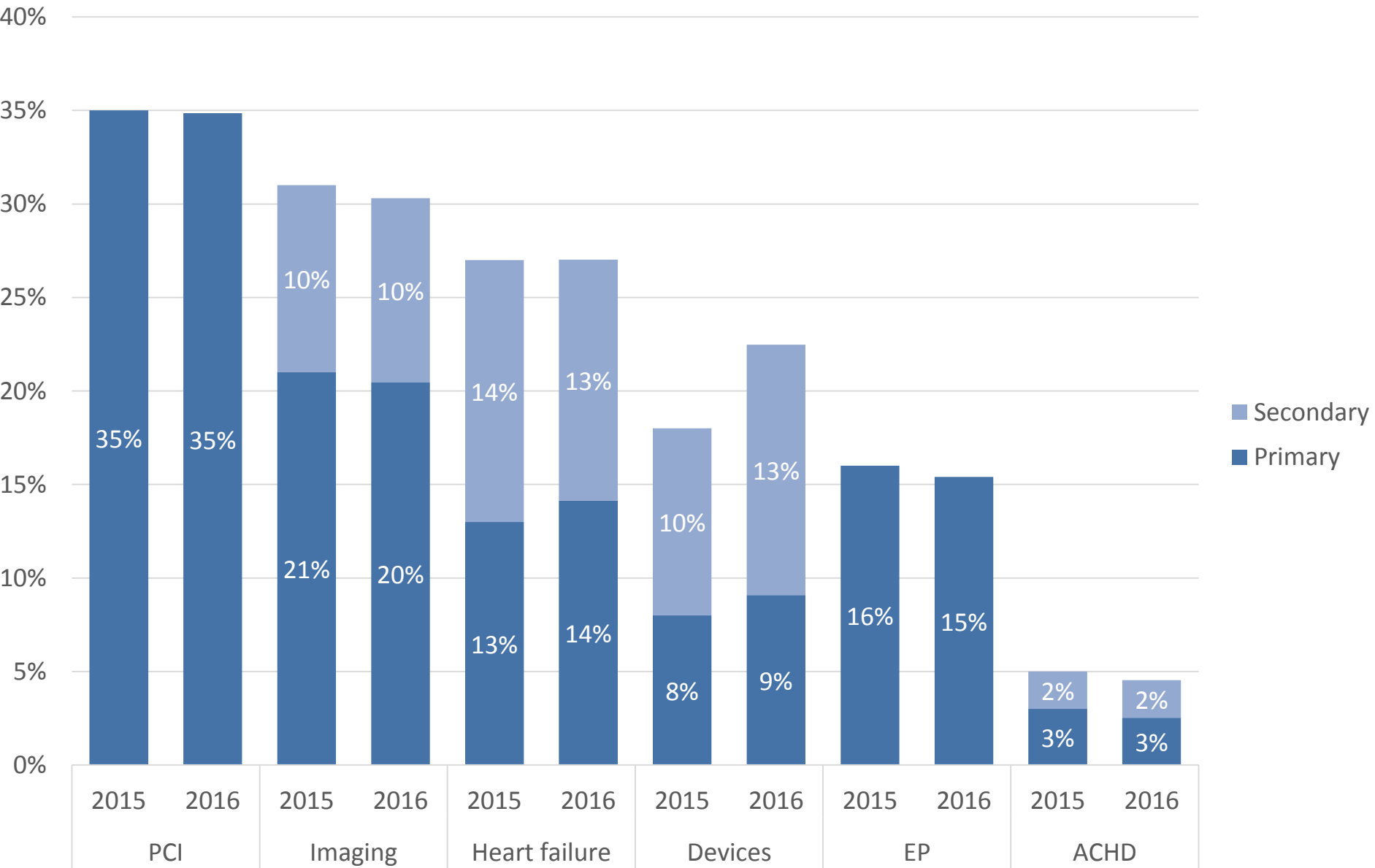
# WHAT IS YOUR CURRENT FIRST CHOICE AREA FOR ADVANCED MODULAR TRAINING?



# IF YOU CHOSE HF, DEVICES OR IMAGING; PLANNED OTHER UNITS?



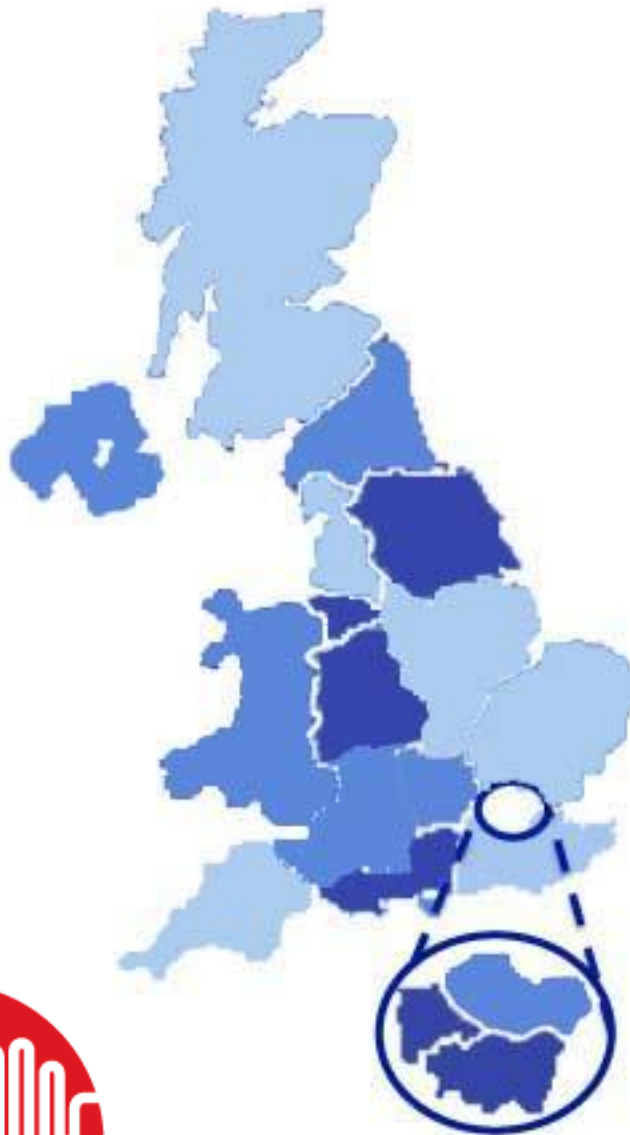
# OVERALL SUBSPECIALTY PREFERENCES FOR BOTH PRIMARY & SECONDARY INTERESTS



# LOCAL TRAINING



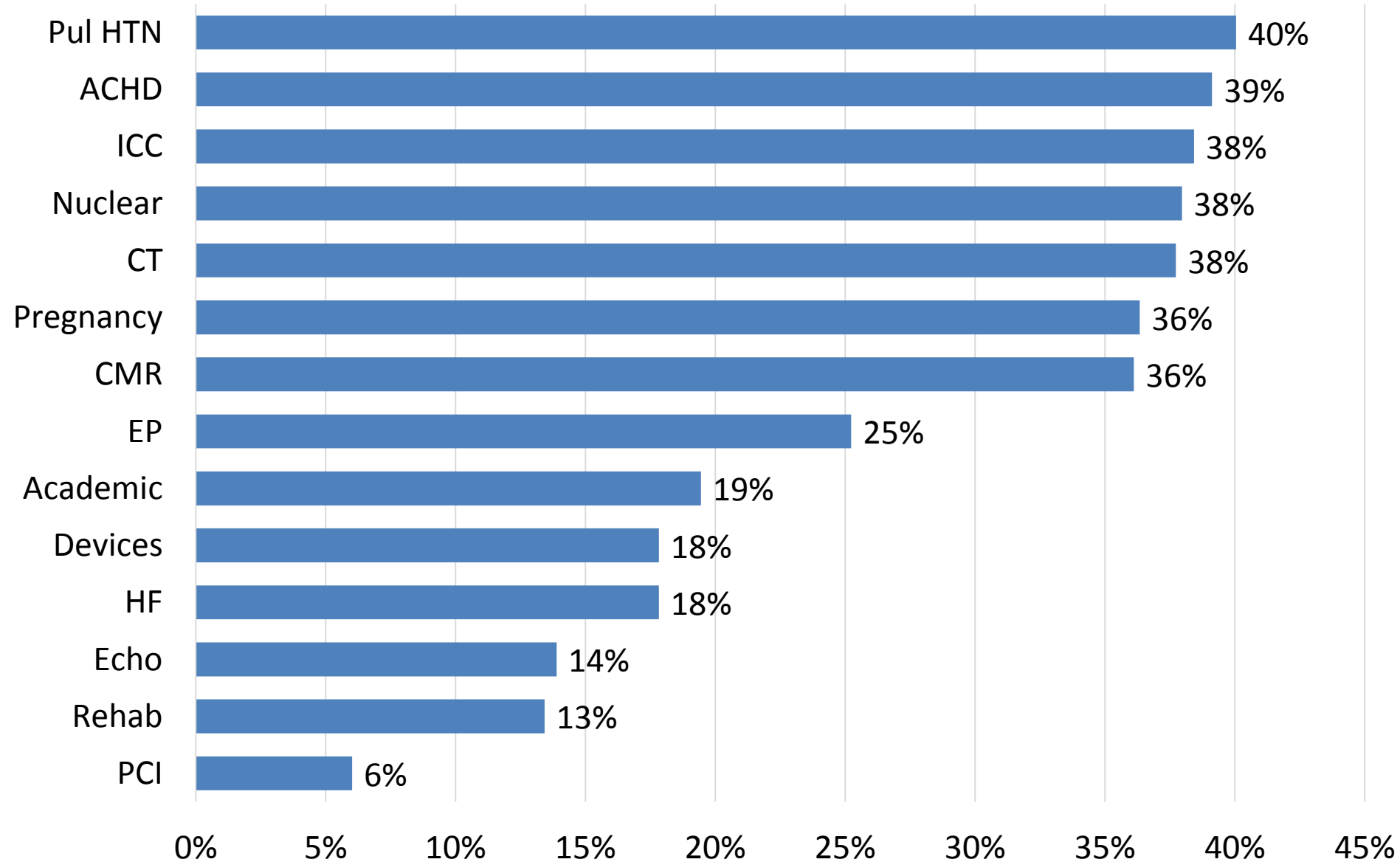
# WOULD YOU RECOMMEND YOUR DEANERY TO POTENTIAL CARDIOLOGY TRAINEES AT ST3?



Region	2014	2015	2016
Severn	67%	57%	100%
Northern	94%	83%	92%
Mersey	100%	93%	92%
West Midlands	86%	73%	90%
Wessex	76%	64%	90%
Wales	69%	74%	89%
London - NE	94%	94%	88%
London - S	81%	89%	81%
Yorkshire & Humber	82%	79%	81%
Oxford	30%	52%	76%
Peninsula	70%	75%	69%
Scotland	62%	58%	69%
London - NW	85%	78%	67%
Northern Ireland	50%	54%	67%
East Midlands	88%	63%	62%
KSS	60%	82%	63%
East of England	56%	73%	58%
North Western	57%	48%	50%



# WHICH CURRICULUM AREAS DID YOU FIND DIFFICULTY IN ACCESSING AT ST3-5 LEVEL?



# WHICH CURRICULUM AREAS DID YOU FIND DIFFICULTY IN ACCESSING AT ST3-5 LEVEL?

	PCI	CMR	CT	Nuclear	Echo	EP	HF	Devices	ACHD	Acad.	ICC	Preg.	PH	Rehab
East of England	7%	56%	44%	46%	29%	27%	22%	22%	41%	15%	39%	32%	29%	10%
East Midlands	8%	15%	62%	38%	8%	38%	31%	23%	38%	38%	46%	23%	54%	0%
KSS	10%	40%	30%	30%	20%	10%	20%	10%	30%	50%	40%	60%	40%	10%
NE Thames	6%	17%	31%	39%	11%	14%	0%	14%	33%	17%	19%	33%	39%	17%
NW Thames	11%	21%	24%	42%	26%	37%	3%	32%	21%	3%	34%	47%	16%	18%
S Thames	0%	29%	32%	59%	12%	21%	12%	21%	50%	12%	41%	44%	35%	15%
Mersey	8%	33%	17%	42%	0%	33%	25%	8%	75%	33%	25%	67%	83%	17%
North Western	8%	54%	69%	46%	27%	42%	23%	15%	46%	27%	50%	42%	50%	15%
Northern	3%	22%	13%	28%	6%	6%	9%	16%	34%	22%	31%	22%	22%	9%
Northern Ireland	0%	29%	57%	29%	86%	29%	14%	29%	57%	43%	43%	57%	57%	14%
Oxford	14%	18%	18%	23%	0%	32%	50%	5%	45%	14%	41%	36%	59%	23%
Scotland	6%	41%	47%	35%	9%	35%	29%	32%	53%	6%	44%	38%	50%	21%
Severn	0%	50%	50%	50%	0%	50%	25%	25%	50%	50%	100%	25%	25%	0%
Peninsula	7%	20%	33%	47%	7%	47%	33%	20%	47%	20%	33%	33%	47%	7%
Wales	6%	81%	74%	29%	6%	29%	3%	10%	45%	39%	39%	39%	32%	6%
Wessex	5%	57%	43%	71%	5%	24%	19%	10%	14%	38%	62%	19%	48%	14%
West Midlands	10%	29%	24%	14%	10%	10%	19%	29%	48%	14%	43%	38%	43%	10%
Yorkshire & Humber	0%	34%	38%	13%	16%	9%	16%	9%	16%	6%	25%	31%	41%	9%



# WHICH CURRICULUM AREAS DID YOU FIND DIFFICULTY IN ACCESSING AT ST3-5 LEVEL?

	PCI	CMR	CT	Nuclear	Echo	EP	HF	Devices	ACHD	Acad.	ICC	Preg.	PH	Rehab
East of England	3%	1%	-1%	-3%	-15%	2%	-8%	2%	11%	4%	-15%	-13%	0%	-5%
East Midlands	-8%	2%	8%	-12%	5%	-21%	-9%	-6%	-16%	-16%	-29%	-10%	-41%	0%
KSS	8%	15%	6%	25%	-2%	8%	-11%	-10%	25%	-14%	-13%	-5%	-4%	-10%
NE Thames	-1%	-2%	-1%	-19%	14%	-9%	20%	-9%	2%	-7%	-4%	-28%	-19%	-17%
NW Thames	0%	6%	6%	-3%	-6%	-10%	-1%	-5%	-10%	2%	-9%	-22%	0%	-7%
S Thames	3%	13%	18%	5%	13%	15%	5%	-7%	6%	2%	-8%	-19%	7%	7%
Mersey	-1%	0%	-4%	5%	0%	7%	-12%	12%	-22%	7%	8%	-27%	-36%	-4%
North Western	1%	14%	-1%	18%	-13%	13%	0%	-10%	22%	5%	0%	8%	5%	-15%
Northern	-3%	11%	42%	-7%	7%	7%	4%	-8%	4%	16%	-2%	7%	-1%	12%
Northern Ireland	0%	2%	12%	25%	-24%	9%	17%	9%	-11%	-20%	-35%	5%	-26%	9%
Oxford	-1%	30%	30%	20%	9%	11%	7%	8%	12%	8%	-6%	7%	6%	7%
Scotland	1%	13%	-7%	14%	7%	-14%	1%	3%	-13%	5%	1%	7%	-1%	-5%
Severn	-25%	-32%	-18%	-4%	-11%	-4%	-21%	-7%	-4%	-18%	-54%	7%	-7%	4%
Peninsula	-13%	-16%	-40%	-9%	-13%	-42%	-7%	-27%	-20%	6%	-18%	-18%	-9%	-2%
Wales	0%	11%	-12%	3%	-10%	13%	9%	7%	12%	-12%	-2%	-7%	0%	0%
Wessex	-1%	-32%	-22%	-37%	-6%	-20%	-15%	-5%	3%	0%	-28%	11%	-13%	-2%
West Midlands	-10%	6%	-2%	-5%	3%	3%	-2%	-20%	-5%	12%	0%	1%	5%	7%
Yorkshire & Humber	10%	19%	13%	8%	1%	8%	7%	11%	14%	14%	8%	-4%	-21%	4%

# ARE YOU SATISFIED WITH DEANERY/REGIONAL ARRANGEMENTS FOR FORMAL TRAINING?



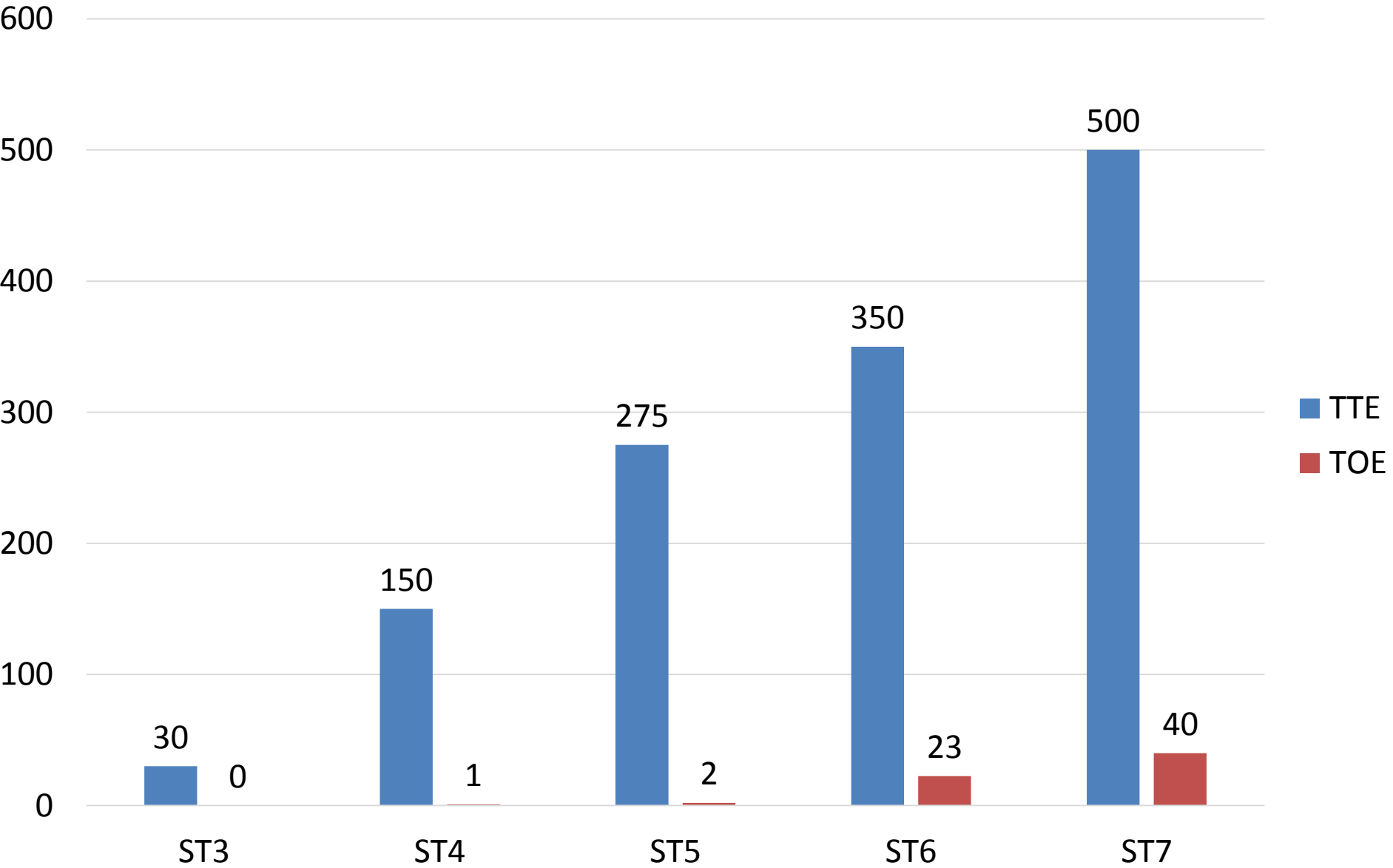
Region	Responses
Mersey	100%
Severn	100%
West Midlands	95%
London - S	82%
Wessex	81%
North Western	81%
Wales	74%
Peninsula	73%
KSS	70%
London - NW	69%
London - NE	68%
Northern	66%
East of England	63%
East Midlands	62%
Northern Ireland	57%
Yorkshire & Humber	56%
Oxford	41%
Scotland	26%



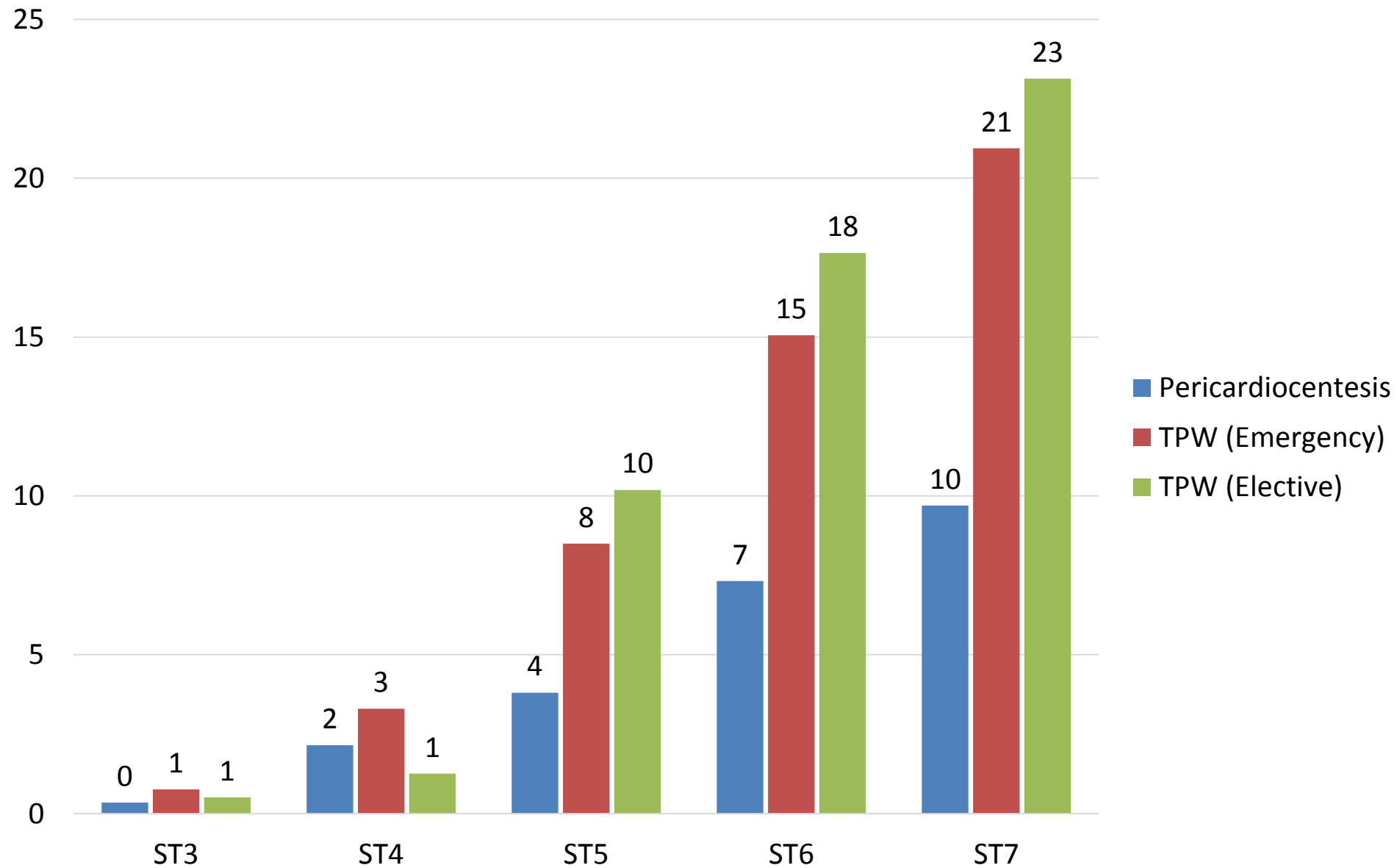
# PROCEDURAL TRAINING



# CUMULATIVE ECHOCARDIOGRAPHY NUMBERS PER YEAR OF TRAINING:



# CUMULATIVE PERICARDIOCENTESIS / TEMPORARY PACING EXPERIENCE:

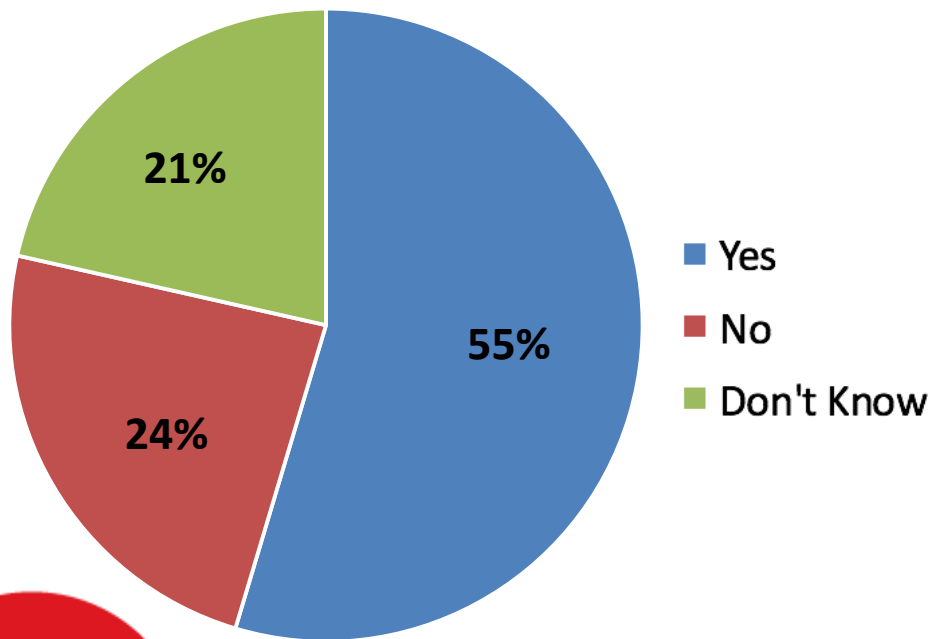


# ADULT CONGENITAL HEART DISEASE TRAINING

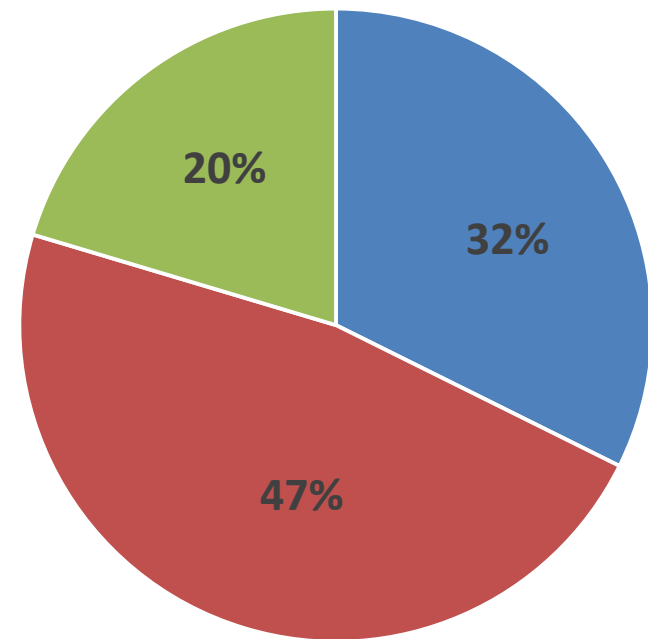


# ACHD TRAINING DURING CORE CARDIOLOGY (ST3- ST5) TRAINING:

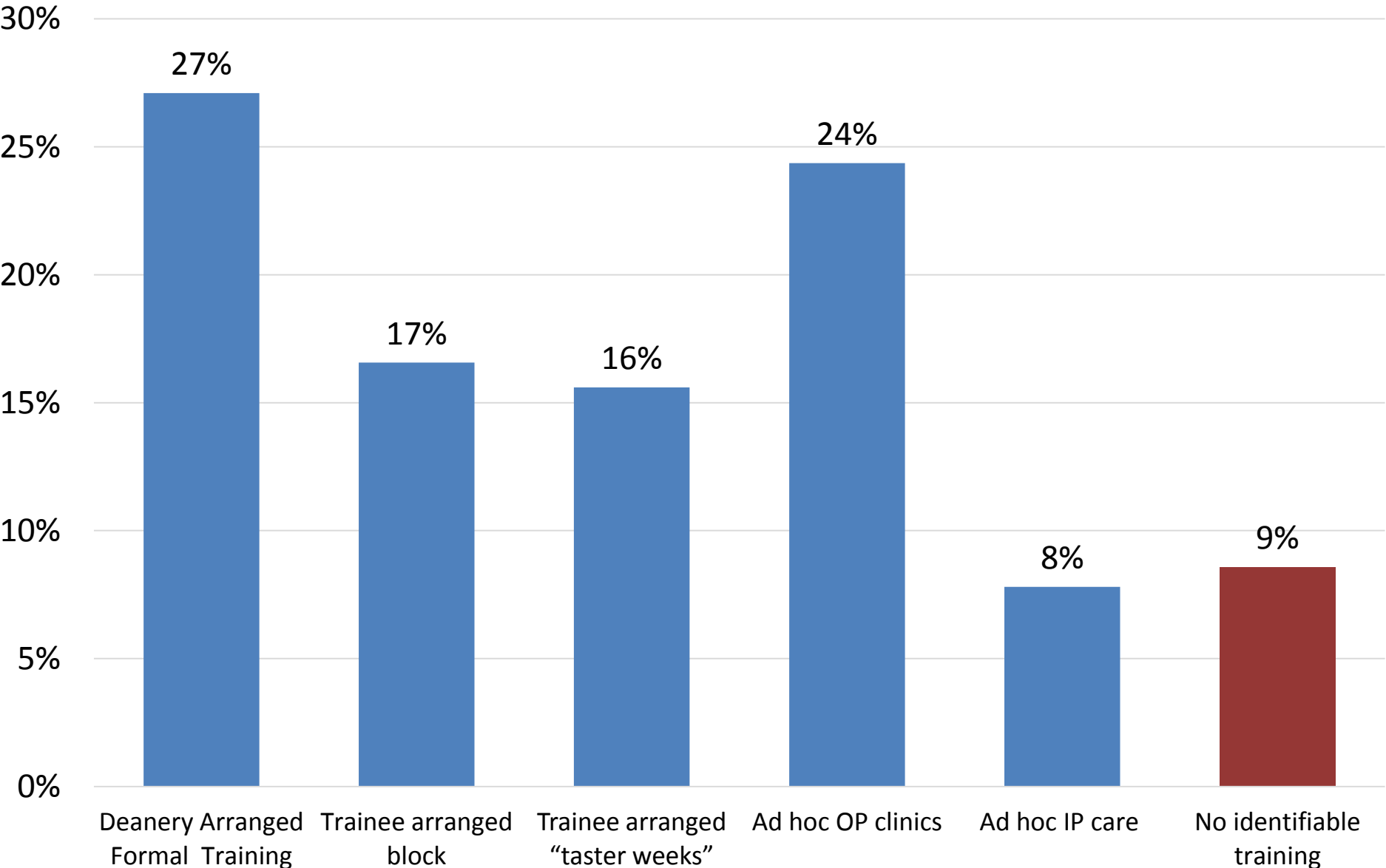
DO YOU HAVE ADEQUATE ACHD  
TRAINING OPPORTUNITIES TO  
FULFIL YOUR CURRICULAR  
REQUIREMENTS?



DO ALL CORE TRAINEES ROTATE  
THROUGH A SPECIALIST ACHD  
CENTRE?



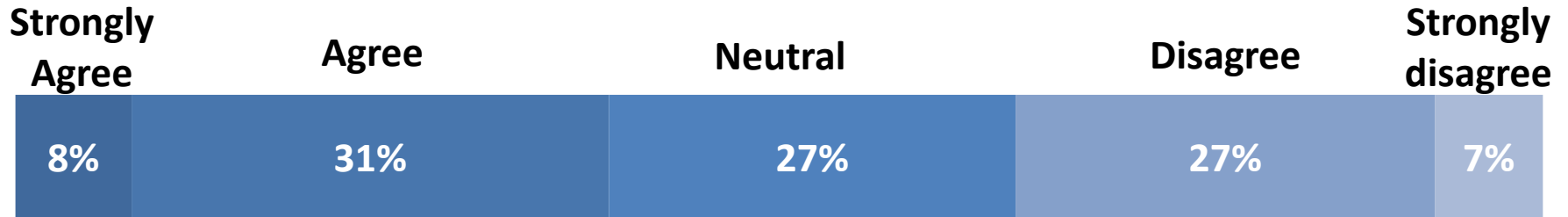
# HOW IS ACHD TRAINING DELIVERED IN YOUR DEANERY DURING ST3-5?



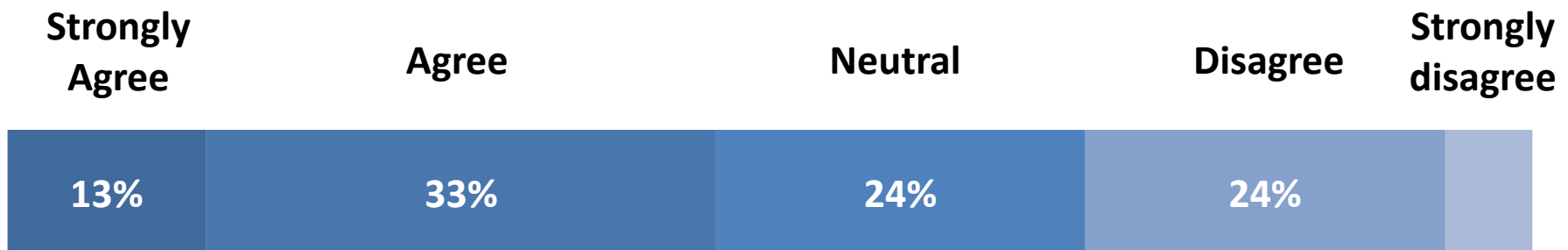


# EXPOSURE TO ACHD DURING CORE TRAINING:

*“I do not have enough information to make a decision on ACHD as a subspecialty choice”*



*“If I had earlier exposure to ACHD training, I may have considered is as a subspecialty area”*



# COMMENTS ON ACHD

## TRAINING:

- *“Excellent but this could be offered early during training to help decisions about career choice .”*
- *“Am just doing the block now and considering it for the first time! I may have thought about this earlier if I'd had earlier exposure”*
- *“Very variable within the deanery - if you do certain jobs, you'll get lots of GUCH, others you'll get almost none.”*



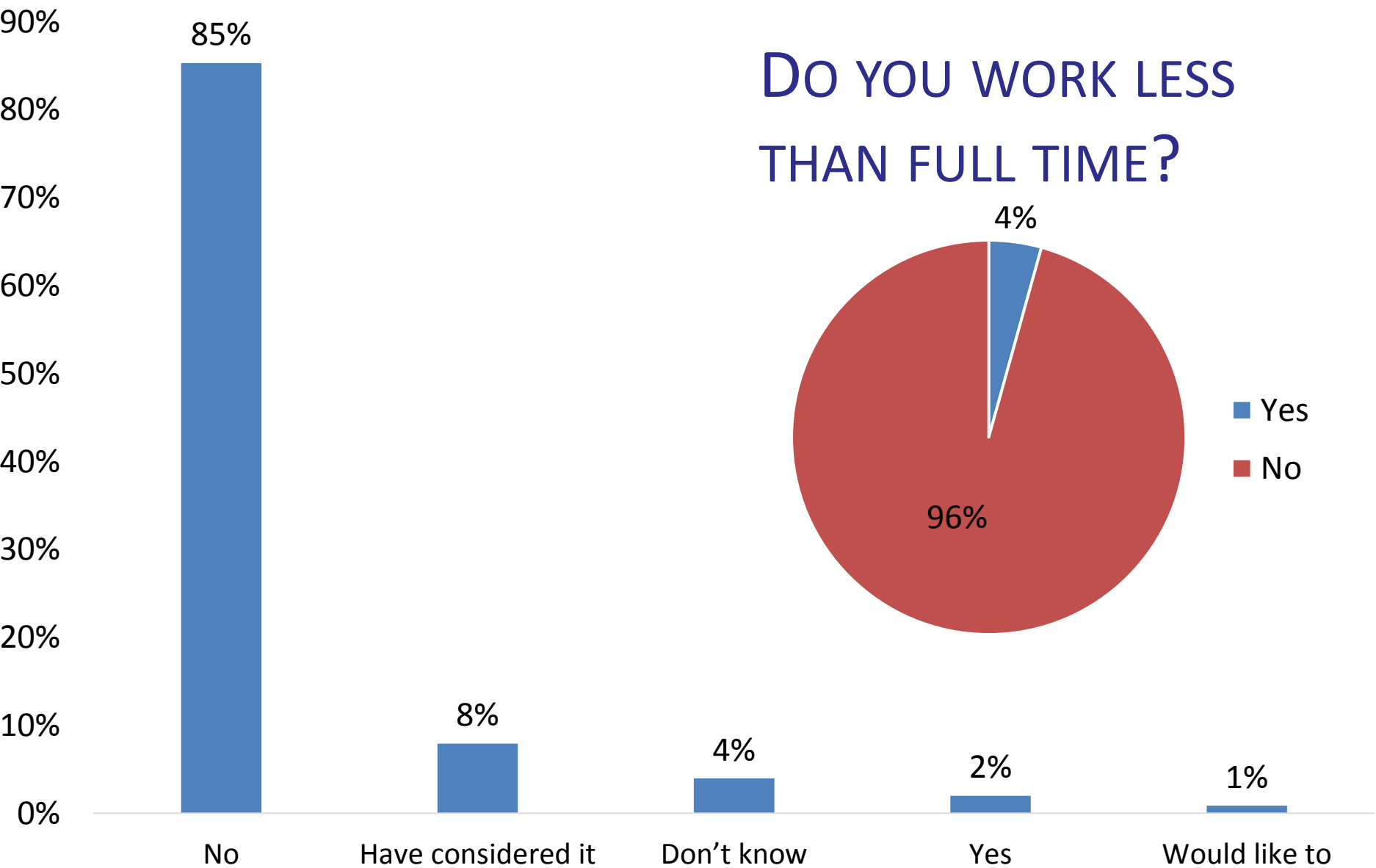
# LESS THAN FULL TIME TRAINING



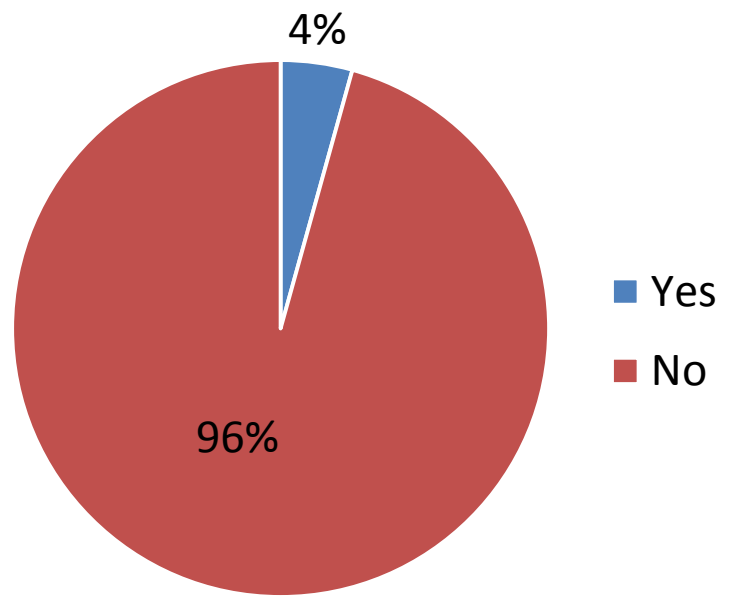
# INTENTIONS FOR LESS THAN FULL TIME



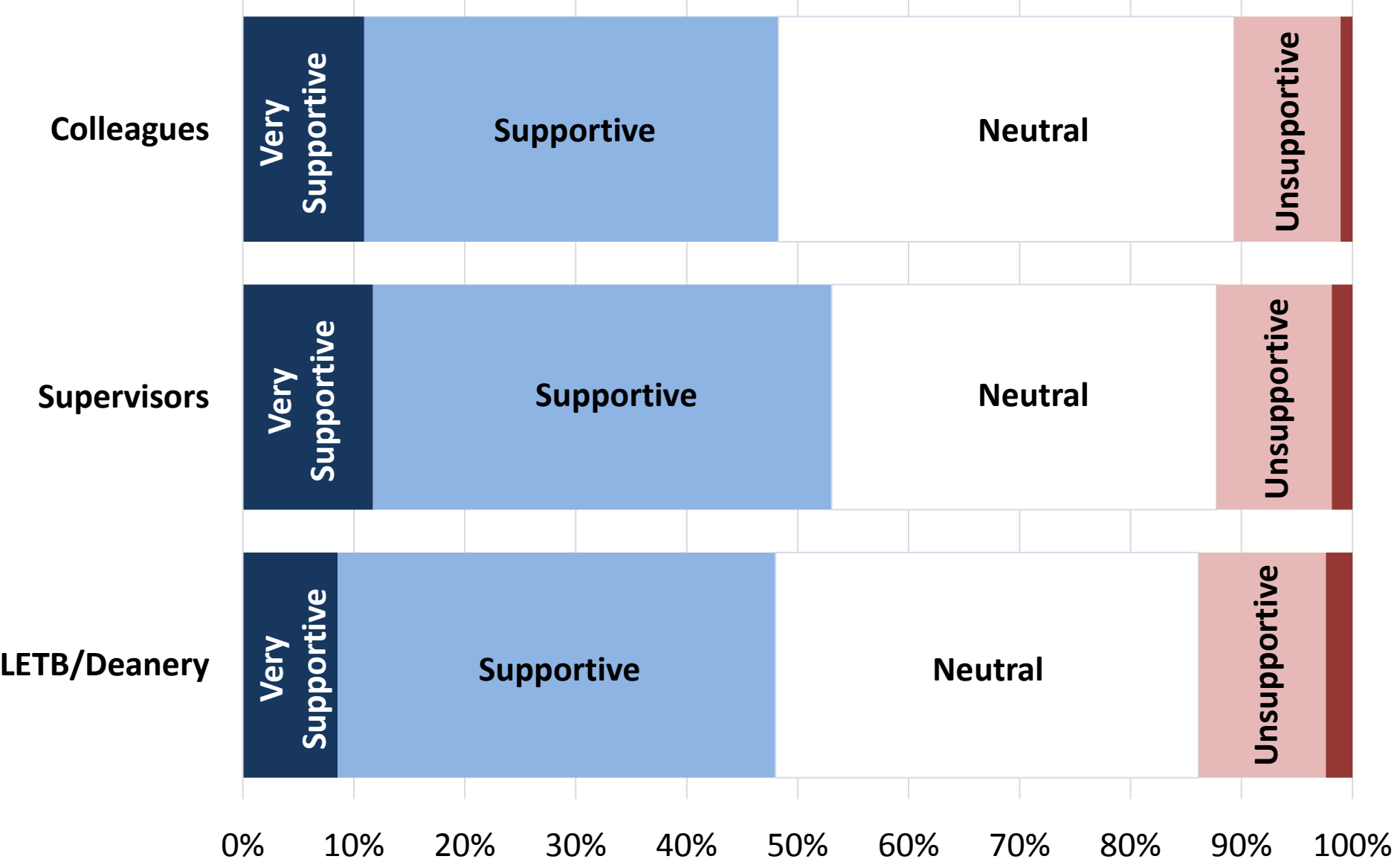
## TRAINING:



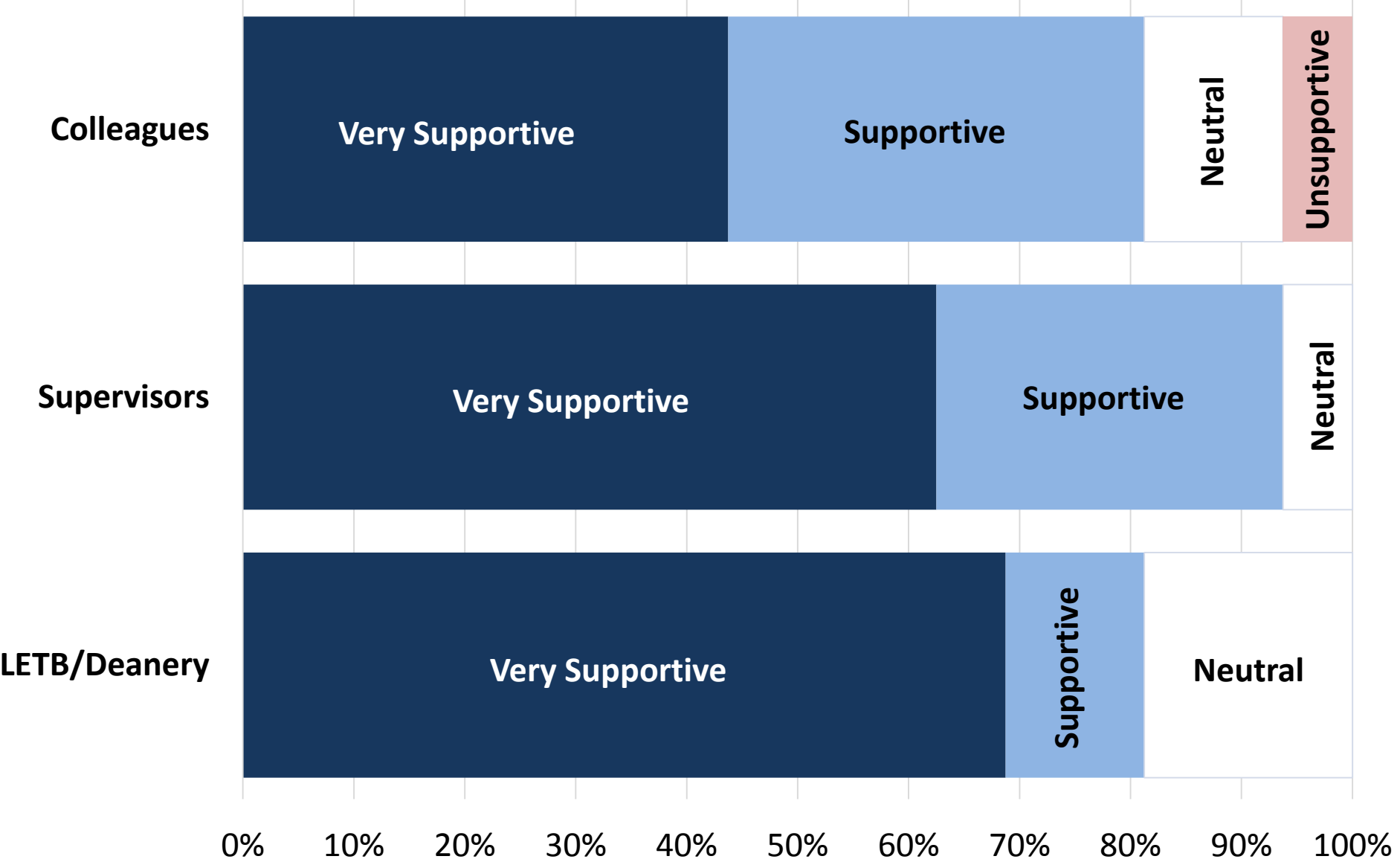
## DO YOU WORK LESS THAN FULL TIME?



# IF YOU WERE LTFT TRAINING, HOW SUPPORTIVE WOULD:

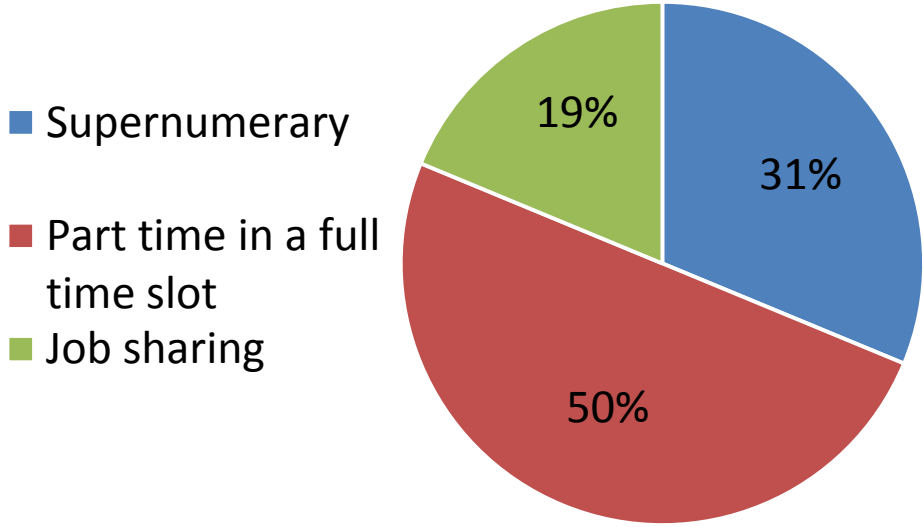


# IN LTFT TRAINING APPLICATION, HOW SUPPORTIVE WERE:

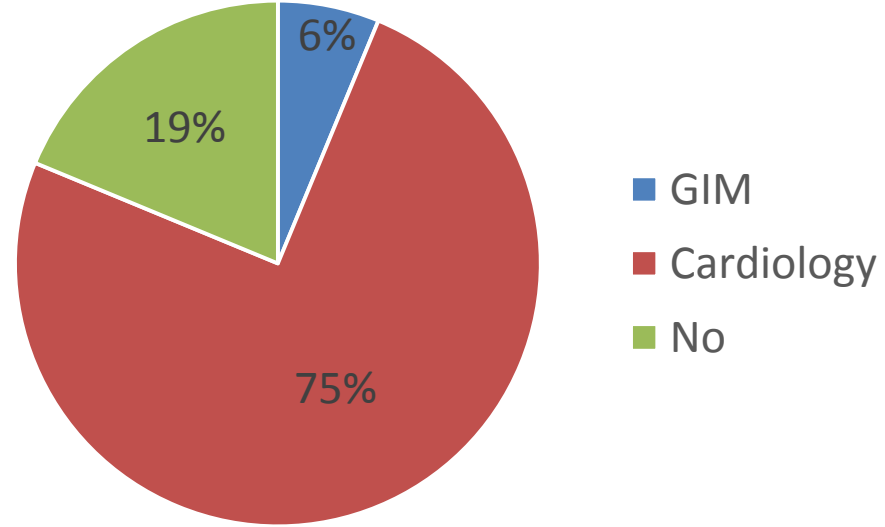


# LTFT WORKING PATTERNS

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR WORK PATTERN?



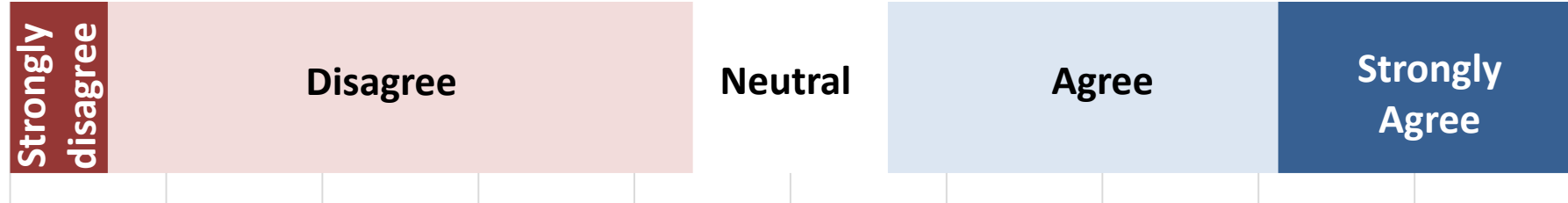
ARE YOU ON THE ON-CALL ROTA?



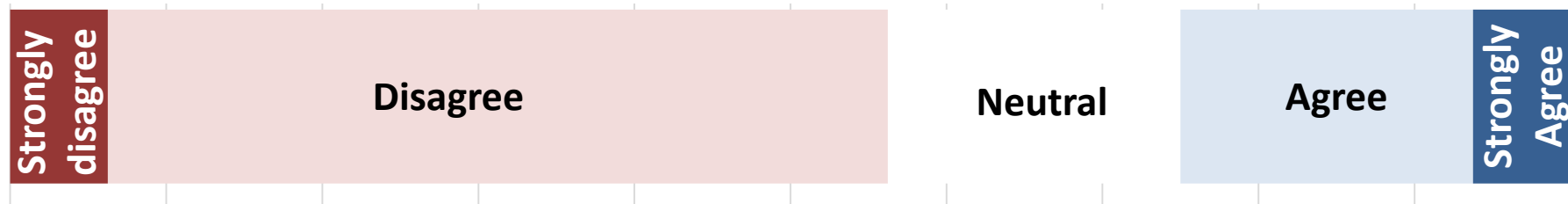
# PLEASE STATE YOUR OPINION WITH REGARDS TO THE FOLLOWING:



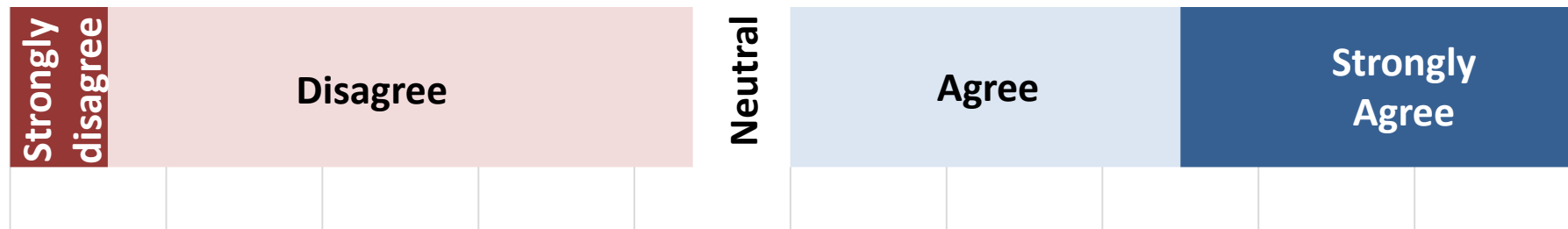
*"I have a strong mentor as a LTFT trainee"*



*"I have experienced discrimination as a LTFT trainee"*



*"I have equal access to training opportunities as a LTFT trainee"*



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



# COMMENTS ON LESS THAN FULL TIME TRAINING:

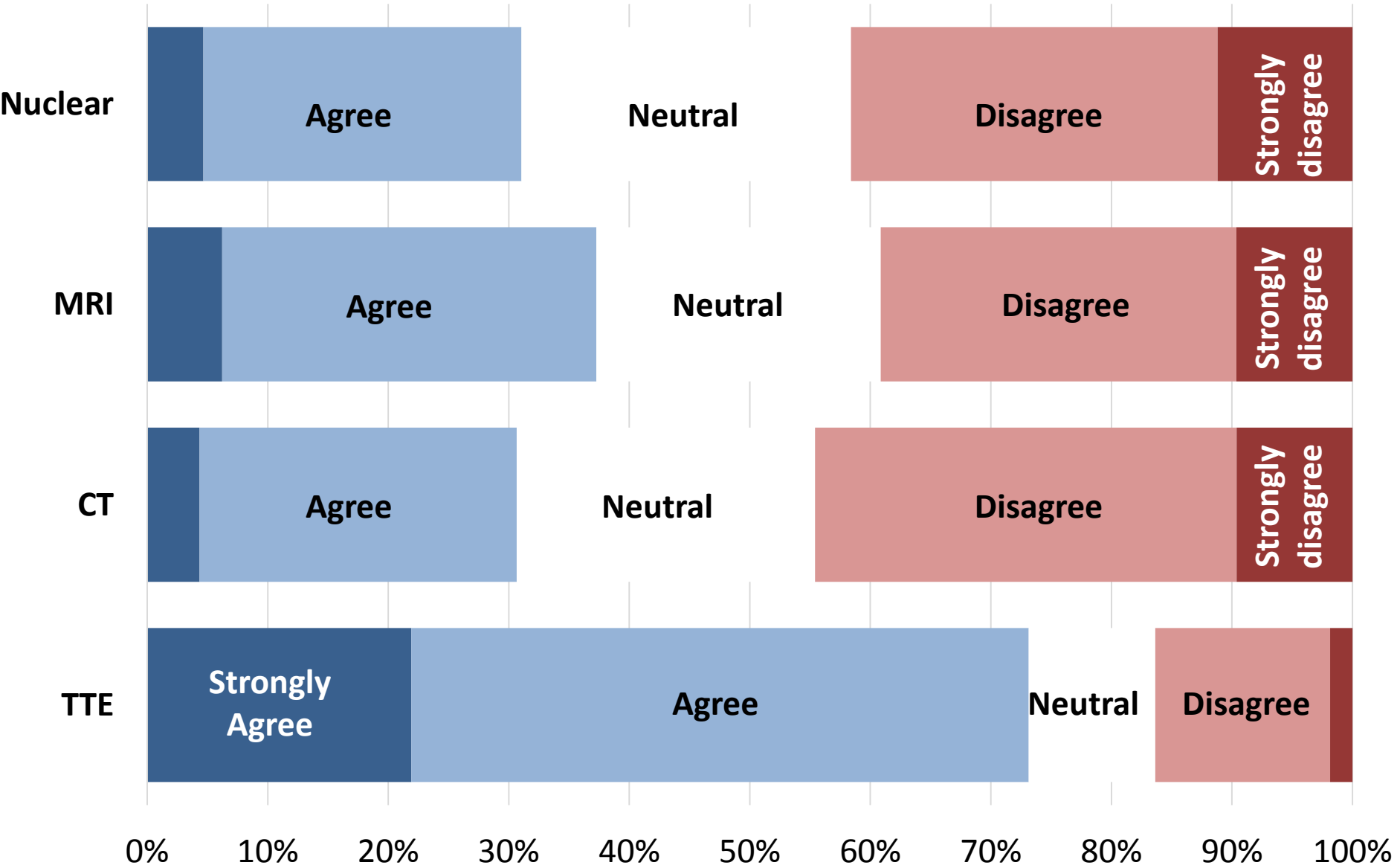
- *“I'm finding it particularly difficult due to cardiology being such a practical speciality.”*
- *“It's worked quite well, but I've missed out on continuity and ward patients. On call, clinics and lab sessions have been great.”*
- *“Get proportionally less training and have to dedicate my own time to make up for this.”*



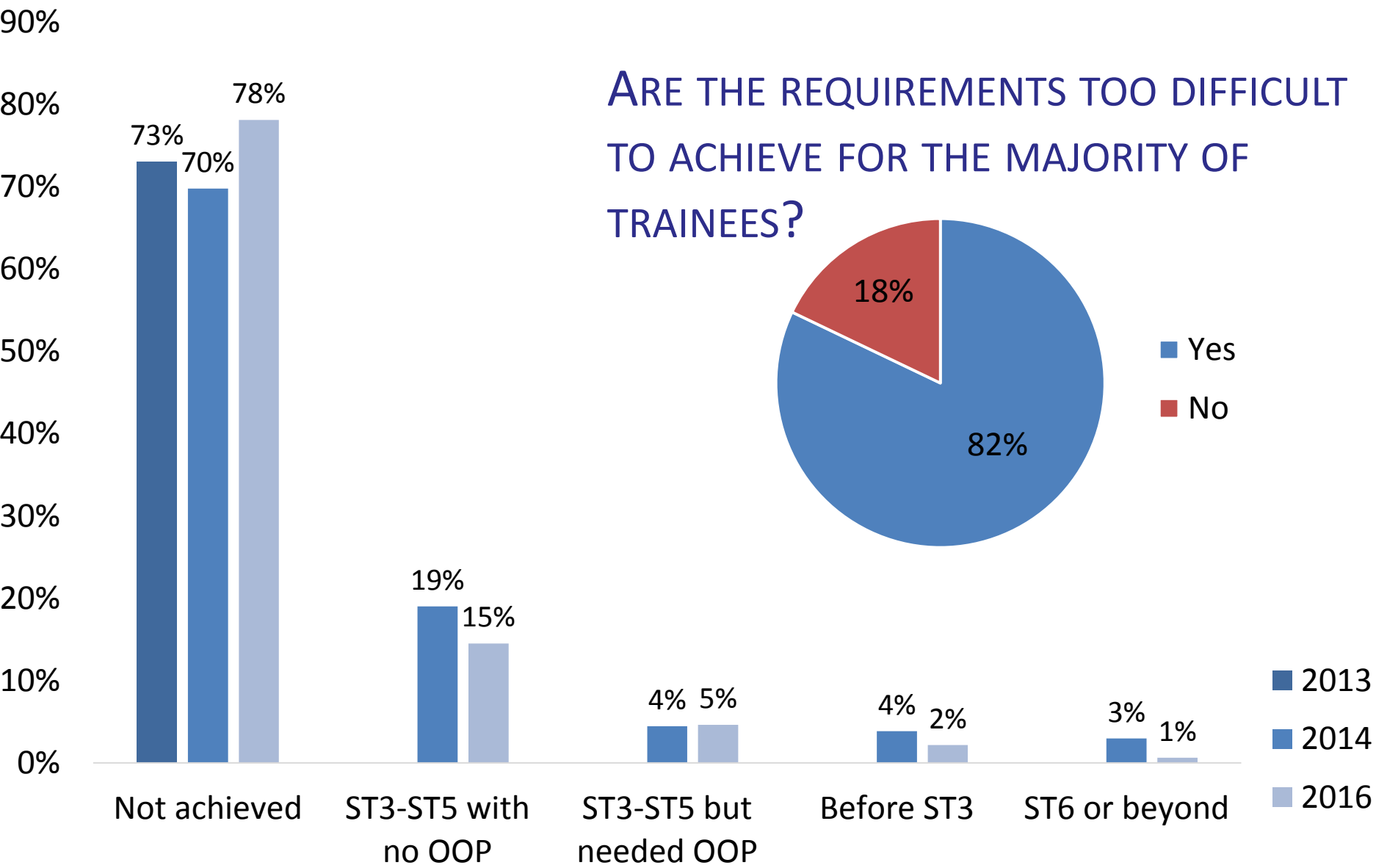
# IMAGING TRAINING



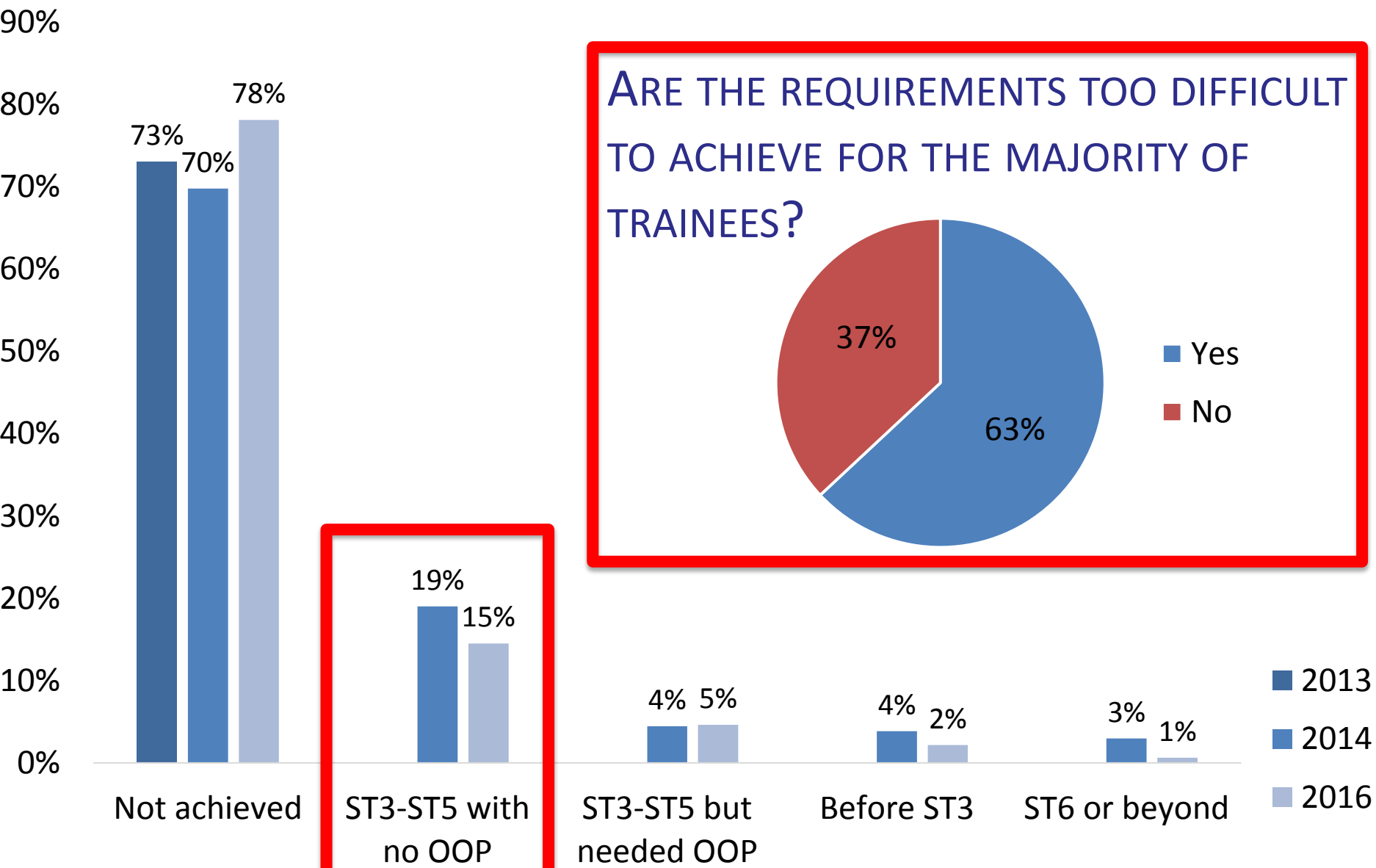
# I AM ABLE TO ACHIEVE MY CORE CURRICULAR REQUIREMENTS IN FOLLOWING MODALITIES:



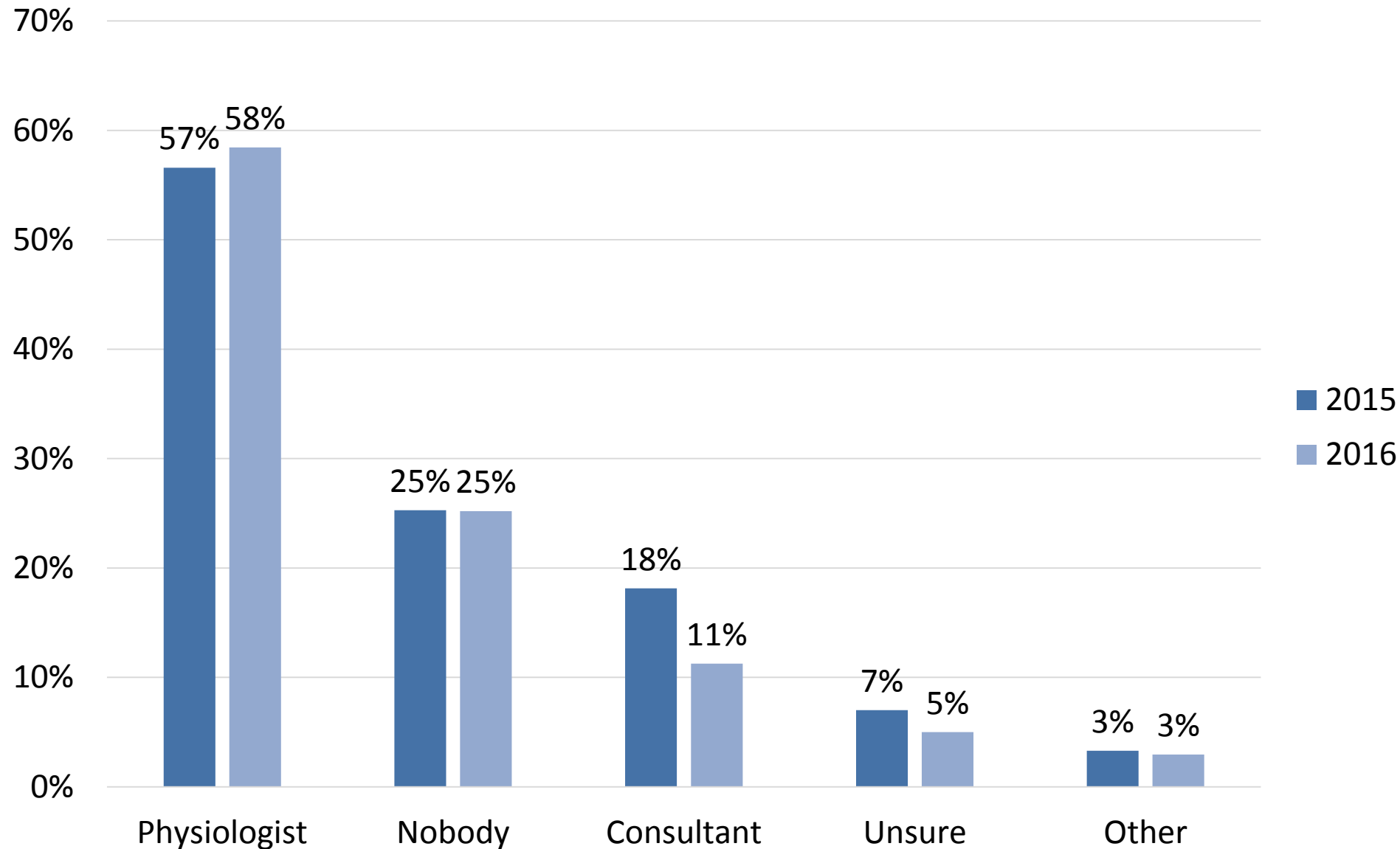
# IF YOU HAVE OBTAINED BSE TTE ACCREDITATION, WHEN DID YOU ACHIEVE IT?



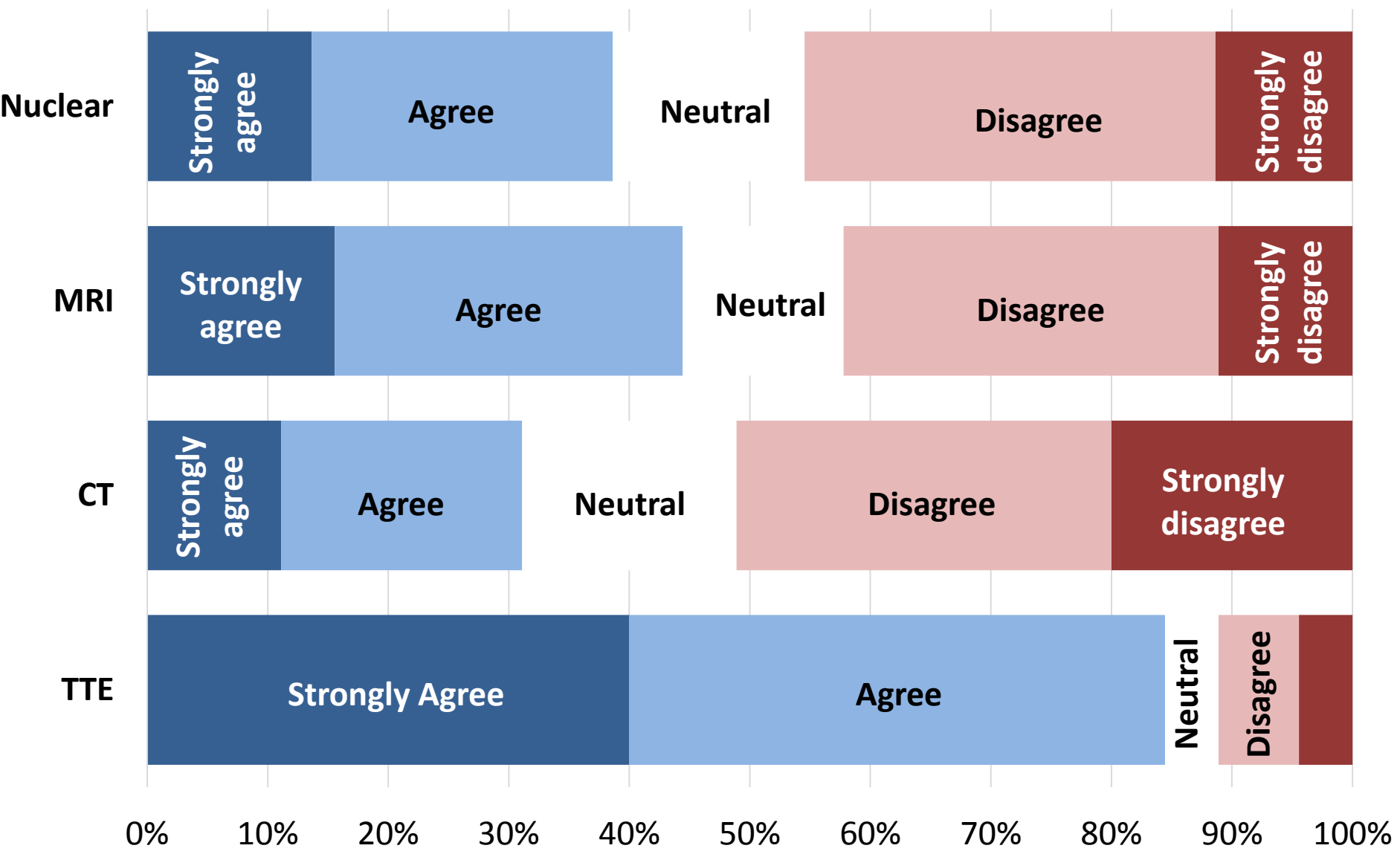
# IF YOU HAVE OBTAINED BSE TTE ACCREDITATION, WHEN DID YOU ACHIEVE IT?



# WHO IS RESPONSIBLE FOR DELIVERING YOUR HANDS-ON ECHO TRAINING?



# I HAD SUFFICIENT EXPERIENCE TO MAKE AN INFORMED DECISION ON MODULAR TRAINING:



# COMMENTS ON IMAGING MODALITY TRAINING FOR CORE TRAINEES:

- *“More structured training needed as at present relies of attending privately run courses and thus significant financial expenditure ”*
- *“Cannot be easily achieved in clinical setting but can now be achieved by attending training courses.”*
- *“Have to pay for courses to achieve core curricular requirements in cardiac CT and nuclear cardiology, which exceeds study leave budget for the year.”*





# SUMMARY

- PCI remains the most popular advanced module option amongst trainees
- Despite more flexible training options the majority of trainees are not intending to dual accredit with GIM
- Access to advanced imaging training has improved
  - commercial courses available designed to meet curricular requirements
- Trainees are reporting difficulty accessing training in more specialised areas: pulmonary hypertension and inherited cardiac conditions.



# SUMMARY

- The majority of trainees have access to dedicated ACHD training blocks/taster weeks
  - more trainees may consider advanced training if exposure earlier in training
- LTFT Training remains rare but the majority feel supported in the application process
  - LTFT trainees report lack of strong mentorship
- The majority of trainees are not obtaining BSE accreditation
  - thought to be too difficult to obtain during training



# ACKNOWLEDGMENTS

Ian Wilson

*Cardiology SAC*

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*Cardiology SAC*

Azeem Ahmad

*BCS*

Neil Smith

*BCS*

Rahul Mukherjee

*BJCA Member*

Andrew Cox

*BJCA Council*

BCS Training Committee & SAC

BJCA Deanery representatives

