

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

**Annual Specialty Report for Neurology to
The Postgraduate Medical Training Board (PMETB)
for August 2007 to July 2008**

1. Establishing Schools

Neurology is incorporated within Schools of Medicine, no problems have been reported.

2. Triggered Visits

No triggered visits have been reported by the respondents and the SAC Chairman is unaware of any in Neurology

3. Effect of changes to the specialty

No information specific to the specialty reported

4. Key concerns for the future of the specialty

The introduction of Modernising Medical Careers has led to a number of very significant problems.

Difficulties in managing ST3 appointment

- 1) It is very difficult to find locums for any posts which inevitably arise – maternity leave, illness, out-of- programme activity, consultant appointment. Thus many units have been running with fewer trainees at all levels.
- 2) Posts that have fallen vacant cannot be advertised and filled because of the run-through commitment of the deaneries to CMT trainees.

These difficulties disrupt the training of others working within the programmes as well as resulting in loss of training opportunities. This has been a very significant problem in all areas of the country.

- 3) In 2008 we ran a national selection process for trainees at ST3 (hosted by the Yorkshire deanery). The process was felt to be unsatisfactory by most of the programmes taking part for two reasons, firstly the lack of flexibility of many of the trainees who would only consider a very limited number of training programmes, and secondly because of the significantly different attributes being sought by different programmes (some place high value on academic attainment (and include significant research training in their programme) while others place higher value on previous clinical experience. As a result of this experience there was widespread agreement that appointments should be managed locally.

Specialty trainees having to 'act-down'

- 4) In some units there was a reduction in the numbers of core medical trainees and an increase in the number of ST3+ posts to provide the balance needed for run-through training. This has inevitably led to those trainees in ST3+ posts undertaking the roles of CMT trainees to the detriment of their specialty training, such that their training will need to be extended.

- 5) In units where this has not been a marked problem the reduction in CMT trainee numbers and difficulties with locum provision and limited hours from EWTD mean that ST3+ trainees are doing more work normally carried out by CMT and foundation trainees. This reduces the quality of the specialist training, and thus very likely the length of training needed to obtain specialist competencies.

Lack of specialty experience in CMT

- 6) Some trainees moving into ST3 posts may not have done any specialist neurology during CMT rotations. In addition, some trainees coming through run-through have not completed MRCP. This lack of experience provides difficulties for training programmes as they cannot take on the role normally expected of ST3+ neurology trainees on the ward or in on-call rotas. It seems inevitable they will need to have their training extended.

Issues relating to trainers:

Lack of recognition of time of trainers devote to training

- 1) A number of the reforms of training have increased the time commitment of trainers – increased numbers of assessments; increased numbers of appraisals. The relative inexperience of specialist trainees increases the requirement for supervision. Together these factors have increased the time commitment of all trainers. This increased time commitment demanded by medical education has not been recognised in job planning.

Variable training of trainers

- 2) While neurology has run a series of training sessions for work-based assessments not all trainees have been trained.

There is variability in the training of trainers for roles as clinical and educational supervisors.

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. For the 207 trainees enrolled in Neurology it was been reported that 6 trainees were issued with a RITA D,

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

It is believed that most rotas are EWTD compliant.

7. Training Programme Director Report information

We have not received these reports for every Deanery for this reporting period but intend to include the themes in subsequent reports.

8. Examinations

We do not have examination data available for this reporting period though there has been good progress towards the introduction of the Knowledge based assessment – first formal exam to be held May 2009.

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 Neurology 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.