

Employment of Medical Registrars from Non-acute Specialties in “Hospital at Night” Teams - Guidance from the JRCPTB

Following a teleconference convened to discuss issues arising from the plans produced by the Lothian Health Board to employ StRs in Dermatology in the “Hospital at Night” (H@N) teams at Edinburgh Royal Infirmary and at St John’s Hospital at Howden (Livingston), the following guiding principles were agreed, and were subsequently ratified by the JRCPTB Executive.

1. Medical StRs appointed at ST3 level into any medical specialty and having recently achieved MRCP (UK) and other Core Medical Training (CMT) competencies are suitable to work as medical registrars in H@N teams.
2. Registrars from non-acute specialties, with no daytime exposure to general medicine, could only be expected to retain acute management skills for a limited period of time (maximum of one year). The H@N involvement should therefore only apply to ST3 trainees from these specialties.
3. The ST3 trainees would need to have completed CMT in the recent past, since they would become de-skilled if they were to have no continuing exposure to acute medicine. A period of up to 6 months since CMT and with no exposure to acute medicine was considered to be the maximum period which could be allowed if planning to insist that doctors working in non-acute specialties with no daytime exposure to acute medicine should undertake H@N duties. After this time it was felt that there might be a need for assessment/refresher training before a trainee was considered fit to lead the management of acutely ill patients. It was recognised that different guidelines would be appropriate in the event that a doctor returned from a period of absence from acute medicine, and agreed to join H@N as a registrar thereby accepting personal responsibility for their competence to undertake such duties. The decision as to whether a doctor is safe to undertake specific duties ultimately rests with the employer.

4. Work in the H@N setting would provide the non-acute trainee with team working and leadership skills. Overall, however, it would be likely that training in the non-acute specialty would to some extent suffer. It was felt to be unreasonable to expect more than 15 days of specialty training to be lost in one year while carrying out H@N duties. Even so, training progress of some individuals might be impaired and ARCP results would need to be monitored. In the event that training was shown in this way to have been impaired, there would seem to be no alternative other than to extend training.
5. These guidelines apply only to trainees entering non-acute specialties via Core Medical Training. They would not apply to non-acute trainees coming from non-CMT backgrounds such as Paediatrics or Surgery.
6. Where circumstances allow, it would be desirable to concentrate H@N duties during the early part (6 months?) of the ST3 year for non-acute specialty trainees.
7. It was not felt to be desirable to insist that ST3 trainees from non-acute specialties should lead the H@N team in hospitals other than their base hospital, about which they might have no previous knowledge.

These guidelines were drawn up by

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