

## School of Medicine Report for Training Committees and Faculty Groups

Last Updated: 7<sup>th</sup> September 2012

### Head of School:

- My Deanery days are:
  - 2<sup>nd</sup> and 4<sup>th</sup> Tuesdays of the month
  - 1<sup>st</sup> and 3<sup>rd</sup> 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](https://www.eoedeanery.nhs.uk/medical/page.php?page_id=2212)

### LETB:

- The Deanery is now the Shadow LETB and its future is assured; there are four Local Provider Groups (Essex, Beds & Herts, Cambridge & Peterborough, Norfolk & Suffolk).
- Which of the current Deanery functions will remain in the LETB and which will be devolved to LPGs 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](mailto: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](mailto:webofficer@eoe.nhs.uk)).

### Quality Management:

- The results of the **2012 GMC Trainee Survey** are available but it can be difficult to access the information you need. The Quality team is in the final stages of compiling reports for each speciality and these will be circulated to you shortly. Please ensure that the survey is discussed by your training committee and that any necessary actions arising from the report are taken.

- Similarly, can you ensure that the outcomes of the local survey of your training programme generated using the **Bristol on Line tool** are discussed. Please contact Nikolett Muller ([Nikolett.Muller@eoe.nhs.uk](mailto:Nikolett.Muller@eoe.nhs.uk)) if you have any difficulties accessing the results

#### **ARCPs**

- Every ARCP panel must have at least one member who has undergone ARCP training
- A short PowerPoint presentation which provides ARCP training should be being circulated shortly. (I have not yet received it and will chase this up.) 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
- If an ARCP panel feels that a trainee should receive an outcome 3 or 4 and there is no Deanery representative present, please do not issue an outcome. Save the ARCP form in draft and re-convene a panel at a later date with appropriate Deanery representation

#### **Repatriation of London Deanery Posts**

- Sue Agger and I have now spoken to the Head of School in London and, if your speciality or Trust is affected, you should have received a spreadsheet outlining the conclusions of that study
- For the majority of specialities, we have agreed to maintain the status quo
- There are some specialities (notably gastroenterology and respiratory medicine) where it might be possible to repatriate posts over the next few years provided more tertiary care training posts can be identified
- We have asked the London Deanery to provide us with their trainees' feedback on the quality of the Essex, Beds and Herts posts currently filled by London trainees

#### **FfIT:**

- The FfIT has been replaced by a Fund with No Name. If you wish to bid for funding please prepare a case and send it to me for consideration. We are looking for similar initiatives to those we funded previously through the FfIT.

#### **Single Cascadable Application proposal for RCP-coordinated ST3 specialties**

- This was successfully piloted in eight specialities in the 2012 recruitment round
- Where more appointable candidates were interviewed in a Deanery than there were available posts in that Deanery, candidates for whom there was no post went into national clearing.
- Contrary to expectations, all those who went into national clearing were allocated a post even in the most popular specialities, e.g. cardiology

## Medical Training Initiative

- Please remember that the first stage in this process is to complete an application form and to seek Deanery approval. If you have any queries, please contact Lynsey Poole ([Lynsey.Poole@eoe.nhs.uk](mailto:Lynsey.Poole@eoe.nhs.uk))

## Heads of School Meeting at the RCP: 6<sup>th</sup> September 2012

The following were discussed:

- From September 2012, MRCP results will be directly downloaded into the ePortfolio. We have asked for clarification on whether (1) unsuccessful attempts will be downloaded as well as successful attempts, (2) attempts prior to September 2012 will be downloaded, (3) attempts during Foundation will be migrated to the trainees' CMT ePortfolios when they move curricula, SCE results will be downloaded
- Heads of Schools' priorities to be included in the JRCPTB's business plan: Recommendations included (1) easier interrogation of the GMC trainees survey so that higher speciality trainees can be analysed separately from F1s, F2s, GPSTs and CMTs currently in that speciality, (2) ensuring the CfWI had the right information upon which to make appropriate decisions, (3) the general medical take and the conflict between service and training, (4) provision of relevant and useful data by the RCP (e.g. on MRCP attempts), (5) harmonisation of QM reports requested by the RCP with those requested by Deaneries, (6) support for the implementation of the GMC's "Recognition and Improving Trainers", (7) improving recruitment to the physicianly specialities including the smaller specialities, (8) renegotiation of the New Deal (and EWTRs), (9) relaxing the barriers to IMGs entering the UK
- Deferment of starts of ST3 posts for OOPR. There is very limited support for this from other Heads of School. Most are opposed.
- Externality: The JRCPTB's arrangements for externality are now officially live for the 16 larger specialities. I have asked for these to be reviewed in the light of London being split into three LETBs as the EoE makes a significantly bigger contribution to externality than other Deaneries in most specialities
- National recruitment dates will be made available much earlier next year so that panel members can make arrangements to attend.
- The person specifications for ST3 posts for the 2013 recruitment round are likely to state that either MRCP(UK) or full MRCP(UK) will be a requirement.
- Revalidation of trainees has been delayed until the Spring
- A pilot of formative WPBAs (supervised learning events; SLEs) and summative WPBAs (Assessments of Performance; AoPs) has commenced in three Deaneries (not EoE). There is concern about the calibration of AoPs
- ARCP outcomes are very variable across Deaneries and work is ongoing to establish what can be done to improve this

- The high workload of the “medical registrar on-call” remains a source of national concern with a fear that the service is about to implode
- There are a number of updates to the CMT, AIM and GIM curricula, a summary of which is on the website. These changes will be applied prospectively to ALL trainees on post-2009 curricula
- Most posts in the RCP co-ordinated specialities have been filled nationally – others, notably geriatrics, acute medicine and diabetes & endocrinology still have significant vacancy rates. In all specialities there are approx 400 unfilled NTN and LAT posts. Application rates in round 2 are insufficient to fill all of these posts
- The Joint Working Group on Speciality Numbers have agreed the following changes in post numbers for 2013 in England in the physicianly specialities: Allergy +2; Clinical Genetics -2; Dermatology +6; Gastroenterology -5; Geriatrics +15; Renal -6; Respiratory -10; Endocrinology & Diabetes -5; Medical Ophthalmology +2. Decisions about which LETBs will lose posts will be based on weighted capitation. CMT numbers will be preserved

**Ian Barton**

**Head of School**