JRCPTB

Joint Royal Colleges of Physicians Training Board

Quality criteria for core medical training (CMT)

We have developed these quality criteria in response to a survey of core medical trainees[1] and in consultation with a broad range of stakeholders, including heads of schools of medicine, core medical training (CMT) programme directors, supervising consultants and doctors in training in the UK. Their purpose is to drive up the quality of training environments for CMT, to enhance the educational experience of trainees and ultimately to improve patient safety and experience.

The criteria have been grouped into four domains and are classified as either 'core' or 'best practice'. They are expected to be met over the course of the 2-year programme. While the criteria are aspirational in nature, many of them have already been implemented in various locations across the UK. The intention is to develop a culture of excellence in CMT, with all trusts and health boards having at least met the specified 'core' criteria by the end of 2016.

The initiative is being progressed by the JRCPTB[2,3] under the umbrella of the Federation of the Royal Colleges of Physicians and in partnership with major stakeholders.

Regular updates will be posted on our website at: www.jrcptb.org.uk

A Structure of the programme

Core criteria:

A.1 Trainees to spend a minimum of two-thirds of placements (usually 16 months) contributing to the acute medical take, including the acute medical unit.

Best practice criteria:

A.i Trainees to undertake a placement in geriatric medicine (minimum of 4 months) and also have some exposure to critical care (minimum of 2 weeks) and the high dependency unit.

B Delivery and flexibility of the programme

Core criteria:

B.1 Shift patterns to be structured to ensure trainee attendance at relevant post-take ward rounds and handovers.

B.2 Trainees to undertake a minimum of 40 outpatient clinics.

B.3 Bleep-free cover arrangements to allow trainee attendance at outpatient clinics and other learning events, eg PACES training, as protected learning time.

B.4 Skills laboratory and/or simulation training for all mandatory procedural skills to be provided at least once a year to supplement clinical training.

B.5 A minimum of 1 hour of curriculum-relevant teaching to be provided per week on average, including a regular programme of direct observation of clinical skills around the PACES diet.

Best practice criteria:

B.i On-call days and nights in acute placements to be concentrated into blocks to facilitate continuity of care between the acute admissions area and specialty wards.

B.ii Arrangements for 'acting up' as a medical registrar to normally be tailored to all CMT2 doctors (with appropriate supervision) once they have passed the full MRCP(UK).

B.iii Regional teaching programmes to be provided a minimum of three times per year, plus an annual quality improvement day.

C Supervision and other ongoing support available to trainees

Core criteria:

C.1 Trainees to be appropriately represented on and engaged with local professional and education committees, eg trust education committee.

C.2 An introduction to the system of review and assessment at a departmental level (to include ePortfolio use) to be provided within 1 month of starting the programme.

C.3 A named college tutor, or equivalent lead, to be appointed in all trusts to oversee CMT training.

C.4 Each trainee to have a single, named educational supervisor for a minimum of 12 months, who has been selected, trained and assessed as per national guidance. The supervisor's duties and training time will be specified in their job plan according to national guidance.

C.5 Formal interim reviews, also known as a 'pre-annual review of competence progression (ARCP) appraisal', involving a training programme director (or equivalent) to be provided to all CMT trainees pre-ARCP and the outcome to be recorded in the ePortfolio.

C.6 The educational supervisor and trainee to discuss and agree a plan for MRCP(UK) training, to include 'before and after' meetings for each part of the examination. Trainees requiring more support should receive enhanced training and/or supervision.

Best practice criteria:

C.i A regional induction to be provided within 2 months of trainees starting the programme.

C.ii Non-UK graduates to be offered the opportunity to complete a specified UK-orientation programme (in person or online) during their first month in post.

C.iii A local annual trainee survey to be conducted which includes an evaluation of each placement.

D Communication with trainees

Core criteria:

D.1 Information on expected CMT rotations to be published at the time of job offers.

D.2 On-call rotas to normally be published at least 6 weeks in advance and to cover 4 months in length.

References

1 Tasker F, Newbery N, Burr B, Goddard A. Survey of core medical trainees in the United Kingdom 2013 – inconsistencies in training experience and competing with service demands. *Clin Med* 2014; 14:149–156. www.rcplondon.ac.uk/sites/default/files/cmt_survey_of_junior_doctors_clin_med_april_2014.pdf.

2 Black D. The next generation of physicians. *Clin Med* 2014;14:565–566. www.clinmed.rcpjournal.org/content/14/6/565.full.

3 Tasker F, Dacombe P, Goddard A, Burr B. Improving core medical training – innovative and feasible ideas to better training. *Clin Med* 2014;14:612–617. www.clinmed.rcpjournal.org/content/14/6/612.full.

JRCPTB is part of the Federation of the Royal Colleges of Physicians of the United Kingdom

Royal College of Physicians of Edinburgh · Royal College of Physicians and Surgeons of Glasgow · Royal College of Physicians

In partnership with:

COPMeD Conference of Postgraduate Medical Deans of the United Kingdom · Northern Ireland mdta Medical & Dental Training Agency · Wales Deanery Deoniaeth Cymru · NHS Education for Scotland · NHS Health Education England