

Implementation of an Internal Medicine Training (Stage one) Programme

The following stages/actions need to be considered:

1. Convene a steering group

This group will be essential to oversee the process of implementation. Clinical leads should be appointed to chair the steering group and to act as the main point of contact with the curriculum and education provider. It will also be essential to appoint a lead manager/administrator. This person is likely to be a non-clinician; however they will need an excellent understanding of how postgraduate medical training is delivered locally, and should be a member of the steering group. They will need to make considerable practical arrangements, write management procedures and implement the ePortfolio. The clinical lead will work closely with the manager or administrator in setting up the programme and implementing all aspects of the programme, in particular ARCPs, recruitment and individual trainee issues.

2. Develop a project plan

This plan should include the following components:

- Aims and objectives of the project
- Methodology identifying key tasks and activities
- Timescale and milestones for completion of component activities
- Evaluation methodology
- Financial and other resource details

3. Produce a Policy Document

This document will be used to underpin the delivery of training programme, and will provide guidance on associated regulations both trainees and trainers will need to be aware of. It is expected that this document will have some similar content to the UK 'Gold Guide' but be adapted appropriately for local use.

4. Identify posts and programmes

- **Posts**

In order to put an effective Internal Medicine Training (IMT) programme together, posts must be identified. At least two thirds of them will need to have a significant acute component, usually unselected acute medical take. In particular, opportunities in elderly medicine and intensive care medicine are especially beneficial. Ordinarily posts should be submitted with an appointed Clinical Supervisor attached. Ideally you will have more post opportunities than required and so there will need to be a process of post selection. This allows you to set standards for the types of posts you want and the expectations of the training and experience within them. This then becomes a competitive process of post selection.

- **Programmes**

A programme will consist of several posts, and so should be considered at the same time as post selection. You will need to decide whether your programmes will comprise of a series of four or six month posts (in the UK in IMT programmes the trainee often undertake 6 x 4 month posts in the first 2 years and then 6 month posts in the third). You will need to have a balanced number over the 3 years of your IMT programme to ensure the trainees get the experiences that are needed to cover the breadth of the

curriculum. Accordingly when selecting your posts/programmes you may find it useful to undertake a process of curriculum mapping to ensure the programme allows trainees to fulfil the curriculum requirements. Ideally the type of experience and mixture of posts should be similar in all programmes. For example it is unhelpful to have, say a programme only involving academic teaching hospital posts and another one with only peripheral district general hospital type posts. All programmes should be composed of a mixture.

5. Developing the training programme

There are a number of key components which will need to be considered:

- **Curriculum**
Whilst the IMT curriculum covers a breadth of topics and healthcare issues, inevitably some aspects of the curriculum will need to be adapted to fit the local context and training patterns.
- **Assessment system**
The assessment system includes summative and formative methods such as formal examinations and workplace-based assessments. Constructive feedback is an important part of assessment. All assessment methods are mapped to the curriculum content. The workplace-based assessments should be integrated into the day-to-day clinical work. The outcomes of all assessments will inform capability decisions called “Capabilities in Practice” about a trainee’s progression and will be considered by the Annual Review of Competence Progression panel (ARCP) along with other evidence for decisions on progression. This evidence will also include the Educational Supervisor’s report.
- **MRCP(UK)**
The MRCP(UK) Diploma is a requirement for completing Internal Medicine Training Stage 1. Consideration needs to be given to the support for candidates, in particular dedicated PACES training on a regular basis well before each diet of the examination. Getting one or more local trainers trained as MRCP PACES examiners is very helpful.
- **ARCPs**
The ARCP will be a new concept and will require careful planning at least six months in advance for the first set. We would strongly advise that at least the Training Programme Director, the local administrator and one other Educational Supervisor attends an Internal Medicine Training ARCP in advance of running this locally. Local externality at the ARCP process is also essential and JRCPTB will identify UK assessors on an annual basis. Such external advisors are often very helpful in giving informal advice on how the programme is going and what can be done to develop it in the next year. JRCPTB produce a set of ‘directives’ for international ARCPs
- **ePortfolio**
ePortfolio is the tool via which trainees, and supervisors, record evidence of attainment of competencies and progression throughout the training programme. This will need to be customised in conjunction with the JRCPTB for your country and programme. A significant task is to ensure that Educational Supervisors/Clinical Supervisors have had hands-on sessions with the programme administrator and Clinical lead to fully understand how it works before the start of the first programme. The local

administrator should be available, and expect many queries in the first two months. JRCPTB will help with these queries.

- **Supervision – Educational Supervisors and the Training Programme Director**
A system of supervision will need to be designed. This will include clarification of the roles and responsibilities of Educational and Clinical Supervisors. Helpful information can be assessed on the UK General Medical Council's website. All supervisors will need to be trained (see section 6).

Normally a Training Programme Director will need to be identified who will manage all the day to day issues of trainees in the programme. Roles and responsibilities of the Training Programme Director will need to be identified and an appropriate individual appointed at a very early stage, usually at the same time the lead manager or administrator. The Training Programme Director will be key to the setting up and implementation of the programme and needs to be part of the Steering Group. The Training Programme Director could be the same person as the Clinical Lead mentioned in paragraph 1.

- **Learning support**
There should be clear statements about the nature of learning support being provided for trainees. This will cover a range of activities from on-the-job teaching to study days, short courses, e-learning modules, and access to other learning resources to support the curriculum. Some of the curriculum can usefully be covered through regular, and compulsory, set lectures and interactive sessions. Areas such as ethics and law would be one example, rather than basic clinical topics which are often easily covered in day-to-day hospital work or with text books. In the UK there is an expectation that doctors will have undergone training in simulation before undertaking procedures but this is not yet a mandatory requirement in the curriculum. Of course this depends on local availability of kit and a trained faculty.
- **Becoming a “Medical Registrar”**
The third year of the IMT is crucial and a “step up” from the previous 2 years. Most people should have passed all parts of MRCP(UK) by this stage. It is vital that they now have a much greater level of clinical responsibility for managing most of the acute take themselves. Also the experience and ability to deploy and managed those IMT trainees in year one and two. This will need careful planning and thought.
- **Geriatrics**
The IMT curriculum requires compulsory experience in Geriatric medicine. In some hospitals this might not be easy to be explicitly obtained although all hospitals will have typical geriatric (frail) patients. Possible solutions including bringing in faculty from outside (e.g. retiring UK Geriatricians) for an annual intensive period of tuition, including bedside teaching and didactic lectures. There might also be the possibility of short clinical attachments to other units, possibly abroad, with good experience.
As a minimum the 4 mandatory months can be delivered as one month pure stroke and rehabilitation, one month pure geriatric medicine and two months of acute GIM with a significant elderly population intake.

6. Training of Supervisors and Trainees

It is essential that all supervisors (Educational and Clinical) are trained. Training will cover the curriculum, use of the e-portfolio, understanding of the assessment system and associated methods and documentation. Supervisors will also need to become familiar with the Multiple Consultant Reports and the Supervisors' Reports, Capabilities in Practice (CiPs), and the Annual Review of Competence Progression. Educational Supervisors should be trained in appraisal and the skills to become an effective appraiser.

It is essential for trainees to attend training sessions to explain to them all aspects of the programme with which they will be engaged including workplace-based assessments and the e-portfolio. The Education Department of the Royal College of Physicians (RCP) and other organisations are able to provide such training and supervisors will have the opportunity to gain an RCP Supervisor accreditation.

7. Selection of trainees

This will need to be considered a minimum of six months and up to a year in advance. Presumably it will be an open competitive process although some programmes/countries may be able to take all available and eligible trainees. There should be a written job description and a formal process of selecting the most appropriate doctors who will benefit from the Internal Medicine Training programme. Once chosen, there will need to be a detailed induction programme shortly before or right at the time of starting. (see section 6).

8. Communication

There can never be too much communication. Talk to trainees and medical students at every opportunity. Ensuring hospitals Medical Managers such as Medical Directors understand and are on-board. Keeping local or national politicians as part of the solution is very helpful. This should be a good news story but it needs to be worked at. Underpinning this is planning appropriately, as set out above, ensuring that people are trained in what they need to do when they start.

Read 'The Rough Guide to IMT':

<https://www.jrcptb.org.uk/sites/default/files/Rough%20guide%20to%20IMT%20revised%20May%202020.pdf>

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