

# 2017 NATIONAL TRAINEE SURVEY RESULTS

CORE MEDICAL TRAINING  
SPECIALTY SPECIFIC QUESTIONS  
(QUALITY CRITERIA)

JULY 2017

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## Introduction

The Core Medical Training (CMT) Quality Criteria has been developed with the purpose of driving up the quality of training environments for Core Medical Training to enhance the educational experience of trainees and ultimately to improve patient safety and experience.

The criteria have been grouped into four domains and are classified as either 'core' or 'best practice' and are expected to be met over the course of the two year programme. The four domains are:

- A - Structure of the programme
- B - Delivery and flexibility of the programme
- C - Supervision and other ongoing support available to trainees
- D - Communication with trainees

Questions relating to each of the domains have been developed and these were included in the 2016 GMC Trainee Survey as Programme Specific Questions. The details of these questions and the trainee responses can be found within this report.

2780 CMT trainees (1412 CMT1s and 1368 CMT2s) completed the survey. This was a decline of 4.6% (132 CMT trainees) on the number of trainees completing the 2016 survey. The numbers of trainees in each Deanery / LETB completing the survey were as follows:

Deanery / LETB	CMT1	CMT2
Defence Postgraduate Medical Deanery	1	2
Health Education East Midlands	74	62
Health Education East of England	120	107
Health Education Kent, Surrey and Sussex	103	91
Health Education N, C & E London	104	96
Health Education North East	62	65
Health Education North West	164	180
Health Education NW London	79	54
Health Education South London	100	105
Health Education South West	84	78
Health Education Thames Valley	31	49
Health Education Wessex	50	61
Health Education West Midlands	104	99
Health Education Yorkshire and the Humber	106	120
NHS Education for Scotland	115	87
Northern Ireland Medical & Dental Training Agency	41	52
Wales Deanery	74	60
<b>Total</b>	<b>1412</b>	<b>1368</b>

## Executive Summary

Core Medical Trainees surveyed reported an increase in the Quality Criteria being met in 12 of 17 criteria, however there was a 4.6% decline (132 trainees) in the number of trainees completing the 2017 National Trainee Survey, compared to 2016. This was particularly noticeable in CMT2, down 7% (104 trainees). Significant regional differences in terms of trainees agreeing that Trusts were meeting the CMT Quality Criteria standards were also noted. Differences varied from region to region across the breadth of the criteria with regions rating highly in some areas but poorly in others. Wessex was most improved, rising from quartile 1 in 2016 to quartile 4 in 2017.

High levels of agreement nationally that the criteria were being met were in the following areas:

- 94% of trainees agreed they have a single, named Educational Supervisor appointed to oversee CMT training for an minimum of 12 months, although **Northern Ireland was an outlier in this criteria with only 34% of trainees in agreement\***. More than 90% of trainees in 14/17 regions have reported this criteria being met in each of the last two years.
- 90% of trainees agreed they received one hour or more curriculum relevant teaching on average each week. More than 90% of trainees in 7/17 regions have reported this criteria being met in each of the last two years.
- 86% of trainees agreed they had on-call rotas that covered 4 or more months in length
- 82% of trainees had the opportunity to attend skills laboratory or simulation training (using scenario) at least once a year
- 80% of trainees agreed they had had, or will have a formal interim (pre-ARCP) review

The lowest levels of agreement nationally were recorded in the following areas:

- 21% of trainees overall expected to have attended 40 or more outpatient clinics by the end of their CMT programme
- 24% of CMTs overall agreed they normally have protected teaching time at outpatients clinics, where their attendance is bleep-free
- 27% of trainees overall agreed they normally have protected teaching for formal training (eg. PACES) where their attendance is bleep-free

The widest range between the regions with highest and lowest percentages of trainees reporting the standard was being met were in the following indicators:

- C4: Single named Educational Supervisor for minimum of 12 months **66** [34-100]
- B2: Expected to have attended 40 or more outpatient clinics by the end of their CMT programme **53** [4-57]
- A1: Expected to have spent 16 months or more in placements contributing to the acute take by the end of their CMT programme **52** [19-71]

\* CMT posts are all for six months, often in sites which are a significant distance apart. Northern Ireland have made a decision within the School to continue to allocate locally based supervisors for each six months.

In terms of overall improvements, greatest improvement was seen in Delivery of the programme (Domain B) with increases in 6/8 indicators. The biggest increase in this domain was in the opportunity to attend skills laboratory or simulation training, **up 9% on 2016 and 19% over the last two years** with increases seen in many regions including: Wessex (+30% to 60%) Wales (+24% to 88%), North East (+22% to 70%), Kent, Surrey and Sussex (+17% to 82%), North West (+16% to 82%), Scotland (+13% to 81%), Thames Valley (+10% to 87%), Northern Ireland (+8% to 63%), East Midlands (+7% to 98%) and West Midlands (+7% to 58%).

54% of trainees overall agreed they had the opportunity to 'act up' as a medical registrar, up 7% on 2016. 72% of trainees were in agreement in Scotland, however less than 33% of trainees agreed they had had the opportunity in Thames Valley, 35% in the North East, and 40% in East Midlands. Of the trainees who had had the opportunity, 39% had done so after MRCP(UK), up 8% on 2016. The highest numbers having the opportunity prior to MRCP(UK) were in Scotland (31%), Kent, Surrey and Sussex (22%) and Northern Ireland (17%).

24% of trainees overall agreed they normally had protected bleep-free teaching at outpatient clinics, up 5% on 2016 with 27% of trainees overall agreeing they had protected time for formal training (eg. PACES). Some regions rated highly for providing bleep free protected time at formal training but rated poorly for the provision of teaching at outpatient clinics and vice versa. Examples of this include:

- West Midlands: Formal Training (eg. PACES) 49%      Outpatients Clinics: 16%
- East Midlands: Formal Training (eg. PACES) 47%      Outpatients Clinics: 26%
- South West: Formal Training (eg. PACES) 31%      Outpatients Clinics: 10%

The number of trainees agreeing they expected to have attended 40 or more outpatient clinics by the end of their CMT programme was low with only 21% of trainees overall but this was an increase of 4% on 2016. This was highest in Wessex with 57% of trainees (+54% on 2016), West Midlands with 47% (-10%) and London (NW with 44% (+12%)) of trainees expecting to meet the criteria, but particularly low in Kent, Surrey and Sussex (4% and -8% on 2016), East of England (5%, +2% on 2016) and North East (6%, -2% on 2016).

Increases of 5% or more were recorded in other domains as follows:

69% of trainees overall agreed they had the opportunity to attend a departmental induction to training assessment and review within one month of starting the CMT programme. **This was a 5% improvement** on responses to this question in 2016 with notable improvements seen in London (NW) (17%) and East Midlands (12%).

69% of trainees overall agreed that they were given enough information about possible rotations within their CMT programme. **This was a 5% increase on the 2016 results with an increased percentage of trainees in 14/17 regions reporting the criteria was being met on this indicator.**

57% of trainees overall agreed CMT trainees were appropriately represented on professional/education committees. **This was a 7% overall increase on the 2016 results.** There were notable increases in the following regions: North East (+33%), Wessex (+21%), West Midlands (+19%), South West (+18%), Scotland (+15%), and Wales (+12%).

## Specialty Specific Questions (Quality Criteria)

Quality Criteria	% trainees agreeing overall	2016/2017 Difference	Agreement Highest	Agreement Lowest	% difference [Range]
A1: Expected to have spent 16 months or more in placements contributing to the acute take by the end of their CMT programme	2016: 49% (717/1472) 2017: 48% (655/1368)	-1%	KSS (71%) North West (67%) Northern Ireland (62%)	London (NW) (19%) North East (20%) London (South) (24%)	<b>52</b> <b>[19-71]</b>
B1: Shift patterns allowed them to attend relevant post-take ward rounds and or handovers	2016: 67% (1948/2912) 2017: 69% (1924/2780)	+2%	Wales (87%) South West (84%) Thames Valley (79%)	North West (53%) Scotland (56%) KSS (62%)	34 [53-87]
B2: Expected to have attended 40 or more outpatient clinics by the end of their CMT programme	2016: 17% (251/1472) 2017: 21% (284/1368)	+4%	Wessex (57%) West Midlands (47%) London (NW) (44%)	KSS (4%) East of England (5%) North East (6%)	<b>53</b> <b>[4-57]</b>
B3.1: CMTs normally have protected teaching time, for formal training (eg. PACES), where their attendance is bleep –free	2016: 26% (761/2912) 2017: 27% (751/2780)	+1%	West Midlands (49%) East Midlands (47%) South West (31%)	Scotland (15%) Northern Ireland (19%) Wessex (19%)	34 [15-49]
B3.2: CMTs normally have protected teaching time at outpatient clinics, where their attendance is bleep –free	2016: 19% (557/2912) 2017: 24% (655/2780)	+5%	Northern Ireland (42%) London (NW) (38%) Scotland (29%)	South West (10%) West Midlands (16%) Wessex (17%)	32 [10-42]
B4: Opportunity to attend skills laboratory or simulation training (using scenarios) at least once a year	2016: 73% (2118/2912) 2017: 82% (2278/2780)	+9%	East Midlands (98%) London (N, C & E) (98%) London (South) (94%)	West Midlands (59%) Wessex (60%) Northern Ireland (63%)	39 [59-98]

Quality Criteria	% trainees agreeing overall	2016/2017 Difference	Agreement Highest	Agreement Lowest	% difference [Range]
B5.1: Receive one hour or more curriculum-relevant teaching on average a week	2016: 88% (2560/2912) 2017: 90% (2500/2780)	+2%	East Midlands (97%) North East (97%) Thames Valley (97%)	Scotland (69%) Wessex (79%) London (NW) (83%)	34 [69-97]
B5.2: In the run up to PACES, received or expect to receive regular teaching including DOPs of clinical skills	2016: 42% (1216/2912) 2017: 40% (1122/2780)	-2%	Thames Valley (59%) Wales (50%) London (N, C & E) (49%)	East Midlands (28%) Yorks & Humber (28%) London (South) (33%)	31 [28-59]
B6.1: Opportunity to 'act up' as a medical registrar	2016: 47% (685/1472) 2017: 54% (734/1368)	+7%	Scotland (72%) KSS (67%) London (NW) (67%)	Thames Valley (33%) North East (35%) East Midlands (40%)	39 [33-72]
B6.2: At what stage did you have the opportunity to 'act up'?	2017: 2016:		<b>Highest (Each category)</b>	<b>Lowest (Each category)</b>	
<ul style="list-style-type: none"> <li>• Before passing MRCP(UK)</li> <li>• After passing MRCP(UK)</li> <li>• Both of the above</li> <li>• No opportunity</li> </ul>	11% 12% 39% 31% 7% 7% 43% 50%	-1% +8% +0% -7%	Scotland (31%) London (NW) (61%) Scotland (18%) Thames Valley (63%)	South West (1%) Scotland (24%) Thames Valley (2%) Scotland (26%)	30 37 16 37
C1. Representation on appropriate professional /educational committees	2016: 50% (1443/2912) 2017: 57% (1593/2780)	+7%	KSS (84%) North East (74%) Thames Valley (70%)	North West (35%) Yorks & Humber (40%) Northern Ireland (48%)	49 [35-84]
C2: Opportunity to attend departmental induction within one month of CMT start	2016: 64% (1876/2912) 2017: 69% (1905/2780)	+5%	KSS (75%) Northern Ireland (74%) London (South) (74%)	East of England (59%) East Midlands (61%) South West (62%)	16 [59-75]

Quality Criteria	% trainees agreeing overall	2016/2017 Difference	Agreement Highest	Agreement Lowest	% difference [Range]
C4: Single named Educational Supervisor for minimum of 12 months	2016: 91% (2663/2912) 2017: 94% (2609/2780)	+3%	Thames Valley (100%) KSS (99%) Yorks & Humber (99%)	*Northern Ireland (34%) Scotland (84%) East of England (91%)	66 [34-100]
C5: Had or will have had a formal interim review (also known as a 'pre ARCP review') in preparation for your formal ARCP	2016: 76% (2205/2912) 2017: 80% (2213/2780)	+4%	North East (95%) London (South) (94%) London (N, C & E) (93%)	East Midlands (60%) Northern Ireland (61%) South West (67%)	28 [67-95]
C6: Agreed, or did agree, a plan for attempting each part of the MRCP(UK) examination with your Educational Supervisor	2016: 69% (1998/2912) 2017: 71% (1973/2780)	+2%	Yorks & Humber (76%) Wales (75%) Wessex (75%)	Northern Ireland (58%) London (N, C & E) (66%) London (South) (66%)	18 [58-76]
D1: At the time of my job offer, I was given enough information about the possible rotations within the CMT programme	2016: 64% (1859/2912) 2017: 69% (1925/2780)	+5%	Wales (80%) KSS (78%) East of England (77%)	South West (55%) Thames Valley (59%) Scotland (60%)	25 [55-80]
D2.1: On call rotas to be published at least 6 weeks in advance	2016: 52% (1503/2912) 2017: 48% (1339/2780)	-4%	East of England (67%) Wales (67%) Wessex (67%)	Scotland (30%) South West (35%) North West (39%)	37 [30-67]
D2.2: On call rotas to cover 4 months in length	2016: 88% (2555/2912) 2017: 86% (2382/2780)	-2%	Northern Ireland (96%) KSS (94%) Wales (93%)	Scotland (72%) North West (75%) London (NW) (81%)	15 [81-96]

\* CMT posts are all for 6 months, often in sites which are a significant distance apart. Northern Ireland have made a decision within the School to continue to allocate locally based supervisors for each 6 months.

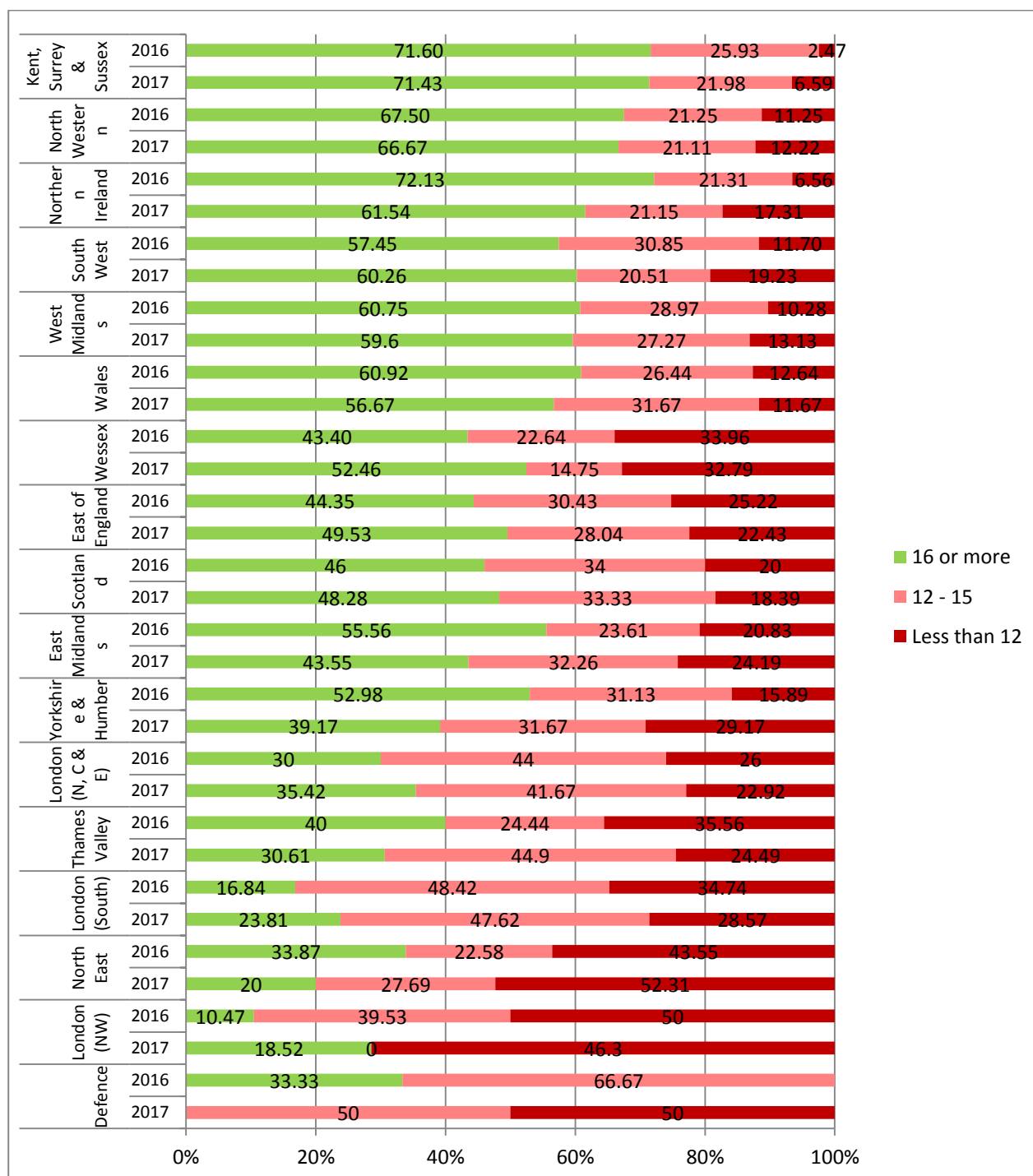
Deaneries / LETBs are listed alphabetically by quartile in the table below with 'quartile four' containing the highest ranked and 'quartile one' the lowest. The data was produced by taking an average of all quality criteria percentages. B6.2 has not been included.

Quartile	Deanery / LETB	Year	N=	A1	B1	B2	B3.1	B3.2	B4	B5.1	B5.2	B6.1	C1	C2	C4	C5	C6	D1	D2.1	D2.2
3	Health Education Kent, Surrey and Sussex	2016	187	72	71	12	19	17	66	93	41	53	81	68	98	90	66	62	38	93
4		2017	194	71	62	4	25	20	82	91	34	67	84	75	99	91	71	78	48	94
4	Health Education London (North, Central & East)	2016	209	30	71	20	20	27	96	89	50	54	60	68	97	83	60	64	50	88
4		2017	200	35	75	32	22	28	97	94	49	67	57	67	96	93	66	68	51	89
1	Health Education Wessex	2016	115	43	69	4	20	10	30	73	52	43	35	59	100	66	73	78	63	93
4		2017	111	52	74	57	19	17	60	79	45	61	56	73	98	71	75	75	67	92
2	Wales Deanery	2016	142	61	62	15	26	20	64	80	47	44	45	50	97	75	82	80	71	89
4		2017	134	57	87	27	27	22	88	85	50	42	57	74	99	75	75	80	67	93
4	Health Education East of England	2016	235	44	64	3	25	17	90	94	40	50	57	62	90	67	68	68	67	88
3		2017	227	50	67	5	26	27	88	95	47	64	65	59	91	69	72	77	67	91
3	Health Education London (North West)	2016	165	10	75	33	22	35	79	88	57	49	65	73	93	92	61	62	47	76
3		2017	133	19	77	44	22	38	84	83	44	67	57	65	97	80	68	67	51	81
3	Health Education Thames Valley	2016	97	40	76	33	41	30	77	97	52	51	72	77	97	94	74	56	69	90
3		2017	80	31	82	31	25	20	87	97	59	33	70	71	100	89	72	59	54	87
2	Health Education West Midlands	2016	196	61	66	57	42	12	51	95	40	36	34	67	97	71	72	42	50	89
3		2017	203	60	70	47	49	16	59	94	41	41	53	68	97	71	74	66	45	89
2	Health Education East Midlands	2016	143	56	63	10	38	27	91	93	36	28	56	66	99	73	67	75	46	87
2		2017	136	44	65	16	47	26	98	97	28	40	67	61	98	60	69	76	40	87
3	Health Education London (South)	2016	175	17	73	17	23	23	95	95	34	49	70	75	95	91	64	65	41	88
2		2017	205	24	73	19	27	21	94	97	33	57	66	74	97	94	66	64	39	83
1	Health Education North East	2016	131	34	59	8	20	11	48	88	44	31	41	61	98	94	78	63	36	82
2		2017	127	20	81	6	24	22	70	97	43	35	74	69	98	95	74	72	49	80
2	Health Education South West	2016	182	57	79	2	33	5	75	91	50	52	42	62	100	63	72	54	44	93
2		2017	162	60	84	14	31	10	77	93	46	60	60	62	98	67	69	55	35	86
1	Defence Postgraduate Medical Deanery	2016	5	33	100	33	20	20	80	60	20	67	20	40	100	80	60	20	80	80
1		2017	3	0	67	0	33	0	67	100	33	50	67	0	100	100	67	0	100	100
4	Health Education North West	2016	340	67	80	14	29	19	66	87	39	50	32	61	80	68	66	66	48	83
1		2017	244	67	53	12	28	20	82	91	40	47	35	66	95	86	71	66	39	75
4	Health Education Yorkshire and the Humber	2016	274	53	56	5	25	15	82	87	28	32	38	64	98	69	76	74	61	93
1		2017	226	39	64	10	23	27	85	85	23	50	40	70	99	72	76	76	53	90
1	NHS Education for Scotland	2016	204	46	79	16	22	20	68	71	49	80	41	54	83	76	64	50	41	82
1		2017	202	48	56	9	15	29	82	69	43	72	56	73	84	84	73	60	30	72
1	Northern Ireland Medical & Dental Training Agency	2016	112	72	55	33	12	24	55	84	20	36	48	71	36	52	63	67	63	97
1		2017	93	62	78	38	19	42	63	92	34	44	48	74	34	61	58	73	56	96
% Improvement in overall agreement				% decrease in overall agreement 2016/17				>89% agreement in 2016/17												



## Quality Criteria A.1 Minimum of two-thirds of placements (usually 16 months) spent contributing to the acute medical take, including the acute medical unit.

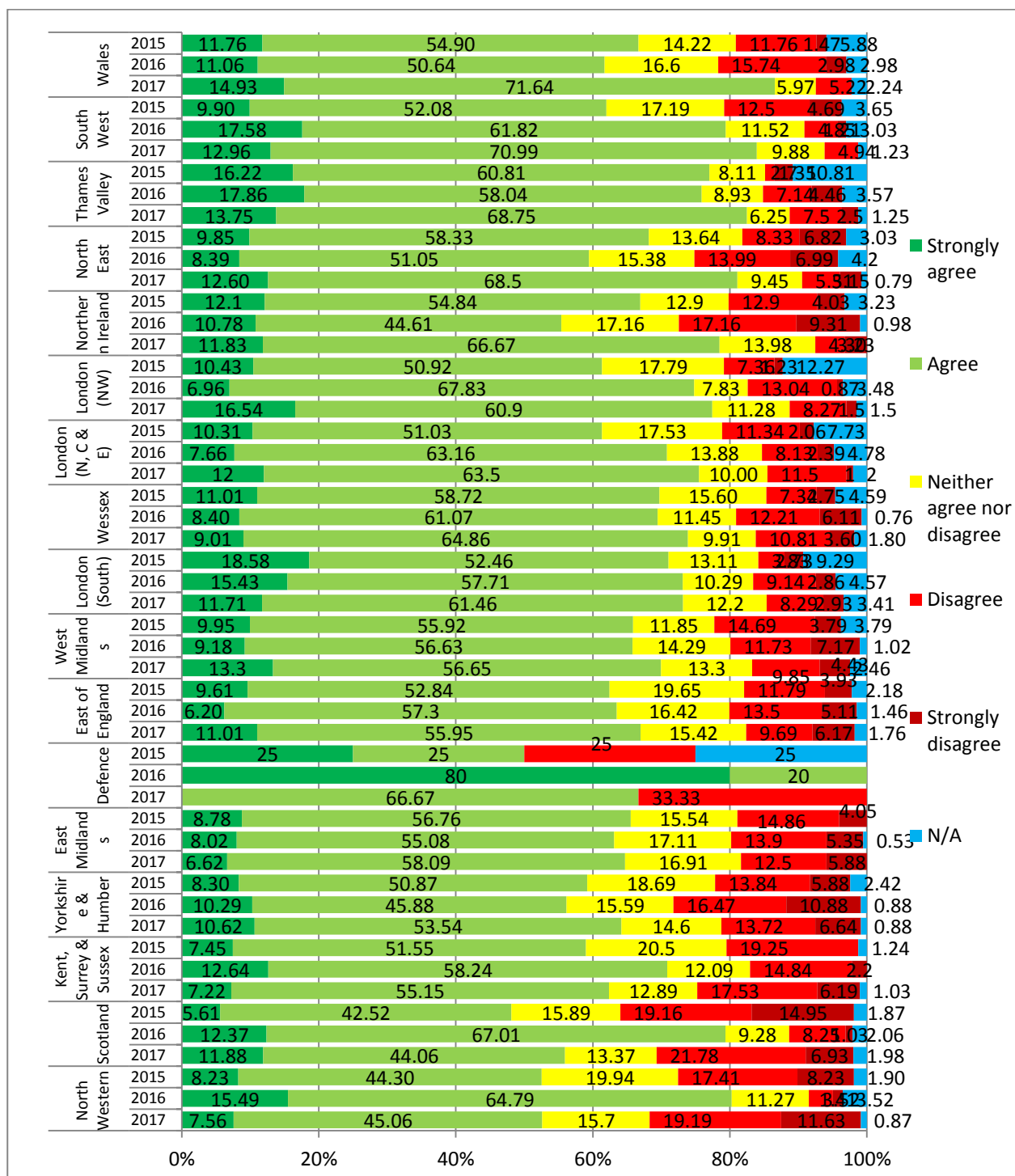
**Q. By the end of your CMT programme, how many months do you expect to have spent in placements contributing to the acute take?**



**A1.** 48% of CMT2 trainees (655/1368 trainees) said the quality criteria was met by CMT trainees spending 16 months or more in placements contributing to the acute take. CMT1 trainees were not asked this question. Overall, there was a **1% decline** in agreement in 2017 compared to 2016.

## Quality Criteria B.1 Shift patterns to be structured to ensure trainee attendance at relevant post-take ward rounds and handovers.

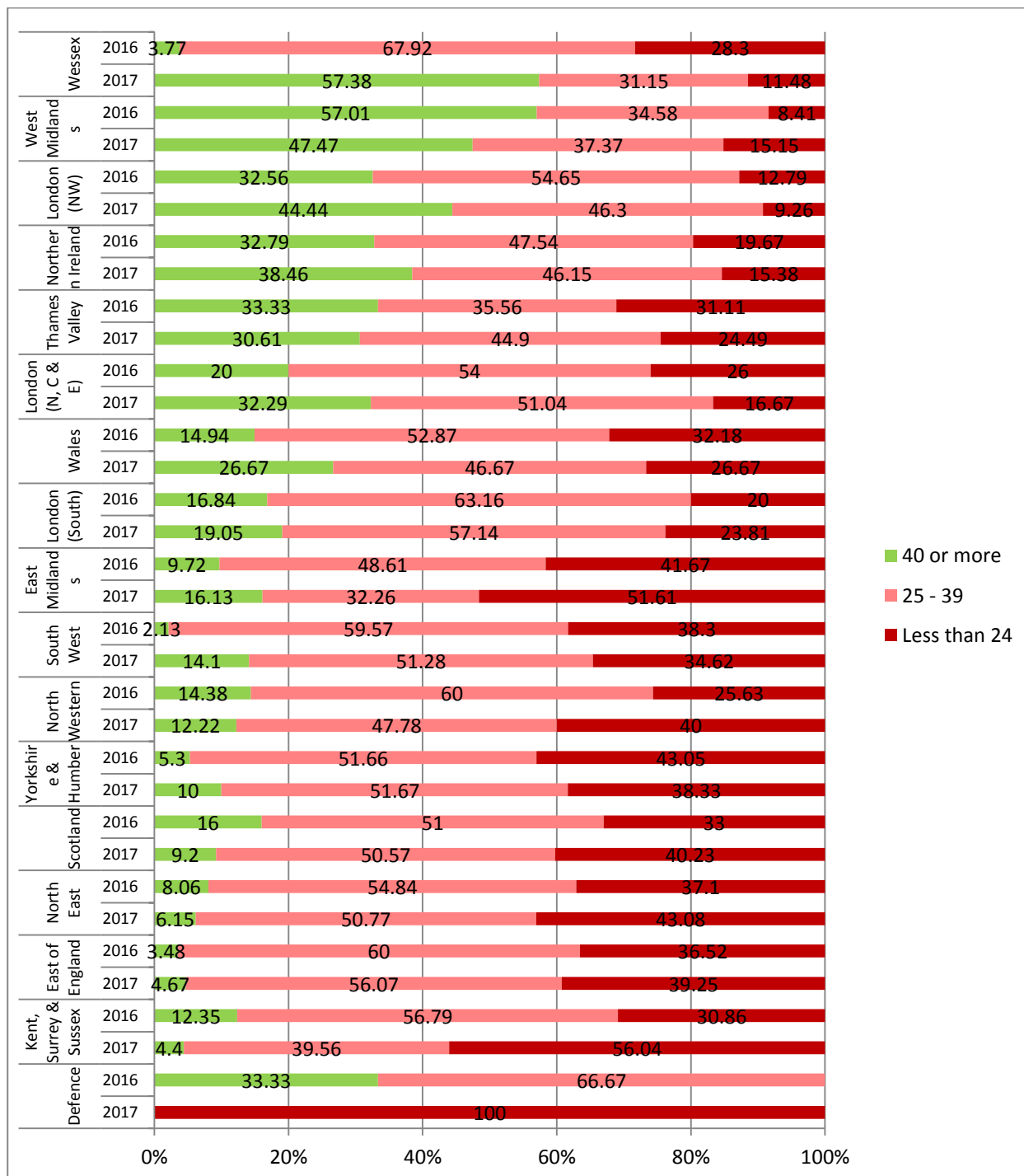
### Q. My shift patterns allow me to attend relevant post-take ward rounds and handovers.



**B1.** 69% of all CMT trainees (1924/2780 trainees) with 72% of CMT1s and 66% of CMT2s strongly agreeing or agreeing that shift patterns allowed CMTs to attend relevant post-take ward rounds and handovers. Overall, there was a **2% improvement** in agreement in 2017 compared to 2016.

## Quality Criteria B.2 Minimum of 40 outpatient clinics over the course of the programme.

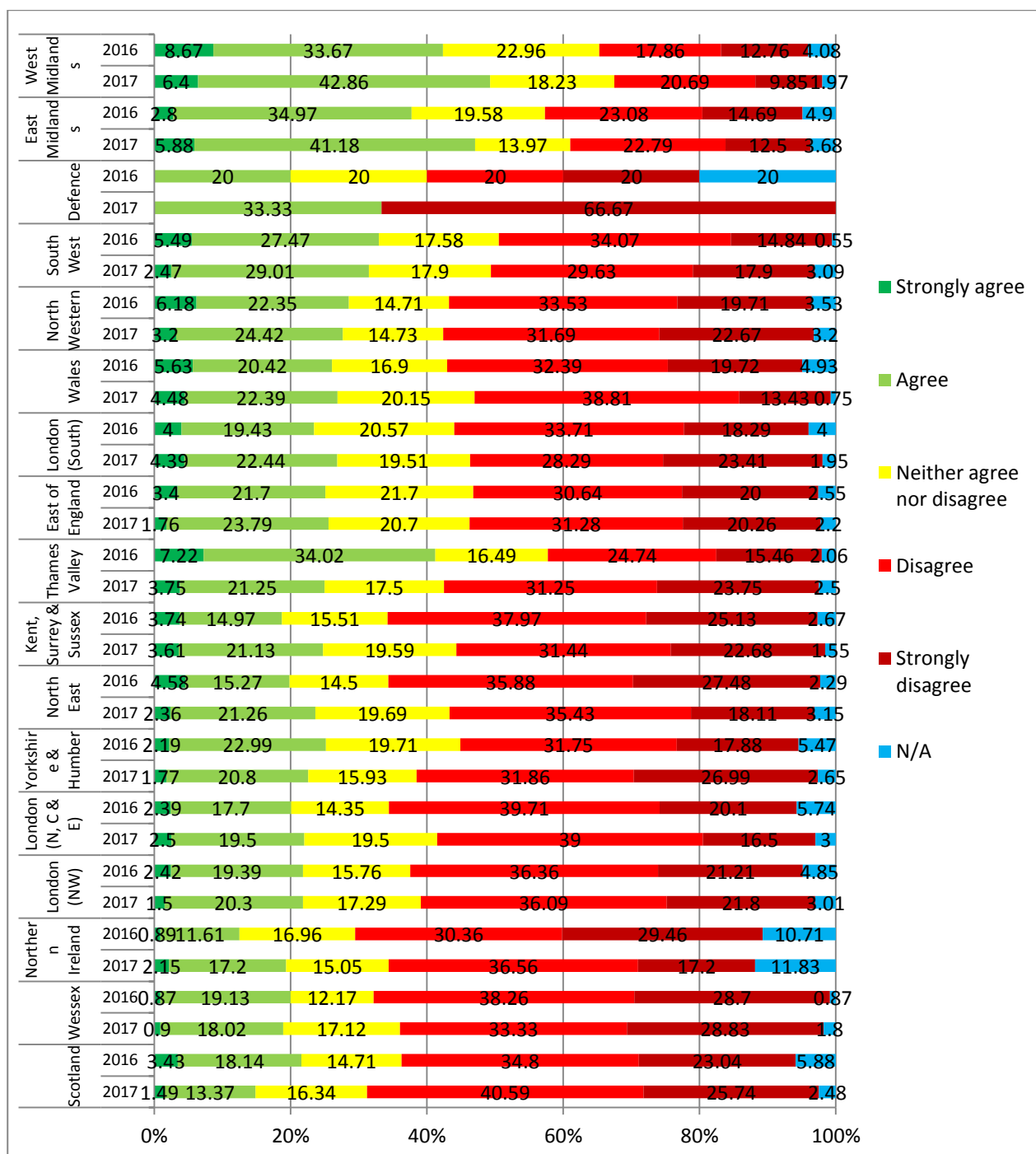
**Q. By the end of your CMT programme, how many outpatient clinics do you expect to have attended?**



**B2.** 21% of all CMT2 trainees (284/1368 trainees) expect to attend 40 or more outpatient clinics by the end of their CMT programme. CMT1 trainees were not asked this question. Overall, there was a **4% improvement** in agreement in 2017 compared to 2016.

## Quality Criteria B.3.1 Bleep-free cover arrangements to facilitate attendance at outpatient clinics and other learning events, e.g. PACES training, as protected learning time.

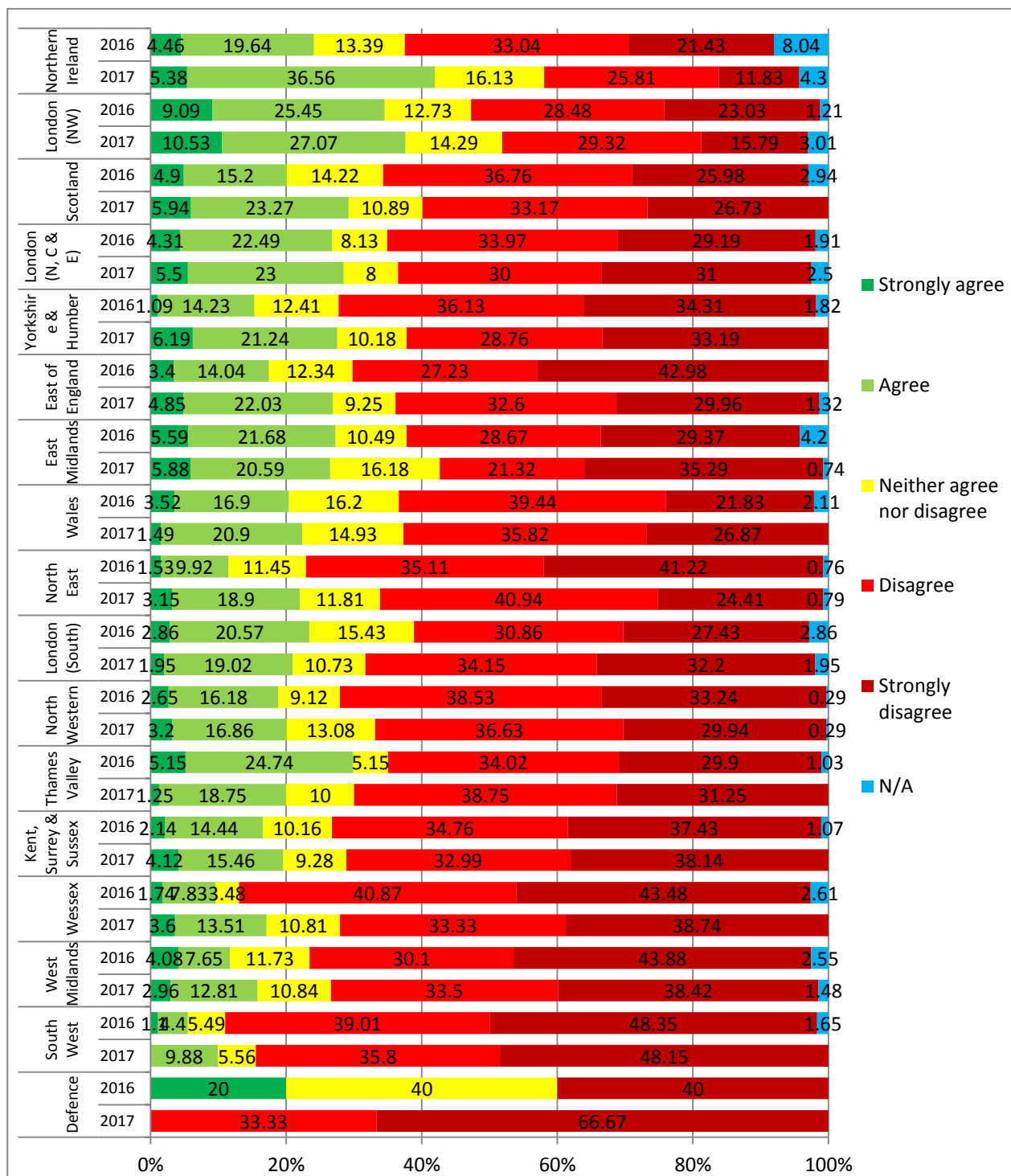
Q. I normally have protected teaching time, for formal training (eg. PACES) where my attendance is bleep-free.



**B3. 1** 27% of all CMT trainees (751/2780 trainees) with 30% of CMT1s and 24% of CMT2s strongly agreeing or agreeing that CMTs normally have protected learning time, for formal training eg. PACES, where their attendance is bleep-free. Overall, there was a 1% improvement in agreement in 2017 compared to 2016.

## Quality Criteria B.3.2 Bleep-free cover arrangements to facilitate attendance at outpatient clinics and other learning events, e.g. PACES training, as protected learning time.

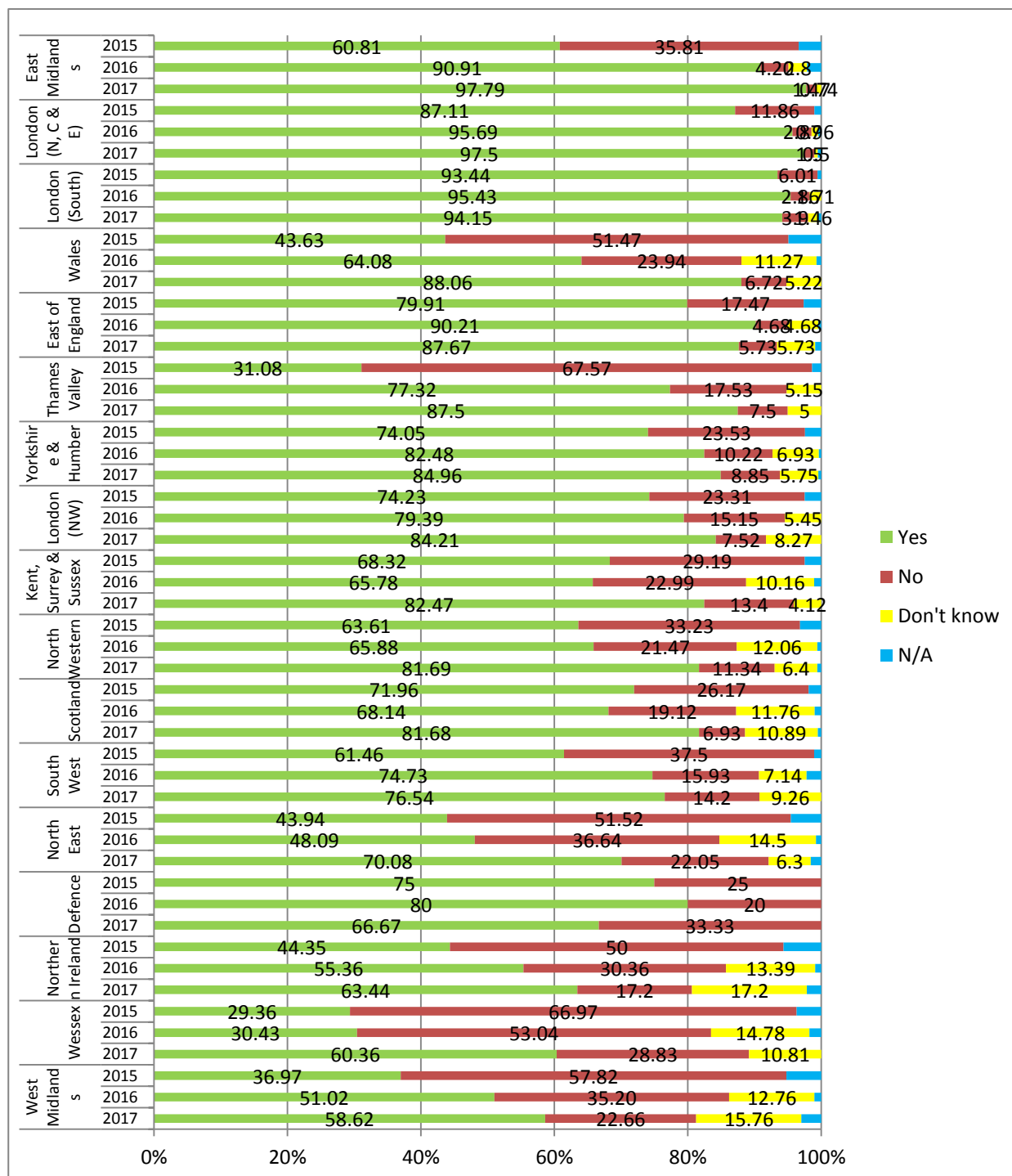
Q. I normally have protected teaching time at outpatient clinics where my attendance is bleep-free.



**B3. 2** 24% of all CMT trainees (655/2780 trainees) with 25% of CMT1s and 23% of CMT2s strongly agreeing or agreeing that CMTs normally have protected teaching time at outpatient clinics, where their attendance is bleep-free. Overall, there was a **5% improvement** in agreement in 2017 compared to 2016.

## B.4 Skills laboratory and / or simulation training (using scenarios) for all mandatory procedural skills to be provided at least once a year to supplement clinical training

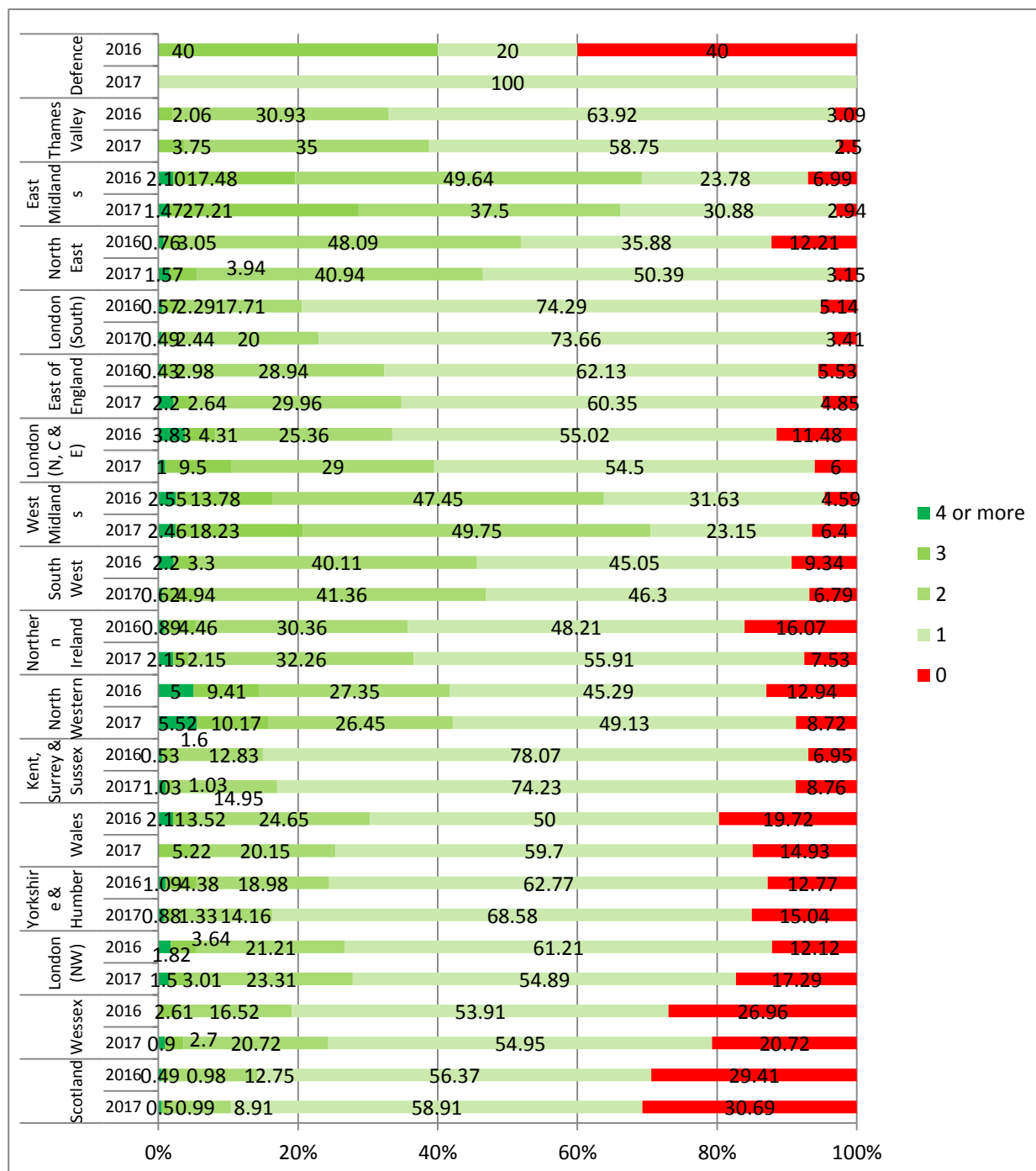
**Q. In this CMT programme, have you had the opportunity to attend skills laboratory or simulation training (using scenarios) at least once a year?**



**B4** 82% of all CMT trainees (2278/2780 trainees) with 84% of CMT1s and 79% of CMT2s agreeing CMTs have had the opportunity to attend skills laboratory or simulation training (using scenarios) at least once a year. Overall, there was a **9% improvement** in agreement in 2017 compared to 2016.

## B5.1 A minimum of one hour curriculum-relevant teaching per week on average, to include a regular rolling programme of direct observation of clinical skills around the PACES diet.

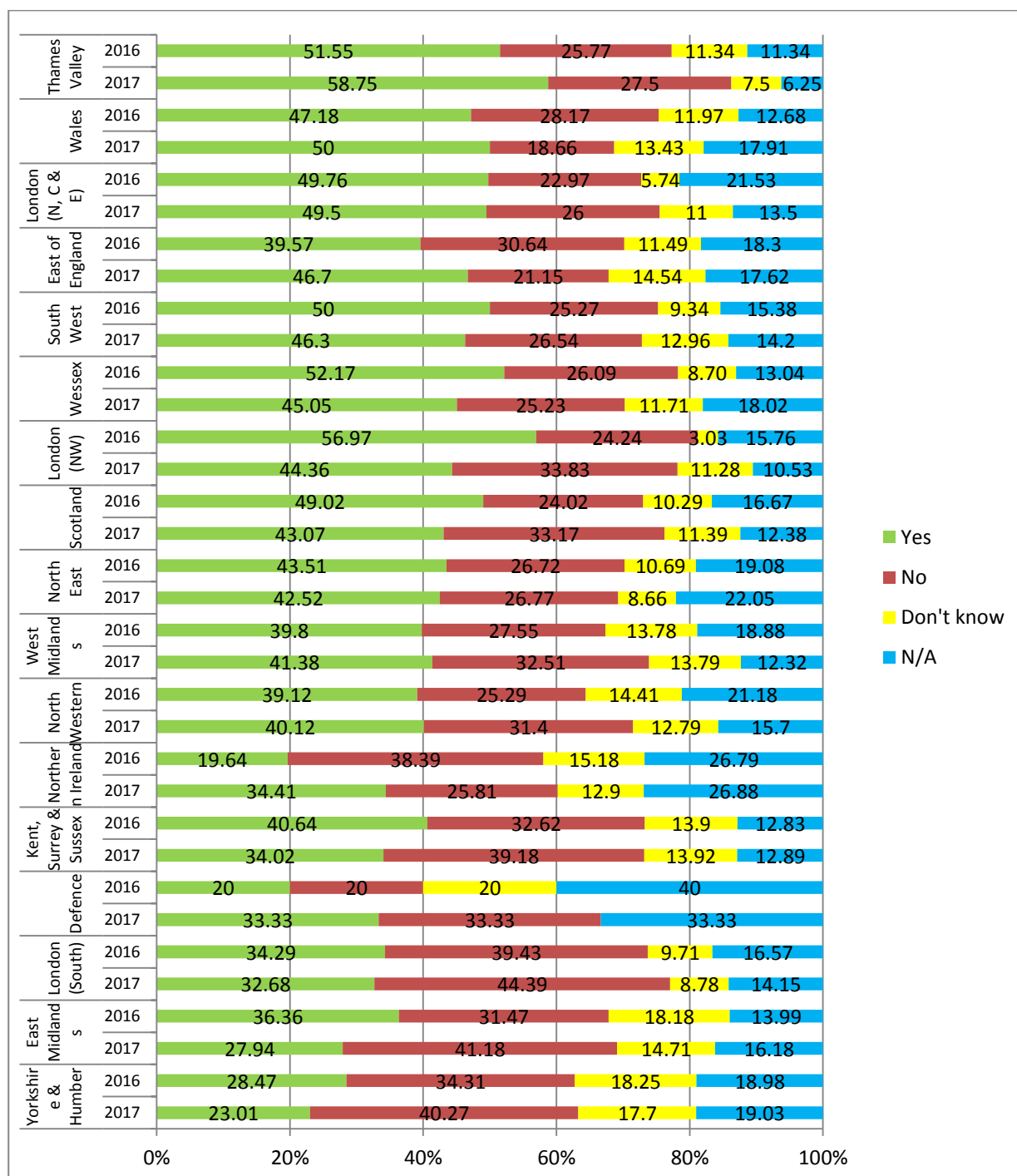
**Q. How many hours of curriculum-relevant teaching do you receive on average each week?**



B5.1 89% of all CMT trainees (2500/2780 trainees) 89% of both CMT1s and CMT2s agreed CMTs normally receive one hour or more curriculum-relevant teaching on average a week. Overall, there was a 1% improvement in agreement in 2017 compared to 2016.

## B.5.2 A minimum of one hour curriculum-relevant teaching per week on average, to include a regular rolling programme of direct observation of clinical skills around the PACES diet.

**Q. In the run-up to PACES have you received or do you expect to receive regular teaching, including direct observation of clinical skills?**

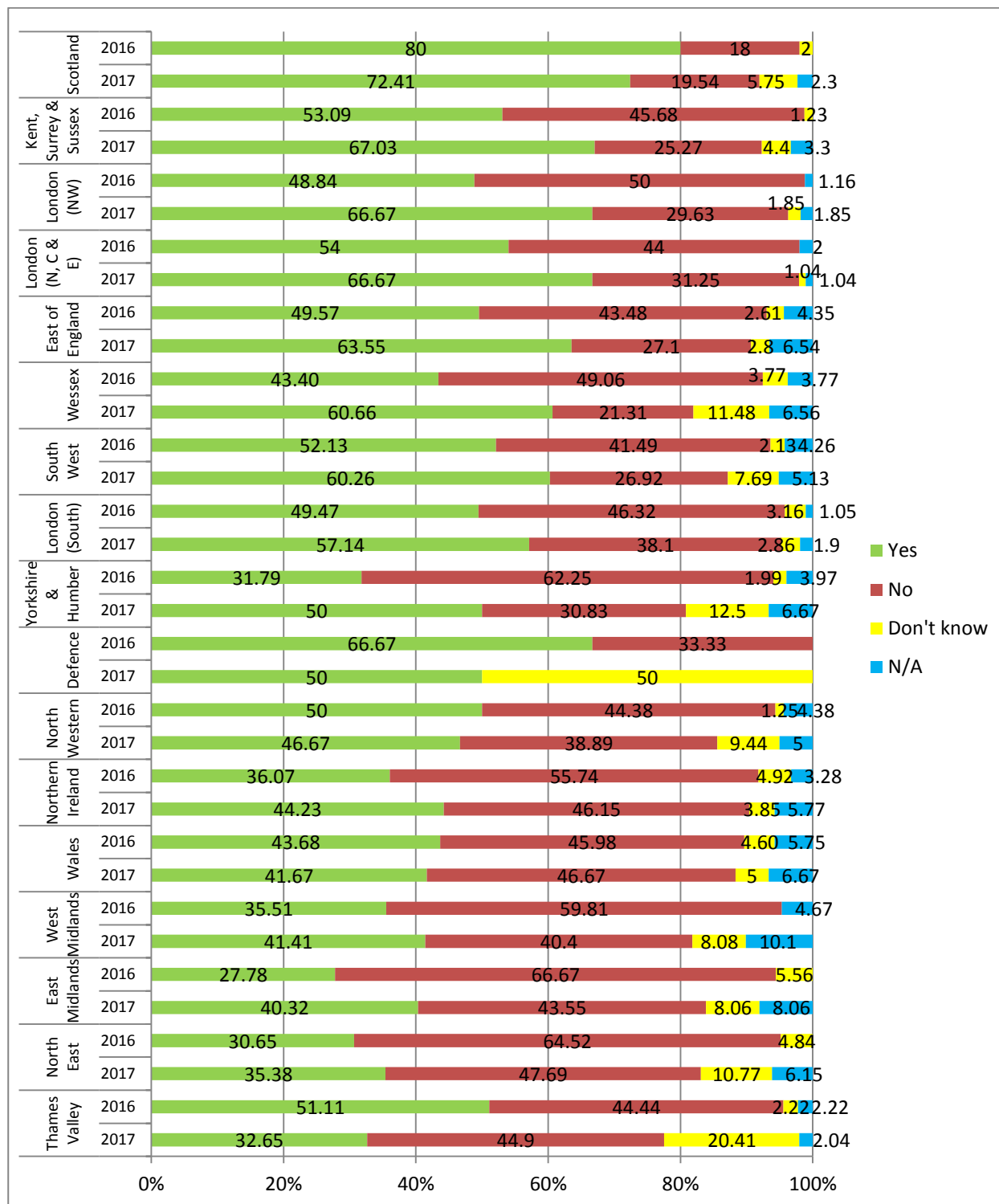


**B5.2** 40% of all CMT trainees (1122/2780 trainees) with 35% of CMT1s and 46% of CMT2s agreeing that in the run up to PACES, they had regular teaching, including direct observation of clinical skills. Overall, there was a 2% decline in agreement in 2017 compared to 2016.



## B.6.1 Opportunity to 'act up' as a medical registrar

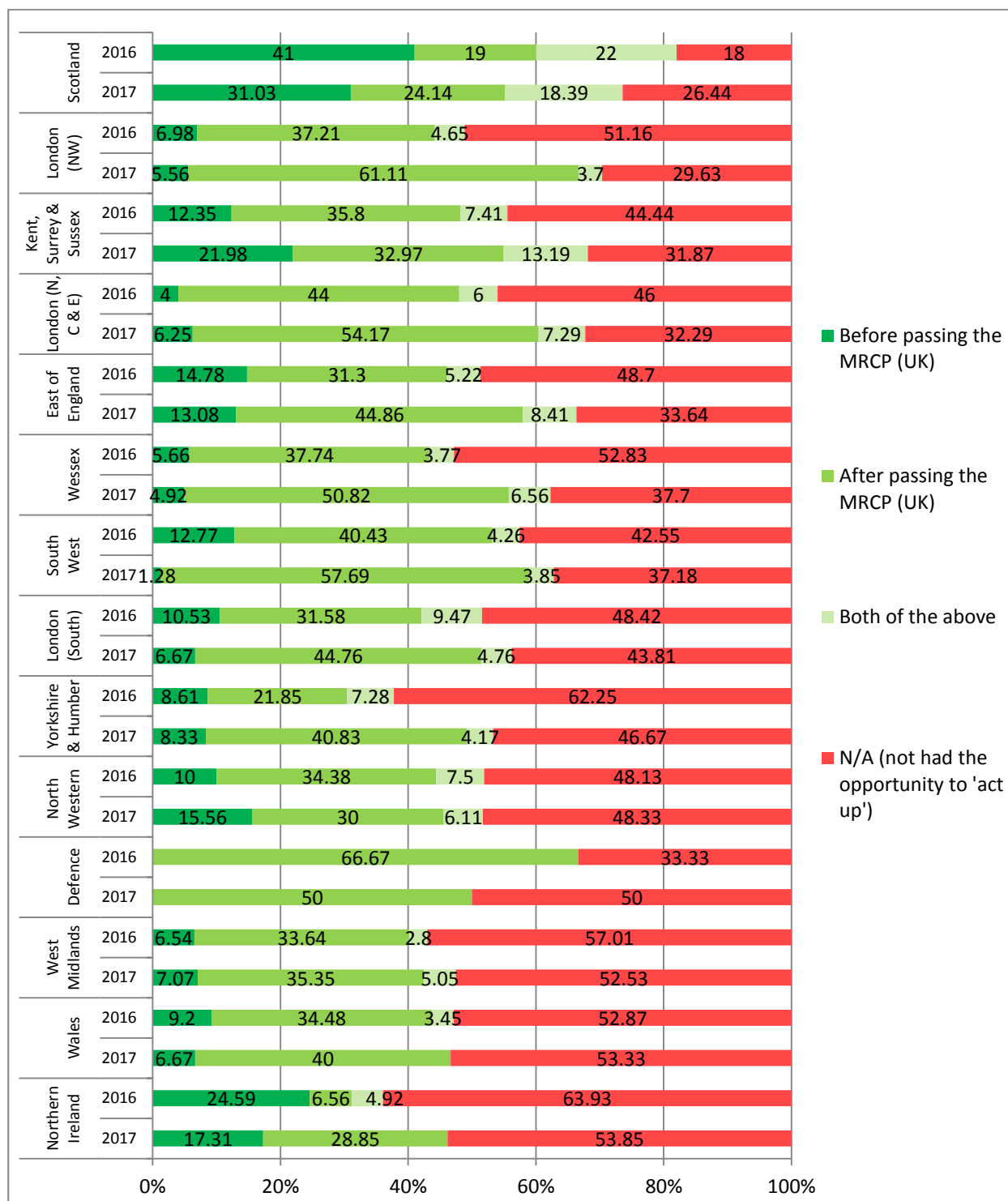
### Q. Have you had the opportunity to 'act up' as a medical registrar?



**B6.1** 54% of all CMT2 trainees (734/1368 trainees) agreed that they had had the opportunity to 'act up' as a medical registrar. Overall, there was a 7% improvement in agreement in 2017 compared to 2016.

## B.6.2 Stage of MRCP(UK) when given the opportunity to 'act up' as a medical registrar

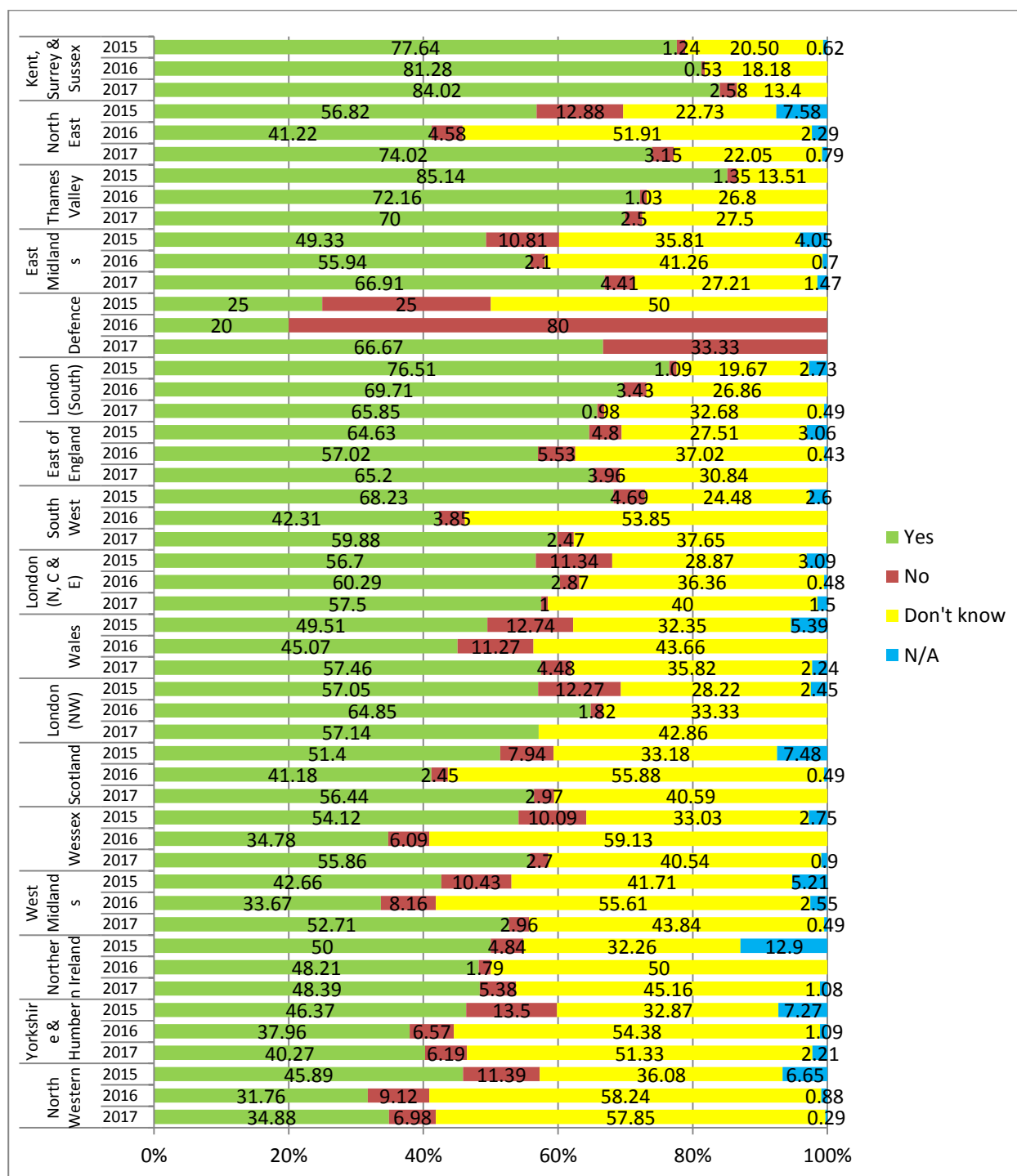
### Q. What stage did you have the opportunity to 'act up' as a medical registrar?



**B6.1** 57% of all CMT2 trainees (773/1368 trainees) agreed that they had had the opportunity to 'act up' as a medical registrar. Two thirds of these trainees had the opportunity after passing MRCP(UK). Overall, there was a **7% improvement** in agreement in 2017 compared to 2016.

## C.1 Evidence of trainee representation and engagement in appropriate local professional and education committees, e.g. Trust education committee.

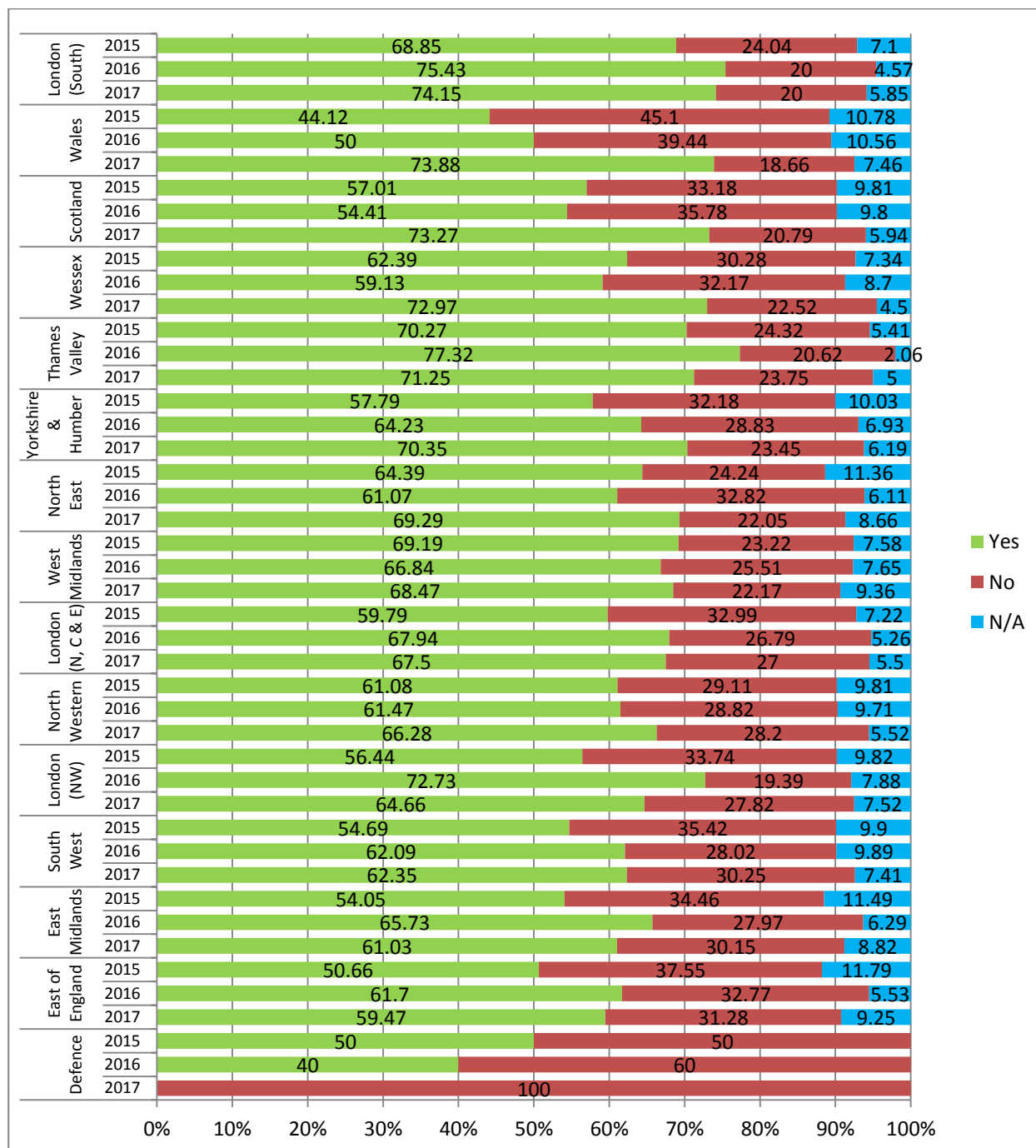
Q. In your current Trust or Board, are CMT trainees represented on appropriate professional or education committees?



C1. 57% of all CMT trainees (1593/2780 trainees) with 54% of CMT1s and 61% of CMT2s agreeing that in their current Trust, CMT trainees are represented on appropriate professional or education committees. Overall, there was a **7% improvement** in agreement in 2017 compared to 2016.

## C.2 An introduction to the system of review and assessment at a departmental level (to include ePortfolio use) to be provided within one month of starting.

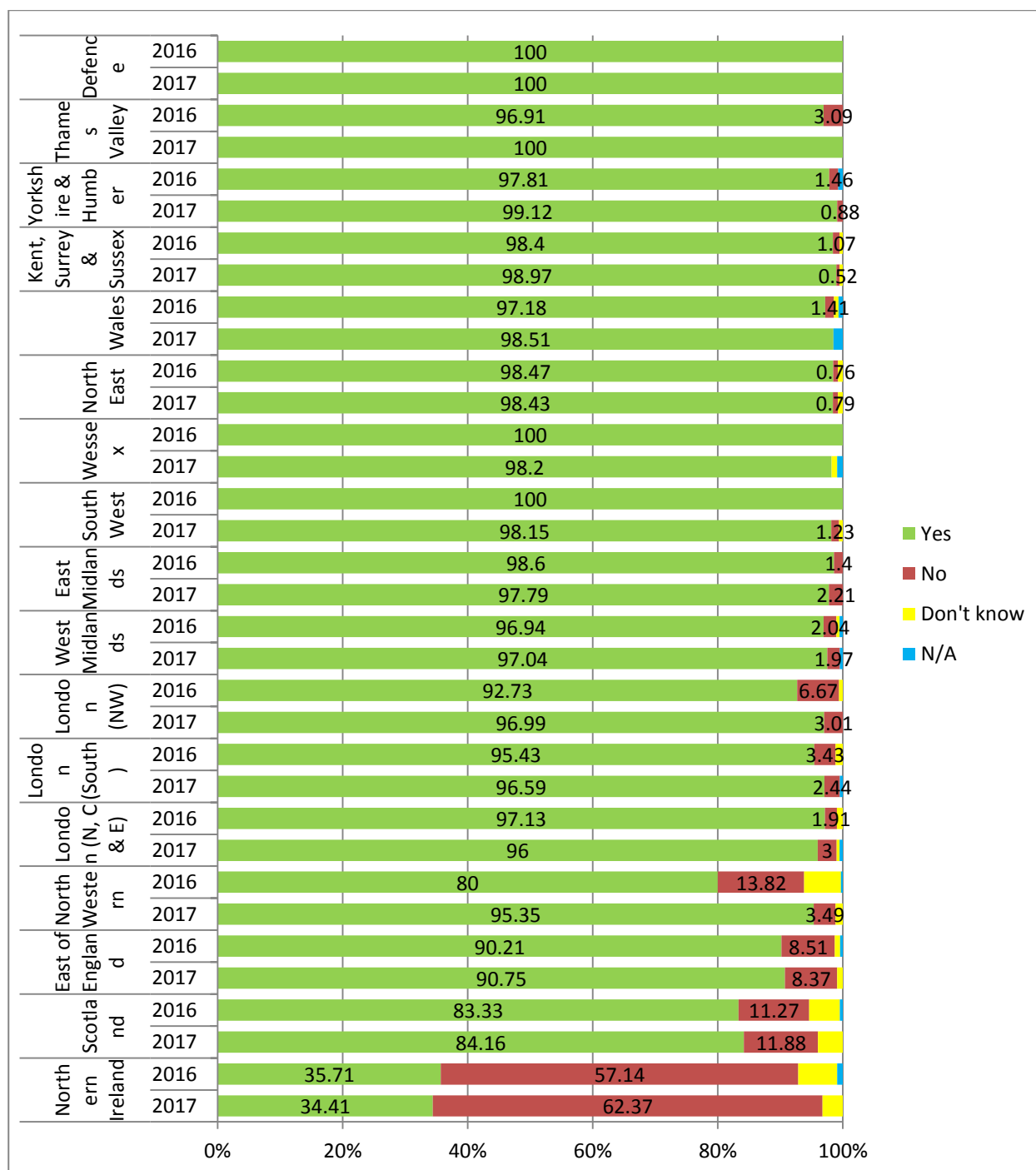
Q. Did you have the opportunity to attend a departmental induction to the system of training assessment and review within one month of starting the CMT programme?



69% of all CMT trainees (1905/2780 trainees) with 69% of CMT1s and 68% of CMT2s agreeing that CMTs had the opportunity to attend a department induction to the system of training assessment and review within one month of starting the CMT programme. Overall, there was a **5% improvement** in agreement in 2017 compared to 2016.

**C4 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.**

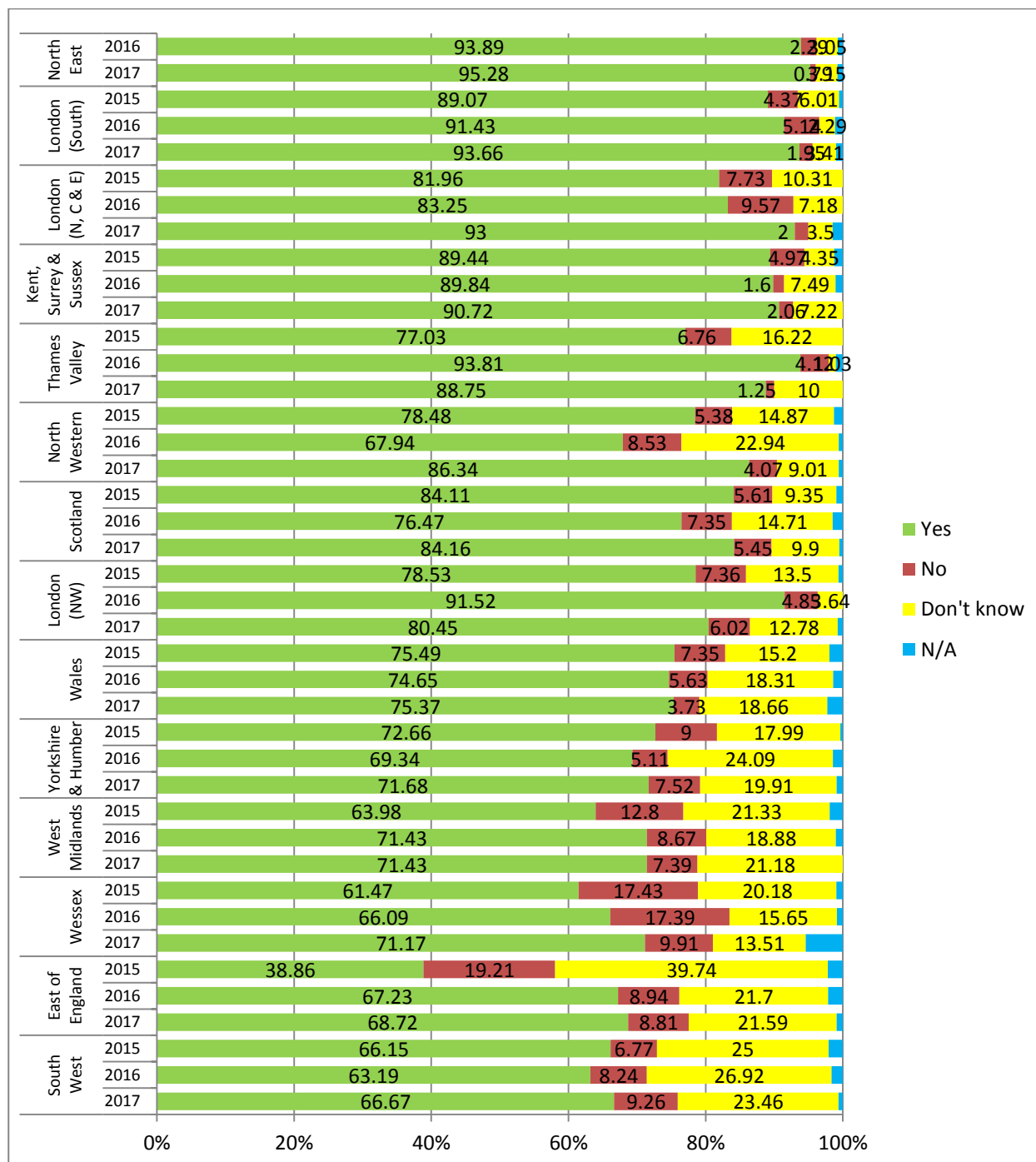
**Q. Do you have a single, named Educational Supervisor appointed to oversee your CMT training for a minimum of 12 months?**



94% of all CMT trainees (2609/2780 trainees) with 94% of CMT1s and 94% of CMT2s agreeing that they have a single named educational supervisor appointed to oversee their training for a minimum of 12 months. Overall, there was a **3% improvement** in agreement in 2017 compared to 2016.

## C.5 Formal interim reviews (also known as a 'pre-ARCP appraisal') involving a TPD (or equivalent) to be provided to all CMT trainee's pre-ARCP and the outcome recorded in ePortfolio.

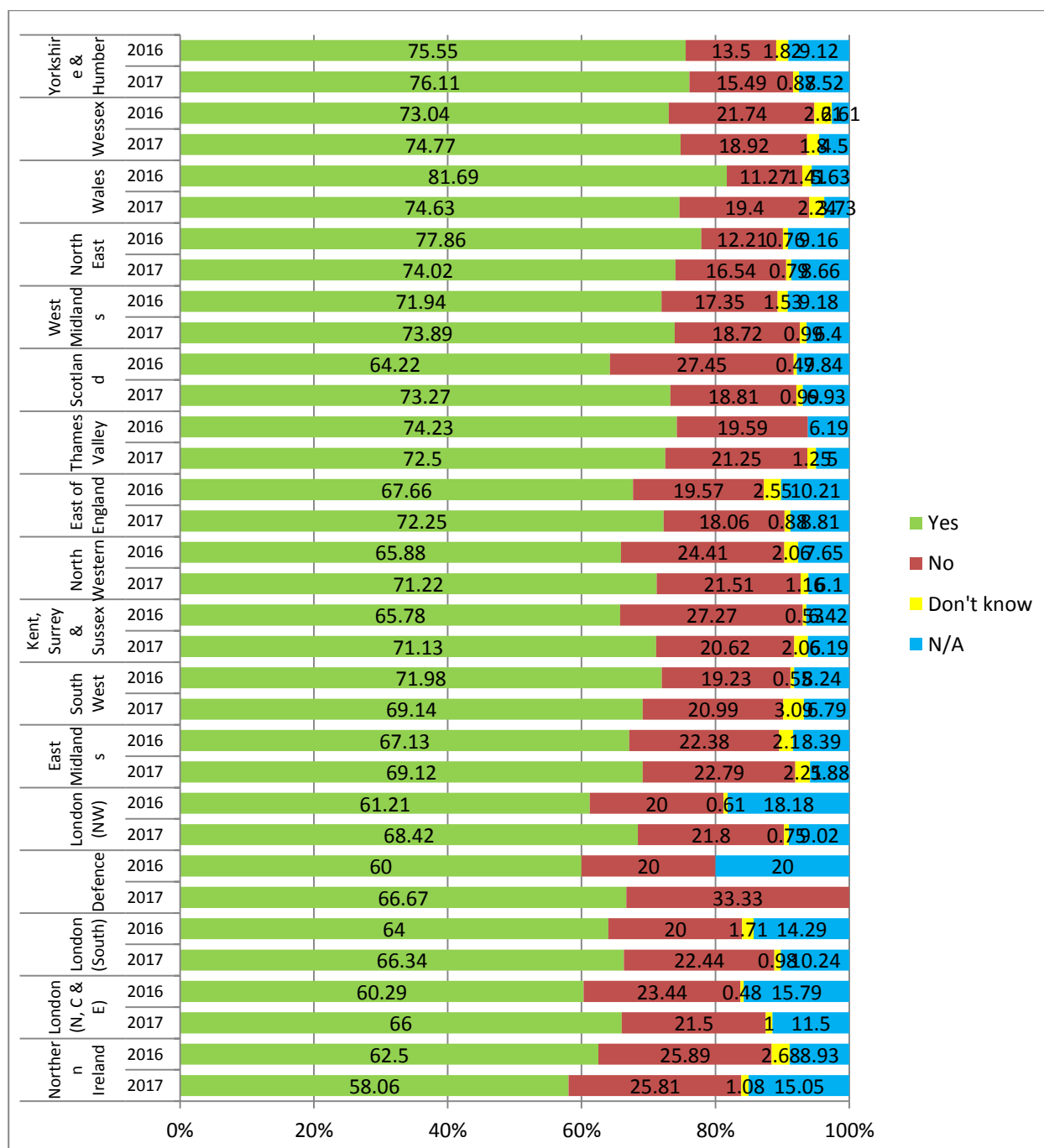
Q. Have you had or will you have had a formal interim review (also known as a 'pre ARCP review') in preparation for your formal ARCP?



80% of all CMT trainees (2213/2780 trainees) with 74% of CMT1s and 85% of CMT2s agreeing that CMTs had had, or will have, a formal interim review (also known as a 'pre-ARCP appraisal') before their ARCP. Overall, there was a **4% improvement** in agreement in 2017 compared to 2016.

**C.6 ES and trainee to discuss and agree a plan for MRCP (UK) training, to include ‘before and after’ meetings around the examination. Trainees requiring more support should receive enhanced training and / or supervision.**

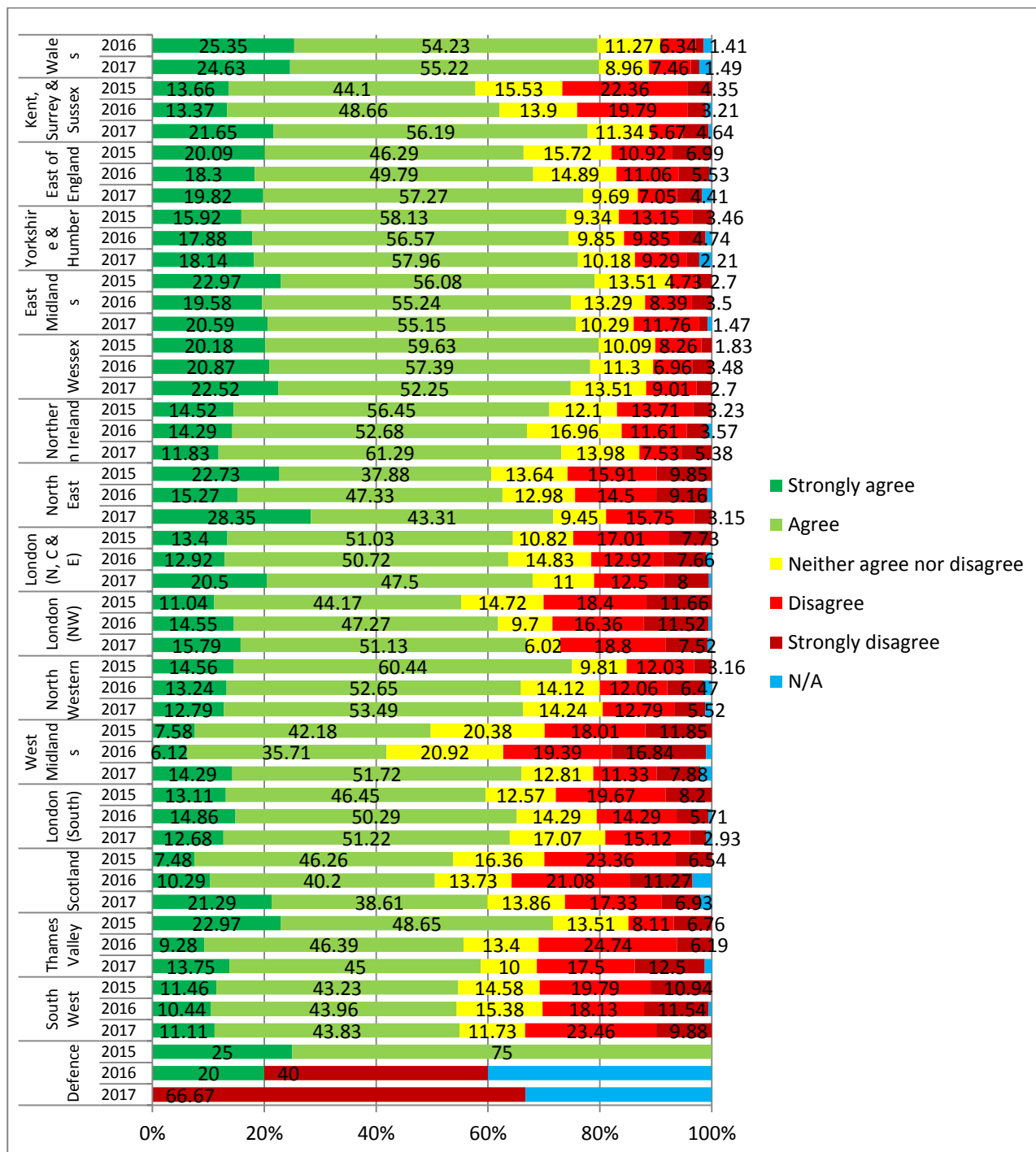
**Q. Have you agreed, or did you agree, a plan for attempting each part of the MRCP(UK) examination with your Educational Supervisor?**



71% of all CMT trainees (1973/2780 trainees) with 78% of CMT1s and 64% of CMT2s agreeing that CMTs have agreed, or will agree, a plan for MRCP(UK) training with their Educational Supervisor before attempting the examinations. Overall, there was a 2% improvement in agreement in 2017 compared to 2016.

## D1. Information on expected CMT rotations to be published at the time of job offers.

**Q. At the time of my job offer, I was given enough information about the possible rotations within the CMT programme.**

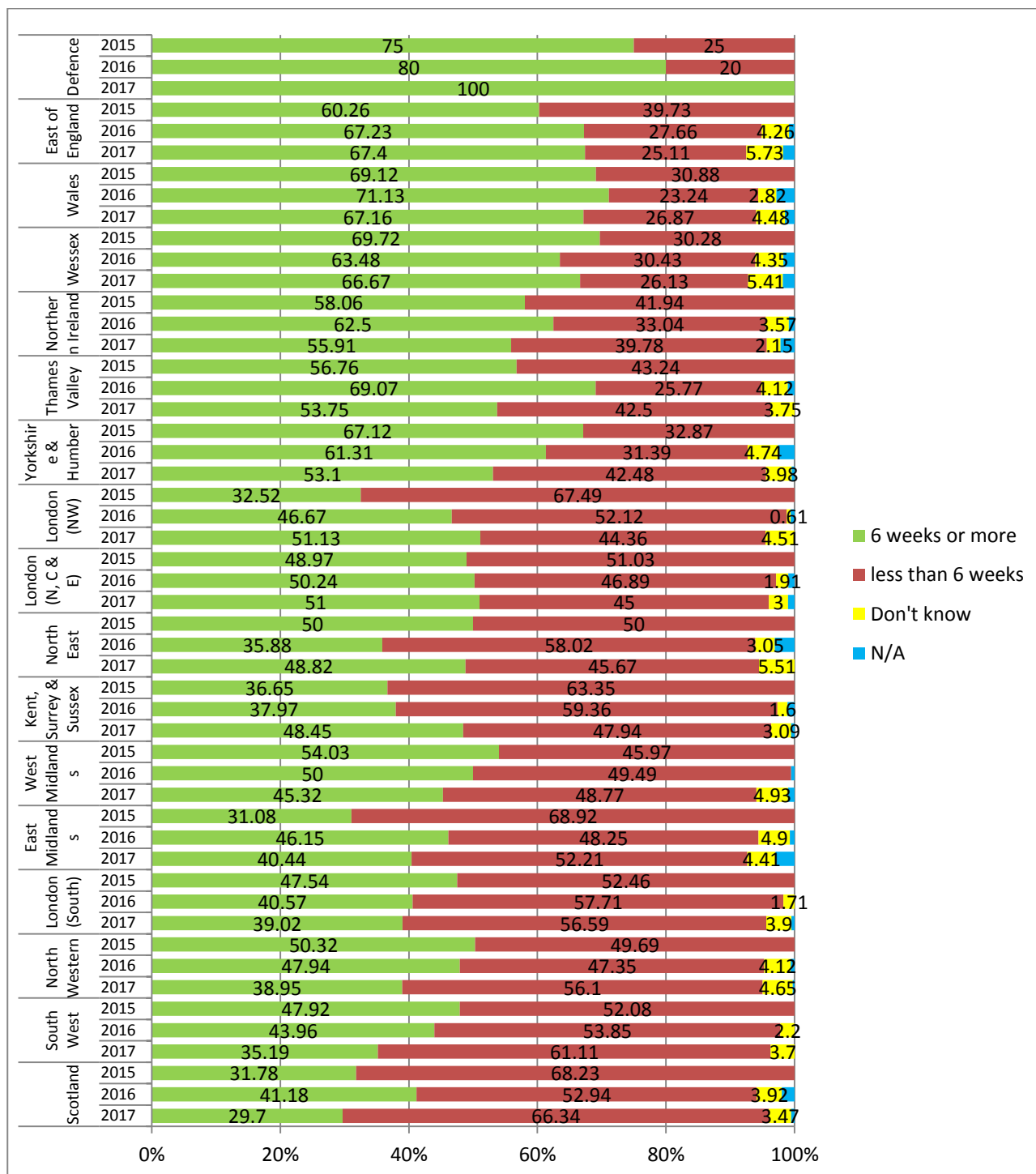


69% of all CMT trainees (2925/2780 trainees) with 72% of CMT1s and 66% of CMT2s agreeing or strongly agreeing that, at the time of their job offer, CMTs were given enough information about the possible rotations within the CMT programme. Overall, there was a **5% improvement** in agreement in 2017 compared to 2016.



## D2.1 On-call rotas to normally be published at least six weeks in advance and cover four months in length.

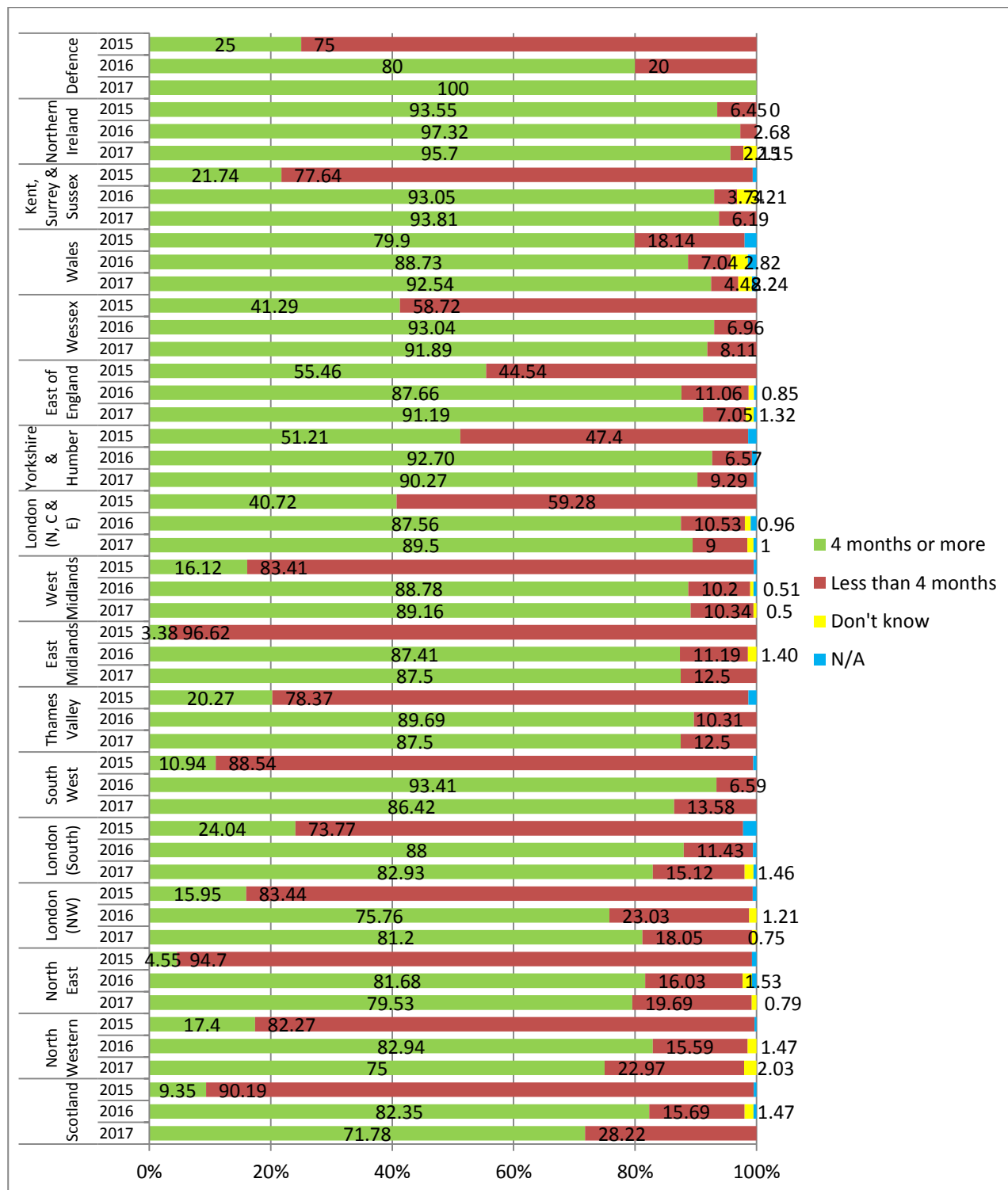
### Q. How much notice are you usually given for your on-call rotas?



48% of all CMT trainees (1339/2780 trainees) with 50% of CMT1s and 46% of CMT2s saying that CMTs were given at least six weeks' notice of their on-call rotas. Overall, there was a **4% decline** in agreement in 2017 compared to 2016.

## D2.2 Rotas cover minimum 4 months in length

### Q. How many months does a rota normally cover?



86% of all CMT trainees (2382/2780 trainees) with 84% of CMT1s and 87% of CMT2s saying that CMTs on-call rotas covered four months or more in length. Overall, there was a **2% decline** in agreement in 2017 compared to 2016.