

ACADEMY OF MEDICAL ROYAL COLLEGES

Meeting of the Academy Infection Training Working Party between 2-4pm on Friday 19th June 2009 at the CHRE, 11 The Strand, London, WC2N 5HR.

Present:

Professor Sir Neil Douglas	Chair
Ms Joanne Brinklow	RCPATH
Professor Philip Cachia	COPMed
Dr Chris Conlon	Infectious Diseases
Dr Derrick Crook	Microbiology/Infectious Diseases Joint Training
Dr Martin Gill	Chair of Medical Microbiology CATT
Ms Lesley Hagger	JRCPTB
Professor Goura Kudesia	Chair of Virology CATT
Ms Jenny Maddocks	RCPATH
Dr Alastair Miller	SAC Chair Infectious Diseases
Professor Armine Sefton	Chair of RCPATH examinations
Dr Nandini Shetty	Health Protection Agency (deputy)
Dr David Williams	Faculty of Public Health
Dr Peter Wilson	Medical Microbiology
Ms Manjula Das	AoMRC

1) Welcome

The Chair welcomed Professor Philip Cachia, Lead dean for Infectious Diseases, Medical Microbiology and Virology; Ms Lesley Hagger, JRCPTB; Ms Jenny Maddocks, RCPATH and Dr Nandini Shetty, deputy for Dr David Hopkins, Health Protection Agency.

It was highlighted that Ms Brinklow will be going on maternity leave at the end of June and in her absence, Ms Hagger and Ms Maddocks will co-ordinate the working party's developments on behalf of their respective Colleges.

2) Apologies were received from

Dr Celia Aitken, Virology; Professor Bill Burr, JRCPTB; Dr Graham Davies, RCPCH; Professor Brian Duerden, Inspector of Microbiology and Infection Control; Dr Stephen Gillespie, SAC Microbiology; Professor Shelley Heard, RCPATH; Dr John Hood, Medical Microbiology; Dr Harriet Hughes, Trainee representative; Dr Philip Kell, Chair of GUM SAC; Dr Jim Stephenson, Medical Microbiology; Dr Andrew Todd, SAC ID/Tropical Medicine and Helen Williams, Microbiology.

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

b) Matters arising

Page 5, agenda item 10b, the RCPATH noted that it is not their place to make a decision relating to Tropical Medicine and rather one for the JRCPTB. It was noted that the Tropical Medicine CCT remains in order to accommodate for the recognition of Europeans who may hold this CCT if they come to practice in the UK, however this is not reciprocal.

ACTION: Ms Lesley Hagger to take back to Professor Burr for discussion at the JRCPTB.

i) Involvement of other specialties

The Faculty of Public Health is represented on the group. There is representation from the RCPCH but they have yet to attend any meetings. It was suggested that the GUM Lead at the JRCPTB, be informed of the groups developments and be invited to future meetings.

ACTION: Ms Das to email Dr Raj Patel and Dr Graham Davies, informing them of developments and inviting them both to future meetings.

ii) Trainee numbers by specialty update

The Microbiology numbers in Scotland were lower than expected and since the last meeting these have been checked and have increased slightly.

ACTION: Ms Brinklow to send Dr Wilson the data, to be copied to Professor Cachia.

iii) NHS Employer view update

NHS Employers are informally aware of this working party's intentions and have been supportive of its continued development.

ACTION: The Chair to write to Ashley Fraser, NHS Employers, updating them of the working party's progress including the draft curriculum.

iv) RCPATH e-portfolio update

The RCPATH and JRCPTB e-portfolio groups are in good communications and are aware of this development and the need for an integrated system. Once the curriculum has been agreed this will be looked at in greater detail and as suggested at the previous meeting, a working party would be established to take this forward in due course.

v) PMETB and establishing a new CCT in Infection update

Ms le Rolland and Ms Williams from the PMETB met with Ms Brinklow in October 2008 and are aware of the working party's intentions. This has not formally been seen by the PMETB as it presently is not a curriculum.

Professor Burr has written to the PMETB requesting clarification on the present curriculum which is being written by the JRCPTB.

ACTION: Ms Hagger to send a copy of this letter to Ms Das.

ACTION: Ms Hagger to establish if there has been a response from the PMETB to Professor Burr and share with Ms Das.

4) Progress to date

a) Draft Core Infection Curriculum

The Draft Core Infection Training Curriculum for training in Medical Microbiology, Medical Virology and Infectious Diseases was circulated to the working party for information and comment. This has also been circulated to the CATTs, other interested parties (including related specialist organisations) and has been put on the AoMRC website for information.

Dr Gill has been leading the development of this programme and the group thanked him for all his efforts to date.

Further suggestions made by the group:

- i) Page 23, under Good use of information technology, it was queried if confidentiality should be included in this as it is presently.
- ii) Page 25, under Structure of the NHS and the principles of management, alter wording of *"know the differences between the NHS across the four UK jurisdictions"* to make it more realistic.
- iii) Page 28, to include references to revalidation under the appraisal section
- iv) To include references for the Common Competences Framework for Doctors (CCFD) and Medical Leadership Framework Curriculum.
- v) Dr Williams indicated that there are relevant parts of the CCFD which specifically relate to Infection Control section, pages 43-46 of the draft.

ACTION: Ms Das to send Dr Gill the draft CCFD for incorporation into the curriculum where appropriate.

b) Update on DH and CCT moratorium

Ms Brinklow informed the group that following discussions with the DH the moratorium will be lifted as of 1st September 2009 and revised protocol over subspecialties will be sent out. It was highlighted that clear guidance and criteria from the PMETB on what a specialty and subspecialty is, would aid many colleges.

5) Communications

a) Launch AITWG website

The AoMRC Infection Training Working Party website was launched on the 7th May. This includes the minutes from the working party since its inception, an April 2009 update, the Project Brief, the most recent version of the draft curriculum which is out for consultation and useful links (to the RCPATH, JRCPTB and the PMETB).

It was suggested if there should be a means for people to comment on the draft consultation on the website as well, however this was seen as unmanageable and rather the draft curriculum is there for information. Feedback is being sought primarily from the colleges and related specialties, including their trainees, in the first instance. There will be opportunity for wider feedback at a later stage and this will be organised in a coherent and coordinated way.

ACTION: Ms Das to include on the website a sentence highlighting that there will be opportunities for wider feedback in due course.

ACTION: Ms Das to add a link on the website to COPMeD.

b) The next steps

The Party discussed how its progress and developments can be more fully communicated. It was noted that there are links on the related Colleges' websites as well as specialist societies including BIS, FISNA, BSAC, AMM and the British Infection Society. The group agreed that a concerted effort to get the information of this development out to different groups and on different websites as well as being discussed at relevant workshops, seminars and events would greatly aid its development and buy in.

ACTION: Dr Crook to speak with Dr Peter Davy (BSAC) and Dr Jonathan Friedland (BIS) to discuss the development of an Infection Curriculum and how this can be presented at the November/December annual meeting.

ACTION Professor Sefton to raise the issue at Topics in 2010.

ACTION: The JRCPTB to inform trainees entering and already in CMT of this development so that they can make informed decisions on their career progression.

6) The next steps

It was noted that in its present state, this is not a curriculum as it does not lead to a CCT, however it will continue to be called a curriculum as ultimately it will lead to a CCT when fully developed.

It was agreed that the first stage of its development is complete and the working party discussed the most appropriate and useful way to proceed following the core infection part of training.

After much discussion there was full agreement by all members of the working party that there should be as many common elements to the curriculum as possible and streaming into the different specialties would come at the very end. I.e.: The curriculum should be as pluri-potential for as long possible. The best means of achieving this would be through the development of different modules which would follow on from CMT and the Core Infection Programme (attachment 4a). There will be a mixture of compulsory modules as well as electives. Competition for these modules will exist throughout in order to ensure the continued high quality level of trainee and eventually consultant. Naturally, interests will develop as the trainee progresses through the curriculum and this will be reflected in the modules chosen and undertaken.

This will offer flexibility to trainees, be beneficial for service and maintain the high standards of quality education in the related specialties in an integrated manner. It will result in one CCT (like presently in Paediatrics). Post CCT credentialing, which is presently being addressed by the PMETB will also aid this.

These trainees/consultants will differentiate themselves from lab-based scientists as they will be able to take responsibility for managing and delivering high quality patient

care, with laboratory knowledge. It will be important to make this relevant to the wider community as well as the individual patient focus.

ACTION: Dr Gill, Professor Kudesia, Dr Conlon and Dr Miller to take forward the development of the modules. To be coordinated by Ms Hagger. It was agreed that there should be two early meetings of the group over the summer in order to take it forward in a structured way as soon as possible. Mr Ed Moran was suggested to help take this work forward.

It is the intention of the Party to be able to submit a full curriculum to the GMC mid 2010, for implementation in August 2011.

7) Implementation

The module system which will be developed as discussed above (item 6), will increase flexibility, which will have ramifications on delivery. Professor Cachia highlighted that trainees entering this curriculum must be made aware from the very beginning the likelihood of the need to move location in order to gain the training and experience required.

ACTION: Implementation to be discussed at the next JACTAG meeting.

8) Any other business

Ms Brinklow noted that there are two separate CCT applications going through for MM and virology at the moment. This will be included in the order of 7th August and the final review will be in December 2009.

The Working Party wished Ms Brinklow a healthy and relaxed delivery.

9) Date of the next meeting:

2-4pm Wednesday 4th November, venue in London to be confirmed.