JRCPTB

Joint Royal Colleges of Physicians Training Board

Internal Medicine Training (IMT) Stage 1 ARCP Decision Aid – 2019 (2022 update)

The IMT ARCP decision aid documents the targets to be achieved for a satisfactory ARCP outcome at the end of each training year. This document is available on the JRCPTB website https://www.jrcptb.org.uk/training-certification/arcp-decision-aids

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	2022 update
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	As per original decision aid.
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	As per original decision aid.
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	As per original decision aid.

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	2022 update
Multiple consultant report (MCR)	Indicative number completed by consultants (or equivalent) to provide evidence for the ES report.. 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	As per original decision aid.
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	As per original decision aid.
Supervised learning events (SLEs):	Indicative number completed by consultants (or equivalent) to provide evidence for the ES report.. Trainees are encouraged to undertake more and supervisors may require	4	4	4	As per original decision aid.

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	2022 update
Acute care assessment tool (ACAT)	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				
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)	Indicative number completed by consultants (or equivalent) to provide evidence for the ES report. 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	As per original decision aid

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	2022 update
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	IMY1 if no Part 1 - outcome 2, unless compelling evidence that this is Covid related, then outcome 10.1. Trainee can progress to IMY2 without Part 1. IMY2 if no Part 1 - outcome 2, unless compelling evidence that this is Covid related, then outcome 10.1. Trainee can progress to IMY3 without any parts of Membership. If no Part 2 - outcome 2, unless compelling evidence that this is Covid related, then outcome 10.1. Trainee can progress to IMY3. If PACES is not achieved by end of IMY2, likely outcome 10.1, as ongoing disruption to clinical exam over last 12 months, or outcome 2 if not thought to be Covid related. Trainee can progress to IMY3.

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	2022 update
					IMY3 – if trainee does not have full Membership, then outcome 3 or 10.2 if delay in achieving exams is Covid related.
Advanced life support (ALS)		Valid	Valid	Valid	An expired ALS certification should not affect trainee progression or ARCP outcome. The ES rating for clinical CiP 7 (delivering effective resuscitation) and capability for advanced CPR in the procedures section of the curriculum should be considered. Please see JRCPTB guidance - www.jrcptb.org.uk/covid-19.
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)	Engagement with QI work by the end of IMY3 required for progression.

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	2022 update
					No QI requirements in IMY1 or 2 (although the QI engagement that is required by end of IMY3 can be achieved at any stage of IMY1 – 3).
Clinical activity: Outpatients	Indicative number of clinics required to develop outpatient capability. 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)	Indicative number of clinics should still be the aim but given that this number may not be possible the assessment of the trainee for CiP 4 may be helped by use of SLEs including the OPCAT, CbD or mini CEX when used appropriately. It should be noted that the IMY3 target entrustment level is level 3 requiring adequate experience and supporting evidence.
Clinical activity: Acute unselected take	Indicative number of patients required to develop capability. Active involvement in the care of patients presenting with acute medical problems is defined as having sufficient input for the trainee's	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 clinical CiP1	Evidence that trainee actively involved in the care of at least 100 patients presenting with acute medical problems in IMY3 and a minimum	Indicative numbers and evidence as per original decision aid.

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	2022 update
	involvement to be recorded in the patient's clinical notes			500 patients in total (IMY1-3). ES to confirm level 3 for clinical CiP1	
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	As per original decision aid.
Critical care	Indicative time required to develop capability. 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	As per original decision aid.
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.	As per original decision aid.
Simulation	All practical procedures should be taught by simulation as early as possible in IMY1.	Evidence of simulation training (minimum one	Evidence of simulation training including human	Evidence of simulation training including human	As per original decision aid.

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	2022 update
	Refresher training in procedural skills should be completed if required	day) including procedural skills	factors and scenario training	factors and scenario training	
Teaching attendance	Indicative 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	As per original decision aid.

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.

2022 Update:
A derogation has been approved by the GMC for end of IMY2
IMY1 skills course/supervised evidence required. If not achieved, then outcome 2, unless there is compelling evidence that this is Covid related then outcome 10.1. Trainee can progress to IMY2 without target capabilities.
IMY2: If cannot demonstrate target capabilities, outcome 2 or 10.1 depending on whether Covid related. Trainee can progress to IMY3 without target capabilities.
IMY3: Must demonstrate target capabilities, or outcome 3 or 10.2 depending on whether Covid related

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

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**