SCHOOL OF MEDICINE

CORE MEDICAL TRAINING

A GUIDE TO CMT TRAINING

August 2015
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1. Introduction by CMT Training Programme Director

Congratulations on your appointment to the Mersey Core Medical Training Programme. I am sure you will be very happy and successful here.

Core Medical Training (CMT) is a programme in which you will receive training in the basics of medicine and some of its specialties in preparation for entry into higher medical training. However, not all our trainees continue with a career in hospital medicine, choosing instead to specialize in other areas such as radiology, and the broad general experience gained in CMT can only be an asset to training in other specialties.

CMT in the Mersey Region offers exciting two year programmes dedicated to training the physicians of the future. In one year you will work in a large central University Hospital, in the other year of CMT you will work in a smaller District General Hospital. You will rotate through three four month posts each year, with an Educational Supervisor to help you in each post. In addition to your Educational Supervisor, each Trust has a College Tutor who is there to arrange local education and training. CMT is also supported by:

Dr Ian Benton       CT1 Lead
Dr Robin Egdoll     CT2 Lead
Dr Paul Walker      Education Lead
Mrs Kellie Lanigan  CMT School Administrator

And of course myself.

I wish you every success in our programme.

Nadine Carroll
CMT Programme Director
Senior Members of the Core Medical Training Programme

Core Medical Training Programme Director
Dr Nadine Carroll
Nadine.Carroll@rlbuht.nhs.uk

Head of School of Medicine
Professor James Barrett
jabarrett@blueyonder.co.uk

CT1 Lead
Dr Ian Benton
ibenton@nhs.net

CT2 Lead
Dr Robin Egdell
Robin.Egdell@nhs.net

CMT Education Lead
Dr Paul Walker
Paul.walker@aintree.nhs.uk
2. Useful Contacts

*The Royal College of Physicians (Mersey Region) - College Tutors*

If you need help with your training you can contact the College Tutor in the Trust you are working in, who will be able to assist you.

**Wirral University Teaching Hospital NHS Trust**
Upton, Wirral
CH49 5PE
**RCP Tutors:** Dr Guy Pritchard guypritchard@nhs.net  Dr Andrew Wight andrewwight@nhs.net

**Liverpool Heart and Chest Hospital NHS Trust**
Thomas Drive
Liverpool L14 3PE
**RCP Tutor:** Dr Martin Ledson martin.ledson@lhch.nhs.uk

**Clatterbridge Centre for Oncology**
Bebington
Wirral CH63 4JY
**RCP Tutor:** Dr Helen Innes Helen.Innes@clatterbridgecc.nhs.uk

**Countess of Chester Hospital**
Liverpool Road
Chester
CH2 1UL
**RCP Tutor:** Anand Prakash aprakash@nhs.net

**Leighton Hospital**
Middlewich Road
Crewe CW1
**RCP Tutor:** Dr Shirley Hammersley shirley.hammersley@mcht.nhs.uk

**Macclesfield District General Hospital**
Victoria Road
Macclesfield SK10 3BL
**RCP Tutor:** Konrad Koss konradkoss@nhs.net
Nobles Hospital
Strang, Douglas
Isle of Man
IM4 4RJ
RCP Tutor: Dr Matthew Todd Matthew.Todd@nobles.dhss.gov.im

Royal Liverpool University Hospital
Prescot Street
Liverpool L7 8XP
RCP Tutor: Dr Dushyant Sharma Dushyant.Sharma@rlbuht.nhs.uk

Southport and Ormskirk District General Hospital
Wigan Road
Ormskirk L39 2AZ
RCP Tutors: Dr Beth Glackin b.glackin@nhs.net and Dr Fraser Gordon stewart.gordon@nhs.net

Walton Centre for Neurology and Neurosurgery
Lower Lane
Liverpool L9 7LJ
RCP Tutor: Anita Krishnan anita.krishnan@thewaltoncentre.nhs.uk

University Hospitals Aintree NHS Trust
Longmoor Lane
Liverpool L9 7AL
RCP Tutors:
Dr Sabnam Samad sabnam.samad@aintree.nhs.uk
Dr Paul Albert paul.albert@aintree.nhs.uk

Warrington District General Hospital, Lovely Lane
Warrington WA5 1QG
RCP Tutor: Dr Mithun Murthy Mithun.murthy@whh.nhs.uk

Whiston Hospital
Prescot Merseyside
L35 5DR
RCP Tutors: Dr Stephen Allsup stephen.allsup@sthk.nhs.uk and Dr Ash Bassi Ash.Bassi@sthk.nhs.uk
Heath Education North West (Mersey)

Kellie Lanigan  
Core Medical Training School Administrator  
Health Education North West  
Regatta Place  
Brunswick Business Park  
Summers Road  
Liverpool L3 4BL

0151 285 4744  
Kellie.Lanigan@nw.hee.nhs.uk

Lead Employer

St Helen's & Knowsley Teaching Hospital  
Nightingale House  
Warrington Road  
Prescot  
L35 5DR

Telephone 0151 430 7675  
Email lead.employer@sthk.nhs.uk  
Website www.leademployer.sthk.nhs.uk
3. Educational Supervision

- You will be allocated an Educational Supervisor (ES) for each 4 month post in CMT.
- You should arrange regular meetings with your ES to ensure your e-portfolio is regularly reviewed. You must ensure that an Induction Appraisal meeting entry and an End of Post are made for each 4 month post you occupy (these are mandatory). It is strongly recommended that you also have a mid-point meeting for each post.
- The first meeting with your Educational Supervisor should be within 2 weeks of you starting your new post if at all possible (make appointment with consultant or even better via secretary).
- If you discover that the ES details given in your e-portfolio are incorrect please email Kellie Lanigan who will make the necessary changes.

Top Tips for Appraisal:

- For the Induction appraisal meeting you should fill in the form yourself on your log-in BEFORE the meeting and ‘save’ rather than submit. This saves time at the actual meeting as your ES will then only have to make modifications rather than sit and watch you type.
- Make sure you have also completed a Personal Development Plan before the Induction Appraisal – again this can be discussed at the meeting and modified if necessary.
- Make the appointment for the appraisal through your Educational Supervisor’s secretary for an appropriate amount of time (15 – 30 minutes).
- Assume your ES may not be as familiar with the e-portfolio as you should be and be prepared to lead them through it.
- Take proof of your ALS status to the Induction Appraisal as your ES will need to confirm these items in the portfolio.
- Make follow up appointments for mid point/end of post appraisals at the end of the induction appraisal.
- Make PDP aims ‘SMART’: Specific, Measurable, Agreed, Realistic, Time limited.
- Please understand that completion of the required appraisals, assessments and e-portfolio record is your responsibility.
- Ensure you keep a steady update of your e-portfolio and completion of assessments. You should be performing Supervised Learning Events (SLEs) e.g. MiniCex every week and linking them with the competencies in the curriculum. If you leave it all until a couple of weeks before the portfolio is reviewed you will be a long way adrift from the targets. The more evidence you have in your e-portfolio the more
likely the time spent with your ES will be productive in terms of addressing your PDP and educational planning.

If you have difficulty identifying or meeting with your Educational Supervisor you should approach your Trust’s College Tutor (see page 5-6) or the CMT Programme Director.

4. E-portfolio

PROFILE

Personal Details:

- In the e-portfolio ensure all details on your profile are correct, in particular your email address and GMC number
- Upload a passport style photo.

Post/Supervisor Details:

- Check the name of your Educational Supervisor is correct. If it is not correct let Kellie Lanigan know by email and this will be amended.
- There are the details for each post you will rotate through – the current post is highlighted in yellow, the previous post details are below, future posts are above.

Declarations and Agreements:

- The probity and health declarations need to be completed by you for each training year.
- The educational agreement needs to be signed by you, and then by your educational supervisor for each post i.e. 3x each training year.

Certificates:

- This refers to certificates such as ALS. You can upload the details but your ES must see the original of the certificate and then confirm the expiry date. A current ALS certificate is mandatory throughout training. It must not be allowed to lapse. MRCP results will be entered in this section by the MRCP central office.
**Personal Library:**

- Allows you to upload any relevant documentation – the space is limited though to 20MB. You may wish to upload PowerPoint presentations you have made, audit result details, scanned documents e.g. ALS certificate.
- Clinics you have attended should be logged on the word document you have been sent by Kellie Lanigan entitled CMT Clinic attendance record and stored in the personal library.

**Absences:**

- You should record any unplanned absences from work in your e-portfolio, this may be cross-referenced with medical staffing records. This is further mandated by your sign off of your probity and health declarations. Therefore every time you are absent for reasons of sickness/compassionate leave etc you must ensure medical staffing in your Trust are informed for their records.

**CURRICULUM**

- You should record your experience against the Core Medical Training MER973 CMT Curriculum 2009 (Amendments 2013).
- By clicking on curriculum you can see your curriculum record – if you click on the ‘expand all’ button you will then see a list of all the competencies that need signing off at some stage over your CMT training period, including examinations and procedures.
- The curriculum lists are subdivided into:
  - Common Competencies
  - Emergency Presentations
  - Top Presentations
  - Other Important Presentations
  - Procedural Competencies
- It is very important that your ES looks at the linked evidence. It would of course be possible for you to link SLEs where your performance had been identified as being poor and therefore we would not expect these competency areas to be signed off until more evidence had been produced of a satisfactory nature.
- Beware of ‘overlinking’. We accept a maximum of 6 competency areas linked to one SLE if Minicex or CbD. An ACAT can be linked to up to 12
competencies. Indeed for some SLEs e.g. DoPs only 1 competency area should be linked.

**ASSESSMENT**

- Under ‘assessment’ you can find the following forms:
  - SLEs MiniCex, CBD and ACATs
  - DOPS
  - MSF
  - Quality Improvement Project Assessment Tool
  - Audit Assessment
  - Teaching Observation
- Fill in the form there and then with your assessor completing the assessment part of the form under your own log-in. You can fill in what case was discussed and what aspects are being assessed e.g. history, time management, chest pain etc and then ask your assessor to complete the assessment and in particular give you feedback on your performance. This ‘instantaneous’ feedback is the most valuable. If the assessor writes a bland comment such as ‘did well’ ask him/her if they could identify something you did well and something you could improve.

- **Do not use the ‘Request external assessment’ ticketing facility** – you would be better advised to ask assessor to complete their assessment in your portfolio via your log-in immediately after the assessment has taken place. Using the ‘request’ ticketing system means that the form submission will be delayed as assessors will forget to do it for you.

- You must ensure you do enough SLEs – there are minimum requirements for each year in CMT. The SLEs must be spread over the whole training year, obtaining 10 consultant WPBAs in the month before the ARCP is not acceptable.

- Please see on the next page advice from the Royal College of Physicians about SLEs. NB– an ACAT must include at least 5 cases which are described in the box ‘brief summary of cases’, but can be done in A&E, AMU or any acute ward area. Minicex and Cbd are usually about one case.

- Do not link DOPs to any area other than procedures.

- **The MSF** is very important and one of the most informative tools; you must ensure you have at least 12 raters for this to be meaningful, ideally 20; at least 3 of the raters should be a consultant.
• You will be told when to initiate an MSF assessment. Generally this is required towards the end of your 2nd post each year. Once asked to start the process you should compile a list of 20 potential assessors. This list should include all Educational Supervisors you have had that year and at least 1 other consultant (you can ask more so long as you have worked with them) as it is imperative that you have at least 3 consultant responses. You should include some more doctors preferably at both SpR as well as more junior grades. Don’t forget that senior nursing staff, medical secretaries you have worked with, and therapy staff can provide very effective feedback. You should take the list of 20 names to your Educational Supervisor who must agree the list is representative of your colleagues. Once agreed you should approach the assessors and if they are happy to help you should - by using the assessments link from your eportfolio home page - access the sheet for MSF assessors.

• The eportfolio automatically collates the submissions and produces a summary table of results. You must receive at least 12 returns for a valid result for this assessment.

• Once completed you should ask your ES to discuss the results with you and to ‘release’ the results so that you can see them yourself.
The JRCPTB Top Tips – making WPBAs work for you and your trainees

<table>
<thead>
<tr>
<th>No.</th>
<th>Tip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Be clear about, and agree, what you and the trainee want to achieve from the WPBA at the start</td>
</tr>
<tr>
<td>2</td>
<td>Make it a positive learning experience – this is what it is all about &amp; what trainees value the most</td>
</tr>
<tr>
<td>3</td>
<td>Do the assessment real-time and face-to-face – this makes it as close to a real situation in which the trainee works as possible</td>
</tr>
<tr>
<td>4</td>
<td>Make time to do this – expect this to take 10-15 minutes of your time</td>
</tr>
<tr>
<td>5</td>
<td>Do give constructive verbal feedback - face to face immediately after the assessment is completed enhances the process and encourages immediate trainee reflection.</td>
</tr>
<tr>
<td>6</td>
<td>Complete the necessary form on the e-portfolio at the time of the assessment with a description of the case(s) and written feedback in the white space – it is easy to forget very quickly what was agreed</td>
</tr>
<tr>
<td>7</td>
<td>Do give specific and detailed feedback which outlines development needs, identifies strengths and weaknesses, with an agreed action plan to guide future learning; this also enables meaningful linkage of the WPBA by the trainee to appropriate curriculum competencies.</td>
</tr>
<tr>
<td>8</td>
<td>Use the anchor statements to guide your judgement on rating the trainee performance</td>
</tr>
<tr>
<td>9</td>
<td>Expect to be asked to do WPBAs - all training doctors require completion of these on a regular basis throughout their training programmes</td>
</tr>
<tr>
<td>10</td>
<td>It is entirely acceptable for you to trigger a WPBA with a trainee</td>
</tr>
<tr>
<td>11</td>
<td>Once you agree to do a WPBA, then commit to the whole process – it is unfair to do it in part, promise you will do it and never do</td>
</tr>
<tr>
<td>12</td>
<td>If you have not had the training, do not do an assessment; ask your local PGMC, college tutor or deanery for courses.</td>
</tr>
</tbody>
</table>

CBD (case-based discussion) uses a case to explore the trainee’s application of knowledge, clinical reasoning and decision making including the ethical and professional aspects of the patient’s care. CBD is not just a discussion about an interesting case.

ACAT (Acute care assessment tool) is preferably used on an observed take (but may be on a ward round) assessing clinical assessment & management, decision making, team working, time management, record keeping and handover.

MiniCEX (clinical evaluation exercise) is an observed trainee/patient interaction designed to assess clinical skills, attitudes and behaviour of the trainee.

DOPS (Direct observation of procedural skills) is assessing competency in a procedure; DOPS assessors need to be competent in the procedural skill that is being assessed.

MSF (multi-source feedback) provides a sample of attitudes and opinions of colleagues (medical, nursing, AHP & clerical) on the clinical performance and professional behaviour of the trainee; the request to do this WPBA will usually come as an email request from the trainee.
### Recommendations for best practice when using WPBAs to provide supportive evidence in the eportfolio:

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<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>WPBAs not linked to more than 6 curriculum competencies – except ACAT – maximum 12 links</td>
</tr>
<tr>
<td>2</td>
<td>WPBAs done proportionately throughout training and not last minute before ARCP</td>
</tr>
<tr>
<td>3</td>
<td>A minimum of 5 cases for an ACAT assessment</td>
</tr>
<tr>
<td>4</td>
<td>WPBA requirements outlined in the ARCP decision aid are the minimum requirement for those assessed by a consultant; more will inevitably be needed to help provide evidence of competency</td>
</tr>
<tr>
<td>5</td>
<td>WPBAs assessed by medical staff assessors at least one grade above those they are assessing; an assessor may be non-medical provided they are competent in the field they are assessing</td>
</tr>
<tr>
<td>6</td>
<td>2 or more pieces of evidence provided for each of the competencies - this may include WPBAs / trainee reflection / other evidence e.g. a certificate depending on the competency. A single assessment is not sufficient evidence of competence in its own right but provides some evidence towards the demonstration that competence has been achieved.</td>
</tr>
</tbody>
</table>
REFLECTION

- Under ‘reflective practice’ you should reflect on learning events, clinical events, audit, teaching attendance, conferences, research, publications etc. Each entry should be shared if you want it to be seen to enable discussion with your ES where appropriate and signed off by your ES.
- You should add at least 1 piece of reflection to the log per week.
- You can link these entries to your competencies
- An Audit or a Quality Improvement project must be undertaken each year. The evidence should be documented in the reflective log.
- There is an Audit Assessment Form in the Assessment section of the portfolio which should be completed at the end of the audit. The QIPAT tool is also available in the e portfolio on which to record a QI project.
- In addition you should record any teaching sessions you give. There is a Teaching Observation form in the Assessment section of the portfolio which is suitable for you to use to obtain feedback.

APPRAISAL

- Appraisal forms should be added for the beginning (i.e. Induction - within first 4 weeks) and end of each post. The mid-post appraisal is desirable although not mandatory – these appraisals are completed by your Educational Supervisor. You can enter the details of the induction appraisal yourself although you should save but not submit it until reviewed by your ES. Most trainees find that the mid-point meeting is useful for their ES to sign off some competencies in the curriculum. If you leave all the ‘sign off’ activity until the end of post appraisal meeting it will be lengthy and your ES will become fatigued and unhappy.

- The Personal Development Plan (PDP) should be completed at the beginning of each post and you must ensure you have discussed this with your Educational Supervisor particularly at the induction meeting. Regularly update and add to your PDP for changing needs – this can be very useful to identify areas of weakness and development. When you have achieved an item in your PDP please do ‘sign it off’ as achieved which you can do yourself otherwise it will look like you are not progressing at all. You should have a number of separate items under the PDP for example, generic skills, specialist skills, acute skills, procedural skills, audit, exam goals. I stress ‘separate’ so that you enter the items separately and they can be signed off separately.
PROGRESSION

- Click on **summary overview** for a summary of all SLEs, appraisals, supervisors’ reports and ARCP forms recorded for you in each post.

5. Who can do your SLEs?

- Assessors should always be a grade above you (i.e. SpR or consultant); exceptions are where other professionals supervise aspects of your training e.g. a specialist nurse.
- Please note that for an MSF you must ensure at least 12 raters for this to be meaningful, ideally 20; at least 3 of the respondents should be a consultant.
- In the box labeled ‘brief summary of case’ you must ensure that there is sufficient information about the case to enable you to link the WPBA to the correct competency areas.
- You must ensure your assessor completes your SLE with written comments. In the boxes ‘which aspects of the encounter were done well’ and ‘suggestions for development’ it is the written comments that are the most useful contribution in assessing your performance. They also help identify correct links.

6. MRCP Examination

Progress with the MRCP exam goes hand in hand with CMT progress. At the end of CT1 if a CMT trainee does not possess the Part 1 examination this is a cause for concern and the trainee will be awarded an outcome 2 at the Summer ARCP. If a trainee is unable to pass the Part 1 examination by the following summer i.e. at the end of CT2 then it is likely an outcome 3 will be awarded which means that the trainee will enter a period of remedial training (maximum 6 months before release from the programme). If there are very significant extenuating circumstances the Postgraduate Dean may allow further training time but there would have to be very good evidence to support reasons why training progression has been unsatisfactory.

7. E-portfolio Reviews (Interim Review):

An e-portfolio review is **not** an ARCP. It is a review of your progress in line with the national standards identified by the CMT Decision Aid which gives targets to be achieved by the end of each training year.
# 8. Targets and Deadlines for CT1 year

<table>
<thead>
<tr>
<th>Educational supervisor report (ESR)</th>
<th>Satisfactory with no concerns</th>
<th>Complete between 9th-20th May 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Consultant Reports (MCR)</td>
<td>4 – all satisfactory</td>
<td>Complete by 6th May 2016</td>
</tr>
<tr>
<td>Academic supervisors report (ACF trainees only)</td>
<td>Satisfactory with no concerns</td>
<td>Complete between 9th-20th May 2016</td>
</tr>
<tr>
<td>MRCP (UK)</td>
<td>Minimum need Part 1 passed</td>
<td>Outcome 2 if not passed</td>
</tr>
<tr>
<td>ALS</td>
<td>Valid</td>
<td></td>
</tr>
<tr>
<td>Workplace Based Assessments (WPBAs)</td>
<td>Minimum 10 in total by Consultants (with at least 4 ACATs)</td>
<td>ACAT – maximum links 12 CbD and MiniCex – maximum links 6</td>
</tr>
<tr>
<td>Multi-Source Feedback (MSF)</td>
<td>One required - February 2015 (minimum 12 raters of which at least 3 must be Consultants)</td>
<td>Complete between 15th -26th Feb 2016</td>
</tr>
<tr>
<td>Quality Improvement (QI) or Audit</td>
<td>Either to be recorded in reflective log</td>
<td>Complete QIPAT tool or Audit assessment tool in portfolio</td>
</tr>
</tbody>
</table>

**CURRICULUM RECORD**

- **Common competencies**: Confirmation by educational supervisor that satisfactory progress is being made by sign off year 1
- **Emergency presentations**: All 4 signed off individually
- **Top presentations**: 11 of 22 to be signed individually
- **Other presentations**: Confirmation by educational supervisor that satisfactory progress

- No links required for History/Examination/Therapeutics/Time management/Decision Making/Teamworking/Managing long term conditions/Relationships with patients/Communication with colleagues/Personal behaviour
- Other competencies link appropriate evidence WPBA or reflection
- Minimum 2 pieces of linked evidence at least 1 of which must be a WPBA. Do not link MRCP/Alert course
- Minimum 2 pieces of linked evidence at least 1 of which must be a WPBA.
<table>
<thead>
<tr>
<th></th>
<th>is being made by sign off year 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Procedures</strong></td>
<td>Minimum skills lab training in all Part A procedures</td>
<td>Skills lab certificates or DOPS evidence to be linked</td>
</tr>
<tr>
<td><strong>Part B procedures</strong></td>
<td>Minimum skills lab training by end of CT2</td>
<td></td>
</tr>
</tbody>
</table>
| **Clinics**             | Minimum 12 attended – aiming for 20. | Does not include ETT/Tilt Test attendance  
List in clinic summary document in personal library |
| **Teaching**            | Minimum in CT1: 20 hours external  
70 hours internal  
20 hours personal | Summary of trainee education for to be submitted by **20th May 2016** |
| **Enhanced Form R**     | Completed by start date ie **August 5th 2015** | Updated form R required prior to ARCP July 2016 |

Please note that the table given above is fundamental to your progress in CT1 and mirrors the ARCP Decision Aid issued by the JRCPTB. The dates given in red are deadlines and no leeway will be given if the targets are not achieved by the deadlines set. It is the most important information in this booklet.
9. Teaching

Regional CMT Teaching

Monthly afternoon teaching sessions are arranged for CMT trainees by Dr Paul Walker working in conjunction with Trust College Tutors. The meetings rotate around the Region. The programme is visible in the CMT section of the Mersey Deanery website (http://www.merseydeanery.nhs.uk/cmtprogrammedirector) Click on ‘teaching’ for the timetable. You should book study leave in order to attend these meetings. We regard these meetings as MANDATORY which means you MUST attend unless on leave. Even if on call you should be able to swap.

Liverpool Medical Institution (LMI)

RCP Teach-in programme meetings are held monthly at the LMI. Registration is from 6 – 6.30 pm and close at 8.30 pm. There is no charge. The programme is available under the ‘Teaching’ section of the CMT part of the Mersey Deanery website (http://www.merseydeanery.nhs.uk/cmtteaching) Each meeting is convened by an expert in one of the specialties in medicine, and three lectures will be given of direct relevance to all trainees in medicine.

Post MRCP Training

Any CMT trainees who have passed the PACES examination are welcome to attend the Broadgreen/Acute General Medicine Programme (largely for SpRs). Again see ‘CMT Teaching’ section of the CMT part of the Mersey Deanery website. (www.merseydeanery.nhs.uk/gim-meetings).

10. CMT Educational Logging

Trainees are now required to log/record their attendance at recognized educational events and achieve a minimum number of hours per year for certain core aspects of their training. The recognized events will vary depending on the seniority of the trainee.

You will be asked to produce a completed ‘Summary of Trainee Education Form’ downloadable from the CMT section of the Mersey Deanery website (www.merseydeanery.nhs.uk/summary-of-education-form), by 20\textsuperscript{nd} May 2016. Keeping your own log or record of activity attended regularly updated is thus vital. 5-10% of the Summary forms will be audited to ensure that the recordings are accurate.
**Points to Remember:**

- External and Local teaching should be recorded in the reflective log section of your e-portfolio, along with journals and other reflective practice (e.g. based on clinical work or experience).
- Relevant attendance certificates should be retained for inspection when requested.
- You may find it useful to have a summary/list of your teaching in paper form to facilitate your appraisals and ARCP (in time we hope to have such a facility within the e-portfolio).
- Book study leave for the organized CMT Regional Teaching sessions this will ensure that you actually get to the teaching, and will keep your Trust and seniors appraised of your planned absence.

**Minimum Expected Teaching/Educational Activity per Year**

**CT1+2 Trainees Working Towards PACES**

<table>
<thead>
<tr>
<th>Type of Educational Activity</th>
<th>Choice of Possible Events/Opportunities</th>
<th>Minimum Hours Required per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>External</td>
<td>Monthly Regional “Mandatory” training (old pre-part 1 programme)</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>LMI Teaching sessions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mersey PACES Course</td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td>Recognized (by post-grad tutor) Teaching at your own Trust</td>
<td>70</td>
</tr>
<tr>
<td>Personal</td>
<td>Reading Journals</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Reflective Practice</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>110 hrs/year</strong></td>
</tr>
</tbody>
</table>

We expect all CMT trainees to attain the minimum hours of educational activity given above each year. You should keep a record of your personal activity prospectively so that when you are asked to complete a ‘Summary of Trainee Education Form’ it does not come as a surprise.

- Review training experience and progress
- Ensure appropriate evidence to support progression
- Identify gaps in knowledge and experience
- Completion of core medical training
- Ensure career plans realistic

12. Possible Outcomes of ARCP

- **Outcome 1** which indicates satisfactory progress (CT1).
- **Outcome 2** means the trainee may continue in their training progression but may have a number of issues that require addressing such as an absent Educational Supervisor report at the time of their ARCP or no valid ALS certificate. Additional training time is not required.
- **Outcome 3** means inadequate progress by the trainee and a formal additional period of remedial training is required which will extend the duration of the training programme.
- **Outcome 4** means the trainee is released from training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress. The trainee will be required to give up their National Training Number/Deanery Reference Number.
- **Outcome 5** means incomplete evidence has been presented and additional training time may be required.
- **Outcome 6** indicates satisfactory completion of CMT training (CT2)

13. ARCP Panel Interview

- If you are making satisfactory progress then the ARCP is essentially a virtual experience i.e. you will not need to be present and your e-portfolio will be accessed remotely by the panel.

- You will also be reviewed for revalidation purposes at each ARCP, revalidation paperwork will be sent to you after the panel takes place, this must be signed and returned to Kellie Lanigan at Health Education North West-Mersey.

14. Trainee Absences

- Please note that you must be aware of each Trust’s process on who to notify when absent, in particular for any unplanned absence (i.e. other than annual, professional or study leave). Generally this would be the local HR Department and your Consultant’s secretary.
- You must enter all unplanned absences on your e-portfolio record and ensure your Educational Supervisor is aware of any unplanned absences.
• For repeated unplanned absence you may be referred to Occupational Health, for counselling, to the Careers Development Unit or for disciplinary procedures.
• A maximum of 2 weeks sickness is allowed in a year of the CMT programme before additional training time becomes necessary.

15. The Support Network Available to You

1. Please ensure if you have concerns/issues that you raise them, and raise them early.
2. Health Education North West-Mersey does not tolerate bullying or intimidation within postgraduate medical and dental education.
3. There are a number of people who are able to provide support to you be it pastoral or career advice – please see below.

• Educational Supervisor
• College Tutor
• Associate College Tutor – not all trusts have appointed these to date – this maybe something you are interested in doing.
• Trust Director of Medical Education
• CMT Programme Director
• CT1 CMT year lead
• CT2 CMT year lead
• Head of School of Medicine
• There is a CMT trainee rep for each year
• If you feel your concerns are not being taken seriously or addressed in a way that you feel they should then please contact the CMT Programme Director or the Head of School of Medicine directly.

16. Feedback on Posts and Educational Process

You will be expected to complete:

• Annual GMC survey.
• Trainee feedback form on each post completed – requested at time of Face to Face meetings.

17. Less than Full Time Training (LTFT)

Placements are managed within the training programme by the Training Programme Director. The first point of contact for LTFT enquiries is the Deanery. Please look at the Mersey Deanery website and contact LTFTAdmin@nw.hee.nhs.uk for further information.
18. Maternity Leave

For any queries regarding maternity or paternity leave contact the Lead Employer.

Jayne Ashton – Employment Services Officer for the School of Medicine
0151 430 1596
Jayne.Ashton@sthk.nhs.uk

19. Sickness

Please ensure you inform your own department and also the medical staffing department of your Trust if you are off sick.

20. CT1-CT2 Allocation Process for CMT in Mersey Region

- CMT is a 2 year programme for the majority of trainees.

- In Mersey one Year of CMT will be spent in a central teaching hospital (RLBUHT/Aintree/Wirral), and one year will be spent in a DGH placement (Whiston/Warrington/Southport/Creve/Macclesfield/ Chester/Isle of Man).

- Within the 2 year programme at least 12 months will be spent in posts where there is exposure to an acute unselected ‘take’.

- Each year CT1 trainees will be asked to complete a CT1 to CT2 choices form on which they may identify which Trust they wish to work in and which specialties they would like to experience. If they have special reasons that may preclude them taking a post in any of the training hospitals they are asked to submit a written explanation of the circumstances on the choices form. We will also require information about which Trust trainees currently work in and what 3 specialties they have encountered in year 1.

- Trainees in ACF posts will be allocated their CT2 posts first because the scheduling of their year is more complex and has to be co-ordinated between all ACFs.

- Then Year 1 trainees who are already identified as having specific training needs will be allocated by the CMT Programme Director to posts where the specialties and supervision will be most appropriate to their needs. It is anticipated that the number of CT1 trainees in this position will be small in number - probably less than 5.
• The remaining trainees will be sorted into Central or Outer hospital groups, the order in which trainees are allocated posts within these 2 groups will be random.

• The rotation i.e. Trust and posts will be allocated on the basis of the choices that the trainee expressed on the allocation choices form from the CT2 posts still available at that point of the allocation process.

• Geographical considerations will only be made for very special circumstances such as the placement being incompatible with the trainee’s position as main carer for dependents. Other reasons are unlikely to be accepted.

21. Enrolment with JRCPTB

All trainees should enroll with the JRCPTB promptly – this will allow you access to your e-portfolio and your CMT certificate once you have completed the training satisfactorily.

22. E-portfolio Queries

• Try CMT Programme Director (Dr N Carroll) or Kellie Lanigan.

• Otherwise there is an email at JRCPTB eportfolioteam@jrcptb.org.uk if we are unable to help.

23. Additional Training Time Due to Examination Attainment

For trainees undertaking additional training time for exam reasons only, the RCP recommend that monthly educational supervisor meetings, an MSF, 2 MCR forms and an educational supervisor report should be submitted via the eportfolio for the additional 6 month training period. Trainees are advised to start gathering information from the beginning of December to ensure it is available well before the January ARCP window. For those who have portfolio deficiencies contributing to the reason for additional training time, these also need to be rectified and may require SLEs/curriculum sign off.
A) MRCP PART 1

Useful Online Resources

- [www.pastest.co.uk](http://www.pastest.co.uk): Prices £99 for the diet. £159 for the year. It has thousands of questions. Would recommend doing as many of the questions in the bank as possible. Closer the time, would also recommend doing the timed practice papers (of which there are plenty) to recreate the exam pressure and endurance. There are podcast lectures on there that are very good and easily downloadable onto your iPhone/MP3. In the months leading up to the exam would recommend making a playlist of the podcasts and having it on repeat on your car radio for your daily commute to/from work. You would be surprised how much information you end up retaining this way. Finally, there are video lectures on there, and again, repeated watching of these can be very useful.

- [www.passmedicine.com](http://www.passmedicine.com): much cheaper than pastest (£25 for 4 months, £35 for 6 months) but does not come with extras like past papers, podcasts and video lectures. However, the content of the explanations accompanying the questions is extremely well put together (probably more-so than pastest) and can become a useful textbook for you.

Useful Courses

- [www.mrcpcourse.co.uk](http://www.mrcpcourse.co.uk): Price: £180 for a two-day course at Stepping Hill in Manchester. Excellent course! Highly recommended. There are only a small group of people on this course (50-60) and you sit in a small lecture theatre with a rheumatologist called James Galloway and neurologist called Matt Jones and they essentially dissect the whole exam curriculum together with you using questions. A few have reported that this is the only course they attended and the passed the exam.

- LMI does a very cheap 1 day course, worth attending.

Useful Books

- Essential Revision Notes for MRCP – Kalra

- Basic Medical Sciences for MRCP - Easterbrook (I used that because when I was doing questions it became obvious I was weak in basic physiology. Found this one summarised recurring MRCP themes well- and
has a chapter on clinical pharmacology which is tailored to the part 1 exam).

General Tips

- The exam covers a lot of information therefore recommend you start ideally 3, but if not 2 months in advance.

- Keep your notes from part 1, as they unexpectedly come in handy for part 2 and PACES (where some of the history stations, for example, require some deeper knowledge about a condition).

- I needed 3 months of hard graft before each exam to prepare properly. For part 1 I completed 2 question banks (pass medicine and examination) which equates to around 5000 questions in total. You start realising that each speciality have their favourite questions to ask and the only way to know which topics to focus on is by lots of practice

- When I talk to the F1’s/F2’s that want to do CMT and medicine I usually say you should start sitting it all early (Part 1 is great to have for CMT interview in Jan-Feb). This way you can plan revising for when you have a quieter day job (I revised for Part 1 whilst doing a colorectal F1 rotation).

- The Pastest question bank has an iPhone app where you can download 50 questions and do them wherever. I used to do 50 questions and watch a 20min TV show to de-stress because there are a lot of questions to get through.

B) MRCP PART 2

Useful Online Resources

- Pastest once again, for the same reasons as above. Prices are as above. This time, doing their practice papers under timed conditions is even more important than in part 1 as the question stems are much longer so you are far more pushed for time.

Useful Books

- Essential Revision Notes for MRCP – Kalra

General Tips

- This long 2-day exam takes quite a bit of endurance. Therefore, if you sit the course in Manchester (which most people do), try not to commute from
Liverpool as that can become stressful, especially by day 2. Book yourself in to sleep somewhere near the venue. Book Manchester early (the centre fills up quickly)

C) PACES

Useful Online Resources

- Not as essential as in part 1 or 2 as the majority of the learning happens on the wards/courses. However, pastest can be helpful for station 5, where they show how to examine a patient with a variety of conditions you may not necessarily see on the wards.

Useful Courses

- Pastest do a 2-day weekend course in Manchester (£820) and a 4-day course in London (£1,395). I attended the 2-day one. Positives: they teach by recreating exam conditions and exposing you to patients. You go through all the patients together at the end. They also have a specific session on how to present, which is important. Negatives: quite a lot of the same stuff is seen.

- PassPACES 4-day course in London. One of the very well known courses. Gets fully booked early so book early. This has a very wide variety of cases. You will see all cases you would ever see in a PACES exam on this course and more. Teaching method is traditional bedside teaching per case with an exam at the end. Pricey, but worth it.

- NeuroPACES Walton Centre (£355): neuro is often a killer station owing to limited exposure to cases. Worth going to for this very fact.

- I’d definitely recommend a course but advise that you go to the course fully prepared having perfected your examination/hx taking skills. I went on the 2 day Ealing course (around £700), a week prior to my exam and it just helps consolidate everything you’ve learnt and puts you in a PACES mindset.

Useful Books

- The Pocketbook for PACES by Rupa Bessant: goes into a lot of detail. Has everything you need to know about PACES. Can be a bit too detailed for the time you have, therefore having the Cases for Paces book alongside can be helpful. This book is written by the course director of the PassPACES course therefore ties in quite nicely with it.
- Cases for Paces by Stephen Hoole: a useful one to carry around. Has a bit of information on all of the common conditions without going into too much detail. Useful closer to the time of the exam.

- Clinical medicine for MRCP PACES (2 books -clinical skills and communication skills/ethics)- Gautam Mehta

**General Tips**

- 3 months ahead of the exam, start seeing patients with a colleague twice a week and reading around the cases. 2 months ahead increase this to 3 times a week. And by a month ahead you want to be examining at least every day or two.

- When you examine patients always do it under timed exam conditions and present and get quizzed by your colleague formally.

- Most registrars are happy to teach but need to be approached (frequently!)

- People often think PACES revision is only about examining patients. However, it is important to learn the common conditions in detail so you are able to talk about them during the examiner questioning. For the cardiology station this is most commonly aortic valve replacement, mitral valve replacement, aortic stenosis, mitral regurgitation, and congenital heart disease (mostly VSDs). For the respiratory station this includes pulmonary fibrosis, bronchiectasis, pneumonectomy/lobectomy, pleural effusion, and COPD. For the abdominal station this includes renal transplant, chronic liver disease, polycystic kidney disease, and splenomegaly. For the neurology station peripheral polyneuropathy, Parkinson's, muscular dystrophy, MS, and cranial nerve palsies. For station 5 this is rheumatoid arthritis, systemic sclerosis, diabetic eye, acromegaly, thyroid disease, retinitis pigmentosa, hemianopia, ankylosing spondylitis, and HIV related problems.

- Practice the history taking and communication skills stations on each other under timed conditions. These can often trip you up if not well practiced as they are different to in a true clinical setting.

Paces preparation is probably the most taxing. Staying back after work and coming in on weekends/annual leave to examine patients takes a lot of effort. It helps to pair up with someone. I made friends with a colleague from another Trust meaning we had 2 hospitals worth of patients to examine. The first 2 months I did a lot of reading, I think the online pastest
resource is very useful as it shows you how Consultants examine patients and gives you some idea of how to present cases.

- The month prior to my exam I stayed back every day and went in every weekend. Make sure you set aside time to properly revise/practice station 5/ethics/history taking - I think people focus too much on the examinations and forget that they are all weighted equally.

- Not much to advise apart from you’ll pass if you put the time and effort in. They are all very fair exams.

- PACES You need several partners for PACES revision (to take into account nights/on-calls) and good connections at the Walton Centre, LHCH, Aintree and the Royal and our best times have been the weekends when we have a long list of patients and a good few solid hours. I would advise people to always use a timer for the exams, put on a "stern" face when acting examiner for your partner and be mean (because the examiners can be and you get used to being under a bit more pressure).

- Practice presenting the common cases. Aintree put on a mock PACES for £100 which was great value.

- Set up a group messaging thing to get a list of patients

- I was reminded to not forget the communication skills stations as you can prepare for the vast majority of the conversations you're going to have.

Prepared March 2015 – with thanks to the 3 CMT trainees who sent me feedback about their MRCP exam experience