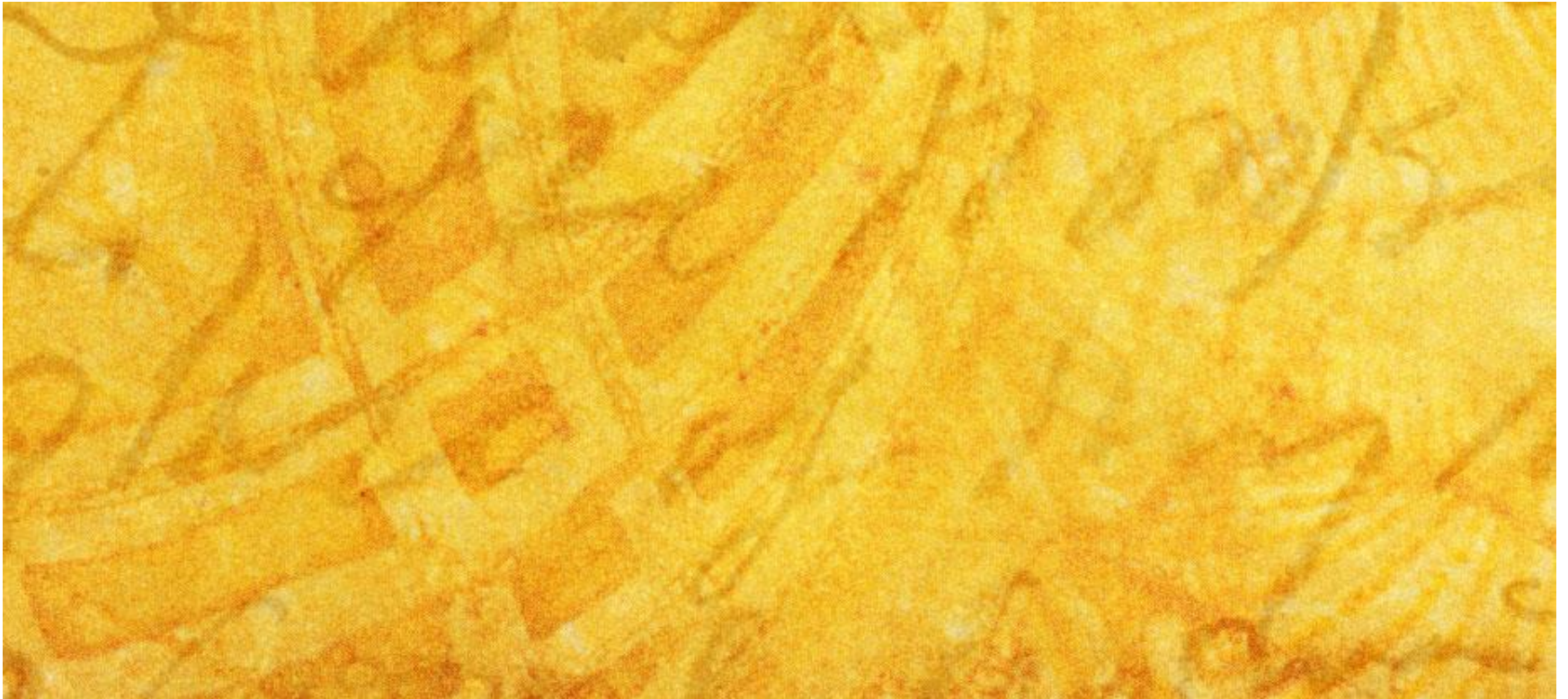


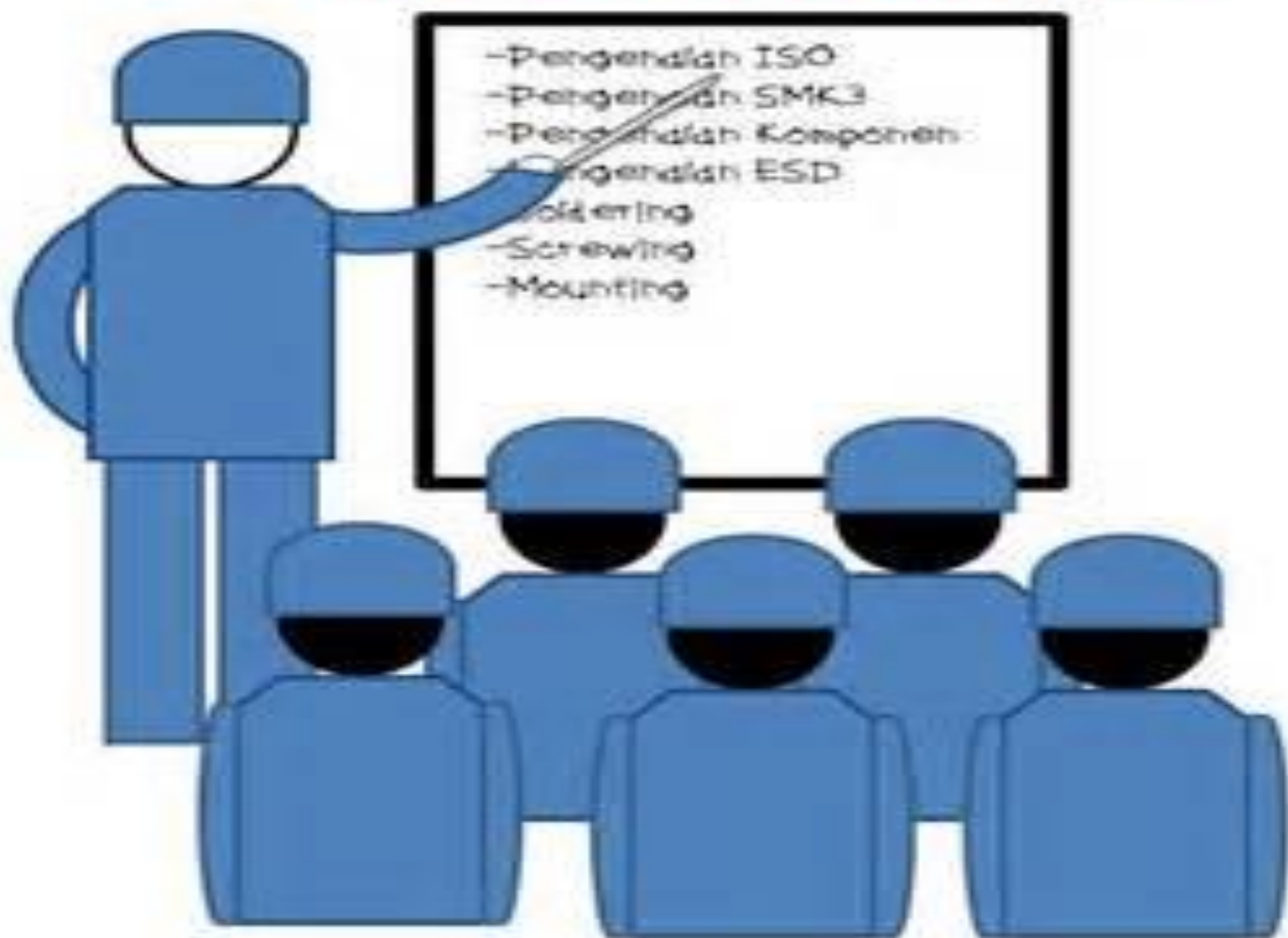


CMT- Induction

Dr. R. Ramanath & Dr Shivani Dewan
Deputy TPD



TRAINING CENTER



Regional Training days for –CT1

- 8 Training days for CT1 including Induction day
- You have to attend all 8 to achieve Outcome1 at ARCP for CT1
- QIP competitions, ASCME and APS are in addition to the teaching days
- That means you have to attend all 8 of all the teaching days plus either a full day of Advanced Procedural Skills or 3 half days covering four procedures as well as 1 ASCME day
- We have 16 sessions a year on the RT days, so all the sessions are repeated. If you can't attend the first day you are expected to attend the repeat day.

Teaching Programme

- Takes place in different hospitals in the region by rotation
- Based on the GIM acute medicine curriculum for CMT.
- Also includes some generic skills like QIP, skills to be a registrar, interview skills
- Separate training programme for CT1 & CT2
- Apply for 1 day study leave at least 6 weeks in advance
- Trainees must book onto the course via Maxcourse
- If unable to attend on the date you have booked please ensure you cancel your booking on Maxcourse and rebook a new date

Teaching Programme

- Follows curriculum
- You can use reflections to link & certificates to demonstrate familiarity with a particular CMT Topic
- Covers common topics for Part 1 MRCP & 2

Tuesday 04 September 2018	RDGH	CT1 Regional Induction Day	CT1
Thursday 13 September 2018	RDGH	CT1 Regional Induction Day (Repeat)	CT1
Monday 17 September 2018	NGH	Immunology/Allergy As per Curriculum	CT2
		Poisoning/Overdose	
Monday 24 September 2018	DRI	GTD Anxiety, Depression, Mental Health Legislation Complaints & Medical Errors, Public Health & Screening programmes, Death Certificates/DNAR/End of Life issues, Organ Donation	CT1
Monday 31 October 2018	BDGH	GTD Radiology Based cases, Cardio/Respiratory CBD's, Neurology/General Medicine CBD's/ ECG based cases	CT2
Friday 12 October 2018	RHH	Rheumatology Assessment of MS system/Clinical presentations, Rheumatoid arthritis/sero negative arthritides/connective tissue disorders, Crystal Arthropathies/Clinical Case presentation RA/Ankylosing Spondylosis	CT1
		Oncology Alice Dewdney WPH	
Thursday 18 October 2018	RDGH	Simulation (Acting Up to SpR)	CT2
		Procedural Skills Practise	
Monday 05 November 2018	BDGH	Respiratory 1 Interstitial lung disease, pulmonary fibrosis, pleural disease, pleural effusion, lung cancer	CT1
		Procedural Skills Practise	
Tuesday 13 November 2018	NGH	Gastro 2 Vomiting & weight loss, diarrhoea, IBD, GI malignancy/ competencies – gastroscopy & colonoscopy, parenteral & enteral feeding	CT2
		Elderly Medicine 2 Falls & Syncope, Dementia, Immobility, Osteoarthritis Clinical Case - Falls	
Friday 16 November 2018	RDGH	Haematology Anaemias including investigation competencies, safe prescribing & blood products, inherited disorders, Hb overview, Haematological malignancies, clinical case presentation – Lymphoma and/or enlarged spleen	CT1
		Diabetes/Endocrine Microvascular complications, Diabetic Foot, Thyroid Disease.	
Friday 23 November 2018	DRI	Respiratory 2 Asthma/COPD/cor pulmonale/Obstructive sleep apnea, physiology gas exchange, respiratory failure, ventilation (IPPV/NIV clinical case COPD/Asthma	CT2

Interview Skills for Registrar Posts Workshop

Wednesday 06 December 2017	RHH	Dermatology Cutaneous drug reactions, clinical presentations; rash, pruritis, skin/mouth ulcers, non-diabetic lower limb ulceration, cutaneous manifestations of systemic disease, clinical case – Rash	CT1
		GUM HIV- recognition and testing , Syphils Genitourinary conditions presenting in General Medicine	
Thursday 14 December 2017	NGH	Renal 1 & 2 Acute renal failure, Disturbance potassium, acid base balance & fluid balance, Glomerulonephritis Clinical Case AKI, Glomerulonephritis Chronic renal failure, Nephrotic syndrome, Renal replacement therapy Clinical Case – patient on dialysis or post renal transplant	CT2
		Cardiovascular 2 Arrhythmias & Cardioversion, clinical presentations, palpitations, syncope, presyncope, blackout, Clinical science, physiology, cardiac conduction, cardiac cycle & pharmacology. Investigation competency, 24hr ECG/Tilt table Clinical AF	
Monday 15 January 2018	DRI	Elderly 1 Acute confusion, Depression in elderly, Stroke/TIA, Ethical issues	CT1
		Gastro1 Liver disease, acute liver dysfunction/jaundice/ascites/encephalopathy, hepatic cirrhosis, Alcohol and alcohol withdrawal – Clinical case – decomposed liver disease	
Friday 26 January 2018	RHH	Neurology 1&2 Blackouts & seizures, PD & movement disorders, headaches &SAH _____ MS/Spinal cord lesion, Neuromuscular disorders	CT2
		Infectious Diseases CNS infection, fever in the returning traveller. Competencies – antimicrobial drug monitoring, cultures	
Friday 09 February 2018	NGH	Cardiovascular 1 Ischaemic Heart Disease & Acute Coronary syndrome, Investigation competencies ETT, Isotopic scan, HF, valvular heart disease.	CT1
		Palliative Medicine Symptom management in end of life care, such as pain, GI symptoms anxiety and depression, SOB – EOL care including advanced care planning.	

Monday 19 February 2018	BDGH	GTD	CT2
Friday 23 February 2018	DRI	GTD	CT1
Friday 02 March 2018	NGH	Immunology/Allergy	CT2
		Poisoning/Overdose	
Thursday 08 March 2018	RHH	Rheumatology	CT1
		Oncology	
Wednesday 14 March 2018	DRI	Respiratory 2	CT2
		Interview Skills for Registrar Posts Workshop	
Wednesday 21 March 2018	BDGH	Respiratory 1	CT1
		Procedural Skills Practise	
Tuesday 10 April 2018	RHH	Infectious Diseases	CT2
		Neurology 1&2	
Thursday 12 April 2018	RDGH	Haematology	CT1
		Diabetes/Endocrine	
Thursday 19 April 2018	RDGH	Simulation (Acting Up to SpR)	CT2
		Procedural Skills Practise	
Wednesday 25 April 2018	RHH	Dermatology	CT1
		GUM	
Friday 04 May 2018	NGH	Renal 1 & 2	CT2
		Cardiovascular 2	
Friday 11 May 2018	DRI	Elderly 1	CT1
		Gastro1	
Friday 25 May 2018	NGH	Elderly Medicine 2	CT2
		Gastro 2	
Tuesday 05 June 2018	STH	QIP Competition	CT2
Friday 08 June 2017	NGH	Cardiovascular 1	CT1
		Palliative Medicine	
Thursday 14 June 2018	RDGH	QIP Competition	CT2

Page 1/2 all dates are the first teaching session in black font

Page 3 all dates are the repeat teaching sessions in blue font

Teaching days 14 x CT2 and 14 x CT1
 NGH = 4
 RHH = 3
 DRI = 3
 RDGH = 2
 BDG = 2
 14 Teaching days each date repeated

ASCME course

- Acute Simulated Core Medical Emergencies
- Aim to give you experience in acute medical emergencies in 'the real world' factoring in real time & real people.
- Held at Mexborough & Royal Hallamshire Hospital
- An experienced Acute or GIM Registrar present & Consultant
- You get an assessment if you want performed at each scenario

ASCME Courses

- Book your course early to avoid disappointment
- Can be booked online, you only need to attend 1 course
- If you are unable to attend one in your region, contact the programme co-ordinator
- Arrive as you would to a normal working day

Scenarios

- Form part of Emergency Presentations for CT1
- eg Cardiorespiratory arrest, shocked patient, unconscious patient & anaphylaxis . Severe drug reactions.
- They also form part of some common presentations.
- For ARCP outcome –we need confirmation by Educational Supervisor that evidence recorded & CMT level achieved for all emergency & common presentations

Common Scenarios

- GI bleed
- Acute COAD exacerbation
- Complete heart block with external pacing
- Anaphylaxis including cardiac arrest
- Meningitis
- Diabetic Ketoacidosis

Feedback

- Structured feedback via the medical & Nursing faculty
- Once attendance has been confirmed on the Maxcourse system you will be able to complete feedback
- Once feedback is complete you will receive your certificate of attendance

Advanced Procedural Skills

- Can be booked online through Maxcourse
- Book early
- Includes skills like paracentesis, Lumbar puncture, central line insertion, chest drain insertion
- Some courses are full days covering 4 procedures others are half days covering 1 or 2
- These are essential skills for CT1
- You are only funded to attend 1 course covering all four procedures so either 1 full day or 3 half days.

Essential Part A Procedures

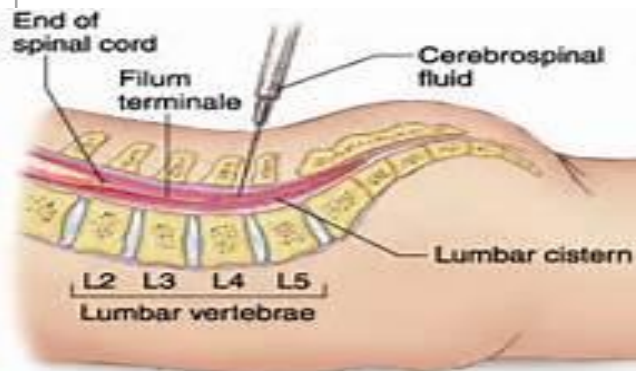
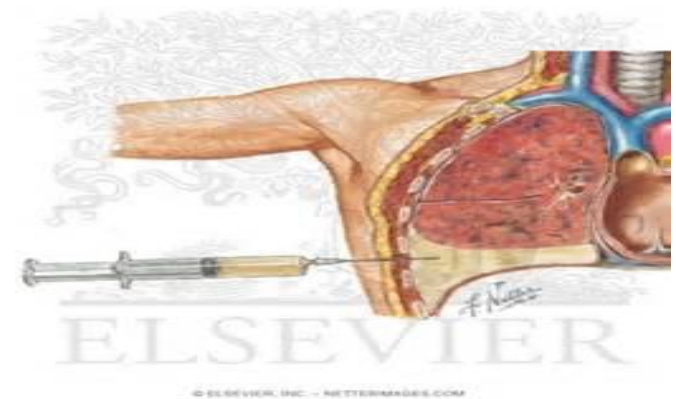
- For ARCP Outcome 1 for CT1:
- CT1: Skills Lab training complete or satisfactory supervised practice
- For ARCP Outcome 6 at CT2
- CT2: clinical independence
- Evidence: DOPS for each procedure

APS- Essential Procedures

A

- For CT1: skills lab training complete or satisfactory supervised practice
- For CT2: You need to be clinically independent as evidenced by DOPS
- For Pleural aspiration, pneumothorax or pleural fluid by CT1 complete skills lab or satisfactory supervised practice. By CT2 Clinically independent (with US guidance provided by another trained professional).

APS



APS : Essential Part B Procedures

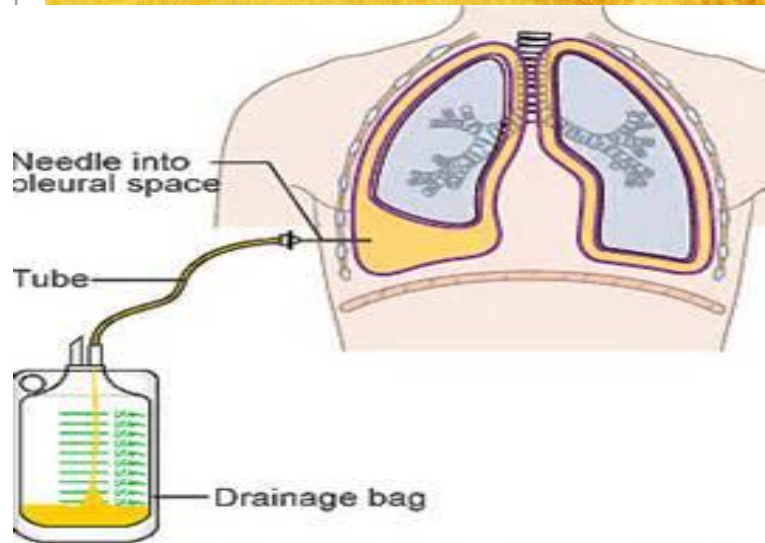


Diagram showing how a pleural effusion is drained
© CancerHelp UK

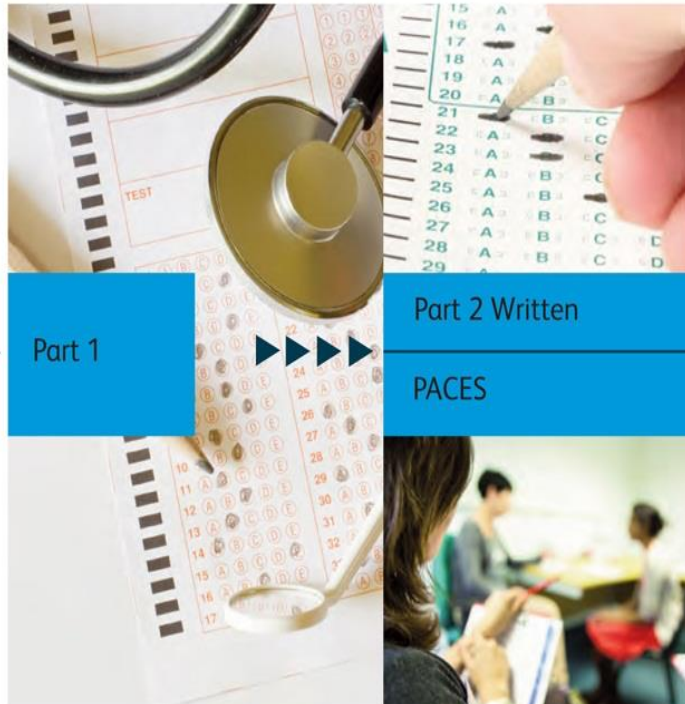


- ARCP : Outcome 6 by end of CT2 Skills lab training completed or satisfactory supervised practice.
- If you wish to be clinically independent then at least 2 summative DOPS are needed (with US guidance provided by another trained professional)

Eligibility



Eligibility: MBBS
and 12 months
clinical experience



Part 1

Part 2 Written

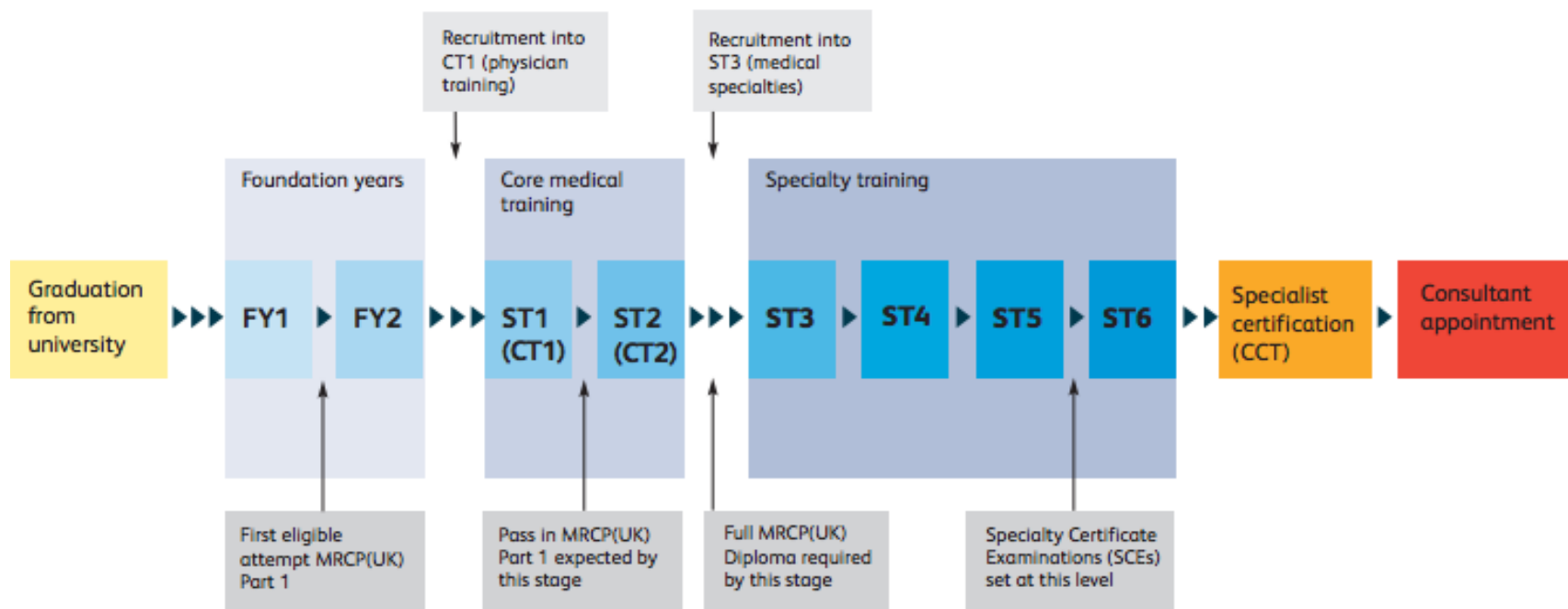
PACES



MRCP(UK) Diploma

Foundation years

Core Medical Training



Key
FY Foundation years
CT (CMT) Core Medical Training
ST Specialty Training
CCT Certification of Completion of Training

MRCP Part 1

- Covers broad based of topics to ensure level of knowledge is appropriate for beginning of postgraduate training.
- Tests knowledge & understanding of common & important disorders.
- Tests knowledge & understanding of UK guidelines.
- 200 Multiple choice questions (best of 5 answers)
- Consists of two three hour papers

MRCP Part1

- MRCP(UK) Part 1 Examination Part 1 is the entry-level examination, accessible to doctors with 12 months of postgraduate medical experience. Its purpose is to confirm that you possess a broad knowledge and understanding of common and important disorders, as well as clinical science.
- Success in Part 1 indicates that you have retained the knowledge acquired during your undergraduate training. Vitally, it also shows that your knowledge of medicine has expanded and kept pace with developments since your graduation, and that this knowledge continues to provide an appropriate basis for your clinical decision making

MRCP(UK) Part 1 at a glance

- ✓ one-day examination
- ✓ two papers
- ✓ three hours each
- ✓ 200 multiple choice questions (best of five)
- ✓ no images
- ✓ paper and pencil examination
- ✓ sat in an examination hall
- ✓ held three times a year

MRCP Part 2

- Written exam taken after MRCP Part 1
- Tests ability to apply clinical understanding , make clinical judgments & take responsibility for prioritising problems, planning investigations, selecting plan for immediate management, selecting plan for long term management & assessing prognosis
- 270 MCQ's (best of 5)
- Three papers over 2 days

MRCP(UK) Part 2 Written at a glance

- ✓ two-day examination
- ✓ three papers
- ✓ three hours each
- ✓ 270 multiple choice questions (best of five)
- ✓ images
- ✓ paper and pencil examination
- ✓ sat in an examination hall
- ✓ held three times a year

MRCP Part 2

- MRCP(UK) Part 2 Written Examination This examination builds on the knowledge assessed in Part 1 (which you must pass before attempting Part 2). It tests your ability to apply clinical understanding, make clinical judgements and take responsibility for:
 - prioritising diagnostic or problem lists
 - planning investigation
 - selecting a plan for immediate and long-term management
 - assessing prognosis.

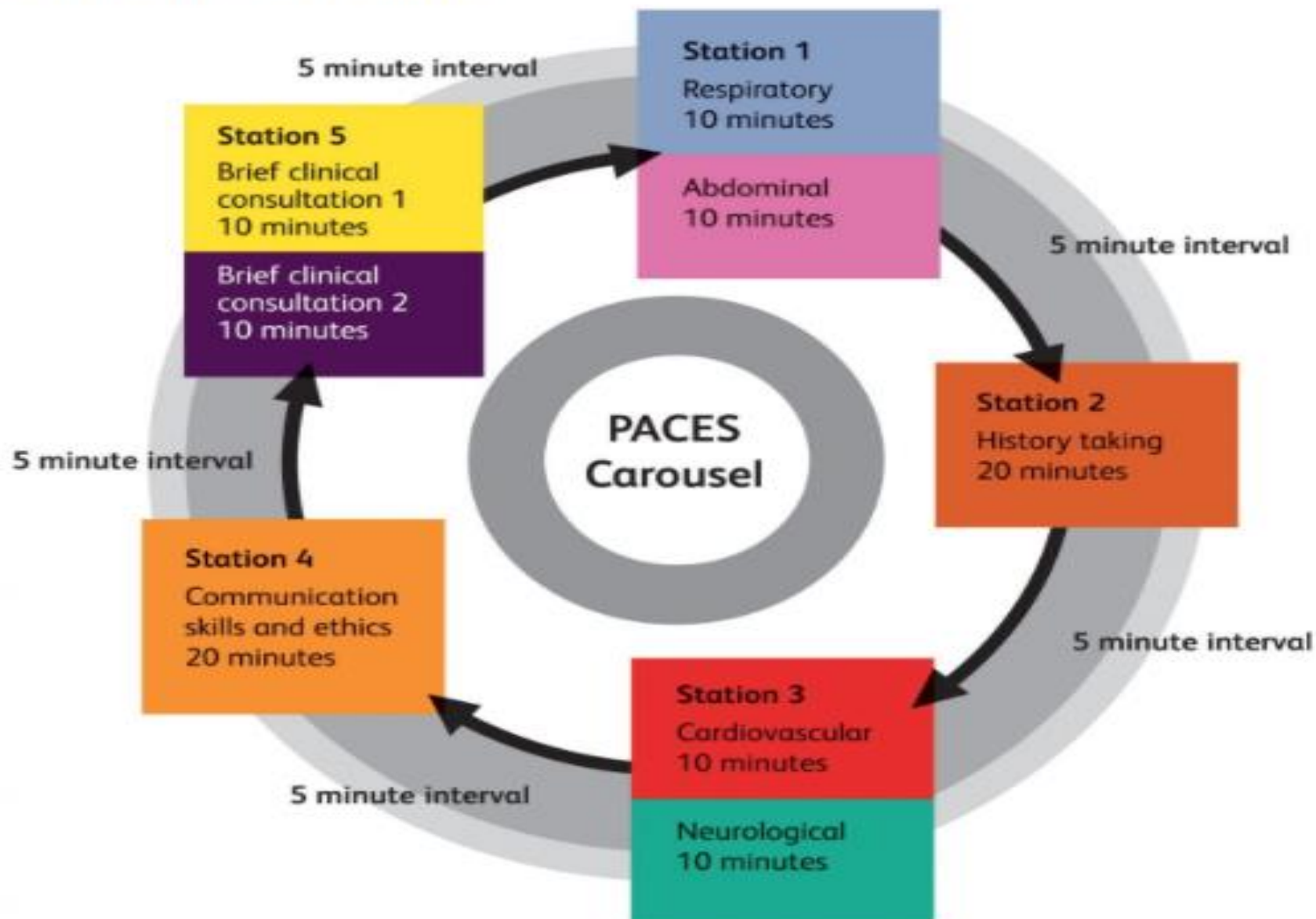
Changes to MRCP Part 2

- Positive changes to the format of the MRCP(UK) Part 2 written examination from 2018
- 3 Aug 2017
- We are pleased to announce that the Part 2 written examination will move to a single day format from the beginning of 2018. The new examination will consist of two, three hour papers each with 100 questions.
- This change, which has been approved by the GMC, will bring benefits to trainees and the health service, reducing the cost and time of releasing candidates to sit the examination.
- Dr Chris Wilkinson, trainee representative on the AQMRC (academic quality management and research committee) said:
- *“I am pleased that the examination burden to trainees is being reduced, without any reduction in the quality of the exam”.*

PACES Courses

- A PACES course is held before every PACES diet
- Book on the course if you wish to attend
- There are approximately 3 PACES courses a year
- These are based on the PACES examination.

Carousel of PACES stations



PACES

- Tests clinical knowledge & skills
- 5 clinical stations there are patients with a given condition or trained surrogates.
- 2 independent examiners at each station
- Station 1: Respiratory (10 min) Abdominal(10 mins)
- Station 2 : History Taking 20 mins
- Station 3: cardiovascular (10 mins), Neurological exam (10 mins)
- Station 4: Communication skills & Ethics 20 mins
- Station 5: Brief consultation case 1 &2 for 10 mins each,

Clinical Skills

- A :Physical exam: demonstrate correct systematic & professional technique
- B: Identify Physical signs: correctly. & not find signs that are not present
- C: Clinical Communication: elicit relevant history in systematic & professional manner
- D : Differential diagnosis: sensible
- E : Clinical Judgement: select & negotiate a sensible management plan, appropriate investigations, applies clinical knowledge including knowledge of law & ethics

PACES

- F: Managing Patient's concern: seek detect & address patient or relative concerns, listen & confirm their understanding of the matter & demonstrate empathy
- G : Maintaining Patient Welfare: treat patient or relative respectfully& ensure comfort, safety & dignity

PACES at a glance

- ✓ half-day examination
- ✓ takes place in a clinical setting (hospital or clinical skills centre)
- ✓ assesses seven core skills
- ✓ five stations (see carousel diagram)
- ✓ eight patient encounters
- ✓ two independent examiners at each station
- ✓ each candidate is assessed independently by a total of 10 examiners
- ✓ held three times a year over several days

PACES Station 4: COMMUNICATION SKILLS & ETHICS

Your role: You are the doctor in the outpatient clinic
Problem: Dealing with a recent transient ischaemic attack (TIA)
Patient: Mr Dave Kelvin, a 52-year-old accountant, who is married with two children

Please read the scenario printed below. When the bell sounds, enter the room. You have 14 minutes for your consultation with the patient/relative, 1 minute to collect your thoughts and 5 minutes for discussion. You may make notes if you wish.

Where relevant, assume you have the patient's consent to discuss their condition with the relative/surrogate.

Scenario:

The patient has type 2 diabetes mellitus and hypertension and was seen yesterday as an emergency with a transient ischaemic attack (TIA). He developed right-sided weakness and speech disturbance after work. The symptoms were improving on the way to hospital and had fully resolved by the time he was seen. His blood glucose was normal.

The patient's diabetes (which is diet controlled) and hypertension are managed by his family doctor. He smokes 5–10 cigarettes per day. His usual medication comprises an ACE inhibitor and a statin. Aspirin was started following the TIA. The patient has been referred to the medical clinic for further assessment.

On examination in clinic, his pulse was 76 beats per minute and regular, and his blood pressure was 138/76 mmHg. There were no cardiac murmurs or carotid bruits. Fundoscopy was normal. Urinalysis showed glucose 1+. His most recent haemoglobin A1c (HbA1c) was 48 mmol/mol (normal range: 20–42) [6.5%].

You have discussed the situation with your consultant who has advised further investigation by carotid Doppler scan and CT scan of head. Treatment with aspirin should continue. The patient should be advised to stop smoking.

Your task is to explain the plan to the patient, and answer any questions they may have.

PACES Station 2: HISTORY TAKING

Patient details:	Mr Daniel Steele, a 63-year-old man
Your role:	You are the doctor in the general medical clinic
Presenting complaint:	Haemoptysis and suspected bronchiectasis on chest X-ray

Please read the letter printed below. When the bell sounds, enter the room. You have 14 minutes to take a history from the patient, 1 minute to collect your thoughts and 5 minutes for discussion. You may make notes if you wish.

Referral text:

Dear Doctor,

I would be grateful if you would see this patient who has had haemoptysis for the past few weeks. He has been treated for chest infections in the past but has no other respiratory problems. I arranged a chest X-ray which has been reported as showing changes consistent with bronchiectasis.

Please advise on further investigation and management.

Within 12 to 24 months of graduation:

- Make a first attempt at the **Part 1** Examination.

Within 36 months of graduation:

- Make a first attempt at the **Part 2 Written** Examination.
- Pass the **Part 2 Written** Examination before attempting the **Part 2 Clinical** Examination, **PACES**.

More than 36 months after graduating:

- Make a first attempt at **PACES**.

