The impact of the changes on common infection training

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Chair of SAC in ID/Tropical Medicine
Co-chair SAC in Combined Infection Training
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
## Historical perspective 2005

<table>
<thead>
<tr>
<th>MICROBIOLOGY</th>
<th>INFECTIOUS DISEASES</th>
</tr>
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<tbody>
<tr>
<td>• Bacteriology</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>• Virology</td>
<td>Tropical Medicine</td>
</tr>
<tr>
<td>• Mycology</td>
<td>+/- General internal</td>
</tr>
<tr>
<td>• Parasitology</td>
<td>Medicine</td>
</tr>
<tr>
<td>Entry from FY2 or later</td>
<td>Entry from CMT</td>
</tr>
<tr>
<td>• No entry requirements</td>
<td>MRCP</td>
</tr>
<tr>
<td>• FRCPPath parts 1 and 2</td>
<td>No further exams</td>
</tr>
</tbody>
</table>
### Historical perspective 2005

**MICROBIOLOGY**
- Bacteriology
- Virology
- Mycology
- Parasitology
  
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**INFECTIOUS DISEASES**
- Infectious Diseases
- Tropical Medicine
- +/- General internal Medicine
- Entry from CMT
- MRCP
- No further exams

- **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
- SCE in ID introduced
- 2010 curriculum developed
2009

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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

Selection

CMT/ACCS (2 years) → Combined infection training (2 years) →

- Medical microbiology (2 years)
- Medical virology (2 years)
- Infectious diseases (2 years)
- Tropical medicine (3 years)
- Infectious diseases + GIM (3 years)
- Tropical medicine + GIM (4 years)
- Tropical medicine + MM/MV (3 years)
- Infectious diseases + MM/MV (3 years)

FRCP(UK) → FRCPath Part 1 → FRCPath Part 2 for MM/MV trainees only

Workplace-based assessments (WPBAs)
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

<table>
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<th></th>
<th>Vacant posts</th>
<th>Filled</th>
<th>% fill rate</th>
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<tr>
<td>ID/GIM</td>
<td>11</td>
<td>11</td>
<td>100%</td>
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<tr>
<td>ID/MM</td>
<td>28</td>
<td>26</td>
<td>93%</td>
</tr>
<tr>
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<tr>
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<td><strong>Total</strong></td>
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<td><strong>47</strong></td>
<td><strong>84%</strong></td>
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<td>Specialty</td>
<td>NTNs</td>
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<td>% NTN</td>
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<tr>
<td>-------------------------------------------</td>
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<tr>
<td>Acute internal medicine</td>
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<td>72</td>
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<tr>
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<tr>
<td>Clinical pharmacology &amp; therapeutics</td>
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<tr>
<td>Combined Infection Training</td>
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<tr>
<td>Dermatology</td>
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<td>100%</td>
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<tr>
<td>Endocrinology &amp; diabetes mellitus</td>
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<td>53</td>
<td>73%</td>
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<tr>
<td>Gastroenterology</td>
<td>92</td>
<td>91</td>
<td>99%</td>
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<tr>
<td>GUM</td>
<td>35</td>
<td>20</td>
<td>57%</td>
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<tr>
<td>Geriatric medicine</td>
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<td>116</td>
<td>87%</td>
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<tr>
<td>Haematology</td>
<td>88</td>
<td>74</td>
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<td>Immunology</td>
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<td>Neurology</td>
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<tr>
<td>Palliative medicine</td>
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<tr>
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<tr>
<td>Renal medicine</td>
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<td>58</td>
<td>69%</td>
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<tr>
<td>Respiratory medicine</td>
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<td>89</td>
<td>80%</td>
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<tr>
<td>Rheumatology</td>
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<td>94%</td>
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<tr>
<td>Sport &amp; exercise medicine</td>
<td>9</td>
<td>8</td>
<td>89%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1195</td>
<td>987</td>
<td>83%</td>
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</tbody>
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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

Foundation training (2 years)

Selection

Internal Medicine training (3 years)
- 6 x 6 month posts
- Mandatory items
  - Acute medicine
  - Acute take
  - Geriatric medicine
  - Simulation
  - MRCP(UK)
- Medical Registrar

Selection

Specialty training and completion of Internal Medicine training (4 years (minimum))

SCE/KBA

Internal Medicine

Post – CST credentialing

CPD
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?