

The CMT Can See You Now...

Enabling Outpatient Experiences for Core Medical Trainees at Addenbrooke's Hospital

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BACKGROUND

It is a requirement for completion of core medical training that all trainees participate in 24 outpatient experiences. However, meeting this requirement has been identified as a major training concern for CMTs at Addenbrooke's Hospital for the last 3 years. The aims of this quality improvement project are:

- 1) To determine the factors that CMTs perceive are preventing outpatient attendance;
- 2) To develop a reliable method of monitoring outpatient attendance;
- 3) To seek methods of enabling core medical trainees at Addenbrooke's Hospital to meet their training requirements.

Our target is that by May 2015, 90% of all CMTs will be attending 0.5 clinics per week during their timetabled ward-based rotations.

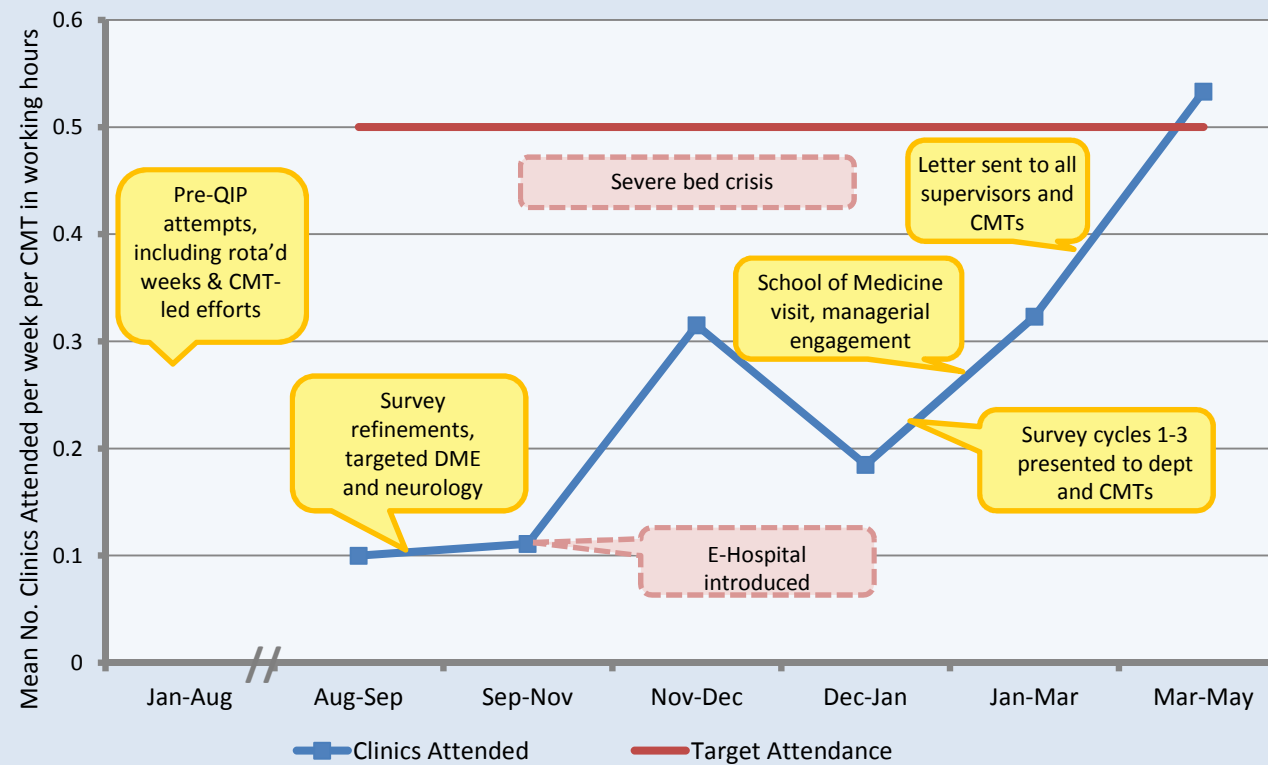
MEASURES

Initial concerns regarding clinic attendance were raised verbally by CMTs during formal feedback sessions. This led to the development of electronic surveys disseminated every 6 weeks via email from September 2014 onwards, inviting CMTs to detail:

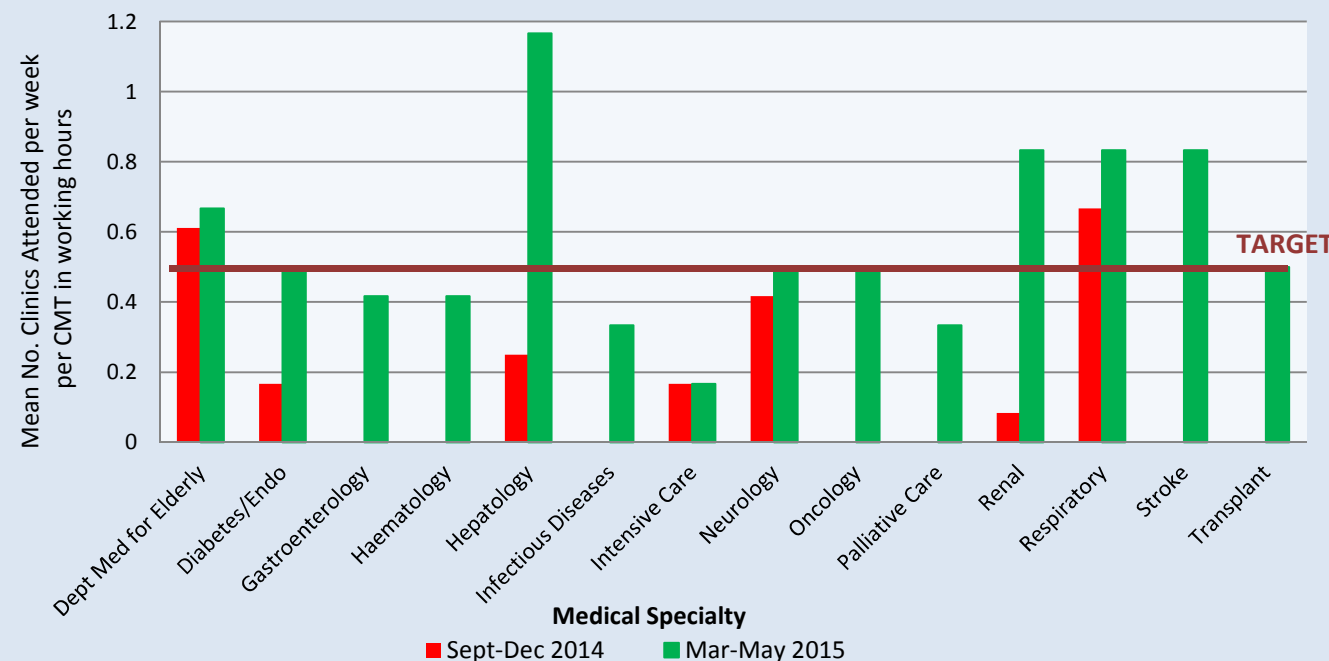
- a) the number of clinics they have attended during the preceding 6 week period;
- b) factors that prevented them from attending clinics;
- c) suggestions for improving access to clinics.

Results from these surveys were used to develop a number of initiatives enacted by the college tutor and associate college tutor.

Run Chart Summarising CMT Clinic Attendance and Interventions to Improve it, Addenbrooke's Hospital 2014-15



CMT Clinic Attendance by Specialty
Sept-Dec 2014 (pre-intervention) v Mar-May 2015 (post-intervention)



RESULTS

Baseline clinic attendance was far below target. Factors that inhibited attendance varied between specialties, but included high workload, lack of cover provided by the rest of the firm and the introduction of a new electronic patient record. Surveys identified areas of good practice that could be used as exemplars to model for other firms; they also identified firms where clinic attendance was particularly poor. A combination of approaches was taken over a 12 month period to improve attendance, including: increasing awareness of the expectations of firms to timetable clinics for CMTs; working with educational supervisors and firm leads to develop appropriate clinic opportunities; dissemination of results of clinic surveys at departmental meetings; support from Trust management and a School of Medicine visit in enforcing these measures. Mean clinic attendance improved from 0.11 clinics/week/trainee in September 2014 to 0.53 clinics/week/trainee by May 2015.

KEYS TO SUCCESS, BARRIERS AND LESSONS LEARNED

Developing engagement with CMTs and consultants through different channels of communication, led by the college tutors and supported by management, has been key.

Creating a timetable of protected, regular clinics in each speciality, that could be adjusted according to the needs of that firm, has been the most successful approach in our hospital.

Making this sustainable will be challenging as the number of required outpatient experiences is likely to rise with CMT Quality Criteria and the Shape of Training, in parallel with increasing demands on service provision.