Introduction

Welcome to CMT in West of Scotland!

Your two year programme has been designed to give you relevant experience in a broad range as well as depth of medical training in preparation for future Higher Specialty Training (ST3+) in your chosen specialty. We have designed your rotation to meet CMT Quality Criteria, including (where possible) contributing to the acute medical take in during the majority of your placements, a placement in Geriatric Medicine and exposure to both central Teaching Hospitals and District General Hospitals.

The rules and regulations of what you need to achieve during Core Medical Training are outlined in detail at http://www.jrcptb.org.uk/specialties/core-medical-training-and-acute-care-common-stem-medicine

This document provides a local guide to how you can get the best out of your time with us, and successfully pass the programme. We hope you enjoy your training programme and look forward to meeting you all in due course.

Important contact details:

Dr Stephen Glen  Associate PG Dean for CMT  Stephen.glen@nhs.net
Mr Anand Ferguson  CMT Administrator, NES  Anand.Ferguson@nes.scot.nhs.uk
Dr Marie Freel  TPD (West Consortium)  Marie.Freel@glasgow.ac.uk
Dr James Boyle  TPD (North Consortium)  James.Boyle@glasgow.ac.uk
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Mr Stuart Brown  Study Leave Officer  stuart.brown@nes.scot.nhs.uk
ARCP

The Annual Review of Competence Progression (ARCP) is the formal method by which your progression through the training programme is monitored and recorded as described in the Gold Guide (see http://www.copmed.org.uk/publications/the-gold-guide).

This is held once per year, towards the end of the academic year (usually June), and the deadline for ensuring all requirements are met is towards the end of May. If you do not receive a successful outcome, you will be invited to NES for a meeting with the TPD/APGD and other trainers. An unsuccessful outcome may mean you will require additional training time and could affect your ability to progress beyond CMT.

Your TPD/local educational leads will also hold a pre-ARCP meeting(s) earlier in the year which you will not be expected to attend; during this we will review your ePortfolio progress and highlight any issues identified, allowing you time to rectify any deficiencies in time for your ARCP. It is, however, your responsibility to ensure that you have collected sufficient evidence on your ePortfolio to ensure successful ARCP.

The ARCP Decision Aid defines the targets that have to be achieved for a satisfactory ARCP outcome at the end of each training year for core medical training (CMT) and higher medical training specialties. The CMT Decision Aid is available at http://www.jrcptb.org.uk/training-certification/arcp-decision-aids and has been updated for 2017. You should check this regularly to ensure that you are making adequate progress towards this throughout your training. Where local expectations differ (acknowledging that the Decision Aid is a national document rather than tailored to your local programme) we will notify our trainees accordingly. If in doubt, contact the CMT administrator at NES or your Educational Supervisor or TPD.

ePortfolio

Throughout your training you must populate your ePortfolio with evidence of training and learning, such as Supervised Learning Events (SLEs) and other workplace based assessments (WPBA), Reflective practice, and a summary of clinical activity and teaching attendance. You should actively seek feedback following SLEs, formulating action plans and agreeing follow up with your assessors. Further information is available at http://www.jrcptb.org.uk/assessment.

Opportunities to complete SLEs should be sought proactively, and you should ask consultants in advance i.e. commit to doing an SLE before the event, rather than after discussing or reviewing a case. Try to avoid the last couple of weeks before ARCP – consultants are often flooded with ePortfolio requests around this time and may be less amenable, and you should be aiming to collect SLEs at regular intervals to show consistent engagement with learning rather than a last minute flurry!

In terms of minimum annual Workplace Based Assessment / SLE requirements for each academic year, you should seek to complete:

- At least 2 Multiple Consultant Reports (MCRs) per attachment.
- At least 10 consultant SLEs per year, the latter of which must include at least 4 ACATs (Acute Care Assessment Tool). ACATs are designed to be used on the acute medical take (but may be on a ward round or covering a day's management of admissions and ward work), and look at clinical assessment and management, decision making, team working, time management, record keeping and handover for the whole time period and multiple patients. There must be a minimum of 5 cases for a single ACAT assessment. Whilst SLEs can be completed by any healthcare professional of any grade to support your learning, ONLY SLEs completed by a Consultant count towards your ARCP number requirements, so take care when adding these up to ensure ARCP requirements are met!

(It is worth noting the difference between ACATs and case based discussions (CbDs), as sometimes trainees erroneously use the former as a composite CbD. ACATs are about the management of multiple cases as a group and CbDs are about the management of individual, separate cases (feeds back on clinical reasoning, decision making and application of medical knowledge in relation to patient care; should focus on a written record e.g. case notes, outpatient letter, discharge summary e.g. for a newly referred patient in an outpatient clinic). The use of these two SLEs as evidence is thus different.)

- One Multi Source Feedback (MSF) cycle, which, to be valid, must include a minimum of 12 raters including > 3 consultants and a mixture of other medical and non-medical staff.

ePortfolio evidence should be linked to curriculum competencies to show engagement and learning. One piece of evidence may be sufficient if it demonstrates a learning area has been explored, but in general we would encourage you to link at least two or three items per competency. **SLE linkages should be limited to 8 competencies for ACATs and 2 each for mini-CEX and CbD.**

Once you have linked sufficient evidence to a competency, you should assign a self-rating for this (using the drop-down box) with comments and evidence to support the reasons you believe you have achieved the level required (with options for different levels in the drop-down menu, such as completion of CMT1 or CMT2).

You are advised to link evidence regularly throughout your rotation as there is a considerable volume to get through- this can be daunting if left late! Remember to use a broad range of evidence: this might include SLE, eLearning certificates, symposium/conference certificates, ALS certificate, reflective practice etc.

**Important requirements in eportfolio**

The key targets are outlined very clearly in the ARCP Decision Aid. However, there are a few other requirements that may be less clear and are highlighted below:

**Emergency presentations:**

All evidence (2 pieces per competency; can include ALS, TACTICS, IMPACT courses) needs to be evaluated and signed off individually by your Educational Supervisor (ES) **by the end of CMT1.** As it is unlikely that you will see a case of anaphylaxis upon which you could base an assessment, it is acceptable discuss the approach to and
management of the patient with anaphylaxis and use this discussion as the basis for a CbD.

**Sampling:**

In terms of the Top Presentations and Other Important Presentations, your ES will not examine *all* competencies, but will **sample** the evidence you provide to determine progress, as per the Decision Aid. This usually requires an in-depth evaluation of the evidence provided (e.g. SLE etc) for around 10% of the competencies listed to check they are relevant and sufficient. Your Supervisor can then give an overall rating for a group of competencies (e.g. common competencies) to confirm that you have met the curriculum requirements (signed off as CT1 or CT2 level achieved as appropriate).

**Educational supervisor report:**

While you should meet regularly with your ES, you are required to provide an ES report for ARCP that spans the majority of the training year. This report also needs to be dated to finish at the end of the training year. You therefore must arrange to meet with your ES in plenty of time before the ARCP submission guideline in order for this to be done as well as ensure all relevant competencies in your curriculum are signed off.

**Absence Forms/SOAR sign off**

It is a mandatory requirement for your ARCP Review to complete your Self Declaration and have it signed off by your Educational Supervisor on the SOAR database. Information and guidance about this can be found at [http://seccare.appraisal.nes.scot.nhs.uk](http://seccare.appraisal.nes.scot.nhs.uk).

You must also complete the Deanery absence form (this will be posted to your prior to ARCP) and return it to NES prior to the pre-specified deadline.

Failure to submit these declarations was a very common reason for trainees being given an unsatisfactory outcome in ARCP which is extremely frustrating and time consuming for all involved.

**Practical Procedures and Simulation**

Procedural competencies for CMT are classified as “Essential (A) – clinical independence essential”, “Essential (B) – clinical independence desirable”, and “Desirable”.

Essential (A) procedures are advanced CPR (may include external pacing$^R$, ascitic tap$^R$, LPR, NG tube placement/checking$^R$, and pleural aspiration$^{PLT}$ for pneumothorax or pleural fluid (with support for ultrasound guidance being provided by another trained professional). By the end of CT1 you should have evidence of completed skills labs training or satisfactory supervised practice, and by the end of CT2 you should be signed off as clinically independent.

Essential (B) procedures are central venous cannulation$^{PLT}$ (with support for ultrasound guidance being provided by another trained professional), intercostal chest drain insertion$^{PLT}$
for pneumothorax or pleural fluid (with support for ultrasound guidance being provided by another trained professional) and DC cardioversion.

DOPS should be carried out for each procedure, with a formative DOPS (assessment for learning) undertaken before a summative DOPS (assessment of learning). Formative DOPS can be completed as many times as needed. Summative DOPS sign off for routine procedures (marked ‘R’ above) only need undertaken once, on one occasion with one assessor. Summative DOPS sign off for potentially life threatening procedures (marked ‘PLT’ above) should be undertaken on at least two occasions with two different assessors (one assessor per occasion) if clinical independence is required.

We understand that obtaining experience of practical procedures can be difficult and varied according to the acuity of your clinical placement as well as competition from other trainees. Therefore, we offer opportunities in simulation and skills lab experience in order to address this. One of the first CoMEP training sessions will offer training in intercostal drain insertion using sheep carcass. We also run a course, “How to do it: practical skills for core trainees”, which offers skills lab experience in a number of procedures including lumbar puncture, joint aspiration, central venous cannulation and nasogastric tube insertion. Dates for these courses and instructions on how to book a place can be found on the CoMEP website (see Teaching and Training Days below).

In addition, the Scottish Clinical Simulation Centre, based in Forth Valley offers a number of simulation activities aimed at CMT and ACCS trainees. The most relevant and popular of these is the TACTICS (Team Activities for Core Trainees in Clinical Simulation) course. This course for CMT1s has been developed based on the Medical Core Trainee curriculum. It covers emergency presentations such as cardiorespiratory arrest, as well more common presentations such as breathlessness.

The core trainee leads a team in diagnosing and managing the patient, a high-fidelity simulated mannequin, as well as performs practical procedures such as external pacing. The course facilitators can also complete a Mini-CEX for participants’ portfolios. Places on this course are highly desirable and are allocated on a first come first served basis. Further details can be found at [http://scschf.org/courses/tactics/](http://scschf.org/courses/tactics/).

**Reflective Practice**

Reflection for learning is a fundamental part of ongoing professional development. Throughout your career you will have to do things that satisfy, please, upset and challenge you personally and professionally, and understanding yourself and how you react and feel in different circumstances is an essential element of becoming a doctor. Focussed reflection in your ePortfolio will help you identify your ongoing learning needs in day-to-day practice. R-cards are simply designed to help teach you the discipline of doing this real-time in your practice in a structured, focused and productive way.

R-cards can be downloaded from the JRCPTB website along with instructions and guidance on how to use both tools. You can then use what you capture on the R-card to enable further reflections on your learning. The After-event reflective form is a tool developed by the Institute of Reflective Practice and is available in the Reflective Practice section of ePortfolio.
Reflection upon learning can be used as linked evidence demonstrating acquisition of curriculum competencies.

Quality Improvement

Quality Improvement, rather than audit, is now considered a core competence, and you are required to complete one Quality Improvement Project (QIP) in CT1 and another in CT2. The national project for this is called Learning To Make a Difference (LTMD), which provides the framework and tools to enhance training of CMTs in QI methodology and enables learning, developing and embedding of new skills in QI and the translation of these into clinical practice to make a real difference to the quality of your clinical practice and patient care. Other projects, including via the Scottish Patient Safety Programme (SPSP) are also available.

We believe that training in QI is important because it is often trainees that see opportunities for improvement in the systems in which they work. QI uses systematic methodology – if it’s not working, move on and test again! It involves small tests of change that can lead to big results, improving patient safety, and complements audit – rather than just data collection, as audit often is, it allows you to put recommendations into place and test the change.

In terms of meeting ARCP requirements, if you are doing an audit i.e. against a known standard, you should aim to do this as a proper QIP. Ideally you should complete a QIP within a 4 or 6 month post (although can decide to do a project over an entire year if feasible), with support from your Educational or Clinical Supervisor. You may work on your own, although we would encourage you to work as a group and/or involve the multi-disciplinary team. Once you decide on a project you may wish to follow the guidelines outlined in the “trainee tool kit” at the LTMD website at https://www.rcplondon.ac.uk/projects/learning-make-difference-ltmd. You can document the project plan on ePortfolio to help the planning and process.

You are welcome to participate in national audits (e.g. local data collection against national standards for large scale projects) and also undertake local audit that doesn’t follow QI methodology for your own learning, but neither of these can be counted towards ARCP QI requirements i.e. you must complete a project using QI methodology.

The LTMD website contains trainee and supervisor resource packs, presentations from peers, guidance as to how to get started, and templates to use. You can also register your QIP on this site – with your experience helping other trainees learn and vice versa.

We note that you are not obliged to use LTMD and can thus choose to use SPSP or other QIP methodology - generally any is acceptable as long as you can provide evidence of completing QIP rather than traditional audit. You can still register these projects with LTMD and would be eligible for the national QI meeting (publicised annually). Participation in national audits doing data collection etc., whilst a helpful experience, does not count towards this.

Evidence of participation in QIP must be uploaded to your ePortfolio in advance of your ARCP for us to be able to tick off this requirement – there are QIP plans and report forms,
and QIPAT (assessment tool) available on ePortfolio to facilitate this, and/or you can upload a QIP report to your personal library. Failure to upload evidence will be marked as failure to complete a QIP, and thus failing to meet annual requirements.

The four Scottish CMT regions hold a combined QI Conference each Spring, which is a bespoke opportunity to allow our CMTs to network and share learning, including presentation of your work via short oral/powerpoint presentations and posters. The event is fully sponsored i.e. free to attend, counts as a full day of teaching/CME, and if your poster/presentation is selected (competitive entry) for presentation then you can count this as a presentation/poster at a national meeting. This is therefore a super opportunity, including for scoring points for ST3 applications, and we strongly encourage you to arrange study leave for this as early as possible.

The next QI conference is scheduled for **Tuesday 29th May 2018**, at Victoria Hospital in Kirkcaldy (Fife), with Professor Jason Leitch, National Clinical Director of Healthcare Quality and Strategy, secured as the flagship speaker.

### Out-patient clinics

You should seek to participate in a minimum of 40 outpatient clinics over the 2 year programme. You should aim to keep an anonymised logbook of patients seen if possible, to enable reflection upon learning.

The definition and objectives of CMT clinics that we have agreed is:

* To understand the management of chronic diseases
* Be able to assess a patient in a defined time-frame
* To interpret and act on the referral letter to clinic
* To propose an investigation and management plan in a setting different from the acute medical situation
* To review and amend existing investigation plans
* To write an acceptable letter back to the referrer
* To communicate with the patient and, where necessary, relatives and other health care professionals.

These objectives can be achieved in a variety of settings and trainees should seek to attend clinics in a variety of specialities and settings including less traditional clinic models such as Day Hospital or Ambulatory Medicine (providing these above criteria are met). Ward attenders, procedural lists (e.g. endoscopy) and Haemodialysis reviews do not count. Trainees should see at least some patients on their own but all patients should be reviewed/discussed with a consultant. Clinic letters written by the trainee should also be reviewed and feedback given. The number of patients that a trainee should see in each clinic is not defined, and neither is the time that should be spent in clinic, but as a guide this should be $\geq 2h$. Trainees should see a range of new and follow-up patients.

You will need to be proactive about arranging to participate in clinics, as not all posts will routinely schedule these for you. We strongly suggest that you meet with your ES early into
each post to discuss how you will achieve your required clinic numbers. In posts with few clinics available, you may wish to arrange attendance at an alternative specialty clinic and ask your parent specialty to help support you by releasing you to attend these, either as a scheduled session if rotas will allow or as unfunded study leave.

To demonstrate clinic attendance, you should upload a logbook of numbers (forms available at https://www.jrcptb.org.uk/faqs/cmt-trainee-how-can-i-record-my-procedures-and-clinic-attendance) to your ePortfolio personal library. As a bare minimum this should include date, specialty, and number of cases seen. Ideally you should expand this to include anonymised details of cases seen, to enable reflection – this can be linked to curriculum competencies as evidence of experience and learning.

Important national guidance about doctors in training and clinical supervision at out-patient clinics is available at https://www.copmed.org.uk/images/docs/Drs_in_training_and_clinical_supervision_at_out-patient_clinics.pdf.

Educational Supervision

For every post you rotate through you will be assigned a Clinical Supervisor (CS) whereas (in most rotations) you will retain the same ES for the entire year. Usually your ES is also the clinical supervisor for the first block. From July 2016 the GMC expects all ES to be trained, recognised and appraised for this role. At the beginning of each 4 month post, even if you are staying on in the same unit for two consecutive blocks, you should arrange an “Induction Appraisal” early on into your post, meeting with your ES/CS to set educational objectives for the placement and create your Personal Development Plan (PDP). Both should be documented in your ePortfolio, with all Appraisal forms and PDP being available under the “Appraisal” ePortfolio tab.

Towards the middle of your post you should meet with your ES/CS to discuss progress thus far, review your ePortfolio evidence of progression, and amend your PDP if appropriate. This should be recorded as a “Mid-point Review” in the Appraisal section of ePortfolio.

Towards the end of every four or six month attachment you must arrange a final review with your ES to review your PDP and curriculum progress, and record any areas of development required. This should be recorded in the “End of Attachment Appraisal” form. You must also ensure that your ES completes an Educational Supervisor’s Report at the end of every post – this is available under the “Progression – Summary Overview” tab on ePortfolio.

As mentioned earlier, the ES Report is pivotal to the ARCP process and includes a summary of multiple consultant reports (MCRs), multi-source feedback (MSF), summary of clinical skills and procedures, and the outcome of sampling of curriculum competencies. The ES Report must be signed off (not saved in draft) to be visible to the ARCP panel, and is so essential to the ARCP process that failure to provide an ES Report for the year will result in an unsatisfactory ARCP outcome.
Whilst your Educational Supervisor should be aware of these expectations, it is your responsibility to arrange the above meetings with them. You should inform us as early as possible if you are having difficulty meeting with your ES.

Study Leave

Contrary to popular belief, trainees are not allocated a ‘ring-fenced’ individual study leave budget, but rather the entire pool of CMTs is allocated an overall budget. Our aim is to use this in a fair, equitable and transparent manner. Trainees are thus allocated a National Annual Allowance, currently around £500 per trainee per year, plus 30 days study leave per year. These should primarily be used to attain core CMT competencies e.g. CMT Training Days, Symposia, TACTICS, Royal College Educational Events etc. We will also consider specialty meetings, for example to present a poster to demonstrate commitment to the specialty you plan to later apply for.

Only one or two specialty courses (e.g. echo skills, renal biopsy) may be supported in CT2 after MRCP i.e. after successful completed summative assessment of CMT knowledge. The rationale for this is that only after you have acquired CMT competencies should you be focusing on developing specialty (ST3+) skills and competencies.

It is national policy that exam preparation courses do not receive financial support (unless in exceptional cases), although we will aim to approve study leave without funding if your rota master / educational supervisor is able to support your requested time off.

It is important that you have approval by your rota master or equivalent before submitting your study leave request to us, and all requests should be submitted to us at least 4 weeks in advance. We may reject requests where sufficient notice is not given. If in doubt as to whether your leave will be supported, please do drop us a line—we are always happy to discuss before you commit to a course fee!

Applications for study leave are made online using the TURAS database. Further information is available at http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/help-and-support/study-leave.aspx

Following attendance at a pre-approved course or event for you wish to claim financial support, you must make a claim within 3 months. Keep all receipts! You must submit your claim to Stuart Brown at the NHS Education for Scotland finance department (Ground Floor, 2 Central Quay, 89 Hydepark Street, Glasgow, G3 8BW) within 3 months of the study leave event. If you have queries about your expenses claim you can contact him at Stuart.Brown@nes.scot.nhs.uk.

In some instances the costs approved in advance may have been estimates – the maximum amount you can claim is noted by the approving TPD in TURAS, and you should submit exact costs/details after the event. Claims must be accompanied by receipts / tickets / bank or credit card statements for fees, accommodation, meals and travel costs. Proof of attendance at the course will also be required.
Teaching and Training Days

CoMEP is the Core Medical Education Programme which holds a series of half-day lectures and tutorials on topics mapped to the CMT curriculum. Full details of dates (held every month approximately) and venues (usually NES, Glasgow) are on the CoMEP website (www.comep.co.uk) or twitter feed (@CoreMedicine).

All sessions will be filmed and posted on the CoMEP website. It is expected that trainees attend 70% of sessions; the remaining 30% can be made up from online teaching. We expect VC to be available for all sessions depending on the local hospital VC capabilities if you are unable to leave your clinical site. Funding for this programme (approximately £100 per trainee) is automatically allocated from your study leave budget.

RCPSG and RCPE also host a number of educational events and symposia (including IMAPCT courses) which are relevant to CMT trainees. Details are available from the relevant websites.

Examinations

Successful acquisition of full MRCP is required for successful completion of CMT; this is the knowledge-based summative assessment of Core Medical Training. The exam comprises three parts - Part 1, Part 2 Written, and Part 2 Clinical (PACES). More detail is available at https://www.mrcpuk.org/mrcpuk-examinations. These exams can take several attempts to get through and you are strongly advised to prepare to sit these as early on in CMT as possible to give yourselves sufficient time to complete them.

National study leave policy does not permit study leave funding for examination preparation courses, but we are willing to sign off study leave requests for unfunded time if your local rota master / ES is agreeable (particularly for PACES courses). RCPSG offers a series of online PACES revision modules (https://rcpsg.ac.uk/physicians/education/online-learning).

In addition, we offer a series of small group PACES teaching sessions led by PACES examiners within Glasgow Royal Infirmary and the Queen Elizabeth University Hospital. These sessions are free and usually limited to 4-6 trainees per session. If you are not automatically informed of dates, please contact the organiser at Marion.Pirie@ggc.scot.nhs.uk.

A PACES preparation course is held at the Edinburgh Clinical Skills and Assessment Centre (CSAC), jointly badged with RCPE and advertised via http://events.rcpe.ac.uk (cost approx. £800). PACES examination – the king of OSCEs – requires particular preparation.

SUPPORT

As your TPDs, we are here to support you both collectively and individually.

Marie Freel (Marie.Freel@glasgow.ac.uk) is a Consultant Endocrinologist based at the Queen Elizabeth University Hospital, Glasgow; she is also TPD for General (Internal)
Medicine (GIM) training for ST3+ trainees in West of Scotland. Dr David Wilkin (davidwilkin@nhs.net) is a Consultant in Acute and General Medicine in Crosshouse Hospital, Kilmarnock and Dr James Boyle (james.boyle@glasgow.ac.uk) is a Consultant Diabetologist and Endocrinologist at Glasgow Royal Infirmary.

We are happy to be approached at any time regarding queries or concerns; whenever the latter we will do our best to meet you face to face at a time that suits.

You are also supported by the following:

- Anand Ferguson, Training Programme Administrator at NHS Education for Scotland (NES) responsible for CMT: Anand.Ferguson@nes.scot.nhs.uk

  Anand’s roles include distribution of information from your TPDs, coordinating rotations, organising ARCPs, organisation of the Specialty Training Committee meetings, ePortfolio support etc. He works closely with the TPDs.

- Stuart Brown, responsible for CMT Study Leave at NES: Stuart.Brown@nes.scot.nhs.uk

- Lillian Cumming, Administrative Assistant at NES responsible for coordinating/promoting CoMEEP training days keeping a register of attendance: Lillian.Cumming@nes.scot.nhs.uk

You can read more about NHS Education for Scotland (NES) and its role in your training in Scotland at http://www.scotlanddeanery.nhs.scot/
Minimum requirements for successful CT1 ARCP, at a glance

We suggest you use the below pre-ARCP. Further details are in this guide.

- Satisfactory completed Educational Supervisor report for every post □
- At least 4 Multiple Consultant Reports (MCR) by different consultants □
- Part 1 MRCP □
- Valid ALS certificate □
- One completed MSF cycle, with at least 12 contributors **of which at least 3 must be consultants** □
- 10 **consultant** SLEs, of which at least 4 must be ACATs □
- Evidence uploaded to demonstrate proportionate progression towards CT2 clinic requirements (i.e. 40 clinics in two years) □
- One completed Quality Improvement Project, evidence uploaded □
- “**Common Competencies**” signed by ES as CT1 level complete, with evidence attached and signed off for at least 5 competencies □
- “**Emergency Presentations**” signed by ES as CMT level achieved, with evidence recorded and signed off for all four competencies □
- “**Top Presentations**” signed by ES as CT1 level complete, with evidence attached and signed off for at least 11 presentations □
- “**Other Important Presentations**” signed by ES as CT1 level complete, with evidence attached and signed off for at least 15 presentations □
- Skills lab training or satisfactory supervised practice for all “**essential CMT procedures (part A)**”, evidenced and confirmed by ES □
- Satisfactory teaching attendance record □
- SOAR Declarations (health, probity and complaints/critical incidents statements) submitted online □
- Absence Declaration submitted to Deanery / copy in Personal Library □
- Evidence of participation in GMC National Training Survey □
Minimum requirements for successful CT2 ARCP, at a glance

- Satisfactory completed Educational Supervisor report for every post
- At least 4 Multiple Consultant Reports (MCR) by different consultants in each of CT1 and CT2
- Successful completion of full MRCP (Part 1, Part 2 and PACES)
- Valid ALS certificate
- One completed MSF cycle (in each of CT1 and CT2), with at least 12 contributors of which at least 3 must be consultants
- 10 consultant SLEs (in each of CT1+CT2), of which ≥ 4 must be ACATs
- Acceptable performance in at least 40 outpatient clinics across CMT, evidence uploaded
- One completed Quality Improvement Project, evidence uploaded, in each of CT1 and CT2
- “Common Competencies” signed by ES at CMT level complete, with evidence attached and signed off for at least 10 competencies
- “Emergency Presentations” signed off by ES as CMT level achieved, with evidence recorded & signed off for all 4 competencies (as per CT1)
- “Top Presentations” signed by ES as CT2 level complete, with evidence attached and signed off for all presentations
- “Other Important Presentations” signed by ES as CT2 level complete, with evidence attached and signed off for at least 30 presentations
- Clinical independence achieved for all “essential CMT procedures (part A)” (see note in the formal ARCP Decision Aid regarding pleural aspiration), confirmed by ES
- Skills lab training or satisfactory clinical supervision for all “essential CMT procedures (part B)”, confirmed by ES
- Satisfactory teaching attendance record
- SOAR Declarations (health, probity and complaints/critical incidents statements) submitted online
- Absence Declaration submitted to Deanery / copy in Personal Library
- Evidence of participation in GMC National Training Survey