Performing a gap analysis for trainees entering a stand-alone IMY3 post

Trainees who have completed core medical training (CMT) , acute care common stem acute medicine (ACCS-AM) or broad based training (BBT) within the past three years will be entitled to a stand-alone post in IMY3. They will need to fulfil the requirements of the IM stage 1 curriculum to be eligible for ST4 posts starting in August 2022.

The following modifications to the IMT curriculum requirements would be acceptable for a trainee completing an IMY3 stand-alone post:

- **Simulation:** Not required if procedures or otherwise have been demonstrated as per the CMT / ACCS-AM / BBT curriculum
- **Geriatric medicine experience**: Formal placement would not be required
- **Outpatient experience:** 60 clinic attendances. This is to reflect that the CMT quality criteria required 40 clinics and the IM curriculum mandates active involvement in 80 clinics
- **Critical care:** A single period of five weeks of critical care in ICU/mHDU settings with no other responsibilities or time out might be acceptable but should be determined on a case by case basis.

This flexible approach requires IMY3 posts to be tailored to the needs of the specific trainee. To do this the educational supervisor should meet with the trainee within the first two weeks of training and identify the targets that need to be achieved prior to leaving the IMY3 post. If as a result of this meeting, difficulties are anticipated about achieving all of the identified targets these should be highlighted to the training programme director immediately so that action may be taken. This applies especially to the critical care experience that may be required but also to the other targets outlined above. The results of the gap analysis meeting should be documented within the trainee's portfolio and ratified by the training programme director.

IMY3 should include experience of the acute medical take in addition to the management of patients within a ward environment. The numbers of patients seen on the acute take and the outpatient clinics attended should be calculated using the IMT acute take calculator and log of clinics and procedures and ratified by the educational supervisor. Totals should be recorded in the IMT summary of clinical activity form on the ePortfolio.

It is recommended that IMY3 trainees have close on-site supervision and are not put on night rotas until it is clear that they have the necessary capabilities to run the acute medical take with indirect supervision. The ACAT 2020 tool could be used constructively to provide an indication of capabilities in the acute take.

The confirmation that a trainee has attained level 3 in clinical CiP 1 (managing an acute unselected take) should be undertaken in a formal review process and documented in the trainee's ePortfolio. This should be performed as an interim review by two senior educationalists external to the trust/health board where the trainee is based (eg TPD and a tutor or equivalent). The timing of this should be within two months of starting but could be brought forward if the trainee has made obvious progress.

Trainees currently in an ACCS-AM programme who do not enter higher specialty training in 2022 will also require IMY3 training as part of a transition to the new ACCS-Internal Medicine curriculum. This will not be a standalone year but a gap analysis will be required. Separate guidance for ACCS-AM trainees in CT3 in 2020-2021 is available on the JRCPTB website here.

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