

So you want to be ... an infectious disease physician

The emergence and re-emergence of diseases such as HIV, tuberculosis and new variants of influenza, together with the need to control health-care-associated infections and antibiotic resistance, means that there will always be a need for clinicians specializing in infection.

The work of infectious disease (ID) physicians includes the management of inpatients with community-acquired infections such as pneumonia and cellulitis, complex infections in immunocompromised patients, bone infection, pyrexia of unknown origin and imported infections.

Outpatient management is focused on chronic diseases such as HIV, viral hepatitis and tuberculosis, early reviews of people with acute infections, and follow up of inpatients. Some units manage outpatient antibiotic therapy programmes, chronic fatigue services, and other services including pretravel advice clinics. Most ID units work closely with colleagues in clinical microbiology to provide outreach consultations on patients with bacteraemia and other significant laboratory isolates and to promote appropriate use of antibiotics and infection control policies. Multidisciplinary team work is the norm.

The specialty has a broad patient mix including a high proportion of vulnerable patients, which can be a challenging but rewarding aspect of the specialty. Patients referred with 'infection' often have complex medical problems, so good general medical skills are required.

Many ID consultants pursue an academic career and there is strong support and potential grant income for research, varying from basic science to epidemiology and global health.

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The career pathway

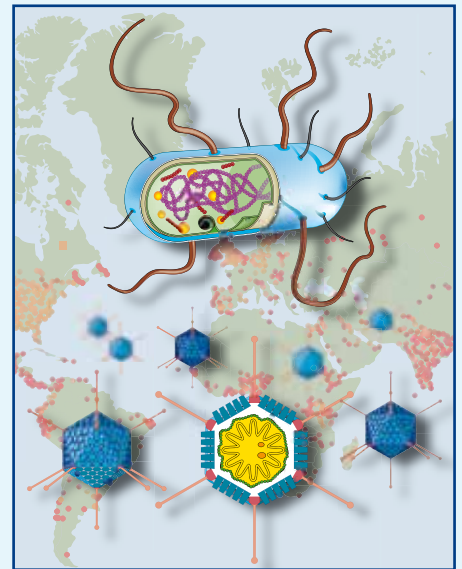
Training has changed considerably since the introduction of Modernising Medical Careers. The traditional ID and general (internal) medicine route is still available, but training in ID is increasingly paired with medical microbiology and/or virology.

After the foundation programme, potential applicants should enter core medical training and try to secure a rotation through an ID unit or related specialty. Many trainees take time out after core medical training posts to work in research, to work overseas and/or to complete the Diploma in Tropical Medicine and Hygiene. A basic degree, e.g. intercalated BSc, also enhances selection prospects for progression.

Recruitment to higher specialist training posts after core medical training and MRCP is currently conducted by individual deaneries but this may change to a national recruitment process. What follows is 4–6 years (ST3–ST8) of competency-based training to obtain the appropriate specialist certification, monitored through the e-portfolio. This includes passing a specialist certificate examination in the last 2 years. If pursuing joint training with medical microbiology and/or virology, the MRCPPath must also be obtained during higher specialist training.

Three deaneries in the UK offer training in tropical medicine (including ID), which includes an extra year spent working in a clinical tropical centre overseas and a full-time Diploma in Tropical Medicine and Hygiene course if not already done. Research is strongly encouraged and most trainees obtain a higher degree by the time they apply for consultant posts. Indicative lengths of higher specialist training range from 4 years for ID alone (rare) to 6 years for joint training (www.jrcptb.org.uk).

There are about 150 whole or part-time ID consultants working in the UK, often grouped in regional referral units. In hospitals without ID units, there is potential for posts to be created for consultants trained in ID with acute medicine or for those with joint training with medical



microbiology and/or virology to support single-handed microbiology services.

Final advice

Although ID is a small specialty, its influence is large and will continue to grow with the focus on controlling health-care-associated infections, antibiotic resistance and emerging infections. It offers a variety of clinical presentations and patients, together with a solid background in research. There is daily interaction with colleagues in many clinical and public health disciplines, and there will always be the excitement of new infections and other clinical challenges. **BJHM**

Conflict of interest: none.

Further reading

- Cooke FJ, Choubina P, Holmes AH (2005) Postgraduate training in infectious diseases: investigating the current status in the international community. *Lancet Infect Dis* 5: 34–43
- Ellis C (2009) Advances in infectious diseases. *Clin Med* 9: 254–5
- Royal College of Physicians of London (2008) Infectious disease and tropical medicine: In: *Consultant physicians working with patients*. 4th edn. Royal College of Physicians of London, London: 204–14

KEY POINTS

- Infections have a wide variety of clinical presentations and affect a wide spectrum of patients, giving a stimulating and rewarding career.
- There are several career pathways to choose from or combine depending on your area of interest.
- Infectious disease has a growing influence on health-care policy locally, nationally and internationally.