British Society of Gastroenterology Trainees Section

Training Survey 2014 - Executive Summary
Key findings

1. Satisfaction with general gastroenterology training and support from educational supervisors is high

2. There are longstanding low levels of satisfaction with GIM training

3. Barriers to trainees taking time out-of-programme (OOP) include trainees being unaware of opportunities and the practicalities of organising time OOP

4. Progression to full JAG certification in colonoscopy is slow. Over half of trainees are using days off/zero hours days to supplement endoscopy training.

5. Exposure to level 2 polypectomy and endoscopic treatment of acute UGIB is limited

6. Many trainees are not receiving the minimum number of endoscopy training lists set out by JAG

7. Confidence in managing certain areas of hepatology, IBD and nutrition is low, even amongst senior trainees
Responder population

- The 2014 BSG training survey was sent to all higher specialist gastroenterology trainees in the UK using both BSG and local representative databases. The survey was open from July-September 2014. 263 out of 806 UK trainees responded, giving a response rate of 32.6%. This is a fall from the response rates of 39.7% in 2012 and 35.7% in 2010. As with previous surveys, responses in 2014 came from all training programmes.

- 37% of responders were female, up from 31.1% in 2012. All grades of training were well represented.

What is your current training grade (or grade immediately prior to going OOP)?

- ST3
- ST4
- ST5
- ST6
- ST7
- ST8
- SpR
- LAT
- LAS
- ACF
- WCAT
- ACL
- Research fellow
- Staff grade/Associate specialist
Academic Clinical Training

• 10 Academic clinical trainees responded. On average just over half of their time at work was spent on clinical duties and just under half on academic duties.
• The main reported barriers to academic clinical training were service commitments, financial/funding issues and the impact of GIM training.

Training in General Internal Medicine

• 97.6% of gastroenterology trainees are dual accrediting in GIM.
• 36.6% agree/strongly agree that their GIM training is of a good quality, which is a fall from 43.5% in 2012.
• 62% of trainees feel GIM training has a negative impact on their gastroenterology training.

GIM training has a negative impact on my gastroenterology training

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know

• Over 80% feel GIM training is useful for their future work as a consultant.
• Only 1 in 10 trainees felt that GIM training was meeting their educational competencies, with the main reasons for not meeting these being:
  - “more service than training”
• “less experienced juniors”
• “increased workload”
• “difficulty obtaining GIM WPBAs”
• “changes in acute medicine working patterns”
• “shift patterns”
• “lack of GIM educational meetings/events”

• Another common theme in comments was lack of opportunity to see or present patients on post-take ward rounds.

• Just under a third of trainees would stop GIM training if given the opportunity to do so.
Satisfaction with Gastroenterology Training

- 83% of trainees are satisfied/very satisfied with their gastroenterology training overall
- Satisfaction with training in hepatology, advanced endoscopy, nutrition and functional GI disorders was significantly lower than in training overall
- 81% of trainees report that their current educational supervisor provides adequate support and direction
Advanced Training Modules

- 10% of trainees have undertaken an Advanced Training Module (ATM) during their training – see chart below for division between specific ATMs.
- ¾ of trainees were satisfied/very satisfied with the training received during their ATM.

### Percentage of trainees who have taken or are undertaking an Advanced Training Module

<table>
<thead>
<tr>
<th>Module</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>IBD</td>
<td>1.0%</td>
</tr>
<tr>
<td>Advanced endoscopy</td>
<td>2.0%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>3.0%</td>
</tr>
<tr>
<td>Hepatology</td>
<td>7.0%</td>
</tr>
</tbody>
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Out of programme experience

- A sizeable majority of trainees continue to gain out of programme experience (OOPE). 63% of trainees who have not yet taken time out of programme intend to do so and 13% are undecided.
- OOP most frequently entails lab-based research, clinical research or a clinical fellowship or less frequently management/leadership posts, medical education or overseas experience.
- The main barriers faced to organising OOP were
  - trainees being unaware of OOP opportunities
  - being unsure how to arrange OOP
  - difficulty arranging time off
  - financial issues
Future career plans

- On obtaining CCT 51% of trainees plan to work as a general gastroenterologist, a rise from 42% in the 2012 survey. 1 in 3 trainees plan to work as a subspecialist and 1 in 7 as an academic gastroenterologist/hepatologist.
- Trainees are unsure of career prospects on gaining CCT with only 1 in 3 confident or very confident of obtaining their desired consultant post.
- To enhance their job opportunities nearly all trainees would consider applying for a post CCT fellowship or taking a locum consultant post.

Hepatology

- 30% of trainees are subspecialising in hepatology, or plan to, with a further 15% undecided.
- The main barriers to hepatology training were lack of local training opportunities and trainees not wishing to move region to access hepatology training.
- In findings similar to the 2012 survey, trainees are confident in managing ‘ward-based’ hepatology such as alcoholic liver disease, ascites, SBP and HRS, but are less confident in managing ‘outpatient hepatology’ eg autoimmune liver disease, viral hepatitis.
How would you rate your current ability to manage the following conditions? - Junior trainees (ST 3/4/5)

- Require assistance most cases
- Require assistance some cases
- Require assistance rarely
- Independent to DGH consultant standard
- Independent to sub-subspecialist standard
How would you rate your current ability to manage the following conditions? - Senior trainees (ST 6/7/8 & SpR)

- Require assistance most cases
- Require assistance some cases
- Require assistance rarely
- Independent to DGH consultant standard
- Independent to sub-specialist standard
Endoscopy

- In findings similar to the 2012 survey the vast majority of trainees are JAG certified for diagnostic gastroscopy by ST4/5 level. Progression to certification in colonoscopy is slower with only 14% of ST5s, 21% of ST6s and 62% of ST7s fully certified. Trainees who have opted not to train in colonoscopy may account for a small percentage of those not achieving certification.
- Nearly half of trainees are only able to attend endoscopy lists once a week or less often
- 39% of trainees currently in a training post report having less than 1 dedicated training list per week on average.
- 55% of trainees are using annual leave or zero-hours days to gain further endoscopy training.
- Nearly half of trainees currently in training posts have the opportunity to perform endoscopy in patients with an acute UGI bleed once a month or less frequently.
- Over half of senior trainees (ST6/7/8 & SpR) have performed fewer than 10 polypectomies in polyps ≥10mm in size
- Large numbers of trainees wish to train in advanced endoscopic techniques and capsule endoscopy
- The main reported barriers to endoscopy training are the impact of GIM training, service commitment, impact of the EWTD, lack of training opportunities and poor quality training lists.
**IBD**

- Only 1 in 5 trainees have undergone a period of formal training in IBD.
- Most trainees have had the opportunity to attended a specialist IBD MDT, but only 1 in 5 had had the opportunity to attend adolescent IBD transition clinics.
- In terms of current ability to manage IBD-related problems, trainees were more confident managing acute severe colitis, managing second-line immunosuppression and biological agents, and knowing indications for surgical intervention. They were less confident managing complex peri-anal disease and pouches.
- The main reported barriers to training in IBD were an unclear training pathway and lack of training opportunities.

**Nutrition**

- Half of trainees have undertaken some formal training in nutrition, which was an improvement from 45% in 2012. The training occurred mostly in hospitals with a Nutrition Support Team but without home parenteral nutrition or intestinal failure surgery.
- Virtually all trainees agreed that nutrition training was important to future work as a gastroenterologist. 38% had attended or had booked to attend a specific nutrition training course, again an improvement from 24% in 2012. This was the most popular way to gain further training in nutrition.
- In managing nutrition-related conditions, trainees were least confident in instituting and managing parenteral nutrition, and the nutritional support of eating disorders.