

# **CMT update 1**

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# outline

- curriculum changes
- WPBA update
- ST3 recruitment

# CMT curriculum changes

for trainees commencing August 2011

- outpatient clinic attendance
- MRCP(UK) Part 1 by month 11 ARCP
- procedures
- MRCP(UK) annualised pass mark
- 'tweaking' of competency descriptors

# OP clinics

- were not happening for many
- minimum of 24 during CMT programme
- flexible definition of 'OP clinic'
- documentation
  - trainee – reflection, log book, patient survey?
  - trainer – CbD & mini-CEX
  - OP version of ACAT??

# MRCP(UK) Part 1

- in month 11 ARCP Decision Aid
- if no Part 1 award ARCP-2
  - trainee could still pass without extra time
  - subsequent ARCP for continued failure?
- essential criterion for CT2 Person Spec

>20% FY2 have passed before entry to CMT

PG Deans will allow day leave in FY2

- conditions apply

# procedures

- patient safety for life-threatening
- specialty practice and availability
- Foundation competency presumed
- ‘middle of the night’ test
- categorisation:
  - clinical independence essential
  - some experience essential, independence desirable
  - experience / independence desirable

# 8 Essential CMT procedures

**(part A, clinical independence essential):**

- advanced CPR inc external pacing (ALS)
- lumbar puncture
- ascitic tap
- pleural tap
- nasogastric tube placement and checking

# 8 Essential CMT procedures

**(part B, clinical independence desirable\*)**

- central venous cannulation with U/S guidance where appropriate
- DC cardioversion
- intercostal drain insertion using Seldinger technique with U/S guidance (excepting pneumothorax)

# Part B procedures and acute specialties

- \* ***Trainees considering progression into an acute medical specialty are expected to develop clinical independence in these procedures where possible. If not able to gain clinical independence, then one or more of the following are acceptable: skills lab competent with certification, course competent with certification, some clinical experience with DOPS indicating, at a minimum, 'able to perform the procedure under direct supervision / assistance'***

# 3 Desirable CMT procedures

will depend on clinical placements and preferred career choice:

- abdominal paracentesis
- knee aspiration
- skin biopsy

this list should *not prevent* trainees gaining some experience in other ST3 level procedures when appropriate

# ARCP DA procedures

m 11

- some experience in all essential

m 16

- independent in all of the Part A Essential
- some experience in Part B Essential

m 24

- as above, plus at least some experience in all of the Part B and one of the desirable

Evidence: DOPS, clinical skills lab / course

# curriculum 'tweaks'

expanded / changed grid:

- 'dialysis' changed to 'AKI & CKD'

additional wording for emphasis:

- patient safety
- dementia
- back to work
- bioethics
- transitional (adolescent) care
- domestic violence
- obesity

# WPBAs – general

## short-term review

- remove ‘radio buttons’
- encourage feedback (mandatory)
- text change in anchor statements (CMT v HST)

	Well below expectations for stage of training	Below expectations for stage of training	Borderline for stage of training	Meets expectations for stage of training	Above expectations for stage of training	Well above expectations for stage of training	Unable to comment
Medical record keeping:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> u/c
Clinical assessment:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> u/c
Investigation and referrals:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> u/c
Treatment:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> u/c
Follow-up and future planning:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> u/c
Professionalism:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> u/c
Overall clinical judgement:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> u/c

\*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment

Based on this observation please rate the level of overall clinical judgement the trainee has shown:

Rating	Description
<input type="radio"/> Below level expected during Foundation Programme	Demonstrates little knowledge and lacking ability to evaluate issues resulting in only a rudimentary contribution to the management plan
<input type="radio"/> Performed at the level expected at completion of Foundation Programme / early Core Training	Demonstrates some knowledge and limited evaluation of issues resulting in a limited management plan
<input type="radio"/> Performed at the level expected on completion of Core Training / early Higher Training	Demonstrates satisfactory knowledge and logical evaluation of issues resulting in an acceptable management plan consistent with early higher training
<input type="radio"/> Performed at level expected during Higher Training	Demonstrates detailed knowledge and solid evaluation of issues resulting in a sound management plan
<input type="radio"/> Performed at level expected for completion of Higher Training	Demonstrates deep up-to-date knowledge and comprehensive evaluation of issues resulting in an excellent management plan consistent with completion of Higher training

Which aspects of the encounter were done well?

Suggestions for development

Agreed action:

# WPBAs

longer-term?

- Assessment for Learning AfL (formative)
- Assessment of Learning AoL (summative)

# WPBAs – DOPS

- DOPS for ‘life threatening’
  - strengthen ‘sign-off’
- new DOPS for CV line insertion
- specialty DOPS (eg chest drain insertion) to be available on eP
- anchor statements of competence clarified and include skills lab competence

# ST3 recruitment

# RCP-coordinated (13)

## 2010 & 2011

- cardiology
- endo & diabetes
- gastroenterology
- geriatric med
- renal med

## 2012

rehab medicine

ID & TM

## joined in 2011

- acute med
- clin pharm & ther.
- genitourinary med
- haematology
- neurology
- palliative med
- respiratory med
- dermatology (R2)

# MRCP(UK) data

<b>stage</b>	<b>full MRCP(UK) approx percent</b>			
all UK CT2 trainees	58			
ST3 applied		71		
ST3 appointable			82	
ST3 offered				95

# competition ratios

(applications, not candidates, per post)

## too high

- cardiology 15
- gastroenterology 10
- respiratory 9.5
- neurology 6.4
  
- ?ID & TM

## OK

- renal 6.5
- endo / diabetes 5.8
- geriatric med 5.2
- acute med 5
- palliative med 4.8
- haematology 4.4
- dermatology 4
- rheumatology 4
- medical oncology 3.6
- GUM 3.5

# competition ratios

## too low

- CPT 2
- sport & ex 2
- rehab 1.4
- nuclear med 1.3
- clin neurophys 1.2
- clin genetics 1
- metabolic med 1

## far too low

- immunology 0.8
- audiology 0.4

## uncertain, prob too low

- allergy
- pharmaceutical med
- occupational med
- G(I)M
- med ophthalmology

# multi-application

- falsely elevates competition ratios
- deaneries / specialties unaware of their 'back-up' status
- actual overall is about 1.2 to 1
- but candidates don't know about half of med ST3 specialties
- candidates assume low post numbers = high competition ratio

# recruitment in 2012

- all specialties to be coordinated
  - move to single (cascadable) application per specialty
- all medical ST3 specialties same time period
  - to allow PACES results
  - offers period & holding
- new specialty – ICM
  - from CMT, ACCS, anaesthetics
  - joint CCT with acute, renal, respiratory med

# further information

curriculum: [www.JRCPTB.org.uk](http://www.JRCPTB.org.uk)

ST3: [www.ST3recruitment.org.uk](http://www.ST3recruitment.org.uk)