

# **The Mersey Deanery School of Medicine/RCP CMT Pilot**

**Wednesday 21<sup>st</sup> March 2007**

**Rob Gillies  
Winnie Wade  
Joe Booth**



**Royal College  
of Physicians**  
Setting higher medical standards

# Overview

- The CMT curricula and e-portfolio
- Pilot in the Mersey Deanery
- Assessment system for CMT
- Lessons learnt from pilot
- Implementation
- Demo of e-portfolio

# CMT Implementation

- General Internal Medicine (Acute) Curriculum
- Generic Curriculum
- e-portfolio
- Assessment



# The Curricula



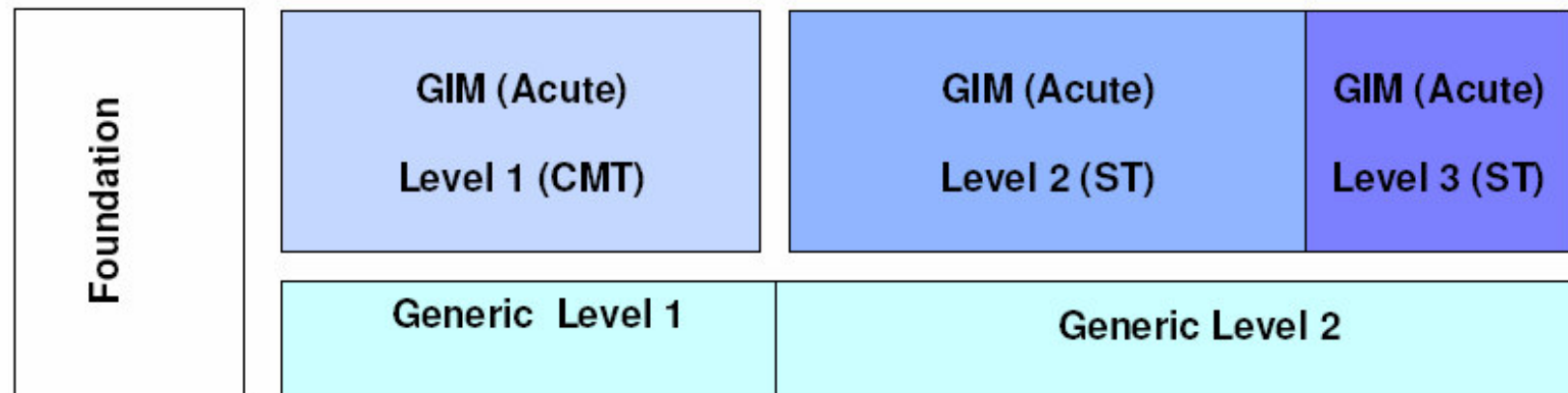
**The Physician of Tomorrow**  
Curriculum for  
**General Internal Medicine (Acute Medicine)**  
Federation of the Royal Colleges of Physicians



**Generic Curriculum for the  
Medical Specialties**  
Federation of the Royal Colleges of Physicians

# Relationship of Curricula – Training in GIM (Acute) ONLY

CCT GIM (Acute)



Selection

Allocation



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# The CMT e-Portfolio

- Learning development
- Recording achievements

# Portfolio

- Brings the 'Curriculum to life'
- Can't have one without the other!

# MDSM / Federation of the RCP Pilot

## Background

- Pilot commenced August 2006
- 160 ST1 and ST2 trainee doctors and equivalent number of Educational Supervisors involved in the Pilot
- Local induction for trainees
- Local training for Educational Supervisors

# Joint Pilot Cont...

- Curricula
  - Generic
  - General Internal Medicine (Acute Medicine)
- e-Portfolio
- Workplace-based assessment methods



# Supervisor's Role

- Use the new curricula regularly with trainees
- Relate the curricula to the management of patients
- Have regular appraisal meetings
- Use outcomes of assessment to inform learning development and learning goals
- Encourage trainees to use the portfolio.



# Trainee's Role

- CMT is **Trainee-led**
  - Knowledge of Curricula content
  - Awareness of expectations at RITA for progression
  - Assessments
  - Maintaining Portfolio
  - Arranging times for Appraisal



# Ongoing Evaluation

- Separate focus groups held for ST1 and ST2 trainees in December
- Educational Supervisors invited to two support meetings to provide feedback on their experiences in December
- Supervisors and trainees sent an electronic questionnaire
- April focus group meetings with Supervisors and trainees



# PMETB Approval of Curricula and Assessment Systems

- Curriculum Approval Panels
- Assessment Panels
- PMETB 9 Principles of Assessment

# Assessment Systems

- Compliance with Principles 1,2 and 5
- Plans for complying with all the Principles
- Blueprint
- 32 page application form

# PMETB Requirements

- Overall purpose of assessment system
- Package of assessments, rationale for choice
- Information for trainees
- Which assessments are appropriate for each stage



# PMETB Requirements cont..

- Integration of workplace-based assessments and examinations
- Requirements for progression
- Describe mechanisms of feedback to trainee
- Lay input into assessment development



# An Integrated Assessment System

Maps assessments on to a curriculum in a systematic way to ensure appropriate sampling

# Blueprinting

|              | Assessment 1 | Assessment 2 | Assessment 3 |  | Assessment X |
|--------------|--------------|--------------|--------------|--|--------------|
| Competency 1 | •            |              | •            |  |              |
| Competency 2 |              | •            |              |  | •            |
| Competency 3 |              |              | •            |  |              |
|              |              |              |              |  |              |
| Competency x | •            |              |              |  |              |

# MRCP (UK)

- Part 1 - ESSENTIAL
  - Part 2 written -
  - PACES -
- DESIRABLE

Completion of MRCP will facilitate getting onto the next stage, especially for competitive specialties

# Workplace-based Assessment Methods

- mini-Clinical Evaluation Exercise (mini-CEX)
- Directly Observed Procedural Skills (DOPS)
- Multisource Feedback (MSF)
- Case-based Discussion (CbD)
- Acute Care Assessment Tool (ACAT)



# Decision aid for RITA C

|  | <b>RITA<br/>Month 8</b> | <b>RITA<br/>Month 16</b> | <b>RITA<br/>Month 23</b> |
|--|-------------------------|--------------------------|--------------------------|
| <b>Emergency Presentations</b>                 |                         |                          |                          |
| <b>Top 20 Presentations</b>                    |                         |                          |                          |
| <b>Other Presentations</b>                     |                         |                          |                          |
| <b>Procedures</b>                              |                         |                          |                          |
| <b>Generic Competencies</b>                    |                         |                          |                          |
| <b>Examinations</b>                            |                         |                          |                          |
| <b>ALS</b>                                     |                         |                          |                          |
| <b>Minimum number of workplace assessments</b> |                         |                          |                          |
| <b>Events giving cause for concern</b>         |                         |                          |                          |

# Lessons learnt from Mersey Pilot

- The trainee 'owns' the portfolio and is the main author
- Educational Supervisors have authority to sign-off competence
- Blanket sign-off must be informed by evidence - some Supervisors still see it as box ticking exercise

# Lessons learnt from Mersey Pilot

- Workplace-based Assessments (WbA) should generate evidence of competence not just satisfy a quota requirement
- PDP is a continuum - not just for the current post



# Lessons learnt from Mersey Pilot

- e-portfolio makes it possible to do RITAs efficiently for large numbers of trainees
- Preferable for consultants to conduct more Workplace-based Assessments than SpRs
- Trainee found e-portfolio easier to use than paper-based version
- The technical problems with e-portfolio were resolved quickly

# Lessons Learnt from Mersey Pilot

- Curricula
  - Trainees able to focus their learning
  - Shift in culture to focus on curricula
- Assessment
  - Electronic version of forms useful
  - Trainees value feedback from Supervisors
  - Skills of assessors varied

# Lessons Learnt from Mersey Pilot

- Appraisal
  - Very positive from both Supervisor and Trainee
  - Personal Development Plan widely used and central to the process
- Other
  - Anxiety regarding selection process

# Implementation

- Deanery asked to select an e-portfolio clinical “champion” and administrative lead
- Training for supervisors ongoing
- Intention to develop the e-portfolio for Specialty Training

# Summary

- The CMT curricula and e-portfolio
- Pilot in the Mersey Deanery
- Assessment system for CMT
- Lessons learnt from pilot
- Implementation

# Demo of e-portfolio

# 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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Reply with Changes... End Review...

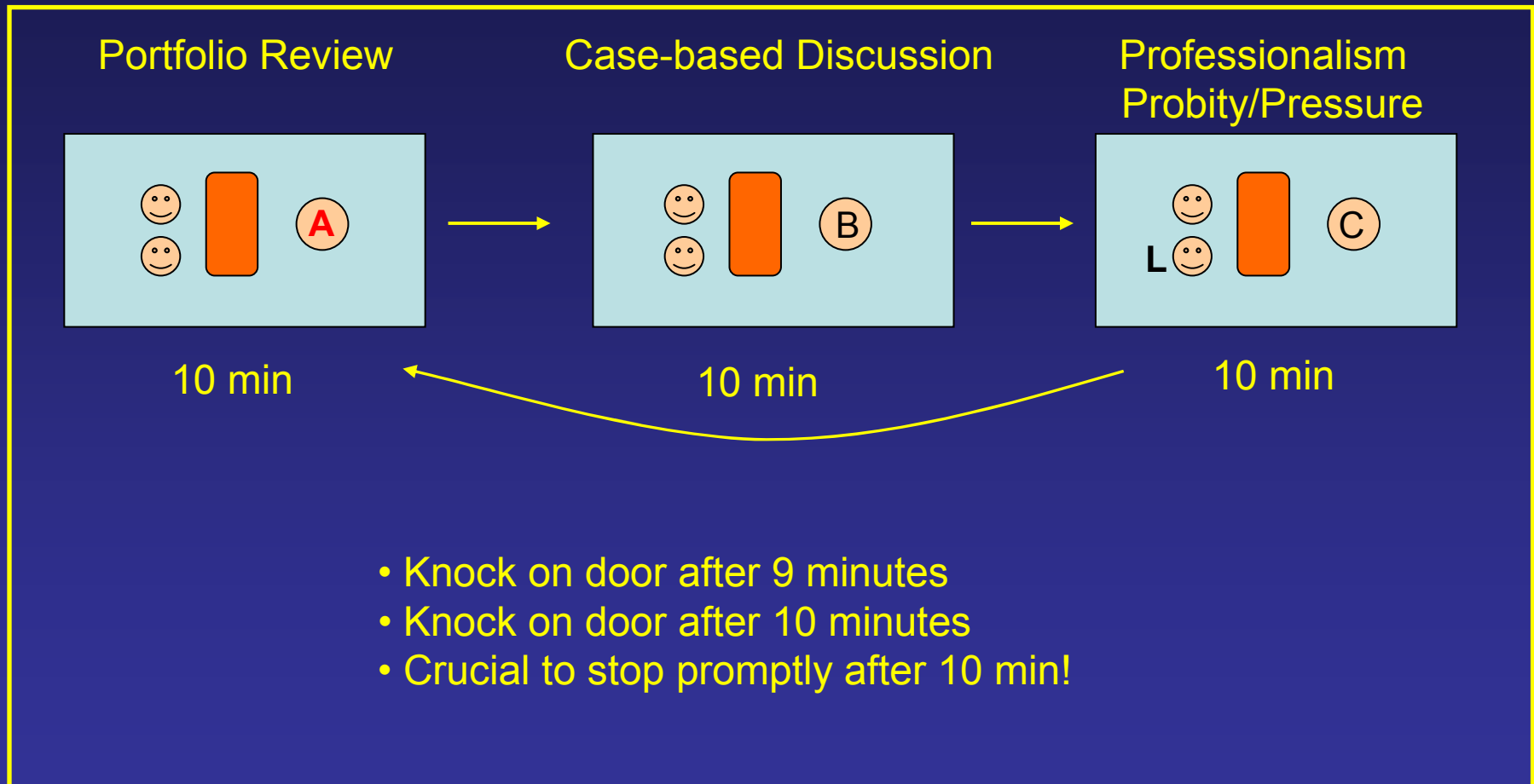
G25 PM: Steve Agius & Dr Majeed

|    | 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        |   |       |                                  |   |       |                                 |   |       |

Panel 1 /

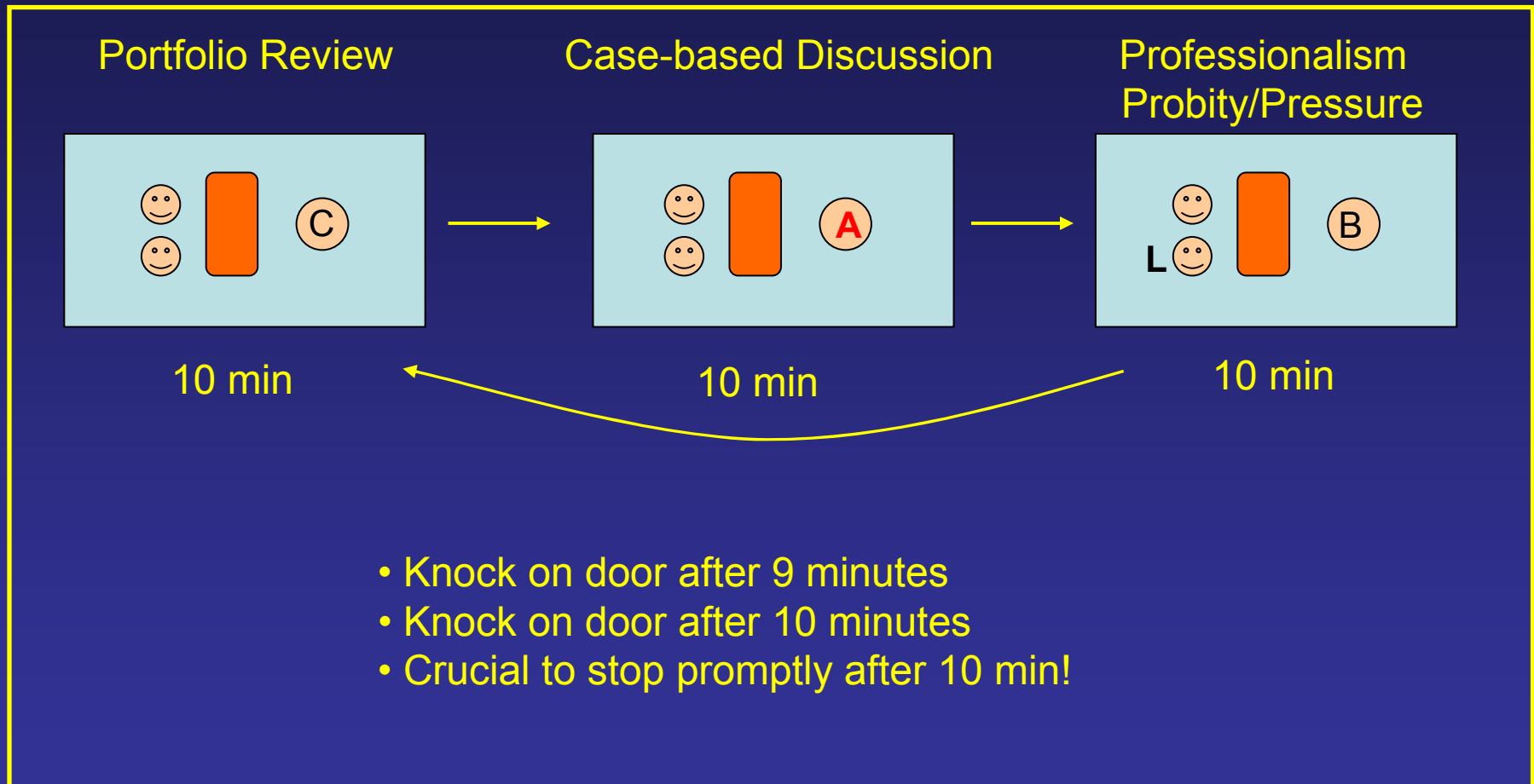
### 3. How each 40 minute cycle will run

30 minutes interviewing: candidates A,B and C



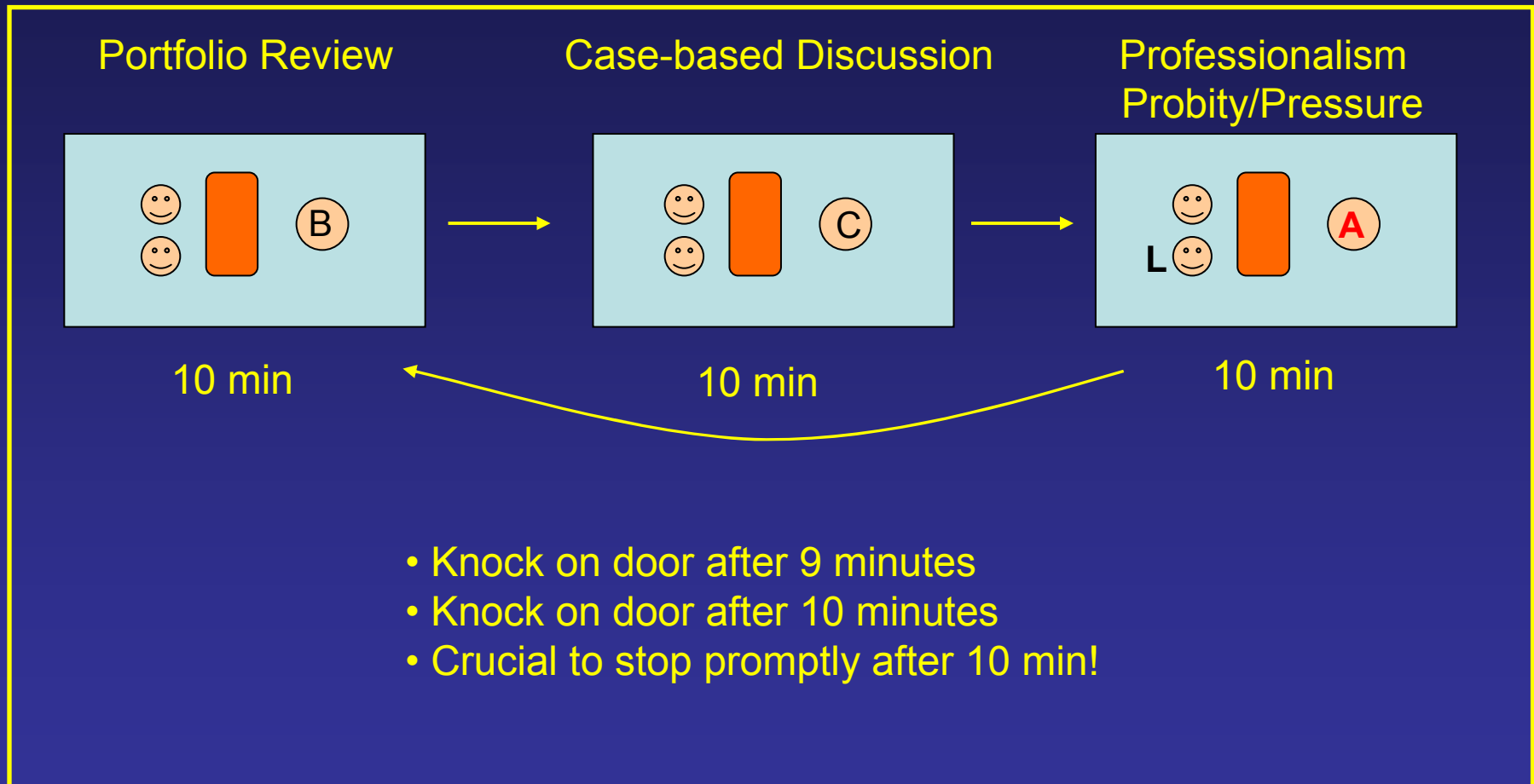
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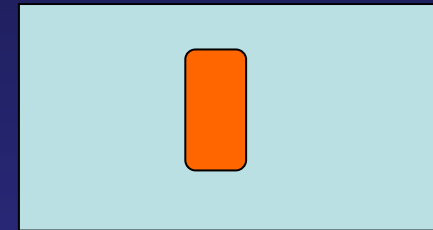
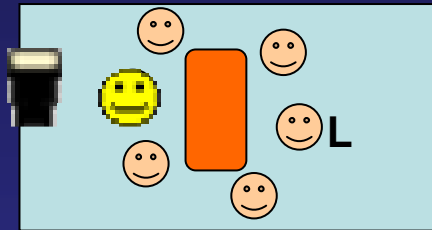
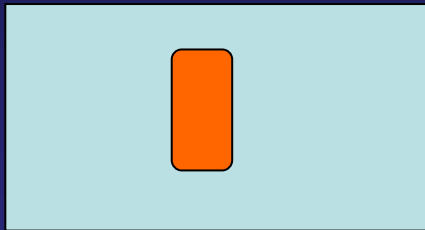
### 3. How each 40 minute cycle will run

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!

## CMT INTERVIEW ACADEMIC CHECKLIST

### CANDIDATE DETAILS

|                    |  |
|--------------------|--|
| Full Name          |  |
| Candidate Ref. No. |  |

PLEASE COMPLETE THE FOLLOWING:

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

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

**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**

|                  |                      |
|------------------|----------------------|
| 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**

## 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

## 8. End of session 'wash up'

Resolve any marking problems

Complete scenario feedback forms

Complete selection process feedback form

### CMT Scenario Feedback Form

|                                  |  |
|----------------------------------|--|
| Scenario Ref. No.                |  |
| CMT 1 or 2                       |  |
| Clinical or Ethics/Communication |  |
| Date Used                        |  |

Please rate quality of scenario

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

Please rate usefulness of indicators

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

Do you think we should use this scenario again? .....

Suggestions for improvement

.....

.....

.....

.....

# 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:

.....  
.....  
.....  
.....

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

