Trainee Section

Trainee Update December 2012

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SAM Glasgow

It was great to see so many of you at SAM Glasgow back in October and we hope you enjoyed the conference and found it worthwhile. There were so many excellent sessions together with the opportunity to mix with acute medicine colleagues it's hard to imagine anyone leaving without feeling positive.

The trainee session focussed on specialist skills for the benefit of any new or undecided trainees, followed by a discussion of the role of the medical registrar. This was quite an informal session with quite a lot of contribution from the audience and a number of themes emerged from the discussion.

Specialist skills

Trainees remain concerned about the variability in the availability and cost of specialist skill training. It remains particularly difficult in some areas to arrange training in practical procedures and this is exacerbated by the short term rotational nature of training posts, especially where posts are four or six months long. Of the trainees present at the trainee session, most expressed a preference for year long rotations but this would probably be difficult to achieve within all training schemes (although some were already doing this). The difficulty in obtaining practical skills based training has led many to choose an academic skill instead which is more structured and readily available, but this often involves significant financial cost to the individual trainee which is not covered by most study budgets. This is not perceived to be an issue for trainees in other general medical specialities who are not required to do an additional specialist skill and automatically receive training in the practical skills relevant to their speciality. Consequently, in a quick poll of trainees at the session over half of trainees would like to see the specialist skill requirement removed from curriculum, or at least made optional. However, it was pointed out that this would put protected time at risk which may then be given over to service commitment.

This raised the question of what is the purpose of the specialist skill? It may have evolved out of the fact that Acute Medicine as a new speciality did not have a practical procedure element unlike the other general medical specialities, but learning a skill to provide a 'sanity session' has become less relevant. It is worth considering how the specialist skill will integrate with or enhance the role of an acute physician. It is still a curriculum requirement so viewed in a more positive light it is an opportunity for the trainee to individually tailor an aspect of their career within Acute Medicine. There are options to keep costs down such as doing a clinical subspecialty (e.g. stroke, diabetes) and there are forthcoming changes to the curriculum requirements for sign off for some specialist skills which might make the practical skills training more relevant to the Acute Medicine trainee.

In October the Speciality Advisory Committee considered an alternative syllabus for Acute Medicine trainees training in ECHO which has yet to be finally approved. If anyone is keen to do ECHO and interested in piloting the new syllabus please email us so we can pass your details on. In addition there is a proposed new syllabus for diabetes as a specialist skill and a proposal to offer Intensive Care Medicine (ICM) as a specialist skill to those who wish to pursue ICM but don't wish to apply for dual accreditation in Acute Medicine and ICM. This would not permit working as an intensivist but would meet the requirements for the specialist skill element of the curriculum and give trainees the skills to run a medical high dependency unit on their AMU. Updates will be added to the specialist skill area of the website as changes are approved.

The specialist skill continues to be an evolving area and diverse interests have been encouraged leading to a wide range of options that have been previously approved. Despite the difficulties there should be something to suit everyone.

The medical registrar

The discussion on the role of the medical registrar mirrored the findings of the Royal College Physicians (RCP) report [1] with registrars concerned about the workload being heavy to unmanageable at times with subsequent concern about ability to provide good patient care, and recognition that junior doctors are put off general medical specialities by the prospect of becoming the medical registrar. This may well change with the subsequent publication of the report of the Future Hospitals Commission[2] which envisages all hospital doctors training in 'internal medicine' (i.e. general internal medicine) in the future. In the meantime it is up to us to show the positives to being the medical registrar and working in acute medicine.

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Speciality Certificate Examination Revision course

In addition to the trainee session there was for the first time a separate Speciality Certificate Examination (SCE) revision course running on the day before the conference. This was well received and looks set to become a regular feature. By the time of publication the SCE will have run for this year so good luck to all those who have taken the exam.

Becoming a consultant

A further addition to the trainee programme was a session on 'Becoming a Consultant' delivered by the BMA. The session covered the current consultant contract and job planning process. This is a complex area of negotiation for new consultants and it is important to gain as much understanding as possible, especially as some posts advertised do not meet current RCP recommendations. Trainees should be aware that the RCP recommends that a 10 session job plan for consultants should include 2.5 sessions of protected time for "supporting professional activities" (SPA) with the other 7.5 being direct clinical care. However, many posts are advertised with only 1 SPA session, with or without the approval of the RCP for the post. This was also raised at the SAC meeting as an area of concern but as foundation trusts are not obliged to follow recommendations it is difficult to regulate. Trainees are advised to gather as much information as possible prior to considering whether or not to apply for a particular consultant post.

Final points from the SAC meeting

The committee unanimously rejected moving to national recruitment for Acute Medicine, instead opting to move towards regional clustering for the recruitment process. This is to ensure consistency in interview and selection standards but will also take into account the importance of geography to applicants.

Following a pilot the eportfolio will be changing to require multiple consultant reports for placements instead of the clinical supervisor report.

It is important for trainees to be aware from early on in training what is required for them to progress through to completion of training. Some deaneries have induction sessions at the start of ST3 covering the curriculum requirements and specialist skill requirements but this is not ubiquitous. There may be a role for Speciality Training Committee representatives to provide this locally in each deanery.

Future conference plans: SAMsterdam!

The next conference will be in Amsterdam on 1-2 May 2014. We would welcome any suggestions for future topics for the trainee session. If anyone has anything they would like to see covered please email us.

The current ideas for SAMsterdam include a debate on the report of the Future Hospitals Commission. It would be great if we could recruit volunteers who felt passionately either for or against the recommendations contained in the report to argue their case so it could be trainee led. If you are interested please email us (don't forget this would count as a presentation at an international conference!).

We also hope to be able to arrange a presentation by the London trainee representatives on their trainee forum, and a presentation by the European Federation of Internal Medicine (EFIM) young internists group on opportunities within EFIM (of which SAM is a member).

Hope to see you all there!

Conflict of interest

This study was funded entirely by the authors and they have no conflict of interest with any third party.

References

1. Royal College Physicians. The medical registrar: empowering the unsung heroes of patient care. London. RCP. 2013
2. Royal College Physicians. Future Hospitals: Caring for medical patients. London. RCP. 2013