

School of Medicine Report for Training Committees and Faculty Groups

Last Updated: 4th September 2014

Head of School:

- My HEEoE days have increased to:
 - Every Tuesday
 - Every Thursday
 - 1st and 3rd Fridays of the month
- I have heavy clinical commitments on my non-HEEoE days, so I will be unlikely to be able to attend RTCs etc unless they are held on one of my HEEoE days.
- I will update this written report regularly for use if I cannot attend STCs and for use at Faculty Group meetings. The most recent report (and previous reports) is downloadable from the trainer section of the website https://www.eoedeanery.nhs.uk/medical/page.php?page_id=2212
- Other senior HEEoE representatives will also try to attend STCs when they are available
- My email is now: i.barton@nhs.net

Administrative Support:

- If you need support from the secondary care team in HEEoE, please contact Sue Woodroffe (s.woodroffe@nhs.net) for matters relating to ARCPs, Helen McKee (h.mckee@nhs.net) for recruitment, Susan Knight (susan.knight19@nhs.net) for training committees, OOP, LTFT training and Inter-Deanery Transfers and Maryam Wali-Aliyu (maryam.wali-aliyu@nhs.net) for “Placement Manager”
- Up until August, TPDs’ Trusts have received funding to support administration for TPDs; this administrative support was not always forthcoming and so this funding is being withdrawn from Trusts and pooled. The School is planning to use this funding to appoint three individuals to help provide administrative support for TPDs; one based in Addenbrookes, one in NNUH and one in BTUH

Tariff system

- The tariff for funding postgraduate trainees will be 50% WTE (based on the mid-point of the salary scale for that grade) plus a placement fee of £12.4k
- The placement fee is for providing support for training and is not intended to supplement salaries
- There is no longer a separate funding stream for College Tutors’ PAs within the LDA; it is anticipated that this will be funded from placement fees
- Although it was introduced in April 2014, it will be phased in over the next 12 years as some institutions (particularly large teaching hospitals) will lose a substantial amount of income as a result
- Only training posts which were already being funded from MADEL have been included in tariff and there was no rebasing to include Trust-funded posts.

Website:

- **This is now a high priority as the new HEEoE website is about to be launched**
- Please continue to review your Speciality's/Trust's section of the website **as a matter of urgency** 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 send an email to Mark Baldwin (markbaldwin@nhs.net)

Quality Management:

- The results of the National Trainee Survey 2014 are now available on the GMC website
- If you wish to carry out a local survey of your training programme using the **Bristol on Line tool**, please contact Sue Agger (Sue.Agger@nhs.net). The School strongly recommends you do this
- Quality improvement (as an alternative to audit) which was introduced in CMT last year is being rolled out to higher speciality training programmes

ARCPs

- The Chair of every ARCP panel must have attended HEEoE's **ARCP/Revalidation for Doctors in Training** course. If you have not yet completed this training, please contact Richard Morgan (Richard.Morgan6@nhs.net)
- Please ensure that the enhanced Form R is completed and signed by the Chair of the panel
- If you anticipate that a trainee is going to receive an unfavourable outcome (3 or 4), please send me details **in good time** 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 HEEoE 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 HEEoE representation
- If a trainee with an outcome 6 is taking a Period of Grace please ensure that the Admin Team is aware (as Simon Gregory will remain the RO)
- If a trainee is awarded an outcome 5, they must be asked to provide the additional evidence required **within two weeks** at which time a new ARCP outcome should be awarded

OOPR and OOPT (New Guidance for when the trainee wants the time to count towards training)

- Trainees must seek College approval before submitting their OOP application to HEEoE for Postgraduate Dean approval
- Any application without a supporting letter from their College/Faculty/JRCPTB will not be approved by HEEoE
- The GMC will no longer accept requests for retrospective approval for applications. **They will not compromise on this – so please ensure that trainees requesting recognition of time OOP for training apply for this prospectively**

Review of Distribution of Training Posts

- We will be meeting with the TPDs/Chairs of the larger specialities and attending their STCs to discuss what recommendations we should be making. The general principles are:
 - Posts should be distributed in a way that optimises curriculum delivery – this may necessitate a disproportionate number of posts in tertiary care units.
 - Equity (based on acute bed numbers) should be taken in to consideration but the quality of training delivered at individual sites is of greater importance.
 - It is preferable (but not always possible) to have at least two posts at each site that has trainees.

Regional Study Leave Budget (formerly FfIT):

- The School has an allocation of approximately £100k for the 2014/15 financial year. If you wish to apply for funding please contact Jill Sharley (Jill.Sharley@btuh.nhs.uk). Bids are most likely to be approved if they are for high volume, low cost, locally delivered, high quality training.

Recruitment:

- The fill rate for the CMT and ACCS-AM posts we advertised was 100%; we kept some posts in reserve to accommodate CMTs requiring extensions to training (CMT2as), a number of posts were declared by Trusts after clearing had been completed, our MRCP pass rate was 85% and most trainees who were eligible for extensions did not want them. Due to a combination of these reasons, there are gaps in many Trust's CMT rotations
- At ST3 level, the EoE had a significant number of unfilled NTN, particularly in geriatrics and diabetes and endocrinology. This has also led to gaps in middle grade rotations.
- We are currently trying to obtain data from Trusts about their gaps so we can accurately assess the magnitude of the problem and then decide how to respond.

LATs

- It is likely there will be LATs from August 2015 (this is a bit of a "yes there will be, no there won't be" saga, so this may have changed again by the time I next update this report!)
- If there are, it has been suggested that no applicant should be appointed to a LAT if there is an unfilled NTN in the speciality anywhere in the UK (this is under discussion with the English Deans at HEE). This would prevent a trainee from taking up a LAT in a popular LETB when there is an NTN available in a less popular part of the country

JRCPTB:

- Professor Bill Burr has retired from the post of Medical Director of the JRCPTB; the School would like to thank him for all of his support and to welcome Professor David Black as his successor
- If you need to contact the JRCPTB about a training issue, the Certification and Trainee Services Manager responsible for the EoE is Caroline Davis (formerly Caroline Nugent). Her new email is Caroline.Davis@JRCPTB.org.UK . Her direct number is 020 3075 1480

Medical Training Initiative:

- Please remember that the first stage in this process is to complete an application form and to seek HEEoE approval. If you have any queries, please contact Emily Clemente (Emily.Clemente@nhs.net)

Shape of Training Review (Greenaway Report):

- The three Medical Royal Colleges and the JRCPTB do not believe that medical training should be shortened.
- The current proposal is a seven year programme post Foundation, starting with three years of internal medicine training (6 x 6 month posts – replacing CMT), followed by selection in to four months of higher specialty training (of which the equivalent of one year will be internal medicine – at least in some specialties). Successful completion of this will lead to CSTs in the specialty and, where the fourth year of internal medicine has been completed, the specialty. There will then be opportunities for further credentialed training post CST.

Moving to the Current Curriculum:

- All trainees who will be completing their training after 31st December 2015 should be using the most up-to-date GMC-approved curriculum.
- The JRCPTB has produced a sheet of FAQs [moving to the current curriculum](#) to aid trainees and their supervisors

JRCPTB Operational Group RCP: 21st August 2014:

The following items which do not appear elsewhere in this report were discussed

- **Joint infection training** : This will have its first intake in August 2015
- **CMT**: The JRCPTB is continuing to work on a set of quality criteria for CMT; these are nearly finalised and have been sent to the three Presidents
- **Accelerated CCT**: The JRCPTB will shortly be issuing guidance on issuing CCTs early (i.e. before the end of the normal duration of the Programme

Ian Barton

Head of School