

**JOINT ROYAL COLLEGES OF PHYSICIANS TRAINING BOARD
(JRCPTB)**

**Annual Specialty Report for Infectious Diseases and Tropical Medicine to
The Postgraduate Medical Training Board (PMETB)
for August 2007 to July 2008**

1. Establishing Schools

There have been no problems reported for this specialty. Their HOSTs sit on the Boards of their respective Schools of Medicine

2. Triggered Visits

There have been no triggered visits for this specialty

3. Effect of changes to the specialty

The main thing that is going potentially to change ID training is the impact of the joint infection training project that is being led by the Infection Training Working Group of the Academy of Royal Colleges (chaired by Neil Douglas). There is still some way to go with these proposed changes but almost certainly they will recommend a 2 year “core infection” programme followed by further sub specialty training

4. Key concerns for the future of the specialty

- The lack of time within Trust job plans for educational supervisors, clinical supervisors and TPDs to do their tasks properly. The new requirements of the e-portfolio, work based assessments etc impose a considerable burden on busy clinicians with no dedicated, protected times.
- Whether the new knowledge based exams are really necessary and whether they impose a disproportionate financial burden on small specialties and upon our trainees
- How we manage the switch from a “time based” to a “competency based” curriculum. We are still continually asked whether out of programme experience can “count” towards training where the reality is that as we are not “counting” time in training anyway but assessing competency these time rules are really redundant.

5. RITAs/ARCPs. The following includes the responses we have received from the Heads of Specialist Training for this specialty

All trainees for this specialty have had successful RITAs/ARCPs with no RITA D or E awarded for 134 enrolled trainees

6. European Working Time Directive (EWTD): The following includes the responses we have received from the Heads of Specialist Training for this specialty

The potential effect of the EWTD on the ability of Deans to provide satisfactory training does cause concerns but all those who responded said that their programme is compliant. One example of this is being achieved is by having an overlapping rota with Genitourinary Medicine. It was felt that an additional Infectious Diseases Trainee would make this more robust.

7. Training Programme Director Report information

We have not received reports from every Deanery for this reporting period but intend to include the themes in subsequent reports. However, we have received various Education Committee meeting minutes which highlight no major training or assessment concerns.

8. Examinations

We do not have examination data available for this reporting period.

9. Assessments

Workplace based assessments for the medical specialties including Direct Observation of Procedural Skills (DOPs), mini CEX, and Multisource Feedback (MSF) have been in place since 2005. Although there have been concerns within each specialty with regard to the time involved to complete these, their use has been widely encouraged so that PMETB standards are met. We continue to pilot further workplace based assessments.

10. e-portfolio

Pilots for the specialty e-portfolios have been completed and the eportfolio for Infectious Diseases is now live and available for use by enrolled StRs. During the transition period trainees had been advised to complete paper records or to continue to use their CMT e-portfolio.