Joint Royal Colleges of Physicians Training Board (JRCPTB)
Internal Medicine stage 1 curriculum

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Why change?

- Shape of Training (plus future hospital/Francis etc)
- Generic Professional Capabilities
- Trainee/trainer dissatisfaction
    - “Who wants to be a registrar”?
    - Tick box mentality
- Changing service pressures
    - Demography of staff
    - Demography/casemix of patients

Key changes

- supported transition to the medical registrar role
- a more structured programme with mandatory training elements
- longer placements in internal medicine year 3 (IMY3) to provide more continuity in training
- simulation based learning
- a programme of assessment which is holistic and intuitive
- additional time in which to gain MRCP(UK) if needed

What has not changed

- Good supervisory practice
- Annual Review of Competence Progression (ARCP) process
- Supervised learning events (SLEs) and workplace based assessment (WPBAs)
- MRCP(UK)

Mandatory training requirements

- Acute care: Trainees should be actively involved in the care of at least 500 patients (main focus in IMY3)
- Inpatients: Trainees should be involved in the day-to-day management of acutely unwell medical inpatients for at least 24 months of IM stage 1
- Outpatients: Trainees should be actively involved in a minimum of 80 clinics during IM stage 1
- Simulation: Practical procedures and human factors

Critical care

- Trainees should have significant experience of critical care (ICU or level 2 HDU)
- Flexibility in how this is delivered, so long as educational objectives are met
- Minimum 10 week placement of critical care over the 3 years in no more than two separate blocks
- Ideally 3 month attachment to ICU/HDU

Capabilities in practice

- Capabilities in practice (CiPs) describe the professional tasks or work within the scope of internal medicine
- They utilise professional judgement of appropriately trained, expert assessors
- A defensible way of forming global judgements of professional performance

IM stage 1 CiPs

There are a total of 14 capabilities in practice (CiPs) which are the learning outcomes for internal medicine stage 1. Each CiP has:

- descriptors
- expected levels of performance
- relevant Generic Professional Capabilities (GPCs)
- evidence that may be used to inform entrustment decisions

Programme of assessment

- The programme of assessment emphasises the importance and centrality of professional judgement in making sure learners have met the learning outcomes and expected levels of performance
- WPBAs
- MRCP(UK)

Educational supervisor judgements

- For clinical CiPs, the educational supervisor will make an entrustment decision for each CiP and record the indicated level of supervision required with detailed comments to justify their entrustment decisions
- The educational supervisors base their entrustment decisions primarily on the MCR, and also on the evidence within the trainee's ePortfolio (eg MSF, WPBA, SLEs)

Level descriptors for clinical CiPs

Level 1	**Entrusted to observe only** – no provision of clinical care
Level 2	**Entrusted to act with direct supervision**: The trainee may provide clinical care, but the supervising physician is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision
Level 3	**Entrusted to act with indirect supervision**: The trainee may provide clinical care when the supervising physician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at the bedside if required to provide direct supervision
Level 4	**Entrusted to act unsupervised**

End of training year assessment

Towards the end of the training year:

- trainees make a self-assessment of their progression for each CiP and record this in the ePortfolio
- educational supervisors review the evidence in the ePortfolio, including workplace based assessments, feedback received from clinical supervisors and the trainee's self-assessment

Critical progression point - end of IMY2

- At this stage the trainee will be ‘stepping up’ to become the medical registrar and it is essential that supervisors are confident that the trainee has the ability to perform in this role
- The ARCP at the end of IMY2 will play an important role in determining individualised, supportive plans for transition to the medical registrar role
- Some trainees may require a period of time in a supportive training environment with the supervising physician readily available

ePortfolio developments

- Curriculum and rating of CiPs
- MCR aligned to CiPs
- ESR aligned to CiPs and new functionality
- No distinction between potentially life threatening and routine DOPS
- Online form for recording clinical activity
- Display of summary of progression mapped to ARCP decision aid

End of presentation

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