

ACADEMY OF MEDICAL ROYAL COLLEGES

AoMRC Infection Training meeting between 10.30-12.30 on Wednesday 7th February 2007 in the Council Chamber at the Royal College of Radiologists, 38 Portland Place, London, W1B 1JQ

Present

Professor Neil Douglas Chair

Ms Joanne Brinklow	RCPATH
Dr Chris Clough	RCPL
Dr Chris Conlon	Infectious diseases
Dr Derrick Crook	Microbiology/infectious disease joint training
Professor Brian Duerden	Microbiology and infection control
Dr Celia Duff	Faculty of Public Health
Dr Jeremy Halker	Faculty of Public Health
Dr John Hood	
Dr Harriet Hughes	Trainee representative
Dr Philip Kell	GIM
Professor Goura Kudesia	Chair of Virology CATT
Dr Hugo Ludlam	CATT Medical microbiologist
Dr Damien Mack	Trainee representative
Dr Andrew Todd	SAC Infectious diseases/Tropical Medicine (telelink)
Dr Helen Williams	SAC Microbiology
Dr Peter Wilson	Microbiology
Dr Hani Zakhour	RCPATH

Apologies

Professor Shelley Heard Core infection training
Dr Hermione Lyall Paediatric infectious diseases

Professor Neil Douglas welcomed everybody to the group. The aim of the meeting is to discuss the future of general infection training and how this can be taken forward. The meeting originated from JCHMT's letter to Professor Adrian Newland in the autumn of 2006 which highlighted their concerns over future recruitment to certain specialties. There is much overlap between a number of specialties in the RCPs, RCPATH, RCPCH and Faculty of Public Health, therefore representatives from all of the above have been included in the meeting.

The Group introduced themselves to one another. Agenda items 1-6 presented the views of the different interested parties in the training of infectious diseases for the future.

1. Development of 'Infection' training

Dr Wilson noted that the RCPATH bulletin of April 2006 highlighted the proportion of microbiology candidates with an MRCP varies between 40-90%. With the introduction of MMC changes, the specialty will potentially lose those candidates who enter via the "MRCP route" as run-through training is being promoted post the Foundation years. As well as London, colleagues in Oxford, Cardiff, Leeds and Glasgow are also concerned about recruiting into the specialty in the future under this scheme. In the short-term, rotations (for example between St Thomas', UCH and the Royal Free in London) are being used to run joint microbiology training but this is not a solution in the long term by any means. Both Dr Wilson and Professor Duerden highlighted their desire for core medical training for those pursuing a career in infectious diseases, after which a modular system could direct individuals down specialist routes.

2. View from Microbiology SAC and CATT

Dr Williams noted that recruitment in microbiology has a varied and mature history. A key problem which MMC poses to this specialty is its rigidity and inability to adapt to people as they develop. Other specialties could benefit from some competences gained in microbiology like lab services, and visa versa.

Dr Hugo Ludlam highlighted that the "major and questionable changes" to the curriculum over the past few years had been difficult for both trainers and trainees (especially those who take career breaks). Evidence of the need for this and proof of its benefit should be involved when future changes are asked for. It was suggested that a host deanery should trial the new curriculum before being implemented and used nationally.

Dr Zakhour thanked those in the group who had contributed to the curriculum rewrites. He highlighted that changes to the curriculum were necessary to deal with the future of microbiology which encompassed changes in the profession and specialty itself. The new scheme aims to be more inclusive than before in order to combat concerns in recruitment to the specialty, for example by accepting those who do not have an MRCP. The person specifications indicate the criteria required and the specialties desire to broaden its recruitment base.

3. View from Infectious Diseases

Dr Todd reiterated that there has been much development in this specialty over the years, including new aspects like HIV. There is much cross-over between a number of the specialties represented at the meeting and he encouraged a joint training strategy which could facilitate the sharing in teaching of core clinical competences.

Professor Kudesia reported the Virology stance. She noted that virologists would benefit from a core curriculum before embarking on specialist training, especially in light of trainees now entering specialty training from the generic Foundation course.

4. View from Public Health / Paediatric Infectious Diseases

Dr Duff and Dr Halker also illustrated their desire to work together with other specialties to promote training opportunities in cases where competences are shared. It is important to identify what competences public health can bring to the table, and how and when they can be imparted to trainees with similar interests. It was felt

that general Public Health skills could definitely aid the training and development of trainees in other specialties.

Unfortunately the Paediatric Infectious Disease representative could not attend the meeting. However, all noted the importance of such involvement and inclusion in all future developments.

5.View from JCHMT/PMETB

Dr Clough also indicated the JCHMT's interest to engage with other specialties which share competences relating to specialties under their authority. He detailed the broad based element of the new curriculum – core medical training (CMT) and the smaller Acute care common stem curriculum, both of which last two years. There had been a desire to develop core neuro training, but at present PMETB are not keen to accept such developments. It is hoped that, in time, themed or core training between related specialties will be acceptable and recognised by PMETB.

Dr Clough supported the aim to provide doctors that service needs now and for the future. It is expected that hospitals will become increasingly more acute. There is expected to be a wide range of people needing a varying range of treatment for infectious diseases effecting both in- and out-patients. Interest in HIV and it's treatment also continues to grow. The numbers this will affect may be small, but have a great consequence. It was also noted that infectious disease patients may not necessarily come under infection care initially, but via another route. Such expected developments and changes seem to support the need for joint working between related specialties.

6. View of Trainees

Dr Hughes and Dr Mack highlighted the trainee perspective. In a nutshell, trainees want jobs leading to consultant position. They support the notion of core or themed training initially, later leading to specialist routes, perhaps through the modular system mentioned earlier in the meeting. They noted the benefits in continuity of care which could result in working together with linked specialties, which would be of positive consequence to the patient.

Trainees are aware of the need to plan their future career in good time, so information as early as possible is essential. CMT allows trainees to keep their options open to a number (28) of different specialties which is good especially in light of the fact that new trainees will now enter specialist training earlier than before. The exact CCT one would obtain is slightly unclear at times in the present new situation.

7. Future work

All members of the group agreed that there was a desire to develop a core, joint or themed infectious diseases training/curriculum. All options will be discussed, as to the type of programme, it's length, when it should take place and how (if agreed) it will be implemented.

It is essential to gain clarification from PMETB to ensure that joint training can continue.

ACTION: Dr Clough to obtain firm clarification from PMETB on dual accreditation and present and future joint training schemes.

ACTION: To establish a working group of no more than 7 people (representatives from the RCPs, RCPATH, RPPCH, FPH) to scope the present situation and evaluate the need and ability to offer a joint core training programme in infection. This will act as a steer on how to take the project forward. The group will report to the Academy Postgraduate Education Committee (APEC) and at the next meeting of this group. The deadline for this work is six months (end of July 2007).

ACTION: Miss Das to arrange the next meeting of the present group. The title will be changed and a clinical scientist will be included as well. This meeting will take place on completion of the above working group – in early Autumn 2007.