# Core Medical Training and E-Portfolio
# A Guide for Trainees

## Core Medical Training Programme
## South Yorkshire

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# Introduction to the Programme

The NES e-portfolio helps you to plan and develop your learning throughout CMT to attain the competencies defined in the curriculum. To access e-portfolio please use Google Chrome.

The e-portfolio has other important functions:
- A record of your training experience
- A collection of evidence of your competence
- A record of your career discussions

It is important that your e-portfolio is comprehensive and that you use it to record all educational activities. If you have recently completed Foundation training in **the UK** you will have already used e-portfolio in conjunction with the foundation curriculum.  Specialty trainees (ST3 and beyond) in medical specialties allied to Joint Royal College of Physicians Training Board (JRCPTB) will continue to use the e-portfolio for higher specialty training.

Development of the e-portfolio is the trainee's responsibility and you should keep it up to date on a regular basis and not leave the completion of it until you have the deadline of an Annual Review of Competency Progression (ARCP). It is also the trainee's responsibility to present their e-portfolio to their educational supervisor on a regular basis for appraisal of the evidence of competencies.  **Do not expect your Educational Supervisor to spend hours the day before your ARCP, little and often is better.**

# Enrolment with JRCPTB

In order to gain access to e-portfolio and to be awarded a certificate of completion of CMT and CCT you must enroll with JRCPTB.  Instructions for this are found on **www.jrcptb.org.uk** . You will receive an email from JRCPTB with an invite to enroll; do not attempt to enroll until you have received this invite as the system will not be ready for you until then.  If you have not received an invite within the first two months, then please contact JRCPTB on ePortfolioteam@jrcptb.org.uk .  We have been advised that your e-portfolio account will be frozen if this is not completed within the first 3 months of your start date.

Enrolment fees applicable below (please see enrolment section of the JRCPTB website for further information: **https://www.jrcptb.org.uk/enrolment/fees-and-membership** )

| LAT fee | Upfront fee for core training | Upfront fee for specialty training | Instalment if paid alongside Collegiate Membership |
|---|---|---|---|
| £169 per annum | £338 | £845 | £169 per annum |

# Problems/Complaints/Advice

If you need advice regarding the training programme, are unhappy with your training or you are having difficulties please ask for help sooner rather than later. Generally, you should approach your Educational Supervisor first for most problems but you can also seek help from your RCP tutor or Training Programme Director (see who's who). Medical Education Managers are also an excellent source of information and if they don't know the answer they will know who does.

# Accessing E-Portfolio

**www.nhseportfolios.org**

Your basic details will be entered onto e-portfolio by the HEEYH CMT Programme Coordinator; you will be sent **a user name and password if you do not already have one.** You cannot change your user name but you are able to change your password.

Please ensure that the CMT Programme Coordinator (Catherine Smith) has a correct email address for you.  It is best to use an email address that you use regularly and that will not change when you move hospitals.  You are advised **not** to use Hotmail or Gmail accounts as these providers have regular problems with both Hospital and HEEYH servers.

E-portfolio is simple to use.  It is navigated using the drop-down **MENUS.**  The best way to learn to use it is to practice and it should not take you long to be fully competent.  However, if you come up against any difficulty your RCP Tutor or CMT Programme Coordinator will be able to help.

**If you find you are unable to write in any section (denoted by a greyed out box) this is because you do not have access for this task. E.g. you will not be able to write your own end of placement appraisal!  This must be completed through your supervisor's log-in by your supervisor personally. Boxes highlighted in green denotes you can create a link or form for that area.**

## Getting started

1. **Check your details** are correct and enter demographic details that have not been entered. **PROFILE MENU**. If there are any incorrect details contact the CMT Programme Coordinator. If you discover that your ES is different to that recorded in the e-portfolio please inform your RCP Tutor and when a new ES has been allocated ask the CMT Programme Coordinator (Catherine Smith) to update your e-portfolio with the correct details. (See Appendix Who's who).  **Please upload a photo of yourself in your e-portfolio.**

2. **Sign your Declaration of Probity and Health.  PROFILE MENU.**  These need to be signed at **the beginning of each CMT year** when you first log onto e-portfolio.  All doctors must have integrity and honesty and must take care of their own health and well-being so as not to put patients at risk.  This is clearly set out in Good Medical Practice (GMP).  You must read the relevant sections of GMP before completing the self-declarations for health and probity.  A copy of GMP can be found in the **HELP MENU** – information.

3. **Certificates**. Check that your relevant certificates are entered using **PROFILE MENU**. These must include a current in-date ALS.  The trainee can enter these to be confirmed later by the ES through the supervisor log-in.   All parts of MRCP must be verified by your supervisor in the curriculum area of your portfolio. The JRCPTB now upload MRCP results into the PROFILE, College Exams/certificates area of the e-portfolio.  There is also a separate Certificate and Exams section for you to upload any relevant certificates to, you are advised not to fill up this section with certificates from online learning modules, but keep it for professional qualifications and mandatory courses.  You can enter certificates from online modules into your library and use reflective practice in order to use these to link with the curriculum.

# Curriculum for CMT (Specialty Training Curriculum for Core Medical Training – August 2009 (Amendments 2013)

Core Medical Training (CMT) normally takes 2 years (CT1 and CT2). The curriculum for core medical training encompasses acute medicine and common competencies. ACCS (AM) trainees must make sure that they have both ACCS and CMT Curricula in their e-portfolio

The CMT curriculum progresses to GIM curriculum at ST3 and will facilitate dual accreditation in GIM. Both common and core medicine competencies must be completed and documented in e-portfolio at the appropriate level before completion of CMT. The MRCP exam maps to the curriculum and completion of all parts of MRCP is required before completion of CMT and before taking up an ST3 post.

The curriculum can be accessed electronically:
**www.jrcptb.org.uk**
**www.nhseportfolios.org**

It is vital that you read and become familiar with the curriculum at the start of your training in order to produce your **Personal Development Plan.** You are advised to refer to the curriculum from the JRCPTB website. Your e-portfolio will be assessed at months 8/9 and 20/21. You will have an ARCP assessment at months 11/12 and 23/24.

The number of competencies at each stage is prescribed by **JRCPTB in the Core Medical Training (CMT) ARCP Decision Aid (revised August 2017).** A copy of the 2017 decision aid is enclosed in the appendix and can also be found at: **www.jrcptb.org.uk**. You are strongly advised to read the decision aid at the beginning of your training and at the start of each new post in order to plan your Personal Development Plan.

**A trainee will be unable to proceed to higher specialist training without a successful ARCP outcome 6 at month 23.**

# Supervision

You will have both an educational supervisor for 12 months and a Clinical Supervisor for each post. Their roles are similar and will overlap.

## Educational Supervisor

An Educational Supervisor (ES) will be assigned to you at the beginning of CT1 and the beginning of CT2 and each will supervise you for 12 months. It is likely they will be one of the Consultants who will supervise your clinical work in the first post of each year but this is not necessary in all cases.

Your ES will be given access to your e-portfolio and you will be able to check who your ES is by checking your e-portfolio. If the ES attached to you at the beginning of the year is no longer able to undertake this role you should discuss this with your RCP Tutor immediately, so that another ES can be allocated. You should meet with your ES within a couple of weeks of starting CT1 or CT2 and thereafter at a minimum frequency of 4 months; they will sign your educational agreement, help you plan your training, help sign off CMT competencies and will write the Educational Supervisor report before any assessment of your progress. **An ES report is mandatory before ARCP and should be submitted 1 month before ARCP and should report on the whole of the training year**. An ES report is not mandatory for each post but may be desirable to help you monitor your progress with the CMT curriculum.

## Clinical Supervisor

You will have a Clinical Supervisor for each post who will undertake induction to the post, supervise and appraise your clinical work within the post and also have access to your E-portfolio in order to sign off CMT competencies whilst you are in the post.

Since Consultant's work patterns change from month to month, if the appointed supervisor is changed at any point in your training, you will need to let the CMT Programme Coordinator - Catherine Smith based at Rotherham Hospital, 01709 424543 ([csmith52@nhs.net](mailto:csmith52@nhs.net)) have the details of your Clinical Supervisor, so they can be given access to your e-portfolio.

You must give your Educational Supervisor a list of four named Consultants who will write your Multiple Consultant Reports (MCR) during the year. At least 4 MCRs (https://www.jrcptb.org.uk/documents/mcr-requirements-specialty-august-2014 ) are required each year, before your ARCP, to inform the Educational Supervisor Report.

# Preparing for Appraisals

**Your self-assessment of curriculum competencies and personal development plan documents should be completed before you have your initial meeting with your supervisor.**

## Self-assessment:

Complete a self-assessment in your e-portfolio after reviewing the relevant sections of the curriculum. **To access the self-assessment click on the CURRICULUM MENU; Your entries will appear as a trainee rating.** You should identify your strengths and development needs and use these to produce your personal development plan. Your Educational/Clinical Supervisor will sample at least 10% of competencies and explore them in detail over the year to check that you are making progress with your curriculum (www.jrcptb.org.uk ).

## Personal Development Plan

This needs to specifically reflect the learning objectives that you need to achieve in your post and should map to the CMT curriculum.

Your learning objectives should be **S**pecific, **M**easurable, **A**chievable, **R**ealistic and against a **T**ime Scale (**SMART**).

**To access the PDP, click on the APPRAISAL MENU and select Personal Development Plan.**

| Process | Who does this | Tasks before meeting by trainee | Tasks during meeting |
|---|---|---|---|
| Post Induction Appraisal | Your ES will review your educational plan and progress. You should have a separate meeting with your clinical supervisor in subsequent posts, to document responsibilities of the post, timetable and learning opportunities. | Review curriculum initially/ complete self-assessment. Review record of competence (for later appraisals) | Agree objectives of post to include PDP. Complete post timetable/Sign educational agreement/Sign induction appraisal form. |
| Mid-point review* | ES or CS | Review curriculum Review objectives in PDP | Use PDP and portfolio to review progress and identify future development needs Amend PDP. Highlight any training concerns. Discuss outcomes of Workplace-based assessments. Sign mid-point review form |
| End of post appraisal | ES | Review curriculum Review objectives in PDP | Use PDP and portfolio to review progress and identify future development needs. Highlight any training concerns Sign end of post appraisal form. |
| Other additional meeting | ES or CS | Review curriculum Review objectives in PDP | To sign off curriculum competencies (suggested maximum number at each meeting =5) |

*Not mandatory but advisable

# Schedule of Appraisals/Meetings

### Initial Appraisal

- This should be within the first 2 weeks of starting your placement. Your supervisor needs to record the details here by accessing the APPRAISAL MENU (add appraisal). This may be done through the trainee or supervisor login.
- **Your educational agreement should be signed electronically by trainee and supervisor.**

### Mid-point Meeting

- This is done by your supervisor in the same way as the initial meeting. It is not compulsory to have this meeting, but essential if either you and/or your supervisor have any concerns.

### Supervisor's report.

- This is completed by your ES through the **Supervisor's login** before e-portfolio assessment/ARCP. The report should cover the entire training period from beginning of training year up to ARCP date. It is in the **APPRAISAL MENU**.
- **It is compulsory before an ARCP**.
- **You need a minimum of 4 MCR which will inform the Educational Supervisor's Report.**

### End of Placement Meeting

- This is done by your supervisor and completed **on the supervisor login.**
  This meeting serves to link everything together.
- Any paper based certificates may be verified and the Curriculum reviewed.
- **Your supervisor will complete the appraisal of the evidence you present in your e-portfolio to support competencies achieved during the attachment** and appraise the curriculum areas (not achieved, some experience or level 1 or level 2 competent).

# It is best to do this <u>little</u> and <u>often</u> with your supervisor.

# Don't leave this until you have an ARCP.

**Ensure you link evidence of QIP and clinics to the curriculum and reflection sections! 40 clinic attendances is the minimum requirement by the end of CT2 year and these must be documented in a spreadsheet in your Personal Library with reflection in the Reflective Practice section. The JRCPTB has developed a log of clinic attendances and procedures which has been pre-loaded into your personal library by the CMT Programme Coordinator. You are advised to save this to your documents and regularly record clinics and procedures and before your ARCP upload the completed record to your personal library.**

**Note: All final appraisals, supervisor's reports and appraisal of the curriculum can only be performed through your supervisor's login. Your Clinical Supervisor may complete your appraisals and sign off of curriculum competencies.** Initial and mid-point appraisals can be done through trainee or supervisor logins.

# Evidence to Support Competency Attainment

Competency attainment is supported by evidence recorded in your e-portfolio. Appropriate evidence to support your progress is outlined in the curriculum and includes work-based assessments. You should also record and reflect on learning experiences.
A log of your experience will become crucial when you enter ST3.

**In order that these can be used as evidence to support your competence you must 'LINK' assessments and reflective practice entries to curriculum areas.**
You will find a list of useful guides on the JRCPTB website which will help when linking documents to the portfolio http://www.jrcptb.org.uk/eportfolio-information/user-guides
It is not necessary to make many links against each curriculum area – 2 or 3 pieces of quality evidence is better. A minimum of two pieces of good quality evidence, your ES will sample some of the evidence and indicate whether or not your evidence is sufficient.

## Work-Based Assessments include:
- Case Based discussion (CbD)
- Mini-CEX
- DOPS
- ACAT
- MSF
- Teaching assessment tool/ Audit assessment tool/QIPAT

Work-place assessments should be documented immediately and together with the assessor to allow for more focussed feedback.

There are full instructions for completion of an assessment in the **ASSESSMENT MENU**.
There are 3 ways assessments can be recorded in e-portfolio:
- Directly from a supervisor access
- Directly from a trainee access
- Using a 'ticket' process to provide access to an assessor who may not have an E-portfolio account or be linked to a trainee

The minimum number of work-based assessments is set out in the **JRCPTB Decision Aid for ARCP (appendix) and must be completed by a consultant assessor who does not have to be your supervisor.** This is a minimum requirement and you are advised that more are required to develop a comprehensive e-portfolio and these extra ones can be done by StRs or in some circumstances other specialists such as nurses. It is not appropriate to have these done by other core trainees. **A multi-source feedback (MSF)** with a minimum of 12 raters will be required half way through the second post of the year and we will prompt you to complete one. **You must include 3 consultant assessors including your ES and CS and senior nurses** and may include some peers. If there are training concerns you may be asked to complete an MSF at another time as well. **Please do not attempt to do an MSF until you have been advised to do so!**

## Reflective Practice Entries / Learning from experience could include:
- Audit/Case presentations
- Course/Formal teaching
- Critical review of a topic/Publications
- Interesting case

(The list is not exhaustive - see e-portfolio)

# Assessment:  Signing off Competencies

**All Competencies must be signed off in the curriculum area of the e-portfolio by your educational or clinical supervisors and this is an absolute requirement for final assessments.**

- You should not be signed off for a competence if you do not have sufficient evidence in your e-portfolio associated with that competence and it is your educational supervisor's role to appraise your evidence.  For most curriculum areas you will be expected to have 2 or more appropriate pieces of linked evidence. Appropriate evidence for curriculum areas is defined in the curriculum.

- Your curriculum menu will be a major area of your e-portfolio assessed in 'Portfolio' and 'ARCP' reviews. **If you do not have the curriculum areas signed off the ARCP panel will judge they have not been completed.**

- Your supervisor will need to do this through supervisor login, click on curriculum, review the linked evidence, and complete the comments box.

Your Educational Supervisor should not sign you off for a competence if it is felt more experience is needed or more evidence needs to be collected.  The competence may be signed off as 'Some experience' or 'achieved' (or in case of common competence level 1 or 2).  Although the curriculum specifies the knowledge, skills, attitudes and behaviour, to achieve CMT level competence, a 'rule of thumb' is that you have achieved a competence if your supervisor thinks you are at a level ready to progress to ST3  in that area.

Some competency areas have a facility for group sign off by ES, provided they have sampled some of the evidence.

## Annual Review of Competency Progression

- Your e-portfolio will be reviewed remotely at months 8 and 20 and months 11 and 23, The ARCP panels convene for these assessments in June and July respectively.
- The ARCP panels will include the Head of School or Training Programme Director/Deputy, Royal College of Physicians Tutors, Educational Supervisors and lay representatives and an external advisor from another LETB (Deanery).
- The panels will assess your progress in achieving the required competencies at the appropriate level.  The Criteria for satisfactory progression are set out in the JRCPTB ARCP (August 2017) decision aid.
- An interim ARCP will be held in February for trainees who have a non standard outcome at ARCP in the summer.
- You will be informed of the dates of each meeting in due course by e-mail and through an **ALERT** posted on the CMT home page.

**Unsatisfactory progress may delay or prevent progression to the next stage in your training and trainees who do not meet targets set at ARCP within the set time frame may be exited from the training programme.**

The following forms are used prior to the remote June ARCP's to assess your progress.

Use this form to record your own progress in CT1

| CT1 PROFORMA – ARCP 2018/2019 | | |
|---|:---:|---|
| Satisfactory record of teaching attendance (85% required 6 out 7 teaching days) | *Y/N* | |
| | | |
| Valid ALS     (must be in date at all times | *Y/N* | |
| MRCP (Part 1 required) | *Part1, Part2, PACES* | |
| | | |
| Number of Clinics (20 required) | | |
| QIP completed with QIPAT assessment  (1 in current year) | *Y/N* | |
| | | |
| Common Competencies. Evidence linked to at least 5 competencies AND CT1 level group sign off by ES | *Y/N* | |
| Emergency Presentations. Individual CMT sign off  by ES for all 4 with minimum 2 pieces satisfactory evidence linked (of which 1 **must** be SLE)     *Y/N*  **Each emergency presentation must be signed off individually as achieved** | | |
| Top Presentations. Evidence linked to at least 11 competencies AND CT1 level group sign off by ES | *Y/N* | |
| Other Presentations. Evidence linked to at least 15 competencies AND CT1 level group sign off by ES | *Y/N* | |
| Number of Essential Procedures Part A (5 with skills lab training completed or  satisfactory supervised practice with DOPS evidence)  **Each procedure must be signed off individually** | | |
| | | |
| Number of Consultant ACATs (minimum 4 with 5 cases) | | |
| **Total** number of Consultant SLEs (minimum 10) | | |
| MSF (minimum 12 raters including non medical staff and 3 Consultants) | *Y/N* | |
| Concerns | *Y/N* | |
| Comments | | |
| | | |

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Use this form to record your own progress in CT2 2018/2019

| | | |
|---|---|---|
| Satisfactory record of teaching attendance | **Y/N** | |
| Valid ALS | **Y/N** | |
| MRCP (all parts required) | **Part1, Part2, PACES** | |
| Number of Clinics **(40 required)** | | |
| QIP completed with QIPAT assessment (1 in current year) **1 QIP in CT1year; 1 QIP for CT2 year** | **Y/N** | |
| Common Competencies. Evidence linked to at least 10 competencies AND CMT level group sign off by ES | **Y/N** | |
| Emergency Presentations. Individual CMT sign off by ES for all 4 with minimum 2 pieces satisfactory evidence linked (of which 1 **must** be SLE) **Each emergency presentation must be signed off individually as achieved** | **Y/N** | |
| Top Presentations. Evidence linked to ALL competencies AND CMT level group sign off by ES | **Y/N** | |
| Other Presentations. Evidence linked to at least 30 competencies AND CMT level group sign off by ES | **Y/N** | |
| Essential Procedures Part A (5 clinically independent with **summative** DOPS evidence) **Each procedure must be signed off individually** **Each procedure (including CPR) needs a <u>summative</u> DOPS indicating clinical independence** **Pleural aspiration needs TWO <u>summative</u> DOPS, each by a different assessor** | **Y/N** | |
| Essential Procedures Part B (3 with skills lab training completed or satisfactory supervised practice with DOPS evidence) **Each procedure must be signed off individually** | **Y/N** | |
| Number of Consultant ACATs (minimum 4 with **minimum of 5 cases)** | | |
| **Total** number of Consultant SLEs (minimum 10) | | |
| MSF (minimum 12 raters including non-medical staff and 3 Consultants) | **Y/N** | |
| Concerns | **Y/N** | |
| Comments | | |
| Educational Supervisor report (to cover whole year) | **Y/N** | |
| Multiple Consultant Report (minimum 4) | **Y/N** | |
| Concerns | **Y/N** | |
| Comments: | | |
| CMT year 1 ARCP outcome **Please check that outstanding requirements from CT1 ARCP have been addressed** | | |
| CMT year 2 ARCP requirements achieved | **Y/N** | |
| Comments: **(this section will be added to trainee's eportfolio for feedback purposes)** **An ACAT can be linked to EIGHT competences only (some trainees link it to too many competences!)** **CbD and mini-CEX can only link to TWO competences each.** **Educational supervisors should sample and sign off at least 10% of the competences (to confirm the quality of the evidence) and then do a group sign off at the appropriate level (CT1 or CT2) for 'common', 'top', and 'other important presentations'.** **Competences signed off without any evidence should not be accepted.** | | |

# Regional Training Days - CMT Programme 2018/19

The Core Medical Teaching Programme is based on the core medicine curriculum.  There is a separate programme for CT1 and CT2 trainees and these are in the form of whole day release. Attendance is compulsory and the only reasons for absence are annual leave, sickness, on call or on a night shift (please refer to the complete study leave guidance for CMT included in your induction pack) Most of the training days will be held twice so if you are unable to attend your allocated day then you will be expected to attend the 'mirror' day. CT1s are expected to attend 1 of the 2 scheduled Regional Inductions.

You must attend a minimum of 6 days out of 7 in each training year, plus over the 2 CMT years, 1 medical emergencies simulation day (ASCME) and clinical skills lab teaching for procedural competences (APS).  It is therefore very important that as soon as you know the dates of the training sessions you plan which days you will attend, arrange cross cover with other members of your team, obtain the agreement of your supervising consultant and submit a form for study leave.  It is your responsibility to ensure any swaps are made in good time and agreed with the Rota organiser a minimum of 6 weeks prior to the teaching day.  If you cannot attend you must inform the CMT Programme Coordinator (Cath Smith) [csmith52@nhs.net](mailto:csmith52@nhs.net)  in order for a record to be made on the register.  CMT training days are divided into 3 terms and in order to achieve the minimum number in one year you should aim to attend approximately 2 days each term (starting in September).

If your level of attendance at training days is poor it may lead to an unsatisfactory ARCP outcome.

- There will be 7 teaching days for CT1 and 7 teaching days for CT2 held each year. You are expected to attend a minimum of 6 training days each year.

- 1 simulation day for medical emergencies (ASCME) and 1 day for clinical procedures teaching in skills lab (APS).

  Course Bookings: Regional Teaching, ASCME & Procedural Skills dates are on the Maxcourse website:  [https://www.maxcourse.co.uk/heeyhsom/](https://www.maxcourse.co.uk/heeyhsom/)

  The Maxcourse system allows you to create your own account and book onto teaching/training days, all your booked training/teaching days are saved to your account and once attendance is confirmed for each training day you will be able to access your attendance certificate which will be saved in your account. You must complete the evaluation for each session before you can access the attendance certificate and this must be done as soon after the teaching/training takes place.

- The teaching days will rotate around the Region's hospitals.

- The teaching is based on half day topics so that each teaching day will be made up of 2 main themes. The programme will be repeated annually so that in the 2 year run through Programme all the main topics will be covered.

- There will be other educational opportunities and teaching sessions within each hospital such as Staff Round / Grand Round presentations, X- Ray conferences, Specialty Teaching meetings and MDT meetings. You should also consider organising 'Taster Clinics' in specialties that are not covered in your rotation.

- You should keep a record of all training sessions and meetings that you attend in your e-portfolio and you should use the links to the relevant curriculum in order to use these sessions as evidence in support of competencies.

# Study Leave

For study leave you are required to complete the HEYH study leave form found on the Y&H Deanery website (https://www.yorksandhumberdeanery.nhs.uk/medicine/core_medical_training/). All requests for study leave approval *must* be signed by your Educational/Clinical Supervisor or Royal College Tutor or Training Programme Director and your Rota organiser and approved by the CMT Coordinator. (See page 20 for contact details).

CMT Trainees are allowed up to 30 days per year study leave and includes the mandatory teaching below:

Study leave must map to the curriculum and be relevant. Courses that are mandatory for CMT are listed below. Please note, following the move away from individual trainee budgets to funding of mandatory courses your TPD/RCP Tutor has the final decision on any Study leave approved.

- **PACES courses (South Yorkshire/Yorkshire Courses should always be attended as first choice; an alternative course will only be considered when it is impossible for the trainee to obtain leave for a local course or if the local course is full). Normally only one PACES course will be funded per trainee.**
- **Other simulation training courses (e.g. ASCME, Advanced procedural skills courses)**
- **ALS (most trainees will have done this at foundation and will not need to repeat in CMT)**
- **5 days maximum private exam study *per year* (this is at the discretion of your TPD/College Tutor/Rota organiser; there is no official entitlement to it).**
- **1st attempt at MRCP Exam – each part (expenses only NOT exam fees - further attempts will be allowed time only).**
- **Regional CMT training days.**

**Funding for any other course is unlikely to be approved. Any such requests should be discussed on a case by case basis with the TPD or Deputy. Unfortunately, the curriculum delivery budget is limited and the approved mandatory courses have been agreed as HEEYH policy**.

For your first attempt at MRCP exam, travel and subsistence expenses (hotel, meals) can be claimed. Please ensure you fill in the expenses part of the form (if it is not on the approved form it will not be agreed). If you are travelling by train for example you should work out how much it will be; the same for the hotel and enter an estimation. **This does not include the exam fee which is paid by you**.

Once your study leave form (with any expenses) has been approved by your ES/CS and either college tutor or TPD, plus the rota organiser it should be sent for the attention of Catherine Smith, Medical Education Centre, The Rotherham NHS Foundation Trust, Moorgate Road, Rotherham S60 2UD. Scanned signed copies may be emailed to csmith52@nhs.net **Any study leave forms that are incomplete or do not have the necessary signatures will be returned to the trainee, which will lead to delays and could result in your application being considered retrospectively and therefore will not be approved.**

**Please note retrospective claims will not be allowed. All claims for costs must be applied for within 28 days of the course/exam.**

**ALL** trainees (including DGH) should use the e-expenses system to claim any expenses relating to study leave.

**To claim your expenses:**
Following your attendance on the approved course/exam all receipts should be uploaded onto the e-expenses system. STH Medical Education will then be notified of your claim and will process it. You will be notified via the e-expenses system if there are any queries relating to your claim.
Any questions should be directed to e-expenses; contact e-expenses directly via expensesadmin@sth.nhs.uk provide your name, assignment number (found on your pay slip) and the email address you wish to be used for correspondence.

The following amounts must also be adhered to for all study leave claims:

- Hotel Accommodation  (outside London)  £55
- Hotel Accommodation  (London)  £80
- £25.00 per night if staying with friends or relatives, this includes meals, receipt not required.
- £5.00 Lunch, receipts required.
- £15.00 Evening Meal, receipts required.
  Road Travel is 0.24p per mile

Please note HEEYH states that all claims for expenses should be submitted within 28 days of the course/exam and that **retrospective claims will not be allowed**.

**YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY – FORM SL-A**

**APPLICATION FORM FOR CURRICULUM/EXAMINATION LEAVE
FOR ALL TRAINEES WITHIN YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY**

**THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH CURRICULUM DELIVERY GUIDANCE FOR TRAINEES IN: NORTH & EAST YORKSHIRE AND NORTHERN LINCOLNSHIRE LOCALITY AND WEST YORKSHIRE LOCALITY"**

| PART A – STUDY LEAVE DETAILS | | |
|---|---|---|
| Surname: | Forenames: | |
| Your Address:<br><br>E-mail: | Current Employer: | |
| Specialty: | Grade/Level:<br>(please delete as appropriate)<br><br>FTSTA  ST4<br>CT1  ST5<br>CT2  ST6<br>CT3  ST7<br>ST1  ST8<br>ST2  SpR<br>ST3 | Tel No: |
| Main Hospital:<br>Post at time of SL if different from above: | Department: | GMC No: |

| Leave requested for: | | | |
|---|---|---|---|
| Professional Development ☐ | Exam Leave ☐ | Exam Preparation ☐ | Other ☐ |

**Dates (inclusive of travel)**

From:                    To:                    No of days:

**Title of Course/Conference/Study Day:**

| **Location:** | |
|---|---|
| **Exam details:** | **Date of Exam:** |
| **Number of previous attempts at this exam:** | **Dates taken:** |

**The following colleagues have agreed to cover my duties:**

Name (print):                    Signed:

Name (print)                    Signed:

| EXPENSES | Course Fee | Residential Costs<br>No of Nights ……… | Travel<br>Road ☐  Rail ☐ | Subsistence | Other<br>(Please specify) |
|---|---|---|---|---|---|
| Estimated: | £ | £ | £ | £ | £ |
| Approved: | £ | £ | £ | £ | £ |

Signed (Applicant):

Date:

| PART B – APPROVAL OF ROTA CO-ORDINATOR |
|---|
| |
| Signed (rota co-ordinator): <br><br> Date: <br><br> |

| PART C – APPROVAL OF EDUCATIONAL SUPERVISOR /CLINICAL SUPERVISOR |
|---|

| **\* Approved / Not Approved** | | | *delete as appropriate* |
|---|---|---|---|
| I CERTIFY THAT: | YES | NO | |
| 1 This study/course activity is appropriate to the applicant's present training requirements | ☐ | ☐ | |
| 2 The applicant has made every effort to prepare him/herself for this course | ☐ | ☐ | |
| 3 The applicant can be released from his/her service commitment for this period | ☐ | ☐ | |
| Name (print): | | | |
| Signed: | | Dated: | |

| PART D – APPROVAL BY SPECIALTY STUDY LEAVE ADVISOR (SSLA) |
|---|
| **Note: SSLA NAMES AND DETAILS ARE AS PER THE CURRICULUM DELIVERY GUIDANCE. THE LOCAL DIRECTOR OF PGME IS THE SSLA FOR FOLLOWING SPECIALTIES: CORE MEDICAL TRAINING, ACCS, PAEDIATRICS AND PSYCHIATRY** |

| **\* Approved / Not Approved** | *delete as appropriate* |
|---|---|
| Name (print): | |
| Signed: | Dated: |

If leave is not approved, please state reasons below (to be completed by the SSLA):

| |
|---|
| <br><br><br><br><br> |

**THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH "CURRICULUM DELIVERYGUIDANCE FOR TRAINEES IN: YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY AND SENT TO THE APPROPRIATE LEAD MEDICAL EDUCATION CENTRE**

# PACES Courses

A course is held in one of the hospitals of the region before each diet of the PACES examination and candidates should apply for a course if they intend to take the PACES examination at the next sitting. You must apply for study leave. The South Yorkshire course will be funded from the CMT curriculum delivery budget. A course in another region will not be funded unless the local course is oversubscribed (and you have applied in good time). You will be expected to attend a course within HEEYH except in exceptional circumstances. PACES Courses will be held as follows:

- Barnsley (BDGH) – 28 – 30 September 2018
- Sheffield (NGH) – 22 – 24 January 2019
- Doncaster (DRI) – 16 – 17 May 2019
- Rotherham (RDGH) – 27 – 29 September 2019

**MSF – 02 - 23 January 2019 (Please do not attempt to organise an MSF any earlier than this date)**

**Provisional ARCP Dates (all dates to be confirmed but indicative of time frame to complete portfolio competences).**

**Month 8 and Month 20 interim review**
E-Portfolio review 18 March – 29 March 2019
Interim Review 08 April 2019

**ARCP**
E-Portfolio Review 03 – 07 June 2019 (without trainees)
Remote ARCP panel week beginning 10 June 2019 (without trainees).
ARCP with selected trainees to attend week beginning 08 July 2019

**Core Medical Training (CMT) ARCP Decision Aid – AUGUST 2017**

The CMT ARCP decision aid documents the targets to be achieved for a satisfactory ARCP outcome at the end of each training level. This document replaces all previous versions from **August 2017**. Please see guidance notes below.

**Evidence of engagement with curricular competencies**
- Evidence should include supervised learning events (SLEs) and workplace based assessments (WPBAs), personal development plans (PDPs), reflective practice, quality improvement projects, e-learning and feedback on teaching delivered. It is suggested that the evidence for emergency and top presentations should include a supervised learning event (SLE). An ACAT is evidence of management of a group of acute patients but not the management of the individual cases.
- Trainees should link evidence and record a self-rating with comments for the curriculum competencies covered
- Supervisors should sample approximately 10% of these competencies and record their supervisor ratings with explanatory comments for each one sampled (additional evidence and/or sampling may be required if there are concerns)
- Sampling will not apply to (1) emergency presentations as the supervisor must check that evidence is recorded for each presentation and CMT level has been achieved for all emergency presentations by the end of CT1 and (2) practical procedures which require individual sign off
- Educational supervisors (ES) should record ratings at group competency level (with the exception of procedures) as indicated in the ARCP decision aid. This will normally be done as part of the review of the ePortfolio in order to complete the ES report
- Procedures should be assessed using DOPS as detailed in the procedures section of this decision aid. Please refer to the relevant footnotes
- Please refer to the JRCPTB recommendations for specialty trainee assessment and review for more detailed guidance on linking and sampling of evidence.

**Clinic activity**
Trainees who start CT1 in August 2017 must attend a minimum of 40 outpatient clinics by completion of CMT, in line with the JRCPTB quality criteria for CMT. For trainees who started CT1 in August 2016 or before the minimum requirement is 24 clinics by end of CT2. The educational objectives of attending clinics are to understand the management of chronic diseases; be able to assess a patient in a defined time-frame; to interpret and act on the referral letter to clinic; to propose an investigation and management plan in a setting different from the acute medical situation; to review and amend existing investigation plans; to write an acceptable letter back to the referrer and to communicate with the patient and where necessary relatives and other health care professionals. These objectives
can be achieved in a variety of settings, including less traditional clinic models (a procedure list should not be considered as clinic attendance). Trainees should see at least some patients on their own but all patients should be reviewed with a consultant. Clinic letters written by the trainee should also be reviewed and feedback given. The number of patients that a trainee should see in each clinic is not defined, neither is the time that should be spent in clinic, but as a guide this should be two or more hours. Clinic experience should be used as an opportunity to undertake SLEs and reflection.

Organisations must ensure learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as need (see COPMeD guidance for more information on appropriate supervision in outpatient clinics).

Clinic activity should be recorded using the summary of clinical activities and teaching attendance form available on the ePortfolio in the assessment section (or locally agreed equivalent). A template logbook for recording outpatient clinics and procedures is available on the JRCPTB CMT page and should be uploaded to the ePortfolio.

**CMT ARCP Decision Aid – August 2017**

| Curriculum domain | | CMT year 1 | CMT year 2 | Comments |
|---|---|---|---|---|
| Educational Supervisor (ES) report | | Satisfactory with no concerns | Satisfactory with no concerns | To cover the whole training year since last ARCP (up to the date of the current ARCP) |
| Multiple Consultant Report (MCR) | Minimum number Each MCR is completed by one clinical supervisor | 4 | 4 | The range of MCRs should reflect all aspects of work, eg specialty and on-call. Feedback collated in end of year summary report. Any actions to be recorded in ES report |
| MRCP (UK)[1] | | Part 1 passed | MRCP(UK) passed | Exam results will be uploaded to the ePortfolio automatically |
| ALS | | Valid | Valid | Must be valid throughout CMT |
| Supervised Learning Events (SLEs): ACAT CbD Mini-CEX | Minimum number to be carried out by consultants | 10<br><br>To include at least 4 ACATs (each ACAT to include a minimum of 5 cases) | 10<br><br>To include at least 4 ACATs (each ACAT to include a minimum of 5 cases) | SLEs should be performed proportionately throughout each training year by a number of different assessors to cover the breadth of the curriculum. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee. |
| Multi-source feedback (MSF)[2] | Minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical) for a valid MSF | 1 | 1 | Replies should be received within 3 months (ideally within the same placement). MSF report must be released by the ES and feedback discussed with the trainee before the ARCP. If significant concerns are raised then arrangements should be made for a repeat MSF |

[1] Failure to achieve MRCP(UK) Part 1 by the end of CT1 should lead to an ARCP 2 outcome if other aspects of training are satisfactory. Failure to achieve MRCP(UK) after 24 months in CMT will normally result in an outcome 3 if all other aspects of progress are satisfactory

[2] Health Education West Midlands use Team Assessment of Behaviour (TAB) as a multisource feedback tool. West Midland's trainees should refer to local guidance for requirements

| | | 1 | 1 | |
|---|---|---|---|---|
| Quality improvement project | | | | Quality improvement project plan and report to be completed. To be assessed using the quality improvement project tool (QIPAT) |
| Common Competencies | Ten of these competencies do not require linked evidence unless concerns are identified[3] | ES to confirm CT1 level completed and evidence attached for at least 5 competencies | ES to confirm CMT level completed evidence attached for at least 10 competencies | Group sign off acceptable<br><br>Progress to be determined by sampling trainee's evidence and self-ratings.<br><br>ES should record a rating at the group competency level and provide justification for this rating in the comments section |
| Emergency Presentations | Cardio-respiratory arrest | Confirmation by educational supervisor that evidence recorded and CMT level achieved | | Individual sign off required<br><br>Mini-CEXs, CbDs and ACATs should be used to demonstrate engagement and learning.<br><br>ES to confirm CMT level completed by the end of CT1 and record outcome in the ES report |
| | Shocked patient | Confirmation by educational supervisor that evidence recorded and CMT level achieved | | |
| | Unconscious patient | Confirmation by educational supervisor that evidence recorded and CMT level achieved | | |
| | Anaphylaxis / severe Drug reaction | Confirmation by educational supervisor that evidence recorded and CMT level achieved (after discussion of management if no clinical cases encountered) | | |

[3] Refer to JRCPTB recommendations for specialty trainee assessment and review for further details

| | | | | |
|---|---|---|---|---|
| Top Presentations | | ES to confirm that evidence is recorded for at least 11 presentations | ES to confirm completed all with evidence for all presentations | **Group sign off acceptable**<br><br>Mini-CEXs, CbDs and ACATs should be used to demonstrate engagement and learning.<br><br>Progress to be determined by sampling trainee's evidence and self-ratings. ES should record a rating at the group competency level and provide justification for this rating in the comments section |
| Other Important Presentations | | ES to confirm that evidence is recorded for at least 15 presentations | ES to confirm evidence for at least 30 presentations | Progress to be determined by sampling trainee's evidence and self-ratings. ES should record a rating at the group competency level and provide justification for this rating in the comments section |
| Clinics | See guidance above for definition of clinics and recording of attendance in ePortfolio | Satisfactory performance in 20 outpatient clinics by completion of CT1 | Satisfactory performance in 40 outpatient clinics by completion of CMT[4] | Mini CEX / CbD to be used to give structured feedback. Patient survey and reflective practice recommended. Summary of clinical activity recorded on ePortfolio |
| Overall teaching attendance | To be specified at induction (eg Grand Rounds, local and regional CMT teaching and simulation training) | Satisfactory record of teaching attendance | Satisfactory record of teaching attendance | Summary of teaching attendance to be recorded on ePortfolio (Audit and Teaching section) |

[4] Trainees starting CT2 in August 2017 or before may not have had the opportunity to attend 40 clinics by the end of CMT and a minimum of 24 clinics can be accepted

| Category | Procedure | CMT year 1 | CMT year 2 | Comments |
|---|---|---|---|---|
| Essential CMT procedures<br><br>Part A: clinical independence essential [5] | Advanced CPR (may include external pacing) (R) | Skills lab training completed or satisfactory supervised practice | Clinically independent | DOPS to be carried out for each procedure.<br>Formative DOPS should be undertaken before summative DOPS as many times as needed.<br><br>Summative DOPS sign off for routine procedures *(R)* to be undertaken on one occasion with one assessor<br><br>Summative DOPS sign off for potentially life threatening procedures (*PLT*) to be undertaken on at least two occasions with two different assessors (one assessor per occasion) if clinical independence required<br><br>Foundation procedural skills must be maintained<br>A logbook of procedures should be maintained [6] |
| | Ascitic tap (R) | Skills lab training completed (or satisfactory supervised practice) | Clinically independent | |
| | Lumbar puncture (R) | Skills lab training completed (or satisfactory supervised practice) | Clinically independent | |
| | Nasogastric tube placement/checking (R) | Skills lab training completed (or satisfactory supervised practice) | Clinically independent | |
| | Pleural aspiration for pneumothorax [7] **or** pleural fluid (PLT) | Skills lab training completed or satisfactory supervised practice | Clinically independent | |
| Essential CMT procedures<br><br>Part B: clinical independence desirable [5] | Central venous cannulation by internal jugular, subclavian or femoral approach, with support for U/S guidance (PLT) | | Skills lab training completed or satisfactory supervised practice. Two summative DOPS are required for clinical independence (with support for U/S guidance) | |
| | Intercostal drain insertion for pneumothorax **or** pleural fluid (PLT) [7] | | Skills lab training completed or satisfactory supervised practice. Two summative DOPS are required for clinical independence | |
| | DC cardioversion (R) | | Skills lab training completed as a minimum. Summative DOPS required for clinical independence | |

[5] Clinically independent is defined as competent to perform the procedure unsupervised, recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties where appropriate. Support for ultrasound guidance is required from another trained professional where indicated. Two summative DOPS by two different assessors are required for life threatening procedures

[6] Excel template logbook is available on the JRCPTB website (www.jrcptb.org.uk)

[7] Pleural procedures should be undertaken in line with British Thoracic Society guidelines. These state that thoracic ultrasound guidance is strongly recommended for all pleural procedures for pleural fluid, also that the marking of a site using thoracic ultrasound for subsequent remote aspiration or chest drain insertion is not recommended, except for large effusions. Ultrasound guidance should be provided by a pleural-trained ultrasound practitioner

# Health Education England Yorkshire and Humber (HEYH)

Health Education Yorkshire and Humber (HEEYH) oversees the delivery and monitors the quality of your training. It is divided into 3 localities: South, West and East and core medical training programmes are linked to one locality for the purpose of rotations and training. However, policy relating to training is common to all localities and details of this can be found on the website.
https://www.yorksandhumberdeanery.nhs.uk/medicine/core_medical_training/

## Quality Assessment

As part of the Quality Assurance of training in HEYH, all trainees are required to complete a Yorkshire and the Humber trainee survey which runs between September and November.  Trainees will be informed of the timing by e-mail with further details available on the Deanery website.

## GMC National Trainee Survey

The National Survey of Trainee Doctors provides a national picture of trainees' perceptions of their training posts and gives GMC and Deaneries invaluable and direct information to help shape the future of postgraduate medical education and training in the UK.  If you are asked to complete this survey it is mandatory and on completion you will be given a unique reference number as proof of completion.

## Policies

You are advised to be aware of and to read relevant (HEEYH) policies published on the website:

- Doctors and Dentists in difficulty
- Expenses
- Study leave
- Out of Programme Experience
- Less than Full Time Training
- Interdeanery transfers
- Intradeanery transfers
- Bullying and Harassment
- Appeals

## GIM Committee and Trainee Forums

Trainees are represented from each Trust on the School of Medicine committees. If you are interested in contributing and representing your peers on these committees you should discuss this with your RCP Tutor.

# Who's who!

## Deputy Head of Postgraduate School of Medicine
Dr Trevor Rogers  trevor.rogers@yh.hee.nhs.uk


## Training Programme Director for CMT (South Yorkshire)
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## Deputy Programme Director for CMT (South Yorkshire)
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Rota Coordinator           Stacey.elsworth@nhs.net
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## Doncaster and Bassetlaw NHS Foundation Trust
## Doncaster Royal Infirmary and Montagu Hospital
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## Chesterfield Royal Infirmary
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## Sheffield Teaching Hospitals NHS Foundation Trust
## Northern General Hospital:
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0114 2715119

## Royal Hallamshire Hospital:
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0114 2715119

## Weston Park
Lynda Campbell      lynda.campbell@sth.nhs.uk


### Study Leave Forms
Study Leave (All Completed forms to be submitted to Cath Smith
Cath Smith      csmith52@nhs.net
Tel: 01709 424543
Based at:  The Rotherham NHS Foundation Trust

Assistant Medical Personnel Manager
Jackie Hodgkinson      Jackie.Hodgkinson@sth.nhs.uk

Sheffield Teaching Hospitals NHS Trust
Tel 0114 271 1791