Surrey and Sussex NHS
Healthcare NHS Trust

CORE MEDICAL TRAINING

EDUCATIONAL PROGRAMME

DEPARTMENT OF MEDICINE AND

CARE OF THE ELDERLY

2018 – 2019

31st July 2018

Welcome to East Surrey Hospital – you are most welcome and we hope very much that you will enjoy your time here. We will do all we can to provide you with a supportive learning environment.

Please take advantage of the CMT education programme and help us to tailor it to your needs. How can you contribute? How can we do better? Please tell us.

Education time is protected and bleep-free. Before attending tutorials and grand rounds, please hand in your bleeps to the Postgraduate Education Centre, unless you are on call.

You will each be given an educational agreement document, to be signed by you and your educational supervisor. We appreciate that patterns of working designed to cope with the European Working Time Directive can make it difficult for you to attend as many educational sessions as you or we would like. However, it is important that you make strenuous efforts to be present when you are in the hospital.

An attendance rate of at least 50% overall (2 hours per week) is expected at the four designated CMT teaching sessions arranged specifically for you (page 3). You are also welcome to attend the many additional educational opportunities available (page 4).

Please attend sessions promptly and sign in. The attendance registers are part of the HEKSS ARCP documentation and are reviewed by the RCP tutor and the Director of Medical Education when considering requests for external study leave. Please would you inform the Postgraduate Education Centre, by email to SASH.PGEC.EastSurrey@nhs.net, when you are unable to attend because of on-call duties or annual / study leave.

Dr Sarah Rafferty
Director of Medical Education

Dr Ben Field
RCP Tutor

CORE MEDICAL TRAINEES
WEEKLY EDUCATIONAL PROGRAMME

ALL SESSIONS HELD IN POSTGRADUATE EDUCATION CENTRE

DAY	ORGANISER
MONDAY	
12:45-2 pm Cardiorespiratory X-Ray teaching (in X-ray meeting room with lunch)	Dr Ceccherini
TUESDAY	
1-2 pm Core Medical Trainee tutorial	CMTs / Dr Field
WEDNESDAY	
1-2 pm Medicine for the Elderly Journal Club / Case Presentation	Dr Prajapati
THURSDAY	
12.30 pm lunch for 1pm prompt start Grand Round: clinical case presentations by doctors in training	Clare Leonard / Dr Field

GP TRAINEES ON MEDICAL FIRMS WHO PARTICIPATE IN THE ACUTE MEDICAL ON CALL ARE STRONGLY ENCOURAGED TO ATTEND THE ABOVE SESSIONS

CLINICAL TEACHING FOR PACES
Ward based consultant / SpR sessions (meet AMU)
Associate RCP Tutor coordinates the timetable.
Timing of sessions is variable, dependent upon Consultant/SpR availability.

REGIONAL TRAINING DAYS
Run by HEKSS for Core Medical Trainees throughout the year.
Programmes emailed by HEKSS and published on the Synapse website:
https://secure.synapse.nhs.uk/schools-and-organisations/core-medical-training

ROYAL COLLEGE of PHYSICIANS (London & Edinburgh) LECTURES
Watch web-streamed lectures live in the PGEC
Advertised by PGEC
Advance details at www.rcplondon.ac.uk & www.rcpe.ac.uk

CORE MEDICAL TRAINEES
ADDITIONAL EDUCATIONAL OPPORTUNITIES

Cardiology Ward Round
Weekday mornings on CCU

Intensive Care Multi-Disciplinary Team Meeting
Mondays and Thursdays 11.30am on ITU

Neuroradiology Meeting
Thursdays at 8.45am in PGEC

Gastroenterology Multi-Disciplinary Team Meeting
Tuesdays 8am in PGEC

Generic Professional Training Programme for FY2 Trainees
Tuesdays 12.30pm in PGEC

Medical Audit & Quality Improvement Projects
Presented in Grand Rounds and at departmental Morbidity & Mortality meetings.
All Core Medical trainees must complete at least one QIP or audit per year.

Haematology Multidisciplinary Team Meeting
Tuesday 3.30pm PGEC
Haematology clinic (please contact Dr O'Donovan to arrange) Tues a.m. Thurs p.m.

Key Core Medical Training contacts:

Director of Medical Education	**Dr Sarah Rafferty**	sarahrafferty@nhs.net
Careers Lead	**Dr Simon Parrington**	simon.parrington@nhs.net
PG Education Manager	**Mrs Tina Suttle-Smith**	tina.suttle-smith@nhs.net
Leadership Lead	**Mrs Jean Arokiasamy**	jean.arokiasamy@nhs.net

All the above can be contacted through the PGEC, ext 1722

RCP Tutor	**Dr Ben Field** **Secretary**	benjamin.field@nhs.net telephone ext 1743
RCP Associate Tutors	**To be appointed**	

Dr Sarah Rafferty is the Director of Medical Education and chairs the Trust's Local Academic Board (LAB) which makes recommendations for our postgraduate junior doctor training.

Dr Ben Field is Royal College of Physicians Tutor for Medicine and oversees the Core Medical educational programme. He chairs the Medical Faculty Group (MFG) meetings at which the progress of Core Medicine Trainees is reviewed and a report submitted to KSS Deanery, and represents Medicine at LAB meetings. Representatives of the Years 1 and 2 Core Medical Trainees are asked to attend the MFG.

Mrs Tina Suttle-Smith is the Strategic Medical Education Manager, in charge of the Postgraduate Education Centre. Tina and her team will be pleased to help Core Medical Trainees with any administrative and training enquiries.

KSS Regional Training Days 2018/9

Details are updated on Synapse. You need to book, via Synapse, because people have sometimes been turned away at the door. Most importantly, you need to let your firm make arrangements for your absence: trigger this by submitting a study leave form.

Date	Hospital	Topic 1	Topic 2
26 Sep 2018	St. Richard's, Chichester	Palliative Care	Gastro / Hepatology
8 Nov 2018	Maidstone	Cardiology	Oncology
TBA Feb 2019	Haywards Heath	ID / Public Health	Geriatrics / Stroke
TBA Mar 2019	Conquest Hospital, Hastings	Acute Medicine	Radiology
13 Mar 2019	Worthing		
15 May 2019	Maidstone	Cardiology	Annual Awards (CV time!)
3 Jul 2019	East Surrey	Endocrinology & Diabetes	Neurology / Psychiatry
18 Jul 2019	William Harvey, Ashford		
18 Sep 2019	RSCH, Guildford	Rheumatology	Gastroenterology
16 Oct 2019	QEQM, Margate	Intensive Care Medicine	Haematology
25 Oct 2019	St Peter's, Chertsey		
TBA Dec 2019	RSCH, Brighton	HIV / GUM	Clin Pharm / Ethics

KSS Regional Training Days and Tuesday lunchtime tutorials aim to cover the Core Medical training competencies outlined in the Specialty Training Curriculum for General Internal Medicine. **You are expected to attend so must swap on call shifts** (with FY2s and/or GP trainees) if necessary to allow you to do so.

AS A MATTER OF URGENCY, PLEASE SUBMIT STUDY LEAVE APPLICATION FORMS FOR EVERY REGIONAL TRAINING DAY AS SOON AS THE DATES BECOME AVAILABLE.

Core Medical Training and General Internal Medicine

Core Medical Training (CMT) programmes are designed to deliver core training in General Internal Medicine by acquisition of knowledge and skills as assessed by workplace based assessments and the MRCP. Programmes are usually for two years and are broad based consisting of four to six month placements in medical specialties. These placements over the two years must include direct involvement in the acute medical take. Trainees completing CMT will have a solid platform in GIM from which they can continue into Specialty Training. Completion of CMT will be required before entry into specialty training at ST3.

At East Surrey Hospital we have 4 month posts in a selection of the following specialties:

Cardiology	Respiratory Medicine
Elderly Medicine	Gastroenterology
Endocrinology	Acute Medicine
Haematology	Rheumatology
Stroke Medicine	Dermatology
Intensive Care Medicine	Elderly Medicine with Palliative Care

With the exception of ICU and palliative medicine, our posts have a significant general medical component with regular commitment to the acute or general medical take. Core Medical trainees in the Acute Medicine and Haematology posts have a regular commitment to the AMU rota, rather than the general medical rota, for four months. Trainees in ICU participate in the ICU rota. Trainees in Elderly Medicine with Palliative Care Medicine participate in the St Catherine's Hospice on call rota.

It is up to each trainee to ensure that he/she attends at least 20 clinics per year. As annual leave, study leave and on call shifts keep trainees away from their home wards approximately half the time, **you will need to attend an average of two clinics per week**.

JRCPTB Specialty Training Curriculum for General Internal Medicine 2009, amended 2013

This curriculum defines the process of training and the competencies needed for successful completion of Core Medical training. It is trainee-centred and outcome-based. Each trainee must store evidence of attainment of necessary competencies in his or her Royal College of Physicians CMT e-Portfolio (see below). Trainees will be unable to proceed into higher specialist training if there is poor performance in any area.

Royal College of Physicians e-Portfolio

- Record of training
- Declaration of Probity and Health
- Educational Agreements
- Record of Career Discussions
- Self Assessment
- Personal Development Plan
- Reflective Practice (personal development)
- Record of Appraisals
- ARCP documentation
- Record of Competence
- Evidence of Competence
    - Workplace based Assessments
        - Mini-Clinical Evaluation Exercise (mini-CEX)
        - Directly Observed Procedural Skills (DOPS)
        - Multi-source Feedback (MSF)
        - Case based Discussion (CbD)
        - Acute Care Assessment Tool (ACAT)
    - Audit
    - MRCP Performance
    - Certificates of Achievement

Your e-portfolio is a key document and must be kept up-to-date as a record of your training while on the CMT programme. **Please note that it is your responsibility to organise and update your e-Portfolio and ensure that all appraisals and assessments are carried out and entered into this document**.

Educational Supervision

Each core medicine trainee is allocated a named Educational Supervisor for the year who will conduct appraisals at the start, middle and end of the year. Trainees will also have a Clinical Supervisor for each four month post on their rotation. This is one of the consultants on the firm who is responsible for supervising training within the department.

The role of the Educational Supervisor is to monitor clinical progress and feedback comments on performance to the trainee and subsequently to KSS Deanery via the Medical Faculty Group meetings and the ARCP process. It is vital that Core Medical trainees keep up-to-date with completing their appraisal records for their Royal College of Physicians e-Portfolio.

Appraisal

Appraisal is a planned process concerned with the progress of an individual trainee's education and development. It should be confidential, non-threatening and a shared ongoing process involving dialogue and agreement between the trainee and his/her educational supervisor. By assisting a trainee to develop the skill of self-appraisal, it should help to identify educational needs as early as possible and allow the trainee to seize opportunities relevant to his/her needs. Appraisals should also provide a mechanism for giving feedback to educational supervisors on the quality of teaching being provided and in this way make education more enjoyable and efficient.

Assessment

Assessment is a process of identifying an individual's competence, performance, knowledge, skills and attitudes. Educational supervisors should provide doctors in training with a report on their progress. Formal assessment of competence is required for examination purposes and for

certain legal requirements, for example the ARCP. For such formal assessment, the purpose is to make explicit and public the competence of an individual.

Audit & Leadership

All trainees must undertake at least one Quality Improvement Project in each year of training. Miss Jean Arokiasamy is Clinical Tutor for Medical Leadership and will be pleased to advise you on suitable projects. Please make contact with her by email: jean.arokiasamy@sash.nhs.uk. All trainees are also expected to complete at least one assessment with a leadership theme on an annual basis. Specific tools are available on the KSS website and must be used.

In Practice

There are two important areas within the e-portfolio that contain blank proformas for educational meeting reports: **Appraisal** and **Progression**. Use the forms in the **appraisal** section for meetings with your *Educational Supervisor* and *Clinical Supervisor* throughout the year. You must arrange meetings with your Educational Supervisor within the next week or two, and with each new Clinical Supervisor at the start of each four-month attachment, including your first post, to identify your training needs and hence to discuss your personal development plan. Use the *Induction Appraisal form* to document these discussions. At the end of each post, your Clinical Supervisor should use the *End of Attachment Appraisal form*, during a meeting with you, to document your progress and make recommendations about further training.

In addition to meetings with your Clinical Supervisors, you should arrange to meet your Educational Supervisor during each four-month post, to discuss progress and update your e-portfolio assessments, competencies, etc. At the end of each post, you will need to arrange an extra meeting with your Educational Supervisor, to complete the *Educational Supervisor's Report* form in the **progression** section. This report is essential for your ARCP, which is essential for your career progression. It takes ages to complete, there is much discussion and button clicking to be done beforehand, and often it cannot be completed in one session, so make sure you schedule the final meeting several weeks before your ARCP.

It is particularly important that the Educational Supervisor should also receive the trainee's feedback on the quality of education received during each post, so that where necessary changes can be made for the benefit of subsequent trainees. In this way, appraisal and assessment are a process which aid and improve education locally for the individual and for subsequent colleagues.

ARCP (Annual Review of Competence) Process

This occurs at months 10-11 and 22-23 of core medical training; a satisfactory outcome is essential for career progression. Each trainee will have an interim review with the RCP tutor to discuss the e-portfolio, educational programme attendance and individual supervisors' reports. Each trainee's progress is then discussed with all the CMT educational supervisors at the regular Medical Faculty Group meetings, prior to a report being sent to KSS Deanery. The Deanery then reviews your e-portfolio and the Medical Faculty Group report, assessing progress against the CMT ARCP decision aid (see following two pages). An ARCP outcome notification is then issued to the Postgraduate Education Centre. A signed copy is returned to the JRCPTB. Satisfactory ARCP outcomes are your key to progression to higher specialist training.

Core Medical Training (CMT) ARCP Decision Aid – AUGUST 2017

The CMT ARCP decision aid documents the targets to be achieved for a satisfactory ARCP outcome at the end of each training level. This document replaces all previous versions from **August 2017**. Please see guidance notes below.

Evidence of engagement with curricular competencies

- Evidence should include supervised learning events (SLEs) and workplace based assessments (WPBAs), personal development plans (PDPs), reflective practice, quality improvement projects, e-learning and feedback on teaching delivered. It is suggested that the evidence for emergency and top presentations should include a supervised learning event (SLE). An ACAT is evidence of management of a group of acute patients but not the management of the individual cases.
- Trainees should link evidence and record a self-rating with comments for the curriculum competencies covered
- Supervisors should sample approximately 10% of these competencies and record their supervisor ratings with explanatory comments for each one sampled (additional evidence and/or sampling may be required if there are concerns)
- Sampling will not apply to (1) emergency presentations as the supervisor must check that evidence is recorded for each presentation and CMT level has been achieved for all emergency presentations by the end of CT1 and (2) practical procedures which require individual sign off
- Educational supervisors (ES) should record ratings at group competency level (with the exception of procedures) as indicated in the ARCP decision aid. This will normally be done as part of the review of the ePortfolio in order to complete the ES report
- Procedures should be assessed using DOPS as detailed in the procedures section of this decision aid. Please refer to the relevant footnotes
- Please refer to the JRCPTB recommendations for specialty trainee assessment and review for more detailed guidance on linking and sampling of evidence.

Clinic activity

Trainees who start CT1 in August 2017 must attend a minimum of 40 outpatient clinics by completion of CMT, in line with the JRCPTB quality criteria for CMT. For trainees who started CT1 in August 2016 or before the minimum requirement is 24 clinics by end of CT2. The educational objectives of attending clinics are 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 and to communicate with the patient and where necessary relatives and other health care professionals. These objectives can be achieved in a variety of settings, including less traditional clinic models (a procedure list should not be considered as clinic attendance). Trainees should see at least some patients on their own but all patients should be reviewed 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, neither is the time that should be spent in clinic, but as a guide this should be two or more hours. Clinic experience should be used as an opportunity to undertake SLEs and reflection.

Organisations must ensure learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as need (see COPMeD guidance for more information on appropriate supervision in outpatient clinics).

Clinic activity should be recorded using the summary of clinical activities and teaching attendance form available on the ePortfolio in the assessment section (or locally agreed equivalent). A template logbook for recording outpatient clinics and procedures is available on the JRCPTB CMT page and should be uploaded to the ePortfolio.

CMT ARCP Decision Aid – August 2017

Curriculum domain		CMT year 1	CMT year 2	Comments
Educational Supervisor (ES) report		Satisfactory with no concerns	Satisfactory with no concerns	To cover the whole training year since last ARCP (up to the date of the current ARCP)
Multiple Consultant Report (MCR)	Minimum number Each MCR is completed by one clinical supervisor	4	4	The range of MCRs should reflect all aspects of work, eg specialty and on-call. Feedback collated in end of year summary report. Any actions to be recorded in ES report
MRCP (UK)[1]		Part 1 passed	MRCP(UK) passed	Exam results will be uploaded to the ePortfolio automatically
ALS		Valid	Valid	Must be valid throughout CMT
Supervised Leaning Events (SLEs): ACAT CbD Mini-CEX	Minimum number to be carried out by consultants	10 To include at least 4 ACATs (each ACAT to include a minimum of 5 cases)	10 To include at least 4 ACATs (each ACAT to include a minimum of 5 cases)	SLEs should be performed proportionately throughout each training year by a number of different assessors to cover the breadth of the curriculum. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee.
Multi-source feedback (MSF)[2]	Minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical) for a valid MSF	1	1	Replies should be received within 3 months (ideally within the same placement). MSF report must be released by the ES and feedback discussed with the trainee before the ARCP. If significant concerns are raised then arrangements should be made for a repeat MSF

[1] Failure to achieve MRCP(UK) Part 1 by the end of CT1 should lead to an ARCP 2 outcome if other aspects of training are satisfactory. Failure to achieve MRCP(UK) after 24 months in CMT will normally result in an outcome 3 if all other aspects of progress are satisfactory

[2] Health Education West Midlands use Team Assessment of Behaviour (TAB) as a multisource feedback tool. West Midlands trainees should refer to local guidance for requirements

Quality improvement project		1	1	Quality improvement project plan and report to be completed. To be assess using the quality improvement project tool (QIPAT)
Common Competencies	Ten of these competencies do not require linked evidence unless concerns are identified[3]	ES to confirm CT1 level completed and evidence attached for at least 5 competencies	ES to confirm CMT level completed evidence attached for at least 10 competencies	Group sign off acceptable Progress to be determined by sampling trainee's evidence and self-ratings. ES should record a rating at the group competency level and provide justification for this rating in the comments section
Emergency Presentations	Cardio-respiratory arrest	Confirmation by educational supervisor that evidence recorded and CMT level achieved		Individual sign off required Mini-CEXs, CbDs and ACATs should be used to demonstrate engagement and learning. ES to confirm CMT level completed by the end of CT1 and record outcome in the ES report
	Shocked patient	Confirmation by educational supervisor that evidence recorded and CMT level achieved		
	Unconscious patient	Confirmation by educational supervisor that evidence recorded and CMT level achieved		
	Anaphylaxis / severe Drug reaction	Confirmation by educational supervisor that evidence recorded and CMT level achieved (after discussion of management if no clinical cases encountered)		

[3] Refer to JRCPTB recommendations for specialty trainee assessment and review for further details

Top Presentations		ES to confirm that evidence is recorded for at least 11 presentations	ES to confirm completed all with evidence for all presentations	Group sign off acceptable Mini-CEXs, CbDs and ACATs should be used to demonstrate engagement and learning. Progress to be determined by sampling trainee's evidence and self-ratings. ES should record a rating at the group competency level and provide justification for this rating in the comments section
Other Important Presentations		ES to confirm that evidence is recorded for at least 15 presentations	ES to confirm evidence for at least 30 presentations	Progress to be determined by sampling trainee's evidence and self-ratings. ES should record a rating at the group competency level and provide justification for this rating in the comments section
Clinics	See guidance above for definition of clinics and recording of attendance in ePortfolio	Satisfactory performance in 20 outpatient clinics by completion of CT1	Satisfactory performance in 40 outpatient clinics by completion of CMT[4]	Mini CEX / CbD to be used to give structured feedback. Patient survey and reflective practice recommended. Summary of clinical activity recorded on ePortfolio
Overall teaching attendance	To be specified at induction (eg grand rounds, local and regional CMT teaching and simulation training)	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Summary of teaching attendance to be recorded on ePortfolio (Audit and Teaching section)

[4] Trainees starting CT2 in August 2017 or before may not have had the opportunity to attend 40 clinics by the end of CMT and a minimum of 24 clinics can be accepted

Category	Procedure	CMT year 1	CMT year 2	Comments
Essential CMT procedures Part A: clinical independence essential [5]	Advanced CPR (may include external pacing) (R)	Skills lab training completed or satisfactory supervised practice	Clinically independent	DOPS to be carried out for each procedure. Formative DOPS should be undertaken before summative DOPS as many times as needed. Summative DOPS sign off for routine procedures *(R)* to be undertaken on one occasion with one assessor Summative DOPS sign off for potentially life threatening procedures (*PLT*) to be undertaken on at least two occasions with two different assessors (one assessor per occasion) if clinical independence required Foundation procedural skills must be maintained A logbook of procedures should be maintained[6]
	Ascitic tap (R)	Skills lab training completed (or satisfactory supervised practice)	Clinically independent	
	Lumbar puncture (R)	Skills lab training completed (or satisfactory supervised practice)	Clinically independent	
	Nasogastric tube placement/checking (R)	Skills lab training completed (or satisfactory supervised practice)	Clinically independent	
	Pleural aspiration for pneumothorax **or** pleural fluid (PLT)[7]	Skills lab training completed or satisfactory supervised practice	Clinically independent	
Essential CMT procedures Part B: clinical independence desirable[5]	Central venous cannulation by internal jugular, subclavian or femoral approach, with support for U/S guidance (PLT)		Skills lab training completed or satisfactory supervised practice. Two summative DOPS are required for clinical independence (with support for U/S guidance)	
	Intercostal drain insertion for pneumothorax **or** pleural fluid (PLT) [7]		Skills lab training completed or satisfactory supervised practice. Two summative DOPS are required for clinical independence	
	DC cardioversion (R)		Skills lab training completed as a minimum. Summative DOPS required for clinical independence	

[5] Clinically independent is defined as competent to perform the procedure unsupervised, recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties where appropriate. Support for ultrasound guidance is required from another trained professional where indicated. Two summative DOPS by two different assessors are required for life threatening procedures

[6] Excel template logbook is available on the JRCPTB website (www.jrcptb.org.uk)

[7] Pleural procedures should be undertaken in line with British Thoracic Society guidelines. These state that thoracic ultrasound guidance is strongly recommended for all pleural procedures for pleural fluid, also that the marking of a site using thoracic ultrasound for subsequent remote aspiration or chest drain insertion is not recommended, except for large effusions. Ultrasound guidance should be provided by a pleural-trained ultrasound practitioner

Core Medical Trainee Educational Supervisor and Post Allocations 2018 – 2019

CMT Year	TRAINEE	EDUCATIONAL SUPERVISOR	SPECIALTY AUG – DEC 2018	SPECIALTY DEC 2018– APR 2019	SPECIALTY APR – AUG 2019
CMT2	**Rachel Crane**	Radha Selvaratnam	Maternity Leave	Maternity leave	
CMT2	**Frances Asota**	Nayeem Khan	Gastroenterology 60%		
CMT2	**Adaeze Nwamarah**	Natalie Broomhead	Gastroenterology 60%		
CMT2	**Arti Wongcha-um**	Deepak Jayaram	Gastroenterology	Respiratory	Dermatology
CMT2	**Alex Byrne**	Emma O'Donovan	Stroke Medicine	Haematology	Intensive Care Medicine[2]
CMT2	**Abirami Pararajasingam**	Gary Mackenzie	Intensive Care Medicine[2]	Dermatology	Stroke Medicine
CMT2	**Alessandro Antonello**	Jonathan Nolan	Respiratory	Intensive Care Medicine[2]	Geriatric & Palliative Medicine[3]
CMT2	**Bibeg Gurung**	Laura Ferrigan	Endocrinology & diabetes	Cardiology	Acute Medicine[1]
CMT2	**Boris Tocco**	James Clark	Intensive Care Medicine[2]	Acute Medicine[1]	Rheumatology
CMT2	**Carys Fleming**	Iain Wilkinson	Haematology	Endocrinology & diabetes	Cardiology
CMT2	**Chinmayi Chandrashekar**	Devi Acharya	Acute Medicine[1] 60%	Rheumatology 60%	Respiratory 60%
CMT2	**Jamie Thoroughgood**	Padmini Sastry	Cardiology	Geriatric & Palliative Medicine[3]	Endocrinology & diabetes
CMT2	**Luizee Buchan**	Monira Rahman	Dermatology	Gastroenterology	Haematology
CMT1	**Alana Rochester**	Muhammad Jawad	Intensive Care Medicine[2]	Respiratory	Geriatric medicine
CMT1	**Alexander Presland**	Martin Dachsel	Geriatric medicine	Acute Medicine[1]	Gastroenterology
CMT1	**Chloe Angwin**	Cheuk Chan	Intensive Care Medicine[2]	Geriatric Medicine & Community[4]	Cardiology
CMT1	**Demi Wright**	Borja Moya	Acute Medicine[1]	Intensive Care Medicine[2]	Geriatric Medicine & Community[4]
CMT1	**Giada Azzopardi**	Juliana Barla	Respiratory	Cardiology	Acute Medicine[1]
CMT1	**James Heyes**	James Sneddon	Cardiology	Acute Medicine[1]	Rheumatology
CMT1	**Kugananda Sriparanthaman**	Sian Griffith	Geriatric Medicine & Community[4]	Rheumatology	Gastroenterology
CMT1	**Libin Mathew**	Andres Acosta	Acute Medicine[1]	Geriatric Medicine & Community[4]	Intensive Care Medicine[2]
CMT1	**Mili Dhar**	Gayatri Chakrabarty	Endocrinology & diabetes	Gastroenterology	Geriatric Medicine & Community[4]
CMT1	**Natalie Clayden**	Barry Jackson	Geriatric Medicine & Community[4]	Intensive Care Medicine[2]	Endocrinology & diabetes
CMT1	**Radhika Patel**	Ursula Davies	Rheumatology	Geriatric medicine	Respiratory medicine
CMT1	**Sophie Norman**	Vidhu Nayyar	Rheumatology	Endocrinology & diabetes	Intensive Care Medicine[2]

NB: [1] CMTs on AMU and haematology contribute to the AMU rota, not the General Medical on-call rota, and therefore have no night on-call commitment.
[2] CMTs on intensive care medicine contribute to the ICU rota.
[3] CMTs on geriatric medicine with palliative care contribute to the St Catherine's Hospice rota only, for the entire four-month post, including while based at ESH.
[4] "Geriatric Medicine & Community" indicates post in geriatric medicine with community geriatric medicine experience.