Core Medical Training and E-Portfolio
A Guide for Trainees

Core Medical Training Programme
South Yorkshire

Dr Lynne Caddick, TPD for Core Medicine South Yorkshire

August 2012
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Introduction

The NES e-portfolio helps you to plan and develop your learning throughout CMT to attain the competencies defined in the curricula.

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 UK you will have already used e-portfolio in conjunction with the foundation curriculum. Specialty trainees (ST3 and beyond) in medical specialities allied to Joint Royal College of Physician’s Training Board (JRCPTB) will continue to use the e-portfolio to document specialty and GIM training. Other colleges will use a similar form of 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 education 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 enrol with JRCPTB for training. Instructions for this are found on www.jrcptb.org.uk. We have been advised that your e-portfolio account will be frozen if this is not completed within 30 days.

Problems / Complaints / Advice

If you need advice regarding training programme, are unhappy with your training or 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 TPD (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.
Curriculum for CMT

Core Medical training (CMT) normally takes 2 years (CT1 and CT2). The curriculum for core medical training encompasses acute medicine and common competencies.

Trainees starting CT1 or later in August 2011 or later should follow the CMT 2011 curriculum in both CT1, CT2. The curriculum changes for 2012 have not been published to date but will include a new ARCP decision aid (see appendix). This curriculum progresses to GIM curriculum at ST3 and will facilitate dual accreditation in GIM. Both common and acute 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 an offer of ST3 post.

You may be able to see other versions of CMT curricula in your e-portfolio but you should not normally use these unless your training at CMT commenced prior to August 2011. These will be used by a minority of trainees who commenced CMT prior to 2009 and you should not use these curricula unless told to by your RCP tutor or TPD.

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 develop your Personal Development Plan. You are advised to print off a copy of the curriculum from jrcptb website and refer to this regularly. Your e-portfolio will be assessed at months 8/9, 16 and 22/23. 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 ARCP Decision Aid. You should use the 2011 decision aid unless you commenced training in CMT prior to August 2011. A copy of 2011 decision aid is enclosed in the appendix or can be found on www.JRCPTB.org.uk. You are recommended 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. It is possible the JRCPTB may issue a 2012 version of the decision aid but this has not been published to date.

A trainee will be unable to proceed to specialist training without a successful ARCP 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 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 whole of 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 while you are in the post. Since consultant’s work patterns change from month to month you will need to let the e-portfolio coordinator (Kate Guest at STH or your DGH medical education administrator) have the details of your clinical supervisor so they can be given access to your e-portfolio. One of the anticipated changes to the 2012 CMT curriculum is a formal clinical supervisor report. If this is implemented this should be completed at the end of each post in addition to an end of placement appraisal.
Accessing E-Portfolio

www.nhseportfolios.org

Your basic details will be entered onto e-portfolio by South Yorkshire Deanery (lead administrator for CMT see Who’s who) and 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. If you already have a user name and password you should use these.

Please ensure that the lead Medical Education Office 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 Deanery servers.

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

If you find you are unable to write in any section (denoted by a red X) 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 and this must be completed through your supervisor’s log-in.

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 Regional Administrator. If you discover that your educational supervisor is different to that recorded in the e-portfolio please inform your RCP tutor and when a new ES has been allocated ask the local administrator (in your hospitals PGME office) or lead administrator (Kate Guest) 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 ALS, and MRCP but list is not exhaustive. The trainee can enter these to be confirmed later by the educational supervisor through the supervisor log-in. All parts of MRCP must be verified by your supervisor in the curriculum area of your portfolio. You are advised not 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.
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 curricula. **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 develop your personal development plan and to decide which competencies you will ask you ES or CS to sign off at each meeting.

Personal Development Plan
This needs to specifically reflect the learning objectives that you need to achieve during your post and in your immediate training and should map to the CMT curriculum. Your learning objectives should be **Specific, Measurable, Achievable, Realistic and against a Time Scale (SMART).**

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

<table>
<thead>
<tr>
<th>Process</th>
<th>Who does this?</th>
<th>Tasks before meeting (by trainee)</th>
<th>Tasks during meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Induction Appraisal</td>
<td>Your ES will review your educational plan and progress. You should have a separate meeting with your clinical supervisor to document responsibilities of post, timetable and learning opportunities.</td>
<td>Review curriculum Initially complete self-assessment Review record of competence (for later appraisals)</td>
<td>Agree objectives of post to include in PDP Complete post timetable Sign educational agreement Sign induction appraisal form</td>
</tr>
<tr>
<td>Mid-point review*</td>
<td>ES or CS</td>
<td>Review curriculum Review objectives in PDP</td>
<td>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</td>
</tr>
<tr>
<td>End of post appraisal</td>
<td>ES</td>
<td>Review curriculum Review objectives in PDP</td>
<td>Use PDP and portfolio to review progress and identify future development needs Highlight any training concerns Sign end of post appraisal form</td>
</tr>
<tr>
<td>Other additional meeting</td>
<td>ES or CS</td>
<td>Review curriculum Review objectives in PDP</td>
<td>To sign off curriculum competencies (suggested maximum number at each meeting =5)</td>
</tr>
</tbody>
</table>
Schedule of Appraisals/Meetings

4. 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.

5. 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 or your supervisor has any concerns.

   • This is completed by your educational supervisor through the supervisor’s login before e-portfolio assessment. 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. A clinical supervisor report may be implemented during this training year.

7. 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 competent).
     It is best to do this little and often with your supervisor. Don’t leave this until you have an ARCP.

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 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 syllabus (2011 curriculum) and includes examinations (MRCP and ALS) and 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. If a link is possible you will see this sign or an instruction to LINK. You can do this either by starting with your assessment or reflection and creating a link to the relevant curriculum or by starting with the curriculum and creating a LINK to the relevant assessment or portfolio entry. It is not necessary to make many links against each curriculum area – 2 or 3 pieces of quality evidence is better

Work-Based Assessments include:

- Case Based discussion
- Mini-CEX
- DOPS
- ACAT
- MSF
- Teaching assessment tool/ Audit assessment tool

Ideally 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-base 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 SpRs 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) will be required half way through the second post of the year and we will prompt you to complete one. You must include consultant assessors including your ES and CS and senior nurses but may include some peers. If there are training concerns you may be asked to complete an MSF at another time as well.

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 competency if you do not have sufficient evidence in your e-portfolio associated with that competency 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 educational supervisor is not responsible for assessing you in all curriculum areas although through clinical supervision will be in a good position to appraise your evidence in the context of your clinical work.

- 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 be 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 competency may be signed off as “Some experience or achieved” (or in case of Common competence level 1 or 2). Note that in CT1 it is expected that you can be signed off as “Some Experience” rather than “Achieved” for the majority of competencies. 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 competency if your supervisor thinks you are at a level ready to progress to ST3 in that area.

Annual Review of Competency Progression

- Your e-portfolio will be assessed at months 8, 16 for portfolio reviews and months 11 and 23 for ARCP by representatives from South Yorkshire Core Medical Training Committee. The panels convene for these assessments in April, November and June/July respectively. The panel will include the Head of School or TPD Programme Director/Deputy, Royal College of Physicians Tutors, other members of the CMT committee and lay representatives and an external representative from another Deanery.

- An interim ARCP will be held in February for trainees who have an unsatisfactory outcome at ARCP at CT1.

- 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.

- This committee will assess your progress in achieving the required competencies and the content of your e-portfolio. The Criteria for satisfactory progression is set out by the JRCPTB (see decision aid as previously).

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.
Regional Training Days CMT Programme 2011/12

The core medical teaching programme is based on the acute medicine curriculum. There will be a separate programme for CT1 and CT2 trainees and these will be in form of whole day release. Attendance is compulsory and the only reasons for absence are annual leave, sickness or on call/ clinical duties including night shift. 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.

You will be expected to attend a minimum of 6 out of 8 days in each training year, plus over the 2 CMT years 1 medical emergencies simulation day and clinical skills lab teaching for procedural competences. It is therefore very important that as soon as you know the dates of the training sessions that 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 4 weeks prior to the teaching day. If you cannot attend you must inform the Regional Curriculum Administrator (Kate.Guest@sth.nhs.uk) in order a record can 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 2-3 days each term (starting end September).

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

- There will be 8 teaching days for CT1 and 8 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 and clinical procedures teaching in skills lab
- The teaching days will rotate around the Region’s hospitals.
- The teaching topics below are 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 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.
PACES Courses

• A course is held in one of the hospitals of the region before each diet of the PACES examination and candidate should apply for a course before they intend to sit the exam. You must apply for study leave. You should do this course if you intend to take the PACES examination at the next sitting. You should apply for study leave. The South Yorkshire course will be funded from the South Yorkshire study leave fund. A course in another region will not be funded unless the local course is oversubscribed for which you have applied in good time and you will be expected to attend a course within Yorkshire deanery except in exceptional circumstances.

PACES Courses will be held as follows:

Sheffield (RHH) October 2012
Rotherham - January 2013
Chesterfield - May 2013
Doncaster – September 2013
Sheffield (NGH) – January 2014
Barnsley - May 2014

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

Month 16 interim review
e-Portfolio Assessment 5th – 20th November 2012
Interim Review 23rd November 2011

Month 8 interim review
e-Portfolio review 1st – 12th April 2012
Interim Review 16th April 2012

ARCP
e-Portfolio Review 10th – 21st June 2013 (without trainees)
remote ARCP panel week beginning 24th June 2013 (without trainees.
ARCP with selected trainees to attend week beginning 8th July 2013

MSF – 7th -26th January 2013
# Core Medical Training ARCP Decision Aid – standards for recognising satisfactory progress

<table>
<thead>
<tr>
<th></th>
<th>CMT Year 1</th>
<th>CMT Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month 8/9 ePortfolio review (locally)</td>
<td>Month 16 ePortfolio review (locally)</td>
</tr>
<tr>
<td></td>
<td>ARCP at month 11 or 12</td>
<td>Review progress against month 8/9 targets</td>
</tr>
<tr>
<td></td>
<td>Common Competencies (25)</td>
<td>Competent in minimum half of areas at level 1 and half of level 2 descriptors (ACAT/CbD/mini-CEX/MSF)</td>
</tr>
<tr>
<td></td>
<td>Competent in minimum of a third at level 1 or 2 descriptor (ACAT/CbD/mini-CEX/MSF)</td>
<td>Year 1 MSF completed and satisfactory.</td>
</tr>
<tr>
<td></td>
<td>Emergency Presentations (4)</td>
<td>Competent in all (ACAT/CbD/mini-CEX)</td>
</tr>
<tr>
<td></td>
<td>Some experience of all (ACAT/CbD/mini-CEX)</td>
<td>Competent in all (ACAT/CbD/mini-CEX)</td>
</tr>
<tr>
<td></td>
<td>Top 20 Presentations (20)</td>
<td>Competent in half (ACAT/CbD/mini-CEX)</td>
</tr>
<tr>
<td></td>
<td>Some experience of half (ACAT/CbD/mini-CEX)</td>
<td>Competent in half (ACAT/CbD/mini-CEX)</td>
</tr>
<tr>
<td></td>
<td>Other Presentations (40)</td>
<td>Competent in half (ACAT/CbD/mini-CEX)</td>
</tr>
<tr>
<td></td>
<td>Competent in a quarter (ACAT/CbD/mini-CEX)</td>
<td>Competent in half (ACAT/CbD/mini-CEX)</td>
</tr>
<tr>
<td></td>
<td>Procedures</td>
<td>Independent in all of the Part A Essential Procedures (DOPS)</td>
</tr>
<tr>
<td></td>
<td>Some experience in all Essential Procedures (DOPS, clinical skills lab/course)</td>
<td>Some experience in Part B Essential Procedures (DOPS, clinical skills lab/course)</td>
</tr>
<tr>
<td></td>
<td>Examinations</td>
<td>Review MRCP Pt1/Pt2/PACES progress</td>
</tr>
<tr>
<td></td>
<td>Acquire MRCP(UK) Part 1*</td>
<td>Valid</td>
</tr>
<tr>
<td></td>
<td>ALS</td>
<td>Valid</td>
</tr>
<tr>
<td>Minimum number of workplace assessments by Consultant Assessor in each 8 month Block</td>
<td>3 X ACAT 3 X CbD 3 X mini-CEX</td>
<td>3 X ACAT 3 X CbD 3 X mini-CEX</td>
</tr>
<tr>
<td>Annually Required</td>
<td>1 X MSF</td>
<td>1 X MSF</td>
</tr>
<tr>
<td>Outpatients Clinics and Ambulatory Care settings</td>
<td>Some experience in Ambulatory Care settings (log book, ChD, mini-CEX)</td>
<td>Experience in Ambulatory Care settings (minimum of 24 episodes over 24 months) (log book, CbD, mini-CEX)</td>
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<td>-----------------------------------------------</td>
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**Events giving concern**

The following events occurring at any time may trigger review of trainee’s progress and possible remedial training: issues of professional behaviour; poor performance in workplace based assessments; poor MSF performance; issues arising from supervisor report; issues of patient safety

*Failure to achieve MRCP(UK) Part 1 by the end of CT1 should lead to an ARCP 2 outcome at the month 11 ARCP if other aspects of training are satisfactory. The JRCPTB would not recommend an ARCP 3 at this time for exam failure alone.*
## CMT ARCP Decision Aid – for trainees entering CMT in August 2012 and onwards

### Core Medical Training ARCP Decision Aid - standards for recognising satisfactory progress

<table>
<thead>
<tr>
<th>Curriculum domain</th>
<th>CMT year 1</th>
<th>CMT year 2</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Supervisor report(s)</td>
<td>Satisfactory with no concerns</td>
<td>Satisfactory with no concerns</td>
<td>To cover the whole training year since last ARCP</td>
</tr>
<tr>
<td>MRCP (UK)</td>
<td>Part 1 passed</td>
<td>MRCP(UK) passed**</td>
<td></td>
</tr>
<tr>
<td>ALS</td>
<td>Valid</td>
<td>Valid</td>
<td></td>
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### Workplace Based Assessments (WPBAs)

WPBAs should be performed proportionately throughout each training year and performed by a number of different assessors. It is expected that a range of assessments will be used and structured feedback given to aid the trainee’s personal development.

<table>
<thead>
<tr>
<th>Minimum number of Consultant WPBAs per year</th>
<th>10 (with at least 4 ACATs)</th>
<th>10 (with at least 4 ACATs)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MSF</td>
<td>1</td>
<td>1</td>
<td>Replies should be received within a 3 month time window from a minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non medical) for a valid MSF. If significant concerns are raised then arrangements should be made for a repeat MSF(s)</td>
</tr>
</tbody>
</table>

### Quality Improvement Project or Audit

Ideally a Quality Improvement assessment (QIPAT) or Audit assessment should be performed.

<table>
<thead>
<tr>
<th>Common Competencies</th>
<th>Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum</th>
<th>Confirmation by educational supervisor that level of performance in this area of the curriculum is satisfactory for CMT completion i.e. level 2.</th>
<th>The ARCP panel will expect to see evidence of engagement with this section of the curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Presentations</td>
<td>Cardio-respiratory arrest Signed off with supporting evidence of performance</td>
<td></td>
<td>It is expected that ACATs, mini-CEXs and CbDs will be used to assess workplace performance of these competencies</td>
</tr>
<tr>
<td></td>
<td>Shocked patient Signed off with supporting evidence of performance</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Unconscious patient Signed off with supporting evidence of performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis / severe Drug reaction</td>
<td>Signed by educational supervisor after a satisfactory assessment of clinical performance or after discussion of management if no clinical cases encountered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Top Presentations</strong></td>
<td>Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum</td>
<td>Each individually signed off with supporting evidence of performance</td>
<td></td>
</tr>
<tr>
<td><strong>Other Important Presentations</strong></td>
<td>Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum</td>
<td>Confirmation by educational supervisor that level of performance in this area is satisfactory for CMT completion</td>
<td></td>
</tr>
<tr>
<td><strong>Procedures</strong></td>
<td></td>
<td>The ARCP panel will expect to see evidence of engagement with at least 75% of this section of the curriculum by the completion of CMT</td>
<td></td>
</tr>
<tr>
<td>Advanced CPR (including external pacing)</td>
<td>Skills lab training completed or satisfactory supervised practice</td>
<td>Clinically independent</td>
<td></td>
</tr>
<tr>
<td>Ascitic tap</td>
<td>Skills lab training completed or satisfactory supervised practice</td>
<td>Clinically independent</td>
<td></td>
</tr>
<tr>
<td>Lumbar puncture</td>
<td>Skills lab training completed or satisfactory supervised practice</td>
<td>Clinically independent</td>
<td></td>
</tr>
<tr>
<td>Nasogastric tube placement and checking</td>
<td>Skills lab training completed or satisfactory supervised practice</td>
<td>Clinically independent</td>
<td></td>
</tr>
<tr>
<td>Pleural aspiration for fluid or air</td>
<td>Skills lab training completed or satisfactory supervised practice</td>
<td>Clinically independent</td>
<td></td>
</tr>
<tr>
<td>Central venous cannulation (by internal jugular, subclavian or femoral approach) with U/S guidance where appropriate *</td>
<td>Skills lab training completed or satisfactory supervised practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DC cardioversion</td>
<td>Skills lab training completed or satisfactory supervised practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For potentially life-threatening procedures, at least 2 DOPS confirming competence are required from different assessors.*
<table>
<thead>
<tr>
<th>Intercostal drain insertion using Seldinger technique with ultrasound guidance (excepting pneumothorax where ultrasound guidance is not normally required) *</th>
<th>Skills lab training completed or satisfactory supervised practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinics (or equivalents)</td>
<td>Satisfactory performance in 24 clinics by completion of CMT</td>
</tr>
<tr>
<td>Overall teaching attendance</td>
<td>Satisfactory record of teaching attendance</td>
</tr>
<tr>
<td></td>
<td>Satisfactory record of teaching attendance</td>
</tr>
<tr>
<td></td>
<td>The requirements to attend teaching attendance should be specified on commencement of training</td>
</tr>
</tbody>
</table>

** Failure to achieve MRCP(UK) Part 1 by the end of CT1 should lead to an ARCP 2 outcome at the month 11 ARCP even if other aspects of training are satisfactory. The JRCPTB would not recommend an ARCP 3 at this time for exam failure alone.

***Failure to achieve MRCP(UK) after 24 months in CMT will probably result in an outcome 3 if all other aspects of progress are satisfactory.
Yorkshire and Humber Deanery
Yorkshire and Humber Deanery is responsible for ensuring the delivery of your training and monitoring 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 between each of the localities and details of this can be found on the website.

www.yorksandhumberdeanery.nhs.uk

Quality Assessment
You are expected to complete a placement feedback questionnaire at the end of each post in CMT. The End of Placement Feedback Questionnaire (EoPFQ) has been designed to capture the views of trainees about postgraduate medical education training posts that they have occupied in the Yorkshire and the Humber Postgraduate Deanery. The questionnaire can be found in the Quality Assessment section on the website. You should complete the generic questionnaire. The EoPFQ should be completed within one month of finishing each placement. Completion of the questionnaire will take approximately 10 - 15 minutes.

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 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 Deanery policy published on the website:

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

GIM Committee and Trainee Forums
Trainees are represented from each Trust on these School of Medicine committees. It you are interested in contributing and representing your peers on these committees you should discuss this with your RCP tutor.
Who’s who
Head of Postgraduate School of Medicine
Dr Trevor Rogers

Training Programme Director for CMT (South Yorkshire)
Dr. Lynne Caddick  Lynne.Caddick@sth.nhs.uk

Deputy Programme Director for CMT (South Yorkshire)
Dr Solomon Muzulu
solomon.muzulu@rothgen.nhs.uk

Deanery Medical Workforce Officer
ARCP and Administrative lead
Emma Carlin
Emma.Carlin@yorksandhumber.nhs.uk
(0114) 2264478

South Yorkshire E-Portfolio Administrator
Training Programme Coordinator
Kate Guest
Kate.guest@sth.nhs.uk
Telephone (0114) 2711793

Barnsley Hospital NHS Foundation Trust
RCP tutor Dr Abuzeid Eltrafi  a.eltrafi@nhs.net
Medical Education Manager – Julie Petch
juliepetch@nhs.net
CMT contact - Jacky Gray
Jacqueline.Gray@nhs.net

Chesterfield Royal Hospital NHS Foundation Trust
RCP Tutor Dr Viv Sakellariou  Viv.Sakellariou@chesterfieldroyal.nhs.uk
Medical Education Manager – Elaine Woodhall-Windle
elaine.woodhall-windle@chesterfieldroyal.nhs.uk
Medical Education Administrator – Debbie Couzens
Deborah.Couzens@chesterfieldroyal.nhs.uk
Telephone (01246) 512902

Doncaster and Bassetlaw NHS Foundation Trust
Doncaster Royal Infirmary and Montagu Hospital
RCP tutor Dr M El-Kossi  Moshen.elkossi@dbh.nhs.uk
Medical Education Manager – Sheenagh Hunt
Sheenagh.Hunt@dbh.nhs.uk
Medical Education Administrator – Hazel Maloney
Hazel.Maloney@dbh.nhs.uk
Telephone (01302) 553113
Bassetlaw Hospital
RCP tutor Dr G Singh Gurjit.singh@dbh.nhs.uk
Telephone (01909) 502915
Post grad – Pamela Whitehurst Pamela.Whitehurst@dbh.nhs.uk
Telephone (01909) 502915

Rotherham NHS Foundation Trust
RCP Tutor Dr P Basumani Pandurangan.Basumani@rothgen.nhs.uk
Medical Education Manager – Elizabeth Webster
Elizabeth.Webster@rothgen.nhs.net
Telephone (01709) 304186
Administrator – Catherine Smith
Education.Centre@rothgen.nhs.uk
Telephone (01709) 304543

Sheffield Teaching Hospitals NHS Foundation Trust
Northern General Hospital:
RCP tutor - Dr Amar Rash Amar.Rash@sth.nhs.uk
Medical Education Centre Manager - Lesley Izzard
Lesley.Izzard@sth.nhs.uk
Telephone (0114) 2714078

Royal Hallamshire Hospital:
RCP Tutor - Dr Jonathan Webster Jonathan.Webster@sth.nhs.uk
Medical Education Office Manager – Kate Guest
Kate.Guest@sth.nhs.uk
Telephone (0114) 2711793