



From the medical director

by Professor Bill Burr



Working together to improve Workplace-Based Assessment

Special points of interest:

- Improvements planned for WPBAs
- MRCP(UK) and ST3 selection
- RCPE's Charter for Medical Training

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Workplace-Based Assessments—JRCPTB working group

In October 2010 the Workplace-Based Assessment Forum (a joint meeting between the Academy of Medical Royal Colleges, the GMC and COP-MeD) highlighted a number of issues of concern and growing discontent with the current use of workplace-based assessments (WPBAs) in postgraduate medical education. At the same time, large numbers of complaints were being received at RCPL regional visits and at Heads of Schools meetings, concerning the excessive numbers of WPBAs which were required, the feeling that the whole process was a “tick box” exercise, and the perception that WPBAs (with the exception of multi-source feedback) failed to identify trainees in difficulty.

“Crucial work for 2011/12”

In response, JRCPTB convened a multi-specialty working group to take forward work on modifying WPBAs. At the same time, a GMC group is working on solutions to the problems identified by the forum. JRCPTB is represented on this group and taking note of its recommendations.

We regard this as crucial work to be accomplished in 2011/12, and I am pleased to report that considerable progress has been made with a

number of principles already having been established:

1. We need fewer WPBAs, but of higher quality.
2. The formative nature of WPBAs needs to be emphasised and we are considering whether supervisor feedback should be mandatory.
3. We are looking to separate ‘assessment of competence’ from assessments which are part of the learning process, perhaps by having:
 - Mandatory Assessments which would be recorded in the ePortfolio and which would count for progression as part of ARCP.
 - Supervised Learning Events (SLEs), with emphasis on feedback and learning development. These would be recorded but not count for progression.
4. Mandatory assessments should be on the basis of sampling to test competencies, rather than linking every competence to an assessment.
5. Forms are being modified to reduce the number of domains to be assessed.
6. The difference between “routine” and potentially life-threatening practical proce-

dures has to be recognised in the way DOPS are assessed. We have changed the process and paperwork, with recommendations for indicative numbers of formative and summative assessments.

This is ongoing work and there are a number of aspects which still need to be addressed which include:

- The role of the Educational Supervisor’s report
- Production of guidelines for giving effective feedback
- Should assessments be entirely trainee-led?
- Identification of key competencies for curricula
- Details of the required numbers of SLEs and mandatory ‘summative’ assessments.
- Guidance on how underperforming trainees will be managed in relation to numbers of WPBAs required.

Colleagues will be aware of the fact that there are strongly-held and widely-differing views about WPBAs. When the group makes recommendations, these will be shared with Heads of Schools, trainees and other stakeholders, and changes will be piloted before final recommendations are made.

Enrolment and ePortfolio

Enrolment

We are currently in the process of collecting the details of all trainees recruited to date from the central recruitment office and each of the deaneries. This information will be used to contact trainees to enrol via our new enrolment system. This new enrolment system has been designed in order to make it as easy as possible for trainees to enrol whilst also maintaining data integrity. We have so far invited nearly 900 trainees to enrol and hope to start contacting specialty trainees from the beginning of October. Anyone who has not received an invite to enrol by 1st November should contact the enrolments team on enrolments@jrcptb.org.uk. Whilst waiting for an invite local teams can set trainees up on the ePortfolio.

ePortfolio

The ePortfolio has seen a number of updates over the summer including:

- ARCP form updated to match the Gold Guide specified form
- Addition of an interim review form (to be released shortly)
- Ability to link trainees to training programmes
- Development of the Programme Director role so any trainee in a programme which the Programme Director is linked to is immediately visible.

We are also awaiting the delivery of the following items:

- Ability for Programme Directors, administrators etc to assign themselves to a training programme
- To add approved locations to training programmes, so trainees can only be added to hospitals that have been approved for training in that programme
- Migration of existing trainee

data to the new training programmes

- Removal of any irrelevant curricula from a trainee's ePortfolio

If you would like more information about how to use the ePortfolio please look at our user guides and short videos published on the ePortfolio section of the JRCPTB website.

We are aware that recent incidents caused serious problems for users – the launch of the ARCP form in July and the inclusion of the CMT curriculum in August. We apologise unreservedly for these problems and would like to reassure everyone that we are working closely with the provider NES to improve the governance and management of the ePortfolio.

If you have any suggestions for the development of the ePortfolio please contact our ePortfolio team at:

ePortfolioteam@jrcptb.org.uk.

Kirstin Barnett

Collegiate membership

Would you like to pay your training fees in annual instalments and benefit from a range of educational and training resources?

All trainees registered with JRCPTB can choose to pay their training fee in annual instalments through one of the Royal Colleges of Physicians of the UK (Edinburgh, Glasgow or London) alongside College membership fees, which are tax deductible. This payment option provides cash flow advantages plus opportunities to access a wide range of educational and other membership benefits of direct relevance to trainees, from FY through to CCT, at competitive rates.

Membership benefits and services include free access to the online CPD diary (a saving of £120), regular receipt of the College journal, online and offline educational and professional resource, information, toolkits and events, plus many other exclusive member offers.

For more information about each College's membership schemes and how to join please visit their individual websites:

- Royal College of Physicians Edinburgh: <http://www.rcpe.ac.uk/about/join/index.php>
- Royal College of Physicians and Surgeons Glasgow: <http://www.rcpsg.ac.uk/FellowsandMembers/Pages/>
- Royal College of Physicians London: <http://www.rcplondon.ac.uk/join>

If you are interested in applying for membership of one of the three Colleges, please ensure that you have enrolled with the JRCPTB first.

Curriculum and assessment

We have been receiving a number of queries from trainees asking which higher specialty training curriculum they should be on. If you are a trainee and are unsure about which curriculum you should be following please see the following guidance which should help to answer your question:

1. All trainees who commenced specialty training in an ST3 post (ST4 post for Paediatric Cardiology trainees) between 1st August 2007 and 31st July 2010 should follow the 2007 version of their specialty curriculum, unless they chose to transfer onto the 2010 curriculum.

2. All trainees who commenced specialty training in an ST3 post (ST4 post for Paediatric Cardiology trainees) from 1st August 2010 onwards will be following the 2010 version of their specialty curriculum.

This rule applies to:

- All trainees who have just completed their core training programme and are progressing into an ST3 post,
- All trainees who deferred entry and commenced training in an ST3 post after 1st August 2010

- All trainees who may have undertaken a LAT, OOPE, OOPR between core training and specialty training,

Except in the case of trainees who received their NTN or receipt of formal confirmation of an entitlement to be awarded an NTN before August 2010, immediately entered a period of OOPR or OOPE and didn't start **clinical** training until after 1st August 2010, and whose training would be prolonged if they worked to the 2010 curriculum. These trainees will be permitted to remain on the 2007 curriculum.

Hannah Watts

MRCP(UK) examination

There have been three recent announcements regarding the MRCP(UK) examination which have great importance for Foundation and CMT doctors who are considering careers in one of the medical specialties.

1. **TAKING PART 1 MRCP DURING FOUNDATION TRAINING** We understand that the Postgraduate Deans are to allow F2 doctors to have examination leave (i.e. one day's paid leave) in order to take professional exams, and that they will not attempt to dissuade these trainees from taking such exams. This should facilitate taking of MRCP Part 1 during the F2 year, and increase the chance of completing MRCP(UK) during CMT.
2. **ACCEPTING ST3 OFFERS CONDITIONAL ON COMPLETING MRCP(UK) BEFORE AUGUST 2012** The English Programme Board reviewed their decision to make possession of full MRCP(UK) a condition for accepting ST3 offers in May 2012. We are pleased to report that the decision was reversed, so that ST3 offers can now be provisionally accepted by applicants who hope to complete the full examination prior to commencing a post in August 2012. Read the full statement [here](#).
3. **MRCP(UK) PACES ANNUALISED PASS MARK AND RESULTS RELEASE** To facilitate and streamline candidate progression through the PACES examination to complete MRCP(UK) the Central Office has been looking into ways of releasing PACES examination results more quickly.

MRCP(UK) made a submission to the GMC earlier this year with the aim of changing the way in which the pass standard for PACES is set, moving from a retrospective to a prospective pass standard. Setting the pass mark in advance will allow results to be processed and published on the MRCP(UK) website www.mrcpuk.org within 10 working days of the candidate's examination date for those attempting PACES in the UK and within 15 working days of a candidate's examination date overseas.

This change will be introduced for PACES candidates from **October 2011** onwards. The annual pass standard for 2011-12, which will be published on the [MRCP\(UK\) website](#), has been agreed and set by the Clinical Examinations Board (CEB) and is **unchanged** since it was introduced at the 2010/3 PACES examination.

We hope that the combined effect of these changes will considerably reduce the pressure on trainees who are planning to achieve the entry requirements for ST3 posts in the medical specialties.

ACUMEN - e-Learning for Healthcare

New Content for ACUMEN – 150 e-learning modules and counting!

ACUMEN is the Federation of Royal Colleges of Physicians' e-learning package for all trainees in the UK who are working in core medicine, general medicine or acute medicine, developed in partnership with the Department of Health. The ACUMEN team has been working throughout 2011 to develop new content to broaden the range of presentations covered and deepen the knowledge offered within the e-learning sessions. The result is a major release of new content at the end of September 2011 comprising a total of around 50 e-learning sessions and bringing the total available to around the 150 mark.

The new content consists of knowledge sessions under the topics of *Cardiovascular*, *Gastroenterology*, *Infectious Diseases*, *Neurology* and *Respiratory*, together with 18 brand-new scenarios covering the following presentations;

- Cardio-respiratory arrest
- Hoarseness and stridor
- Breathlessness
- Immobility
- Cough
- Medical complications following surgery
- Fever
- Micturition
- Haemoptysis
- Speech disturbance
- Syncope/pre-syncope
- Unsteadiness

These new scenarios and knowledge sessions are highly engaging and interactive and make full use of video, animations, images, feedback and assessment questions to help trainees build their understanding of the topics.

Access to ACUMEN is **free of charge** and can be accessed from any internet-enabled computer. To register, go to <http://www.e-lfh.org.uk/projects/acumen/register> and follow the on-screen instructions.

Quality management of training

Annual Specialty Report

The Specialist Advisory Committees (SAC's) have been issued with the new template for this year's GMC Annual Specialty Report. The deadline for submitting draft reports to the JRCPTB is 1st December. The Quality Management Team will be offering guidance on completing the report at the SAC Chairs day on 9th November. Any Chairs / QM Leads not able to attend can contact Vicky Ong for advice on completing the report: victoria.ong@jrcptb.org.uk

GMC Survey Review

Thank you to all SAC's who provided comments on the GMC Trainee and Trainer survey. These have fed into the GMC

wider exercise to gather feedback from all stakeholders which they have summarised in the new Briefing Note 2 which has been distributed to SACs.

Key points to note from this are:

- The GMC survey is a valuable tool used by colleges, deaneries and the GMC for quality management of training.
- Improvements to the GMC survey could eliminate the need for multiple surveys across different organisations.
- The survey questions need to be more focused and fewer in number – the GMC

are investigating the possibility of having a core set of questions asked every year and themed question sets asked less frequently.

- From 2012 trainees & trainers will no longer require an invite or unique code before they can respond to the survey.
- From 2013 longitudinal data reports will be available - particularly important for small specialties and many of our 29 medical specialties.

The SAC's are rewriting the specialty specific questions during their autumn meetings.

Jane Cannon

Getting involved in quality improvement

The “Learning To Make a Difference” (LTMD) initiative has been a successful RCP/JRCPTB/Health Foundation collaboration to support the learning and development of new and relevant skills in quality improvement (QI) methodology by physician trainees and enable delivery of effective QI projects at the frontline. Core medical junior doctors in five Deaneries were offered the opportunity to undertake a QI project in place of a mandatory clinical audit during 2010/11. Evaluation of the project outcomes has demonstrated the acceptability, feasibility and strengths of trainee-led small scale change and how this can deliver improvement in the quality of multidisciplinary working, clinical practice and/or patient

outcomes.

The LTMD project supports the further development and spread of this approach to enable all physician trainees, and their supervisors, to understand, develop and embed the appropriate skills in QI methodology in order to improve the quality and safety of care given to patients. This spread is underway alongside development of the essential need to underpin this approach with a coherent framework and infrastructure focused on the junior doctor which is integral to clinical practice and enables lifelong learning in QI throughout a physician’s training and career.

We are recommending trainees should be offered the choice of completing a QI project or a clinical

audit within a training year. For trainees completing a clinical audit, a QI approach should be used in the 'implementing change' part of the clinical audit cycle. The trainee needs active support and guidance from consultant supervisors to help identify learning opportunities relating to quality improvement.

The LTMD website (<http://www.rcplondon.ac.uk/resources/clinical-resources/learning-to-make-a-difference>) provides further information on how you may get involved or please contact LTMD@rcplondon.ac.uk or the LTMD Clinical Lead, Dr Emma Vaux on emma.vaux@rcplondon.ac.uk or emma.vaux@royalberkshire.nhs.uk.

Dr Emma Vaux



Charter for medical training

The Royal College of Physicians of Edinburgh (RCPE) has published a Charter for Medical Training in response to what it believes has been an erosion in the balance between training and service provision.

The Charter is relevant to all doctors working in the medical specialties in the UK and is based on five guiding principles –

- patient safety and care is paramount;
- all parties recognise that training and service elements must be balanced;
- trainees are valued for their service contribution;
- trainees are actively involved in the training process; and
- training is fair, based on principles of equality and fosters the development of professionalism

The Charter lays out a series of detailed commitments of which the most significant is that all trainees and their trainers should receive protected time for clinical training.

The Charter was initiated and developed by the RCPE Trainees & Members’ Committee, in order to improve support for trainees, and has the full backing of the RCPE. The RCPE has urged all parties involved in training throughout the UK to commit to its implementation.

The Charter can be accessed at <http://www.rcpe.ac.uk/policy/charter-for-medical-training.php>

Specialty recruitment

The Royal College of Physicians of London has completed its third year of coordinating national recruitment to core medical training (CMT) and specialty training year 3 (ST3) medical specialties. In 2011 the RCP increased its specialty recruitment from five to 13 specialties, adding acute medicine, clinical pharmacology and therapeutics, genitourinary medicine, haematology, neurology, palliative and respiratory, with dermatology joining in the second round.

The recruitment process builds on the success of previous years with high fill rates. In CMT there were 2,683 candidates competing for about 1,250 posts across two rounds of

recruitment. In 2010 and 2011, every eligible candidate who applied to CMT in round 1 was offered an interview, 92% at their first-choice deanery. By the close of recruitment, CMT achieved 98.3% fill rate.

Round 1 for ST3 saw 90% of substantive posts filled. A second round of recruitment is currently underway for ST3 for unfilled and newly arising posts. The interviews will take place in September and October.

Feedback from candidates, deaneries and interviewers is positive and the RCP will look to continue this success in 2012. Recruitment to CMT will now be combined with recruitment to acute care common stem (a c u t e m e d i c i n e)

for CT1 posts. A single application form and interview will provide a more efficient process. In addition, the number of ST3 specialties will increase with infectious diseases and rehabilitation medicine already confirmed. As before, candidates are able to make multiple ST3 applications. The RCP Specialty Recruitment Office would like to thank all those who have supported recruitment by assisting with interviews.

If you would like to find out more about specialty recruitment visit:
www.cmtrecruitment.org.uk or
www.st3recruitment.org.uk

Dr Liz Berkin

The **Joint Royal Colleges of Physicians Training Board (JRCPTB)** is a body of the Federation of Royal Colleges of Physicians of the UK, and is responsible for delivering the three Colleges' role in setting and maintaining standards for physician specialist training in the UK. Here are just a few of JRCPTB's responsibilities:

- Reviews and updates specialty curricula and submits them to the GMC for approval.
- Advises on the quality management of training programmes
- Provides professional support and advice to individual trainees.
- Works with the GMC to develop appropriate performance and knowledge assessment mechanisms to evaluate trainees competence.
- Enrols trainees on to training programmes, confirming the fulfilment of entry requirements at both core and specialty levels, and when appropriate, the provisional CCT date.
- Continually monitors the progress of all trainees maintaining both paper and electronic records as required and making use of the JRCPTB ePortfolio.
- Works in co-operation with the MRCP(UK) central office in the development of specialist examinations.



JRCPTB contacts

If you need to contact someone at JRCPTB or have a question regarding enrolment, training or approval recommendations for training programmes please get in touch with the appropriate member of our team listed below*.

To call, please dial 020 3075 followed by the extension.

*(Information correct as of September 2011)

| Name | Role | Contact information |
|-------------------------|---|--|
| Professor Bill Burr | Medical Director | Lynne.Katz@jrcptb.org.uk Ext 1245 |
| Dr Liz Berkin | Deputy Medical Director | Agnes.Chelminska@jrcptb.org.uk Ext 1299 |
| Dr Emma Vaux | Associate Medical Director | Agnes.Chelminska@jrcptb.org.uk Ext 1299 |
| Professor James Barrett | Associate Medical Director | Agnes.Chelminska@jrcptb.org.uk Ext 1299 |
| Nicholas Grant | Head of JRCPTB | Agnes.Chelminska@jrcptb.org.uk Ext 1299 |
| Hannah Watts | Curriculum and Assessment project manager | Hannah.Watts@jrcptb.org.uk Ext 1621 |

For enquiries relating to Specialist Advisory Committees, including agendas and paperwork for meetings, please contact the relevant member of the Committee Services team below.

| Name | Role | Contact information |
|-------------------|--|--|
| Joanne Waterfield | Assistant Head of JRCPTB (Committee Services) for enquiries relating to membership and constitution of SACs | Joanne.Waterfield@jrcptb.org.uk Ext 1298 |
| Felicity Stuart | Committee Services Manager for CPT, Gastroenterology, G(I)M/Acute, Geriatric Medicine, Infectious Diseases and Tropical Medicine, Medical Ophthalmology, Palliative Medicine, Pharmaceutical Medicine and Rehabilitation Medicine | Felicity.Stuart@jrcptb.org.uk Ext 1337 |
| Pat Ono | Committee Services Manager for Audiological Medicine, Clinical Neurophysiology, Dermatology, Immunology and Allergy, Medical Oncology, Neurology, Nuclear Medicine, Respiratory Medicine and Sports and Exercise Medicine | Pat.Ono@jrcptb.org.uk Ext 1293 |
| Laura MacDonald | Committee Services & Quality Manager for Cardiology, Clinical Genetics, Endocrinology and DM, GU Medicine, Haematology, Metabolic Medicine, Paediatric Cardiology, Renal Medicine, Rheumatology, Stroke Medicine and Core Medical Training Committee | Laura.Macdonald@jrcptb.org.uk Ext 1535 |

For enrolment or ePortfolio enquiries please contact the relevant team below.

| Team | Type of Enquiry | Contact information |
|------------|---|--|
| Enrolments | Online enrolment, login enquiries, payments and collegiate membership, refunds and general enrolment advice | Enrolments@jrcptb.org.uk Ext 1283 |
| ePortfolio | ePortfolio support, general ePortfolio enquiries and training record enquiries | ePortfolioteam@jrcptb.org.uk Ext 1440 |

JRCPTB contacts (continued)

For general enquiries about specialty training and certification via the CCT and CESR routes please contact:

| Name | Role | Contact information |
|--|--|--|
| Stephen Beglan | Assistant Head of JRCPTB (Training and Certification) CESR enquiries | Stephen.Beglan@jrcptb.org.uk Ext 1344 |
| Max Browning | Certification and Trainee Services Manager Enquiries from trainees in Northern, North West, Wales, Severn and Peninsula deaneries | Max.Browning@jrcptb.org.uk Ext 1514 |
| Vykkie Winstanley | Certification and Trainee Services Manager Enquiries from trainees in Wessex and London | Vykkie.Winstanley@jrcptb.org.uk Ext 1476 |
| Victoria Brown (Part time - Monday to Thursday) | Certification and Trainee Services Manager Trainees in West Midlands, East Midlands & Metabolic Medicine | Victoria.Brown@jrcptb.org.uk Ext 1239 |
| Richard Colwill | Certification and Trainee Services Manager Trainees in Scotland, Mersey and Oxford plus Stroke medicine | Richard.Colwill@jrcptb.org.uk Ext 1536 |
| Caroline Nugent | Certification and Trainee Services Manager Trainees in Yorkshire, Wales, Northern Ireland and East of England. | Caroline.Nugent@jrcptb.org.uk Ext 1480 |
| My Linh Tong | Certification and Trainee Services Manager Trainees in London and KSS and the Tri Services Deanery. | Mylinh.Tong@jrcptb.org.uk Ext 1208 |
| Mumtaz Rehman (Part time - Wednesday and Thursday) | PYA and Completions Co-ordinator PYAs in General (Internal) Medicine (England deaneries) | Mumtaz.Rehman@jrcptb.org.uk Ext 1292 |

For enquiries relating to the specialty approval of training programmes and posts as well as the submission of annual specialty reports please contact our Quality team.

| Name | Role | Contact information |
|------------------|---|--|
| Victoria Ong | Assistant Head of JRCPTB (Quality Management) | Victoria.Ong@jrcptb.org.uk Ext 1298 |
| Jane Cannon | Head of Quality Management Projects | Jane.Cannon@jrcptb.org.uk Ext 1538 |
| Kimberley Archer | Quality Manager | Kimberley.Archer@jrcptb.org.uk Ext 1474 |

For information and website requests please contact our communications team.

| Name | Role | Contact information |
|--------------|---|--|
| Gareth Bland | Assistant Head of JRCPTB (Communications) | Gareth.Bland@jrcptb.org.uk Ext 1284 |
| Sylvia Filip | Database Manager and Business Process Analyst | Sylvia.Filip@jrcptb.org.uk Ext 1442 |