

ACADEMY OF MEDICAL ROYAL COLLEGES

Meeting of the Academy Infection Training Working Party between 10.30-12.30 on Tuesday 21st October 2008 at the Academy of Medical Royal Colleges, 70 Wimpole Street, London, W1G 8AX

Present:

Professor Neil Douglas	Chair
Ms Joanne Brinklow	RCPATH
Professor Bill Burr	JRCPTB
Dr Chris Conlon	Infectious Diseases
Dr Derrick Crook	Microbiology/Infectious Diseases joint training
Professor Brian Duerden	Inspector of Microbiology and Infection Control
Dr Martin Gill	Medical Microbiology (tele-link)
Professor Shelley Heard	RCPATH
Dr Alastair Miller	Infectious Diseases
Dr Mary Slack	Health Protection Agency (deputy)
Dr Andrew Todd	SAC ID/Tropical Medicine (tele-link)
Dr Helen Williams	SAC Microbiology
Dr Peter Wilson	Medical Microbiology
Dr Hani Zakhour	RCPATH
Ms Manjula Das	AoMRC

1) Welcome

The Chair welcomed the group, Professor Bill Burr, JRCPTB and Dr Mary Slack, deputy for Dr David Tompkins from the Health Protection Agency.

2) Apologies were received from

Dr Celia Aitken, Virology; Dr John Hood, Microbiology; Professor Goura Kudesia, Chair of Virology CATT; Dr Harriet Hughes, Trainee representative; Dr John Hood, Microbiology; Dr Richard Lau, GUM; Dr Hermione Lyall, Paediatric Infectious Diseases; Dr Philip Kell, Chair of GUM SAC and Dr Jim Stephenson, Medical Microbiology and Dr David Tompkins, Health Protection Agency .

3)a) Draft minutes from the previous meeting 22/04/08 were seen as a true and accurate account of events

b) Matters arising

Action point i, agenda item 4, page 2 from minutes. Ms Brinklow to set out the timescale in the next version of the report.

Action point iii: Professor Burr to liaise with Dr Clough regarding engagement with the DH and to request the necessary resources.

Action point iv: Professor Douglas has informed these developments to four nations via the four CMOs

Action point v: Dr Todd confirmed that Professor Philip Cachia is the lead dean for Infectious Diseases (including Tropical Medicine). COPMeD have not been formally approached but are aware of developments and enthusiastic about the venture.

Action point vi: Dr Elizabeth Hughes is the lead dean for medical microbiology and virology (West Midlands deanery).

Action point vii: A statement on re-examining entry from other cores in the future has not been included in the report. Entry into Core Infection Training will either occur after Core Medical Training or ACCS. The Group is committed to flexibility for the trainees and the entry criteria will address this issue. The Group considered the best approach would be to include the suggestion in the consultation to be distributed in the next few weeks to gauge the wider opinion of members of related and effected specialties.

Action point viii, page 3 from minutes: The number of trainees in medical microbiology and virology are known, whilst those in joint infection training and in infectious diseases training need to be sought (four country). **Ms Brinklow to source numbers with help of members of the working party.**

It will be more difficult to draw up a model with estimated indicative numbers (which should also include scientists). It was suggested that NHS Work force planning could aid such modelling.

Action point ix: To liaise with other related specialties, namely Public Health, Paediatrics and GUM to ensure that the relevant cross-over aspects are addressed in the curriculum.

ACTION: Professor Douglas to speak with Dr Alan-Maryon Davies and Dr Patricia Hamilton on the most appropriate contacts at their Faculty/College to liaise with on Infection training development.

Action point x, agenda item 6, page 4: Discussions have moved on since the original brief therefore a revised version of the consultation document will be circulated to the working party for comment and then out to the related specialties and colleges. Transparency is important in order to ensure that all relevant stakeholders and parties have an opportunity to inform the development. To be agreed by the beginning of December 2008.

Action point xi: The updated consultation document to be circulated to the working party for comment to be fed back to Ms Brinklow.

Action point xii: Discussed under agenda item 7.

Action point xiii: The RCPATH went out to tender and are using Premier IT for their e-portfolio development. NES was approached but due to lacking resources, an alternative provider is being used. In the development, the providers are very mindful of the cross over between different specialties and different e-portfolio systems and are working to ensure that any system implemented will work effectively and efficiently for trainees and trainers alike. Ms Brinklow is also in good communication with Mr Jo Booth on this issue.

4) Progress to date

a) Draft minutes from Infection Training meeting 10/09/08

The draft minutes from the Infection Training meeting on 10th September were circulated to the working party. The action from which is to explore the options with PMETB and MMC on how trainees can enter and move between different specialties within the infection training curriculum.

b) Draft Infection Training Project Plan for comment/agreement

ACTION: As discussed under matters arising, action point x, the revised Project plan will be sent to the working party for comment and then out wider to the related Colleges. The working party are asked to track any changes and send back to Ms Brinklow and copying in Ms Das by mid November.

5) Update on the involvement of other specialties

The working Party thought the involvement of the FPH and RCPCH is essential to the development of the Infectious Diseases Curriculum. As discussed under agenda item 3b, paragraph ten there will be liaison between the Presidents. It is important to clarify what is being requested from other related specialties. The key aspect is the curriculum development.

ACTION: Dr Williams to identify contacts (potentially Dr Duff's replacement and Dr Corry van der Boosch) and discuss curriculum developments with related specialties.

6) Which CCT? Joint?

Dr Wilson highlighted the need for clarity on which CCT a trainee would obtain upon successful completion of the Infectious Training core and ensuing specialty training to CCT level. As discussed under agenda item 8, NHS employers are supportive of the development of extended infectious training beyond core, with a shorter period at the end (prior to CCT) where a trainee could specialise in a particular field.

The legal implications of such a development would need to be discussed with the PMETB.

ACTION: Ms Brinklow to liaise with Ms le Rolland re the practicalities of changes to CCT in related specialties.

Ms Brinklow detailed the necessary changes to bring in a new CCT and decommission others. This comes in two stages, firstly an application to the DH for a new CCT (and the decommissioning of others – although there inevitably will be overlap), then to the PMETB requesting a major change. The process should take a year, six months for each round, but recent experience has shown that the more likely timescale is about two years. It was reiterated that consideration must be given to those trainees who currently are in training or just about to enter specialty training and ensure that there are suitable mechanisms in place to allow for flexibility and fairness in opportunity. Indeed, it was felt that the PMETB would probably highlight the right for such trainees to be able to change their training pathways if they so wished and showed the necessary competences (to be reflected in the person specification).

ACTION: Ms Brinklow to circulate to the working party details of the application process for the introduction of a new CCT.

It was therefore agreed by the working party to develop a specialty training curriculum for Infectious Disease training which will result in a newly proposed Infectious Diseases CCT.

ACTION: The sub-group working on the core curricula will oversee how the different specialty curricula already in use will be incorporated into this new training curriculum, drawing on expertise from the working party and other specialties (namely Public Health and Paediatrics).. Sub groups will be established by the JRCPTB and RCPATH to look at the different curricula and decide what parts should be included in the new curriculum. There must be trainee representation from the relevant specialty, on these groups. This work should be completed by June 2009.

7) Verbal report on DH/PMETB principle to agree Medical Virology CCT

As discussed above under agenda items 6. It is important to be fair to trainees, particularly in ensuring that they are fully informed of these developments at the earliest possible time in order for them to make informed decisions about their career. It was suggested that in any relevant job advertisement, details of the development of this new curriculum should be included.

Ms Brinklow is waiting to hear back from the PMETB with respect to the changing status of particular CCTs to ensure clarification on which CCT a trainee will obtain following successful completion of different curricula via different routes.

ACTION: Ms Brinklow to take forward.

8) NHS Employer view – verbal update of meeting 15/10/08

On 15th October Dr Zakhour and Professor Burr had a productive discussion with Dr Fraser (NHSE) on the implications of the proposed developments in Infectious Disease training on the service. NHS Workforce Employers are supportive of this initiative and sought more clarification on the model, particularly on how far it would extend to. It was suggested that the Infectious Disease training, whilst incorporating the different specialties, be extended to include more broad based training, with a shorter specialty period at the end to create an Infectious Training CCT. This reflects the demand for such doctors within service, highlighting the positive direction of travel of these developments. It needs to be identified what kind of doctor is needed and how these can be trained in the most effective way. It is felt that this Infectious Diseases CCT will be desirable for both service and trainees, indeed, the joint programmes at the moment are increasingly popular. It was highlighted that care should be taken not to limit those trainees who do wish to follow a straight Medical Microbiology, Virology or other such lab-based specialist CCTs though. Flexibility for trainees is important and much thought must be given to how those already training could benefit from this new curriculum if they so wish. The development of this curriculum should enhance the type of doctors within service, and not in any way lose much needed specialties, as long as the service is prepared to employ them.

After much discussion by the working party, it was agreed that this should be included in the consultation which would be sent to the relevant specialties and be taken forward thereon. It is felt that this is the direction of travel of the current developments and the programme will evolve in this way. Refer to minute 6.

NHS workforce planning also spoke of a divide between such trainees into those with a hospital and those with a community focus. The working party felt that this division would work contrary to how infections are spread and treated and therefore it would not be appropriate to go down this route. Infection is cross boundary and therefore trainees should be trained in both environments. The division would also be injurious to the inclusion of Public Health which all agree should be involved in the development of infectious disease training.

9) Implication of Darzi's proposals regarding modular training and credentialising

N/A.

10) Potential for Infection Training broad based programme development as discussed at Academy Specialty Training Committee work stream meeting 09/10/08

Professor Kudesia wished to discuss the developments of the core/broad based working group of the Academy Specialty Training Committee with the group, but was unable to attend the meeting. The draft minutes of the meeting 09/10/08 were circulated to the working party with their attention drawn towards, page 4, agenda item 6. This discusses the potential for core/broad based training from ST1 level rather than from post CMT s well as the entry into ST3 from other potential cores.

11) Future leadership from Royal College of Pathologists on working group

The Chair and working party warmly thanked Dr Zakhour for all his invaluable work and contributions to the development of the Infectious Disease training.

Dr Helen Williams accepted the request that she be the new RCPATH leader on this work's development.

12) The next steps

ACTION: Ms Brinklow to circulate the revised Project Plan to the group for comment and then to circulate the confirmed document to the related specialties.

ACTION: Professor Douglas/Professor Bill Burr to informally notify the DH (via Professor Sowden) of developments and intentions.

ACTION: Ms Das to arrange future meetings in early February and June.

13) Any other business

There was none.