IMT stage 1 ARCP outcomes and guidance for 2022

Background/principles

- Current IMT trainees have been affected by the COVID-19 pandemic for much of their training. This has brought many unique and valuable training opportunities, but some aspects of training have been adversely affected with reduced training opportunities (particularly outpatients and procedures) and cancelled MRCP exams, although for the vast majority training opportunities are being restored.
- IMT is a capability based curriculum and trainees can achieve capabilities while working in different ways or in different settings (such as virtual clinics or NIV on medical wards).
- We should support IMT progression wherever possible, whilst also ensuring patient safety and addressing any significant performance concerns. In addition, any training targets should be achievable in the training time remaining.
- Trainees are able to leave IMT after the second year to enter group 2 specialty training. Thus, completion of IMY2 becomes a critical progression point. The end of IMY3 is also a critical progression point as it is the end of IMT Stage 1. The end of IM year 1 is not a critical progression point so an outcome 10.2 should not be used unless there is a significant capability gap and it would be in the trainee's best interests to have additional time early in training.
- Trainees who leave IMT at the end of IMY2 have not completed IMT Stage 1 so should not receive an ARCP outcome 6, instead an outcome 1 should be given if all requirements are met.
- Trainees should aim to achieve all of the capabilities and curriculum requirements as detailed in the IMT ARCP Decision Aid 2019 (jrcptb.org.uk). However, to reflect the effect of the pandemic on training, a minimum data set for progression has been devised and COVID-19 ARCP outcomes will continue to be used where appropriate.
- As training opportunities are being restored, caution should be exercised when considering issuing a recurrent outcome 10.1 for a trainee with the same missing capabilities. Following the initial 10.1, an action plan to support trainees in achieving their missing capabilities is essential and training opportunities should be arranged to facilitate trainees' achieving the required capabilities before the next ARCP. If these capabilities are not achieved, careful consideration should be given to the ARCP outcome and whether the ongoing issue remains Covid related.
- Employers should be made aware of trainees entering IMY3 who do not have the procedural capabilities that may have been expected at the end of IMY2.

Minimum data set for progression:

Evidence/requirement	Comment	Outcome
Educational Supervisor Report (ESR)	One per year to cover the training year since last ARCP.	ESR should confirm meeting or exceeding expectations and no concerns for an outcome 1 or 6.
Curricular coverage	Supervisors should make decisions based on the capabilities trainees have acquired. Trainees should self-rate to facilitate discussion with ES	ES to confirm trainee meets or exceeds expectations for level of training for an outcome 1 or 6 (a slight shortfall of indicative numbers, such as clinic, should not affect the outcome if capabilities have been met/exceeded).
Practical Procedures	The ES should define the level of trainee capability for each procedure. A derogation has been approved by the GMC for end IMY2	Target procedure capabilities required for an outcome 1 or 6. 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.
Multiple Consultant Report (MCR)	Sufficient MCRs to provide evidence for the ESR, an indicative minimum of 4 for the training year. By the end of IMY2 and 3, trainees require 3 MCRs, written by consultants who have personally supervised the trainee in an acute medical setting. Ideally 2 MCRs per year covering out patient work and an MCR by a geriatrician during IMT Stage 1	Satisfactory MCRs meeting or exceeding the minimum number required for an outcome 1 or 6.
Multi-source Feedback (MSF)	A complete MSF is required	Satisfactory complete MSF required for an outcome 1 or 6

	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 these should be addressed and arrangements made for a repeat MSF	
Supervised Learning Events (SLEs)	Sufficient SLEs to provide evidence for the ESR. An indicative minimum of 8 consultant (or equivalent) SLEs to include 4 consultant ACATs comprising a minimum of 5 patients each.	Satisfactory SLEs meeting or exceeding the minimum number required for an outcome 1 or 6.
Advanced Life Support (ALS)	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.	If a trainee has met target rating for CiP 7 and CPR in procedures, an expired ALS would not affect outcome and an outcome 1 or 6 could be given. Trainee should be encouraged to recertify.
Outpatient experience - clinical CiP 4	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 IMT ARCP Decision Aid 2019 (jrcptb.org.uk)	Target capability required for an outcome 1 or 6. If this is met, a small short fall in indicative clinic numbers should not affect outcome. It should be noted that the IMY3 target entrustment is level 3 requiring adequate experience and supporting evidence.
Acute unselected take (AUT) CiP 1	Trainees should be aiming to achieve at least indicative numbers of AUT patients and	Target capability met with supporting evidence required for an outcome 1 or 6.

	achieve target CiP 1 rating, including projected entrustment Level 3 by end of IMY2. If trainees have not met target numbers, this should raise concerns and lead to careful scrutiny of CiP 1 capability.	
Quality Improvement Project	Trainees are required to show engagement with QI work by the end of IMY3.	No QI requirements in IMY1 or 2 for an outcome 1. Engagement with QI work by the end of IMY3 required for an outcome 6 (although the QI engagement that is required by end of IMY3 can be achieved at any stage of IMY1 – 3).
Teaching attendance, attendance at courses and simulation	Indicative minimum of 50 hours/year, including online learning. Evidence of simulation training including human factors/scenario training by end of IMY2	Satisfactory teaching attendance for an outcome 1 or 6. Evidence of SIM/HF by end of IMY2 for an outcome 1. Otherwise an outcome 2 or 10.1 depending on whether Covid related.
MRCP	Trainees may progress within IMT stage 1 without successfully completing any part of the MRCP (Covid derogation). Full Membership must be achieved by end of IMY3 for progression to ST4.	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. IMY3 – if trainee does not have full Membership, then outcome 3 or 10.2 if delay in achieving exams is Covid related.
Training experiences	Indicative minimum 10 weeks Critical Care and 4 months COTE experience required.	Required for an outcome 6 at end of IMY3.

Suggested ARCP outcomes

It is important that ARCP panels make a holistic judgement on trainee progression, based on capabilities achieved and learning experiences.

Outcome 1 (Outcome 6 end IMY3 only)

- No performance, engagement or patient safety concerns.
- Completing capabilities at rate expected for stage of training.
- ESR/Curriculum capabilities/CiPs/ procedural capabilities achieved at level expected for stage of training.
- Curricular **requirements achieved at modified level described in minimum data set** above
- Successfully completed MRCP to the level expected at stage of training.

Clinical CiP 1 (Acute unselected take) and progression to IMY3**:**

- If there is uncertainty about whether a trainee has achieved entrustment level 3 for CiP 1 at the time of IMY2 ARCP an outcome 5 should be issued and reviewed before the end of the training year. An action plan to support trainees in achieving their missing capability will be required and training opportunities should be arranged to facilitate trainees' achieving the required capabilities in the remaining time in IMY2.
- It is also recognised that some trainees may have concerns about the medical registrar role and therefore require additional support, despite achieving entrustment level 3.
- Further guidance on sign off of Level 3 entrustment for clinical CiP 1: Managing the acute unselected take can be found in the Rough guide to IMT revised May 2020 (jrcptb.org.uk)

Outcome 10.1

- An outcome 10.1 should be awarded when a trainee is achieving progress at the expected rate, but the acquisition of **capabilities** has been delayed by the impact of COVID-19. It is anticipated that these capabilities will be achieved **without a need for extension to training** and the trainee can progress to the next stage of training.
- No performance, engagement or patient safety concerns.
- ESR complete and CiPs/procedural capabilities rated by ES.
- The **capabilities that have not been achieved** should be clearly defined and an action plan to support the trainees in achieving the missing capabilities will be required.

Outcome 10.2:

- An outcome 10.2 should be awarded when a trainee is achieving progress, but the acquisition of certain capabilities has been delayed by the impact of COVID-19 to an extent that these capabilities **cannot be achieved during the remaining training programme and an extension of training time is required.** This would be expected to be a minority of trainees who have had their training and acquisition of capabilities (CiPs) severely disrupted (for example shielding trainees that have missed a very significant amount of training opportunities) and therefore cannot safely progress.

- It should be remembered that trainees may have achieved the entrustment level required for each CiP while working in different ways or in different settings during the COVID -19 pandemic and trainee performance in related CiPs may feed into the ES entrustment decisions. The capabilities that have not been achieved should be clearly defined. An action plan to support trainees in achieving their missing capabilities will be required to identify the indicative period of time and defined learning experiences that will be required within the training extension.
- We recognise that a minority of trainees may have spent a significant amount of time away from clinical practice during the COVID-19 pandemic, due to a variety of reasons. Although IM training is capability based, we feel that it is highly unlikely that a trainee would be able to achieve the capabilities required for completion of IMY2 with less than 18 months clinical experience within the two years of IMT that has been available. In this case additional training time at the current level would likely be required and an outcome 10.2 awarded at IMY2 ARCP. (It is recognised that ACF trainees may have completed academic placements during IMY1-2 and pre-existing guidance around minimum clinical time and progression should be followed for this group - 9 months academic placement over 3 years IMT stage 1 training. See integrated academic training and IMT guidance (www.jrcptb.org.uk)).
- No performance, engagement or patient safety concerns.
- ESR complete and CiPs/procedural capabilities rated by ES.
- An outcome 10.2 should not normally be issued at the end of IMY1 as this is not a critical progression point. However, if there is a significant capability gap and it would be in the trainee's best interests to have additional time early in training a 10.2 can be given.

Outcome 2

- Performance, engagement or patient safety concerns not related to the COVID -19 pandemic.
- No additional training time required.
- Guidance as per Gold Guide (copmed.org.uk)

Outcome 3

- Performance, engagement or patient safety concerns not related to the COVID -19 pandemic.
- Additional training time required.
- Guidance as per Gold Guide (copmed.org.uk)

Outcome 4

- Guidance as per Gold Guide (copmed.org.uk)

Outcome 6 (end IMY3 only)

- No performance, engagement or patient safety concerns.
- Completed capabilities at rate expected for end of training programme.
- ESR/Curriculum capabilities/CiPs/ procedural capabilities achieved at level expected for stage of training.
- Curricular **requirements achieved at modified level described in minimum data set** above.
- Successfully completed all parts of MRCP.

Action plans, subsequent review and access to missed training opportunities

- All ARCP outcomes, except outcome 1 and 6 (end IMY3 only) require a formal action plan in order to support trainees in achieving the required capabilities. This should be completed with the ES, reviewed by the TPD and communicated to the host trust as well as the trust that the trainee is planned to rotate to. TPDs should work with trusts in order to support trainees in achieving their missed capabilities due to the COVID-19 pandemic. This may involve making adjustments to planned rotations or facilitating bespoke training opportunities.
- Reasons for the outcome should be recorded carefully in the ARCP section of the portfolio to inform future ARCPs (which may be in a new programme if the trainee is leaving for a group 2 speciality).
- Trainees who have spent a significant amount of time away from clinical practice should be supported back into clinical practice when they are able to do so. A supported return to training including a supernumerary period is likely to be required. The Educational Supervisor should complete a gap analysis to determine where the trainee should be in terms of evidence and capabilities, where they are now and what additional training and experience is required to fill the gap.
- A trainee may have demonstrated level 3 entrustment for clinical CiP 1 (acute unselected take), but not demonstrated independence in the core procedures that a medical registrar may be expected to perform. This should not prevent the trainee leading the acute unselected take, and trusts must ensure that competent individuals are available to perform the procedures if required. Please see Federation procedures statement (www.jrcptb.org.uk).

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