



Academy Shape of Training Mapping Exercise

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Background

The Shape of Training report '[Securing the Future of Excellent Patient Care](#)' was published in October 2013.

There is broad agreement from multiple stakeholders on the principles and key recommendations set out for training the future medical workforce.

Whilst there has not yet been a formal policy decision or implementation timetable published by the Department of Health or the devolved administrations, there is a willingness to collaborate on the gradual introduction of some of the key recommendations integrated into current training and education systems.

All College and Faculties have submitted evidence for the Academy and GMC led mapping exercise joint workshop in October. A summary document with recommendations is being prepared for the UK Shape of Training Steering Group.

Common themes and priorities identified through this process include:

- integration of training opportunities and experiential learning across primary and secondary care.
- integration of training opportunities and shared learning for trainees in different specialty/CCT training programmes with common clinical themes and educational outcomes.
- integration of training programmes to improve the handling of acute and emergency patients in primary and secondary care.
- opportunities to develop pre and post-CCT credentialing for highly specialised areas of clinical practice in each specialty.
- opportunities to enhance generic skills and training in PG medical curricula.

RCPATH Process and Common Themes

The RCPATH mapping exercise response was developed following discussions with the Chairs of the College Specialty Training Committees (CSTCs) and specialty leads, supported by full committee discussion where possible, and email consultation with all CSTCs and approved by Council and the Trustee Board.

Key pathology themes:

- The limited extent of formal pathology and therapeutics teaching in undergraduate and postgraduate medicine is a long-standing concern. This results in an increasing need to



provide support to clinicians from laboratory professionals in the basic interpretation of results from all specialties. The recently published [RCPATH Undergraduate Pathology Curriculum](#) may mitigate this to some extent over a period of years.

- The evolving genomics and personalised medicine evidence base will result in the increasing use of molecular tests and the need for specialist interpretative input in routine clinical practice. This will be an area of continual evolution and expansion for all pathology specialties which should be factored into the Shape of Training policy implementation.
- Pathology specialties are unique in having non-medical Consultant Clinical Scientists in many laboratory settings. An important consequence is that the training and education requirements for future high quality service delivery cannot be determined through medical workforce planning in isolation.
- The Shape of Training recommendations for greater generalism and shared training and service delivery for acute and emergency patient care, creates challenges for both training and the consultant workforce in integrated clinical and laboratory specialties including Medical Microbiology, Medical Virology, Chemical Pathology, Haematology and Immunology. Shape of Training policy development must therefore prioritise both clinical and laboratory components of training, in particular there must not be detriment to laboratory based clinical training.

Specialties managed exclusively by RCPATH:

- Histopathology
- Forensic pathology
- Paediatric and Perinatal Pathology
- Diagnostic Neuropathology
- Chemical Pathology

The College position is that there are clear opportunities within the Shape of Training recommendations to enhance training in these specialties and to integrate some training opportunities with other specialties. They will, however, remain fundamentally as 'run through' training programmes with recruitment from Foundation or from a Core Training Programme. There is no educational or service based rationale for major changes in curricula or training programmes in relation to the interface between primary and secondary care interface or in the handling of acute and emergency patients.

Specialties managed jointly with JRCPTB:

- Medical Microbiology
- Medical Virology
- Haematology
- Immunology
- (Metabolic Medicine – subspecialty of Chemical Pathology)

The JRCPTB have proposed a [flexible internal medicine curriculum](#) that will deliver many of the core principles of Shape of Training. The blueprint for this sees a change to the way in which the seven years (indicative) of training to CCT is delivered to now include three years of 'basic internal medicine' prior to entering four years of specialty training in the chosen physicianly specialty(ies) Within the four specialty training years, there will be an integrated spine of internal medicine relevant to consultant practice in that specialty. It is, however, recognised that a flexible, specialty specific approach is essential given the range and diversity across the 29 physicianly specialties.

RCPATH supports this model for flexible internal medicine training and will work closely with the JRCPTB through our Joint Training Committee and dual representation on SACs and CSTCs to develop individual specialty solutions:

Infection Training: Combined Infection Training (CIT) was introduced as a common, two-year stem for Medical Microbiology, Medical Virology Infectious Diseases and Tropical Medicine in August 2015. The changes to infection training were developed with Shape of Training principles in

mind, modifying training to the needs of current and future service provision and integrating clinical and laboratory training. CIT will remain a common stem for the foreseeable future although, there will need to be further consideration of the overall training pathways for those ID and TM trainees who undertake dual CCTs with GIM and Medical Microbiology and Virology trainees who may be selected into CIT after two years of internal medicine plus MRCP (as at present).

Haematology: Given the integrated laboratory and clinical roles of consultant Haematologists, JRCPTB and RCPATH are agreed that the training model should also consider recruitment to specialty from 2 years of internal medicine (plus MRCP) with a 5 years of specialist training to retain the 7 year overall duration of training from Foundation. The additional internal medicine year during specialty training would be relevant to Haematology service delivery rather than unselected acute take.

Immunology: A training model similar to Haematology may also be appropriate for Immunology. The range of clinical services delivered by Immunologists is expected to continue to increase. Currently Immunology trainees have placements in Haematology, Rheumatology, Renal medicine, Respiratory medicine & Infectious diseases. There are close clinical working relationships with above specialties. Immunologists at both consultant and trainee levels provide specialist on call services (laboratory interpretation, acute care management of primary immune-deficient patients, hereditary angioedema, anaphylaxis, drug allergy etc.). It is, therefore, unlikely that this group of doctors will be able to provide acute unselected medical care in addition to 24 hour specialty on call.

Conclusions

- RCPATH supports the aims and purpose of the Shape of Training mapping exercise and agrees with the prioritisation of integration of training and service delivery across primary and secondary care and the handling of acute and emergency patients.
- These priority areas will not impact greatly on the curricula and training programmes for laboratory based specialties.
- The College supports the Internal Medicine curriculum blueprint proposed by JRCPTB with flexible, specialty specific programme development to ensure the delivery of laboratory based training in the integrated clinical and laboratory training programmes.