

# ACADEMY OF MEDICAL ROYAL COLLEGES

**Draft Minutes of the Academy Infectious Training Working Party meeting between 2-4pm on Tuesday 22<sup>nd</sup> April 2008 at the Academy of Medical Royal Colleges, 70 Wimpole Street, London, W1G 8AX.**

Present

Professor Neil Douglas	Chair
Dr Celia Aitken	Virology
Ms Joanne Brinklow	RCPATH
Dr Chris Clough	JRCPTB
Dr Chris Conlon	Infectious Diseases
Dr Derrick Crook	Microbiology/Infectious Diseases joint training
Dr Martin Gill	Medical Microbiology
Professor Goura Kudesia	Chair of Virology CATT
Dr Harriet Hughes	Trainee representative
Dr Alastair Miller	Infectious Diseases
Dr David Tompkins	Health Protection Agency
Dr Andrew Todd	SAC ID/Tropical Medicine telelink
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 and the new representative Dr David Tompkins from the Health Protection Agency.

## **2) Apologies were received from**

Dr John Hood, Microbiology; 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 Damien Mack, Trainee representative; Dr Philip Kell, Chair of GUM SAC and Dr Jim Stephenson, Medical Microbiology.

**3)a) Draft minutes from the previous meeting 17/10/07** were seen as a true and accurate account of events

## **b) Matters arising**

None.

#### **4) Feedback and responses from the Royal Colleges of Pathologists consultation on the proposals for training in the infection specialties**

Feedback and responses to the RCPATH consultation on the proposals for training in the infection specialties document was circulated to the group for discussion. There were many positive comments for the initiative. The concerns raised were:

##### Duration

Although no time lengths of training were given, there was concern that the proposed Core Infection Training (CIT) would increase the duration of training which could make the programme unattractive to trainees. However, this programme could actually shorten rather than lengthen the duration of training.<sup>1</sup> Although it would lengthen medical microbiology and medical virology training compared to the new PMETB approved programmes it would produce a much broader trained doctor who could contribute better to improved patient care. It was agreed that the report should clarify durations of training to CCT in the relevant specialties for Calman, MMC and proposed trainees.

**ACTION: Ms Brinklow/Dr Zakhour to highlight that this is a new curriculum and clarify the duration in the report.**

##### Employers

It was agreed that NHS employers and medical directors needed to be engaged to ensure they realized – and agreed with – the benefits of the training programme.

**ACTION: Dr Clough and Dr Zakhour to contact and engage Ashley Fraser to help advice on workforce planning issues.**

**ACTION: When the report is ready, Dr Clough and Dr Zakhour to formally inform the DH (Professor Sowden).**

**ACTION: Professor Douglas to inform the devolved nations via the CMOs.**

**ACTION: Dr Andrew Todd to engage the Deans, via Professor Philip Cachia in order to discuss deliverability aspects and implications.**

**ACTION: Professor Douglas to write to Dr Watson regarding the real need for lead deans for Medical Microbiology and Virology.**

##### Entering from other cores

It is accepted that CIT will follow CMT, however, there were suggestions over whether it would be possible and feasible to enter from other cores like surgery and General Practice training. After much discussion the group agreed that a statement will be included in the report highlighting entry to CIT would be from CMT - and ACCS if applicable - at present with the potential for entrance from other cores to remain under review. The positive aspects of entering from other cores or programmes; especially in regards to gaining other “outside” experience was also noted.

**ACTION: Dr Zakhour/Ms Brinklow to include statement on re-examining entry from other cores in the future in the report.**

---

<sup>1</sup> Proposed infection training: 2 core years + 2 CIT years + 3 years specialty training = 7 years  
Old curricula (pre PMETB): microbiology and Virology both 5 years + 2 years infectious diseases = 7 years  
Outside London, most trainees used to undertake an extra year training in order to achieve the range of experience and competences required.

### Infection Control

From the feedback it was suggested that Infection Control be mandatory in the CIT programme. This is a given and will be stated as such more explicitly in the report. It was also seen as an opportunity to state the need for trainees to be better equipped and supported to fill the role of an Infectious Training lead, which is increasingly becoming necessary in today's political climate. However, it was noted that this 2 year core is part of circa 7 years training, therefore this could be included more fully, perhaps in the format of a separate module, at a different stage in a trainee's training.

### Immunology

The links with Immunology were noted but it was seen as being an elective rather than as part of the core programme.

### Ability to handle the number of trainees

It was felt that entry and exit placements should be able to deal with the number of trainees anticipated for CIT. Flexible training and out of programme experience and research needs to be factored in too. It was felt that a model showing different routes with indicative numbers would be of use to trainees and NHS planning. Hard and/or soft indicative numbers would be useful to the trainees when deciding their future career paths.

**ACTION: Dr Zakhour with the other specialty leads to draw a model with estimated indicative numbers.**

It was noted that members are aware of the development of Modernising Scientific Careers.

### Inclusion of other specialties

In the feedback it was suggested that the Paediatrics and Public Health as well as some others like GUM, be included in these discussions and plans. It must be noted that the group has tried on numerous previous occasions to include these other specialties into the development of CIT. It was agreed to re-engage these specialties.

**ACTION: Dr Clough and Dr Zakhour to meet with representatives from the other interested and related Colleges/Faculties/specialties. Ms Das to pass on contact details of leads/representatives.**

### **4b) Feedback and responses from the Royal College of Physicians/JRCPTB consultation on the proposals for training in the infection specialties**

The document was placed on the JRCPTB website for feedback and comment but none has been received. This was also raised at the JRCPTB. Similar concerns as those raised in the Pathologists' consultation were raised. In addition, there was concern from the trainees over the financial implication of the number of assessments which may need to be undertaken in the proposed programme. Overall there was a positive stance towards the development of CIT.

### **c) Update from other specialties and groups**

Dr Hughes noted that the trainees were supportive of the developments being proposed. She highlighted that trainees need to know and be made aware as soon as possible and appropriate of the development and introduction of CIT and how this could be incorporated into their training structure as well as the implications of the

transition period. The streamlining of assessment for such programmes needs to be discussed and further developed. A flow diagram of the necessary assessments for the different training routes could be of use in this.

It was clarified that there will be competitive entry into CIT with hard and soft numbers given to help the trainees make informed decisions.

#### **5) Implications of Tooke and the Academy Specialty Training Committee's Curricula for Core Specialist Training forum**

Dr Clough presented the current development of Infectious Training at the Forum and Tooke and those there were supportive of the development of such cores.

#### **6) The next steps**

**ACTION: Ms Brinklow to co-ordinate the update of the consultation document incorporating the some of the action above.**

It was agreed that the Core Infection Training Curriculum and assessment principles 1, 2 and 5 be submitted to the PMETB in summer 2009, with the intention for the programme to start in August 2010.

**ACTION: Ms Brinklow to draw up a project plan with timescales, to be circulated to the group.**

**ACTION: Dr Zakhour to flag up to PMETB (Dr Anita Thomas) the group's intentions of submitting the core curricula at the appropriate time.**

It was highlighted that the adoption of the NES e-portfolio system might be beneficial to the RCPATH as this is the most used, developed and supported e-portfolio. It is important to continue factoring in e-portfolio and e-learning developments alongside these developments.

**ACTION: Ms Brinklow to liaise with the lead for e-learning/e-portfolio at the RCPATH.**

**ACTION: Ms Das to arrange a further meeting of the group for September 2008.**