

# CMT Selection in the NW Deanery

Mike Venning  
John Anderton

CMT Programme Directors

21<sup>st</sup> March 2007

## The NW Deanery CMT Programme

- 3 Sectors
  - Central and South Manchester
  - Salford/N Manchester/ Wigan/Pennine Acute
  - Lancashire + S Cumbria
- 156 2-year CMT tracks
- Also 3 CMT (neurology) tracks and some other FTSTAs (1/3 to be held back for 2<sup>nd</sup> round)

All told, approx 200 posts to fill

## Selection Process Timeline

Deadline for receipt of applications

Sunday 4.2.07



Longlisting (to ensure eligibility)



Shortlisting deadline

Friday 23.2.07

Each question to be scored by 2 shortlisters  
Applications to be scored 'horizontally'



Offers of interview

24.2.07-27.2.07



NW Deanery Interviews

12-14 & 16.3.07

The problem.....

**1810** applications

ST1 - 850

ST2 - 960

Ratio of applications per post of ~9:1

So.....Longlisting and shortlisting occurred simultaneously rather than sequentially

## Shortlisting Principles

- All applications to be scored independently by 2 trained panel members
- Horizontal preferred to Vertical
- Applications anonymised and employment history etc removed

## Shortlisting Outcome

15h+ work by each of 66 shortlisters

Almost all evenings/weekends/holidays

All applications seen by 5 or 6 different clinicians - small number partially scored by trained Deanery staff

Another important outcome....

The Silent-treatment from Mrs Anderton

# CMT Interview Briefing

Monday 12.3.07 – Friday 16.3.07

Mike Venning + John Anderton  
CMT Programme Directors





1. The scale of the CMT Interviews
2. Set up for the sessions
3. How each 40 minute cycle will run
4. Portfolio Review station
5. Case-based Discussion station
6. Professionalism/Probity/Pressure station
7. End of cycle 'wash up'
8. End of session 'wash up'

# 1. The scale of the CMT Interviews

## 75 CMT 1 Posts

850 applicants for CMT 1

276 shortlisted

5 Interview panels Mon am

5 Interview panels Mon pm

5 Interview panels Tues am

1 Interview panels Tues pm

1 Interview panel Fri am

1 Interview panel Fri pm

## 75 CMT 2 Posts

960 applicants for CMT 2

270 shortlisted

5 Interview panels Tues pm

5 Interview panels Wed am

6 Interview panels Wed pm

Ratio of candidate: post of **3.5:1**

## 2. Set up for the sessions

### Morning

Briefing: 08.30-09.00

Cycle 1: 09.00-09.40

Cycle 2: 09.40-10.20

Cycle 3: 10.20-11.00

Cycle 4: 11.00-11.40

Cycle 5: 11.40-12.20

Discussion: 12.20-12.40

Lunch: 12.40-13.20

### Afternoon

Briefing: 13.20-13.40

Cycle 1: 13.40-14.20

Cycle 2: 14.20-15.00

Cycle 3: 15.00-15.40

Cycle 4: 15.40-16.20

Cycle 5: 16.20-17.00

Cycle 6: 17.00-17.40

Discussion: 17.40-18.00

### 3. How each 40 minute cycle will run

- Panels of 6 interviewers
- In pairs
- Layperson as Chair (in PPP station)
- Pairs stay at the same station for the whole session

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Type a question for help

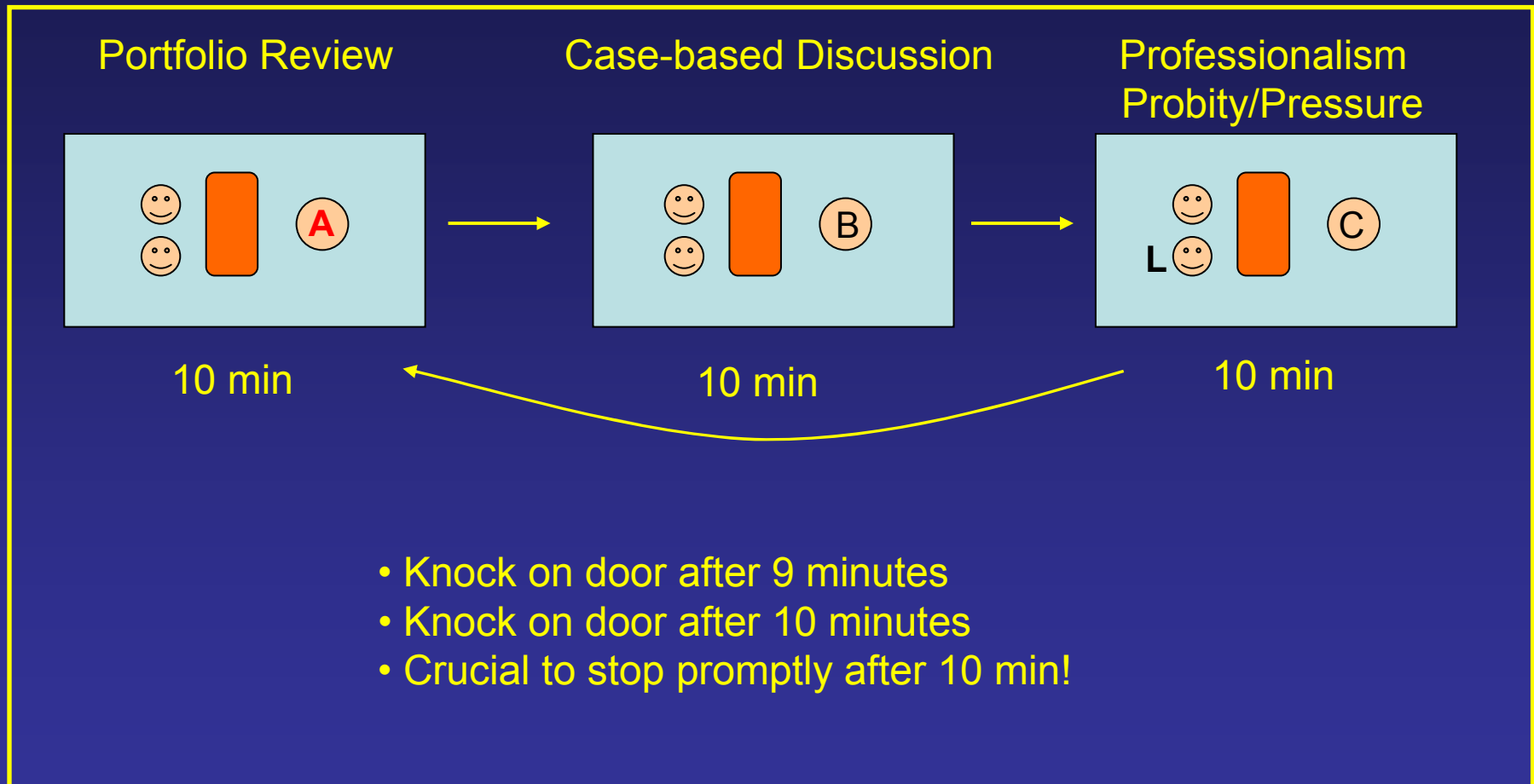
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Reply with Changes... End Review...

	A	B	C	D	E	F	G	H	I
1									
2	<b>Station 1 - Portfolio</b>			<b>Station 2 - CBD</b>			<b>Station 3 - PPP</b>		
3	Box 13 NW			Box 14 NW			Box 15 NW		
4	AM: Prof Agius + Dr Ahmed		CMT 2	AM: Dr Ustianowski + Dr Halstead		CMT 2	AM: Carol Redhead + Dr Lomax		CMT 2
5	PM: Prof Agius + Dr Arya		CMT 2	PM: Dr Hanley + Dr Halstead		CMT 2	PM: Carol Redhead + Dr Lomax		CMT 2
6									
7	<b>Station 1 - Portfolio</b>			<b>Station 2 - CBD</b>			<b>Station 3 - PPP</b>		
8	Box 16 NW			Box 17 NW			Box 18 NW		
9	AM: Dr Leahy & Dr Nagvi		CMT 2	AM: Dr Cook & Dr Norris		CMT 2	AM: Kath Houston & Dr Bannister		CMT 2
10	PM: Prof Yin & Dr Downton		CMT 2	PM: Dr Cook & Dr Norris		CMT 2	PM: Kath Houston & Dr Bannister		CMT 2
11									
12	<b>Station 1 - Portfolio</b>			<b>Station 2 - CBD</b>			<b>Station 3 - PPP</b>		
13	Box 19 NW			Box 20 NW			Box 21 NW		
14	AM: Prof Horan & Dr Raza		CMT 2	AM: Dr Subramanian & Dr Rao		CMT 2	AM: Julie DeBurgh & Dr Punekar		CMT 2
15	PM: Dr Atkinson & Dr Raza		CMT 2	PM: Dr Subramanian & Dr Arya		CMT 2	PM: Julie DeBurgh & Dr Punekar		CMT 2
16									
17	<b>Station 1 - Portfolio</b>			<b>Station 2 - CBD</b>			<b>Station 3 - PPP</b>		
18	Box 22 NW			Box 23 NW			Box 24 NW		
19	AM: Dr Bruce & Dr Morgan		CMT 2	AM: Dr Wardman & Dr Venning		CMT 2	AM: Nick Wood & Dr Picton		CMT 2
20	PM: Dr Venning & Dr Barclay		CMT 2	PM: Dr Wardman & Dr Weir		CMT 2	PM: Nick Wood & Dr Picton		CMT 2
21									
22	<b>Station 1 - Portfolio</b>			<b>Station 2 - CBD</b>			<b>Station 3 - PPP</b>		
23	Box 10 SW			Box 11 SW			Box 12 SW		
24	AM: Dr Anderton & Dr Klimiuk		CMT 2	AM: Dr Coward & Dr Chattopadhyay		CMT 2	AM: Steve Agius & Dr Majeed		CMT 2
25	PM: Dr Anderton & Dr George		CMT 2	PM: Dr Gulati & Dr Babbs		CMT 2	PM: Steve Agius & Dr Majeed		CMT 2
26									
27	<b>Station 1 - Portfolio</b>			<b>Station 2 - CBD</b>			<b>Station 3 - PPP</b>		
28	Box 7 SW			Box 8 SW			Box 9 SW		
29									
30	PM: Dr Selby & Dr Teh		CMT 2	PM: Dr Ramtoola & Dr Pearce		CMT 2	PM: Lay Chair & Dr Coward		CMT 2
31									
32	Dr Arya in 2 panels for pm								
33	Need lay chair for PM								

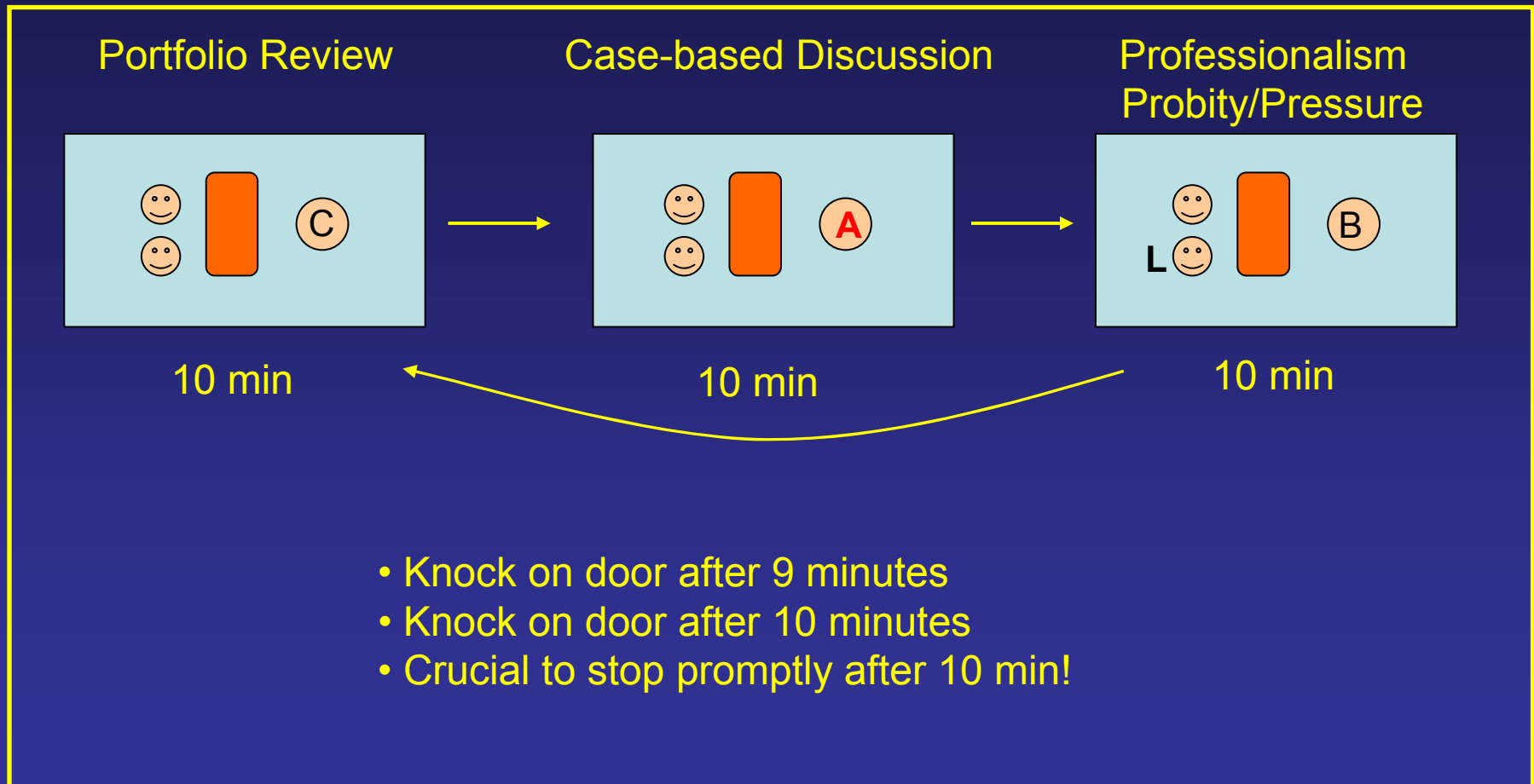
### 3. How each 40 minute cycle will run

30 minutes interviewing: candidates A,B and C



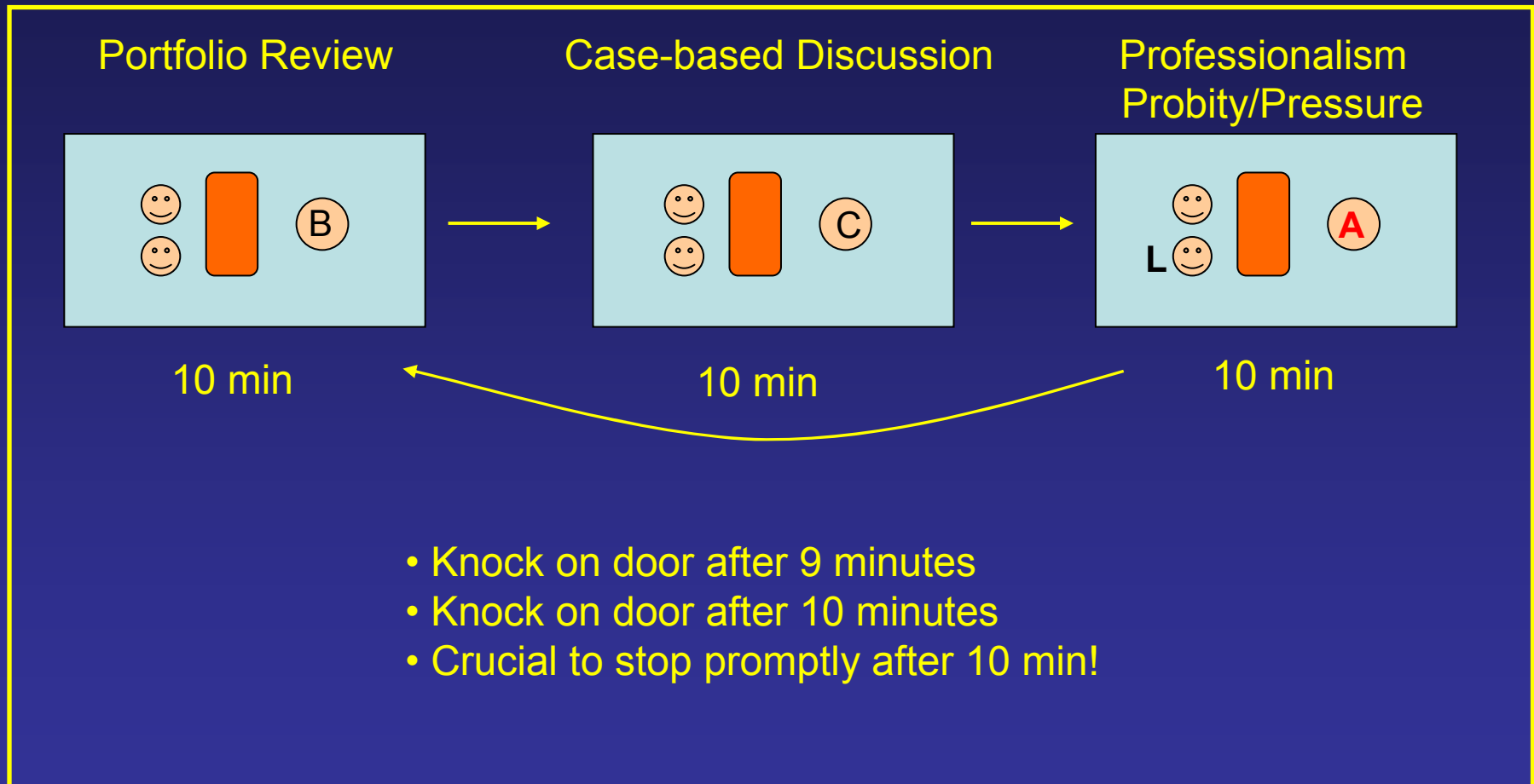
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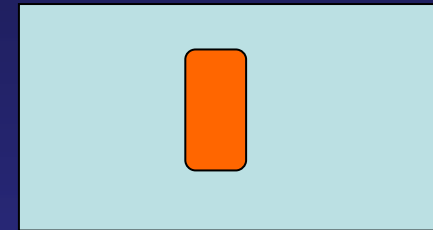
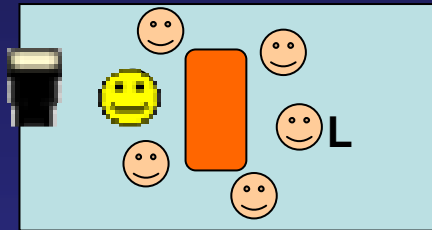
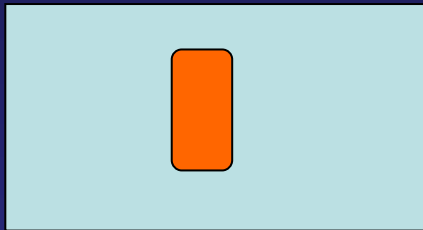
### 3. How each 40 minute cycle will run

30 minutes interviewing: candidates A,B and C



### 3. How each 40 minute cycle will run

10 minutes 'wash up'



10 min

- Collate marks
- Agree whether candidates appointable
- Coffee!

## 4. Portfolio Review station

<b>Areas of Person Specification Covered</b>	<b>Methods</b>
Research/Audit	Own Questions
Academic	Academic checklist + your own questions
Career Focus/Commitment to Specialty	Career focus question

## CMT INTERVIEW ACADEMIC CHECKLIST

### CANDIDATE DETAILS

Full Name	
Candidate Ref. No.	

PLEASE COMPLETE THE FOLLOWING:

Length of UK SHO-level experience in Medicine ..... months			
	<b>Circle Yes or No</b>		Original seen or Copy provided?
MRCP Pt 1	Yes/No	Date awarded:	
MRCP Pt II Written	Yes/No	Date awarded:	
MRCP Pt II PACES	Yes/No	Date awarded:	
Other Postgraduate Medical qualification – e.g. FCPS, MD, DNB	Yes/No	Please indicate award + awarding institution:	
PhD or MD	Yes/No	Date awarded:	
Intercalated Degree	Yes/No	Name of Degree:  Class:  Awarding institution:	
Honours or Distinction in Primary Medical Degree	Yes/No	Please specify:  Awarding institution:	
Publications	Yes/No	Please specify:	
Presentations at Scientific Meetings	Yes/No	Please specify:	
University or other Prizes or Awards	Yes/No	Please specify:	

ADMINISTRATION ASSISTANT NAME \_\_\_\_\_

**QUESTIONS FOR PORTFOLIO REVIEW STATION  
CAREER FOCUS/COMMITMENT TO SPECIALTY**

**Question 1**

***What, in your balanced view, is the role of a physician in 2007?***

**Positive indicators**

- Is able to consider both positive and negative aspects of the role.
- Encompasses/discusses the doctor/patient relationship
- Is able to put the role in a wider NHS context.

**Negative indicators**

- Is restricted to a technical (non-holistic) view of the role
- Does not comment or discuss the doctor/patient relationship.
- Does not discuss the wider NHS context

**Question 2**

***Have you considered what aspect of medicine you wish to specialise in?***

The candidate may or may not have a clear idea. Both views are valid for ST1 but ideally for ST2 a choice should be offered.

**Question 2a**

***The candidate expresses a choice. Ask them to tell us 1***

**Positive indicators**

- Has a clear idea of the skills needed for the speciality
- Is aware of how competitive the speciality is.
- Is able to define their personal attributes which indicate they will be a competent specialist in their given career choice.

**Negative indicators**

- Is poorly informed of the skills needed for the chosen speciality
- Is poorly informed of the career path
- Is unable to inform on the skills they will bring to the speciality.

**Question 2b**

***The candidate does not express a choice/is unsure of his future career choice. Ask them how and by what process they will arrive at their decision***

**Positive indicators**

- Aware of options available from ST1 post
- Insight into the different skill mix each speciality might require.
- Need for some exposure before decision (faster sessions)
- Need to look at both negative and positive aspects of each speciality (how competitive, geographical limitations)

**Negative indicators**

- Limited outlook on posts available
- Limited outlook on the types of skills each speciality might require.
- Unrealistic about opportunities on offer

**SUGGEST GO STRAIGHT TO  
THIS QUESTION FOR CMT2**

**CMT INTERVIEW SCORESHEET**

Candidate \_\_\_\_\_

Station: Portfolio Review

AREA OF PERSON SPECIFICATION COVERED: Research/Audit

RATING : 1 2 3 4 5

Poor (in lowest 20%)     Satisfactory     Average     Good     Excellent (in top 20%)

Notes to Justify Rating

**PLEASE REGARD AS QUINTILES**

Continue overleaf if necessary

SCORE: MULTIPLY RATING BY 4

AREA OF PERSON SPECIFICATION COVERED: Academic

RATING : 1 2 3 4 5

Poor (in lowest 20%)     Satisfactory     Average     Good     Excellent (in top 20%)

Notes to Justify Rating

Continue overleaf if necessary

SCORE: MULTIPLY RATING BY 5

AREA OF PERSON SPECIFICATION COVERED: Career Focus/Commitment to Speciality

RATING : 1 2 3 4 5

Poor (in lowest 20%)     Satisfactory     Average     Good     Excellent (in top 20%)

Notes to Justify Rating

Continue overleaf if necessary

SCORE: MULTIPLY RATING BY 7

Do you think we should appoint this candidate to a CMT Post in this round? YES / NO

Interviewer Name.....Signature.....

**EACH INTERVIEWER GIVES 3 SCORES**

**MULTIPLY BY WEIGHTING TO GIVE SCORE IN BOX**

**DO YOU THINK WE SHOULD APPOINT?**

## 5. Case-based Discussion station

<b>Areas of Person Specification Covered</b>	<b>Methods</b>
Clinical Skills	Clinical scenario
Problem-Solving Skills	Above + your own questions

Question Ref No.	CMT1/C/001
Level	CMT 1
Topic	Clinical
Author	John Anderton
Date	16.1.07

### CMT1-C-001. COPY FOR INTERVIEWERS

You are the CMT trainee on call. You admit a 74 year old man with an episode of collapse at home. He had commenced maintenance haemodialysis three months previously.

On admission his blood pressure was 144/88 mmHg, venous pressure was not elevated and there was no oedema.

Blood results:

Na	139 mmol/L
K	8.7 mmol/L
Urea	22 mmol/L
Creatinine	617 micromol/L

The nearest dialysis unit is 15 miles away.

How would you proceed?

#### **Positive indicators**

- Appreciates risks of severe hyperkalaemia
- Commences appropriate immediate management
- Considers need for urgent dialysis
- Liaises with seniors

#### **Negative indicators**

- Fails to appreciate risks of severe hyperkalaemia
- Inappropriate immediate management
- Does not consider urgent dialysis
- Fails to liaise with seniors

**CMT1-C-001, COPY FOR CANDIDATE**

You are the CMT trainee on call. You admit a 74 year old man with an episode of collapse at home. He had commenced maintenance haemodialysis three months previously.

On admission his blood pressure was 144/88 mmHg, venous pressure was not elevated and there was no oedema.

Blood results:

Na	139 mmol/L
K	<u>8.7 mmol/L</u>
Urea	22 mmol/L
Creatinine	617 micromol/L

The nearest dialysis unit is 15 miles away.

How would you proceed?

**PLEASE GIVE THE CANDIDATE  
ONE MINUTE TO READ THE SCENARIO  
BEFORE STARTING QUESTIONING**

**CMT INTERVIEW SCORESHEET**

Candidate \_\_\_\_\_

Station: Case-Based Discussion



AREA OF PERSON SPECIFICATION COVERED: Clinical Skills					
RATING :	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor <small>(in lowest 20%)</small>	Satisfactory	Average	Good	Excellent <small>(in top 20%)</small>
Notes to Justify Rating					
SCORE: MULTIPLY RATING BY 6 <input type="checkbox"/>					

**EACH INTERVIEWER GIVES 2 SCORES**

**MULTIPLY BY WEIGHTING TO GIVE SCORE IN BOX**

AREA OF PERSON SPECIFICATION COVERED: Problem-Solving Skills					
RATING :	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor <small>(in lowest 20%)</small>	Satisfactory	Average	Good	Excellent <small>(in top 20%)</small>
Notes to Justify Rating					
SCORE: MULTIPLY RATING BY 3 <input type="checkbox"/>					

Do you think we should appoint this candidate to a CMT Post in this round? YES / NO

Interviewer Name.....Signature.....

## 6. Professionalism/Probity/Pressure station

<b>Areas of Person Specification Covered</b>	<b>Methods</b>
Integrity/Professionalism/ Respect for All	Ethics scenario + your own questions
Communication Skills	

Question Ref No.	CMT-E-002
Level	CMT 1 or 2
Topic	Ethics/Communication
Author	John Anderton
Date	16.1.07

### **CMT-E-002. COPY FOR INTERVIEWERS**

You are the CMT trainee on call. You have just admitted Mr Brown, a 34 year old man who took an overdose of 20g paracetamol whilst intoxicated with alcohol earlier that day. His vital signs are stable but he is very drowsy (Glasgow Coma Scale Score 11/15).

Whilst writing your casenotes the Ward Clark hands you a telephone with the words: 'Mrs Brown is on the phone and wants to know how her husband is.'

How would you proceed?

#### **Positive indicators**

- Appreciates duty of confidentiality to patient
- Attempts to identify true identity of caller
- Recognises that husband's informed consent to release information cannot be obtained

#### **Negative indicators**

- Breaches duty of confidentiality to patient
- Fails to take steps to establish caller's identity

#### Possible Follow Up Questions

1. 3 hours later Mr Brown wakes up and insists on self discharging against medical advice. What would you do?

or

2. 3 hours later the police arrive on the ward. They wish to arrest Mr Brown on suspicion of causing grievous bodily harm whilst intoxicated. What would you do?

**CMT-E-002. COPY FOR CANDIDATE**

You are the CMT trainee on call. You have just admitted Mr Brown, a 34 year old man who took an overdose of 20g paracetamol whilst intoxicated with alcohol earlier that day.

His vital signs are stable but he is very drowsy (Glasgow Coma Scale Score 11/15).

Whilst writing your casenotes the Ward Clark hands you a telephone with the words: 'Mrs Brown is on the phone and wants to know how her husband is.'

How would you proceed?

**PLEASE GIVE THE CANDIDATE  
ONE MINUTE TO READ THE SCENARIO  
BEFORE STARTING QUESTIONING**

CMT INTERVIEW SCORESHEET

Candidate \_\_\_\_\_

Station: Professionalism/Pressure/Probity

+

AREA OF PERSON SPECIFICATION COVERED: Integrity/Professionalism/Respect for All

RATING:	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor <small>(i.e. lowest 20%)</small>	Satisfactory	Average	Good	Excellent <small>(i.e. top 20%)</small>

Notes to Justify Rating

Continue overleaf if necessary

SCORE: MULTIPLY RATING BY 4

**EACH INTERVIEWER GIVES 2 SCORES**

**MULTIPLY BY WEIGHTING TO GIVE SCORE IN BOX**

AREA OF PERSON SPECIFICATION COVERED: Communication Skills

RATING:	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor <small>(i.e. lowest 20%)</small>	Satisfactory	Average	Good	Excellent <small>(i.e. top 20%)</small>

Notes to Justify Rating

Continue overleaf if necessary

SCORE: MULTIPLY RATING BY 5

Do you think we should appoint this candidate to a CMT Post in this round? YES / NO

Interviewer Name.....Signature.....

## 7. End of cycle 'wash up'

- 10 minutes
- Complete marksheet
- Signed by lay chair on behalf of panel
- Decide whether we should appoint
- If 'no' or 'uncertain' please explain why
- Please keep marksheets and Academic checklist together

OVERALL MARKSHEET

SPECIALTY Core Medical Training LEVEL \_\_\_\_\_ Date \_\_\_\_\_

Candidate Name \_\_\_\_\_

Station	Area assessed	Score Interviewer A	Score Interviewer B
Portfolio Review	Research/Audit/Teaching		
	Academic		
	Career focus/ Commitment to specialty		
Case-based discussion	Clinical skills		
	Problem-solving skills		
Professionalism/ Pressure/Probity	Integrity/Professionalism		
	Communication skills		

Do you think we should appoint this candidate to a CMT Post in this round?

YES / UNCERTAIN / NO (Please circle)

**CMT 1 data: 43% 22% 34% (of 157 candidates)**

(If 'No' or 'Uncertain' circled please explain why)

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Signed by Chair on behalf of Panel \_\_\_\_\_

## 8. End of session 'wash up'

Resolve any marking problems

Complete scenario feedback forms

Complete selection process feedback form



# Selection Process Feedback Form

### CMT Selection Process feedback form

As this is the first time that we have undertaken this process we would welcome your views on how the selection process has gone and how we can improve things for next time.

Please can you give your views on the following:

Shortlisting process:

1	2	3	4	5	6	7	8	9	10
Very Poor				Mediocre					Excellent

Interview process:

1	2	3	4	5	6	7	8	9	10
Very Poor				Mediocre					Excellent

How the Deanery has managed the process:

+	1	2	3	4	5	6	7	8	9	10	
	Very Poor				Mediocre					Excellent	

General comments/suggestions for improvement:

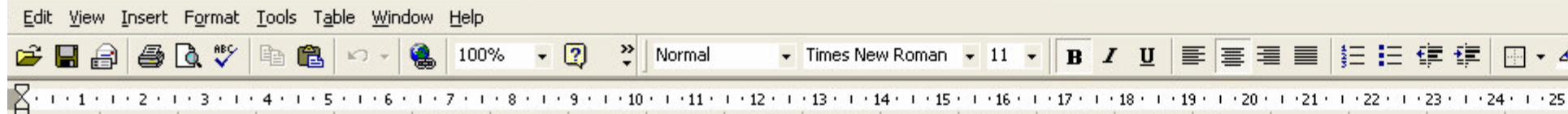
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All candidates also given details of individual tracks available and asked to complete 'track preference form'



## LANCASHIRE & SOUTH CUMBRIA ("LANCS") CMT2 ROTATION

The attached rotation is for **24** CMT 2 posts in Lancashire and South Cumbria. The majority have either one or two speciality slots. The remaining posts are in acute medicine with exposure to other specialties e.g. gastro, diabetes, respiratory. Speciality posts are renal, cardiology, oncology, and neurology. There are also 15 FTSTA posts.

Track number	Your preference (1 – 87)	Aug – Nov CMT2	Dec – March CMT2	April – July CMT2
Lancs 1		Neuro2 (RPH)	CoE (CDH)	Resp(b)(RPH)
Lancs 2		Resp(b)(RPH)	Renal1 (RPH)	CoE (CDH)
Lancs 3		CoE (CDH)	Resp(b)(RPH)	Card1 (BVH)
Lancs 4		Diab (RBH)	Chest (RBH)	Cardio (RPH)
Lancs 5		CoE (RBH)	Diab (RBH)	Chest (RBH)
Lancs 6		Chest (RBH)	Cardio (RPH)	Neuro2 (RPH)
Lancs 7		Card1 (BVH)	Rheum (RBH)	Diab (RBH)
Lancs 8		Diab (RBH)	Onc1(RPH)	Rheum (RBH)
Lancs 9		Rheum (RBH)	Diab (RBH)	Onc1(RPH)
Lancs 10		Card2 (BVH)	CoE2 (BVH)	Endo1 (BVH)
Lancs 11		Endo1 (BVH)	Card2 (BVH)	CoE2 (BVH)
Lancs 12		CoE2 (BVH)	Endo1 (BVH)	Card2 (BVH)
Lancs 13		Gastro (BGH)	Chest (BGH)	Diab (BGH)
Lancs 14		Diab (BGH)	Gastro (BGH)	Chest (BGH)
Lancs 15		Chest (BGH)	Diab (BGH)	Gastro (BGH)
Lancs 16		Onc1 (RPH)	Neuro2 (RPH)	CoE (RPH)
Lancs 17		CoE (RPH)	Neuro3 (RPH)	Renal2 (RPH)
Lancs 18		Onc2 (RPH)	CoE (RPH)	Neuro3 (RPH)
Lancs 19		CoE (RLI)	Gast (RLI)	Resp (RLI)
Lancs 20		Resp (RLI)	CoE (RLI)	Gast (RLI)
Lancs 21		Gast (RLI)	Resp (RLI)	CoE (RLI)
Lancs 22		Neuro3 (RPH)	Endo2 (BVH)	CoE3 (BVH)
Lancs 23		CoE3 (BVH)	Card1 (BVH)	Endo2 (BVH)
Lancs 24		Endo2 (BVH)	CoE3 (BVH)	Renal1 (RPH)

**Blue =** Lancashire Teaching Hospitals NHS Foundation Trust  
 RPH: Royal Preston Hospital site  
 CDH: Chorley Hospital site

**Black =** University Hospitals of Morecambe Bay  
 FGH: Furness General Hospital site  
 RLI: Royal Lancaster Infirmary site

**Brown =** East Lancashire Hospitals NHS Trust  
 BGH: Burnley General Hospital site  
 RBH: Royal Blackburn Hospital site

**Orange =** Blackpool, Fylde and Wyre Hospitals NHS Trust  
 BVH: Blackpool Victoria Hospital site

