Health Education England

School of Medicine Newsletter

Yorkshire and the Humber – Spring 2018

Welcome

Welcome to the Spring 2018 School of Medicine Newsletter. We've lots of exciting news for you in this edition including the appointment of many new TPDs who we welcome to the team, an introduction to the new GIM/AIM Quality Criteria and what changes it'll hopefully bring about, advice on returning to training, rotation planning, less than full time training and the new School website. We start however with an update on Internal Medicine implementation.

Internal Medicine Implementation Update

The GMC have now approved the internal medicine (IM) curriculum (years 1-3) and we are planning for implementation from August 2019, when the first IM trainees will start. The most pressing task is to confirm the rotations for IM years 1 and 2 (IM1, IM2) as we will be recruiting to these from autumn 2018. These posts will almost all come from existing CMT posts, but there may be opportunities to change existing posts or add new ones. The make up of the two years will be:

- IM1 – 3 x 4 month placements: one of these will be in geriatric medicine; the focus of the year will be in acute medicine and in-patient management
- IM2 – 2 x 6 month placements, one of which will include 3 months in intensive care medicine; the focus of this year will be ambulatory and out-patient care, with attendance at a minimum of 40 clinics.

Other important elements are:

- New assessment process – capabilities in practice (CiP) will replace the current system of competence sign-off; there will be a roll-out of training for ES in CiP by a SoM team from early 2019.

- To progress to IM3 trainees will need an ARCP1 at the end of IM2 but trainees will not have to have completed MRCP, although will be encouraged to do so.

- Group 2 higher specialties (not training in internal medicine) will be able to take trainees from IM2 – again provided an ARCP1 at the end of IM2.

- Specialties which do not currently dual-accredit with GIM, but which will now train in IM are neurology, GU medicine and palliative medicine. The status of medical oncology remains to be determined. These specialties will reduce specialty training by one year, but have an extra year for internal medicine training. All other specialties which will continue training in internal medicine in higher specialty training (acute medicine, cardiology, diabetes and endocrinology, gastroenterology, geriatric medicine, infectious diseases, renal medicine, respiratory medicine and rheumatology) will reduce the duration of higher specialty training by 1 year.

- IM3 – this year will focus on acute take involvement; trainees will be expected to lead the acute medical take in the medical registrar role

    - The expectation is that IM3 will consist of two 6 month placements in different specialties. These IM3 posts will be principally drawn from the 20% of higher specialty training posts which will no longer be needed as training time reduces from 5 to 4 years.

    - TPDs in those specialties which will be giving posts to IM3 in this way should start considering which posts they will move to IM3. There will be considerations about recruitment to specialties in 2019 and 2020 to ensure that the IM3 posts will be vacant in 2021.

    - As a principal for looking at which posts should move to IM3: trusts with one HST post should keep this post in ST4+; where a trust has two or more HST posts, at least one should remain in HST, but others could be considered for IM3. The SoM team has proposals which they will share with TPDs, who can then make recommendations. The expectation is that in DGHs all IM3 and HST trainees will be on the acute rota; but in teaching hospitals the acute rota will be entirely (Sheffield/Leeds) or largely (Hull) staffed by IM3 trainees.

    - We anticipate there will be about 120 IM3 posts required (based on 150 trainees in each of IM1 and IM2) of which 90 will come from the 20% reduction in numbers needed for HST. Therefore trusts are encouraged to consider whether they want to offer up other existing non-training posts or newly created trust-funded posts for IM3.

There will be two briefing events on progress with IM training implementation:

- Sheffield – Wednesday 16 May, 3pm, Room 6, MEC, RHH

- Leeds – Monday 21 May, 2pm, Rooms 2.13a/b, HEE, Willow Terrace Road.

These are particularly aimed at College Tutors and Trust DMEs but any interested TPDs and ESs are welcome to register for these briefings.

Website

The School of Medicine and every specialty under it (and HEE Yorkshire and the Humber as a whole) have a new website www.yorksandhumberdeanery.nhs.uk/medicine. Hopefully you'll find it easy to navigate with links to the major policies relevant to you. Although it's still a work in progress and not all sections are complete it's probably worth

looking at both the School pages as well as your specialties (including GIM if you're dual training) for information. Any comments or information you can't find let us know at the usual address and if anyone's interested in helping improve their specialty page please get in contact with us via your TPDs!

Less than full time training

Less than full time training (LTFTT) is becoming easier and easier to do! HEE now routinely approve 80% for both people applying for the first time and those looking to adjust their %. To make things easier, we've written a LTFTT FAQ available at www.yorksandhumberdeanery.nhs.uk/medicine/LTFTT. It's probably worth having a read if you're either working LTFT presently or are considering it.

For more information about LTFTT, visit: https://www.yorksandhumberdeanery.nhs.uk/learner_support/policies/less_than_full_time.

Supported return to training

This is particularly relevant to anyone taking more than a few months out of clinical practice for any reason (not just for childcare!) Although policies haven't changed recently there are many things people are missing out on such as Keeping in Touch (KIT) days, procedural skills refreshers and assessments confirming you're ready to do on call again etc. Have a look at our FAQ at www.yorksandhumberdeanery.nhs.uk/medicine/Returning_to_training. HEE are presently developing return to training so expect further updates over the coming year!

GIM quality criteria

JRCPTB launched the GIM/AIM quality criteria on 7th March, following on from the success of the CMT quality criteria which have proved a valuable lever in improving the quality of CMT training at individual placement level. The new criteria can be found at www.jrcptb.org.uk/quality/quality-criteria-gimaim.

They are categorised as:

Domain 1: Ensuring safe and effective care – with a focus on delivery and supervision of the acute take

Domain 2: Creating a supportive environment – with a focus on rota management and trainee welfare

There are some criteria which will be particularly important for consideration at LEP (Trust) level:

1. Handover planning: Shifts are organised to allow consultants, GIM/AIM Registrars and other key staff to be present for the duration of handover and to ensure sufficient time is available for patient reviews and workplace-based assessments.

5. Responsibility for performing procedures: Standard operating procedures and referral pathways exist to ensure that appropriately skilled staff are available and easily contactable 24/7 to perform all required emergency procedures, including insertion of chest drains and central venous cannulation.

9. Consultant Advocate for GIM: A named lead consultant for GIM (Consultant Advocate) with responsibility for providing professional and pastoral support to GIM/AIM Registrars, is appointed in each Trust / Board.

11. Rota management: Ongoing rota management to be overseen by a group consisting of at least the Consultant Advocate, Guardian of Safe Working Hours (or equivalent) and trainee representatives, with a named lead taking responsibility for final decisions on covering rota gaps.

We will include monitoring of the implementation of these criteria as part of our trainee surveys and quality reviews.

Implementation starts with the August changeover but hopefully many areas are in place already in many of our hospitals!

Rotation planning

HEE, the BMA and NHS Employers have an agreed and published Code of Practice which specifies arrangements for notifying trainees and employers about rotations 12 weeks prior to the rotation date. TPDs are expected to ensure compliance with the 5-4-3 (month) protocol for ensuring timely completion of rotation information. Under exceptional circumstances rotations may be changed **on an individual basis** after the 12 week deadline has passed and Trusts advised of the change in rotation. Such circumstances include: a trainee needing a different placement for remediation; ill health; caring obligations. Rotations cannot be changed after the 12 week deadline has passed because of trainee preference. If in doubt about whether circumstances can be regarded as exceptional and a rotation changed please contact one of the SoM team.

All changes to the rotation after the 12 week deadline must be requested via the COP Rotation Change Request Form, which is available from the programme support team (medicine.yh@hee.nhs.uk).

ARCP Dates

ARCP dates for all specialties can be found on the School website at https://www.yorksandhumberdeanery.nhs.uk/medicine/ARCP.

TPD appointments

We'd like to welcome the following new training programme directors who have recently been appointed within the School of Medicine:

AIM West TPD – Sunil Kumar

AIM East TPD – Angela Gruber

Cardiology South Deputy TPD – Justin Lee

CMT West Deputy TPD – Tom Mwanbingu

CMT West Deputy TPD – Rangaprasad Karadi

Dermatology West TPD – Angana Mitra

GIM South TPD – Mohsen El-Kossi

GIM South TPD – Imran Islam

Palliative Medicine TPD – Sam Kyerematenng

Palliative Medicine Deputy TPD – Anne Marie Seymour