Internal Medicine Training (IMT)

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TPD for CMT

The internal medicine stage 1 curriculum

Internal medicine stage 1 is a three year programme which will deliver the following improvements:

- supported transition to the medical registrar role
- a more structured programme with mandatory training in geriatric medicine, critical care and outpatients
- longer placements in internal medicine year 3 (IMY3) to provide more continuity in training
- simulation based learning
- a programme of assessment which is holistic and intuitive
- additional time in which to gain MRCP(UK) if needed

Training pathway

- The specialties have been split into two groups which follow different training pathways

Group 1	Group 2
Dual training with Internal Medicine	Single CCT

The internal medicine stage 1 curriculum

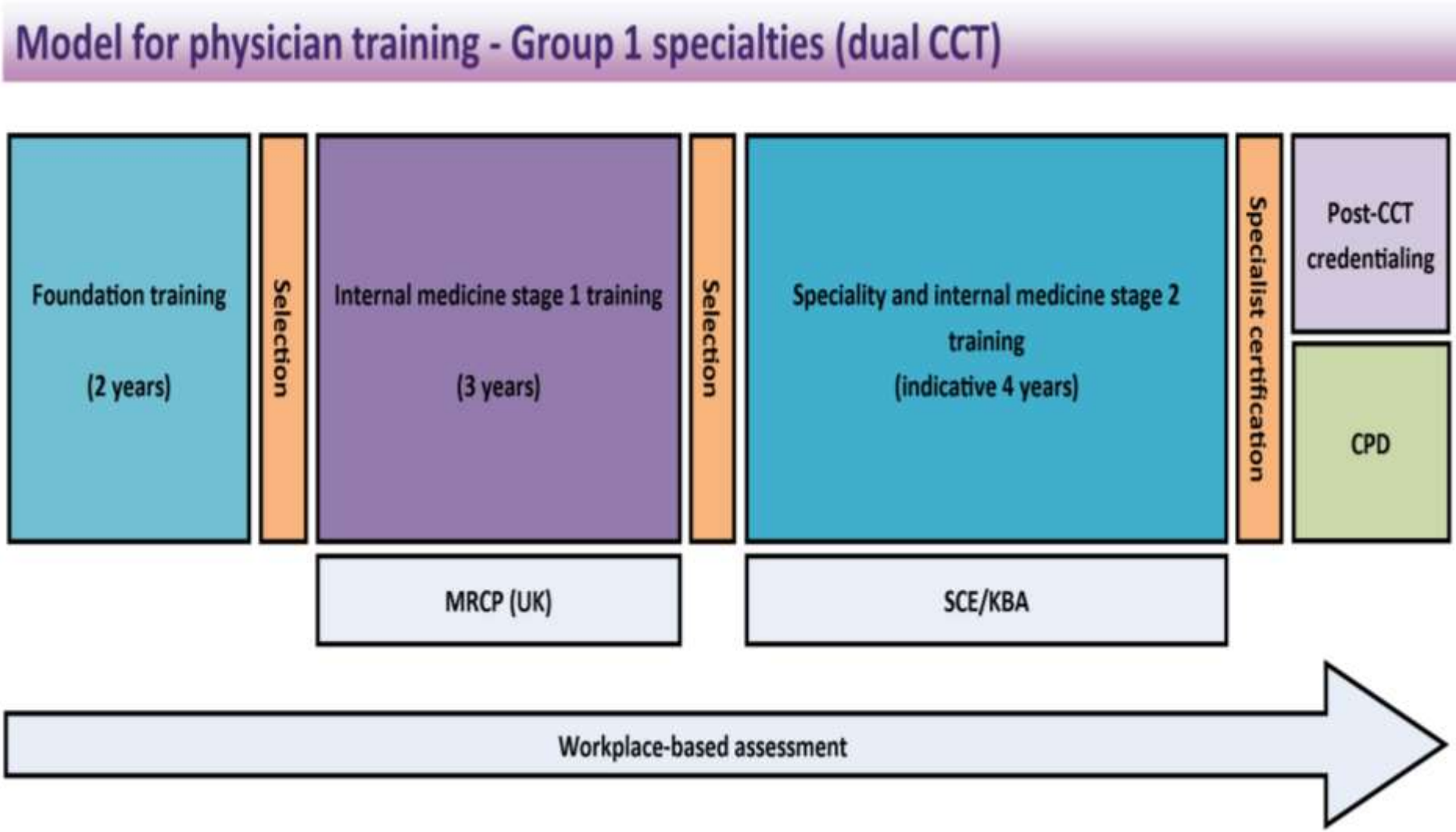
Group 1 specialties

- Acute Internal Medicine
- Cardiology
- Clinical Pharmacology & Therapeutics
- Endocrinology & Diabetes Mellitus
- Gastroenterology
- Genitourinary Medicine
- Geriatric Medicine
- Infectious Diseases (except when dual with Medical Microbiology or Virology)
- Neurology
- Palliative Medicine
- Renal Medicine
- Respiratory Medicine
- Rheumatology

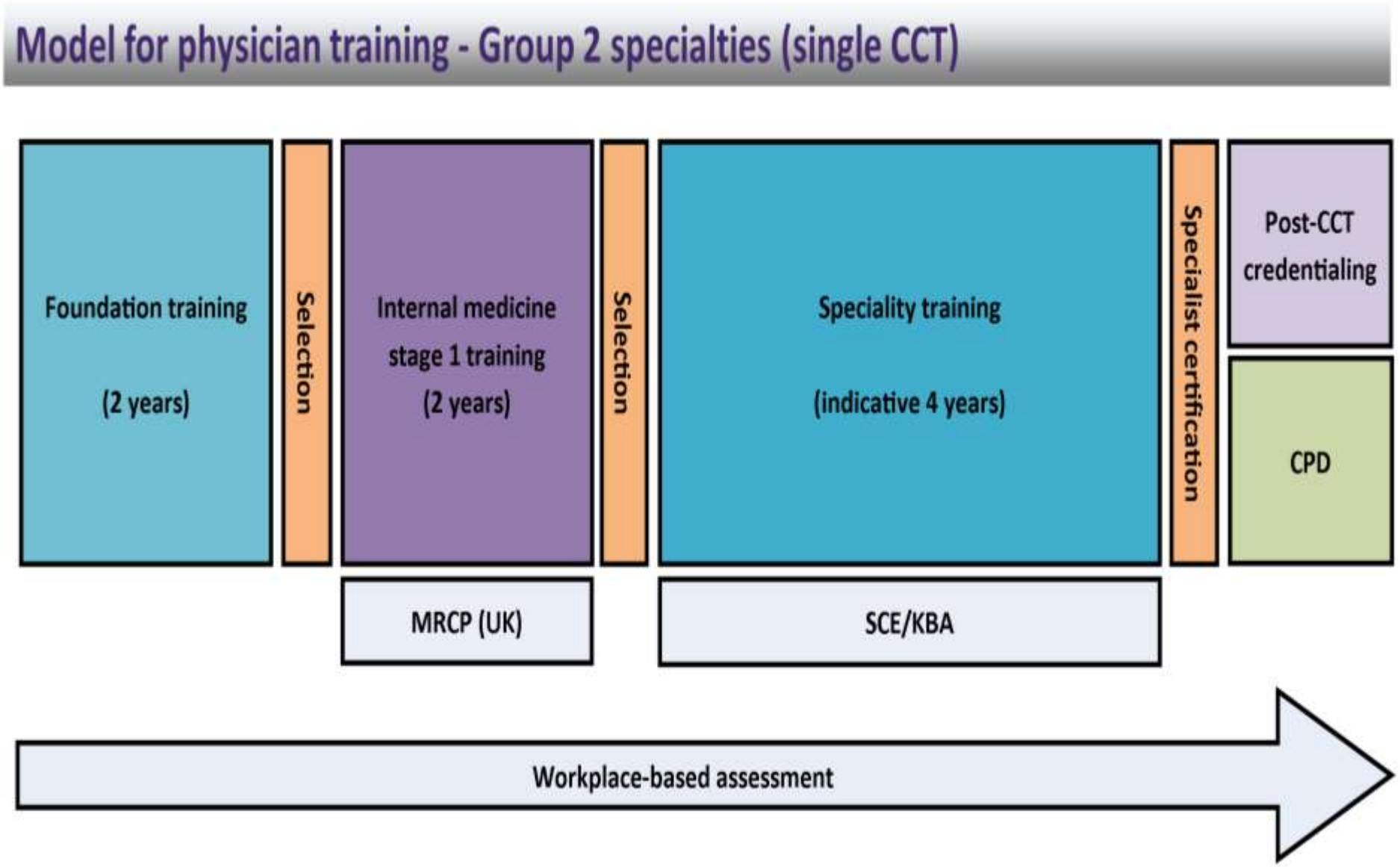
Group 2 specialties

- Allergy
- Audio vestibular Medicine
- Aviation & Space Medicine
- Clinical Genetics
- Clinical Neurophysiology
- Dermatology
- Haematology
- Immunology
- Infectious Diseases (when dual with Medical Microbiology or Virology)
- Medical Oncology
- Medical Ophthalmology
- Nuclear Medicine
- Paediatric Cardiology
- Pharmaceutical Medicine
- Rehabilitation Medicine
- Sport and Exercise Medicine

The internal medicine stage 1 curriculum



The internal medicine stage 1 curriculum



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IM stage 1 curriculum – teaching toolkit

GMC Generic Professional Capabilities framework

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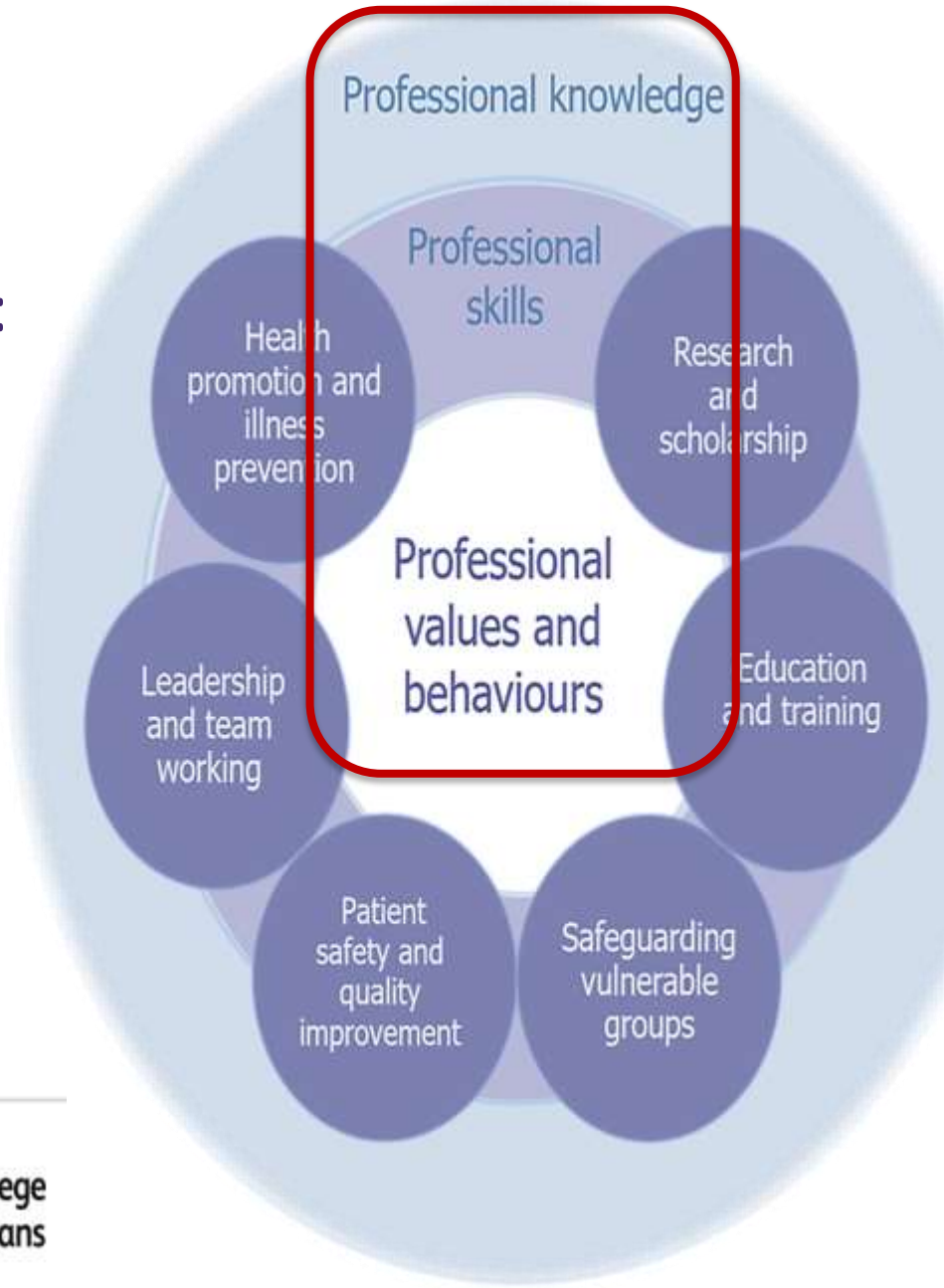
GMC Generic Professional Capabilities framework

The GPC framework has three fundamental domains:

- professional knowledge
- professional skills
- professional values and behaviours



Learning and teaching

The following provides a guide on how training programmes could be focused in each training year in order for trainees to gain experience and develop the

Training year	Focus of training placements
Internal medicine year 1 (IMY1)	Assessment of the acutely ill patient and the management of the acute medical intake of patients
Internal medicine year 2 (IMY2)	Experience in out-patient clinics
Internal medicine year 3 (IMY3)	Primarily involved in the acute take and functioning as the 'medical registrar'

Themes for IM1 and IM2 years

IM3 rotations TBC – 'registrar', acute care and on call

IM1	IM1	IM1		IM2	IM2	IM2
STH	STH	STH		DGH	DGH	DGH
CoE 4 months	4months	4 months		**critical care** 3 months **Acute Med** 1 month	4 months	4 months
acute care	acute care	acute care		outpatients	outpatients	outpatients

Acute take

- Trainees should be involved in the acute unselected medical take in each year of IM stage 1 (main focus in IMY3)
- Should be actively involved in the care of at least 500 patients by the end of IM stage 1

Inpatients

- Trainees should be involved in the day-to-day management of acutely unwell medical inpatients for at least 24 months of the IM stage 1 training programme

Outpatients

- Trainees should be actively involved in a minimum of 80 clinics over the IM stage 1 training programme
- It is accepted that there may be some attachments (eg, ICU, acute medicine) where there is little scope to attend out-patient clinics
- The curriculum provides a definition of clinics and guidance on the educational objectives to be achieved within this setting

Critical care (in Yorkshire & Humber)

- Trainees should have significant experience of critical care (ICU or level 2 HDU)
- Flexibility in how this is delivered, so long as educational objectives are met
- 3 month attachment to ICU/HDU
- 1 month attachment to Admissions Unit

Simulation training

- Simulation training is featured throughout the IM stage 1 curriculum
- All practical procedures should be taught by simulation as early as possible (**APS**)
- Human factors and scenarios training to be carried out in either IMY1 or IMY2 (**ASCME**)

Presentations and conditions

- Presentations and conditions of internal medicine by system/specialty can be found in the IM stage 1 curriculum

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IM stage 1 curriculum – teaching toolkit

Capabilities in practice

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Capabilities in practice

- Capabilities in practice (CiPs) describe the professional tasks or work within the scope of internal medicine
- CiPs are based on the format of entrustable professional activities
- They utilise professional judgement of appropriately trained, expert assessors (clinical and educational supervisors), as a key aspect of the validity of assessment
- A defensible way of forming global judgements of professional performance

Capabilities in practice and internal medicine stage 1

Total of 14 capabilities in practice (CiPs) which are the learning outcomes for IM stage 1

Each CiP is further broken down into:

- descriptors
- the expected levels of performance
- how the CiP is mapped to the relevant Generic Professional Capabilities (GPC)
- the evidence that may be used to inform entrustment decisions

Capabilities in practice descriptors

- Each CiP has a set of descriptors associated with that activity or task
- These descriptors indicate the minimum level of knowledge, skills and attitudes which should be demonstrated by stage 1 internal medicine doctors
- The descriptors are not a comprehensive list and there are many more examples that would provide equally valid evidence of performance

Capabilities in practice and internal medicine stage 1

The 14 CiPs are grouped into two categories

Generic CiPs

Covering the universal requirements of all specialties as described in Good Medical Practice (GMP) and Generic Professional Capabilities (GPC) frameworks

Clinical CiPs

Covering the clinical tasks or activities which are essential to the practice of internal medicine

The six generic capabilities in practice

1. Able to function within NHS (org and man) systems
2. Ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Patient safety and quality improvement
5. Carrying out research and managing data appropriately
6. Acting as a clinical teacher and clinical supervisor

The eight clinical capabilities in practice:

1. Managing an acute unselected take
2. Managing an acute specialty-related take
3. Continuity of care to medical in-patients, including comorbidities and cognitive impairment
4. Managing patients in an OP clinic, ambulatory or community setting (including long term conditions)
5. Managing in-pts in other specialties and special cases
6. Managing an MDT including effective discharge planning
7. Delivering effective resuscitation and managing acutely deteriorating patient
8. Managing end of life and applying palliative care skills

Capabilities in practice – an example

CiP 1. Able to function successfully within NHS organisational and management systems	
Descriptors	Aware of and adheres to the GMC professional requirements Aware of public health issues incl population health, social detriments of health and global health perspectives Demonstrates effective clinical leadership, promotion of an open and transparent culture Keeps practice up to date through learning and teaching Demonstrates engagement in career planning Capabilities in dealing with complexity and uncertainty Aware of the role of and processes for commissioning Aware of the need to use resources wisely

Capabilities in practice – an example

CiP 1. Able to function successfully within NHS organisational and management systems	
GPCs	**Domain 1:** Professional values and behaviours **Domain 3:** Professional knowledge • professional requirements • national legislative requirements • the health service and healthcare systems in the four countries **Domain 9:** Capabilities in research and scholarship
Evidence to inform decision	MCR MSF Active role in governance structures Management course End of placement reports

Programme of assessment

Programme of assessment

The programme of assessment for Internal Medicine stage 1 refers to the integrated framework of:

- MRCP(UK)
- assessments in the workplace (both formative and summative)
- judgements made about a learner during their approved programme of training

Assessment of capabilities in practice

- Assessing CiPs involves looking across a range of different skills and behaviours to make global decisions about a learner's suitability to take on particular responsibilities or tasks
- Clinical supervisors provide vital feedback on trainee performance throughout the training year
- This important feedback, along with that from others who contribute to assessments, support the educational supervisor to make CiP entrustment decisions

Global assessment anchor statements

- Supervised learning events, workplace based assessments, and multiple consultant reports use global assessment anchor statements to give feedback on how the trainee is progressing

Below expectations for this year of training; may not meet the requirement for critical progression point

Meeting expectations for this year of training; expected to progress to next stage of training

Above expectations for this year of training; expected to progress to next stage of training

Multiple Consultant Report

- This form is designed to help to capture the opinions of consultants who have supervised the trainee in clinical settings
- Respondents should provide feedback on the trainee's progress against the CiPs using global anchor statements
- A minimum of four MCRs must be completed within each training year. Three of the MCRs must be completed by consultants who have supervised the trainee in an acute take/post take setting

End of training year assessment

Towards the end of the training year:

- trainees make a self-assessment of their progression for each CiP and record this in the ePortfolio, with signposting to the evidence to support their rating
- educational supervisors review the evidence in the trainee's ePortfolio and complete the educational supervisors report

Educational supervisor judgements for generic CiPs

- The educational supervisor will record in the ES report whether the trainee is meeting expectations or not, using the global anchor statements

Below expectations for this year of training; may not meet the requirement for critical progression point
Meeting expectations for this year of training; expected to progress to next stage of training
Above expectations for this year of training; expected to progress to next stage of training

Educational supervisor judgements for clinical CiPs

- The educational supervisor will record their entrustment decision based on the level of

Level 1	**Entrusted to observe only** – no provision of clinical care
Level 2	**Entrusted to act with direct supervision**: The trainee may provide clinical care, but the supervising physician is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision
Level 3	**Entrusted to act with indirect supervision**: The trainee may provide clinical care when the supervising physician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at the bedside if required to provide direct supervision
Level 4	**Entrusted to act unsupervised**

Annual Review of Competence Progression (ARCP)

- The ARCP will be informed by the ES report and the evidence presented in the ePortfolio
- The ARCP panel make the final summative judgement on whether the trainee has achieved the generic outcomes and is capable of performing at the designated level of supervision for each clinical CiP
- The ARCP panel will determine whether the trainee can progress in accordance with The Gold Guide

Critical progression points

Critical progression points

There are two important progression points during Internal Medicine stage 1 training:

- **End of IMY2**
- **End of IMY3**

IMY2

- At this stage the trainee will be ‘stepping up’ to become the medical registrar
- It is essential that supervisors are confident that the trainee has the ability to perform in this role
- The ARCP at the end of IMY2 will play an important role in determining individualised, supportive plans for transition to the medical registrar role. Some trainees may require a period of time in a supportive training environment with the supervising physician readily available

MRCP(UK) and IMY2

- MRCP(UK) part one should be achieved by the end of IMY1
- All parts of MRCP(UK) should be achieved by the end of IMY2
- Failure to pass full MRCP by the end of IMY2 will result in an ARCP outcome 2
- Passing MRCP(UK) is neither necessary nor sufficient to act as medical registrar. If a trainee holds MRCP(UK) by the end of IMY2 but in the opinion of their supervisors are not capable of acting as medical registrar, they should not progress or should only do so with enhanced supervision

IMY3

- The trainee must be signed off for all generic and clinical outcomes and practical procedures
- The trainee must complete all parts of MRCP(UK)
- A satisfactory ARCP outcome will be required for entry to specialty training and further Internal Medicine training
- The educational supervisor report will make a recommendation to the ARCP panel as to whether the trainee has met the defined levels for the CiPs and acquired the procedural competence required for each year of training

e-Portfolio – trainee homepage

- https://www.jrcptb.org.uk/eportfolio-information/accessing-eportfolio Copy and paste to Google Chrome
- Profile
- Curriculum
- Assessment
- Reflection
- Appraisal
- Progression

Educational and Clinical Supervision

Educational Supervisor

- Same for the year
- Appraisals for 1st rotation (& all end of attachment appraisals)
- ESR to cover year for ARCP

Clinical Supervisors

- Change with each rotation
- Induction appraisals for remaining rotations
- MCRs

Supervision

Appraisals

- Your responsibility to arrange
- Prepare
- At least 2 per rotation

  (midpoint not mandatory unless 6/12 post

  or there are concerns)

Supervision

Initial Meeting

- Within 2 weeks

Before meeting

- Be familiar with e-portfolio – check personal details and supervisor details
- Be familiar with internal medicine curriculum
- Complete PDP

  Curriculum based

  Specific, Measurable , Achievable , Realistic , Time scale

- **Sign declaration of probity and health**

Supervision

Initial Meeting:

- Review PDP and set out learning objectives
- Induction appraisal form
- Sign educational agreement
- ES countersigns Educational Agreement for year

Supervision

End of post Appraisal

- Review progress using e-portfolio
- Review PDP / objectives
- Review assessments / evidence
- Review / sign off curriculum competencies and evidence
- Highlight concerns and future needs

Sources of help

- CS
- ES
- RCP Tutor
- DTPD
- TPD
- Catherine Smith!
- HoS

The ARCP Process

- Annual Review of Competence Progression
- Summative assessment of progress
- March/April 2020 - **Interim review**
  - Formative process
  - Remote e-Portfolio review
  - Trainee led

ARCP process – interim review

- Trainee first reviewer of own e-portfolio
- Tutor/TPD second reviewer
- E-Portfolio entry filed under Interim Review
- If no form returned
  - e-Portfolio not reviewed
  - e-Portfolio entry - ‘failure to engage’

Remote ARCP

- June 2020
- ARCP proper
- Remote e-Portfolio ARCP panel review (i.e. trainee not present)
- Comprehensive and meticulous!
- IM ARCP Decision Aid (August 2019)
- Standard outcomes (outcome 1s) are released

ARCP outcome 1, June 2020

- All required competencies achieved
- Satisfactory progress
- IM1 ARCP e-Portfolio form completed and released
- ARCP process complete
- Next ARCP June 2021

ARCP outcome 2 (rarely 3), June 2020

- Some required competencies not met
- IM1 ARCP e-Portfolio form completed and saved in draft pending interview
- Letter sent detailing reason(s) for Outcome 2 (or 3)
- Invite sent to attend discussion ARCP Panel, July 2020
- IM1 ARCP e-Portfolio form completed and released
- Outcome reviewed at 6 months (interim ARCP).

ARCP Outcome 5, June 2020

- Insufficient evidence to make a decision e.g. pending exam result, missing FORM R
- Temporary Outcome – maximum 4 weeks
- Outcome released detailing what evidence is missing and date by which this evidence must be submitted
- If satisfactory evidence received then Outcome 1 (by Chair's Action), if not then invite sent to attend Discussion ARCP Panel
- IM1 ARCP e-Portfolio form completed and released
- No further Outcome 5 can be expected

Face-to-face ARCP, July 2020

- Discussion ARCP Panel
- ‘Face to face’ interview
- Final Outcome (1 or 2, rarely 3!)
- IM1 ARCP e-Portfolio form completed and released
- ARCP process complete

ARCP & Revalidation

- Evidence considered
  - ES report
  - Employer Exit Report
  - Enhanced Form ‘R’
- Responsible Officer is Postgraduate Dean

Revalidation – Form R

- Form ‘R’ mandatory requirement
- If not submitted:
  - Outcome 5 (2 weeks)
  - Invited to Discussion ARCP Panel
- If still not submitted:
  - Outcome 2 or 3
  - Referral to GMC

Internal Medicine ARCP Decision Aid (Aug 2019)

- ESR - to cover whole training year
- Generic CiPs - trainee must meet expectations
- Clinical CiPs - trainee must meet expectations
- MCR
  - each to be completed by single CS
  - minimum x 4
    - at least 3 by CS in acute setting
    - 1 by Care of Elderly physician

Internal Medicine ARCP Decision Aid (Aug 2019)

- MSF x 1 – 12 raters including 3 consultants
- SLEs by consultant
  - ACAT x 4
  - Other (CbD, mini-CEX) x 4
- MRCP -results automatically uploaded
  - Part 1 (IM1), Full MRCP (IM2)
- ALS
  - Valid at all times
  - Confirmed by Supervisor (or by administrator)

Internal Medicine ARCP Decision Aid (Aug 2019)

- QIP – participating in QI e.g. project plan (QI project by end of IM2, with report and QIPAT)
- Outpatients – minimum of 20 (IM1), 80 by IM3
- Acute take – minimum of 100 patients (log), 500 by IM3
- Continuing care of acute patients - 24 months by IM stage 1 (IMS1)
- Critical Care – minimum 10 weeks IMS1
- Geriatric medicine – minimum 4 months by IMS1
- Simulation
- Teaching (100% attendance in Y & H) minimum of 50 hours including at least 20 hours of regional teaching (IM1),

Internal Medicine ARCP Decision Aid (Aug 2019)

- Practical Procedures - see Decision Aid
- Level to be achieved by end of each training year in clinical CiPs - see Decision Aid

Programme of assessment

Practical procedural skills

Trainees must be able to outline the indications for the procedures listed in the table below and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthesia, minimisation of patient discomfort, and requesting for help when appropriate. For all practical procedures the trainee must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Please see table below for minimum levels of competence expected in each training year.

Practical procedures – minimum requirements	IMY1	IMY2	IMY3
Advanced cardiopulmonary resuscitation (CPR)	Skills lab or satisfactory supervised practice	Participation in CPR team	Leadership of CPR team
Temporary cardiac pacing using an external device	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Ascitic tap	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]
Lumbar puncture	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]
Nasogastric (NG) tube	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]
Pleural aspiration for fluid (diagnostic) It can be assumed that a trainee who is capable of performing pleural aspiration of fluid is capable of introducing a needle to decompress a large symptomatic **pneumothorax**. Pleural procedures should be undertaken in line with the British Thoracic Society guidelines[b]	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]
Access to circulation for resuscitation (femoral vein or intraosseous) The requirement is for a minimum of skills lab training or satisfactory supervised practice in one of these two mechanisms for obtaining access to the circulation to allow infusion of fluid in the patient where peripheral venous access cannot be established	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Central venous cannulation (internal jugular or subclavian)	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice

Programme of assessment

Practical procedures – minimum requirements	IMY1	IMY2	IMY3
Intercostal drain for pneumothorax	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Intercostal drain for effusion Pleural procedures should be undertaken in line with the British Thoracic Society guidelines [b]	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Direct current (DC) cardioversion	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]
Abdominal paracentesis	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice

[a] When a trainee has been signed off as being able to perform a procedure independently they are not required to have any further assessment (DOPS) of that procedure unless they or their educational supervisor think that this is required (in line with standard professional conduct). This also applies to procedures that have been signed off during foundation training or in other training programmes (e.g. ACCS).

[b] 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

Programme of assessment

Levels to be achieved by the end of each training year and at critical progression points for IM clinical CiPs

Level descriptors

Level 1: Entrusted to observe only – no provision of clinical care
Level 2: Entrusted to act with direct supervision
Level 3: Entrusted to act with indirect supervision
Level 4: Entrusted to act unsupervised

Clinical CiP	IMY1	IMY2	CRITICAL PROGRESSION POINT	IMY3	CRITICAL PROGRESSION POINT
1. Managing an acute unselected take	2	3		3	
2. Managing an acute specialty-related take*	2*	2*		2*	
3. Providing continuity of care to medical in-patients	2	3		3	
4. Managing outpatients with long term conditions	2	2		3	
5. Managing medical problems in patients in other specialties and special cases	2	2		3	
6. Managing an MDT including discharge planning	2	2		3	
7. Delivering effective resuscitation and managing the deteriorating patient	2	3		4	
8. Managing end of life and applying palliative care skills	2	2		3	

*** This entrustment decision may be made on the basis of performance in other related CiPs if the trainee is not in a post that provides acute specialty-related take experience**

Trainee's Role

- Trainees will not be "chased"….
- ….evidence of progress must be spread over the whole of the time period of review and not clustered to a period immediately prior to the ARCP (Gold Guide (2018; 4.41).
- WPBAs completed over a short space of time, relatively close to the ARCP, may be judged to demonstrate lack of engagement and to not therefore be satisfactory progress.

Trainee's Role

- Familiarising themselves with their specialty curriculum, assessment arrangements and other documentation required for the assessment of their progress (Gold Guide 4.43)
- Familiarising themselves with the requirements of the GMC's "Good Medical Practice" (Gold Guide 4.44)
- Initiating the Workplace Based Assessments
- Ensuring that the documentary evidence and their portfolio is complete (Gold Guide 4.52, 4.54)
- Recording all absences accurately in their training portfolio and on Form R (Gold Guide 3.148)
- Familiarising themselves with the HEE YH school website and noting the dates for submitting evidence for/and panel dates for ARCPs

Internal Medicine Training (IMT) Stage 1 ARCP Decision Aid

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)
Educational supervisor (ES) report	One per year to cover the training year since last ARCP (up to the date of the current ARCP)	Confirms meeting or exceeding expectations and no concerns	Confirms will meet the critical progression point and can progress to IMY3 and act as medical registrar	Confirms will meet the critical progression point criteria and complete IM stage 1
Generic capabilities in practice (CiPs)	Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. ES report will record rating for each generic CiP	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training
Clinical capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainees must complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each individual CiP and overall global rating of progression	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm expected levels achieved for critical progression point at end of IMY2	ES to confirm expected levels achieved for critical progression point at end of IMY3
Multiple consultant report (MCR)	Minimum number. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should not complete an MCR for their own trainee	4	4 - of which at least **3** MCRs written by consultants who have personally supervised the trainee in an acute take/post-take setting	4 - of which at least **3** MCRs written by consultants who have personally supervised the trainee in an acute take/post-take setting

Programme of assessment

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)
Multi-source feedback (MSF)	Minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical) 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	1	1
Supervised learning events (SLEs): Acute care assessment tool (ACAT)	Minimum number to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. Each ACAT must include a minimum of 5 cases. ACATs should be used to demonstrate global assessment of trainee's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team). It is not for comment on the management of individual cases	4	4	4
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)	Minimum number to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range of assessors. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee	4	4	4

Programme of assessment

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)
MRCP (UK)	Failure to pass full MRCP by the end of IMY2 will result in a non-standard ARCP outcome	Part 1 passed	Full MRCP(UK) diploma achieved	Full MRCP(UK) diploma achieved
Advanced life support (ALS)		Valid	Valid	Valid
Quality improvement (QI) project	QI project plan and report to be completed. Project to be assessed with quality improvement project tool (QIPAT)	Participating in QI activity (eg project plan)	1 project completed with QIPAT	Demonstrating leadership in QI activity (eg supervising another healthcare professional)
Clinical activity: Outpatients	See curriculum for definition of clinics and educational objectives. mini CEX / CbD to be used to give structured feedback. Patient survey and reflective practice recommended. Summary of clinical activity should be recorded on ePortfolio	Minimum 20 outpatient clinics by end of IMY1	Minimum 20 outpatient clinics in IMY2	Minimum 20 outpatient clinics in IMY3 and 80 outpatient clinics in total (IMY1-3)
Clinical activity: Acute unselected take	Active involvement in the care of patients presenting with acute medical problems is defined as having sufficient input for the trainee's involvement to be recorded in the patient's clinical notes	Evidence that trainee actively involved in the care of at least 100 patients presenting with acute medical problems in IMY1	Evidence that trainee actively involved in the care of at least 100 patients presenting with acute medical problems in IMY2. ES to confirm level 3 for CiP1	Evidence that trainee actively involved in the care of at least 100 patients presenting with acute medical problems in IMY3 and a minimum 500 patients in total (IMY1-3). ES to confirm level 3 for CiP1

Programme of assessment

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)
Clinical activity: Continuing ward care of patients admitted with acute medical problems	Trainees should be involved in the day-to-day management of acutely unwell medical inpatients for at least 24 months of IM stage 1			Minimum of 24 months by end of IM stage 1
Critical care	See curriculum for definition of critical care placements and learning objectives			Evidence of completion of minimum 10 weeks in critical care setting (ICU or HDU) in not more than two separate blocks by end of IM stage 1
Geriatric medicine				Evidence of completion of minimum of four months in a team led by a consultant geriatrician by completion of IM stage 1. At least one MCR to be completed by geriatrician during IM Stage 1.
Simulation	All practical procedures should be taught by simulation as early as possible in IMY1. Refresher training in procedural skills should be completed if required	Evidence of simulation training (minimum one day) including procedural skills	Evidence of simulation training including human factors and scenario training	Evidence of simulation training including human factors and scenario training
Teaching attendance	Minimum hours per training year. To be specified at induction Summary of teaching attendance to be recorded in ePortfolio	50 hours teaching attendance to include minimum of 20 hours IM teaching recognised for CPD points or organised/ approved by HEE local office or deanery	50 hours teaching attendance to include minimum of 20 hours IM teaching recognised for CPD points or organised/ approved by HEE local office/deanery	50 hours teaching attendance to include minimum of 20 hours IM teaching recognised for CPD points or organised/ approved by HEE local office/deanery

Programme of assessment

Practical procedural skills

Trainees must be able to outline the indications for the procedures listed in the table below and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthesia, minimisation of patient discomfort, and requesting for help when appropriate. For all practical procedures the trainee must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Please see table below for minimum levels of competence expected in each training year.

Practical procedures – minimum requirements	IMY1	IMY2	IMY3
Advanced cardiopulmonary resuscitation (CPR)	Skills lab or satisfactory supervised practice	Participation in CPR team	Leadership of CPR team
Temporary cardiac pacing using an external device	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Ascitic tap	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]
Lumbar puncture	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]
Nasogastric (NG) tube	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]
Pleural aspiration for fluid (diagnostic) It can be assumed that a trainee who is capable of performing pleural aspiration of fluid is capable of introducing a needle to decompress a large symptomatic **pneumothorax**. Pleural procedures should be undertaken in line with the British Thoracic Society guidelines[b]	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]
Access to circulation for resuscitation (femoral vein or intraosseous) The requirement is for a minimum of skills lab training or satisfactory supervised practice in one of these two mechanisms for obtaining access to the circulation to allow infusion of fluid in the patient where peripheral venous access cannot be established	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Central venous cannulation (internal jugular or subclavian)	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice

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Practical procedures – minimum requirements	IMY1	IMY2	IMY3
Intercostal drain for pneumothorax	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Intercostal drain for effusion Pleural procedures should be undertaken in line with the British Thoracic Society guidelines [b]	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Direct current (DC) cardioversion	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]
Abdominal paracentesis	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice

[a] When a trainee has been signed off as being able to perform a procedure independently they are not required to have any further assessment (DOPS) of that procedure unless they or their educational supervisor think that this is required (in line with standard professional conduct). This also applies to procedures that have been signed off during foundation training or in other training programmes (e.g. ACCS).

[b] 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

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Levels to be achieved by the end of each training year and at critical progression points for IM clinical CiPs

Level descriptors
Level 1: Entrusted to observe only – no provision of clinical care
Level 2: Entrusted to act with direct supervision
Level 3: Entrusted to act with indirect supervision
Level 4: Entrusted to act unsupervised

Clinical CiP	IMY1	IMY2	CRITICAL PROGRESSION POINT	IMY3	CRITICAL PROGRESSION POINT
1. Managing an acute unselected take	2	3		3	
2. Managing an acute specialty-related take*	2*	2*		2*	
3. Providing continuity of care to medical in-patients	2	3		3	
4. Managing outpatients with long term conditions	2	2		3	
5. Managing medical problems in patients in other specialties and special cases	2	2		3	
6. Managing an MDT including discharge planning	2	2		3	
7. Delivering effective resuscitation and managing the deteriorating patient	2	3		4	
8. Managing end of life and applying palliative care skills	2	2		3	

*** This entrustment decision may be made on the basis of performance in other related CiPs if the trainee is not in a post that provides acute specialty-related take experience**