The impact of the changes on common infection training

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Common (combined) infection training

- Historical background
- Current curriculum and training programme
- Future challenges and impact of new internal medicine training programme
- HIV training

Historical perspective 2005

MICROBIOLOGY

- Bacteriology
- Virology
- Mycology
- Parasitology

Entry from FY2 or later

- No entry requirements
- FRCPath parts 1 and 2

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+/- General internal Medicine

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MRCP

No further exams

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- **ID/Microbiology training programme**
- **Academy of Medical Colleges Working group**

2009

- ID/GIM training (5 years) 2007 curriculum
- ID /Microbiology training (6 years)
- Microbiology/Virology (4 years) less popular
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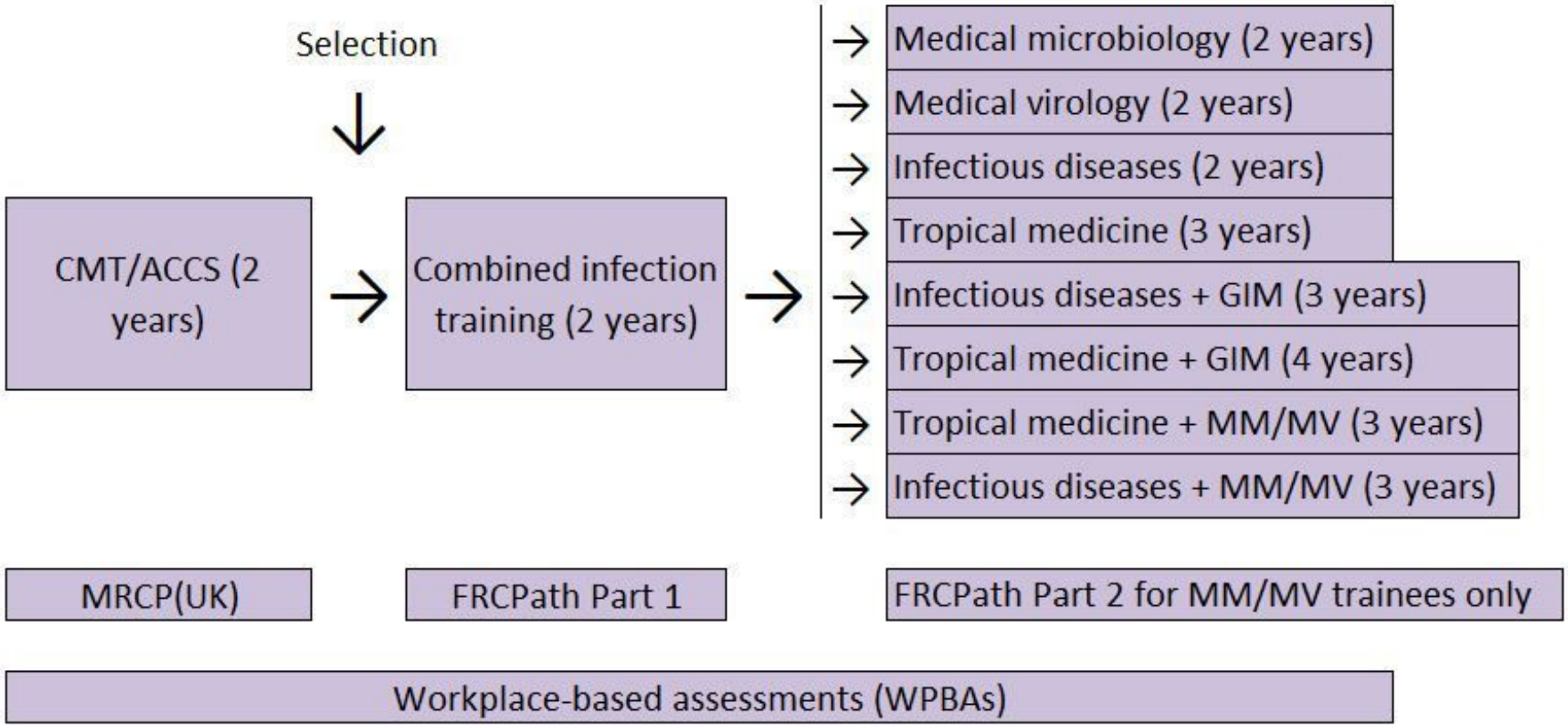
- Combined infection training continues to be discussed by Academy of Medical Colleges
  - GU Medicine do not want to be involved

Why combined infection training?

- ID/Microbiology popular training programme
  - No acute medicine
- Some Hospitals already having generic infection specialists (Oxford)
- Poor recruitment to single specialty Microbiology
- Outsourcing of Microbiology labs
- Increasing requirement for clinical involvement
  - Infection control
  - Antimicrobial stewardship
  - ITU/haematology / specialist rounds
  - OPAT

2014 curriculum



2017

- First recruits have completed combined infection training
- First diet of CICE/FRCPath part 1 exam September 2016
- Last diet of SCE exam September 2017
- 2010 curriculum will cease at end of 2017

CICE/FRCPath part 1 exam

- 2 x 100 MCQ's, 3hrs each
  - best of five, no negative marking
- Questions match the CIT curriculum
- Small amount of HIV (<10%)

- Revised FRCPath Part 2
  - Microbiology and ID/Microbiology only

2016 Recruitment round 1

	Vacant posts	Filled	% fill rate
ID/GIM	11	11	100%
ID/MM	28	26	93%
ID/MV	6	6	100%
MM or MV	11	4	36%
Total	**56**	**47**	**84%**

CIT recruitment 2016

2016 Round 1

Specialty	NTNs	NTNs filled	% NTN	LATs	LATs filled	% LAT	Total posts	Total filled	% filled
Acute internal medicine	116	72	62%	2	1	50%	118	73	62%
Allergy	1	0	0%	0	0	N/A	1	0	0%
Audiovestibular medicine	2	1	50%	0	0	N/A	2	1	50%
Cardiology	141	141	100%	9	7	78%	150	148	99%
Clinical genetics	10	10	100%	0	0	N/A	10	10	100%
Clinical neurophysiology	7	6	86%	0	0	N/A	7	6	86%
Clinical pharmacology & therapeutics	7	1	14%	2	0	0%	9	1	11%
Combined Infection Training	56	47	84%	0	0	N/A	56	47	84%
Dermatology	35	35	100%	4	4	100%	39	39	100%
Endocrinology & diabetes mellitus	73	53	73%	5	0	0%	78	53	68%
Gastroenterology	92	91	99%	0	0	N/A	92	91	99%
GUM	35	20	57%	0	0	N/A	35	20	57%
Geriatric medicine	134	116	87%	10	5	50%	144	121	84%
Haematology	88	74	84%	1	1	100%	89	75	84%
Immunology	8	6	75%	0	0	N/A	8	6	75%
Medical oncology	51	41	80%	4	1	25%	55	42	76%
Medical opthalmology	1	1	100%	0	0	N/A	1	1	100%
Neurology	42	37	88%	4	2	50%	46	39	85%
Palliative medicine	39	39	100%	1	1	100%	40	40	100%
Rehabilitation medicine	19	9	47%	0	0	N/A	19	9	47%
Renal medicine	84	58	69%	3	1	33%	87	59	68%
Respiratory medicine	111	89	80%	1	1	100%	112	90	80%
Rheumatology	34	32	94%	4	3	75%	38	35	92%
Sport & exercise medicine	9	8	89%	0	0	N/A	9	8	89%
Total	**1195**	**987**	**83%**	**50**	**27**	**54%**	**1245**	**1014**	**81%**

Current Issues

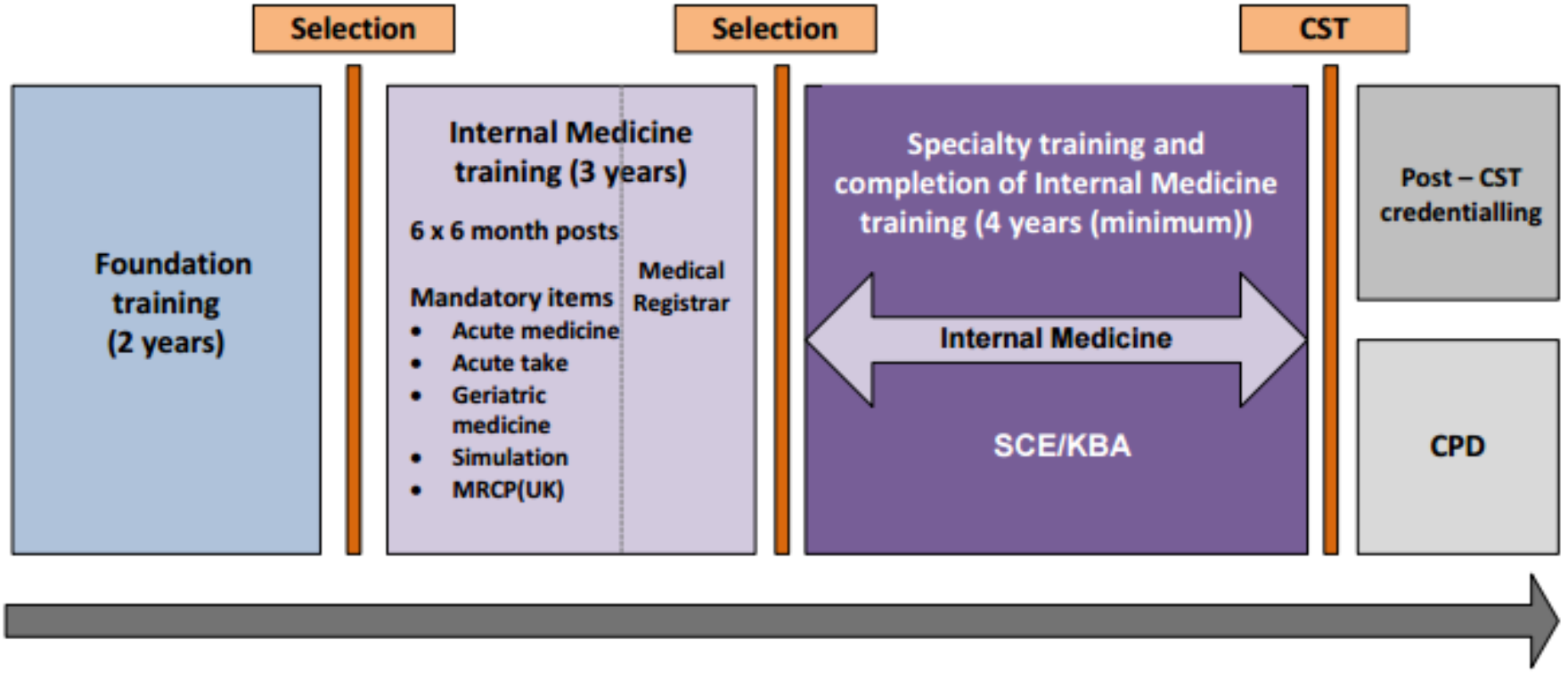
- Development of Competencies in Practice
- HIV / GU Medicine training
- Shape of Training
- Merger of SAC's and Regional Training Committees

HIV / GU Medicine experience

- Ability to recognise and manage infection including opportunistic infections in the HIV positive patient
- Competence in the use of specific HIV diagnostics
- Ability to institute and manage specific therapies in immune compromised patients

- Clinical experience is expected to be obtained in a variety of outpatient setting including HIV and GU clinics.
- "*The Diploma of HIV Medicine is strongly recommended, but is not a mandatory requirement of training*"

Shape of training



The future

- Completely integrated infection training
- Combined ID/Microbiology training programme
  - 4 years post CMT 3
- Entry requirement MRCP + CMT3
- 1 CCT in Infection
  - +/- GIM (5 years if GIM added)
- Specific HIV experience a post CCT credential?