

School of Medicine Report for Training Committees and Faculty Groups

Last Updated: 28th November 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

LETB:

- Which of the current Deanery functions will remain in the LETB and which will be devolved to Local Workforce Partnerships 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@nhs.net)

Website:

- Please review your Speciality's/Trust's section of the website 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 (eoempd.mpd-webofficer@nhs.net).

Quality Management:

- Please ensure that the results of the **2012 GMC Trainee Survey** are 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@nhs.net) 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
- The School has presented a case to the LETB to retain face to face ARCPs

Repatriation of London Deanery Posts

- A meeting with London, planned for Friday 30th November was cancelled by London
- We have asked the London TPDs via their Head of School to provide us with any trainee feedback that they have received about the quality of training in EoE posts filled by London trainees. We haven't received any so far.

Review of Distribution of Training Posts

- All training programmes have been asked to take part in this
- This is a large piece of work but at the end of it we hope that our training posts will be distributed in a way which delivers all the training curricula in the optimal way

FfIT:

- The Fund with No Name which replaced the FfIT has now been named the FfIT. If you wish to bid for funding please submit a bid using the appropriate form (please ask Lynsey Poole (Lynsey.Poole@nhs.net) if you need a copy) and send it to me for consideration. We are looking for similar initiatives to those we have funded previously through the FfIT.

Recruitment

- 43.4% of the ST3 posts in the RCP-coordinated specialties advertised in round 2 were filled (15.1% in geriatrics; 22.4% in acute medicine).
- There appear to be about 1200 ST3 posts in the RCP-coordinated specialties available in 2013 with a similar number of trainees completing CMT; vacancy rates are therefore likely to be higher
- The 2013 ST3 round 1 recruitment window will be from 8th April until 9th May

- MRCPI will be accepted as an equivalent exam to MRCP(UK) for 2013 recruitment but not for 2014
- 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
- The DH has stopped the recruitment of locally-appointed LATs nationally

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@nhs.net)

JRCPTB Stakeholders' Meeting RCP: 22nd November 2012

The following items not discussed elsewhere in this report were discussed

- Post CCT Fellow posts should deliver training additional to that delivered in the speciality's curriculum; Curricula should be developed with specialist society/SAC input; the JRCPTB will have a regulatory role
- WPBA pilot: This has commenced in three Deaneries; EoE will act as a "control" group. There is concern about the calibration of AoPs
- A paper from Fred Schon (a neurology consultant from SW London), which demonstrates the small percentage of in-patient referrals seen by consultants (particularly in teaching hospitals) was presented. The clinical governance issues and loss of training opportunities were highlighted
- Future of PYAs: an electronic form is being developed which can be uploaded into the ePortfolio; there was near unanimous agreement that PYAs should be retained; whether an ARCP is also needed in the penultimate year is being debated
- There is a GMC consultation on routes to the specialist register (to replace the CESR route)
- The GMC is proposing that all trainees must migrate to the most current curriculum
- The GMC is proposing that trainees will be allowed only two weeks' time out of training (e.g. for ill-health, compassionate leave, maternity leave) per year before needing to extend training time
- The consultation for the GMC's "Shape of Training Review" is now open and you are urged to respond

Ian Barton

Head of School