

## The internal medicine stage 1 curriculum



## Curriculum components

The curriculum has been split into 9 key areas:

1. introduction
2. purpose
3. content of learning
4. learning and teaching
5. programme of assessment
6. supervision and feedback
7. quality management
8. intended use of curriculum by trainers and trainees
9. equality and diversity



## Key changes

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



## What has not changed

- Good supervisory practice
- Annual Review of Competence Progression (ARCP) process
- Supervised learning events (SLEs) and workplace based assessment (WPBAs)
- MRCP(UK)



## Training pathway

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

### Group 1

Dual training with  
Internal Medicine

### Group 2

Single CCT



## Group 1 specialties

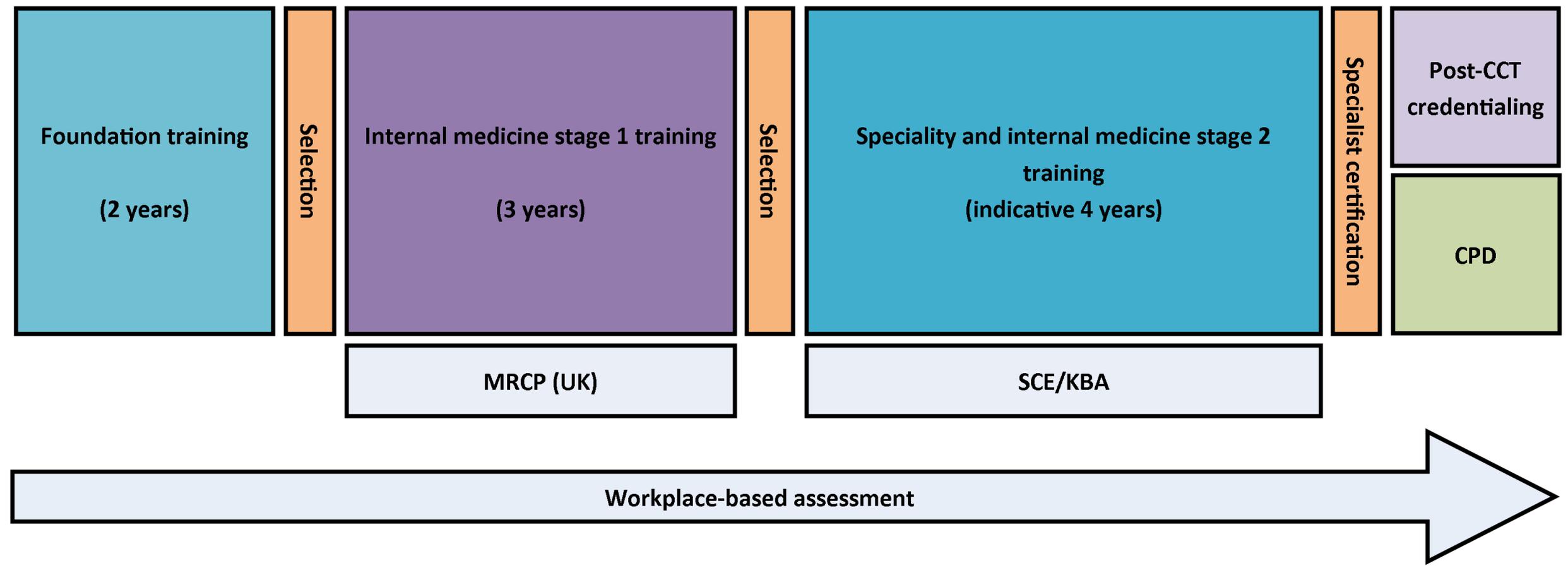
Acute Internal Medicine  
Cardiology  
Clinical Pharmacology & Therapeutics  
Endocrinology & Diabetes Mellitus  
Gastroenterology  
Genitourinary Medicine  
Geriatric Medicine  
Infectious Diseases (except when dual with Medical Microbiology or Virology)  
Neurology  
Palliative Medicine  
Renal Medicine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

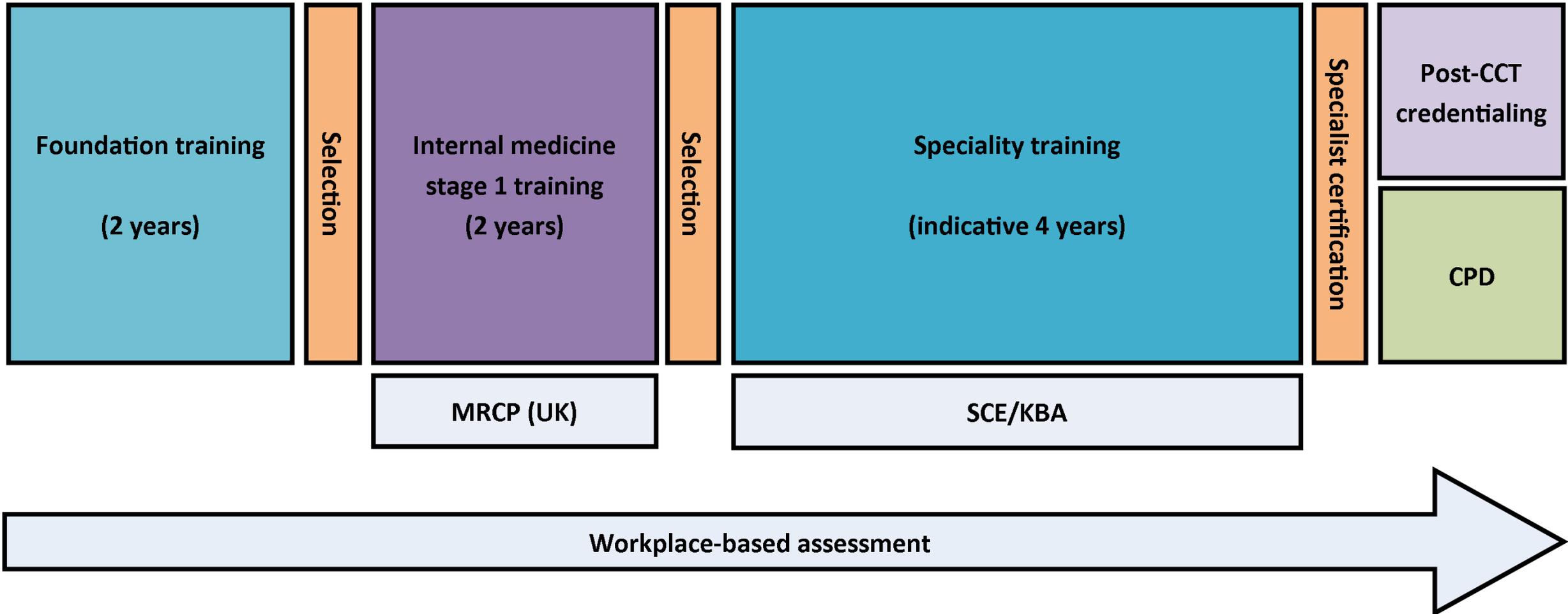
# The internal medicine stage 1 curriculum

## Model for physician training - Group 1 specialties (dual CCT)



# The internal medicine stage 1 curriculum

## Model for physician training - Group 2 specialties (single CCT)



## Background and history

- Modernising Medical Careers 2007 (MMC and *MTAS*)
- Core Medical Training August 2007
- A syllabus and a spiral curriculum
- Competency based education
- Workplace based assessment
- Educational and clinical supervisors



## Drivers for change

- Shape of Training October 2013
- Future Hospital Commission Sept 2013
- Francis report Feb 2013
- GMC framework of Generic Professional Capabilities (GPCs)
  - to be embedded in all curricula by 2020
- GMC 2016 standards for Medical Education and Training (including curriculum design)



## Process of change

- Led by JRCPTB on behalf of the Federation of Physician Royal Colleges
- Responding to Shape of Training
- Internal Medicine Committee (IMC) established Aug 2015
- Large consultation exercise including representatives from
  - Trainee Committees, Specialist Advisory Committees, Heads of Schools, Core Medical Training Advisory Committee, NHS employers, Deans, GMC, proof of concept study



## GMC Generic Professional Capabilities framework



## Generic Professional Capabilities (GPCs)

- GPCs are the interdependent essential capabilities that underpin professional medical practice in the UK
- [The GPC framework](#) was published in May 2017, to be implemented across all postgraduate curricula by 2020
- The framework is relevant at all stages of medical education, training, and practice and all domains are identifiable within the internal medicine curriculum



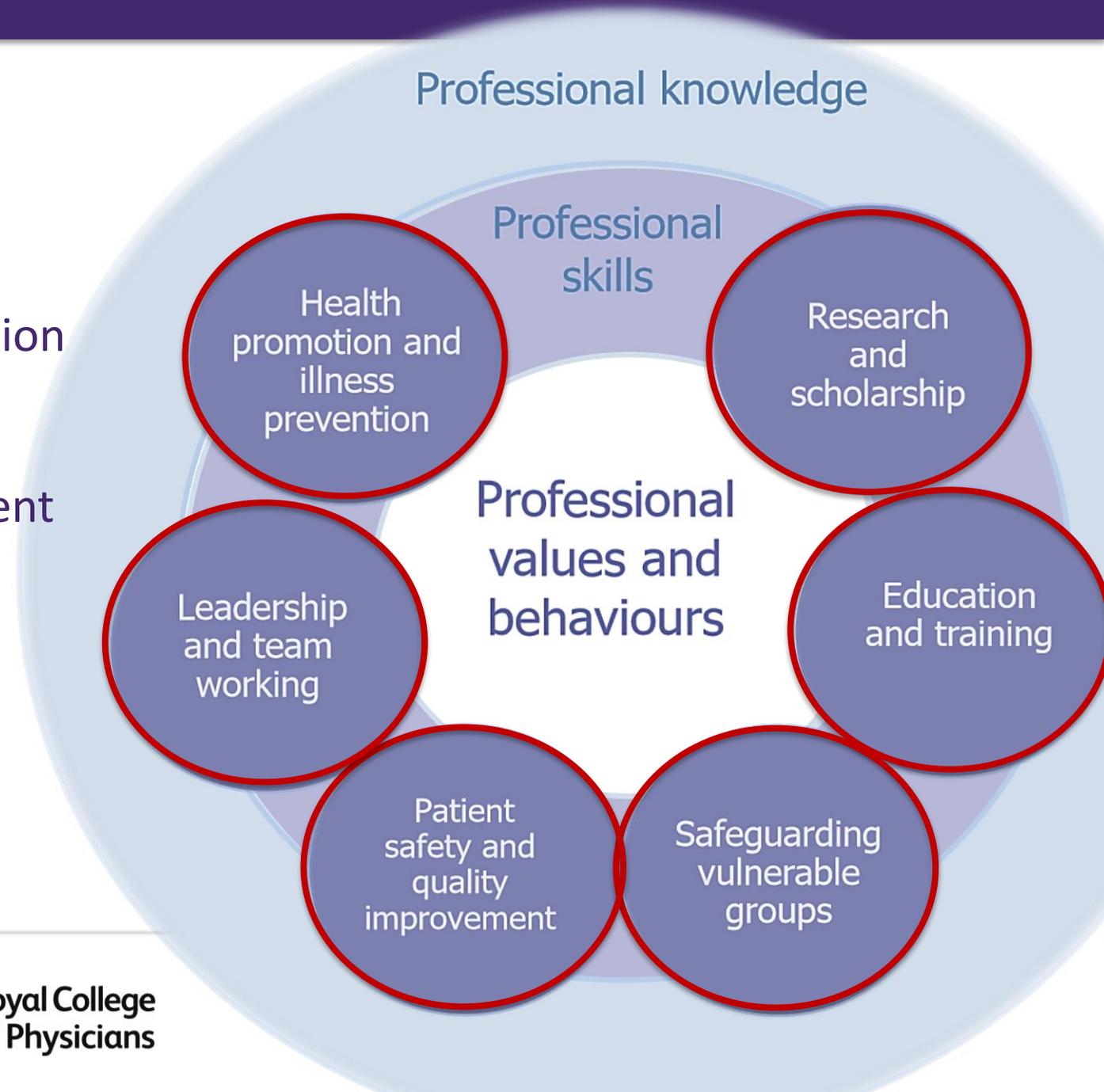
The GPC framework has three fundamental domains:

- professional knowledge
- professional skills
- professional values and behaviours



## And six targeted domains:

- health promotion and illness prevention
- leadership and team working
- patient safety and quality improvement
- safeguarding vulnerable groups
- education and training
- research and scholarship



## Why do we need GPCs?

- GMC 'fitness to practise' data – shows most concerns about doctors' performance fall into one or more of the domains
- Patient safety inquiries – major deficits in these basic areas of professional practice have been identified



## What does this mean for doctors in training?

- Doctors in training need to demonstrate that they have the necessary generic professional capabilities needed to provide safe, effective and high quality medical care in the UK



## GPCs and the IM stage 1 curriculum

- The GPC domain outcomes have been integrated into the IM stage 1 curriculum components
- The domains are mapped to each of the generic and clinical capabilities in practice (CiPs)
- Trainees must demonstrate these core professional capabilities at every stage of training as part of the holistic development of responsible professionals



## GPCs and the IM stage 1 curriculum

This integrated approach will:

- allow early detection of issues (associated with fitness to practise)
- minimise the possibility that concerns are identified during final phases of training
- support trainees in their holistic development as a safe, effective clinician



# Stage 1 learning and teaching



## Learning and teaching

The organisation and delivery of postgraduate training is the responsibility of:

- Health Education England (HEE) and its Local Offices
- NHS Education for Scotland (NES)
- Health Education and Improvement Wales (HEIW)
- Northern Ireland Medical and Dental Training Agency (NIMDTA)



## Learning and teaching

- The training requirements for each indicative year of training are summarised in the internal medicine stage 1 Annual Review of Competence Progression (ARCP) decision aid



## 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 capabilities to the level required

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'



## 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

- 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
- Minimum 10 week placement of critical care over the 3 years in no more than two separate blocks
- Ideally 3 month attachment to ICU/HDU



## Simulation training

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



## Presentations and conditions

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



## Teaching and learning methods

- The curriculum identifies the types of situations in which a trainee will learn. Specific guidance and suggested activities are included within the IM stage 1 curriculum



## Capabilities in practice



## 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

There are a total of 14 capabilities in practice (CiPs) which are the learning outcomes for internal medicine 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. The ability to successfully function within NHS organisational and management systems
2. Able to deal with 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. Is focussed on patient safety and delivers effective quality improvement in patient care
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. Providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment
4. Managing patients in an outpatient clinic, ambulatory or community setting (including management of long term conditions)
5. Managing problems in patients in other specialties and special cases
6. Managing a multi-disciplinary team 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 including population health, social detriments of health and global health perspectives

Demonstrates effective clinical leadership

Demonstrates promotion of an open and transparent culture

Keeps practice up to date through learning and teaching

Demonstrates engagement in career planning

Demonstrates 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

<b>CiP 1. Able to function successfully within NHS organisational and management systems</b>	
<b>GPCs</b>	<p><b>Domain 1:</b> Professional values and behaviours</p> <p><b>Domain 3:</b> Professional knowledge</p> <ul style="list-style-type: none"><li>• professional requirements</li><li>• national legislative requirements</li><li>• the health service and healthcare systems in the four countries</li></ul> <p><b>Domain 9:</b> Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>MCR</p> <p>MSF</p> <p>Active role in governance structures</p> <p>Management course</p> <p>End of placement reports</p>

## Capabilities in practice

- In order to complete training and be recommended to the GMC for the award of CCT and entry to the specialist register, the doctor must demonstrate that they are capable of unsupervised practice in all generic and clinical CiPs



## 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



## Programme of assessment

- The programme of assessment includes how professional judgements are used and collated to support decisions on progression and satisfactory completion of training
- The programme of assessment emphasises the importance and centrality of professional judgement in making sure learners have met the learning outcomes and expected levels of performance
- Assessors make accountable professional judgements



## 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 supervision required

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

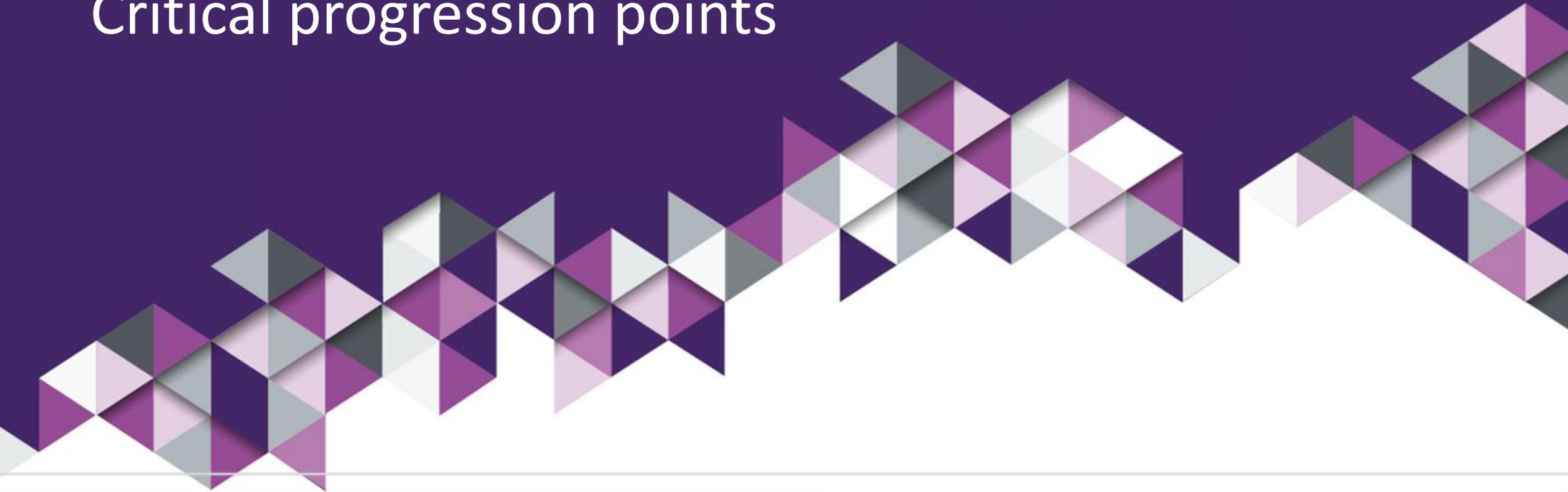


## Annual Review of Competence Progression (ARCP)

- The ARCP will be informed by the educational supervisor 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 a non standard ARCP outcome
- 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



## End of presentation

