

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

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

**1. Establishing Schools**

The renal SAC has not been made aware of any difficulties in establishing specialty schools.

**2. Triggered Visits**

The renal SAC is not aware of any triggered visits in renal medicine

**3. Effect of changes to the specialty**

We are not aware of any major therapeutic advances/new procedures on the immediate horizon that will impact on the renal curriculum. Minor changes to the renal curriculum will be submitted to PMETB in early 2009 and a major curriculum review will follow during 2009. This will likely incorporate several new areas of clinical importance to renal physicians eg renal demographics/renal information technology.

The British Renal Association is currently reviewing renal workforce requirements – recommendations may have an affect on the multi-disciplinary team and hence on number/role of consultants required in renal medicine

**4. Key concerns for the future of the specialty**

Workforce planning is currently a major concern. The Royal College of Physicians Joint College Committee on Renal Medicine has a workforce group looking at the probable number of renal consultants required and how many renal trainees this equates to.

European Working Time Directive (EWTD) compliant rotas will be introduced in 2009 and we have some concerns that these may reduce the hours available to trainees for training in renal medicine.

The knowledge based examination in renal medicine is due to be introduced in early 2009

**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 and it has been reported that no RITA Ds or Es were issued over the reporting period for the 346 trainees enrolled in Renal Medicine.

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

EWTD remains problematic and a source of frustration for both trainees and trainers. Although on paper rotas are compliant, it has been reported from one region that about 60% say they work over their rostered hours on a daily basis, 30% on a weekly basis and about 15% say they “rarely” work beyond rostered hours.

### **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. However, we have received various Education Committee meeting minutes for this specialty which highlight no 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 are available for trainees enrolled in Renal Medicine. In the meantime, trainees had been advised to complete paper records or to continue to use their CMT e-portfolio.