

**East of England Region
Annual Regional Faculty Day**

**Wednesday 30th November 2016
09:30-17:00**

Madingley Hall Cambridge CB23 8AQ

Programme

09:30-10:00 Registration and Refreshments

10:00-10:15 Welcome, College and School Matters

Nam Tong

10:15-10:45 TPD Update: ACCS

**ST3/DRE-EM
HST**

**Cilla Reid /
Diane Williamson
Pawan Gupta
Vijay Dhakshinamoorthy**

10:45-11:15 Training Matters

- Feedback from ARCPs
- Simulation strategy

**Nam Tong
Rachel Hoey**

**11:15-11:45 Quality Improvement: What RCEM is saying
QIP exam tips**

**Adrian Boyle
Rachel Hoey**

11:45-12:30 Professional Support Unit overview

Kate Read

12:30-13.25 Lunch and Networking

13:25-13:50 New Emergency Care Data Set

Dr Tom Hughes

13:50-14:40 Update on examination structure

Nam Tong

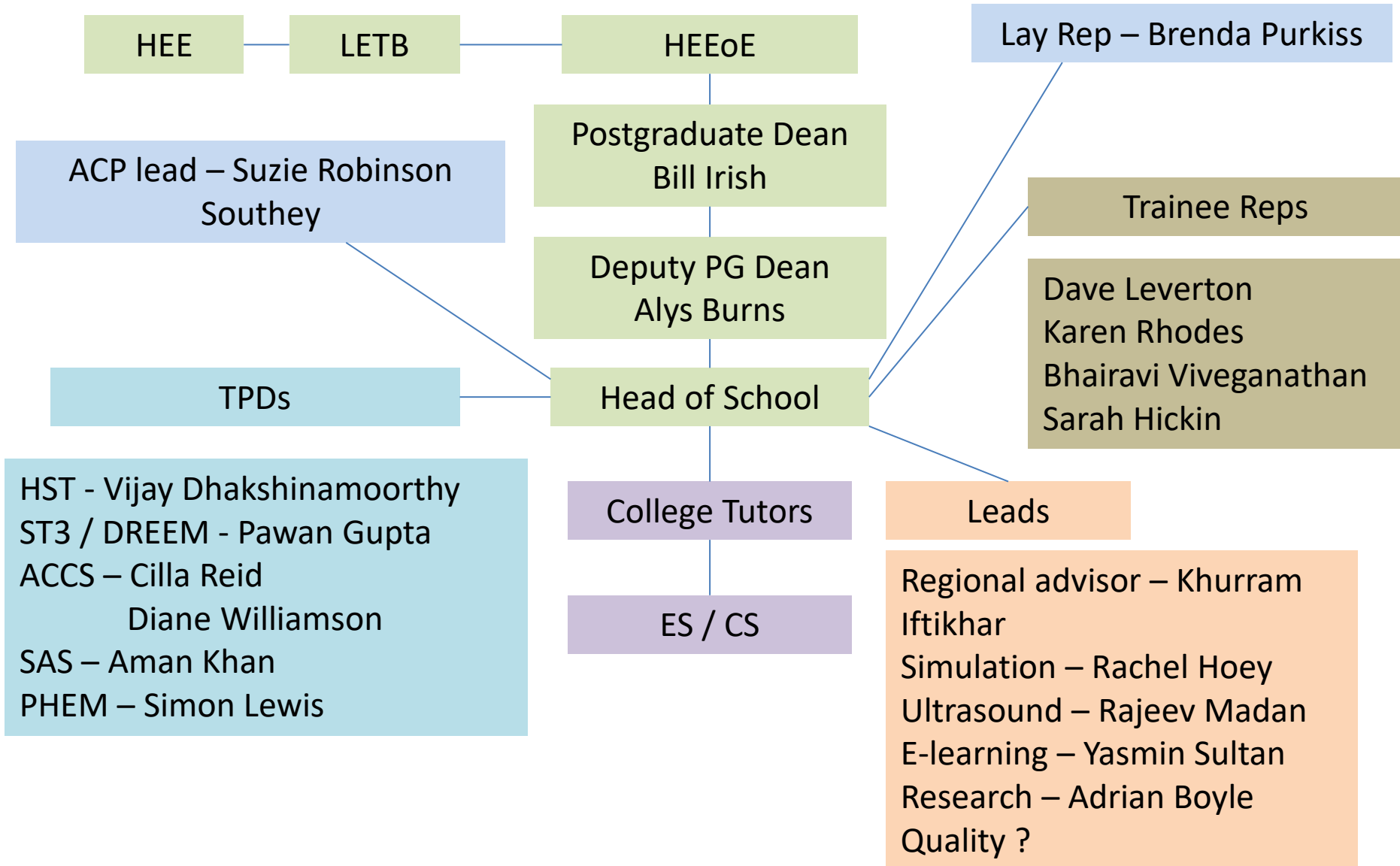
14:40-15:00 Refreshment break

15:00-17:00 Building resilience

Dr Rachel Morris

17:00 Close

School Structure



Issues from TSC / HEE

- Exams!
- LTFT pilot
- ACCS maintain expanded numbers
- Workforce planning
- Feb 2017 TSC – sharing good practice
- Eportfolio updates
 - new STR
 - meeting forms
 - updated ARCP checklists
 - simplified curriculum

🏠 Selected Trainee

Profile ▾

Forms ▾

Curriculum ▾

Reflection ▾

e-Learning ▾

Admin Personal Info

Admin Posts

Admin Photo

Admin Roles

Reset Password

Move Forms



Note to Trainers


- Level 1 Competent - RED
- Level 2 Competent - AMBER
- Level 3 Competent - CYAN
- Level 4 Competent - GREEN


Competencies


📁 Common Competences

📁 Basic clinical competences


📁 CC1 History taking  


 [View](#) MiniCEX: Acute Presentation: Breathlessness


 [View](#) MiniCEX: Acute Presentation: Abdominal pain


 [View](#) CBD: Summative


 [View](#) MiniCEX: Acute Presentation: Chest pain


 [View](#) MiniCEX: Acute Presentation: Abdominal pain


 [View](#) MiniCEX: Acute Presentation: Breathlessness


 [View](#) CBD: Formative


 [View](#) CBD: Formative

 [View](#) CBD: Summative

 [View](#) CBD: Summative

 [View](#) CBD: Summative

 [View](#) CBD: Summative

 [View](#) ACAT: Acute Care Assessment Tool (ACAT)

Curriculum Item Help

CC1 History taking

To progressively develop the ability to obtain a relevant focused history from increasingly complex patients and challenging circumstances. To record accurately and synthesise history with clinical examination and formulation of management plan according to likely clinical evolution

Knowledge	Assessment Methods	GMP
Recognise the importance of different elements of history	E, Mi	1
Recognise the importance of clinical, psychological, social, cultural and nutritional factors particularly those relating to ethnicity, race, cultural or religious beliefs and preferences, sexual orientation, gender and disability	Mi	1
Recognise that patients do not present history in structured fashion	E, Mi, ACAT	1, 2, 3
Know likely causes and risk factors for conditions relevant to mode of presentation	E, Mi, C, ACAT	1,2
Recognise that history should inform examination, investigation and management	E, Mi, C, ACAT	1
Skills		
Identify and overcome possible barriers to effective communication, seeks appropriate translators for patients for whom English is not a first language	Mi, C, ACAT	1,2, 3
Manage time and draw consultation to a close appropriately	Mi, C, ACAT	1, 3
Supplement history with standardised instruments or questionnaires when relevant	Mi, C, ACAT	1
Manage alternative and conflicting views from family, carers and friends	Mi, C, ACAT	1, 3
Assimilate history from the available information from patient and other sources	Mi, C, ACAT	1, 3
Recognise and interpret the use of non-verbal communication from patients and carers, recognise the importance of listening to the response to questions	Mi, C, ACAT	1,2, 3
Focus on relevant aspects of history	Mi, C, ACAT	1, 3
Behaviours		
Show respect and behave in accordance with Good Medical Practice, allows time for patient to	Mi, C, ACAT	2,3, 4

Expand All

Issues from TSC / HEE

- Developing dummy account 'Dr Who' for practice on eportfolio
- WBAs now include level of complexity of case and trainee level of independence
- Externality training May 2017
- Social media reviews
 - Juniorreviews.com
 - St Emlyn's blog

i Important information

The region

The East of England covers Bedfordshire, Hertfordshire, Cambridgeshire, Peterborough, Norfolk, Suffolk, and Essex. Healthcare in the region is provided by 27 Trusts, and the region includes medical schools at the University of Cambridge, and the University of East Anglia (UEA).

The region was visited by GMC in 2015-2016. Key findings included:

1. **Travel times between trusts can be a problem**, and this affects rotations and regional teaching.
2. **Increasing workloads has led to problems balancing service demands and training**. This has particularly affected foundation trainees. Rota gaps have made it difficult for trainees to take study leave.
3. Some **doctors in training are working excessive hours**, and clinical supervision can be limited outside of hours

The training

Full summary is on the way!

★ Help a junior doctor with a big decision – review your training!

Overall rating ☆☆☆☆☆

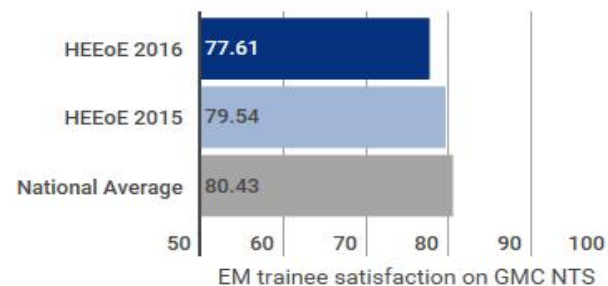
Teaching & training ☆☆☆☆☆

Working here ☆☆☆☆☆

Comment

EM in HEEoE - facts & figures

Overall satisfaction



Exam performance

” Trainees in HEEoE perform worse than average in MRCEM - and pass rates in MRCEM Part A & B are the worst nationally
GMC data

< MRCEM written ▾ >

50.7%

● Pass rates for MRCEM Part A & B



ABOUT

TOPICS

OUR TEAM

FRCEM & MSC

JOURNAL CLUB

SEARCH

EM ZEN

RCEM CL

The race to FRCEM. Ethnicity, regions and training programs. The difference is stark. St.Emlyn's

St.Emlyn's > Administration > Leadership > The race to FRCEM. Ethnicity, regions and training programs. The difference is stark. St.Emlyn's

Simon Carley | November 12, 2016 | 4 Comments

#FOAMed, Emergency Medicine, Leadership

#FOAMed, CC23, Emergency Medicine, FRCEM, Medical education, MRCEM, race, St.Emlyn's



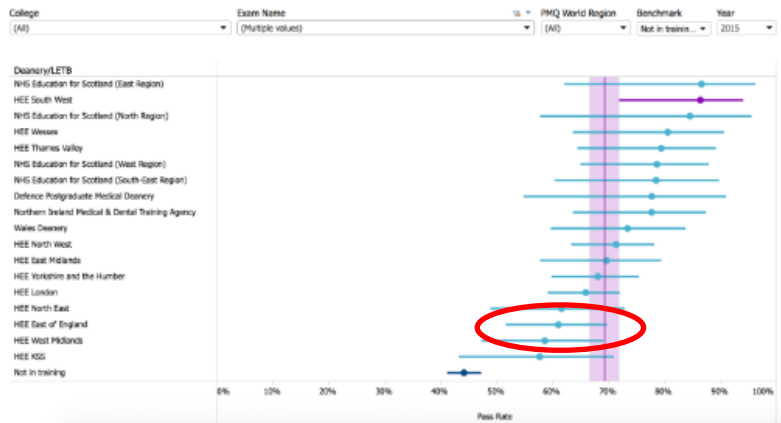
I work part time for the General Medical Council as an education associate and it's a really interesting job. I know that the GMC has had a lot of criticism from the the profession over recent political issues, and also in it's role as the regulator of doctors, but

UK training is organised into regions (aka deaneries or HEE offices). They roughly divide training into different geographical areas linked to health economies. If we compare the pass rates across MRCEM and FRCM combined between the regions it does look as though there are differences. See the graph below. It's good news for those in the South West, but not so good in Kent, Surrey, Sussex (KSS*) and real concerns about those trainees who are not in formal training programs. The confidence intervals are pretty tight for this latter group (which means there are a lot of them – 699 to be precise).

Pass rates of GMC registered specialty exam candidates by Deanery / LETB (Excludes candidates sitting exams whilst in foundation programmes)

All Trainees = Includes candidates not in a training programme

Not in training excluded = Excludes candidates not in a training programme



What about ARCP outcomes across the country?

ARCP³ is the annual review of clinical progress that all UK trainees look forward to (Ed – not really). It's designed to make sure that trainees are progressing against the curriculum, learning what they should be learning and meeting the targets set out by the college and the GMC. If training is going well they get an outcome 1 and a hearty handshake. If progress is slower than expected, if data is missing, if additional training time is needed then they can get an adverse outcome (2,3,4,5). The graph below shows how adverse ARCP outcomes vary across the country. As with exam results there is quite a variation across the country.

Programme specialty by LETB/deanery

Release date: 31/06/2016

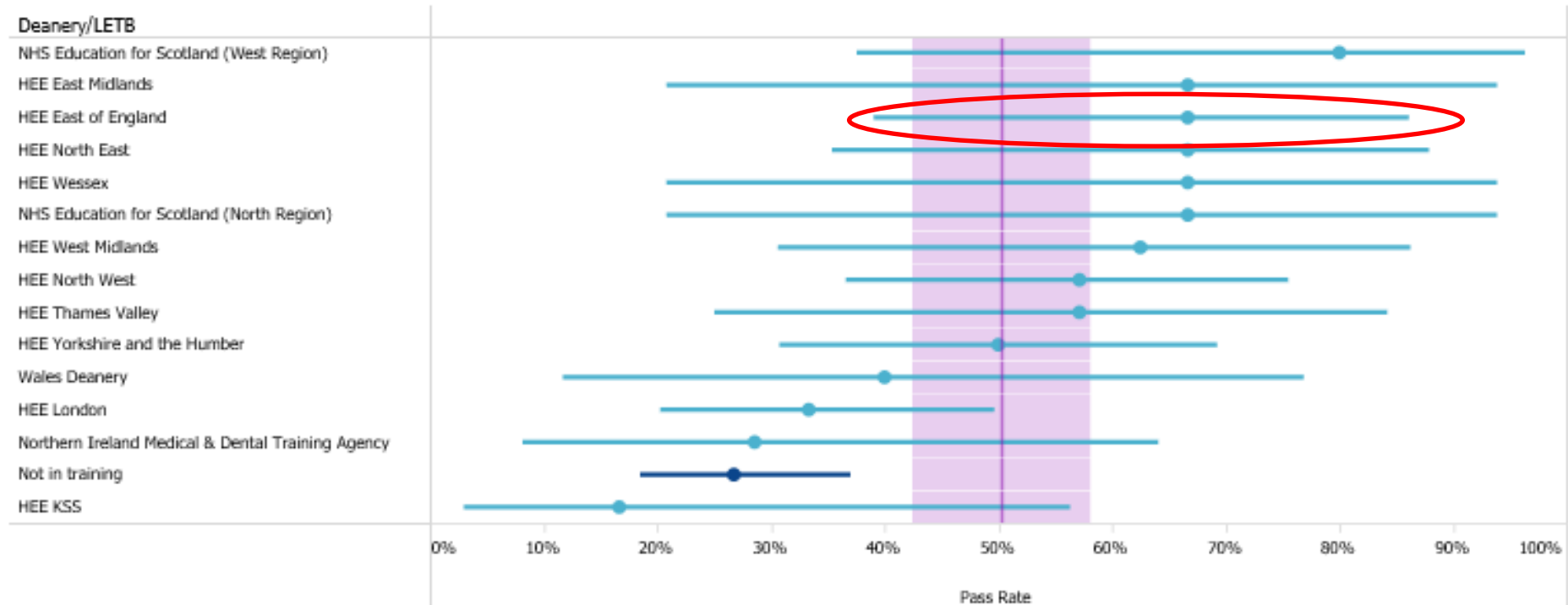


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College: (All) Exam Name: Emergency Medicine - FRCEM PMQ World Region: (All) Benchmark: Not in trainin... Year: 2015

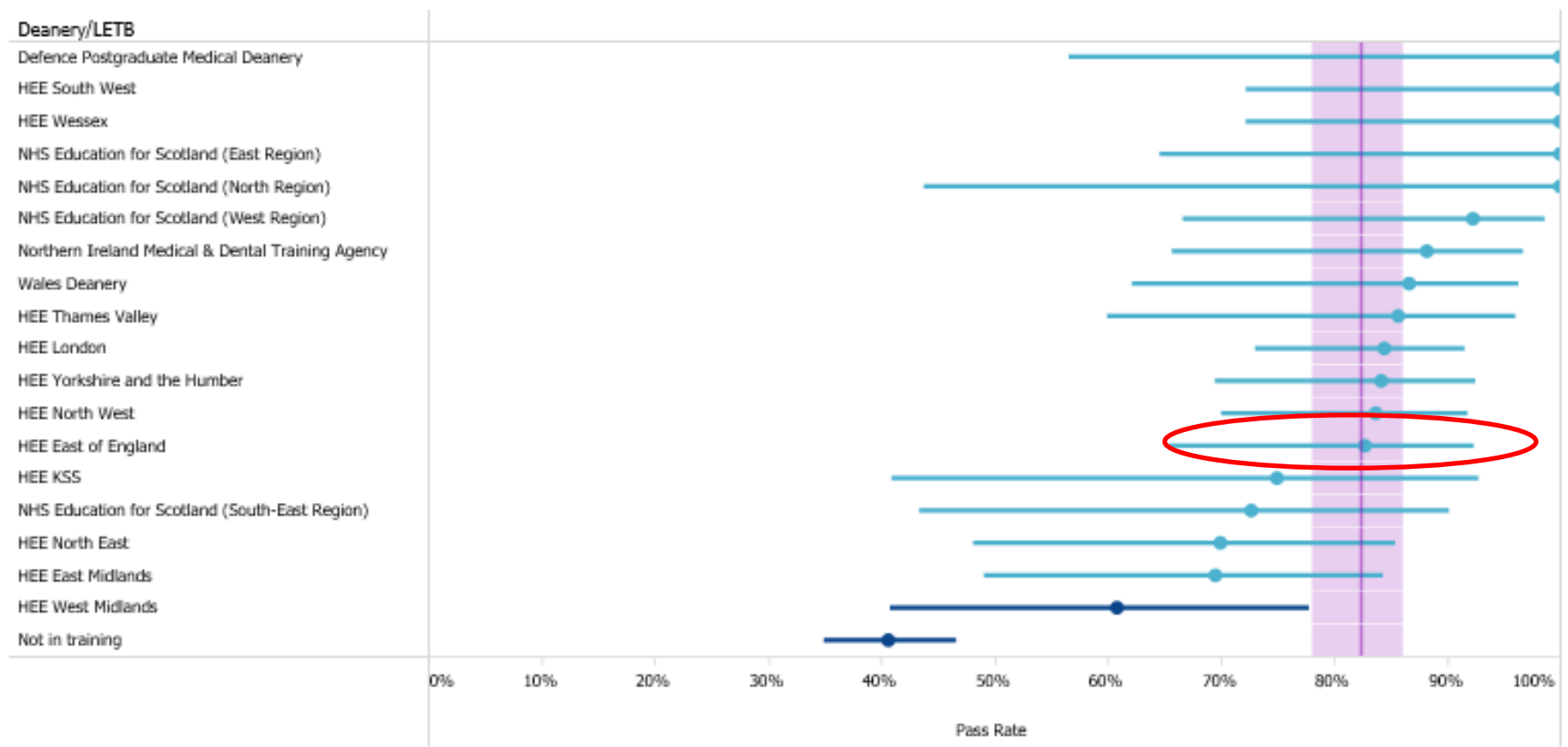


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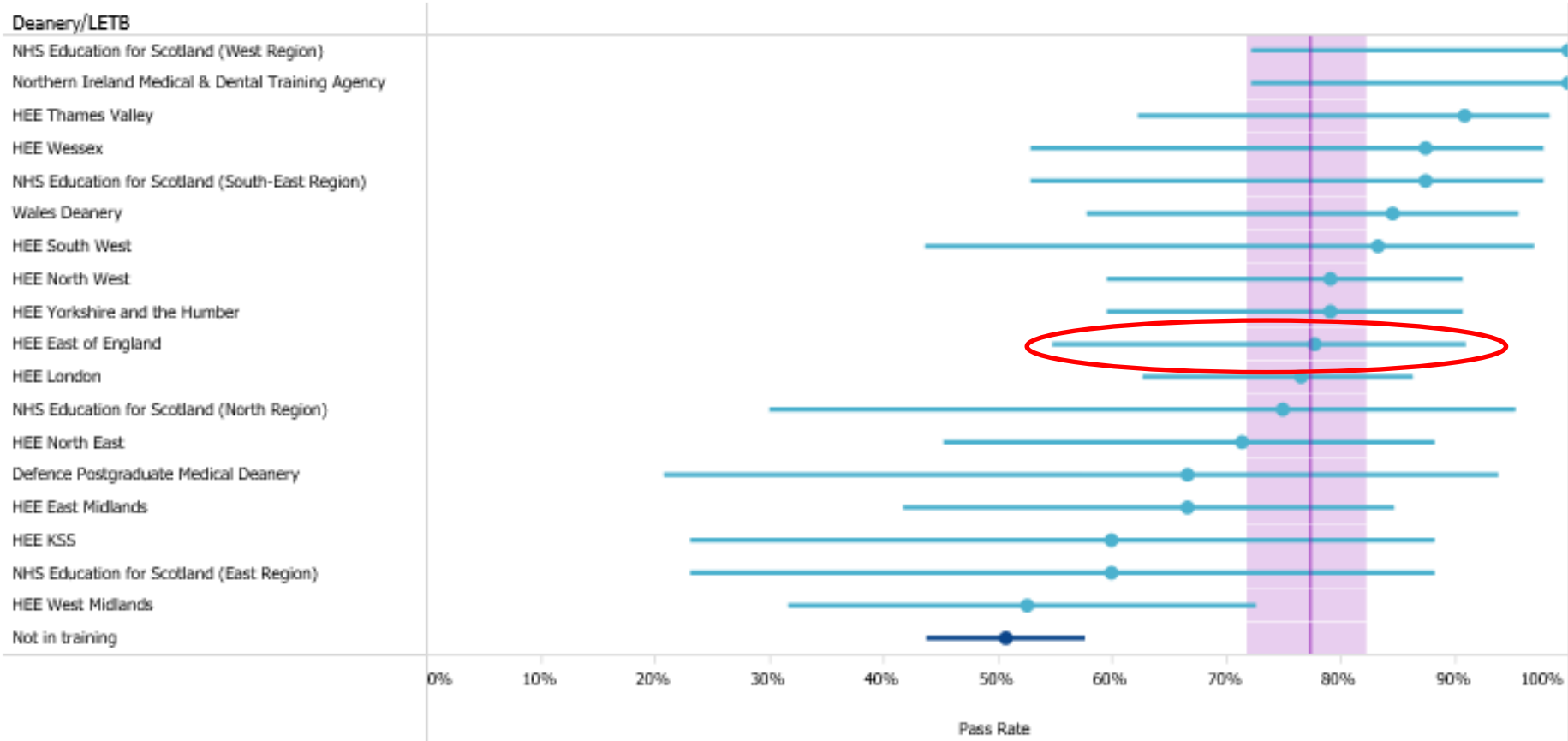


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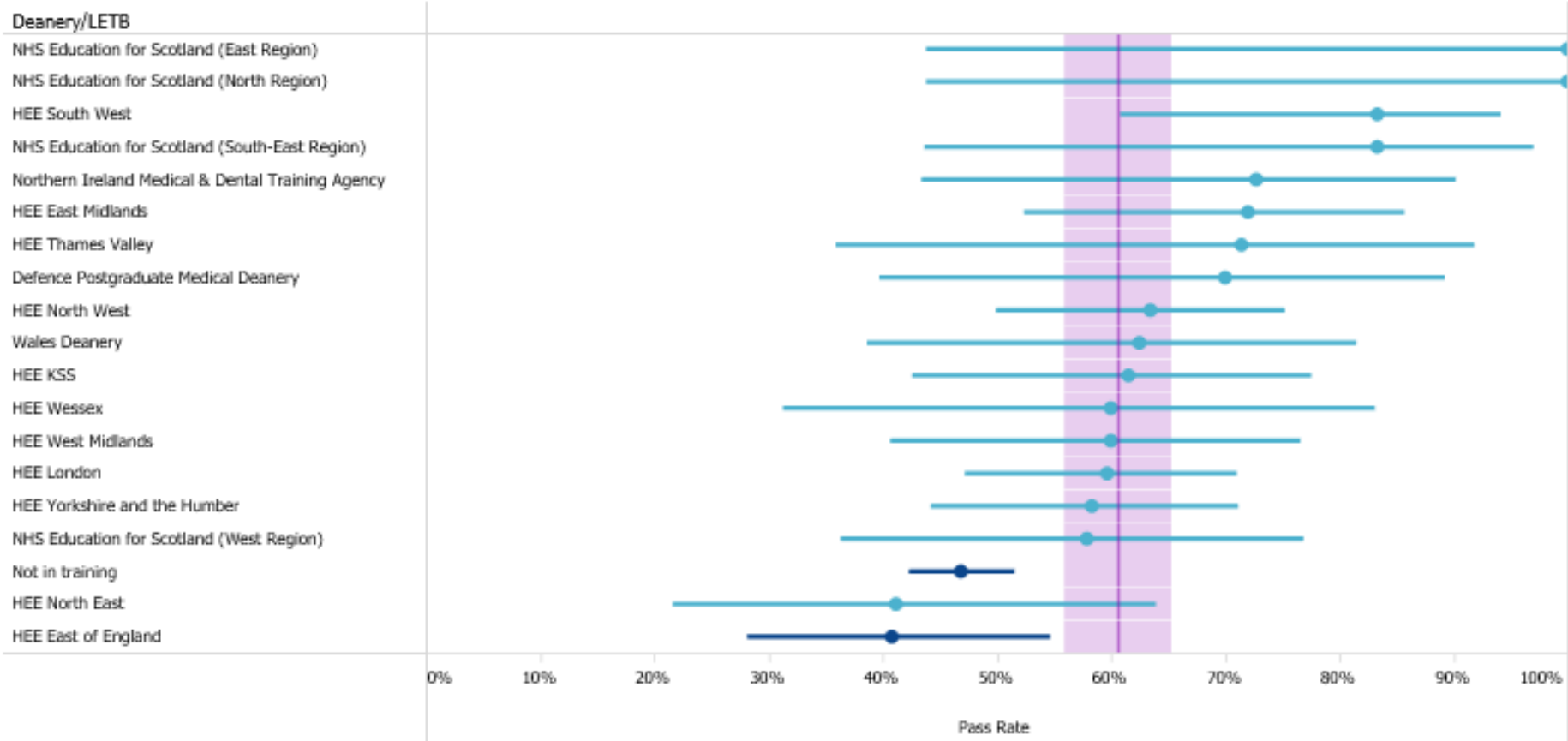
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Summary of Exam Results

- Poor pass rate at MRCEM A / Primary
- Good pass rate rest of exam
- Good performance even with IMG's

