

Additional Training in Clinical Infection for Specialist Registrars in Genitourinary Medicine

A need has been identified for additional training in infectious diseases (ID), to be provided as an optional component of Higher Medical Training (HMT) for some Specialist Registrars in Genitourinary Medicine. The primary aim of this is to provide trainees with a broader training in infectious diseases to compliment their training in HIV medicine. It does not provide a further specialist qualification.

After protracted discussions, it has been agreed that the simplest way forward is for SpRs to be seconded to an established ID unit for an appropriate period of time and to focus on the relevant components of the SAC approved curriculum for HMT in Infectious Diseases. At the beginning of the secondment the trainee and nominated local trainer for this purpose would confirm the trainee's educational needs, using the September 2001 (Draft) Objective Based Curriculum for HMT in Infectious Diseases (or its approved successor):

1. To obtain clinical competence in the assessment, investigation, diagnosis and management of community acquired infection (pp9-11)
2. To obtain clinical competence in the management of infections in a range of immunocompromised patients (pp12-15)
3. To obtain clinical competence to recognise and manage Hospital Acquired Infection, and institute control systems, including postoperative and Intensive care related illness (pp15-19).
4. To obtain clinical competence in the diagnosis, investigation and management of imported infection and the provision of advice in relation to travel medicine (pp20-22)
5. To obtain an understanding of the role of the microbiologist and virologist and the importance of microbiological techniques in ID and to understand the process and constraints around the microbiological report (pp23-25)
6. To become competent in all aspects of the management of antimicrobial use (pp26-28)
7. To have the opportunity for (optional) enhanced training in specific areas related to ID including: Clinical Virology; Clinical pharmacology; Public Health and Epidemiology; Vaccinology; Overseas Practice (p30)

It is expected that GU medicine trainees would focus on components 1, 2, 3, 4, and 6 but we would suggest that individual trainees be allowed to include part or all of the other objectives if appropriate for their training needs.

It is expected that most trainees will opt for secondments of 6 or 12 months, and that this will necessitate increase in length of their approved HMT. However, in those units where short-term placements with ID units are already arranged as part of the recognised GU medicine HMT, similar principles could be applied to short-term attachments over and above the time they currently spend on their HIV in-patient attachments. In certain training units it may be possible to organise exchange of trainees between GU medicine and ID programmes and this could be an ideal arrangement.

It is recommended that this option be open to all trainees, whether they have entered GU medicine training from a "medical" (MRCP) or "gynaecology" (MRCOG) background, while recognising that substantive prior general medical experience is preferable. The local trainer at entry to this option will assess the level of general medical competence of the trainee and the trainee will be given clinical responsibility appropriate to this level. This can be revised as the trainee makes progress. This means that some trainees will be working at a senior SHO/junior registrar level (although their pay and increments will be protected). Progress will be monitored by the standard appraisal and RITA process using the assessment guidelines written for the ID curriculum. This appraisal and assessment should include both the local ID and GU medicine trainer for the individual trainee. Trainees will not be expected to reach independent Infectious Disease consultant levels of expertise at the end of these attachments but trainers will be asked to indicate the level of competence reached by indicating what year of ID training competence the trainee has achieved in each objective/component.

No special certificate of completion of this training will be produced, for GMC or other purposes, and this training does not constitute subspecialty training.

It is suggested that the option be called "Training in Clinical Infection" to avoid any external confusion with the "Infectious Diseases" training programme.

Issues of funding for this programme will have to be discussed by individual programme directors and deaneries.