

ACADEMY OF MEDICAL ROYAL COLLEGES

Draft minutes of the Academy Infection Training Working Party meeting between 2-4pm on Wednesday 4th November 2009 at the CHRE, 11 The Strand, London, WC2N 5HR.

Present:

Professor Sir Neil Douglas	Chair
Professor Philip Cachia	Lead Dean
Dr Chris Conlon	Infectious Diseases
Dr Derrick Crook	Microbiology/Infectious Diseases joint training
Dr Martin Gill	Chair of Microbiology CATT (tele-link)
Ms Lesley Hagger	JRCPTB
Professor Goura Kudesia	Chair of Virology CATT
Ms Jenny Maddocks	RCPATH
Dr Alastair Miller	Infectious Diseases
Dr Ed Moran	Trainee doctor
Dr Jim Stephenson	Medical Microbiology
Dr Andrew Todd	SAC ID/Tropical Medicine
Dr Helen Williams	SAC Microbiology
Dr David Williams	Faculty of Public Health
Dr Peter Wilson	Medical Microbiology
Ms Manjula Das	AoMRC

1) Welcome

The Chair welcomed the group to the meeting including, Dr Ed Moran, trainee doctor and Dr Jim Stephenson, Medical Microbiology.

2) Apologies were received from

Dr Celia Aitken, Virology; Professor Bill Burr, JRCPTB; Professor Brian Duerden, Inspector of Microbiology and Infection Control; Professor Shelley Heard, RCPATH; Dr John Hood, Microbiology; Dr Richard Lau, GUM; Dr Hermione Lyall, Paediatric Infectious Diseases; Dr Philip Kell, Chair of GUM SAC and Dr David Tompkins, Health Protection Agency.

3)a) Draft minutes from the previous meeting 19/06/09 were seen as a true and accurate account of events

b) Matters arising

i) Involvement of other specialties

Dr Raj Patel, GUM Lead at the JRCPTB and Dr Graham Davies, RCPCH have been invited to AoMRC Infection Training Working Group meetings and are being kept informed of developments of the working group. It is hoped that engagement from other specialties will be more forthcoming as the curriculum is developed.

ii) NHS Employer view update

The chair wrote to Dr Ashley Fraser informing him of developments of the working group. Dr Fraser's response was circulated to the working group for information. It states that the approach that is outlined by the working group *"would receive the backing of NHS Employers. There is an unmet service need and employers are employing different strategies to get round the shortage. A much more satisfactory long-term solution is the current proposal."* Professor Cachia asked for clarification from NHS Employers on what is meant by *"unmet needs"* and what end product is being sought. Some concern was raised that this might lead to a decline in the more specialised end of some specialties, however the intention is to develop and provide more pluri-potential doctors who are able to manage both the laboratory and the ward, i.e. increase opportunities available for trainees. Balance between pluri-potential and specialty specific is important. Such doctors could offer more flexibility to service and would be especially usefully in smaller hospital and more remote areas. Flexibility will be needed where there are limitations on what can be offered locally. Some members of the group felt that this was a natural progression to formalise common practice. Single specialties will continue to exist alongside the proposed new curriculum. It was noted that good communications is needed to ensure that all relevant stakeholders are kept informed of developments in a timely manner. Refer to agenda item 6.

ACTION: Working Group to define what the development of an Infection curriculum could offer to the Deans, the regulators and NHS Employers. This is to be communicated to all relevant stakeholders.

iii) PMETB and establishing a new CCT in Infection update

When the curriculum has been further developed, its approval will be discussed with the regulator and a decision will be made on whether this should lead to the establishment of a new CCT.

4) Draft Core Infection Curriculum version two

The curriculum programme will consist of Core Medical training, followed by Core Infection Training and then modules.

Dr Gill will prepare an updated version of the Core Infection Curriculum by mid February/early March 2010.

ACTION: Members of the working group to send suggestions on the Core Infection Curriculum to Dr Gill.

5) Module developments

As agreed at the last meeting a working group was established to develop a variety of modules which will proceed on from the core programmes. The variety of different specialised modules were circulated to the working group for comment and discussion. These included: for Tuberculosis, Viral hepatitis, Respiratory Infections, Infections in Pregnancy, Paediatric Infections, Nervous Systems infection, Infection in the Intensive Care Unit, Control and Management of hospital associated infections, HIV Immunity, Transplantation and Neutropaenia, Travel Infection and Emerging Infections. These were derived from the current specialty curricula on the same topics.

There will be a preamble to all modules, with the generic components (i.e.: leadership) which underpin them all.

ACTION: Minutes from working group meeting to be circulated to the working group by Ms Das.

Anti-microbe prevention, stewardship and relevant aspects of the Medical Leadership curriculum framework also need to be further strengthened.

ACTION: Dr Moran to clarify the format for module development to ensure consistency and ease of development for all modules. To be circulated to members working on the module development as soon as possible.

ACTION: Dr D Williams to strengthen the preventative aspects in the proposed modules.

ACTION: Members of the working party keen to assist in the further development of the proposed and newly proposed modules (see 5b) to inform Dr Conlon and Ms Das.

b) Suggested other

It was suggested that Infections in the elderly could be developed, but the working group felt that this was not significantly different to the content covered in the other modules and therefore will not be pursued. Epidemiology was seen to be covered sufficiently in hospital infections and paratology under the travel module.

It was suggested that a further module on Gastro and abdominal infections should be developed.

ACTION: Dr Crook to take forward the development of the gastro and abdominal infection training module.

ACTION: Members of the working party to inform the working group if there are any further modules which should be developed.

The level of the modules was discussed by the working party. It was agreed that these modules would be taken in the latter years of training (each placement lasting either four or six months, the latter being preferable). These modules need to be detailed and reflect the expectations of the new type of consultant it will create. The value added elements of this curriculum need to be strengthened, in essence “adding another twist to the spiral”. The modules should indicate the same requirements expected of a specialist in that particular specialty, in order to ensure the high quality and level of training that the curriculum supports.

The proposed modules will be grouped together into logical and broad packages. Locally, deans will be able to vary these depending on training deliverability and service needs.

6) Communications update

Dr Conlon and Dr Gill are presenting the working party’s developments to at FIZ meeting later in November

ACTION: JRCPTB to discuss developments with General Internal Medicine to ensure they are kept fully informed.

ACTION: Professor Kudesia and Dr Conlon to write an article for the RCPATH bulletin informing College members and fellows of the developments.

All AoMRC meeting minutes and developments are kept up to date on the AoMRC website.

The working party are keen to promote transparency of information and will consult widely in due course.

7) The next steps

a) Agree timescales

i) AoMRC Working party and working group to develop revised core infection training programme and modules by March 2010.

ii) AoMRC ITWP to agree and the core infection programme, modules and training model for the proposed curriculum at March meeting.

iii) After agreement, the curriculum to be sent out for wider consultation to associated stakeholders.

iv) Further to the national consultation, the working party to agree the final version of the curriculum and submit to the regulator by early June 2010.

ACTION: Sir Neil to speak to PMETB re proposals.

v) Deans to be able to start planning the delivery of the curriculum in summer 2010.

vi) Selection and recruitment to begin in autumn 2010 (to consist of a single round of recruitment).

vii) First trainees to enter programme in August 2011.

b) Pilots

At a recent RCPATH meeting it was suggested that pilots should be run prior to the roll out of the programme. However, the working party agreed that this was not necessary as ID, MM and V have been successfully combined and delivered in a number of different variations for a number of years and therefore, in essence, already has been piloted.

c) Implementation

The working party will keep deans and NHS Employers fully informed of developments. Good communications are important for this.

8) Any other business

There was none.

9) Date of the next meeting

ACTION: Ms Das to circulate meeting dates for 2010.