A GUIDE TO CMT TRAINING (HEYH South)

August 2018

Training Programme Directors and Trust RCP Tutors

Dr Solomon Muzulu TPD

Dr Viv Sakellariou Deputy TPD Coaching and Welfare Lead

Dr Omar Pirzada Deputy TPD

Dr Shivani Dewan Deputy TPD Lead for Simulation

Dr Rekha Ramanath Deputy TPD Lead for Education

Cath Smitherine Smith CMT Programme Coordinator/E Porfolio Administrator csmith52@nhs.net

TBC RCP Tutor Northern General Hospital (STH - NGH)

Dr Soon Song RCP Tutor The Royal Hallamshire Hospital (STH – RHH) Soon.Song@sth.nhs.net

Dr Nandkishor Athavale RCP Tutor The Rotherham NHS Foundation Trust (RDGH) nandkishor.Athavale@nhs.net

Dr Lucy Peart RCP Tutor Doncaster Royal Infirmary (DRI) Lucy.Peart@nhs.net

Dr Vimala Christopher RCP Tutor Bassetlaw Hospital (DBH) Vimala.Christopher@nhs.net

Dr Elizabeth Uchegbu RCP Tutor Barnsley General Hospital (BDGH) Elizabeth.Uchegbu@nhs.net

Educational Supervision

You will be allocated an Educational Supervisor (ES) for each yearly post in CMT. Your ES will be for the whole year and will also be your Clinical Supervisor (CS) for the first rotation, your CS will then change in each subsequent rotation.

You should arrange regular meetings with your ES to ensure your e-portfolio is regularly reviewed. You must ensure that an Induction Appraisal meeting entry and an End of Post are made for each 4 month post you occupy (these are mandatory). It is strongly recommended that you also have a mid-point meeting for each post.

The first meeting with your Educational Supervisor should be within 2 weeks of you starting your new post if at all possible (make appointment with your consultant or via their secretary).

If you discover that the ES details given in your e-portfolio are incorrect please email Cath Smith csmith52@nhs.net who will make the necessary changes.

Top Tips for Appraisal:

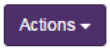
For the Induction appraisal meeting you should fill in the form yourself on your log-in BEFORE the meeting and 'save' rather than submit. This saves time at the actual meeting as your ES will then only have to make modifications rather than sit and watch you type.

Make sure you have also completed a Personal Development Plan before the Induction Appraisal – again this can be discussed at the meeting and modified if necessary.

Make the appointment for the appraisal through your Educational Supervisor's secretary for an appropriate amount of time (15 – 30 minutes).

Assume your ES may not be as familiar with the e-portfolio as you should be and be prepared to lead them through it.

Ensure you have uploaded your ALS certificate to your portfolio under Profile, Certificates & Exams, add new certificate (highlighted in green), select ALS input expiration date and exam date/exam passed date and then save,

In the Actions tab 

upload your certificate. This should then be confirmed in your portfolio by your ES or Cath Smith.

Make follow up appointments for mid - point/end of post appraisals at the end of the induction appraisal.

Make PDP aims 'SMART': Specific, Measurable, Agreed, Realistic, Time limited.

Please understand that completion of the required appraisals, assessments and e-portfolio record is your responsibility.

Ensure you keep a steady update of your e-portfolio and completion of assessments, little and often is best rather than trying to cram all of it into the last few weeks before ARCP. You should be performing Supervised Learning Events (SLEs) e.g. MiniCex every week and linking them with the competencies in the curriculum. If you leave it all until a couple of weeks before the portfolio is reviewed you will be a long way adrift from the targets. The more evidence you have in your e-portfolio the more likely the time spent with your ES will be productive in terms of addressing your PDP and educational planning.

If you have difficulty identifying or meeting with your Educational Supervisor you should contact your Trust's RCP Tutor or Cath Smith who will advise on what you should do next.

E-portfolio

PROFILE

Personal Details:

In the e-portfolio ensure all details on your profile are correct, in particular your email address and GMC number

Upload a passport style photo.

Post/Supervisor Details:

Check the name of your Educational Supervisor is correct. If it is not correct let Cath Smith know by e mail and this will be amended.

Check the details for your current post are correct and let Cath Smith know if any amendments are required.

Declarations and Agreements:

The probity and health declarations need to be completed by you for each training year.

The educational agreement needs to be signed by you, and then by your educational/clinical supervisor for each post i.e. 3x each training year.

Certificates:

This refers to certificates such as ALS. You can upload the details but your ES must see the original certificate and then confirm the expiry date. A current ALS certificate is mandatory throughout training. It must not be allowed to lapse.

MRCP results are entered in the College Exams Section by the MRCP central office.

Personal Library:

Allows you to upload any relevant documentation – the space is limited though to 100MB. You may wish to upload PowerPoint presentations you have made, audit result details, scanned documents e.g. ALS certificate. It is best to save any documents that you wish to upload in pdf format this helps minimise the space that you use up in your library.

Clinics you have attended should be logged on the excel spreadsheet you have been sent by Cath Smith, you are advised to save this in a folder on your PC and keep updating this as you attend clinics and then upload it to your personal library just before your ARCP is due.

Absences:

You should record any unplanned absences from work in your e-portfolio, this may be cross-referenced with medical staffing records. This is further mandated by your sign off of your probity and health declarations. Therefore every time you are absent for reasons of sickness/compassionate leave etc you must ensure medical staffing in your Trust are informed for their records.

CURRICULUM

You should record your experience against the Core Medical Training (YAH 877) Curriculum 2009 (Amendments 2013).

By clicking on curriculum you can see your curriculum record – if you click on the 'expand all' button you will then see a list of all the competencies that need signing off at some stage over your CMT training period including examinations and procedures. Where there is a pencil icon indicates where competencies can be signed off by yourself and your ES/CS. By clicking this will bring up a help guide for that topic. As a trainee or supervisor, you are able to add an overall rating of performance to areas of the curriculum and add comments. Group sign off can be performed for Common Competencies, Top and Other Presentations as long as your ES has sampled some of the evidence in these subjects.

You can link evidence to a competency to demonstrate engagement with the curriculum by clicking on Link

The curriculum lists are subdivided into:

Common Competencies

Emergency Presentations

Top Presentations

Other Important Presentations

Procedural Competencies

It is very important that your ES looks at the linked evidence. It would of course be possible for you to link SLEs where your performance had been identified as being poor and therefore we would not expect these competency areas to be signed off until more evidence had been produced of a satisfactory nature.

Beware of 'over-linking'. ACATs up to 8 competencies, Mini-CEX & CBD – up to 2.

.

ASSESSMENT

Under 'assessment' you can find the following forms:

SLEs MiniCex, CBD and ACATs – DOPS - MSF

Quality Improvement Project Assessment Tool

Teaching Observation

To request an assessment from a person who does not have log in access to this account on ePortfolio, select the "Request New Assessment" button. This will generate a unique code that the Assessor can use to login to ePortfolio and submit the assessment.

- **A ticket will expire 30 days** after it was created and the Assessor will no longer be able to complete the form
- If ticket assessment has not been completed after 7 days, you will be able to send a reminder. The "Send Reminder" link automatically appears next to any tickets that have not been completed within this time frame. Please note, you cannot send the same reminder more than once per 24 hour period
- Trainees are encouraged to keep a record of case details, procedures etc. they have requested an assessor to assess them on. Once a ticket expires these details cannot be retrieved

It may be best to fill in the form there and then with your assessor completing the assessment part of the form under your own log-in. You can fill in what case was discussed and what aspects are being assessed e.g. history, time management, chest pain etc and then ask your assessor to complete the assessment and in particular give you feedback on your performance. This 'instantaneous' feedback is the most valuable. If the assessor writes a bland comment such as 'did well' ask him/her if they could identify something you did well and something you could improve.

You do not have to use the 'Request external assessment' ticketing facility – you would be better advised to ask the assessor to complete their assessment in your portfolio via your log-in immediately after the assessment has taken place. Using the 'request' ticketing system means that the form submission may be delayed as assessors may forget to do it for you.

You must ensure you do enough SLEs – there are minimum requirements for each year in CMT. The SLEs must be spread over the whole training year, obtaining 10 consultant WPBAs in the month before the ARCP is not acceptable.

Please see advice from the Royal College of Physicians about SLEs. NB– an ACAT must include at least 5 cases which are described in the box 'brief summary of cases', but can be done in A&E, AMU or any acute ward area. Minicex and CbD are usually about one case.

Do not link DOPs to any area other than procedures.

The MSF is very important and one of the most informative tools; you must ensure you have at least 12 raters for this to be meaningful, ideally 20; at least 3 of the raters should be Consultants.

You will be told when to initiate an MSF assessment. Generally this is required towards the end of your 2nd post each year. Once asked to start the process you should compile a list of 20 potential assessors. This list should include all Educational Supervisors you have had that year and at least 1 other consultant (you can ask more so long as you have worked with them) as it is imperative that you have at least 3 consultant responses. You should include some more doctors preferably at both SpR as well as more junior grades. Don't forget that senior nursing staff, medical secretaries you have worked with, and therapy staff can provide very effective feedback. You should take the list of 20 names to your Educational Supervisor who must agree the list is representative of your colleagues. Once agreed you should approach the assessors and if they are happy to help you should - by using the assessments link from your e portfolio home page - access the sheet for MSF assessors.

The e portfolio automatically collates the submissions and produces a summary table of results. You must receive at least 12 returns within a 3 month window for a valid result for this assessment.

Once completed you should ask your ES to discuss the results with you and to 'release' the results so that you can see them yourself.

The JRCPTB Top Tips – making WPBAs work for you and your trainees

- Be clear about, and agree, what you and the trainee want to achieve from the WPBA at the start
- CBD (case-based discussion) uses a case to explore the trainee's application of knowledge, clinical reasoning and decision making including the ethical and professional aspects of the patient's care. CBD is not just a discussion about an interesting case.
- ACAT (Acute care assessment tool) is preferably used on an observed take (but may be on a ward round) assessing clinical assessment & management, decision making, team working, time management, record keeping and handover.
- MiniCEX (clinical evaluation exercise) is an observed trainee/patient interaction designed to assess clinical skills, attitudes and behaviour of the trainee.
- DOPS (Direct observation of procedural skills) is assessing competency in a procedure; DOPS assessors need to be competent in the procedural skill that is being assessed
- MSF (multi-source feedback) provides a sample of attitudes and opinions of colleagues (medical, nursing, AHP & clerical) on the clinical performance and professional behaviour of the trainee; the request to do this WPBA will usually come as an email request from the trainee.
- Make it a positive learning experience – this is what it is all about & what trainees value the most

- Do the assessment real-time and face-to-face – this makes it as close to a real situation in which the trainee works as possible
- Make time to do this – expect this to take 10-15 minutes of your time
- Do give constructive verbal feedback - face to face immediately after the assessment is completed enhances the process and encourages immediate trainee reflection.
- Complete the necessary form on the e-portfolio at the time of the assessment with a description of the case(s) and written feedback in the white space – it is easy to forget very quickly what was agreed
- Do give specific and detailed feedback which outlines development needs, identifies strengths and weaknesses, with an agreed action plan to guide future learning; this also enables meaningful linkage of the WPBA by the trainee to appropriate curriculum competencies.
- Use the anchor statements to guide your judgement on rating the trainee performance
- Expect to be asked to do WPBAs - all training doctors require completion of these on a regular basis throughout their training programmes
- It is entirely acceptable for you to trigger a WPBA with a trainee
- Once you agree to do a WPBA, then commit to the whole process– it is unfair to do it in part, promise you will do it and never do
- If you have not had the training, do not do an assessment; ask your local PGME, college tutor or deanery for courses.

Recommendations for best practice when using WPBAs to provide supportive evidence in the eportfolio:

SLEs may be linked to curriculum competencies in the ePortfolio as evidence of engagement with, and exploration of, the curriculum. However, it is not appropriate for an SLE to be linked to large numbers of competencies and for this reason the number of links for an ACAT should be limited to eight curriculum competencies.

- WPBAs not linked to more than 2 curriculum competencies – except ACAT – maximum 8 links
- WPBAs done proportionately throughout training and not last minute before ARCP
- A minimum of 5 cases for an ACAT assessment
- WPBA requirements outlined in the ARCP decision aid are the minimum requirement for those assessed by a consultant; more will inevitably be needed to help provide evidence of competency
- WPBAs assessed by medical staff assessors at least one grade above those they are assessing; an assessor may be non-medical provided they are competent in the field they are assessing.
- 2 or more pieces of evidence provided for each of the competencies - this may include WPBAs / trainee reflection / other evidence e.g. a certificate depending on the competency. A single assessment is not sufficient evidence of competence in its own right but provides some evidence towards the demonstration that competence has been achieved.

REFLECTION

Under ‘reflective practice’ you should reflect on learning events, clinical events, audit, teaching attendance, conferences, research, publications etc. Each entry should be shared if you want it to be seen to enable discussion with your ES where appropriate and signed off by your ES.

You should add at least 1 piece of reflection to the log per week.

You can link these entries to your competencies

A Quality Improvement project must be undertaken each year. The evidence should be documented in the reflective log.

The QIPAT tool is available in the e portfolio on which to record a QI project.

In addition you should record any teaching sessions you give. There is a Teaching Observation form in the Assessment section of the portfolio which is suitable for you to use to obtain feedback.

APPRAISAL

Appraisal forms should be added for the beginning (i.e. Induction - within first 4 weeks) and end of each post. The mid-post appraisal is desirable although not mandatory – these appraisals are completed by your Educational Supervisor. You can enter the details of the induction appraisal yourself although you should save but not submit it until reviewed by your ES. Most trainees find that the mid-point meeting is useful for their ES to sign off some competencies in the curriculum. If you leave all the 'sign off' activity until the end of post appraisal meeting it will be lengthy and your ES will become fatigued and unhappy!

The Personal Development Plan (PDP) should be completed at the beginning of each post and you must ensure you have discussed this with your Educational Supervisor particularly at the induction meeting. Regularly update and add to your PDP for changing needs – this can be very useful to identify areas of weakness and development. When you have achieved an item in your PDP please do 'sign it off' as achieved which you can do yourself otherwise it will look like you are not progressing at all. You should have a number of separate items under the PDP for example, generic skills, specialist skills, acute skills, procedural skills, audit, exam goals. I stress 'separate' so that you enter the items separately and they can be signed off separately.

PROGRESSION

Click on summary overview for a summary of all SLEs, appraisals, supervisors' reports and ARCP forms recorded for you in each post.

Who can do your SLEs?

Assessors should always be a grade above you (i.e. SpR or consultant); exceptions are where other professionals supervise aspects of your training e.g. a specialist nurse.

Please note that for an MSF you must ensure at least 12 raters for this to be meaningful, ideally 20; at least 3 of the respondents should be Consultants.

In the box labelled 'brief summary of case' you must ensure that there is sufficient information about the case to enable you to link the WPBA to the correct competency areas.

You must ensure your assessor completes your SLE with written comments. In the boxes 'which aspects of the encounter were done well' and 'suggestions for development' it is the written comments that are the most useful contribution in assessing your performance. They also help identify correct links.

MRCP Examination

Progress with the MRCP exam goes hand in hand with CMT progress. At the end of CT1 if a CMT trainee does not possess the Part 1 examination this is a cause for concern and the trainee will be awarded an outcome 2 at the Summer ARCP. If a trainee is unable to pass the Part 1 examination by the following summer i.e. at the end of CT2 then it is likely an outcome 3 will be awarded which means that the trainee will enter a period of remedial training (maximum 6 months before release from the programme). If there are very significant extenuating circumstances the Postgraduate Dean may allow further training time but there would have to be very good evidence to support reasons why training progression has been unsatisfactory.

E-portfolio Reviews (Interim Review):

An e-portfolio review is not an ARCP. It is a review of your progress in line with the national standards identified by the CMT Decision Aid which gives targets to be achieved by the end of each training year.

Targets and Deadlines for CT1 year

Educational supervisor report (ESR) Satisfactory with no concerns

Complete between 7th-18th May 2019

Multiple Consultant Reports (MCR) 4 – all satisfactory Complete by 7th May 2019

Academic supervisors report (ACF trainees only) Satisfactory with no concerns Complete between 7th-18th May 2019

MRCP (UK) Part 1 required for CT1 and full MRCP required for CT2

ALS – Valid in-date certificate at all times

Workplace Based Assessments (WPBAs) Minimum 10 in total by Consultants (with at least 4 ACATs)

ACAT – maximum links 8

CbD and MiniCex – maximum links 2

Multi-Source Feedback (MSF) One required – 01 – 22 January 2019 (minimum 12 raters of which at least 3 must be Consultants) Complete within 3 months of window opening (please note that tickets on ep automatically expire after 1 month, you will need to keep checking and send out reminders for any that have not been returned before they expire)

Quality Improvement (QI) to be recorded in reflective log and ES to complete QIPAT tool in portfolio

- Project Plan
- Project Report
- QIPAT

CURRICULUM RECORD

Common competencies

Evidence linked to at least 5 competencies (CT1) 5 in (CT2) and CT 2 level group sign off by ES

Emergency presentations - All 4 signed off individually by ES in CT1 year with minimum of two pieces of satisfactory evidence linked (1 of which must be an SLE) Do not link MRCP/Alert course

Top presentations – Evidence linked to 11 competencies in CT1 and to ALL Competencies at CT2 level with group sign off by ES

Minimum 2 pieces of linked evidence at least 1 of which must be a WPBA.

Other presentations

Evidence linked to at least 15 competencies in CT1 and 30 at CT2 level with group sign off by ES.

Procedures

Minimum skills lab training in all **Part A** procedures for CT1 – Clinically independent with summative DOPS for CT2

Skills lab certificates or DOPS evidence to be linked

Part B procedures

Minimum of 3 with skills lab training completed or satisfactory supervision by end of CT2

Clinics

Minimum 20 attended in CT1 – aiming for 40 by the end of CT2.

List in clinic summary document and upload to personal library before the ARCP

Regional Teaching

A minimum of 85% attendance required in each CMT year. We regard these meetings as MANDATORY which means you MUST attend (see the HEE SL guide for acceptable reasons of non-attendance). Study leave forms must be completed for each study day or course that you attend, then scanned and submitted to DrsStudyLeave@sth.nhs.uk

Enhanced Form R

Completed by start date ie August 01 2018

Updated form R required prior to ARCP July 2019

Purpose of Annual Review of Competence Progression (ARCP) – July 2019

Review training experience and progress

Ensure appropriate evidence to support progression

Identify gaps in knowledge and experience

Completion of core medical training

Ensure career plans realistic

Possible Outcomes of ARCP

Outcome 1 indicates satisfactory progress (CT1).

Outcome 2 means the trainee may continue in their training progression but may have a number of issues that require addressing such as no valid ALS certificate. Additional training time is not required.

Outcome 3 means inadequate progress by the trainee and a formal additional period of remedial training is required which will extend the duration of the training programme.

Outcome 4 means the trainee is released from training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress. The trainee will be required to give up their National Training Number/Deanery Reference Number.

Outcome 5 means incomplete evidence has been presented and additional training time may be required.

Outcome 6 indicates satisfactory completion of CMT training (CT2)

ARCP Panel Interview

If you are making satisfactory progress then the ARCP is essentially a virtual experience i.e. you will not need to be present and your e-portfolio will be accessed remotely by the panel.

You will also be reviewed for revalidation purposes at each ARCP, revalidation paperwork will be sent to you after the panel takes place, this must be signed and returned to medicine.yh@hee.nhs.uk .

Trainee Absences

Please note that you must be aware of each Trust's process on who to notify when absent, in particular for any unplanned absence (i.e. other than annual, professional or study leave). Generally this would be the local HR Department and your Consultant's secretary. The Lead employer STH must also be informed

You must enter all unplanned absences on your e-portfolio record and ensure your Educational Supervisor is aware of any unplanned absences.

For repeated unplanned absence you may be referred to Occupational Health, for counselling, to the Careers Development Unit or for disciplinary procedures.

A maximum of 2 weeks absence may be allowed in a year of the CMT programme before additional training time becomes necessary.

The Support Network Available to You

Please ensure if you have concerns/issues that you raise them, and raise them early, contact Cath Smith Smith who will advise further.

HEYH does not tolerate bullying or intimidation within postgraduate medical and dental education.

There are a number of people who are able to provide support to you, be it pastoral or career advice – please see below.

Educational Supervisor

College Tutor

Associate College Tutor – This maybe something you are interested in doing, contact your Trust's RCP Tutor for further details.

Trust Director of Medical Education

CMT Programme Directors

Head of School of Medicine

HEYH have a 'Coaching service which you can self- refer to;
http://www.yorksandhumberdeanery.nhs.uk/education/coaching/

If you feel your concerns are not being taken seriously or addressed in a way that you feel they should then please contact the CMT Programme Director or the Head of School of Medicine directly. (Cath Smith will provide contact details for TPD's, HoS and RCP Tutors)

Feedback on Posts and Educational Process

You will be expected to complete:

Annual GMC survey.
HEYH Survey

Less than Full Time Training (LTFT) Placements are managed within the training programme by the Training Programme Director. The first point of contact for LTFT enquiries is the Deanery. Please look at the HEYH website for further information.

Maternity Leave

For any queries regarding maternity or paternity leave contact the Lead Employer and inform Cath Smith.

Assistant Medical Personnel Manager Jackie Hodgkinson – Jackie.Hodgkinson@sth.nhs.uk 0114 2711791

Sickness

Please ensure you inform your own department and also the medical staffing department of your Trust if you are off sick. You must also ensure that sickness absence is recorded in your e-portfolio.

Enrolment with JRCPTB

All trainees should enrol with the JRCPTB promptly – this will allow you access to your e-portfolio and your CMT certificate once you have completed the training satisfactorily.

E-portfolio Queries

Contact Cath Smith Smith csmith52@nhs.net or telephone 01709 424543 Otherwise there is an email at JRCPTB eportfolioteam@jrcptb.org.uk

Additional Training Time Due to Examination Attainment

For trainees undertaking additional training time for exam reasons only, the RCP recommend that monthly educational supervisor meetings, an MSF, 2 MCR forms, pro-rata SLES and an educational supervisor report should be submitted via the eportfolio for the additional 6 month training period. Trainees are advised to start gathering information from the beginning of December to ensure it is available well before the January ARCP window. For those who have portfolio deficiencies contributing to the reason for additional training time, these also need to be rectified and may require SLEs/curriculum sign off.

CMT Trainee Advice Regarding MRCP Exam Preparation

MRCP PART 1

Useful Online Resources (Please note these resources are self-funded)

www.pastest.co.uk : Prices £99 for the diet. £159 for the year. It has thousands of questions. Would recommend doing as many of the questions in the bank as possible. Closer to the time, would also recommend doing the timed practice papers (of which there are plenty) to recreate the exam pressure and endurance. There are podcast lectures on there that are very good and easily downloadable onto your iPhone/MP3. In the months leading up to the exam would recommend making a playlist of the podcasts and having it on repeat on your car radio for your daily commute to/from work. You would be surprised how much information you end up retaining this way. Finally, there are video lectures on there, and again, repeated watching of these can be very useful.

www.passmedicine.com : much cheaper than pastest (£25 for 4 months, £35 for 6 months) but does not come with extras like past papers, podcasts and video lectures. However, the content of the explanations accompanying the questions is extremely well put together (probably more-so than pastest) and can become a useful textbook for you.

Useful Courses

PACES courses are held in one of the hospitals in the south region before each diet of the exam and can be booked on the website; https://www.maxcourse.co.uk/heeyhsom/ These courses are covered by the Curriculum Delivery Budget for CMT.

Useful Books (self-funded)

Essential Revision Notes for MRCP – Kalra

Basic Medical Sciences for MRCP - Easterbrook (has a chapter on clinical pharmacology which is tailored to the part 1 exam).

General Tips

The exam covers a lot of information therefore recommend you start ideally 3, but if not 2 months in advance.

Keep your notes from part 1, as they unexpectedly come in handy for part 2 and PACES (where some of the history stations, for example, require some deeper knowledge about a condition).

3 months of hard graft is needed before each exam to prepare properly. For part 1 complete 2 question banks (pass medicine and examination) which equates to around 5000 questions in total. You start realising that each speciality has its favourite questions to ask and the only way to know which topics to focus on is by lots of practice

The Pastest question bank has an iPhone app where you can download 50 questions and do them wherever. You could do 50 questions and watch a 20min TV show to de-stress because there are a lot of questions to get through.

MRCP PART 2

Useful Online Resources

Pastest once again, for the same reasons as above. Prices are as above. This time, doing their practice papers under timed conditions is even more important than in part 1 as the question stems are much longer so you are far more pushed for time.

Useful Books

Essential Revision Notes for MRCP – Kalra

General Tips

This long 2-day exam takes quite a bit of endurance. try not to commute from far away as that can become stressful, especially by day 2. Book yourself in to sleep somewhere near the venue. Book early (the centre fills up quickly)

PACES

Useful Online Resources

Not as essential as in part 1 or 2 as the majority of the learning happens on the wards/courses. However, pastest can be helpful for station 5, where they show how to examine a patient with a variety of conditions you may not necessarily see on the wards.

Useful Courses

Book onto a local PACES course where possible. The TPD may approve a course outside the region only if all attempts to book onto a local course have been exhausted.

A course is definitely recommended but advise that you go to the course fully prepared having perfected your examination/hx taking skills.

Useful Books

The Pocketbook for PACES by Rupa Bessant: goes into a lot of detail. Has everything you need to know about PACES. Can be a bit too detailed for the time you have, therefore having the Cases for Paces book alongside can be helpful. This book is written by the course director of the PassPACES course therefore ties in quite nicely with it.

Cases for Paces by Stephen Hoole: a useful one to carry around. Has a bit of information on all of the common conditions without going into too much detail. Useful closer to the time of the exam!

Clinical medicine for MRCP PACES (2 books -clinical skills and communication skills/ethics) - Gautam Mehta

General Tips

3 months ahead of the exam, start seeing patients with a colleague twice a week and reading around the cases. 2 months ahead increase this to 3 times a week. And by a month ahead you want to be examining at least every day or two.

When you examine patients always do it under timed exam conditions and present and get quizzed by your colleague formally.

Most registrars are happy to teach but need to be approached (frequently!)

People often think PACES revision is only about examining patients. However, it is important to learn the common conditions in detail so you are able to talk about them during the examiner questioning. For the cardiology station this is most commonly aortic valve replacement, mitral valve replacement, aortic stenosis, mitral regurgitation, and

congenital heart disease (mostly VSDs). For the respiratory station this includes pulmonary fibrosis, bronchiectasis, pneumonectomy/lobectomy, pleural effusion, and COPD. For the abdominal station this includes renal transplant, chronic liver disease, polycystic kidney disease, and splenomegaly. For the neurology station peripheral polyneuropathy, Parkinson's, muscular dystrophy, MS, and cranial nerve palsies. For station 5 this is rheumatoid arthritis, systemic sclerosis, diabetic eye, acromegaly, thyroid disease, retinitis pigmentosa, hemianopia, ankylosing spondylitis, and HIV related problems.

Practice the history taking and communication skills stations on each other under timed conditions. These can often trip you up if not well practiced as they are different to in a true clinical setting. Paces preparation is probably the most taxing. Staying back after work and coming in on weekends/annual leave to examine patients takes a lot of effort. It helps to pair up with someone. making friends with a colleague from another Trust means you have 2 hospitals worth of patients to examine. The first 2 months it is worth doing a lot of reading, The online pastest resource is very useful as it shows you how Consultants examine patients and gives you some idea of how to present cases.

The month prior to your exam you may wish to stay back at work every day and perhaps go in every weekend (Nb this would be in your own time to help you prepare). Make sure you set aside time to properly revise/practice station 5/ethics/history taking - Often people focus too much on the examinations and forget that they are all weighted equally.

You will pass if you put the time and effort in. They are all very fair exams.

PACES You need several partners for PACES revision (to take into account nights/on-calls) and good connections at local hospitals, the best times have been the weekends when there is a long list of patients and a good few solid hours, always use a timer for the exams, put on a "stern" face when acting examiner for your partner and be mean (because the examiners can be and you get used to being under a bit more pressure).

Practice presenting the common cases.

Set up a group messaging app to get a list of patients

Do not forget the communication skills stations as you can prepare for the vast majority of the conversations you're going to have.