

# 2017 NATIONAL TRAINEE SURVEY RESULTS

ALLERGY

SPECIALTY SPECIFIC QUESTIONS


SEPTEMBER 2017

## Introduction

The Specialty Specific Questions have been developed to test trainee's access to, participation in or confidence in the attainment of specific aspects of the specialty training curriculum.

The questions have been included as Programme Specific Questions in the annual GMC National Trainee Survey. A table showing trainee's collective responses from a national perspective, a comparison with the responses last previously received for the question (if it has been asked in a previous year) and the region or regions where agreement is highest or lowest are shown on pages 4-7 with a fuller breakdown of the questions and the trainee responses (nationally, by Deanery/LETB and by grade later in this report.

<b>Deanery / LETB</b>	<b>2016</b>	<b>2017</b>
Health Education East Midlands	<3	<3
Health Education East of England	<3	<3
Health Education N, C & E London	0	0
Health Education South London	4	5
Health Education North West	<3	<3
Health Education Wessex	<3	<3
<b>Total</b>	<b>9</b>	<b>10</b>

	Reduction of >10% of trainees completing the NTS in 2017 compared to 2016
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## Specialty Specific Questions – Allergy

Quality Criteria	% trainees agreeing overall	2016/2017 Difference
Q1. I have had sufficient experience in dealing with the consequences of atopic march in children to meet the curriculum outcomes.	100%	+0%
Q2. I feel competent to participate in an adult allergen immunotherapy service for allergic diseases arising from aeroallergen and insect venom allergy and offering subcutaneous and sublingual vaccines.	100%	+0%
Q3. I feel competent to investigate suspected drug allergy, including general anaesthetics, antibiotics, aspirin and other analgesics, local anaesthetics in an outpatient, day case or inpatient challenge setting.	100%	+0%
Q4. I feel competent to perform or order and interpret allergy tests and in vitro tests for serum allergen-specific IgE and understand the principles and clinical significance of component resolved allergen-specific IgE detection.	100%	+0%
Q5. The Knowledge Based Assessment examination was useful in shaping my training needs.	0%	-40%
Q6. I feel competent to investigate and manage patients with anaphylaxis including “idiopathic” anaphylaxis.	100%	+0%
Q7. I feel competent to determine the aetiology of, and manage urticaria and angioedema of all causes.	100%	+0%
Q8. I feel competent to investigate and manage patients with asthma, including identifying which patients qualify for anti-IgE therapy and administering and monitoring this therapy.	75%	-25%
Q9. I feel competent to examine the upper airways and to manage patients with chronic rhinosinusitis and nasal polyps.	75%	+25%
Q10. The BSACI national training days are delivering training appropriate to the content of the allergy curriculum.	100%	+11%
Q11. I feel competent to investigate and manage all patients with overt or suspected food allergy, with full understanding of the role of skin prick testing, component resolved diagnosis and single and double blind food challenge in a day case setting.	100%	+0%

Deanery / LETB	Year	N=	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
Health Education London (South)	2016	4	No data	No data	No data	No data	No data	No data	No data	No data	No data	100	No data
	2017	5	No data	No data	No data	No data	No data	100	100	75	75	100	No data

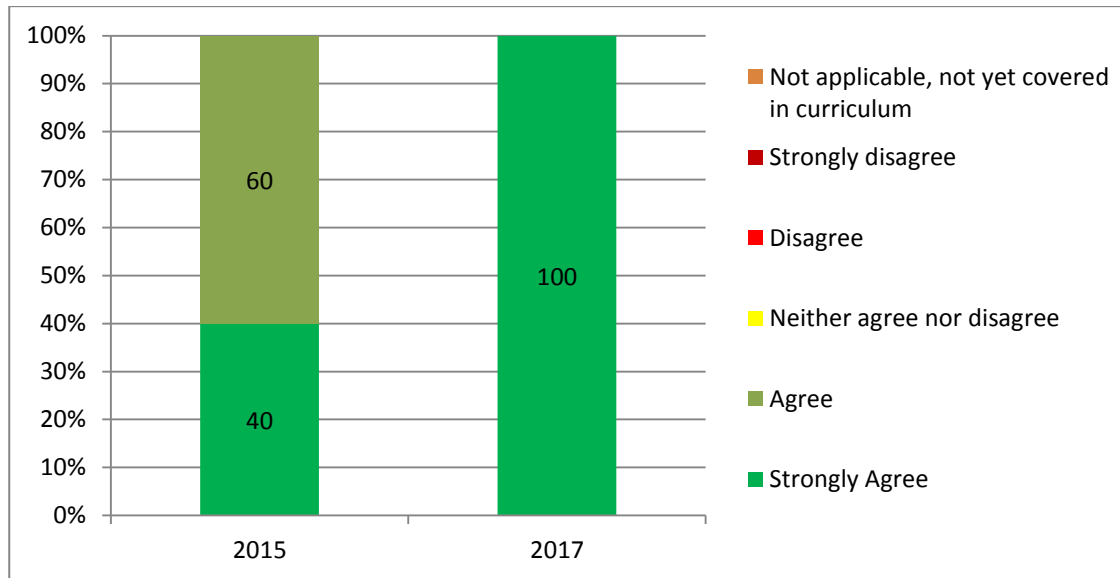
Increase in agreement 2016/17	decrease in agreement 2016/17	Agreement unchanged 2016/17
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Please indicate how much you agree or disagree with the following statements:

**Q1. I have had sufficient experience in dealing with the consequences of the atopic march in children to meet the curriculum outcomes.**

(This question was presented to trainees of the following grades: ST6, ST7) 2015: n=5, 2017: n=3

## All results



### Grade

No 2017 data available.

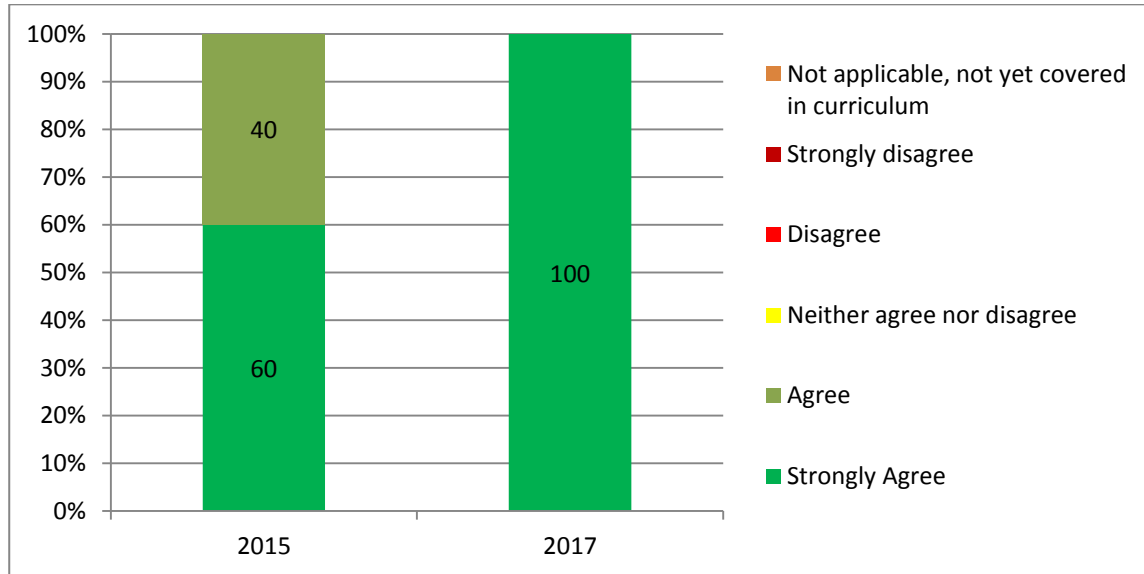
### Deanery/LETB

No 2017 data available.

**Q2. I feel competent to participate in an adult allergen immunotherapy service for allergic diseases arising from aeroallergen and insect venom allergy and offering subcutaneous and sublingual vaccines.**

(This question was presented to trainees of the following grades: ST6, ST7) 2015: n=5, 2017: n=3

## All results



## Grade

No 2017 data available.

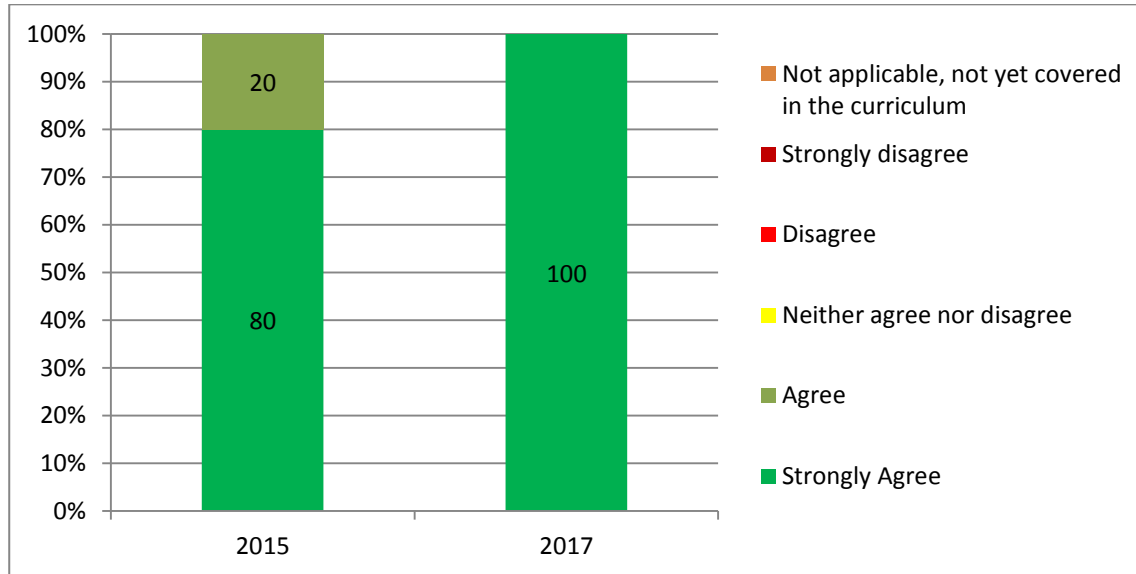
## Deanery/LETB

No 2017 data available.

**Q3. I feel competent to investigate suspected drug allergy, including general anaesthetics, antibiotics, aspirin and other analgesics, local anaesthetics in an outpatient, day case or inpatient challenge setting.**

(This question was presented to trainees of the following grades: ST6, ST7) 2015: n=5, 2017: n=3

## All results



## Grade

No 2017 data available.

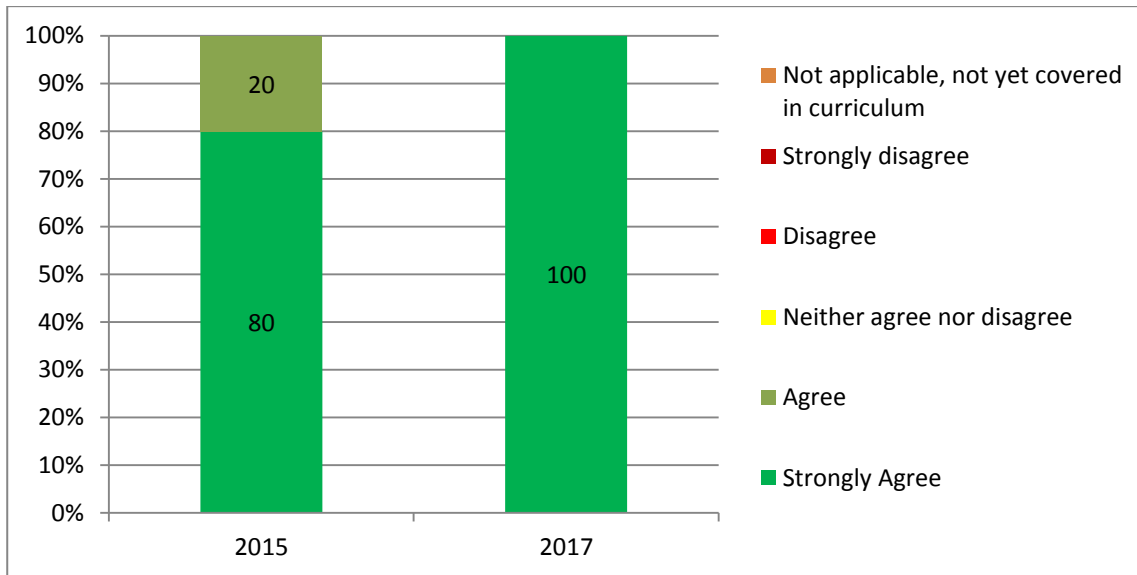
## Deanery/LETB

No 2017 data available.

**Q4. I feel competent to perform or order and interpret allergy tests including skin prick tests, intradermal tests and in vitro tests for serum allergen-specific IgE and understand the principles and clinical significance of component resolved allergen-specific IgE detection.**

(This question was presented to trainees of the following grades: ST6, ST7) 2015: n=5, 2017: n=3

## All results



## Grade

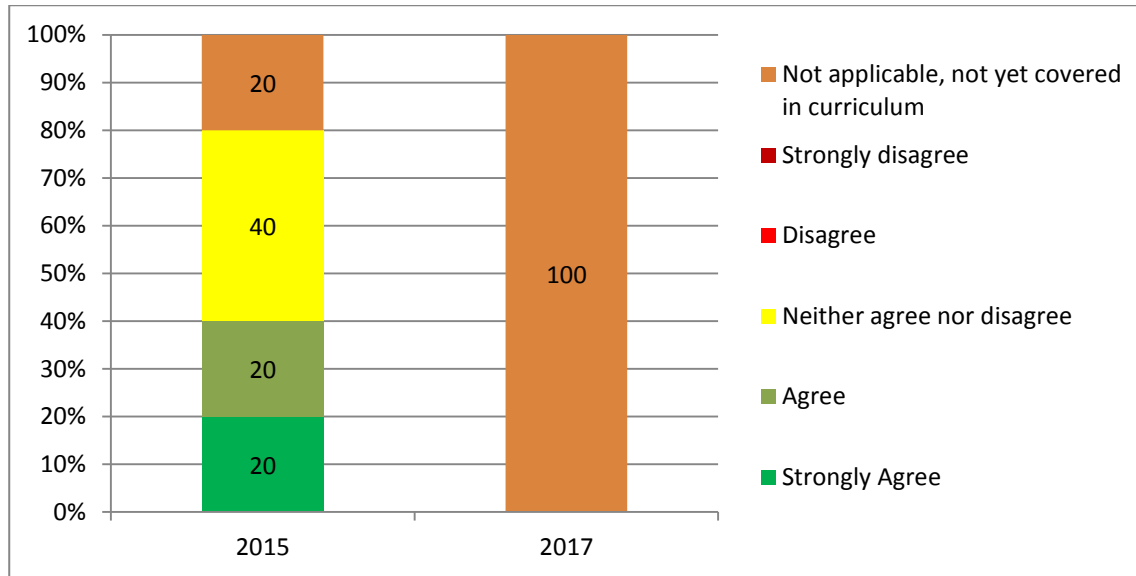
No 2017 data available.

## Deanery/LETB

No 2017 data available.

**Q5. The Knowledge Based Assessment examination was useful in shaping my training needs.**  
(This question was presented to trainees of the following grades: ST6, ST7) 2015: n=5, 2017: n=3

## All results



## Grade

No 2017 data available.

## Deanery/LETB

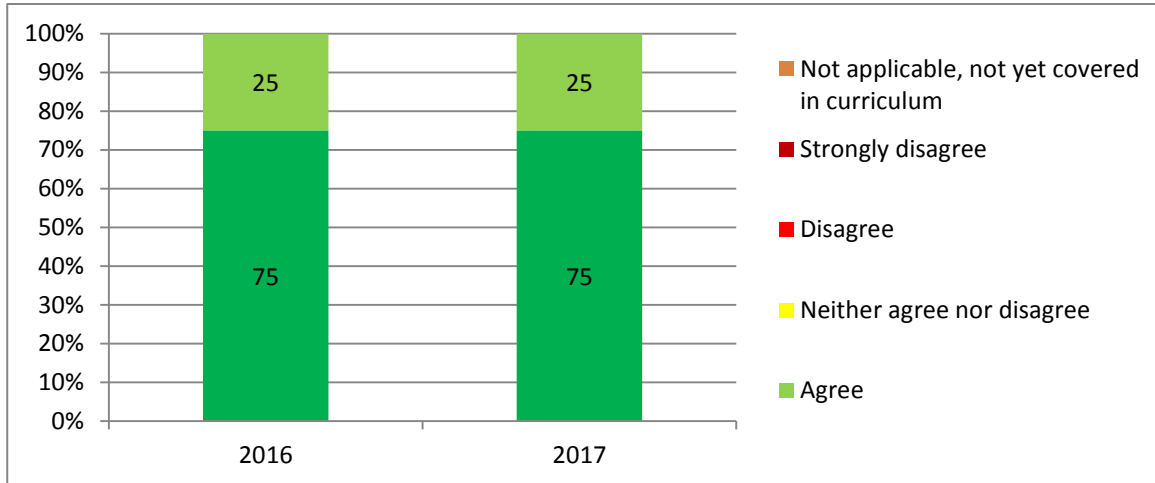
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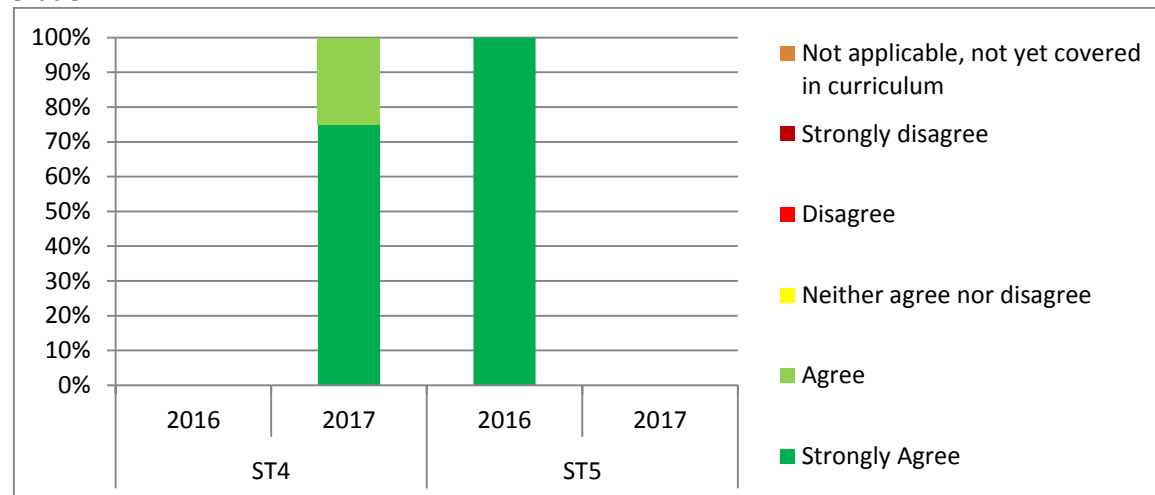
**Q6. I feel competent to investigate and manage patients with anaphylaxis including “idiopathic” anaphylaxis.**

(This question was presented to trainees of the following grades: ST4, ST5, ST6, ST7) 2016: n=4, 2017: n=8

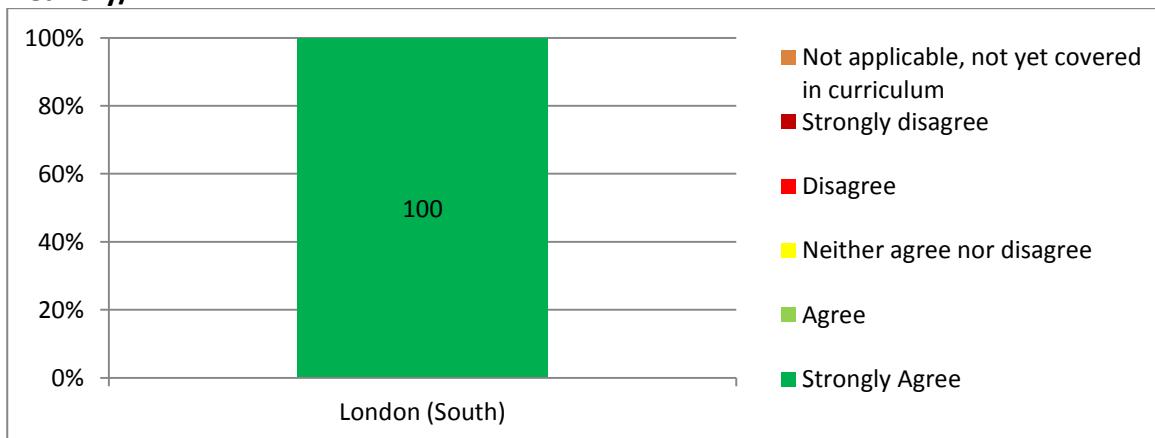
**All results**



**Grade**

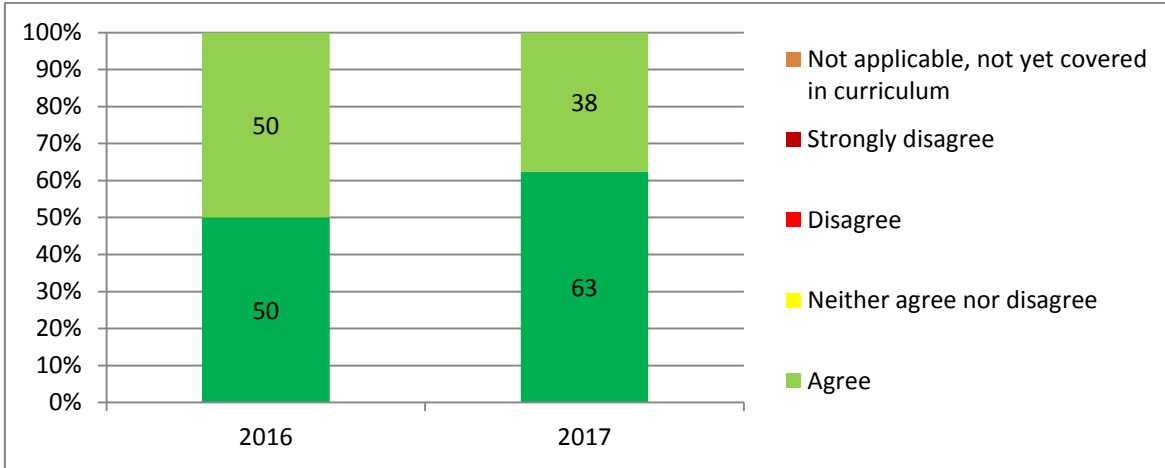


**Deanery/LETB**

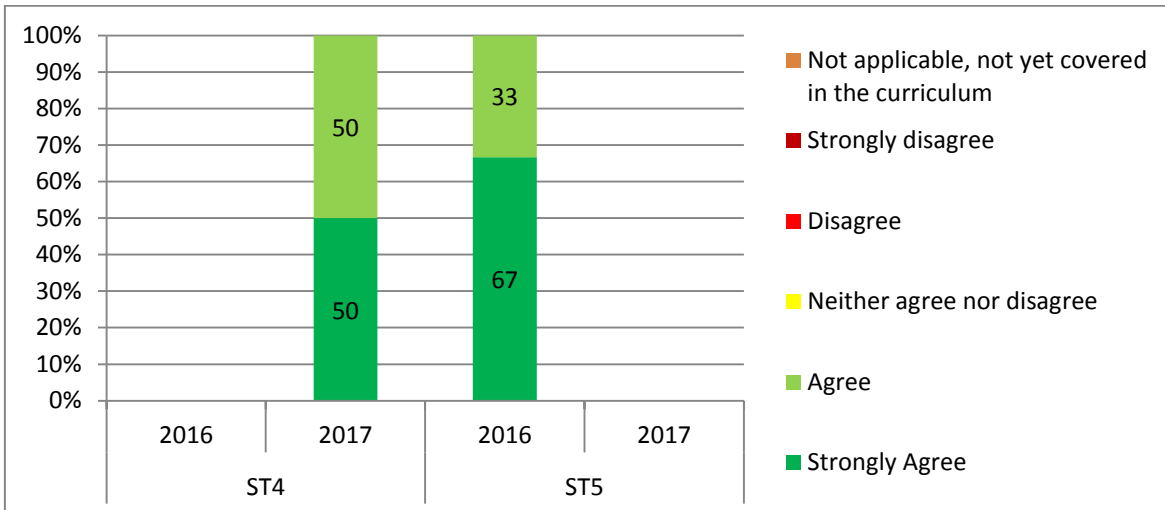


**Q7. I feel competent to determine the aetiology of, and manage urticaria and angioedema of all causes.**  
 (This question was presented to trainees of the following grades: ST4, ST5, ST6, ST7) 2016: n=4, 2017: n=8

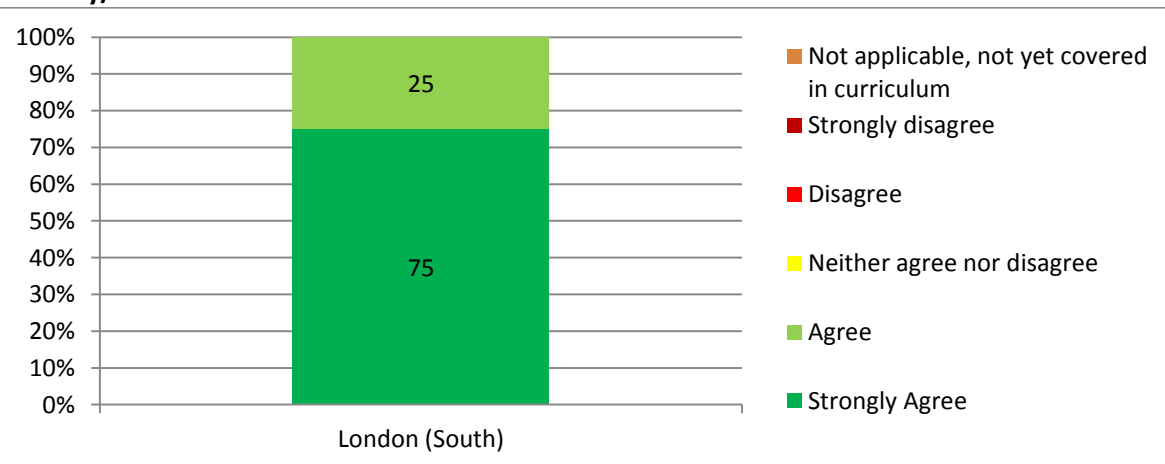
### All results



### Grade



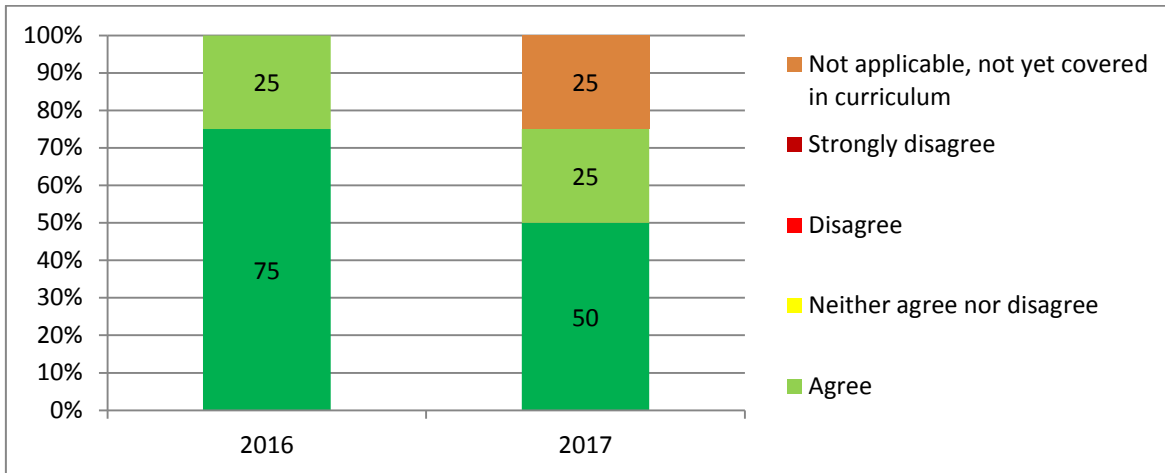
### Deanery/LETB



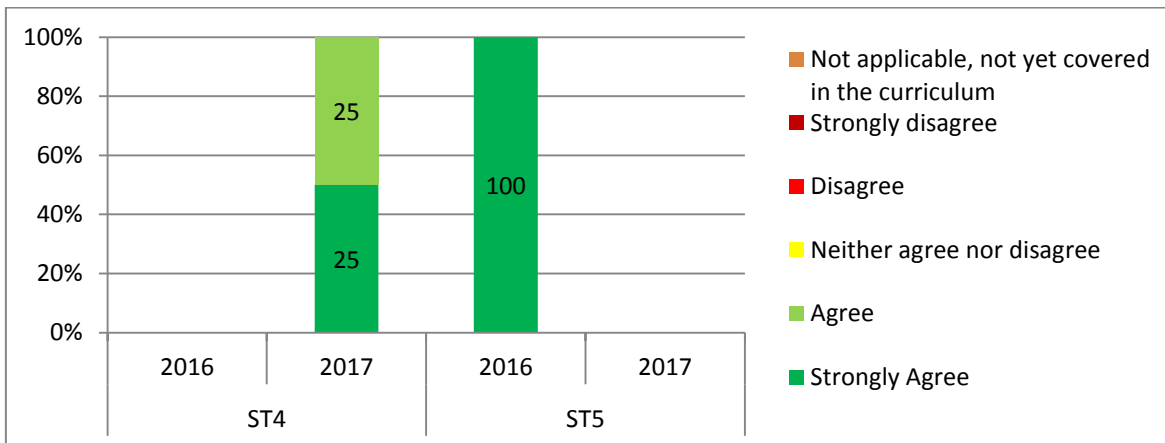
**Q8. I feel competent to investigate and manage patients with asthma, including identifying which patients qualify for anti-IgE therapy and administering and monitoring this therapy.**

(This question was presented to trainees of the following grades: ST4, ST5, ST6, ST7) 2016: n=4, 2017: n=8

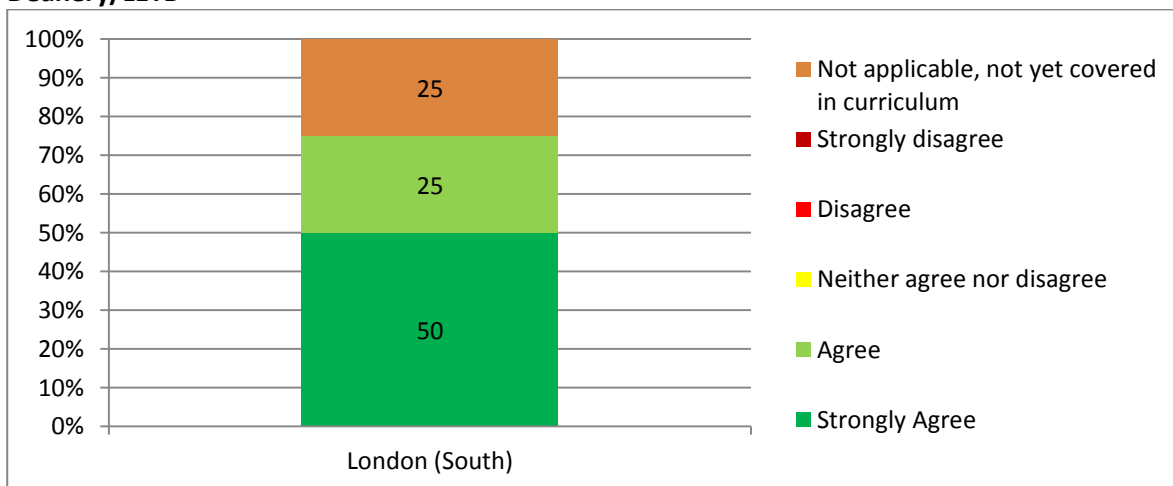
**All trainees**



**Grade**



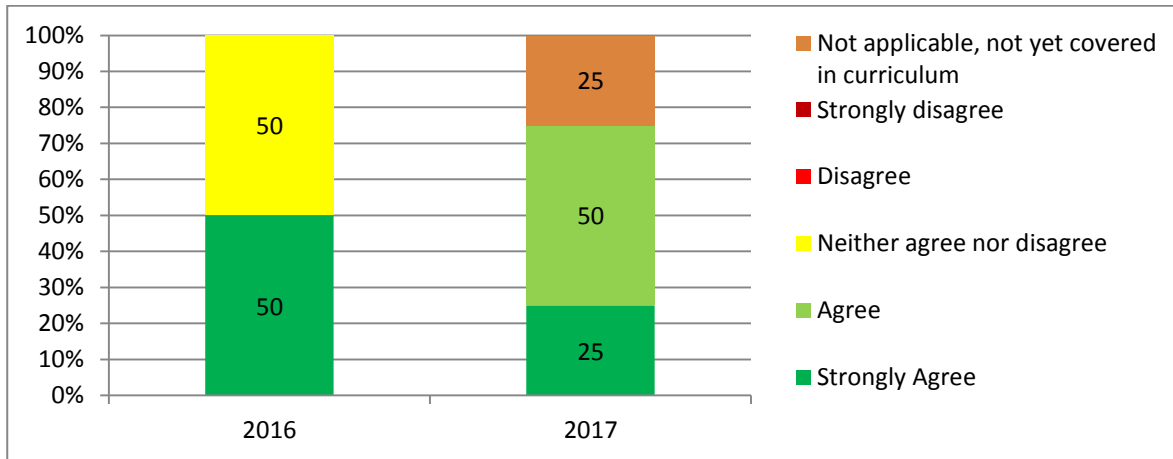
**Deanery/LETB**



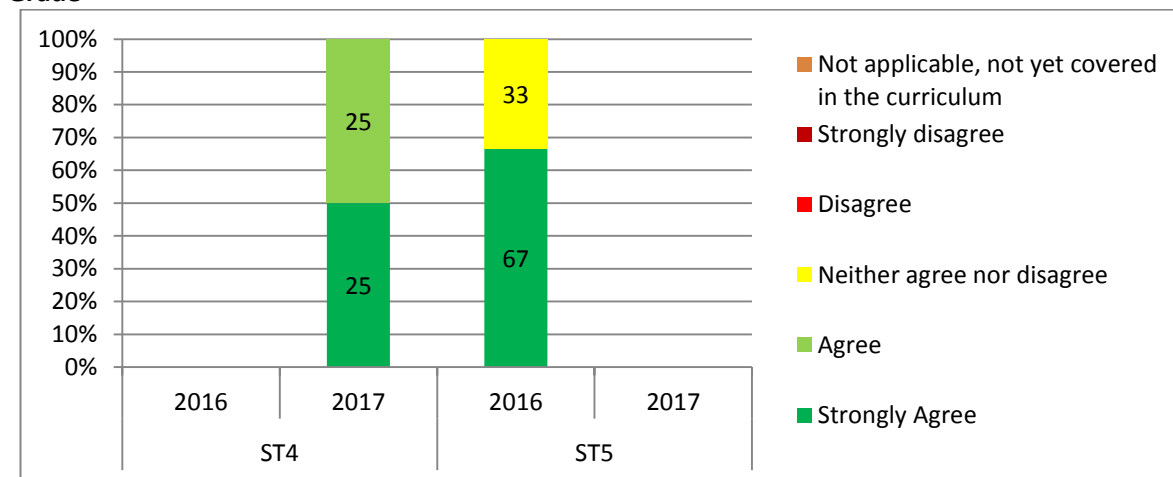
**Q9. I feel competent to examine the upper airways and to manage patients with chronic rhinosinusitis and nasal polyps.**

(This question was presented to trainees of the following grades: ST4, ST5, ST6, ST7) 2016: n=4, 2016: n=8

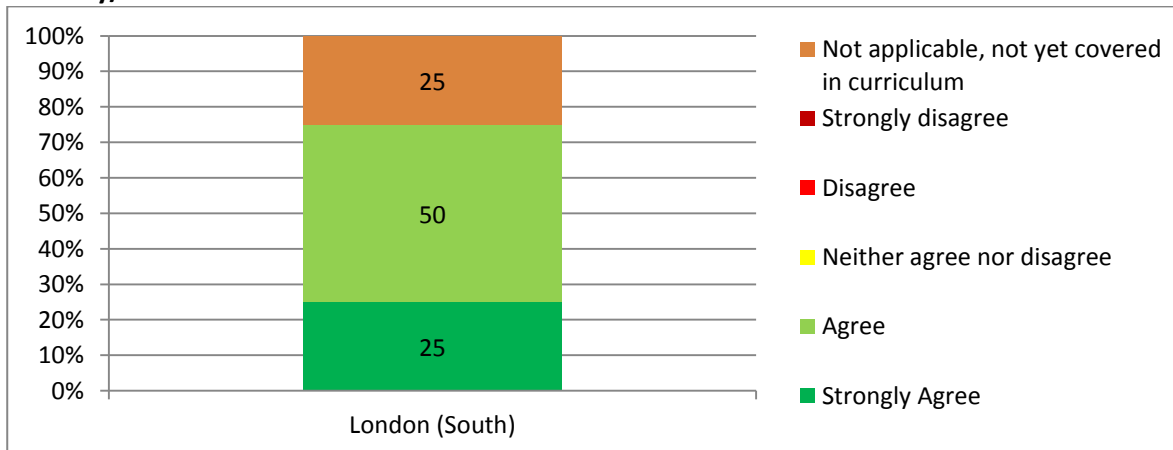
**All trainees**



**Grade**



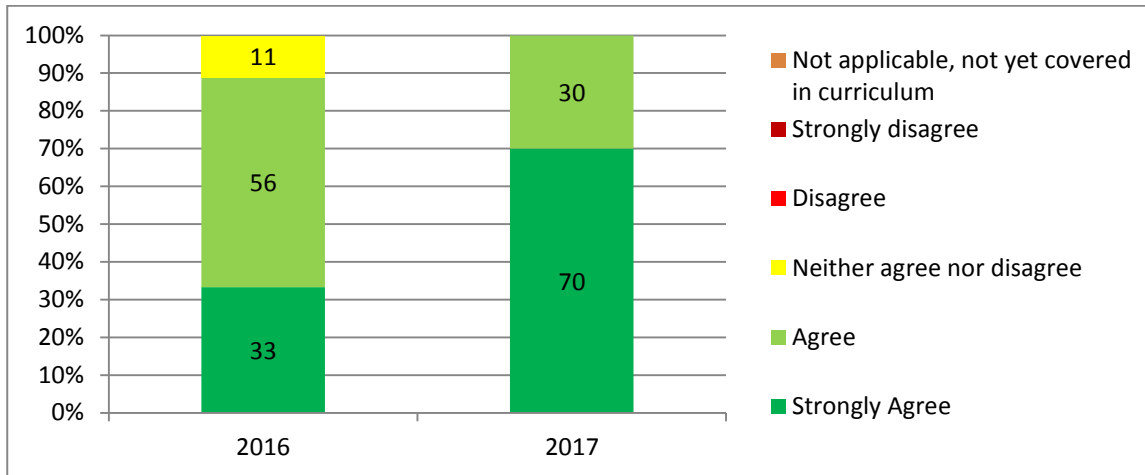
**Deanery/LETB**



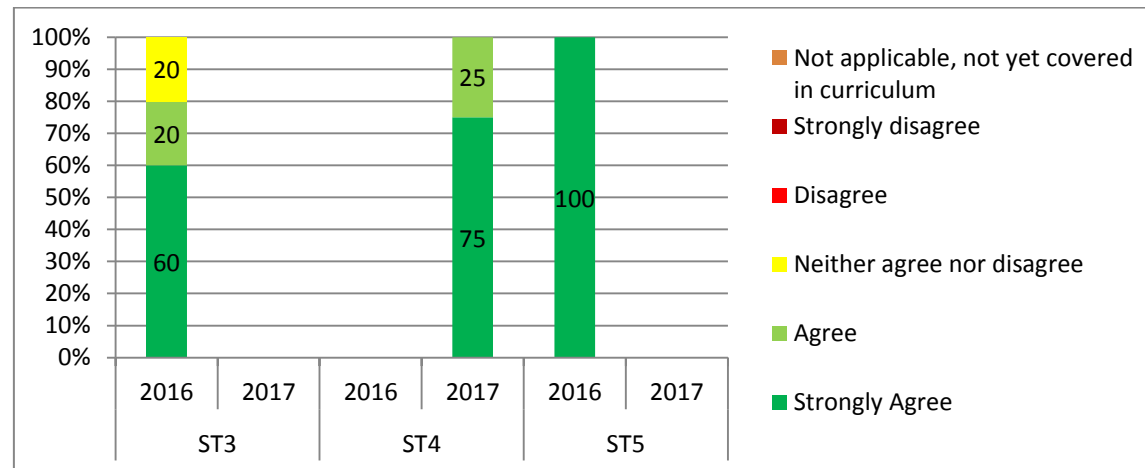
**Q10. The BSACI national training days are delivering training appropriate to the content of the allergy curriculum.** (This question was presented to trainees of the following grades: ST3, ST4, ST5, ST6, ST7)

2016: n=9, 2017: n=10

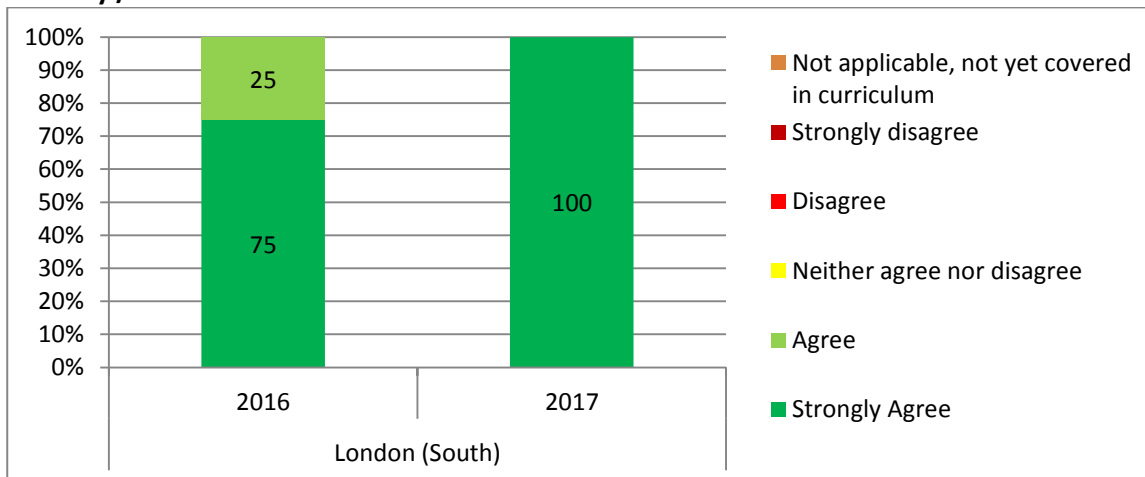
### All trainees



### Grade



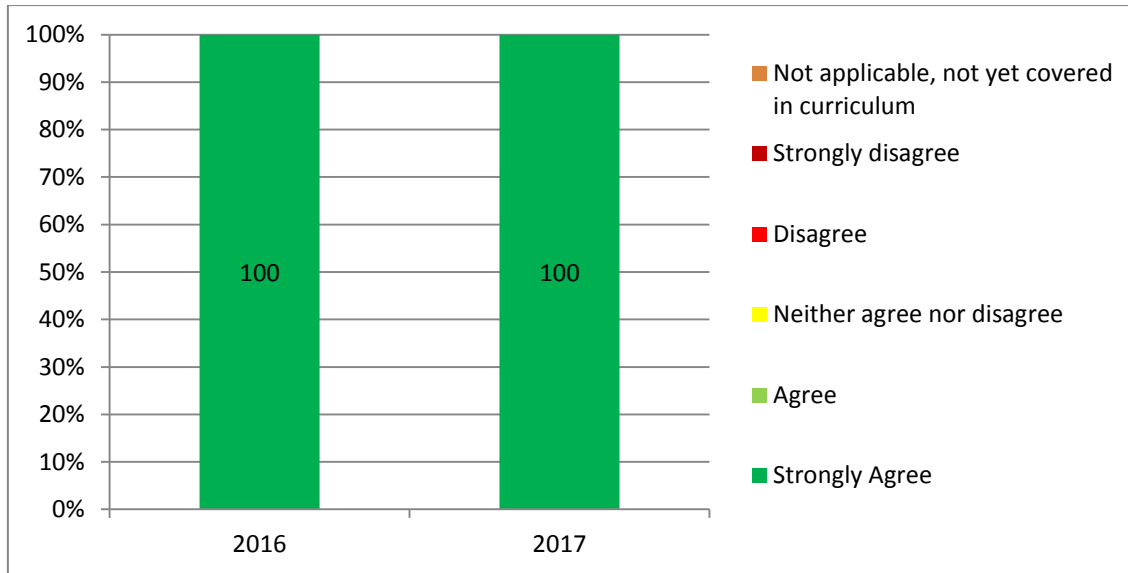
### Deanery / LETB



**Q11. I feel competent to investigate and manage all patients with overt or suspected food allergy, with full understanding of the role of skin prick testing, component resolved diagnosis and single and double blind food challenge in a day case setting.**

(This question was presented to trainees of the following grades: ST6, ST7) 2015: n=5, 2017: n=3

### All results



### Grade

No 2017 data available.

### Deanery/LETB

No 2017 data available.