

2005 BJCA survey of cardiology trainees

The second annual survey from the British Junior Cardiologists' Association (BJCA) has new data on several areas, including the European Working Time Directive, modernising medical careers, and careers in academic cardiology. The surveys are becoming a strong and influential voice in cardiology. Last year's survey was noted by many national bodies, including the British Cardiac Society (BCS) and the Royal College of Physicians. Over a third of BJCA members responded to this year's survey and Dr Saul Myerson, BJCA President, highlights some of this year's trends.



Demographics

The proportion of female trainees has increased from 13 to 18%, possibly due to increased numbers responding rather than a true increase in numbers. Half the trainees are working in tertiary centres and there is an even mix across all training years. The demographic breakdown is approximately similar to last year, including 65% white Caucasian trainees, 20% from the Indian subcontinent, 6% Oriental, 2% South East Asian and 1% Afro-Caribbean trainees.

Intended career paths

Figure 1a demonstrates intended sub-specialty, with intervention accounting for roughly 40%. We added the option of 'device therapy' this year, which accounted for 6% responses. Women have a slightly different mix of interests, with fewer opting for intervention and electrophysiology, and more for imaging, DGH and adult congenital areas (figure 1b). As SpRs progress through training, those that were undecided in year one mostly opt to become interventionists towards the end.

Accreditation and general medicine (GIM)

A higher proportion of SpRs this year have opted for single accreditation in cardiology (without general medi-

cine) – 25%, as opposed to 10% last year. Three quarters of those choosing dual accreditation were doing so in order not to hinder their career prospects and would drop GIM if their careers were unaffected by this. We asked them if a change to 'acute' medicine would alter their decision and nearly 40% agreed it would encourage them to continue with dual accreditation.

Academia

Questions on academic cardiology were a new section in the 2005 survey since there is a severe decline in SpRs pursuing academic careers, and we sought to identify some of the reasons for this. Interest in academic medicine among cardiology SpRs is actually high – 26% intend to pursue academia (at least in part) as a consultant. Of those that were not intending to include academia, only a third expressed a lack of interest. Two thirds felt that either academic life was more difficult or the obstacles were too great. Lack of funding and the constant pressure to publish were the most common deterrents. Figure 2 shows the reasons cited for a lack of interest in academia.

On-call patterns

Following the introduction of the European Working Time

Figure 1. Sub-specialty interest for a: all respondents and b: women

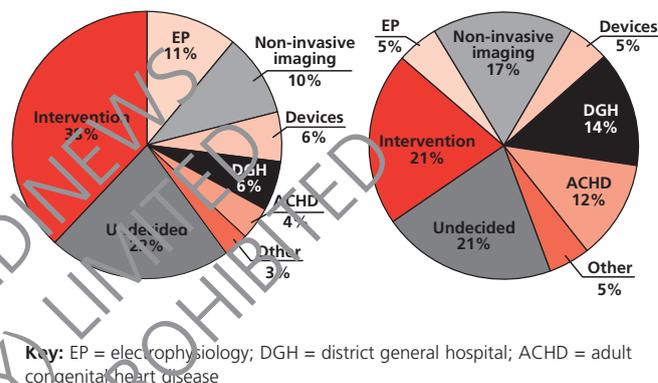
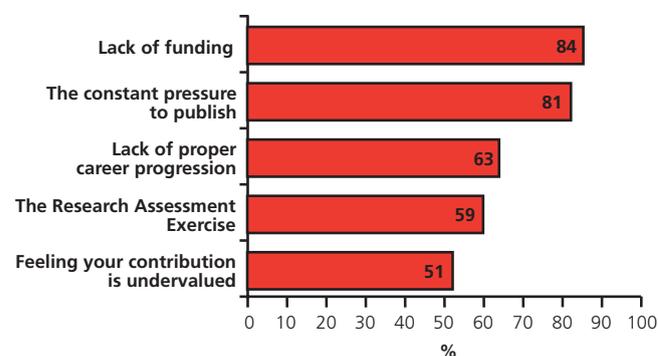


Figure 2. Reasons cited for a lack of interest in academia



Directive (EWTD) last year, it is perhaps not surprising that the proportion of trainees maintaining traditional on-call rotas has dropped from 75% to 46%, with full and partial shifts now accounting for 32% and 22%, respec-

tively. There were, however, considerable differences across the regions and according to the type of hospital worked in (figure 3).

There has been a sharp decline in resident on-call rotas from 50% last year to

Figure 3. Distribution of on-call patterns among respondents

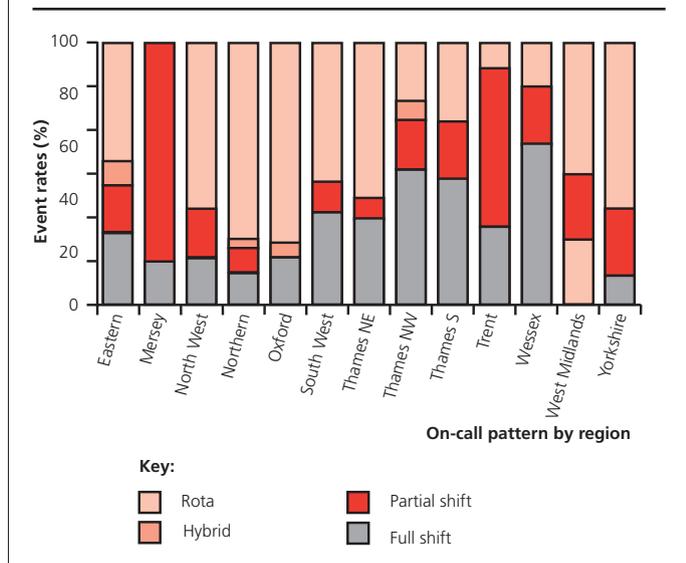


Figure 5. Responses on modernising medical careers

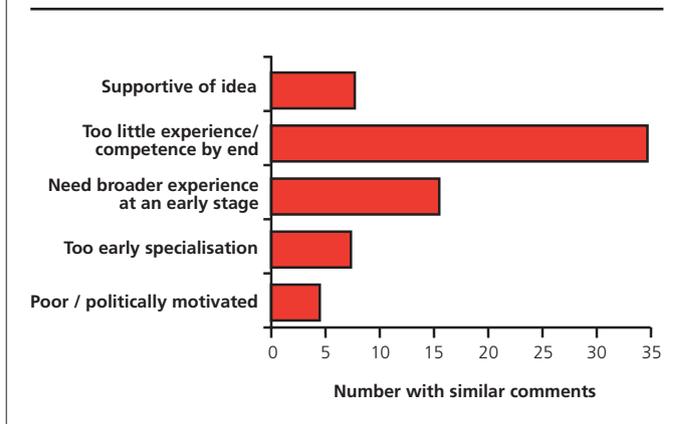
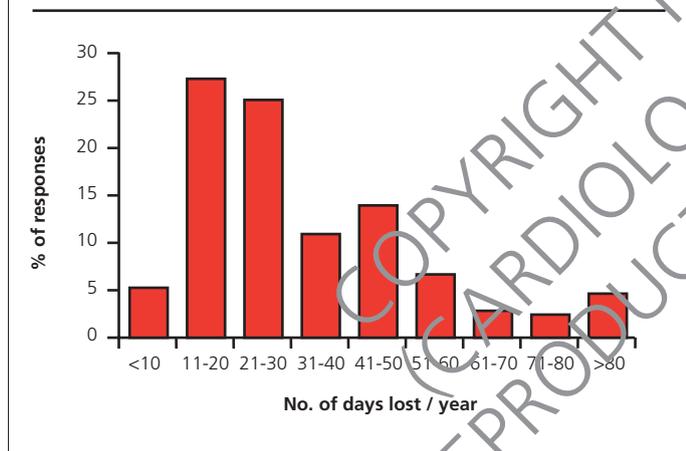


Figure 4. Training days lost as a result of the European Working Time Directive



19% this year, probably as a result of the EWTD, but this still leaves a significant minority which may not be EWTD-compliant.

Currently, 55% of trainees only cover cardiology when on call. Of the 45% who cover general medicine, 35% do so without additional cardiology on-call and 10% with

an additional cardiology rota. This pattern is mostly predicted by the type of hospital. The EWTD has had a significant impact on this, with 29% of trainees reporting that they have changed their on-call patterns to include general medicine as a result of the EWTD, and 66% reporting that the EWTD has adversely

affected training, with significant numbers of training days lost as a direct result (figure 4). As previously, shift systems were considered to be significantly worse for training.

Modernising medical careers

Most SpRs (74%) do not agree with the modernising medical career (MMC) plans for a shorter, more focused run-through training programme during SHO years. Of the specific comments made, there were consistent trends, which are shown in figure 5.

Formal training

Many trainees (80%) feel that they have enough opportunity to attend training courses, although only 53% feel they have sufficient funding for this. 63% were able to attend the training day (Monday) at the 2005 BCS annual scientific conference, and the reasons for not being able to attend were varied. There were considerable regional differences in the number of Calman training days.

Other comments

Most trainees (86%) were unaware of the mid-term assessment paper ('exam') being piloted this year. While the majority (66%) agreed with this form of assessment, this implies a greater need for communication from the training authorities to SpRs.

Other areas commented upon by trainees were:

- The poor provision for echocardiography training
- An imbalance in the service vs. training components of posts, with 'fellows' taking up the training slots
- Routine assessment of acute chest pain by cardiologists was denying training experience for general medical teams and overloading the cardiology SpRs
- Sub-specialty training needs to be improved.

The full set of results from the 2005 BJCA survey can be found on the BCS website (www.bcs.com)

**Saul Myerson
President, BJCA**

The fourth annual conference of the BJCA will be held on 17th-18th November 2006 at the Radisson SAS Hotel, Manchester Airport. Contact Leap Frog Medical (meeting secretariat) on 01293 827164 or bjca@leapfrogmedical.com