A CURRICULUM FOR INTERNAL MEDICINE: WORKING PROPOSAL (V19)

INTRODUCTION

The Shape of Training Review (SoT) suggests post graduate training of all doctors should be more patient focused, more general (especially in the early years) and with more flexibility of career structure. It should lead to a certificate of specialist training (CST) after which, further training could take place with credentialing.

As far as training of physicians is concerned, these views are broadly congruent with the view expressed by the Future Hospital Commission and will address many of the failings identified by the Francis report. The increasing number of elderly patients with multiple comorbidities faced by acute medical services needs a different approach to training. Discussions at the Councils of all three Physicianly Colleges have confirmed agreement with this overall concept.

JRCPTB, on behalf of the Federation of Royal Colleges of Physicians, has suggested that an appropriate model for physician training should consist of a seven year (minimum) post-foundation level training, leading to a CST in internal medicine with a specialty. The seven years should consist of three years training in internal medicine during which increasing responsibility for the acute medical take would be experienced in year 3 and MRCP(UK) would be achieved. After these three years, there should be competitive entry into specialty training for a minimum of four years. During this period, an indicative three years will be spent training for the CST specialty and a further year of internal medicine integrated flexibly within the specialty training to ensure that CST holders are competent to practice at post CST consultant independent level in their chosen specialty. The details of the implementation of this overarching plan will need to be flexible enough to encompass the range of physicianly specialties and the changing demands of the demographic of the trainee workforce in each specialty.

A FLEXIBLE INTERNAL MEDICINE CURRICULUM

This development will require restructuring of the curricula for General internal Medicine (GIM), Core Medical Training (CMT) and for the specialties. This curriculum would also cover all the GMC generic professional capabilities to be launched in 2016. Despite broad support for this model, it remains to be established whether it is flexible enough for all JRCPTB managed specialties.

The practice of Internal Medicine encompasses the knowledge and skills to manage patients presenting with the wide range of medical symptoms and conditions. It involves particular emphasis on diagnostic reasoning, managing uncertainty, dealing with comorbidities, and recognising when speciality opinion or care is required.

ASSESSMENT OF A COMPETENT PHYSICIAN

The present curricula for physician training are based on achieving a large number of individual identifiable competencies that are assessed throughout training by a variety of different assessment strategies. The perceived ‘burden of assessment’ led to the Specialty Trainee Assessment and Review (STAR) recommendations that greater emphasis be given to individual clinical and educational supervisors’ reports rather than on the multiple ‘box-ticking’ that had become the normal practice.

An improved, more authentic and simplified option for reviewing progress through the new curricula could be by looking at ‘competencies in practice’ (CiP) – the ability to perform the professional activities (tasks) of a competent

physician. The key to success for both trainees and trainers will be to produce a flexible model in particular for the integrated 'fourth year'. They are not an alternative to competency based education but a way to translate competency into real life clinical practice.

ADVANTAGES OF ASSESSMENT OF COMPETENCIES IN PRACTICE

- Enhance patient safety by ensuring that a trainee to whom a task has been 'TRUSTED' has demonstrated proficiency in that task (see level 4 below)
- Encourages curriculum developers to focus on the desired outcomes of training
- Needs an assessment by an experienced supervisor (much less 'tick box' than individual competency assessments)
- Assess actual performance ('does' rather than 'shows how')

COMPETENCIES IN PRACTICE: GRADED SUPERVISION ALLOW FOR:

Level 1: Observations of the activity – no execution
Level 2: Acting with direct, practice supervision
Level 3: Acting with supervision available quickly
Level 4: Acting unsupervised (with clinical oversight within training)

No further assessment would normally be expected once a level 4 'trusted decision' is made. Doctors then have a professional obligation and expectation to maintain competence.

The level descriptors will be adapted for individual competencies in practice.

A POTENTIAL MODEL FOR A FLEXIBLE INTERNAL MEDICINE CURRICULUM (SEE APPENDIX 1)

- It sets out the overall competencies in practice that must be achieved at the various stages of training (see appendix 2 for the detailed framework and appendix 3 for the blueprint).
- It is flexible in how these competencies can be achieved in each specialty, in particular the integrated 'fourth year' of Internal Medicine.
- It is based on three years of internal medicine before selection.
- It will require a separate specialty curriculum to be written for training in specialty, post selection.
- It maintains the central importance of MRCP(UK). It may require greater knowledge assessment of the generic capabilities
- Some content of current specialty curriculum may need to move post CST, using the credentialing model.
- Critically it must not lead to another level of 'tick box' competencies but be based on clinical judgment.

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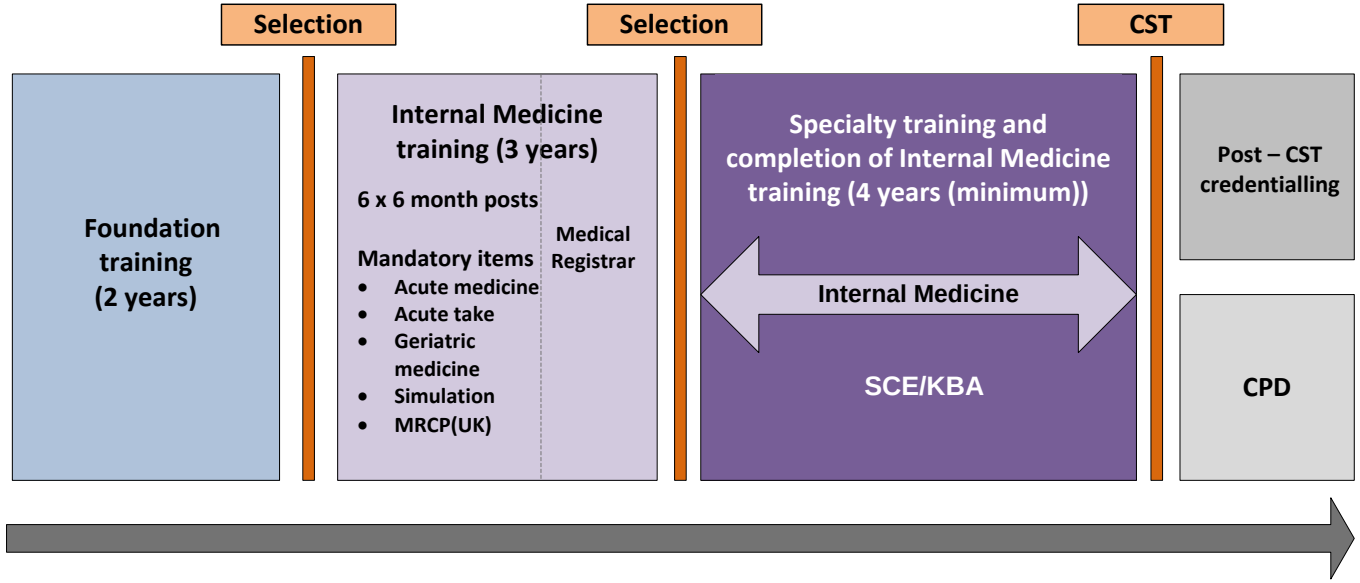
APPENDIX 1: PROPOSED MODEL FOR PHYSICIAN TRAINING UNDER SHAPE OF TRAINING



APPENDIX 2: FRAMEWORK FOR THE ASSESSMENT OF INTERNAL MEDICINE COMPETENCIES IN PRACTICE

Competencies in practice (CiP) leading to a 'trusted decision'	Descriptors (key observable activities, tasks and behaviours)	Evidence	Relevant competencies from the current GIM & CMT mapped to GMC generic professional capabilities (domains)
1. Managing an acute unselected take	• demonstrates behaviour appropriately with regard to patients • demonstrates behaviour appropriately with regard to clinical and other professional colleagues • demonstrates effective consultation skills including challenging circumstances • demonstrates ability to negotiate shared decision making • demonstrates effective clinical leadership • accurate diagnosis of patients presenting on an acute unselected take over a standard shift • appropriate management of acute problems in patients presenting on an acute unselected take over a standard shift • appropriate liaison with specialty services when required	• MCR • MSF • CbD • ACAT • Logbook of cases • Simulation training with assessment (eg IMPACT)	• clinical skills **(2)** • knowledge of common medical presentations ('top') and other important presentations **(2)** • underlying causes and comorbidities **(2)** • therapeutics and self-prescribing **(2)** • communication and shared decision making **(2)** • time management and decision making **(1)** • patient as a central focus of care **(2)** • team working and patient safety **(2,5)** • leadership **(5)** • handover **(2,5)** • breaking bad news **(4)** • prioritisation of patient safety in clinical practice **(1,2,3,4,6)** • personal and professional values and behaviours **(1)**
2. Managing an acute specialty –related take	• demonstrates behaviour appropriately with regard to patients • demonstrates behaviour appropriately with regard to clinical and other professional colleagues • demonstrates effective consultation skills including challenging circumstances • demonstrates ability to negotiate	• MCR • MSF • CbD • ACAT • Logbook of cases • Simulation training with assessment (eg IMPACT)	System specific competencies of the main specialty and related specialties as needed for practice: • clinical skills **(2)** • knowledge of common ('top') medical presentations other important presentations and relevant system specific competencies **(2)** • underlying cause and comorbidities **(2)**

Competencies in practice (CiP) leading to a 'trusted decision'	Descriptors (key observable activities, tasks and behaviours)	Evidence	Relevant competencies from the current GIM & CMT mapped to GMC generic professional capabilities (domains)
	shared decision making • demonstrates effective clinical leadership • appropriate continuing management of acute medical illness in patients admitted to hospital on an acute unselected take or selected take		• therapeutics and self-prescribing **(2)** • communication and shared decision making **(2)** • time management and decision making **(1)** • patient as a central focus of care **(2)** • team working and patient safety **(2,5)** • leadership **(5)** • handover **(2,5)** • prioritisation of patient safety in clinical practice **(1,2,3,4,6)** • personal and professional values and behaviours **(1)**
3. Providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment	• demonstrates behaviour appropriately with regard to patients • demonstrates behaviour appropriately with regard to clinical and other professional colleagues • demonstrates effective consultation skills including challenging circumstances • identifies and manages barriers to communication (eg cognitive impairment, speech and hearing problems, capacity issues) • demonstrates ability to negotiate shared decision making • appropriate liaison with other specialty services when required • appropriate management of comorbidities in medial inpatients (unselected take, selected acute take	• MCR • MSF • ACAT • Mini-CEX • DOPS • ES report • MRCP	• underlying causes and comorbidities **(2)** • communication and shared decision making **(2)** • personal and professional values and behaviours **(1)** • clinical skills **(2)** • knowledge of common('top') medical presentations, **(2)** other important presentations and relevant system specific competencies **(1)** • therapeutics and self-prescribing **(2)** • breaking bad news **(2)** • time management and decision making **(2)** • patient as a central focus of care **(2)** • team working and patient safety **(2,5)** • handover **(2,5)** • humane intervention **(2)** • managing complexity and uncertainty **(2)**

Competencies in practice (CiP) leading to a 'trusted decision'	Descriptors (key observable activities, tasks and behaviours)	Evidence	Relevant competencies from the current GIM & CMT mapped to GMC generic professional capabilities (domains)
	or specialty admissions) • demonstrates awareness of the quality of patient experience		• prioritisation of patient safety in clinical practice **(1,2,3,4,6)** • management of chronic conditions **(2)**
4. Managing patients in an outpatient clinic, ambulatory or community setting, including management of long term conditions	• demonstrates behaviour appropriately with regard to patients • demonstrates behaviour appropriately with regard to clinical and other professional colleagues • demonstrates effective consultation skills including challenging circumstances • accurate diagnosis and appropriate comprehensive management of patients referred to an outpatient clinic, ambulatory or community setting • appropriate management of comorbidities in an outpatient clinic • appropriate management of comorbidities in ambulatory or community setting	• MCR • ACAT • mini-CEX • Patient survey • Letters generated at OP clinics	• clinical skills **(2)** • knowledge of common ('top') medical presentations, other important presentations and relevant system specific competencies **(2)** • underlying causes and comorbidities **(2)** • therapeutics and self-prescribing **(2)** • time management and decision making **(2)** • personal and professional values and behaviours **(1)** • decision making and clinical reasoning **(1,2)** • delegation, health promotion and public health • relationship with patient, shared decision making and communications within a consultation **(2,5)** • managing long term conditions and promoting self-care **(2)** • breaking bad news **(2)** • patient as the central focus of care **(2)** • legal framework for practice **(1,3)**
5. Managing medical problems in patients in other specialties and special cases	• demonstrates effective consultation skills including challenging circumstances • management of medical problems in inpatients under the care of other specialties	• MCR • ACAT • CbD • MRCP	• communication with colleagues and cooperation **(2)** • medical problems in pregnancy, surgery, psychiatry, old age and adolescence **(1,2,7)** • Interface and community based

Competencies in practice (CiP) leading to a 'trusted decision'	Descriptors (key observable activities, tasks and behaviours)	Evidence	Relevant competencies from the current GIM & CMT mapped to GMC generic professional capabilities (domains)
	• appropriate and timely liaison with other medical specialty services when required		medicine **(1,2)** • Underlying causes and conditions **(2)** • Knowledge of common ('top') medical presentations, other important presentations and relevant system specific competencies **(2)**
6. Managing a multi-disciplinary team including effective discharge planning	• demonstrates behaviour appropriately with regard to patients • demonstrates behaviour appropriately with regard to clinical and other professional colleagues • demonstrates effective consultation skills including challenging circumstances • demonstrates effective clinical leadership • demonstrates ability to work well in a multi-disciplinary team, in all relevant roles • Effectively estimates length of stay • Identifies appropriate discharge plan • Recognise the importance of prompt and accurate information sharing with primary care team following hospital discharge	• MCR • MSF • ACAT • ES report • Discharge summaries	• decision making and clinical reasoning **(1,2)** • personal and professional values and behaviours **(1)** • patient as the central focus of care **(2)** • team working and patient safety **(1)** • communication with colleagues and cooperation **(2)** • relationships with patients and communications within a consultation **(2)** • communication and shared decision making **(2)** • time management and decision making **(1)** • leadership **(5)** • Interface and community based medicine **(1,2)** • underlying causes and comorbidities **(2)**
7. Delivering effective resuscitation, and managing the acutely deteriorating patient	• competence in assessment and resuscitation • able to promptly assess the acutely deteriorating patient, including those who are shocked or unconscious • effective participation in decision	• MCR • DOPS • ACAT • MSF • ALS certificate	• knowledge of emergency and common ('top') medical presentations and relevant system specific competencies **(2)** • team working and patient safety **(5)** • breaking bad news **(2)**

Competencies in practice (CiP) leading to a 'trusted decision'	Descriptors (key observable activities, tasks and behaviours)	Evidence	Relevant competencies from the current GIM & CMT mapped to GMC generic professional capabilities (domains)
	making with regard to resuscitation decisions	• Logbook of cases • Reflection • Simulation training with assessment (eg IMPACT)	• decision making and clinical reasoning **(1,7)** • principles of medical ethics and confidentiality **(1,3)** • legal framework for practice **(1,6)**
8. Managing end of life and palliative care skills	• demonstrates behaviour appropriately with regard to patients • demonstrates behaviour appropriately with regard to clinical and other professional colleagues • demonstrates effective consultation skills including challenging circumstances • delivers appropriate palliative care and end of life care	• MCR • CbD • Mini-CEX • MSF • ES report • MRCP • Regional teaching • Reflection • Attachment (2-4 weeks) in years 1-3 with assessment and certificate	• relationships with patients and communications within a consultation **(1)** • breaking bad news **(2)** • patient as a central focus of care **(2)** • decision making and clinical reasoning **(1,2)** • principles of medical ethics and confidentiality **(1, 3)** • personal and professional values and behaviours **(1)**
9. Is focussed on patient safety and delivers effective quality improvement in patient care	• raises concerns including errors, serious incidents and adverse events (including 'never events') • shares good practice appropriately • demonstrates the delivery of quality improvement	• MCR • QIPAT / AA • CbD • Mini-CEX • MSF • TO • ES report • Participation in / leading QI project • Reflection on complaints and compliments	• quality improvement including audit, evidence and guidelines **(3,4,6)** • using medical devices safely **(2,6)** • principles of quality and safety improvement **(1,6)** • prioritisation of patient safety in clinical practice **(1,2,3,6)** • patient as the central focus of care **(1)** • team working and patient safety **(2,5)**

Competencies in practice (CiP) leading to a 'trusted decision'	Descriptors (key observable activities, tasks and behaviours)	Evidence	Relevant competencies from the current GIM & CMT mapped to GMC generic professional capabilities (domains)
		• Record of attendance at clinical governance meetings and committees	
10. Carrying out research and managing data appropriately	• demonstrates behaviour appropriately with regard to managing clinical information/data • demonstrates understanding of principles of research and academic writing • demonstrates ability to carry out critical appraisal of the literature • understanding of public health epidemiology and global health patterns • Follows guidelines on ethical conduct in research and consent for research	• MCR • GPC certificate • Attendance at regional teaching • QI project / critical analysis of data • Poster presentations • Journal club reports • Higher degrees • Supervision of trainee undertaking a project	• ethical research **(1,7,9)** • evidence and guidelines **(1,7,9)**
11. Acting as a clinical teacher and clinical supervisor	• ability and experience of teaching and training medical students, junior doctors and other health care professionals including: - delivering teaching and training sessions - effective assessment of performance - giving effective feedback • able to supervise less experienced	• MCR • MSF • TO • Observe undertaking a mini-CEX on a trainee	• teaching and training **(8)**

Competencies in practice (CiP) leading to a 'trusted decision'	Descriptors (key observable activities, tasks and behaviours)	Evidence	Relevant competencies from the current GIM & CMT mapped to GMC generic professional capabilities (domains)
	trainees in their clinical assessment and management of patients • able to supervise less experienced trainees in carrying out appropriate practical procedures • able to act a Clinical Supervisor to the standard required by the GMC		
12. Dealing with ethical and legal issues related to specialty clinical practice	• demonstrates behaviour with regard to professional regulatory bodies • remains up to date and fit to practise • demonstrates ability to offer apology or explanation when appropriate • understands the safeguarding of vulnerable groups • demonstrates ability to lead the clinical team in ensuring that medical legal factors are considered openly and consistently	• MCR • CbD • DOPS • Mini-CEX • MSF • ES report • MRCP • Reflective writing • ALS certificate • End of life care and capacity assessment • E-learning / course with assessment	• safeguarding **(2,3,7)** • decision making and clinical reasoning **(1,2)** • legal framework for practice **(1,3)** • principles of medical ethics and confidentiality **(1,3)** • evidence and guidelines **(1,3)** • patient safety **(1,3,6)**
13. The ability to successfully function within NHS organisational and management systems	• demonstrates behaviour appropriately with regard to managers and to management requests • demonstrates ability to respond appropriately to complaints • demonstrates effective clinical leadership • demonstrates promotion of an open and transparent culture	• MCR • QIPAT / AA • MSF • CbD • Lead role in governance structures • Management course with practical application observed	• leadership **(5)** • personal and professional values and behaviours **(1)** • working in an appropriate clinical governance framework **(1,3,6)** • management, NHS structure, the independent sector and the communities they serve **(3, 4)** • evidence and guidelines **(3,2,6)** • valid consent **(2)** • complaints and medical error **(1)**

Competencies in practice (CiP) leading to a 'trusted decision'	Descriptors (key observable activities, tasks and behaviours)	Evidence	Relevant competencies from the current GIM & CMT mapped to GMC generic professional capabilities (domains)
			• communication with colleagues and cooperation **(2)** • infection control **(1)** • principles of quality, safety improvement (patient safety) **(1,6)** • legislation **(3)** • self-learning **(3,6)** • revalidation **(3,6)**
14. Competent in all procedural skills for internal medicine as defined by the curriculum	• Able to outline the indications for the procedures and take consent • Evidence of aseptic technique and safe use of analgesia and local anaesthetics • Evidence of safe learning in clinical skills lab/simulation before performing procedures clinically	• MCR • DOPS	• procedural competencies **(1)** • team working and patient safety **(5)** • communication and shared decision making **(2)** • legal framework for practice **(3)**

KEY

AA	Audit assessment	ACAT	Acute care assessment tool
ALS	Advanced Life Support	CbD	Case-based discussion
ES	Educational supervisor	GCP	Good Clinical Practice
IMPACT	Ill Medical Patients' Acute Care and Treatment	MCR	Multiple consultant report
Mini-CEX	Mini-clinical evaluation exercise	MRCP	Membership of the Royal Colleges of Physicians
MSF	Multi source feedback	QI / QIPAT	Quality improvement / quality improvement project assessment tool
TO	Teaching observation		

APPENDIX 3: OUTLINE GRID OF THE PROPOSED INTERNAL MEDICINE CURRICULUM

		SELECTION				PYA		
		Internal Medicine			Internal Medicine + Specialty			
Training level		**ST1**	**ST2**	**ST3**	**ST4**	**ST5**	**ST6**	**ST7**
Focus		**Inpatients**	**Ambulatory care/OPD**	**Acute care**	**SPECIALTY**			
Level to be achieved by end of training year: Level 2: Acting with direct supervision, Level 3: Acting with supervision available quickly, Level 4: Acting unsupervised (but still with consultant oversight)								
1.	Managing acute unselected take	**2**		**3**			**4**	
2.	Managing an acute specialty-related take	**2**			**3**		**4**	
3.	Providing continuity of care to medical in-patients	**2**	**3**				**4**	
4.	Managing outpatients with long term conditions		**2**		**3**		**4**	
5.	Managing medical problems in patients in other specialties and special cases	**2**		**3**			**4**	
6.	Managing an MDT including discharge planning	**2**		**3**			**4**	
7.	Delivering effective resuscitation and managing the deteriorating patient	**2**	**3**	**4**				
8.	Managing end of life and palliative care skills	**2**	**3**	**4**				
9.	Delivering effective quality improvements in patient care	**2**	**3**				**4**	
10.	Carrying out research and managing data appropriately			**2**		**3**		**4**
11.	Acting as a clinical teacher and clinical supervisor	**2**		**3**				**4**
12.	Dealing with ethico-legal issues	**2**	**3**					**4**
13.	Working with NHS systems		**2**	**3**			**4**	
14.	Achieving procedural skills	**2**	**3**	**4**				

Learning should include:	Minimum 4/12 Geriatrics 12/12 acute take (Year 3) Minimum 4/12 AMU Minimum 4/12 ITU/HDU Minimum 100 clinics (at least 40 in year 2), can be community based Clinical improvement project	Minimum of 1 year of contributing to acute take (unselected or within specialty) with ongoing in-patient responsibility. Minimum of 3/12 in final year Outpatient clinics in one of more specialties other than main specialty Clinical improvement project
Assessment must include:	MRCP(UK)	Evidence of generic capabilities and internal medicine within 2 years of CST SCE/KBA in main specialty