Society Pages

The Society for Acute Medicine (UK) Acute Medicine Training Survey 2007

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Abstract

An online survey of training in Acute Medicine was conducted to assemble a true picture of the current situation in the UK. The specialty is flourishing, with over 60 trainees having predicted CCT dates in Acute Medicine in 2010 and 2011 alone. 128 respondents highlighted a multitude of issues, including the need for improvements in management and special skills training and part time opportunities. We have used the results of this survey to suggest action points for Deaneries, Training Programme Directors, the Society for Acute Medicine (UK) and those involved in workforce planning.

Keywords

Acute Medicine, Trainees, online survey, flexible training, skills.

Introduction

Acute Medicine is now established as a popular and rapidly growing specialty. Consequently, the number of trainees in Acute Medicine has exploded. As the elected trainee representatives of SAM(UK), we have received many requests for guidance regarding individual issues. We have heard many positive accounts of excellent and innovative posts across the UK, but occasionally we have heard anecdotes where posts may unfortunately have problems.

Trainees in Acute Medicine are the pioneers who will shape the future of Acute Medicine. In order to tackle any challenges along the way, we needed to continue to build a closer community across the UK via SAM(UK). We were aware that the first step towards this would be to gather evidence of what is really happening at the coal face. This would then enable us to build a database which describes the current situation in Acute Medicine training across the UK and to suggest further areas for development.

Method

The online survey was designed by the trainee representatives of the Society for Acute Medicine UK (SAM(UK)). The survey was piloted by members of the executive committee of the Society, before being launched in August 2007. An internet-based tool called SurveyMonkey was used to construct and distribute the questionnaire to all trainees registered with SAM(UK) as either members or previous attendees at meetings. The survey was closed in December 2007.

The raw results were disseminated amongst the members of the executive committee of SAM(UK) before then being anonymised for circulation to Training Programme Directors nationwide.

The final stage now is to present the results to the trainees in Acute Medicine in several formats: poster and interactive presentation at the 2008 Spring SAM(UK) meeting, followed by emailing this survey report to all members of SAM(UK), posting on the SAM(UK) website and publication in this journal.

Results

We had 128 respondents in total. 89% of these were members of SAM(UK), and most of those replying were either Specialist Registrars or ST3 level doctors. 88% of respondents were working in the specialty of Acute Medicine at the time of completing the survey. All deaneries were represented in the survey, with most coming from London and the North West.

When asked if they worked in either a District General Hospital (DGH) or a large teaching hospital, 64% stated that they were based in a DGH. The number of consultants dedicated to working in Acute Medicine at the hospital where our survey responders were working was mostly either zero or one. These consultants were defined as having a role which encompasses the management of an Admissions Unit, not just a Consultant-of-the-day role. There were rarely more than two SpR or ST3 level and above trainees (senior trainees) in Acute Medicine at each hospital. These senior trainees may be working in a specialty other than Acute Medicine, but they are training for a CCT in General (Internal) Medicine/Acute Medicine.

Most posts for all levels of trainee were banded as 2b (40%), with 1a (26%) and 1b (16%) close behind. 31% of all trainees were not taking part in an on-call rota for the acute medical take. Out of those who were included in the on-call rota, there was a wide variation in the frequency of on-call.

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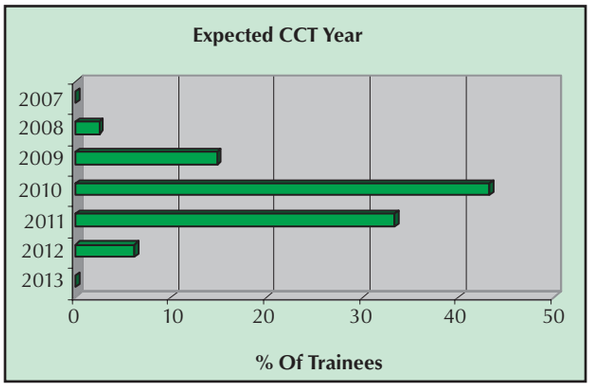

Table 1. Projected CCT date of senior trainees

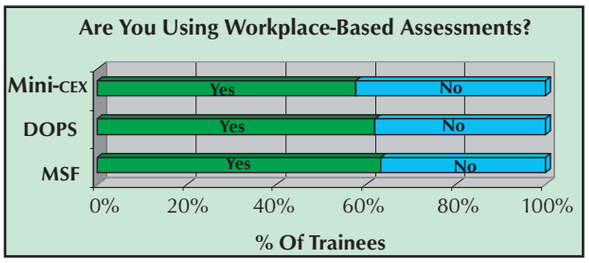

Table 2.

Almost everyone was interested in taking part in national audit and research projects which should help raise the profile of Acute Medicine.

The following section of results reflects senior trainees who are either SpRs or ST3 level and above. 73% of respondents to the survey were senior trainees. Most of these trainees have a projected CCT date in 2010 or 2011 (Table 1). This fits with the fact that we know current training programmes are either 3 years or 4 years in length.

Less than 5% of these senior trainees were working flexibly or part time. However, over 40% would either take or consider this option if it was readily available. There were only two negative comments about difficulties encountered with flexible training. One stated, "options for part time work are very limited". Another stated that, "the money for part time will not meet my needs".

The next section of the survey dealt with which specialties are covered by senior trainees in each year of training. There are massive variations between rotations, but several themes became clear. Unfortunately, it is evident that most trainees are not aware of their complete rotations at the time of joining a training programme, which makes accurate interpretations difficult. There are a large number of posts described as Acute Medicine or MAU, and the majority of rotations appear to have an ITU or HDU attachment included. A later question in the survey asked

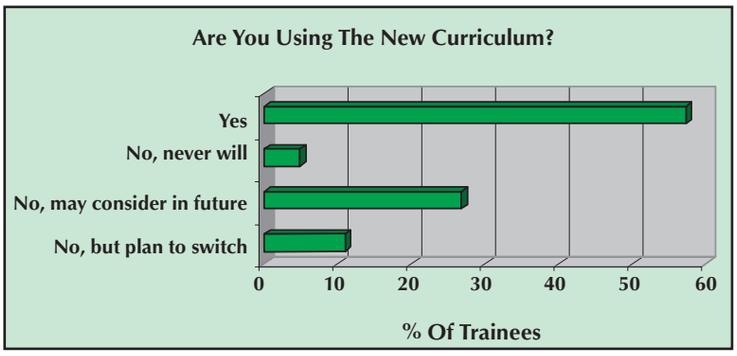

Table 3.

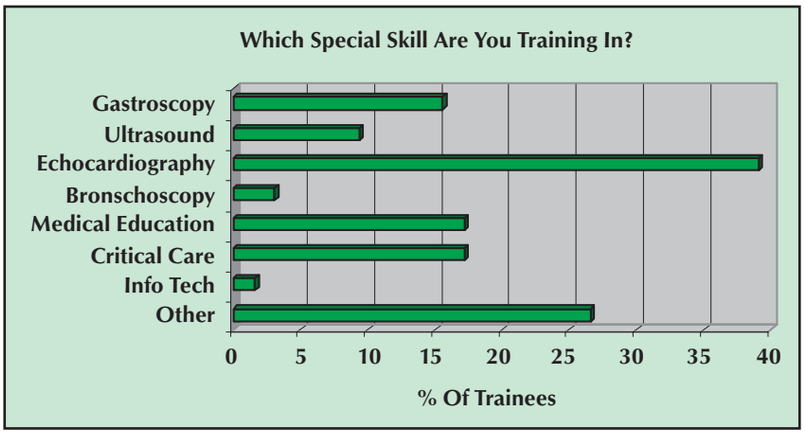

Table 4.

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specifically about advanced airway management and/or ITU skills. These were being undertaken in the programmes of 78% of senior trainees. Furthermore, 46% of trainees were planning to obtain a second CCT in another specialty, with ITU being by far the preferred option. A handful of trainees are considering obtaining a CCT in Healthcare for the Elderly, Cardiology, Gastroenterology and Emergency Medicine. An appreciable number of rotations also appear to have dedicated periods of training in Emergency Medicine.

60% of senior trainees received local dedicated Acute Medicine teaching in either their hospital or Deanery. 93% had regular regional General (Internal) Medicine teaching sessions.

75% of senior trainees performed the same amount of on-call as their peers in other specialties on the acute medical take rota. The remainder did more, less or none in relatively equal proportions.

On the subject of workplace-based assessments, approximately 40% of senior trainees in Acute Medicine were not completing DOPS, CEX or MSF (Table 2).

60% were using the new Acute Medicine curriculum, whilst most of the remainder were either planning to, or considering a switch from old to new (Table 3).

Management Training

88% of senior trainees have not received any dedicated training in management skills in their programme. In addition, almost half of all senior trainees were not receiving training in any special skills. Out of those who were training in any of the skills listed, the majority had chosen echocardiography (Table 4). Please note that the 'other' category comprised mostly those who were not training in any skill. Alternative 'other' skills included liver biopsy, medical organization and clinical research.

Special Skills Training

83% of senior trainees documented problems obtaining training in special skills. There were some very individual challenges, but several recurring themes:

- Time- "lack of staff time to train me or lack of available time out from my responsibilities."
- Opportunity- "limited opportunity and competition for procedure training."
- Acute Medicine trainees are seen as low priority compared with to trainees in the traditional home specialty of the skill. "Lack of backing from STC in other specialty."
- Specialists stating that an Acute Physician would not use the skill enough to maintain competency.
- Several had overcome difficulties with perseverance.
- Others had given up practical skills in favour of education, whilst others were simply unable to continue.
- "Not sure how to go about it."
- Sometimes it is easy to start training in a skill but "difficult to continue training in a skill once not working in that specialty any more" or after moving between trusts.
- "No clear guidance from the deanery" and therefore "having to organise your own training."

Structure of training programmes

Trainees were asked to fill in a table describing which specialties they would be attached to for each year of their training. There was huge variation as you would expect, and many were not aware of what their whole rotation would include. Most trainees are attached at some part during their training to Health Care for the Elderly, Cardiology, Respiratory and Intensive Care or medical HDU firms. Gastroenterology, Rheumatology, Infectious Diseases, Endocrine and Renal attachments also featured regularly although not as often as those previously mentioned. Attachments tend to be between three and six months in length. About 50% of trainees are doing one or two general medical clinics a week, while 60% of trainees are doing between one and two specialty clinics a week. Perhaps a little worrying is the fact that almost 50% of trainees are not taking part in any general medical clinics and 34% are not involved in specialty clinics.

Role on completion of training

Senior trainees were asked what kind of role they saw themselves adopting after their training. The answers were almost all positive and enthusiastic. Most trainees see themselves being based on an AMU. The majority wanted to maintain an additional skill, either practical or educational, and there was significant interest in joint roles with critical care. Several stated that they saw themselves working in a DGH as opposed to larger teaching hospitals. Quite a few trainees would like to be involved in a medical HDU as an Acute Physician. Some have mentioned running admission avoidance clinics and one-stop acute medicine clinics. The very few negative responses revolved around the thought that they saw themselves as "managing all the patients that nobody else wants to see" or "only getting to deal with the simpler/less challenging cases which have been triaged to MAU."

General feedback about training

The final question of the survey asked all trainees to give positive and negative feedback about training in Acute Medicine. It also asked how SAM(UK) could help the trainees best. Most respondents completed this section and most responses were detailed. The remainder of this results section focuses on these responses.

A number of trainees expressed frustration at not knowing which specialties they will be rotating through. There was concern that there is no guidance on which specialties should be compulsory to rotate through, and how much time should be spent in each specialty.

With Acute Physician numbers still being very small, there is a lack of specialty specific training and supervision available from Acute Physicians already in post.

Most programmes do not have time set aside for special skills training, and there is a general feeling that there is a lack of guidance and support from SAM(UK) and the deaneries on how to obtain special skills training.

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From the trainees who filled in the survey who were in ACCS (Acute Medicine) posts, there is some concern that they will be competing for ST3 Acute Medicine posts with CMT trainees who will have a very different skill mix and much more medical experience.

There is a real enthusiasm from trainees to get involved in research opportunities and to help develop the academic base that Acute Medicine needs. There were comments that Acute Medicine trainees and those leading the development of Acute Medicine are capable, dedicated, enthusiastic and forward thinking, making the specialty an attractive one to join.

It was commented on that there are many possible career paths and training opportunities within Acute Medicine, but that this has meant a lack of clear guidance on what trainees should be trying to achieve.

Trainees see the SAM(UK) trainee representatives' role as being the communicator between trainees and the executive of the Society. They would like the representatives to provide information on the different training programmes, the SAM(UK) meetings and to circulate up-to-date trainee news. The current website does not currently facilitate interaction between trainees. They would also like the trainee representatives to be able to get trainees involved in organising research of their own and taking part in projects already running.

Flexible training has been difficult to organise for many and they would like SAM(UK) to better represent and support the needs of flexible training.

Trainees would like to see further development in regionally run Acute Medicine training days/courses.

Discussion

Acute Medicine training has clearly taken off nationwide, as represented in this survey. The results section has raised multiple issues regarding training in Acute Medicine, but there were a few points we wished to discuss further in this section.

There will be over 60 trainees with a CCT in 'Acute Medicine' in 2010 and 2011 from those who have responded to this survey alone. This will have serious implications for the care of acutely ill medical patients and NHS workforce planning in the very near future. We need to ensure that there are going to be jobs at consultant level available for these doctors finishing their training. It is also important that opportunities for flexible and part time work are better provided and supported, judging by the numbers considering this option in the future.

It is clear that training in Critical Care, and to a lesser extent Emergency Medicine, is as important to senior trainees as it is to the junior trainees involved in ACCS. Many trainees wish to continue practising in critical care on completion of training and this will clearly have an impact on workforce planning for those specialties.

There appears to have been problems with the implementation of workplace–based assessments (WPBA) of senior trainees in Acute Medicine. Steps towards having e-portfolios for all levels of training should improve compliance. Also, as doctors pass through from foundation programmes where this method of assessment is better established, we should expect this to improve. Trainees may not be aware that WPBA has become integral part of the Record of In Training Assessment (RITA) process.

Training in management skills is clearly lacking. Trainees are concerned about this deficiency, as one of the principles of training in Acute Medicine is to have the ability to manage an AMU effectively. Many trainees will be taking up posts where no other acute physicians currently work and will be expected to develop a service, which requires specific skills which are currently not being met.

Training in skills has long been a topic for discussion amongst trainees in Acute Medicine. The concept was heralded as an opportunity for an Acute Physician to learn a skill to a very high level of competency which could be useful in the management of acutely unwell patients. Some described such skills as providing a "sanity session" to avoid burn out managing medical admissions. Unfortunately there appear to have been a lot of barriers making training in these skills difficult, and these have been raised earlier in this document. However, several trainees are succeeding through perseverance at a local level and we can hopefully use these good examples to help get skills training established. It seems that most would appreciate better support and written guidance from the deaneries, programme directors and SAM(UK) on skills training.

Suggested Action Points

In order to keep up the momentum that this survey has created, we would like to suggest points of action which will take forward the issues raised in this document and help develop better guidance and support for trainees.

- Trainees should have the opportunity to discuss the structure and duration of their training with their programme director as early as possible in their training..
- Training Programme Directors should be clear that the SAC in Acute and General (Internal) Medicine has set out a four year template for rotations, as opposed to three years in some instances.
- Greater clarity is required over the issue of special skills training; trainees should be made aware what is feasible in their programmes at the start of their training and that it may not be possible for them to attain competence in the procedure of their choice. Additional training in management or medical education should be considered as alternatives to a procedural skill..
- Deaneries and programme directors need to design programmes that can accommodate flexible trainees, and these trainees need to be better represented and supported by the deaneries and SAM(UK).
- SAM(UK) should issue guidance on which specialties should be a mandatory part of a training programme and suggest the length of time spent in each specialty.
- All trainees should have access to Acute Medicine management training, so that when they take

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up consultant posts in areas where there are no existing Acute Physicians or where the service needs to be further developed, they are equipped with the appropriate skills.
- Trainees need to be involved in the research opportunities that will help develop the academic base of Acute Medicine. This should be supported by the SAM(UK) research group.
- Workplace-based Assessments should be routinely used by all trainees now they are a recognised part of the yearly assessment. E-portfolios should be available for all trainees in order to facilitate this.
- Trainees need to be made aware that there are a limited number of advanced training posts in Intensive Care Medicine, with competition against anaesthetists and respiratory physicians. For those who are successful in obtaining a second CCT, there needs to be some thought into workforce planning and how this is going to fit with the role of an Acute Physician.
- SAM(UK) needs to develop a forum for trainees to interact with each other and feed back to members of SAM(UK) any issues of concern, as the twice yearly trainee meetings have not been sufficient.
- The SAM(UK) trainee representatives need to be able to communicate regularly with the trainees regarding meetings, up-to-date news on training issues, courses of interest, and feedback to trainees on their concerns and what's happening in different deaneries.
- Regular Acute Medicine training days need to be organised for each deanery in addition to the regional General (Internal) Medicine days which all specialty trainees attend.
- Where trainees are working in hospitals without Acute Physicians in place, they need to have clear access to an Acute Physician in a nearby centre for advice and overall supervision.
- Programme directors need to ensure that all trainees have opportunities to undertake general medical and specialty out-patient clinics.

We hope that the Acute Medicine Trainee Survey 2007 has fulfilled the expectations of the trainees taking part. We feel it has provided us with the information needed to communicate to trainees, the members of SAM(UK), Training Programme Directors and Deaneries on the current situation in Acute Medicine training and to form some goals for the near future. We would aim to repeat the survey in 2009.

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