

To: Regional Specialty Advisors in Rheumatology  
Consultant Rheumatologists  
Specialist Registrars in Rheumatology  
SAC in General (Internal) Medicine (G(I)M)

28 October 2003

Dear Colleague

**Revised Definition for Specialist Training in Rheumatology in Dual Posts with G(I)M**

Please find enclosed, revised definition regarding the calculation of credit towards training in Rheumatology for Specialist Registrars wishing to obtain a CCST in the specialty. This document primarily addresses issues relating to dual training with General (Internal) Medicine, but also contains guidelines for additional credit towards *clinical* training that might be obtained during periods of time in research.

The document has been prepared by the Rheumatology SAC, following wide consultation with Regional Specialty Advisors, Chairs of Specialty Training committees, trainees and members of the G(I)M SAC.

These rules come into effect on 01 November 2003. However, they will not be applied retrospectively to posts that trainees have already completed, but will relate to posts that trainees are currently occupying. Any re-calculation of predicted CCST dates will be assessed at the next RITA/PYA assessments.

The SAC expects that STC Chairs and Programme Directors will agree the Rheumatology content of each training slot with the trainees in post, based on the attached definitions. The amendments should be documented on the revised Form A and B.

We recognise that this is a considerable undertaking, but firmly believe that the revised definitions will allow a more accurate reflection of Rheumatology specialist training.

Thank you so much for your help in this important matter.

Yours sincerely

**Dr Deborah Bax**  
Rheumatology SAC Chair

## **RHEUMATOLOGY/G(I)M CONTENT OF SPR TRAINING POSTS**

**This document must be read in conjunction with the Rheumatology Curriculum**

### **Single or dual CCST programme**

Rheumatology SpRs must follow a training programme, which has been approved by JCHMT. This will be either a single or dual (with G(I)M or Rehabilitation Medicine) CCST training programme. An SpR should decide *at the start* of their training whether they wish single or dual training and follow the appropriate local training programme. The specialties in which an SpR has applied to be enrolled in for a CCST should be documented in the RITA Form A issued by the local deanery.

Approval from the Regional Postgraduate Dean and the appropriate Programme Director/Chairman of the Regional STC is required if a trainee opts mid-training to drop or include G(I)M. The training programme will then need to be altered and possibly extended accordingly.

### **Rheumatology Curriculum Requirements**

In the 1998 Rheumatology Curriculum it was advised a year of general medicine experience in the first year was "highly desirable". This advice is now defunct and succeeded by the 36 month rule issued to all trainees and trainers in October 1999. The 36 month rule aims to protect the amount of clinical Rheumatology to be undertaken by all SpRs. It is in part a response to the changes in the training posts following increased protection of the G(I)M sessions insisted upon quite rightly by the G(I)M SAC.

In addition, the Rheumatology SAC (like other specialty SACs) is concerned about the increasing intrusion on specialty training that has occurred in recent years in posts that involve a regular commitment to the general medical take. These changes have arisen due to the combined effects of increasing commitment to G(I)M (e.g. cancellation of fixed sessions on take days and participation in post-take ward rounds) and changes in work patterns due to New Deal requirements for junior doctors (e.g. full and partial shift work patterns). The Rheumatology SAC however also recognises that some posts can provide good training simultaneously in both Rheumatology and G(I)M.

In the 2003 Rheumatology Curriculum it states a 4 year single CCST training programme must contain approximately 36 months of *clinical* high intensity Rheumatology, therefore allowing the remaining 12 months to be spent doing SAC approved training in a Rheumatology sub-specialty/research or high intensity G(I)M.

The 5 year dual CCST must also contain 36 months of high quality training in clinical Rheumatology. This will consist of at least 24 months training achieved during a period of either high, or a combination of high and medium intensity training. The remaining amount of training may be achieved by undertaking either high, medium or low intensity rheumatology. Additional educational credit may be granted at the

discretion of the SAC for clinical work undertaken in the course of a period in research.

### **G(I)M Curriculum Requirements**

The definitions of G(I)M-High and G(I)M-Low intensity for training are detailed in the G(I)M Curriculum and determined by the G(I)M SAC. Queries on approval of G(I)M training must be addressed to the G(I)M SAC via the Rheumatology Specialty Co-ordinator.

Generally, posts offering high intensity G(I)M training are compatible with simultaneous Rheumatology training at Intensity Levels 1 – 3 (see definitions below and table). Posts offering low intensity G(I)M training typically co-exist with duties and responsibilities compatible with Rheumatology Intensity Level 4.

## **INTENSITY OF RHEUMATOLOGY TRAINING: DEFINITIONS**

### **Rheumatology High Intensity:**

**Intensity Level 5:** Pure Rheumatology with no or minimal G(I)M service commitments. In this type of training, the trainee is in a post in which no more than a maximum of 2 sessions per week have been allocated to non-clinical Rheumatology activity (e.g. G(I)M/non-clinical research). This type of post should include regular exposure to and experience of rheumatological emergencies. It is recommended that a trainee spend preferably two years in this type of post if a dual training programme is to be fulfilled in a minimum of 5 years.

*100% Rheumatology CCST credit will be awarded for this type of post*

### **Rheumatology Medium Intensity:**

Each post falling into this category are to be assessed individually by the SAC, however educational credit towards clinical Rheumatology training is based on the following guidelines, covering intensity levels 4, 3 and 2:

**Intensity Level 4:** This type of post satisfies the training requirements for the Rheumatology Curriculum in spite of having significant G(I)M content

In order to qualify for this level of clinical Rheumatology credit, the trainee's programme has to satisfy the SAC that their Rheumatology training is minimally affected by participation in G(I)M, i.e. that their G(I)M duties **do not result in cancellation of more than 25% of Specialty activities**. In addition, a similar level of competencies (as defined in the Rheumatology Curriculum document) to that achieved by trainees in high intensity training is expected.

These posts should include a minimum of at least two properly supervised, unselected Rheumatology out-patient clinics of general case mix, and one Rheumatology ward round. The individual should have the experience of continuing care for

Rheumatology patients on an inpatient and outpatient basis. This type of post should include regular exposure to and experience of rheumatological emergencies. In addition, there should be weekly, protected periods of time for research/study **and** time to attend and participate in postgraduate meetings relevant to the specialty. *Generally 75% Rheumatology CCST credit is awarded for these posts, i.e. 9 months for every year.*

**Intensity Level 3:** This type of post might have a timetable that satisfies the requirements of the Rheumatology Curriculum, however in practice the high G(I)M content of the post results in regular cancellation (e.g. 25- 50%) of training opportunities (ie clinical, research or post graduate sessions) in Rheumatology.

These posts however should still include a minimum of at least two properly supervised, unselected Rheumatology out-patient clinics of general case mix, and one Rheumatology ward round. The individual should have the experience of continuing care for Rheumatology patients on an inpatient and outpatient basis and include regular exposure to and experience of rheumatological emergencies.

*Generally 50% Rheumatology CCST credit is awarded for these posts, i.e. 6 months for every year.*

**Intensity Level 2:** This type of post has a higher commitment to G(I)M than the above two categories with less than 25% of training time (ie clinical, research or post graduate sessions) spent in Rheumatology. Demonstration of some exposure to continuing care of either Rheumatology in- or out-patients would be required.

*Generally 25% Rheumatology CCST credit is awarded for these posts, i.e. 3 months for every year.*

## **Rheumatology Low Intensity:**

**Intensity Level 1:** These are posts approved for G(I)M high intensity (4 fully protected takes per month), with minimal Rheumatology experience. The Rheumatology content of this type of post might include a commitment to one or two out-patient clinics per week but with no responsibility for the continuing care of either Rheumatology in- or out-patients. Some attendance at a PG Rheumatology education sessions (eg monthly) is required if the clinical experience is to be recognised for training purposes.

The Rheumatology SAC recommendation is that dual trainees spend only one year in such a post in order to fulfil the one year of G(I)M high intensity required by the G(I)M SAC. Dual trainees should then move to high intensity or medium intensity Rheumatology posts.

*CCST credit will be given on an individual assessment basis using the minimum tariff calculation, as for trainees in research (see below). However, only a maximum of 3 months credit per year is allowable in this type of post*

## **Clinical Training During Time Spent In Research**

The minimum tariff for additional credit towards clinical training in Rheumatology is calculated on the basis of one clinical session per week performed over one year, counting one month towards the Rheumatology CCST, up to a maximum of 6 months.

For example, a trainee doing two Rheumatology clinics per week over 2 years could be granted 4 months towards the Rheumatology CCST.

A clinical session might include either a general rheumatology clinic or a rheumatology in-patient session. A highly specialised clinic (including a clinic run purely for research) may not automatically be eligible for clinical credit. The trainee is advised to contact the SAC prior to the commencement of a period of research to clarify prospectively the amount of credit for clinical training that can be allowed for their proposed clinical programme.

This type of additional clinical credit can only be obtained during a period of time in research performed after acquisition of an NTN.

A period of time in research can count towards a CCST up to a maximum of one year (as per JCHMT guidelines), however this cannot replace one of the required 3 years of clinical training in Rheumatology.

**TABLE**

<b>Rheumatology Intensity Level</b>	<b>G(I)M compatibility</b>	<b>Rheumatology Credit Towards CCST</b>
Level 5 (High)	G(I)M content unlikely to count towards training	100 %
Level 4 (Medium)	Low intensity	75% 9 months for 1 year in post
Level 3 (Medium)	High Intensity	50% 6 months for 1 year in post
Level 2 (Medium)	High Intensity	25% 3 months for 1 year in post
Level 1 (Low)	High Intensity	Individual assessment based on minimum tariff calculation