



Quality criteria for core medical training (CMT)

In partnership with:



Background

Core medical training (CMT) is the fundamental building block of all physicianly specialties, yet the demands placed on doctors providing acute medical services have been evident for some time.¹

A survey of all UK core medical trainees jointly conducted by the Joint Royal Colleges of Physicians Training Board (JRCPTB) and the Royal College of Physicians (London) in 2013 confirmed that heavy service demands had led to a loss of training opportunities and a wide variability in the quality of supervision. In addition, the survey confirmed that some trainees were put off pursuing a career in the acute medical specialties by their experiences in CMT and nearly half of respondents felt that they had not been adequately prepared to take on the role of medical registrar.²

In response, the JRCPTB has developed a set of quality criteria for all UK-based CMT environments, in consultation with clinical educators, doctors in training and other key stakeholders. The phrase 'quality criteria' was adopted to distinguish this project from many other initiatives seeking to raise standards.

The purpose of the criteria

The principal aims of the criteria are to enhance the educational experience of trainees, to drive up the quality of training environments and ultimately to improve patient safety and experience.

Aside from ensuring that the CMT curriculum is covered systematically over the 2-year programme, the criteria also aim to ensure that trainees gain the required experience and confidence to perform the medical registrar role on completion of the programme.

The criteria have been grouped into four domains and are classified as either 'core' or 'best practice'. While the criteria are aspirational in nature, many of them have already been implemented in various locations across the UK. The intention is to develop a culture of excellence in CMT, with all trusts and health boards having at least met the specified 'core' criteria by the end of 2016.

The way forward

The initiative will be progressed by the JRCPTB^{3,4} under the umbrella of the Federation of the Royal Colleges of Physicians and in partnership with major stakeholders, in particular Health Education England, NHS Education for Scotland, the Conference of Postgraduate Medical Deans of the United Kingdom (COPMeD) and the postgraduate deaneries in Wales and Northern Ireland.

The JRCPTB ultimately aims to incorporate key elements of the criteria into the CMT curriculum and to extend these principles into other areas of higher medical specialty training.

There is an expectation that all organisations and individuals responsible for delivering postgraduate medical education and training in the UK are aware of, and compliant with, the relevant mandatory national guidance and that they will continue to honour these. This includes the Gold Guide requirements for core or specialty training programmes,⁵ the British Medical Association *Code of practice* governing the information given to trainees during the employment process⁶ and the General Medical Council requirements for the approval and recognition of trainers.⁷

Updates will be posted on the JRCPTB website at: www.jrcptb.org.uk

CMT quality criteria (expected to be met over the course of the 2-year programme)

Domain	Quality criteria
A Structure of the programme	<p>Core criteria:</p> <p>A.1 Trainees to spend a minimum of two-thirds of placements (usually 16 months) contributing to the acute medical take, including the acute medical unit.</p> <p>Best practice criteria:</p> <p>A.i Trainees to undertake a placement in geriatric medicine (minimum of 4 months) and also have some exposure to critical care (minimum of 2 weeks) and the high dependency unit.</p>
B Delivery and flexibility of the programme	<p>Core criteria:</p> <p>B.1 Shift patterns to be structured to ensure trainee attendance at relevant post-take ward rounds and handovers.</p> <p>B.2 Trainees to undertake a minimum of 40 outpatient clinics.</p> <p>B.3 Bleep-free cover arrangements to allow trainee attendance at outpatient clinics and other learning events, eg clinical skills development for PACES assessment, as protected learning time.</p> <p>B.4 Skills laboratory and/or simulation training for all mandatory procedural skills to be provided at least once a year to supplement clinical training.</p> <p>B.5 A minimum of 1 hour of curriculum-relevant teaching to be provided per week on average, including a regular programme of direct observation of clinical skills around the PACES diet.</p> <p>Best practice criteria:</p> <p>B.i On-call days and nights in acute placements to be concentrated into blocks to facilitate continuity of care between the acute admissions area and specialty wards.</p> <p>B.ii Arrangements for 'acting up' as a medical registrar to normally be tailored to all CMT2 doctors (with appropriate supervision) once they have passed the full MRCP(UK).</p> <p>B.iii Regional teaching programmes to be provided a minimum of three times per year, plus an annual quality improvement day.</p>
C Supervision and other ongoing support available to trainees	<p>Core criteria:</p> <p>C.1 Trainees to be appropriately represented on and engaged with local professional and education committees, eg trust education committee.</p> <p>C.2 An introduction to the system of review and assessment at a departmental level (to include ePortfolio use) to be provided within 1 month of starting the programme.</p> <p>C.3 A named college tutor, or equivalent lead, to be appointed in all trusts to oversee CMT training.</p> <p>C.4 Each trainee to have a single, named educational supervisor for a minimum of 12 months, who has been selected, trained and assessed as per national guidance. The supervisor's duties and training time will be specified in their job plan according to national guidance.</p> <p>C.5 Formal interim reviews, also known as a 'pre-annual review of competence progression (ARCP) appraisal', involving a training programme director (or equivalent) to be provided to all CMT trainees pre-ARCP and the outcome to be recorded in the ePortfolio.</p> <p>C.6 The educational supervisor and trainee to discuss and agree a plan for MRCP(UK) training, to include 'before and after' meetings for each part of the examination. Trainees requiring more support should receive enhanced training and/or supervision.</p> <p>Best practice criteria:</p> <p>C.i A regional induction to be provided within 2 months of trainees starting the programme.</p> <p>C.ii Non-UK graduates to be offered the opportunity to complete a specified UK-orientation programme (in person or online) during their first month in post.</p> <p>C.iii A local annual trainee survey to be conducted which includes an evaluation of each placement.</p>
D Communication with trainees	<p>Core criteria:</p> <p>D.1 Information on expected CMT rotations to be published at the time of job offers.</p> <p>D.2 On-call rotas to normally be published at least 6 weeks in advance and to cover 4 months in length.</p>

References

1 For example, see:

Royal College of Physicians. *The medical registrar: Empowering the unsung heroes of patient care*. London: RCP, 2013. www.rcplondon.ac.uk/projects/medical-registrar-empowering-unsung-heroes-patient-care.

Federation of the Royal Colleges of Physicians. *Supporting the acute take: advice for NHS trusts and local health boards*. www.rcpe.ac.uk/news/supporting-acute-take-advice-nhs-trusts-and-local-health-boards [Accessed on 22 December 2014].

2 Tasker F, Newbery N, Burr B, Goddard A. Survey of core medical trainees in the United Kingdom 2013 – inconsistencies in training experience and competing with service demands. *Clin Med* 2014;14:149–156. www.rcplondon.ac.uk/sites/default/files/cmt_survey_of_junior_doctors_clin_med_april_2014.pdf.

3 Black D. The next generation of physicians. *Clin Med* 2014;14:565–566. www.clinmed.rcpjournals.org/content/14/6/565.full.

4 Tasker F, Dacombe P, Goddard A, Burr B. Improving core medical training – innovative and feasible ideas to better training. *Clin Med* 2014;14:612–617. www.clinmed.rcpjournals.org/content/14/6/612.full.

5 UK Health Departments. *A reference guide for postgraduate specialty training in the UK* (the ‘Gold Guide’), 5th edn. 2014. <http://specialtytraining.hee.nhs.uk/news/the-gold-guide/>.

6 British Medical Association. *Code of practice: Provision of information for postgraduate medical training*. London: BMA, 2010. <http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/accepting-jobs/code-of-practice>.

7 General Medical Council. Recognition and approval of trainers. www.gmc-uk.org/education/10264.asp [Accessed on 22 December 2014].