

School of Medicine Report for Training Committees and Faculty Groups

Last Updated: 19th April 2012

Head of School:

- My Deanery days are:
 - 2nd and 4th Tuesdays of the month
 - 1st and 3rd Thursdays of the month
 - Every Friday
- I have heavy clinical commitments on my non-Deanery days, so I will be more likely to be able to attend RTCs etc if they are held on one of my Deanery days.
- I will update this written report regularly for use if I cannot attend RTCs and for use at Faculty Group meetings. The most recent report (and previous reports) can be downloaded from the trainer section of the website
https://www.eoedeanery.nhs.uk/medical/page.php?page_id=2212

Future of the Deanery:

- The Deanery is now the Shadow LETB
- There will be four Local Provider Groups (Essex, Beds & Herts, Cambridge & Peterborough, Norfolk & Suffolk).
- How the LETB and LPGs will inter-relate is still not very clear

Administrative Support:

- There is still a recruitment freeze for permanent staff and there are still a number of temporary staff in the secondary care team; please continue to be supportive to them
- If you need to support from the secondary care team in the Central Deanery, please contact Philomel Pike (Philomel.Pike@eoe.nhs.uk)

Website:

- Your Speciality's/Trust's section of the website is only as good as you make it yourselves. Please review it regularly to ensure it provides up to date information relevant to current trainees and those considering applying for a post with you. When you want to make changes, please liaise with Sarah Amery (webofficer@eoe.nhs.uk).

Quality Management:

- The **2012 GMC Trainee Survey** is about to be launched. Please encourage **ALL** your trainees to complete it
- A local survey of all training programmes using the **Bristol on Line tool** will be undertaken annually. TPDs will be sent a link to allow them to access their speciality's results on the day that their programme's survey is launched. Each programme's survey will be launched

shortly before an ARCP panel is due to meet whenever possible, so that up to date information is available at the time of the ARCPs. Please contact Nikolett Muller (Nikolett.Muller@eoe.nhs.uk) if you have any queries

ARCPs

- Every ARCP panel must have at least one member who has undergone ARCP training
- A short PowerPoint presentation which provides ARCP training is being circulated shortly. We recommend that you adapt this if necessary to reflect your programme's processes and deliver the training at the beginning of each ARCP day
- If you anticipate that a trainee is going to receive an unfavourable outcome (3 or 4), please send me details so that I can arrange for one of the Deputy Deans or me to be present if appropriate

Repatriation of London Deanery Posts

- No posts in the physicianly specialities will be repatriated in the 2012 recruitment round
- We have started working with Trusts and relevant TPDs to take this forward
- It is recognised that some training programmes will continue to need to cross deanery boundaries

FfIT:

- There will be no FfIT from April 2012; something similar will replace it

Single Cascadable Application proposal for RCP-coordinated ST3 specialities

- This is being piloted in eight specialities in the 2012 recruitment round

Taking professional exams in non-training posts and attempts at professional exams

- The GMC has stated that professional examinations such as MRCP taken outside recognised training posts can now count towards a CCT
- There will be a limit of six attempts for each part of the exam; further attempts might be allowed in exceptional circumstances

Heads of School Meeting at RCP: 20th Dec 2011 and JRPTB Board Meeting: 28th Feb 2012

The following were discussed (if there have been changes since the meeting I have updated them in this report:

- The possibility of allowing deferments to start dates of training by trainees who wish to undertake research is being considered. This would require a change to the Gold Guide. Most Schools do not support this, but I think it should be an option in exceptional cases

- JRCPTB's exceptional leave allowance. Currently, three months of OOPC for maternity leave or prolonged illness can be counted towards training. Not all Colleges allow this and COPMeD are trying to agree a consistent approach across all specialities, which may result in the removal of this allowance
- Work to make most WPBAs formative rather than summative is continuing; DOPS for some procedures will have a summative stage to confirm that the trainee can perform them independently; it is likely that the GMC will allow a pilot of this
- COPMeD has issued guidance on what ARCP outcomes should be awarded to CMTs who have failed different parts of the MRCP to ensure consistency between Deaneries
- The Postgraduate Board at the GMC has rejected COPMeD's suggestion that completion of MRCP should no longer be an exit requirement for CMT.
- Training programmes need to ensure that periods OOP are coordinated to minimise the impact on service. Within the EoE, we wish to encourage academic excellence and so we should do our best to accommodate appropriate requests for OOPR
- ACCS - Acute Medicine will be extended to three years from 2012
- Independent competence in central venous cannulation and ultrasound-guided pleural drain insertion will not be requirements for completion of higher speciality training in G(I)M in future curricula
- ePortfolio: NES still has a backlog of about 18 months for the "non-urgent" work requested by the RCP. The Service Level Agreement is still being reviewed
- The CfWI has published *"The Shape of the Medical Workforce: Starting the Debate on the Future Consultant Workforce"* on its website
- Ways of developing training in obstetric medicine are being explored

Ian Barton

Head of School