

# ACADEMY OF MEDICAL ROYAL COLLEGES

**Meeting of the Academy Infection Training Working Party between 2-4pm on Wednesday 18<sup>th</sup> February 2009 at the Academy of Medical Royal Colleges, 70 Wimpole Street, London, W1G 8AX**

Present:

Professor Sir Neil Douglas	Chair
Ms Joanne Brinklow	RCPATH
Dr Derrick Crook	Microbiology/Infectious Diseases joint training
Professor Brian Duerden	Inspector of Microbiology and Infection Control
Dr Martin Gill	Medical Microbiology
Professor Shelley Heard	RCPATH
Professor Goura Kudesia	Chair of Virology CATT
Dr Harriet Hughes	Trainee representative
Dr Alastair Miller	Infectious Diseases
Professor Armine Sefton	Chair of RCPATH examinations
Dr Andrew Todd	SAC ID/Tropical Medicine
Dr David Tompkins	Health Protection Agency
Dr David Williams	Faculty of Public Health
Dr Peter Wilson	Medical Microbiology
Ms Manjula Das	AoMRC

## **1) Welcome**

The Chair welcomed Dr David Williams, Faculty of Public Health and Professor Armine Sefton, Chair of the RCPATH examinations to the meeting.

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

Dr Celia Aitken, Virology; Dr Chris Conlon, Infectious Diseases; Dr Graham Davies, RCPCH; Dr Stephen Gillespie, SAC Microbiology; Dr Philip Kell, Chair of GUM SAC; Dr Jim Stephenson, Medical Microbiology and Helen Williams, Microbiology.

## **3)a) Draft minutes from the previous meeting 22/04/08**

Page 2, fourth paragraph, omit the second sentence and replace with "*Entry into Core Infection Training will either occur after Core Medical Training or ACCS.*" It was highlighted that it will not be from post Foundation.

Page 2, last paragraph to alter Jo Booth's title from *Ms* to *Mr*.

With these alterations made the minutes were accepted.

## **b) Matters arising**

Page 2, second and third paragraphs, it was noted that there has been rationalisation by COPMeD and Professor Philip Cachia is now the lead dean for Infectious Diseases (ID) (including Tropical Medicine (TD)), Medical Microbiology (MM) and Virology.

**ACTION: Dr Cachia to be invited to future AITWG meetings. COMPLETED**

i) Involvement of other specialties

Representatives from the FPH and RCPCH have been identified and invited to the working party's meetings.

ii) Trainee numbers by specialty update

Attachment 3bii shows the trainee data for MM, Virology, MM/V and ID. It was noted that some Scottish trainees may not have registered. Similar data is required from the JRCPTB, but it was estimated that there are 43 joint trainees and 6 missing MM trainees.

iii) NHS Employer view update

None.

iv) RCPATH e-portfolio update

Premier IT are developing the RCPATH's eportfolio, which will be online in August. Ms Brinklow is in close contact with Mr Booth to ensure that the different e-portfolio systems are compatible and there was reassurance that the RCPATH system was adaptable and flexible enough to cater for trainees entering from CMT (which uses the NES eportfolio system). Once the curriculum has been agreed this will be looked at in greater detail and it was suggested that a working party be established to do so in due course.

v) PMETB and establishing a new CCT in Infection update

Ms Brinklow met with Ms Cathy Williams and Ms Patricia le Rolland from PMETB to discuss the potential establishment of a new CCT in "Infection". The DH has put a moratorium of a year on the creation of any new CCTs and there will be a review of this in September 2009. The reason for this is there is concern over the growth of too many new specialties.

The RCPATH will write an options paper to be sent to the DH detailing the benefits of the new CCT, most notably in actually decreasing the number of CCTs as well as creating new doctors deemed most suitable for purpose and service. Delivery in the four countries does not seem to be problematic either. This will be sent to the MMC Programme Board for discussion.

**ACTION: Ms Brinklow to send the options paper to Professor Douglas and Ms Das prior to submission to the Department of Health.**

**4) Progress to date**

### **a) Draft Core Infection Curriculum**

The first draft Core Infection Training Curriculum for training in MM, MV and ID was circulated to the working party (attachment 4). It was noted that the draft curriculum has been presented in the RCPATH format but could be changed if required. Further to the previous meeting feedback had been received via the consultation (agenda item 4b) and where suitable, incorporated into the curriculum's development.

**ACTION: Ms Brinklow to circulate the draft curriculum to the working party with comments requested for the 6<sup>th</sup> March.**

Dr Gill, Dr Miller, Dr Todd and Professor Kudesia agreed to form a small working group which will incorporate comments from the consultation and include the relevant competences from all the relevant specialties. It was agreed that Dr Gill would be the lead.

It was noted that the inclusion of more community related aspects, which could be obtained from the FPH and the HPA must be included as well as relevant aspects of the Management and Leadership curriculum (as this will be mandatory for all curricula submissions for 2010). It was also suggested that indicative training times would also be helpful.

It was agreed to focus on the Core aspects of Infection training now and once agreed, attention could turn to the more specialty specific parts which will follow.

It was acknowledged that all the related CATTs will meet before June and therefore have the opportunity to discuss the draft and inform its development. In order to alleviate concerns it was agreed to circulate the relevant documents for feedback as widely as possible and give regular formal updates.

**ACTION: Ms Brinklow to circulate the draft curriculum to the CATTs.**

**ACTION: The Working Group to send a revised version of the draft curriculum, to the Working Party by the 18<sup>th</sup> May.**

**ACTION: AoMRC Infection Training Working Party to feedback to the working group by mid June, aiming for sign off on in early July (next AITWP meeting).**

### **b) Draft Infection Consultation document for comment/agreement**

It was acknowledged that some of the constituents do have concerns about the development of this CCT, namely in not wishing to dilute the specialties and of moving too quickly, of which there is no intention. The options paper (as discussed under agenda item 3bv) will also be sent to the CATTs).

**ACTION: Ms Brinklow/Ms Das to re-circulate the draft Infection consultation to the Working Party for comments back for the 6<sup>th</sup> March.**

### **c) Training Project Plan for comment/agreement**

All relevant stakeholders, especially trainees and employers need to be made aware and fully informed of the developments being undertaken. Therefore it was agreed that clear and robust communications are needed with a wide range of groups. It was

agreed that the most suitable place for such communications would be the AoMRC website.

**ACTION: Both RCPPath and JRCPTB websites to ensure up to date and accurate information on developments on their websites as well as links to the AoMRC.**

**ACTION: When ready, the draft consultation and related communication details to be placed on the AoMRC website. Ms Das to send the link to the Colleges who will disseminate it to all relevant stakeholders.**

**ACTION: Ms Das and Ms Brinklow to devise a clear action plan on communications with leads for the different specialties.**

#### **5) Relationship to other RCP and RCPPath curricula:**

##### **a) Medical Microbiology b) Medical Virology**

The MM and MV curricula will continue to stand as they currently do, with the earliest changes to be made for the 2010 revision.

##### **c) Infectious Diseases d) RCP curricula**

N/A

#### **6) Working party proposals effects on FRCPPath examination arrangements**

Professor Sefton attended the meeting to discuss how the introduction of CIT would impact on the FRCPPath examination arrangements as it is predicated that more people will be taking the examination in the future, further to these developments. The FRPath Part I is MCQ knowledge based and therefore it is not anticipated that this will cause any issues. Part II may need more attention.

The Working Party also noted that they are keen not to over burden trainees with over-assessment and are mindful of this when developing the curriculum.

In order to properly and realistically identify the assessments needed, including the examination content and other practical aspects relating to potential increased volume, the curriculum needs to be agreed first. Therefore the working party will address the assessment needs when the curriculum has been signed off.

#### **7) Role and membership of Curriculum development working group**

Refer to minute 4

#### **8) Review and ratification process by RCP and RCPPath**

The Colleges have different ways in which consultations, reviews and ratifications are carried out and agreed. It was queried if this would cause problems in light of this joint venture and if any plans need to be put into place to avoid this. For example the weighting of responses from different constituents was unclear. There is no desire for the AoMRC to be prescriptive on how the colleges work, rather it is here to help with mutually beneficial tasks.

**ACTION: Professor Douglas to write to the JRCPTB and RCPATH to identify agreement on good communication and college leads who will liaise and agree between themselves on the best means to proceed.**

**9) Implementation**

**ACTION: To be discussed at the next Joint AoMRC and COPMeD Training Advisory Group, particularly in regard to implementation issues.**

**10) Any other business**

a) The Project Manager, Ms Brinklow will be leaving for maternity leave at the end of June. The Working Party congratulated on her news and wished her well. Ms Brinklow will be handing over to others at the RCPATH and will also be “keeping-in-touch” about once a month whilst she is away.

b) It was suggested that Infectious Diseases should include Tropical Medicine as their curricula are identical bar three small differences (TM trainees: undertake practice in an overseas, resource scarce environment, undertake training in a recognised British Tropical Centre and complete the DTM course/examination). There are currently five TD trainees in the UK. It was also noted that there are very few jobs available for this specialty. It is the SAC's view that Tropical Medicine CCT should cease to be offered. However, it was noted that the CCT needs to remain in order to accommodate for the recognition of Europeans who may hold the CCT if they come to practice in the UK.

**ACTION: If in agreement, the JRCPTB and the RCPATH to recommend the cessation of Tropical Medicine CCT to the PMETB.**

**11) Date of the next meeting:**

**2-4pm Tuesday 7<sup>th</sup> July at the CHRE, 11 The Strand, London. PLEASE NOTE THE CHANGE IN VENUE.**

**ACTION: Ms Das to identify a further meeting date in late October/early November 2009.**