

# The CMT Can See You Now...

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



**Dr Ben Warne, CT2; Dr Sanjay Ojha, RCP College Tutor**  
*East Of England CMT Training Day June 2015*

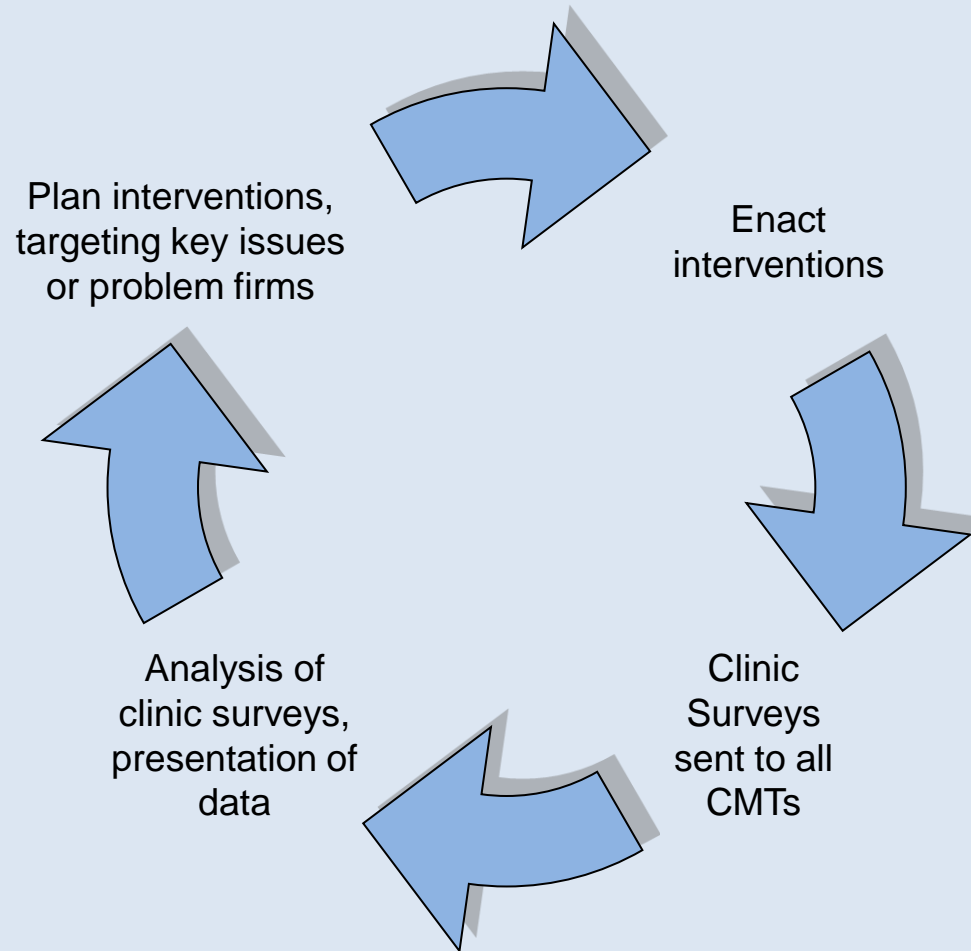
# Background

- Training requirement
- Major training concern
- Previous unsuccessful efforts at Addenbrooke's
- Large clinic number in own time

# Project Aims

1. To determine important issues that prevent outpatient attendance
2. To develop a reliable method of monitoring attendance
3. To enable CMTs to meet their training requirements.  
Target: by May 2015, 90% of CMTs will be attending 0.5 clinics per week during their timetabled ward rotations.

# Plan-Do-Study-Act Cycle



## Clinics for CMTs - Survey 6 - March - May 2015

This survey refers to the 6 week block between 23rd March and 1st May  
If you have any questions, queries or further comments, please email [benwarne@cantab.net](mailto:benwarne@cantab.net)

Dr Ben Warne  
Associate College Tutor, Addenbrooke's Hospital

**Have you just completed your acute or ward block?**

- Ward block  
 Acute block  
 Non-applicable

**Which firm were you attached to between 23rd March and 1st May?**

**How many clinics have you attended between 23rd March and 1st May?**

0 1 2 3 4 5 6 7

No clinics         7 or more

**How many of these clinics did you attend during hours when you were not rota'd to work (e.g. annual leave, off days, etc)**

0 1 2 3 4 5 6 7

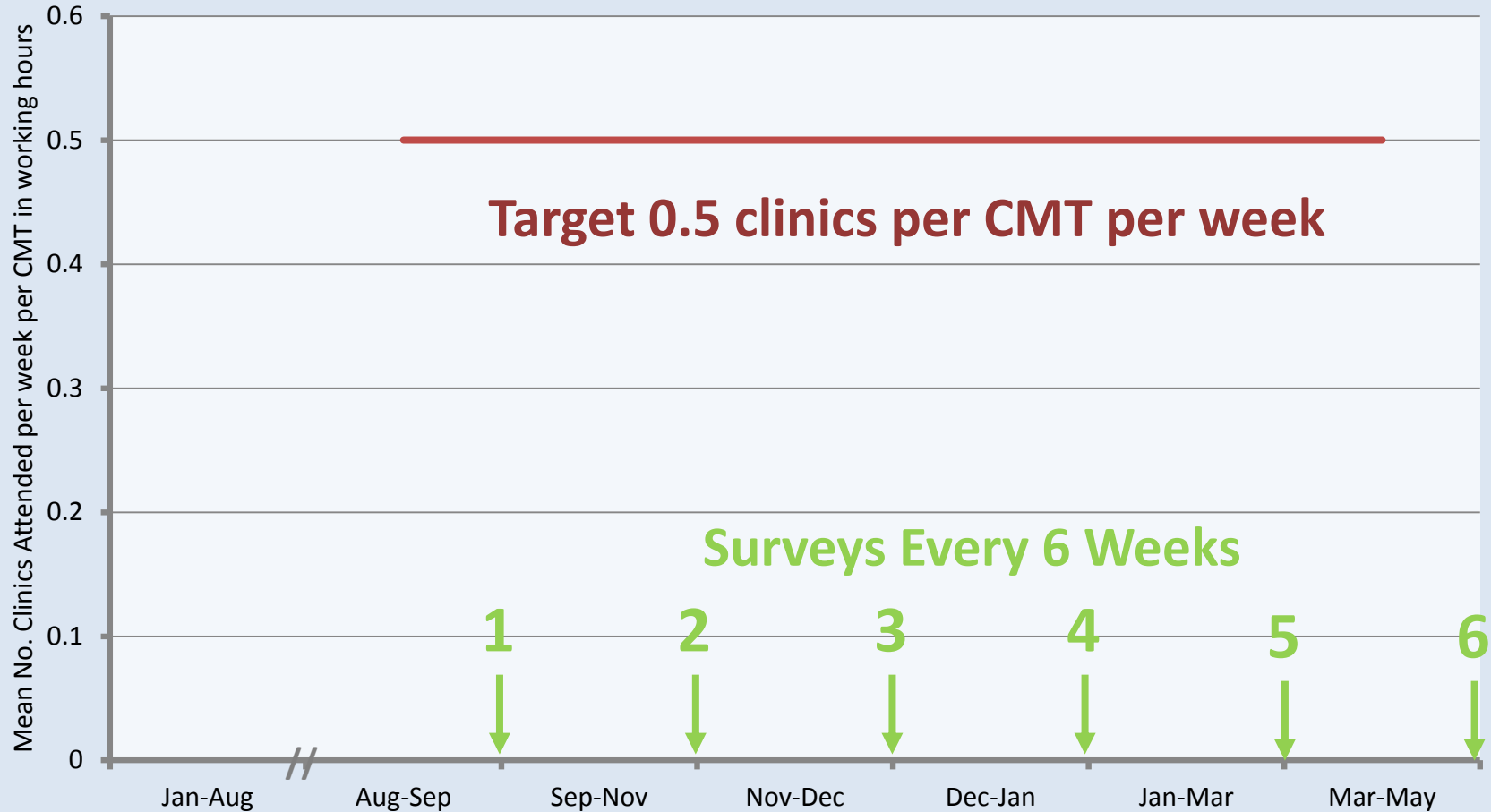
No clinics         7 or more

**What factors have influenced whether or not you attend clinics? (Tick as many as apply)**

- High workload on the ward  
 Being the only junior doctor on a firm  
 Lack of cover provided by the rest of the firm

# Run Chart

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



— Target Attendance



Royal College  
of Physicians

JRCPTB

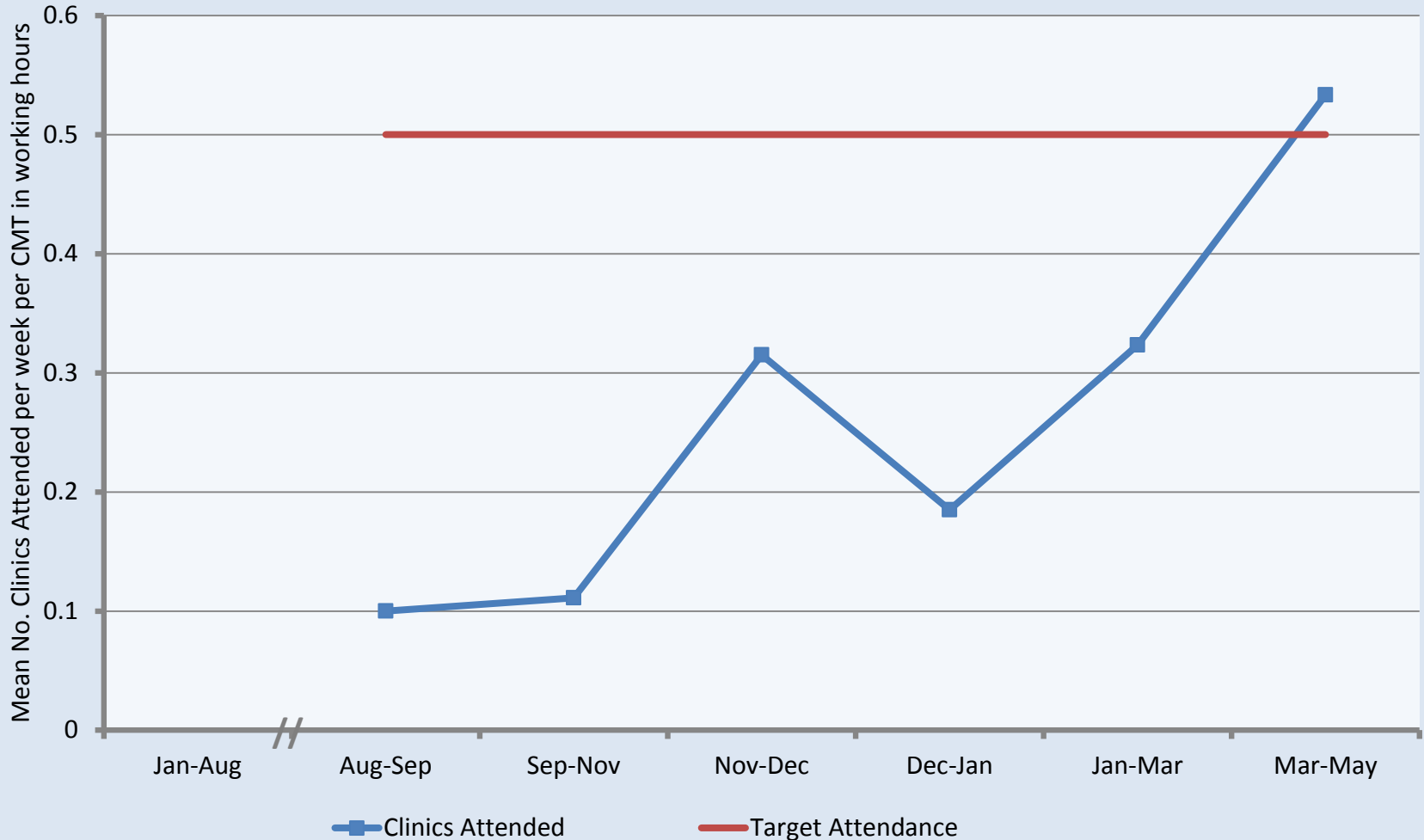
Joint Royal Colleges of Physicians Training Board

Cambridge University Hospitals

NHS Foundation Trust

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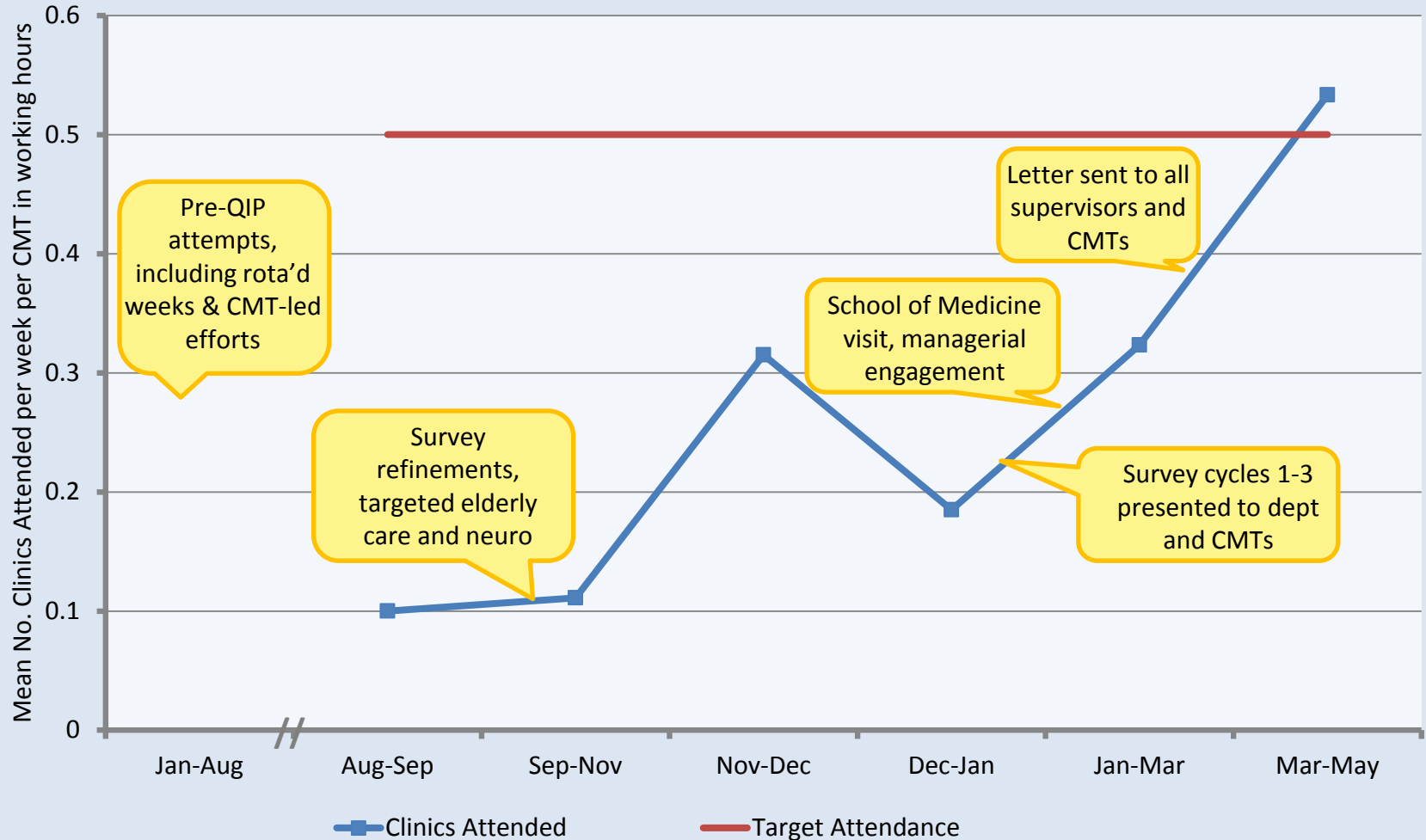
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# Run Chart

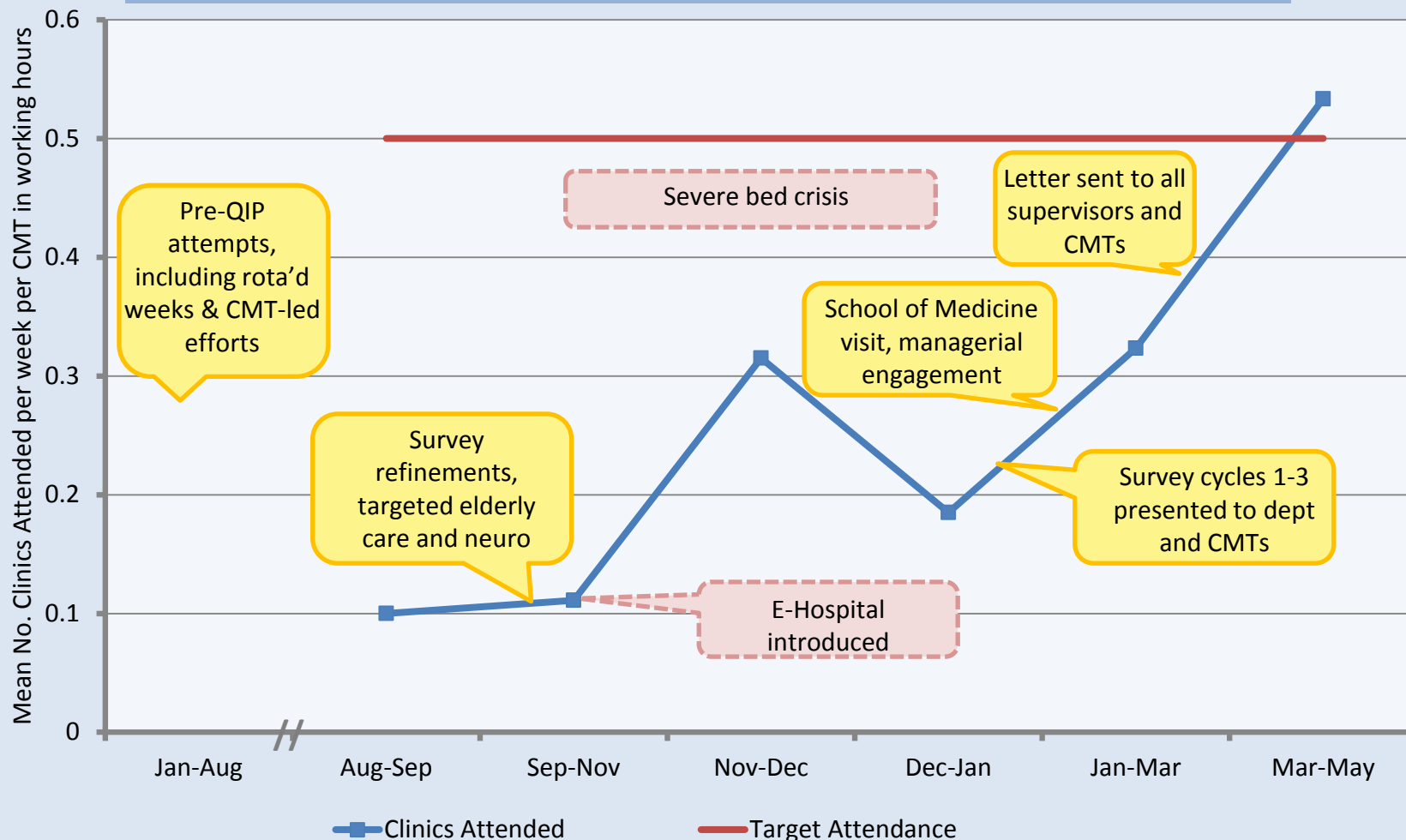
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Run Chart Summarising CMT Clinic Attendance and Interventions to Improve it, Addenbrooke's Hospital 2014-15

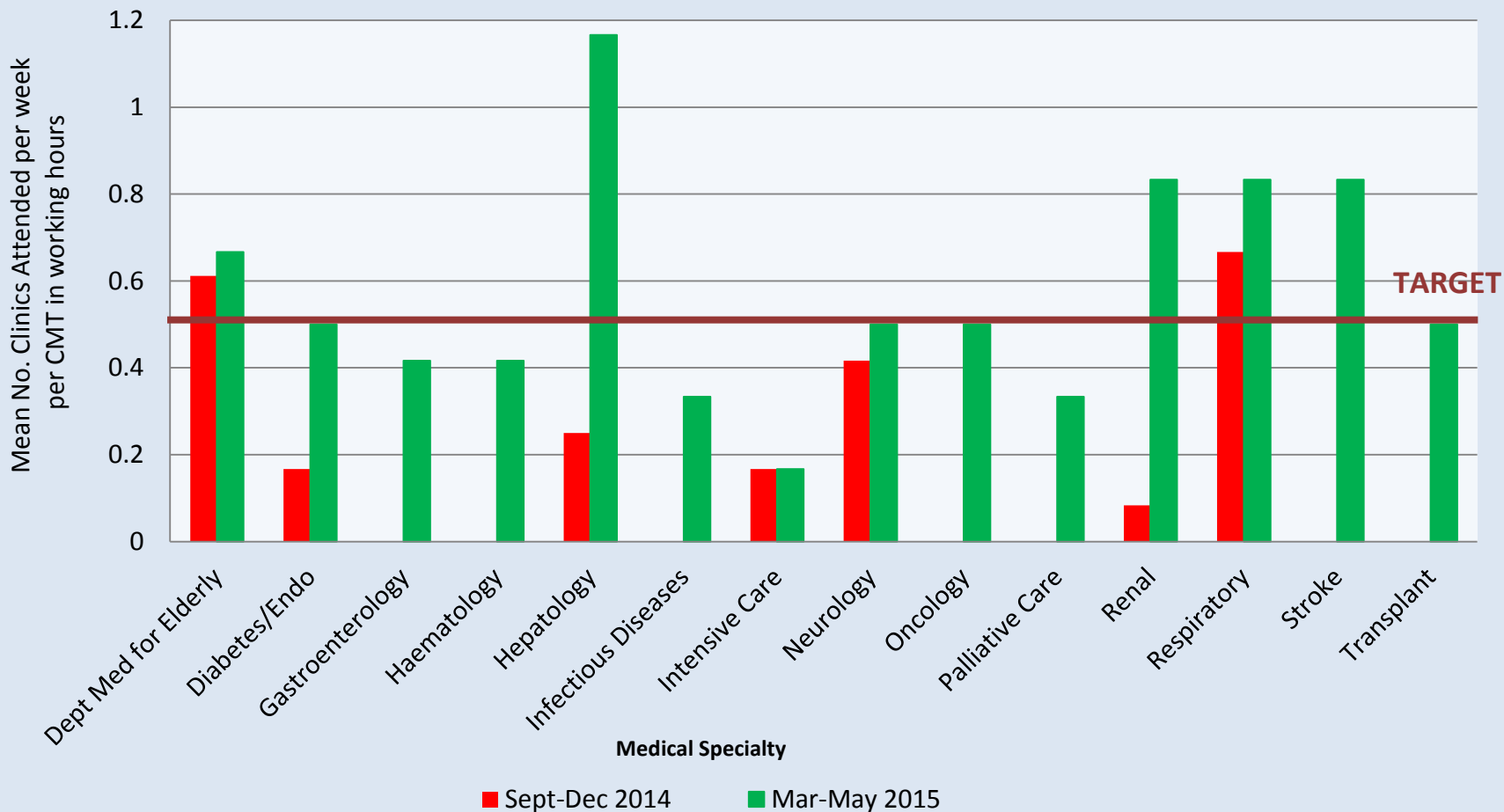


# Results

	<i>High workload on the ward</i>	<i>Being the only junior doctor on a firm</i>	<i>Lack of consultant support in getting to clinics</i>
DME			
Diabetes			
Gastroenterology			
Haematology			
Hepatology			
Infectious Diseases			
Intensive Care			
Neurology			
Oncology			
Renal			
Respiratory			
Stroke			
Transplant			

# Results

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



# Results Summary

- Mean clinic attendance rose
  - 0.10 clinics/week/CMT at the start
  - 0.53 clinics/week/CMT by May 2015
- Variation between firms
- The majority of firms show a considerable improvement in clinic attendance over the year

# Keys To Success, Barriers and Lessons Learned

- Keys to success
  - Engagement
  - Objective data
- Barriers to success
  - Increasing clinic requirements
  - Persistent challenges
- Lessons learned - improving clinic attendance is:
  - Possible...
  - But not easy!
  - Valued by trainees

# Acknowledgements

Dr Sanjay Ojha

All of the CMTs who have completed the surveys

All of the clinical firms who have engaged with this project





**JRCPTB**

Joint Royal Colleges of Physicians Training Board

Cambridge University Hospitals   
NHS Foundation Trust

# Results

	High workload on the ward	Being the only junior doctor on a firm	Lack of cover provided by the rest of the firm	Inexperienced foundation year doctors	Lack of appropriate clinics in your speciality	Lack of information regarding clinics	Lack of consultant support getting to clinics	Lack of registrar support in getting to clinics	Lack of clinic room space or equipment	Lack of senior support when in clinic	e-Hospital training	e-Hospital after 'go-live'
DME	Red					Red						Red
Diabetes and Endocrinology	Red											
Gastroenterology	Red	Red					Red	Red	Red	Red	Red	
Haematology	Red	Red	Red	Red			Red	Red			Red	Red
Hepatology	Red		Red	Red				Red			Red	Red
Infectious Diseases	Red	Red	Red	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Red
Intensive Care	Red		Red			Red	Red					
Neurology	Red	Red						Red				Red
Oncology	Red		Red								Red	Red
Renal	Red	Red	Red	Red			Red	Red				
Respiratory	Red			Red							Red	
Stroke	Red	Red										
Transplant	Red	Red										Red