How will current trainees be affected and what can be done to prepare for the future…

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Who am I?

Background

• FY1/2 & CMT in Leeds
• 2011: Oxford - GUM
• 2014: BASHH Board & JRCPTB
  SAC trainee representative (2 yrs)
• 2014 & 2016: Mat leave

Currently

• ST6 – Oxford (integrated SRH/GUM, o/p HIV)
• CCT in <6 months
MY ANXIETIES
New curriculum….

- What are the key differences that might affect me?
- Should I/could I switch to the new curriculum?
Dual accreditation

• Should I do internal medicine (IM) after finishing GUM?

• Will I be disadvantaged not having dual accreditation when applying for consultant jobs?
Who will apply for GUM now?

- GUM: predominance female trainees
  - ? For some seen as a ‘family friendly’

- Do people still want to avoid ‘Med Reg’?

- Will some now opt for GP?
  - Nights/wkds on-call not practical

“90% of GUM trainees female, compared to 26% of cardiology trainees”
DON'T WORRY ABOUT A THING, EVERY LITTLE THING IS GONNA BE ALRIGHT.

~BOB MARLEY
NEW CURRICULUM
2016 Curriculum

More generalist:
Aging HIV pop. & multi-system GUM

Inclusion:
chemsex, PrEP, Hep C Rx

Less emphasis:
late AIDS presentations

Clarifies limits:
e.g. recognition of sexual dysfunction
DUAL ACCREDITATION
2025: Earliest possible date new consultants with dual accreditation

2021: First entrants to GUM + IM programme

2018: First trainees enter 3 year CMT programme

Remember… 8 years is a long time…
So instead of worrying how the recent changes will affect ME NOW......

How **AM I GOING** to manage my service in 8 years time when it is more closely aligned with acute medicine?
Things to consider...

- Realistically, I won’t get ‘dual accreditation’

- Would doing an OOPE in IM be helpful?
  - Possible to do - would not be accredited

- My experience focused on o/p GUM/SRH & HIV
  - Job descriptions:
    - Don’t currently list dual accreditation as a ‘desirable’ feature
    - (NB: HIV specific jobs do....)
MRCP

• Worked **HARD** to attain MRCP

• **WE ARE** PHYSICIANS!
  • Sometimes overlooked
  • Changes may raise profile of specialty – & us!

• What will change when GUM more closely aligned with hospital medicine?
  • e.g. involvement in Hep B/C care and Rx?
Therefore….

- I **will** get a job…….
  - There is a role for GUM consultants

- Ensure that we are seen as specialists with unique & desirable skills

- Maintain/develop IM skills

- **Things to consider…**
  - Post CCT fellowship
  - Courses
  - MDT/Grand Rounds

Resource: https://www.jrcptb.org.uk/training-certification/post-cct-fellowships
APPLICANTS TO GUM
Who will apply now?

• If applying now…. would the IM component put you off?

• Some people will choose another route

• But, for others may be seen as a good thing

NTN fill rates up 16% from 2015-16
In summary

• Changes are happening

• However…won’t see affects for some time

• Be prepared …. rather than scared!