



British Cardiovascular Society

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Sent on behalf of the:-

British Society of Echocardiography, the British Heart Rhythm Society, the Society for Cardiological Science and Technology and the British Cardiovascular Society,

Professor Sir Bruce Keogh
Medical Director NHS England
email: anisa.goodwin@nhs.net

4th May 2016

Dear Bruce

Cardiac physiology workforce

We are writing this letter following discussion at the Council of the British Cardiovascular Society on Friday 26th February 2016. This letter outlines a number of concerns relating to the current and anticipated dramatic shortfall in the cardiac physiology workforce. We ask that you consider the following:

1. The Strategic Review of Cardiac Physiology Services Report, commissioned by the Department of Health and published in March 2015, drew attention to 'the considerable shortfall in the current cardiac physiology workforce at all levels across the career framework. The current workforce is inadequate to meet current demand, with marked variations in access to cardiac physiology investigations and significant waiting lists in some areas.' The Report called for urgent action to address this shortfall and highlighted that impact on the ability to deliver 7-day services. The shortfall in numbers will inevitably compromise quality standards and threaten the link to commissioning standards.
2. There is a dramatic shortage of trainees entering cardiac physiology at Scientist level (Health Education England STP-Commission numbers: 24 [2013-4]; 39 [2014-5]; 36 [2016-7] dated 02/02/2016). These numbers are not sufficient to make up the current shortage of echocardiographers, which is set to worsen with the expected retirement of more than 15% by 2020. Moreover, many departments are dependent on locums, bank and agency staff and echocardiographers from overseas - a recent survey from the British Society of Echocardiography (Picker 2015) highlighted that a third of echocardiography departments are reliant on locum agencies for *more than half* of their staff.
3. The introduction of Modernising Scientific Careers has made it more difficult for workplace-based trainees to cross over into echocardiography and cardiac rhythm management. Modernising Scientific Careers outlined two pathways into cardiac physiology, replacing the preceding 'training on the job.' Those individuals who wish to practice echocardiography and cardiac rhythm management at Scientist level undergo competitive entry (over 6000 applications received for the last intake of posts 2016) having gained a 1st or upper second degree in applied or life sciences, for a 3-year post-graduate Scientific Training Programme (STP). The alternative route into cardiac physiology is offered by the Practitioner Training Programme (PTP) which is a University delivered programme leading to a BSc degree. The PTP curriculum is designed to ensure UCAS students complete a BSc program of education, which excludes independent echocardiography. Trainees graduate from this programme without training sufficient to enable practice in echocardiography and the expectation is that these people will provide the duties of a clinical/cardiac physiologist at band 5 level (BSc). For PTPs to gain equivalence to STP they require Masters level input over an estimated period of at least 2 years to enable them to achieve professional accreditation

"Promoting excellence in cardiovascular care"

Affiliated Groups

Arrhythmia Alliance (A-A)
British Association for Cardiac Prevention & Rehabilitation (BACPR)
British Association for Nursing in Cardiovascular Care (BANCC)
British Atherosclerosis Society (BAS)
British Cardiovascular Intervention Society (BCIS)
British Congenital Cardiac Association (BCCA)

British Heart Rhythm Society (BHRS)
British Heart Valve Society (BHVS)
British Hypertension Society (BHS)
British Junior Cardiologists' Association (BJCA)
British Nuclear Cardiology Society (BNCS)
British Society for Cardiovascular Imaging (BSCI)

British Society for Cardiovascular Research (BSCR)
British Society for Heart Failure (BSHF)
British Society of Cardiovascular Magnetic Resonance (BSCMR)
British Society of Echocardiography (BSE)
Cardiovascular Care Partnership (UK) (CCPUK)
Society for Cardiological Science and Technology (SCST)



examinations (e.g. British Society of Echocardiography Proficiency Accreditation and the British Heart Rhythm Society certification).

4. There are a number of additional bottle-necks in the programme leading to the production of a skilled workforce either through the STP training programme or through PTP and workplace-based training. Firstly, there is a lack of awareness and confusion on the part of many Departments over funding arrangements for trainees. Secondly, it is recognised that there has been difficulty in getting Departments to commit to take on STPs. There are a number of reasons for this, the most important of which is a lack of staff to provide the training needed whilst also meeting service demands. There is also a concern that STPs in particular, centrally-allocated, will be trained and then leave. This lack of insight will exacerbate the lack of numbers entering the workforce although the professional bodies have been attempting to engage departments and raise awareness.

The current shortage of cardiac physiologists needs to be urgently addressed or 7-day working cannot be delivered. The programme of Modernising Scientific Careers was developed to deliver a highly skilled workforce that is engaged in high quality practice, with close association to the IQIPS programme. This whole process is at risk of being circumvented with many Trusts so short of staff that they are simply ignoring the option of STP and PTP training to recruit Trust grade employees, or choosing to carry on with the old work-based training that should have been replaced. What is needed?

1. There is an urgent need to increase the numbers of trainees who can become fully qualified scientists in echocardiography and cardiac rhythm management.
2. An increase in STP numbers will not be adequate alone and must be combined with a coherent strategy to inform Departments how to recruit and the advantages thereof. This will not simply 'happen.'
3. Thirdly, consideration needs to be given how to support more PTP trainees to seek equivalence and grow into the roles required in echocardiography and cardiac rhythm management.

We are grateful for your consideration of the points raised above and look forward to hearing from you.

With kind regards.

Yours sincerely

Dr Rick Steeds President
British Society Echocardiography

Dr Nick Linker
President, British Heart Rhythm Society

Catherine Ross
Chair SCST Council, President SCST NI

Dr Sarah Clarke
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