



# Genito-Urinary Medicine Higher Medical Training Newsletter

## Introduction

Welcome to the first newsletter for Regional Specialty Advisers and Trainees. To aid communication and transparency we aim to produce a newsletter every 6 months after Specialist Advisory Committee meetings. It will hopefully provide a greater understanding of what we do and information on issues relating to training, gaining certificates and the regulations that govern us.

## The Genito-Urinary Medicine SAC

The SAC (Specialist Advisory Committee) in Genito-Urinary Medicine is a sub committee of the JCHMT (Joint Committee on Higher Medical Training) with responsibility for standards of training in the UK.

The committee meets three times a year in London and annually with Regional Specialist Advisors to discuss issues relating to training.

### Role of the SAC:

- Determining entry criteria for specialist training
- Educational approval of training programmes and posts
- Defining the exit criteria from higher specialist training
- Enrolling trainees and setting prospective CCST dates
- Recommending trainees to the Specialist Training Authority (STA) for CCST
- Ensuring SAC representation at trainee Penultimate Year Assessments
- Setting of curriculum for training.
- Prospective approval for “out of programme” training periods.





### The SAC does not:

- Decide upon numbers of nationally approved training numbers (NTN's), locum appointments for training (LAT's), locum appointments for service (LAS's) or Fixed Term Training Appointments (FTTAs).
- Allocate training numbers to individual units
- Have any involvement in the funding of training posts
- Arrange RITA assessments

### Members of the SAC in Genito-Urinary Medicine:

- Dr J Wilson – MSSVD (Chair)
- Dr S Barton – RCOG (Secretary)
- Dr N Beeching – RCP London (Chair, Infectious Diseases SAC)
- Dr C Bignell – MSSVD
- Dr C Bunker – British Assoc. of Dermatologists
- Dr S Drake – RCP London
- Dr P Kell – RCOG
- Dr A McMillan – RCP Edinburgh
- Dr D Rowen – AGUM
- Prof I Weller – RCP London
- Dr M Kingston – Trainee Representative
- Dr D Barlow – UEMS Representative
- Mr G Bland – JCHMT SAC Co-ordinator

### Contact Address for Specialist Advisory Committee Co-ordinator:

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## Contact Address for PYA Administrator:

If you have any questions regarding forthcoming Penultimate Year Assessments please contact:

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## Issues from the Minutes of Recent SAC Meetings

### The Assessment of Competencies

There are 3 methods of competency due to be piloted in spring 2003. These are:

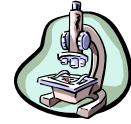
- MiniCEX – Mini clinical exam, an American based system of formalised assessment
- 360 ° Assessment – Views are polled from colleagues in all grades and disciplines working with the SpR
- DOPS – Directly Observed Procedural Skills

It was hoped that between 50 and 60 Genitourinary Medicine SpRs would take part in the pilot scheme beginning in spring 2003. Results would be gathered and analysed in the summer and it was hoped that the new assessment methods would be implemented by the autumn.

### New and Unfilled Consultant Posts

It was reported that 9 new Consultant posts either had been, or were to be advertised. In addition to this 6 posts were left vacant. The situation at the moment is that there are more Consultant posts than newly completed trainees to fill them. It was felt that trainees were limited in the number of jobs they could apply for due to family and social commitments.





## Career Plans of SpRs in Genitourinary Medicine

Dr Kingston tabled a report of the results from a questionnaire post to SpRs who were due to complete their training by the end of 2003. Of the responses received, the majority were aware of the expected shortfalls in Consultant posts. Although worried, few trainees had decided to delay their CCST dates. Dr Kingston will continue to monitor the situation. Dr Kingston was also to post new questionnaire to SpRs to gain feedback on their training.

## General (Internal) Medicine Experience for MRCOG Holders

It was stressed that MRCOG holders wishing to gain entry to Higher Medical Training must have obtained 1 year of General Professional Training in General (Internal) Medicine within the last 10 years. There could be no flexibility in this rule to allow for periods of exceptional leave or research.

## Obstetrics and Gynaecology Module for Trainees with MRCP

A redraft of the Gynaecological training guidelines was circulated containing a few minor changes. (Available from the JCHMT office)

## SHO Modernisation “Unfinished Business”

“Unfinished Business” was a consultation paper circulated by the Chief Medical Officer for England on proposals to reform the SHO grade.

Under the new proposals all doctors would acquire Basic Specialist Training before moving onto Higher Specialist Training. The aim was to make training more flexible. The 1st year would be a PRHO year. The 2nd year would be a new year encompassing acute medicine and generic skills such as teamworking and communication. In the 3rd year trainees would enter a specialist training programme (G(I)M). The postgraduate exam may be moved and could become an exit exam. It was hoped that this would improve the quality of generic training although the JCHMT does question the role of these “generalist” physicians and how the overseas doctors, academics and NCCGs would be incorporated under the proposals.

The Paper can be found at the following address [www.doh.gov.uk/shoconsult/](http://www.doh.gov.uk/shoconsult/)





## Postgraduate Medical Training and Education Board (PMETB)

A draft legislation of the new body was released by the Department of Health in late 2002. It is intended to take on the role of supervising and monitoring postgraduate medical training in the UK.

It was reported at the SAC meeting that the draft legislation states that there would be a “small lay majority” on the board. This was a mistake and would be corrected in the new draft. The timescale was tight, as the legislation will have to pass both Houses of Parliament and the Scottish Parliament before their elections in May 2003. Colleges were not mentioned in the draft legislation causing significant concern. RCP London has made vigorous comments concerning this as it does not believe this can be delivered without the Colleges and SACs participation.

The draft legislation is available at [www.doh.gov.uk/medicaltrainingintheuk](http://www.doh.gov.uk/medicaltrainingintheuk)

## Future SAC visits to Higher Medical Training Programmes

The SAC periodically inspects the Higher Medical Training Programmes for Genitourinary Medicine throughout the country. This is to assess the suitability of training and to ensure that the requirements of the training curricula are being met. Visits are important to provide feedback to those persons delivering training and to disseminate ideas of good practice.

A new and comprehensive set of visit guidelines is to be published by the JCHMT and these should be available to visitors and visitees shortly.

Future visits have been arranged as follows:

### Programme

### Visitors

Oxford	Dr Barton/ Dr Lacey
Chelsea & Westminster	Dr Bignell/ Dr McMillan
North Trent (Sheffield)	Dr Barton/ Prof Weller
North Western	Dr Wilson/Dr McMillan

## Continuing Professional Development (CPD)

It was recommended that SpRs in their final years of training should be able to demonstrate that they have registered and used the CPD online diary. This would be raised at the SpR’s Penultimate Year Assessment.

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If you have questions about the contents of this newsletter or Higher Medical Training in Genitourinary Medicine in general please contact Gareth Bland at JCHMT.

