



Date: 25 September 2014

UPDATED Q&A FOR INFECTIOUS DISEASES, MEDICAL MICROBIOLOGY, MEDICAL VIROLOGY AND TROPICAL MEDICINE TRAINEES ABOUT THE COMBINED INFECTION TRAINING PROJECT*

*Please note that we have revised the Q&A document to reflect progress within the project.

- Q1** Is there a possibility for trainees in Medical Microbiology (MM) or Medical Virology (MV) without CMT/MRCP to still transfer to the 2014 curriculum?
- A1** Yes, there is the possibility for trainees to complete CMT/Acute Care Common Stem (ACCS) and achieve MRCP within their Deanery/LETB training programme. However this will require discussion with the Deanery/LETB Training Programme for MM/MV on an individual basis. This is not expected to be a common route for MM or MV trainees.
- Q2** Will there be a single curriculum for infection training?
- A2** No. There is a 'Combined Infection Training Curriculum' for all trainees in ST3 and ST4. Subsequently, there are higher specialty training curricula for MM, MV, Infectious Diseases (ID) and Tropical Medicine (TM). Revised 2010 curricula for MM and MV will be introduced for trainees without CMT/ACCS and MRCP who are therefore not able to transfer to the new 2014 CIT curriculum. Trainees will switch to the appropriate version of the curriculum, which will still lead to the same CCT in Medical Microbiology or Medical Virology.
- Q3** If MRCP Ireland has been attained rather than MRCP (UK), will this affect eligibility to transfer to the 2014 curriculum?
- A3** Yes. Only MRCP (UK) is acceptable for entry on to the new curriculum.
- Q4** When will the new 2014 curricula be implemented?
- A4** The new 2014 curricula were approved by the GMC on 6 May 2014 and will be implemented for an August 2015 start.
- Q5** Will new trainees entering training in MM or MV in August 2014 have to have an MRCP qualification?
- A5** Though desirable, this is not an essential criterion for appointment to a training post as it is not a requirement of either the current or revised 2010 curricula.
- Q6** Will other pathways into combined infection training (e.g. previous paediatric experience) be considered apart from CMT and MRCP?
- A6** No. After much debate within the Medical Royal Colleges of Pathologists and Physicians, as well as the British Infection Association, only CMT/ (ACCS) and the MRCP (UK) qualification will be accepted as essential entry criteria.



- Q7 Will 'Less Than Full Time' trainees in MM or MV be at a disadvantage when the new curriculum is introduced in August 2015?
- A7 No. Exactly the same principles (pro-rata) apply as those which will be applied to full time trainees. If there are uncertainties these should be discussed with your Deanery/LETB Training Programme Director for MM/MV.
- Q8 How will the new 2015 curriculum impact on trainees who take up posts as Academic Clinical Fellows (ACFs)?
- A8 Currently, ACFs are expected to split time between clinical training (75%) and academic work (25%). It is anticipated that the same principles will apply when the new curriculum is introduced.
- Q9 If an MM or MV trainee has already passed the FRCPATH Part 1 exam, would they be expected to re-sit when a new version of the Part 1 exam is introduced?
- A9 No. Trainees will be examined based on the curriculum they are currently undertaking. Trainees who have already passed the FRCPATH Part 1 will be required to transfer to the revised 2010 curriculum.
- Q10 Who is eligible to transfer to the new 2014 training curricula for MM and MV?
- A10 Please see the transitional arrangements which have now been published for information on the RCPATH website (<http://www.rcpath.org/training-education/specialty-training/infection-training>).
- Q11 Will trainees currently undertaking mono-specialty training in MM or MV but who have not completed CMT/ attained MRCP be disadvantaged if they are not eligible to be transferred to the 2014 curriculum?
- A11 No. These trainees will be transferred to a revised 2010 curriculum in MM or MV. The 2010 curricula have been revised to bring them into line, as much as possible, with the 2014 curricula.
- Q12 Which portfolio will I use when I switch over?
- A12 The Infection Training Working Group is clear in its aim to have one portfolio for all trainees which is likely to be similar to that currently used by the Royal College of Physicians.
- Q13 Is there anything different I need to do to prepare in light of the changes?
- A13 Keep it broad, take up opportunities and get exams. When it comes to future jobs, this is always about you as an individual candidate rather than the training programme you have been through. You need a strong CV with a broad skill set. If you are a single CCT MM or MV trainee, take up any clinical opportunities available either on wards, in outpatient clinics or OPAT services. Additionally, use opportunities to take part in infection control issues, medical student teaching and research/audit. It would be advisable, where possible, to sit exams before the new curricula and exams come in.
- Q14 If I will be moving over to the new curriculum or the revised 2010 curriculum, will the exams change?
- A14 The exams you will be required to take will depend on which exams you already have passed. If you have not been examined by the College you will have to take the new 'FRCPATH Part 1' exam (which will include elements of the ID SCE) and the new FRCPATH Part 2 exam. If you already have FRCPATH Part 1 and are not a joint ID trainee, you will only have to take the new FRCPATH Part 2 exam. If you have both FRCPATH Part 1 and 2 you will not have to take any more exams. If you are a joint ID/MM or ID/MV trainee and you have FRCPATH Part 1 you should sit the ID SCE exam and the new FRCPATH Part 2 exam.
- Q15 How will the CIT programme accommodate the 6-month infectious diseases training for all Microbiology trainees?
- A15 The six months inpatient infectious diseases training in CIT has to be done in a unit with a consultant who has a CCT in Infectious Diseases and will act as a Clinical Supervisor. This means that the trainees may be accommodated on acute medical wards where an ID/GIM consultant works or somewhere similar.

- Q16 I am currently training for a single CCT in MM or MV but have CMT and MRCP. When I move over to either the 2014 or revised 2010 curriculum, can I switch to dual ID/MM/MV training?
- A16 No, if you are on a programme leading to a single CCT when you switch over, you will stay on a pathway to that single CCT. If you want to do dual training you will have to reapply for a dual training programme, be selected in a competitive process and then have your previous experience recognised.
- Q17 I am currently out of programme/on maternity leave and an MM or MV trainee. Will I have to transfer to the 2014 curriculum?
- A17 It depends on your circumstances. All MM and MV trainees will be required to move to either the 2014 or revised 2010 curriculum, unless they are in their last year of training.
- Q18 I will be transferring over to the new 2014 curriculum or revised 2010 curriculum. What date will I transfer over?
- A18 Dates for transfer will be available once final GMC approval of all of the new curricula has been granted. However, transfer is unlikely to take place before August 2015.
- Q19 Will MM or MV trainees who move over to the new 2014 curriculum or the revised 2010 curriculum do the 'new style' Part 2 FRCPATH or will there be a transition time when two forms of Part 2 FRCPATH are running concurrently as happened the last time there was a change ?
- A19 They will sit the new Part 2 FRCPATH. There will not be two versions.
- Q20 What should we be advising our current MM and MV trainees about the Microbiology/Virology Year 1 OSPE? Is it going to be abolished?
- A20 Any trainee transferring to the revised 2010 curriculum must pass the Year 1 OSPE. A decision about the requirement to attempt the Year 1 OSPE for MM and MV trainees transferring to the 2014 curriculum is currently awaited from the GMC and further guidance will be provided shortly.
- Q21 How will training in General Internal Medicine (GIM) integrate with training in ID and TM?
- A21 Trainees seeking dual CCTs in ID/TM and GIM will require an additional (indicative) year of training. It is recommended that Training Programme Directors provide approximately 6 months of this training during the CIT portion of training (extending time in CIT to 30 months). This will be to build and develop competencies acquired during CMT and may be done as a "stand alone" 6 month block or spread through the whole period of CIT by attending general medical clinics and working as medical registrar on acute unselected admissions. A further six months in a similar vein should be done during Higher Specialist Training in ID.
- Q22 Will it be possible to gain a CCT in the 3 areas of MM/MV, ID/TM and GIM?
- A22 No. It is felt by the ITWG that this would be too great a training burden and produce specialists who did not have the depth as either a clinician or laboratory medicine specialist to play a successful role in future hospitals. Trainees will have to elect whether they wish to combine ID/TM with GIM OR MM OR MV.
- Q23 Does the clinical aspect of CIT have to take place in a dedicated ID unit?
- A23 No. The critical factors are that the trainee during this period must be supervised by an ID physician and both trainer and trainee during this period must have ongoing continuity of care for in-patients with infection.
- Q24 How will the new curriculum affect training in TM?
- A24 A trainee who enrolls in TM will complete CIT and then undertake an overseas year at some stage during their Higher Specialist Training. They must also have completed a full time DTM&H course and have completed at least 2 years of their UK based training in an approved UK TM centre (Liverpool, North London or Birmingham). With the exception of those components the new TM curriculum remains identical to the new ID curriculum. TM trainees may also add a further year's training to dual CCT with EITHER GIM or MM/MV.