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

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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?

- **Yes**: 70% (2014), 62% (2015), 63% (2016)
- **No**: 18% (2014), 25% (2015), 27% (2016)
- **Don't Know**: 12% (2014), 13% (2015), 10% (2016)
ARE YOU PLANNING TO DUAL ACCREDIT IN GENERAL MEDICINE?

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What is your current first choice area for advanced modular training?

- PCI: 35%
- Imaging: 20%
- EP: 15%
- Heart failure: 14%
- Devices: 9%
- ACHD: 3%
- Academic: 4%

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

- Imaging:(104,224),(849,616)
  - 2014: 37%
  - 2015: 26%
  - 2016: 24%

- Devices
  - 2014: 5%
  - 2015: 4%
  - 2016: 3%

- Heart failure
  - 2014: 0%
  - 2015: 5%
  - 2016: 10%

- GIM
  - 2014: 15%
  - 2015: 20%
  - 2016: 25%

- Pregnancy
  - 2014: 20%
  - 2015: 25%
  - 2016: 30%

- ACHD
  - 2014: 25%
  - 2015: 20%
  - 2016: 15%
OVERALL SUBSPECIALTY PREFERENCES FOR BOTH PRIMARY & SECONDARY INTERESTS

PCI
- 2015: 35%
- 2016: 35%

Imaging
- 2015: 21%
- 2016: 20%

Heart failure
- 2015: 13%
- 2016: 14%

Devices
- 2015: 8%
- 2016: 9%

EP
- 2015: 16%
- 2016: 15%

ACHD
- 2015: 2%
- 2016: 3%

- 2015: 3%
- 2016: 3%
Local Training
**Would you recommend your deanery to potential cardiology trainees at ST3?**

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Which curriculum areas did you find difficulty in accessing at ST3-5 level?

- Pul HTN: 40%
- ACHD: 39%
- ICC: 38%
- Nuclear: 38%
- CT: 38%
- Pregnancy: 36%
- CMR: 36%
- EP: 25%
- Academic: 19%
- Devices: 18%
- HF: 18%
- Echo: 14%
- Rehab: 13%
- PCI: 6%
Which curriculum areas did you find difficulty in accessing at ST3-5 level?

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<tr>
<td><strong>Severn</strong></td>
<td>-25%</td>
<td>-32%</td>
<td>-18%</td>
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<td>-11%</td>
<td>-4%</td>
<td>-21%</td>
<td>-7%</td>
<td>-4%</td>
<td>-18%</td>
<td>-54%</td>
<td>7%</td>
<td>-7%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Peninsula</strong></td>
<td>-13%</td>
<td>-16%</td>
<td>-40%</td>
<td>-9%</td>
<td>-13%</td>
<td>-42%</td>
<td>-7%</td>
<td>-27%</td>
<td>-20%</td>
<td>6%</td>
<td>-18%</td>
<td>-18%</td>
<td>-9%</td>
<td>-2%</td>
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<tr>
<td><strong>Wales</strong></td>
<td>0%</td>
<td>11%</td>
<td>-12%</td>
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<td>13%</td>
<td>9%</td>
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<td>-2%</td>
<td>-7%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Wessex</strong></td>
<td>-1%</td>
<td>-32%</td>
<td>-22%</td>
<td>-37%</td>
<td>-6%</td>
<td>-20%</td>
<td>-15%</td>
<td>-5%</td>
<td>3%</td>
<td>0%</td>
<td>-28%</td>
<td>11%</td>
<td>-13%</td>
<td>-2%</td>
</tr>
<tr>
<td><strong>West Midlands</strong></td>
<td>-10%</td>
<td>6%</td>
<td>-2%</td>
<td>-5%</td>
<td>3%</td>
<td>3%</td>
<td>-2%</td>
<td>-20%</td>
<td>-5%</td>
<td>12%</td>
<td>0%</td>
<td>1%</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Yorkshire &amp; Humber</strong></td>
<td>10%</td>
<td>19%</td>
<td>13%</td>
<td>8%</td>
<td>1%</td>
<td>8%</td>
<td>7%</td>
<td>11%</td>
<td>14%</td>
<td>14%</td>
<td>8%</td>
<td>-4%</td>
<td>-21%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Are you satisfied with Deanery/regional arrangements for formal training?

<table>
<thead>
<tr>
<th>Region</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mersey</td>
<td>100%</td>
</tr>
<tr>
<td>Severn</td>
<td>100%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>95%</td>
</tr>
<tr>
<td>London - S</td>
<td>82%</td>
</tr>
<tr>
<td>Wessex</td>
<td>81%</td>
</tr>
<tr>
<td>North Western</td>
<td>81%</td>
</tr>
<tr>
<td>Wales</td>
<td>74%</td>
</tr>
<tr>
<td>Peninsula</td>
<td>73%</td>
</tr>
<tr>
<td>KSS</td>
<td>70%</td>
</tr>
<tr>
<td>London - NW</td>
<td>69%</td>
</tr>
<tr>
<td>London - NE</td>
<td>68%</td>
</tr>
<tr>
<td>Northern</td>
<td>66%</td>
</tr>
<tr>
<td>East of England</td>
<td>63%</td>
</tr>
<tr>
<td>East Midlands</td>
<td>62%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>57%</td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
<td>56%</td>
</tr>
<tr>
<td>Oxford</td>
<td>41%</td>
</tr>
<tr>
<td>Scotland</td>
<td>26%</td>
</tr>
</tbody>
</table>
PROCEDURAL TRAINING
CUMULATIVE ECHOCARDIOGRAPHY NUMBERS PER YEAR OF TRAINING:

<table>
<thead>
<tr>
<th>Year</th>
<th>TTE</th>
<th>TOE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST3</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>ST4</td>
<td>150</td>
<td>0</td>
</tr>
<tr>
<td>ST5</td>
<td>275</td>
<td>1</td>
</tr>
<tr>
<td>ST6</td>
<td>350</td>
<td>23</td>
</tr>
<tr>
<td>ST7</td>
<td>500</td>
<td>40</td>
</tr>
</tbody>
</table>
CUMULATIVE PERICARDIOCENTESIS / TEMPORARY PACING EXPERIENCE:

ST3: Pericardiocentesis: 0, TPW (Emergency): 1, TPW (Elective): 1
ST4: Pericardiocentesis: 1, TPW (Emergency): 2, TPW (Elective): 3
ST5: Pericardiocentesis: 4, TPW (Emergency): 8, TPW (Elective): 10
ST6: Pericardiocentesis: 15, TPW (Emergency): 18, TPW (Elective): 21
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?

- Yes: 55%
- No: 24%
- Don't know: 21%

Do all core trainees rotate through a specialist ACHD centre?

- Yes: 32%
- No: 47%
- Don't know: 20%
**How is ACHD training delivered in your deanery during ST3-5?**

- **Deanery Arranged Formal Training**: 27%
- **Trainee arranged block**: 17%
- **Trainee arranged “taster weeks”**: 16%
- **Ad hoc OP clinics**: 24%
- **Ad hoc IP care**: 8%
- **No identifiable training**: 9%
**Exposure to ACHD during Core Training:**

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

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>8%</td>
<td>31%</td>
<td>27%</td>
<td>27%</td>
<td>7%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>33%</td>
<td>24%</td>
<td>24%</td>
<td></td>
</tr>
</tbody>
</table>
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?

- No: 96%
- Have considered it: 8%
- Don't know: 4%
- Yes: 2%
- Would like to: 1%
IF YOU WERE LTFT TRAINING, HOW SUPPORTIVE WOULD:

- Colleagues:
  - Very Supportive: [Bar Graph]
  - Supportive: [Bar Graph]
  - Neutral: [Bar Graph]
  - Unsupportive: [Bar Graph]

- Supervisors:
  - Very Supportive: [Bar Graph]
  - Supportive: [Bar Graph]
  - Neutral: [Bar Graph]
  - Unsupportive: [Bar Graph]

- LETB/Deanery:
  - Very Supportive: [Bar Graph]
  - Supportive: [Bar Graph]
  - Neutral: [Bar Graph]
  - Unsupportive: [Bar Graph]
In LTFT training application, how supportive were:

- Colleagues:
  - Very Supportive: 70%
  - Supportive: 20%
  - Neutral: 10%
  - Unsupportive: 0%

- Supervisors:
  - Very Supportive: 60%
  - Supportive: 40%
  - Neutral: 0%
  - Unsupportive: 0%

- LETB/Deanery:
  - Very Supportive: 70%
  - Supportive: 30%
  - Neutral: 0%
LTFT Working Patterns

Which of the following best describes your work pattern?

- Supernumerary: 19%
- Part time in a full time slot: 50%
- Job sharing: 31%

Are you on the on-call rota?

- GIM: 6%
- Cardiology: 19%
- No: 75%
Please state your opinion with regards to the following:

“I have a strong mentor as a LTFT trainee”

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

“I have experienced discrimination as a LTFT trainee”

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

“I have equal access to training opportunities as a LTFT trainee”

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
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:

- **Nuclear**: Agree
- **MRI**: Agree
- **CT**: Agree
- **TTE**: Strongly Agree, Agree, Neutral

- **Disagree**: Strongly disagree
- **Neutral**: Disagree

Percentage Breakdown:

- 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
If you have obtained BSE TTE accreditation, when did you achieve it?

Are the requirements too difficult to achieve for the majority of trainees?
If you have obtained BSE TTE accreditation, when did you achieve it?

Are the requirements too difficult to achieve for the majority of trainees?

- Yes: 63%
- No: 37%
Who is responsible for delivering your hands-on echo training?

- Physiologist: 57% (2015), 58% (2016)
- Nobody: 25% (2015), 25% (2016)
- Consultant: 18% (2015), 11% (2016)
- Unsure: 7% (2015), 5% (2016)
- Other: 3% (2015), 3% (2016)
I had sufficient experience to make an informed decision on modular training:

- **Nuclear**
  - Strongly agree: 40%
  - Agree: 30%
  - Neutral: 20%
  - Disagree: 10%
  - Strongly disagree: 0%

- **MRI**
  - Strongly agree: 40%
  - Agree: 30%
  - Neutral: 20%
  - Disagree: 10%
  - Strongly disagree: 0%

- **CT**
  - Strongly agree: 40%
  - Agree: 30%
  - Neutral: 20%
  - Disagree: 10%
  - Strongly disagree: 0%

- **TTE**
  - Strongly agree: 80%
  - Agree: 20%
  - Neutral: 0%
  - Disagree: 0%
  - Strongly disagree: 0%
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
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Neil Smith  BCS
Rahul Mukherjee  BJCA Member
Andrew Cox  BJCA Council
BCS Training Committee & SAC
BJCA Deanery representatives