

BSG TRAINEE SECTION SYMPOSIUM: 'A Change is coming -Training in the new decade'

OC-030

THE CURRENT STATE OF HEPATOLOGY TRAINING IN UK – RESULTS FROM A NATIONAL TRAINEE SURVEY

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I Patanwala,^{1,2,*} A Heycock,³ M Hudson,^{1,2} and British Association for the Study of the Liver (BASL) ¹Liver unit, Freeman Hospital, Newcastle Upon Tyne, UK; ²Institute of cellular medicine, Newcastle University, Newcastle Upon Tyne, UK; ³Trainees in Gastroenterology, London, UK

Introduction Half of all gastroenterologists in DGH in a recent study had not received any 'pure' hepatology training and yet 20% of their workload was related to the management of liver disease.¹ There is, currently, no data on the quantity, quality and effectiveness of post graduate hepatology training in the UK.

Methods We used an online questionnaire emailed to all gastroenterology trainees in the UK in 2010 to identify the

proportion of gastroenterology trainees that wish to pursue a career in hepatology or deliver liver services as a gastroenterologist with a special interest in hepatology, estimate the amount of hepatology training received by trainees and where this is delivered, establish if trainees felt that hepatology training in the UK is adequate and identify factors that dissuade trainees from pursuing an interest in hepatology.

Results 58% responded. Respondents were predominantly male (68%) with 1 in 5 trainees wishing to work part time as consultants. Female trainees were significantly more likely to prefer part time work (42% vs 8%, $p = 0.000$, Fisher's exact test). 54% of all trainees (CI 48% to 60%) wished to have a role in delivering specific liver services as a part of their consultant job profile (figure 1). 25% (CI 15% to 37%) of trainees in their fifth year or more of training had not spent any time training in unit that provides comprehensive specialist hepatology services. Median time spent time in a hepatology unit by those that had done so was 7.8 months. One third of trainees do not think that there are adequate training opportunities in their regional rotations to achieve specialist level of competence in advanced hepatology or academic hepatology (31%, CI 26% to 37% and 28% CI 22% to 33%). 20% of trainees (CI 15% to 26%) stated that the hepatology training they will have received during their programmed rotation will be inadequate in helping them to confidently manage hepatological problems as a consultant. One in three trainees (32%, CI 26% to 40%) is dissuaded from taking up hepatology as a career option. Inadequate training in hepatology, relocating from their region to avail of such training, a lack of prospective consultant level jobs and being excluded from colonoscopy were cited as the top reasons. 85% of all trainees (CI 79% to 89%) felt that their current training program could be improved (see figure 1).

Conclusion More than half of current gastroenterology trainees in the UK wish to manage liver disease as consultants although a significant proportion feel that current hepatology training is suboptimal. A national strategy aimed at improving and standardising such training in every region is urgently needed.

Competing interests None.

Keywords hepatology, training.

REFERENCE

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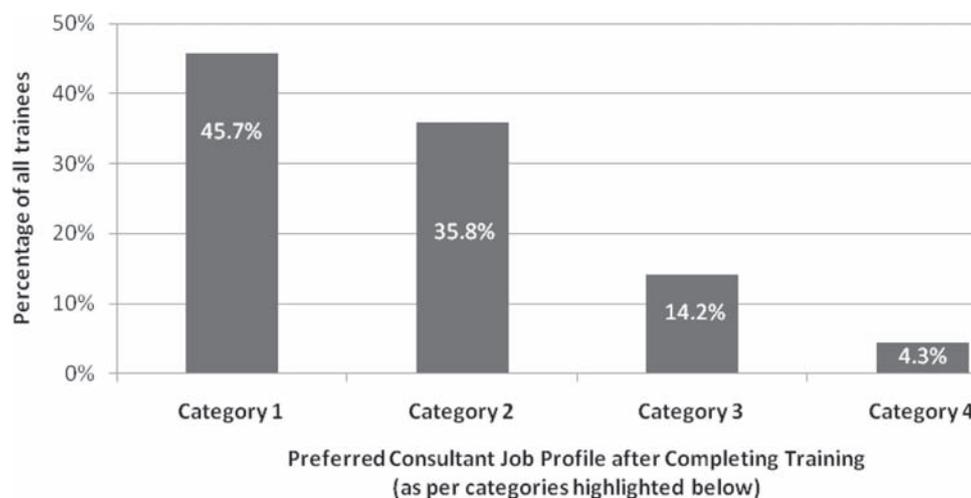


Figure 1 OC-030 Trainee preferred consultant job profile with regards to hepatology service delivery