

Core Medical Training (CMT) Induction



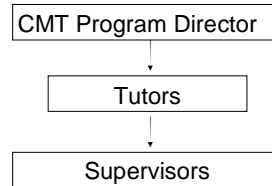
Facilitators

- Ian Steele, Deputy Head of School of Medicine and Program Director for CMT
- Tony Tham, Head of School of Medicine
- NIMDTA staff

CMT Induction: learning objectives

- Learn about the structure of training
- Learn about the curriculum
- Learn about assessments
- Learn about the e-portfolio
- Learn about ARCP
- Learn about study leave

Structure of Training



Tutors – Hospital College Representative. Responsible for local administration of CMT and participate in ARCP (RITA)

Supervisors – Consultants who are directly responsible for the trainee and carry out appraisals

A Guide to Postgraduate Specialty
Training in the UK

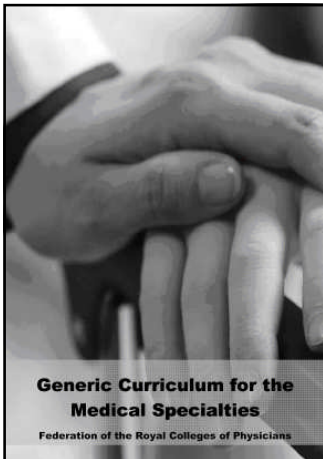
The image shows the cover of a yellow book titled "A Guide to Postgraduate Specialty Training in the UK". The text is centered on the cover.

Download
from
www.nimdta.gov.uk

(updated version of Gold
Guide published July 2008
covers training posts started
August 2008 onwards)

The Gold Guide
June 2007
First Edition

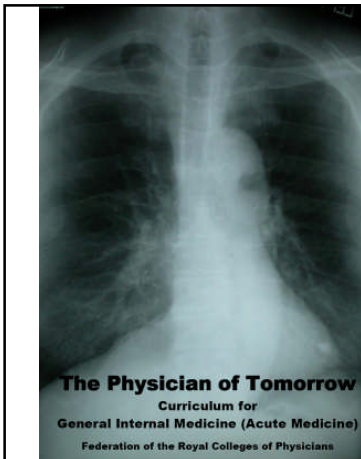
The curricula



No longer applies for trainees starting CMT in August 2009

Generic Curriculum

- Now embedded in the General Internal Medicine curriculum under common competences
- To deliver doctors at the end of Specialist Training equipped with generic physicianly competencies to practise with a sound moral, legal, ethical and professional framework
- Competency based approach



No longer applies for trainees starting CMT in August 2009

SPECIALTY TRAINING CURRICULUM FOR GENERAL INTERNAL MEDICINE AUGUST 2009

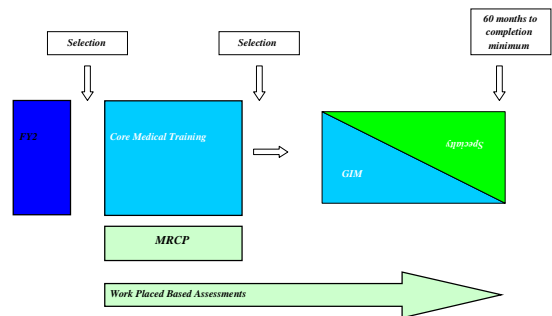
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GIM training

- Competency based training
- Emergency presentations
- Top 20 common presentations
- Other important medical presentations
- Procedural competences

2009 career pathway for dual CCT



Main features (1)

- Core competences have replaced the generic curriculum and will underpin all speciality curricula
- 4 Emergency, 'Top 20' and 'Other Presentations' remain
- All parts of the curricula have mapped assessments
- **MRCP** in its three components Part 1, Part 2 and **PACES** maps to all parts of the curriculum for the **CMT** stage of GIM training and **is necessary for full completion of CMT**

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Main features (2)

- Spiral curriculum remains, GIM represents 'maturation' of the CMT trainee
- For system and symptom specific competences clearly defined, assessments will 'sample' the curriculum. One assessment will usually cover several areas of the curriculum.
- Procedural competences clearly defined
- Progression through the full curricula well defined by the decision aids

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Common Competences		Assessment of acquisition of the common competences	
<p>The common competences are those that underpin the practice of all primary care specialties from training to a doctoring within the United Kingdom and developed throughout the postgraduate career.</p> <p>Assessment of acquisition of the common competences</p> <p>For trainees with no training knowledge of the common competences, the list below is intended to be a guide to the type of assessment that will be used to assess the acquisition of the common competences. The list is not intended to be a checklist of all the competences that will be assessed. The list is intended to be a guide to the type of assessment that will be used to assess the acquisition of the common competences. The list is not intended to be a checklist of all the competences that will be assessed.</p>			
<p>History taking</p> <p>To complete a history taking, the ability to obtain a history from the patient is essential. This includes the ability to obtain a history from the patient and to obtain a history from the patient's family or other carers. The list below is intended to be a guide to the type of assessment that will be used to assess the acquisition of the common competences. The list is not intended to be a checklist of all the competences that will be assessed.</p>			
<p>Physical examination</p> <p>To complete a physical examination, the ability to perform a focused and systematic physical examination is essential. This includes the ability to perform a focused and systematic physical examination and to obtain a history from the patient's family or other carers. The list below is intended to be a guide to the type of assessment that will be used to assess the acquisition of the common competences. The list is not intended to be a checklist of all the competences that will be assessed.</p>			
<p>Investigation</p> <p>To complete an investigation, the ability to select appropriate investigations and to interpret the results of investigations is essential. This includes the ability to select appropriate investigations and to interpret the results of investigations. The list below is intended to be a guide to the type of assessment that will be used to assess the acquisition of the common competences. The list is not intended to be a checklist of all the competences that will be assessed.</p>			
<p>Management</p> <p>To complete a management plan, the ability to develop a management plan for a patient is essential. This includes the ability to develop a management plan for a patient and to obtain a history from the patient's family or other carers. The list below is intended to be a guide to the type of assessment that will be used to assess the acquisition of the common competences. The list is not intended to be a checklist of all the competences that will be assessed.</p>			

Layout of syllabus

- Standardised throughout – knowledge, skills, behaviours
- Assessment methods highlighted e.g. CbD, ACAT and mini-CEX
- Four Domains of the new framework for GMC Good Medical Practice which each item relates to highlighted
- For Common Competences – descriptor levels described 1-2, relevant to CMT and 3-4 Specialty training
- Will be linked and "made live" by ePortfolio

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Principles of quality and safety improvement		Assessment of acquisition of the common competences	
<p>To improve the quality and safety of patient care, it is essential to understand the principles of quality and safety improvement. This includes the ability to understand the principles of quality and safety improvement and to obtain a history from the patient's family or other carers. The list below is intended to be a guide to the type of assessment that will be used to assess the acquisition of the common competences. The list is not intended to be a checklist of all the competences that will be assessed.</p>			
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Emergency presentations

Person responsibility to health service targets and care plan in 24		Assessment of acquisition of the common competences	
<p>To ensure the safety and quality of patient care, it is essential to understand the principles of emergency presentations. This includes the ability to understand the principles of emergency presentations and to obtain a history from the patient's family or other carers. The list below is intended to be a guide to the type of assessment that will be used to assess the acquisition of the common competences. The list is not intended to be a checklist of all the competences that will be assessed.</p>			
<p>Person responsibility to health service targets and care plan in 24</p> <p>To ensure the safety and quality of patient care, it is essential to understand the principles of emergency presentations. This includes the ability to understand the principles of emergency presentations and to obtain a history from the patient's family or other carers. The list below is intended to be a guide to the type of assessment that will be used to assess the acquisition of the common competences. The list is not intended to be a checklist of all the competences that will be assessed.</p>			
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Reflective Practice

- Trainees encouraged to reflect on learning events and record these, eg:
 - Lectures
 - Courses
 - Interesting cases
 - Posts
- Reflections can be private or shared
- Can be linked to curriculum competences as evidence

Reflective Practice Logs Detail

Reflection on Learning Event

To add a new Reflection On Learning Event entry, fill out the details below and click the "Save" button.

Date of Learning Event:

Title:

What type of learning event?

What was the learning event?

What were the principal learning outcomes of the

Personal Library

- Can now upload files into the ePortfolio:
 - eg abstracts, papers, certificates, presentations
- 20MB limit at present
- Avoid large image-heavy files
- Shared or Private
- Organise into folders

Personal Library

Below is a list of the items that have been uploaded to the Personal Library for this ePortfolio account.

The maximum upload limit per user is 20MB so try to optimize or shrink large files. Click on a file in the Library area and its information will appear in the right-hand side in the "Selected File/Folder" section. From here, you can view the file, edit the description on the file or delete it.

Open file here

Organise in folders

Appraisal

Three appraisal forms per post:

- Induction
- Mid-Point (optional)
 - These can be completed in draft by trainee and confirmed by supervisor
- End of Attachment
 - Can only be written by supervisor

Personal Development Plan

- Trainee maintains PDP
- Agree with supervisor and review at appraisal meetings
- Trainee ticks off items when achieved.
- Supervisors not required to countersign

Title	Date Modified	Achieved?	Shared?	Countersigned?	Action
speaking to people	30/06/2008 16:29	X	✓	✓	
Learn to use e-portfolio	30/06/2008 16:32	✓	✓	X	Edit Delete

MRCP(UK)

- Fully mapped to CMT part of GIM curricula
- There was a change in regulations in 2008:
Part 1 can still be taken in FY2 year as previously but now can be taken after one years experience as opposed to 18 months
Part 2 and PACES can be taken simultaneously if wanted
- CMT final certification of completion requires full MRCP (career progress with this during training will be monitored with ARCP)

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Workplace based Assessment Methods

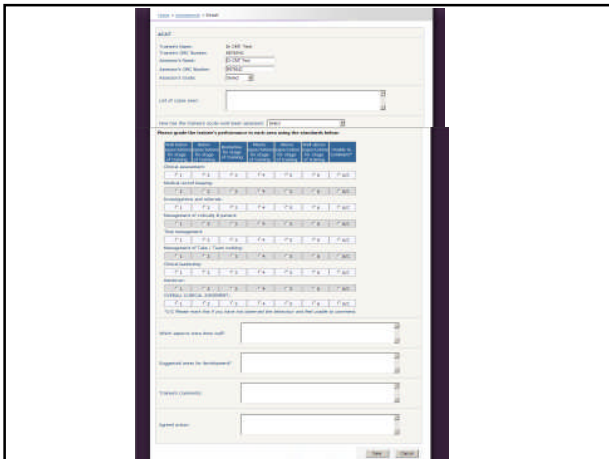
- Mini – Clinical Evaluation Exercise (mini- CEX)
- Directly Observed Procedural Skills (DOPS)
- Multisource Feedback (MSF)
- Case-based Discussion (CbD)
- Acute Care Assessment Tool (ACAT)
- All are entered on the eportfolio and should be cross referenced to areas of curriculum

Type	Form	Submissions
CT1 - Leeds General Infirmary -		(01/04/2009 - 04/08/2009)
MiniCEX		1 Submission Create
Summary MSF		2 Submissions Summary
DOPS		1 Submission Create
MSF		1 Submission Create
CbD		1 Submission Create
ACAT		1 Submission Create
MSF Self		1 Submission Create
Induction Appraisal		1 Submission Create
Mid point review		1 Submission Create

Example portfolio

The Acute Care Assessment Tool (ACAT)

- Concentrates on a trainee's performance over a take period
- One (or two) patients does not constitute an ACAT
- An ACAT can be carried out within a specialty attachment (e.g. Oncology with admissions with sepsis, bleeding admission, acute pain etc)



ACAT – Assessment Domains

Clinical assessment	Quality of history & exam to arrive at appropriate differential diagnoses
Medical record keeping	Quality of recording of patient encounters, drug, fluid prescriptions
Investigations & referrals	Quality of a trainee's choice of investigations & referrals
Management of critically ill pt	Quality of treatment given (assessment, investigations, urgent treatment, involvement of appropriate colleagues)

Time management	Prioritisation of cases & issues, ensuring sickest seen first, patient's most pressing issues dealt with first. Recognition of quality of a colleague's initial clerking to inform how much further detail needed. A full repeat clerking not always reqd by more senior doc
Management of time/team working	Appropriate relationship with and involvement of other health professionals
Clinical leadership	Appropriate delegation and supervision of junior staff
Handover	Quality of the handover of patients from the take to relieving team or to different area of care and new team
Overall clinical judgement	Quality of the trainee's integrated thinking based on clinical assessment, investigations & referrals resulting in the patient's management plan

Assessments are Trainee Led

Annual Review of Competence Progression (ARCP), formerly known as RITA

ARCP (RITA)

- For all trainees in CMT the ARCP panel will meet at approximately 10 months (May and June) to consider the paper and electronic evidence submitted.
- Trainees will be given six weeks notice of the date all evidence has to be received by, which will be three weeks before the panel sits.
- Trainees will be expected to attend the panel if an unsatisfactory ARCP outcome is expected.
- Panel – at least 3 of CMT training program director / Deputy Head of School, Head of School, College Representative, Tutor, Lay representative, Postgraduate Dean

Tip 3: Don't provide any links to your competencies

- Use the Links Icon to link the competency to one of the workplace assessments, MSF, Courses, reflective practice.
- Use common sense – the ALS course can be linked to all the emergency presentations.

Tip 4: Don't get your Educational Supervisor to sign off your competencies

Signing off a competency

Tip 5: Don't have all your ward based assessments done

- In a 12 month rotation
 - 4 minicex, Cbd
 - 3 ACAT's
 - 12 completed MSF
- Try not to fill them in the night before your ARCP

Decision aid for satisfactory ARCP

	ARCP year 1 Month 10	ARCP year 2 Month 22
4 Emergency Presentations (mini-CEX/CbD/ACAT)	Some experience of all	Competent in ALL
Top 20 Presentations (mini-CEX/CbD/ACAT)	Some experience of 50%	Competent in ALL
40 Other Presentations (mini-CEX/CbD/ACAT)	Competent in ¼	Competent in minimum of 34/40

	ARCP Year 1 Month 10	ARCP Year 2 Month 22
17 Procedures (DOPS)	Competent in at least ½	Independent in 15/17
25 Common Competences (ACAT/CbD/mini-CEX/MSF)	Competent in minimum of 1/3 at level 1 or 2 descriptor	Competent in ALL to level 2 descriptor

Decision aid for satisfactory ARCP		
	ARCP Month 10	ARCP Month 22
MRCP (UK)	Review MRCP Part 1/ Part 2 progress	MRCP obtained
ALS	Valid	Valid
Annually required	1 MSF, DOPS until independence in procedures demonstrated	1 MSF, DOPS until independence in procedures demonstrated
Minimum no. of WBAs by Consultants	Minimum of 9 ACATs + min of 9 mini-CEX + min of 9 CbD over two year period	
Events giving concern	The following events occurring at any time may trigger review of trainee's progress and possible remedial training: issues of professional behaviour, poor performance in workplace-based assessments, poor MSF performance, issues arising from supervisor report, issues of patient safety	

ARCP

- **Outcome 1** (achieving progress and development of competences at the expected rate) will only be possible if the following are received:
 - Satisfactory Educational Supervisors reports from both posts
 - Specified number of assessments linked to curriculum
 - Up to date counter signed record of competence showing appropriate level achieved
 - Valid ALS
 - Record of MRCP performance

Unsatisfactory or Insufficient Evidence ARCP outcomes

2. Development of specific competences required, additional time not required
3. Inadequate progress, additional training time required
4. Released from training program
5. Incomplete evidence presented, additional training time may be required

Fixed Term ARCP Outcome

7. Outcome for Fixed Term Specialty Trainee – documents competences achieved

Study leave

- 30 days per year
- Essential
 - MRCP part 1 course (local)
 - ALS
- Desirable
 - IMPACT; ALERT; MRCP Part II Written Exam Preparation Course (local); PACES course (local)
 - One specialty-specific course per year (UK or Ireland only)
- If local course available, no funding for course outside NI
- Applications at least 4 weeks in advance

Summary

- The curricula
- The assessment methods
- The e-portfolio
- The ARCP process
- The ARCP outcomes
- Study leave