

# Core medical training, not core medical service provision

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## Aims

To improve the training of core medical trainees (CMTs) by enabling clinic attendance and facilitating obtaining procedural competencies within a district general hospital.

## Methods

CMTs have found it increasingly difficult to attend outpatient clinics and to obtain and maintain their procedural competencies. One reason for this is a lack of support and dedication of time for training. The JRCPTB has released CMT quality criteria that attempt to address this. However, many trusts are struggling to meet these criteria.

The chief registrar drove improvements to CMT training at a district general hospital that had received poor feedback in the ability of its CMTs to attend clinics and obtain their procedural competencies. The issues identified which prevented CMTs attending clinics included perceived pressures on the wards, no room to see patients in clinic, a lack of awareness of the requirements of CMTs to attend clinic (of both trainees and senior ward staff) and a historic lack of institutional backing to support the trainees in attending clinic.

A new room dedicated to CMTs, with a sign stating 'CMT doctors' room', was set up in the outpatient department. The CMTs, outpatient staff and medical consultants were all informed of the requirement of CMTs to attend clinic. An attendance register was set up and all non-attendance was followed up. A rota was created of the CMT clinic times and this was publicised on the doctors' roster that was available on the intranet. This ensured that all were aware of the scheme and the fact that trainees would be in clinic at specified times. This rota was expanded to also schedule procedural lists such as bronchoscopy, oesophago-duodeno-gastroscopy, pacemaker insertion, joint aspiration, abdominal paracentesis and cardioversion lists.

## Results

Clinic attendance has increased from less than half a clinic per month to over two clinics per month. This now exceeds the minimum clinic attendance requirement for CMTs as defined

by the quality criteria. In addition, CMTs have been able to attend two procedural skills sessions a month each. This has proved very popular amongst the CMTs, who feel supported and this improved their morale.

## Conclusions

This project led by the chief registrar shows that supporting CMTs can improve morale and enable them to meet and exceed their procedural and outpatient minimum requirements, as defined in the CMT quality criteria. ■

## Conflict of interest statement

None.

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