IM stage 1 curriculum – teaching toolkit

The internal medicine stage 1 curriculum
Curriculum components

The curriculum has been split into 9 key areas:

1. introduction
2. purpose
3. content of learning
4. learning and teaching
5. programme of assessment
6. supervision and feedback
7. quality management
8. intended use of curriculum by trainers and trainees
9. equality and diversity
The internal medicine stage 1 curriculum

Key changes

Internal medicine stage 1 is a three year programme which will deliver the following improvements:

- supported transition to the medical registrar role
- a more structured programme with mandatory training in geriatric medicine, critical care and outpatients
- 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
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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)
The internal medicine stage 1 curriculum

Training pathway

- The specialties have been split into two groups which follow different training pathways

**Group 1**
- Dual training with Internal Medicine

**Group 2**
- Single CCT
The internal medicine stage 1 curriculum

**Group 1 specialties**
- Acute Internal Medicine
- Cardiology
- Clinical Pharmacology & Therapeutics
- Endocrinology & Diabetes Mellitus
- Gastroenterology
- Genitourinary Medicine
- Geriatric Medicine
- Infectious Diseases (except when dual with Medical Microbiology or Virology)
- Neurology
- Palliative Medicine
- Renal Medicine
- Respiratory Medicine
- Rheumatology

**Group 2 specialties**
- Allergy
- Audio vestibular Medicine
- Aviation & Space Medicine
- Clinical Genetics
- Clinical Neurophysiology
- Dermatology
- Haematology
- Immunology
- Infectious Diseases (when dual with Medical Microbiology or Virology)
- Medical Oncology
- Medical Ophthalmology
- Nuclear Medicine
- Paediatric Cardiology
- Pharmaceutical Medicine
- Rehabilitation Medicine
- Sport and Exercise Medicine
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Model for physician training - Group 1 specialties (dual CCT)

- Foundation training (2 years)
- Internal medicine stage 1 training (3 years)
- Speciality and internal medicine stage 2 training (indicative 4 years)
- MRCP (UK)
- SCE/KBA
- Workplace-based assessment
- Post-CCT credentialing
- CPD
The internal medicine stage 1 curriculum

Model for physician training - Group 2 specialties (single CCT)

- Foundation training (2 years)
- Internal medicine stage 1 training (2 years)
- Speciality training (indicative 4 years)
- Post-CCT credentialing
- CPD
- Workplace-based assessment

- MRCP (UK)
- SCE/KBA

Selection

Specialist certification
GMC Generic Professional Capabilities framework
Generic Professional Capabilities (GPCs)

- GPCs are the interdependent essential capabilities that underpin professional medical practice in the UK

- [The GPC framework](#) was published in May 2017, to be implemented across all postgraduate curricula by 2020

- The framework is relevant at all stages of medical education, training, and practice and all domains are identifiable within the internal medicine curriculum
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The GPC framework has three fundamental domains:

- professional knowledge
- professional skills
- professional values and behaviours
And six targeted domains:

- health promotion and illness prevention
- leadership and team working
- patient safety and quality improvement
- safeguarding vulnerable groups
- education and training
- research and scholarship
Why do we need GPCs?

- GMC ‘fitness to practise’ data – shows most concerns about doctors’ performance fall into one or more of the domains

- Patient safety inquiries – major deficits in these basic areas of professional practice have been identified
What does this mean for doctors in training?

- Doctors in training need to demonstrate that they have the necessary generic professional capabilities needed to provide safe, effective and high quality medical care in the UK.
The internal medicine stage 1 curriculum

GPCs and the IM stage 1 curriculum

- The GPC domain outcomes have been integrated into the IM stage 1 curriculum components
- The domains are mapped to each of the generic and clinical capabilities in practice (CiPs)
- Trainees must demonstrate these core professional capabilities at every stage of training as part of the holistic development of responsible professionals
GPCs and the IM stage 1 curriculum

This integrated approach will:

- allow early detection of issues (associated with fitness to practise)
- minimise the possibility that concerns are identified during final phases of training
- support trainees in their holistic development as a safe, effective clinician
Acute General Medical Take CiP

Some IM2s will have this CiP, but not MRCP
About 75% will have this CiP and MRCP
About 15% will have this CiP but not MRCP (outcome 2 ARCP)
About 5% will have MRCP, but not this CiP (outcome 2 or 3)
About 5% will have neither this CiP nor MRCP (outcome 3)
Stage 1 learning and teaching

IM Stage 1 curriculum – teaching toolkit
Learning and teaching

- The training requirements for each indicative year of training are summarised in the internal medicine stage 1 Annual Review of Competence Progression (ARCP) decision aid
Learning and teaching

The following provides a guide on how training programmes could be focused in each training year in order for trainees to gain experience and develop the capabilities to the level required.

<table>
<thead>
<tr>
<th>Training year</th>
<th>Focus of training placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal medicine year 1 (IMY1)</td>
<td>Assessment of the acutely ill patient and the management of the acute medical intake of patients</td>
</tr>
<tr>
<td>Internal medicine year 2 (IMY2)</td>
<td>Experience in out-patient clinics</td>
</tr>
<tr>
<td>Internal medicine year 3 (IMY3)</td>
<td>Primarily involved in the acute take and functioning as the ‘medical registrar’</td>
</tr>
</tbody>
</table>
The internal medicine stage 1 curriculum

Acute take

- Trainees should be involved in the acute unselected medical take in each year of IM stage 1 (main focus in IMY3)
- Should be actively involved in the care of at least 500 patients by the end of IM stage 1
Inpatients

- Trainees should be involved in the day-to-day management of acutely unwell medical inpatients for at least 24 months of the IM stage 1 training programme.
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Outpatients

- Trainees should be actively involved in a minimum of 80 clinics over the IM stage 1 training programme
- It is accepted that there may be some attachments (eg, ICU, acute medicine) where there is little scope to attend out-patient clinics
- The curriculum provides a definition of clinics and guidance on the educational objectives to be achieved within this setting
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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
Simulation training

- Simulation training is featured throughout the IM stage 1 curriculum
- All practical procedures should be taught by simulation as early as possible
- Human factors and scenarios training to be carried out in either IMY1 or IMY2
Presentations and conditions of internal medicine by system/specialty can be found in the IM stage 1 curriculum.
The internal medicine stage 1 curriculum

Teaching and learning methods

- The curriculum identifies the types of situations in which a trainee will learn. Specific guidance and suggested activities are included within the IM stage 1 curriculum.
IM stage 1 curriculum – teaching toolkit

Capabilities in practice
Capabilities in practice

• Capabilities in practice (CiPs) describe the professional tasks or work within the scope of internal medicine

• CiPs are based on the format of entrustable professional activities

• They utilise professional judgement of appropriately trained, expert assessors (clinical and educational supervisors), as a key aspect of the validity of assessment

• A defensible way of forming global judgements of professional performance
Capabilities in practice and internal medicine stage 1

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

Each CiP is further broken down into:

- descriptors
- the expected levels of performance
- how the CiP is mapped to the relevant Generic Professional Capabilities (GPC)
- the evidence that may be used to inform entrustment decisions
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Capabilities in practice descriptors

- Each CiP has a set of descriptors associated with that activity or task
- These descriptors indicate the minimum level of knowledge, skills and attitudes which should be demonstrated by stage 1 internal medicine doctors
- The descriptors are not a comprehensive list and there are many more examples that would provide equally valid evidence of performance
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Capabilities in practice and internal medicine stage 1

The 14 CiPs are grouped into two categories

**Generic CiPs**
Covering the universal requirements of all specialties as described in Good Medical Practice (GMP) and Generic Professional Capabilities (GPC) frameworks

**Clinical CiPs**
Covering the clinical tasks or activities which are essential to the practice of internal medicine
The six generic capabilities in practice

1. The ability to successfully function within NHS organisational and management systems
2. Able to deal with ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Is focussed on patient safety and delivers effective quality improvement in patient care
5. Carrying out research and managing data appropriately
6. Acting as a clinical teacher and clinical supervisor
The internal medicine stage 1 curriculum

The eight clinical capabilities in practice:

1. Managing an acute unselected take
2. Managing an acute specialty-related take
3. Providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment
4. Managing patients in an outpatient clinic, ambulatory or community setting (including management of long term conditions)
5. Managing problems in patients in other specialties and special cases
6. Managing a multi-disciplinary team including effective discharge planning
7. Delivering effective resuscitation and managing acutely deteriorating patient
8. Managing end of life and applying palliative care skills
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Capabilities in practice – an example

<table>
<thead>
<tr>
<th>CiP 1. Able to function successfully within NHS organisational and management systems</th>
</tr>
</thead>
</table>
| **Descriptors** | Aware of and adheres to the GMC professional requirements  
Aware of public health issues including population health, social detriments of health and global health perspectives  
Demonstrates effective clinical leadership  
Demonstrates promotion of an open and transparent culture  
Keeps practice up to date through learning and teaching  
Demonstrates engagement in career planning  
Demonstrates capabilities in dealing with complexity and uncertainty  
Aware of the role of and processes for commissioning  
Aware of the need to use resources wisely |
## The internal medicine stage 1 curriculum

### Capabilities in practice – an example

<table>
<thead>
<tr>
<th>CiP 1. Able to function successfully within NHS organisational and management systems</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GPCs</strong></td>
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<tr>
<td><strong>Evidence to inform decision</strong></td>
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</tbody>
</table>
The internal medicine stage 1 curriculum

Capabilities in practice

- In order to complete training and be recommended to the GMC for the award of CCT and entry to the specialist register, the doctor must demonstrate that they are capable of unsupervised practice in all generic and clinical CiPs
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Programme of assessment

The programme of assessment for Internal Medicine stage 1 refers to the integrated framework of:

- MRCP(UK)
- assessments in the workplace (both formative and summative)
- judgements made about a learner during their approved programme of training
Programme of assessment

• The programme of assessment includes how professional judgements are used and collated to support decisions on progression and satisfactory completion of training

• 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

• Assessors make accountable professional judgements
Assessment of capabilities in practice

- Assessing CiPs involves looking across a range of different skills and behaviours to make global decisions about a learner’s suitability to take on particular responsibilities or tasks.
- Clinical supervisors provide vital feedback on trainee performance throughout the training year.
- This important feedback, along with that from others who contribute to assessments, support the educational supervisor to make CiP entrustment decisions.
Global assessment anchor statements

- Feedback will include a global rating in order to indicate to the trainee and their educational supervisor how they are progressing.
- Supervised learning events, workplace based assessments, and multiple consultant reports include global assessment anchor statements.

<table>
<thead>
<tr>
<th>Rating Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below expectations for this year of training</td>
<td>May not meet the requirement for critical progression point</td>
</tr>
<tr>
<td>Meeting expectations for this year of training</td>
<td>Expected to progress to next stage of training</td>
</tr>
<tr>
<td>Above expectations for this year of training</td>
<td>Expected to progress to next stage of training</td>
</tr>
</tbody>
</table>
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 – with signposting to the evidence to support their rating

- educational supervisors review the evidence in the ePortfolio, including workplace based assessments, feedback received from clinical supervisors (via the MCR) and the trainee’s self-assessment
Multiple Consultant Report

- This form is designed to help to capture the opinions of consultants who have supervised the trainee in a clinical setting.
- The MCR should be completed within three months of the end of placement.
- Respondents should provide feedback on the doctor in training’s progress, using global anchor statements, against the CiPs.
- It may not be possible to complete all domains, but respondents are encouraged to complete assessments for all CiPs that are relevant to the supervision of the trainee for that particular placement.
Multiple Consultant Reports

- The multiple consultant reports are vitally important in supporting educational supervisor judgements
- Detailed comments must be given to support any rating of below expectations
- Comments are encouraged for all other ratings, particularly to inform areas of excellence
End of training year assessment – educational supervisor report

- Educational supervisors record their judgement on the trainee’s performance in the educational supervisor report, with commentary.
Educational supervisor judgements

- For generic CiPs the educational supervisor will indicate whether the trainee is meeting expectations or not, using the global anchor statements:

  - Below expectations for this year of training; may not meet the requirement for critical progression point
  - Meeting expectations for this year of training; expected to progress to next stage of training
  - Above expectations for this year of training; expected to progress to next stage of training

- Trainees will need to be meeting expectations for the state of training as a minimum to progress to the next training year.
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).
## The internal medicine stage 1 curriculum

### Level descriptors for clinical CiPs

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td><strong>Entrusted to observe only</strong> – no provision of clinical care</td>
</tr>
<tr>
<td>Level 2</td>
<td><strong>Entrusted to act with direct supervision</strong>: 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</td>
</tr>
<tr>
<td>Level 3</td>
<td><strong>Entrusted to act with indirect supervision</strong>: 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</td>
</tr>
<tr>
<td>Level 4</td>
<td><strong>Entrusted to act unsupervised</strong></td>
</tr>
</tbody>
</table>
The internal medicine stage 1 curriculum

Annual Review of Competence Progression (ARCP)

- The ARCP will be informed by the educational supervisor report and the evidence presented in the ePortfolio.
- The ARCP panel make the final summative judgement on whether the trainee has achieved the generic outcomes and is capable of performing at the designated level of supervision for each clinical CiP.
- The ARCP panel will determine whether the trainee can progress in accordance with The Gold Guide.
The internal medicine stage 1 curriculum

Evidence of progress

- The internal medicine stage 1 curriculum details the methods of assessment that could provide evidence of progress in the integrated programme of assessment
- The requirements for each training year are stipulated in the ARCP decision aid
Critical progression points
The internal medicine stage 1 curriculum

Critical progression points

There are two important progression points during Internal Medicine stage 1 training:

- End of IMY2
- End of IMY3
IMY2

- At this stage the trainee will be ‘stepping up’ to become the medical registrar
- 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.
MRCP(UK) and IMY2

- MRCP(UK) part one should be achieved by the end of IMY1
- All parts of MRCP(UK) should be achieved by the end of IMY2
- Failure to pass full MRCP by the end of IMY2 will result in an ARCP outcome 2
- Passing MRCP(UK) is neither necessary nor sufficient to act as medical registrar. If a trainee holds MRCP(UK) by the end of IMY2 but in the opinion of their supervisors are not capable of acting as medical registrar, they should not progress or should only do so with enhanced supervision
The internal medicine stage 1 curriculum

IMY3

- The trainee must be signed off for all generic and clinical outcomes and practical procedures
- The trainee must complete all parts of MRCP(UK)
- A satisfactory ARCP outcome will be required for entry to specialty training and further Internal Medicine training
- The educational supervisor report will make a recommendation to the ARCP panel as to whether the trainee has met the defined levels for the CiPs and acquired the procedural competence required for each year of training
# The Internal Medicine Stage 1 Curriculum

## Multiple Consultant Report (MCR) - Internal Medicine Training (IMT)

<table>
<thead>
<tr>
<th>Trainee Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee GMC member</td>
<td></td>
</tr>
<tr>
<td>Specialty</td>
<td></td>
</tr>
<tr>
<td>Please state the nature and frequency of your clinical interaction with this trainee (e.g. weekly CPD link)</td>
<td></td>
</tr>
<tr>
<td>Supervisor Name</td>
<td></td>
</tr>
<tr>
<td>Period covered by this report</td>
<td></td>
</tr>
<tr>
<td>Grade</td>
<td></td>
</tr>
</tbody>
</table>

### Guidance notes

This form is designed to help capture the opinions of consultants who have supervised the trainee in a clinical setting. The MCR should be completed within three months of the end of placement. Respondents should provide feedback on the trainee's progress against the capabilities in practice (CPs) listed below. Please refer to the IMT ARCP decision aid and grid of expected levels and the anchor statements provided when completing the form. Detailed comments should be given to support any rating of ‘below expectations’. Comments are encouraged (but not mandated) for all assessments, especially to celebrate excellence in those performing above expectation. It may not be possible to complete all domains, but please try to respond to all that are relevant to your supervision of the trainee.

Trainees should agree appropriate MCR respondents with their Educational Supervisor. Four MCRs are required as a minimum for each training year. The responses given will contribute to the Educational Supervisor's report and ARCP process as well as providing feedback to trainees on their performance.

### Author statements

- Below expectations for this year of training; may not meet the requirements for critical progression point
- Meeting expectations for this year of training; expected to progress to next stage of training
- Above expectations for this year of training; expected to progress to next stage of training

### Generic CPs

1. Able to function successfully within NHS organisational and management systems
   - Demonstrates capability in dealing with complexity and uncertainty
   - Awareness of the role and processes for commissioning
   - Awareness of the need to use resources wisely

2. Able to deal with ethical and legal issues related to clinical practice
   - Awareness of national legislation and legal responsibilities, including safeguarding vulnerable groups
   - Behaves in accordance with ethical and legal requirements
   - Demonstrates ability to offer apology or explanation when appropriate
   - Demonstrates ability to lead the clinical team in ensuring that medical legal factors are considered openly and consistently

3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
   - Communicates clearly with patients and other healthcare professionals
   - Communicates effectively with clinical and other professional colleagues
   - Identifies and manages barriers to communication (e.g., cognitive impairment, speech and language problems, capacity issues)
   - Demonstrates effective consultation skills including effective verbal and non-verbal interpersonal skills
   - Shares decision making by informing the patient, prioritising the patient's wishes, and respecting the patient's beliefs, concerns and expectations
   - Shares decision making with children and young people
   - Applies management and team working skills appropriately, including influencing, negotiating, re-assessing priorities and effectively managing complex, dynamic situations

4. Is focused on patient safety and delivers effective quality improvement in patient care
   - Makes patients safety a priority in clinical practice
   - Raises and resolves concerns where there are issues with patient safety or quality of care
   - Demonstrates commitment to learning from patient safety investigations and complaints
   - Shares good practice appropriately

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[Logos of the Royal College of Physicians of Edinburgh and Royal College of Physicians and Surgeons of Glasgow]
The internal medicine stage 1 curriculum

1. Managing an acute unscheduled take

- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient-centred care including shared decision making
- Takes a relevant patient history, including patient symptoms, concerns, priorities and preferences
- Performs accurate clinical examinations
- Shows appropriate clinical reasoning by analysing physical and psychological findings
- Formulates an appropriate differential diagnosis
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences and the urgency required
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
- Appropriately selects, manages and interprets investigations
- Recognises need to liaise with specialty services and refers where appropriate

<table>
<thead>
<tr>
<th>Below expectations for this year of training</th>
<th>Meets expectations for this year of training</th>
<th>Above expectations for this year of training</th>
<th>Not observed</th>
</tr>
</thead>
</table>

Please provide comments to justify your rating and identify any areas of concern or excellence.

2. Managing an acute specialty-related take

- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient-centred care including shared decision making
- Takes a relevant patient history, including patient symptoms, concerns, priorities and preferences
- Performs accurate clinical examinations
- Shows appropriate clinical reasoning by analysing physical and psychological findings
- Formulates an appropriate differential diagnosis
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences and the urgency required
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
- Appropriately selects, manages and interprets investigations
- Demonstrates appropriate continuing management of acute medical illness in patients admitted to hospital on...
## The internal medicine stage 1 curriculum

### 3. Providing continuity of care to medical inpatients, including management of comorbidities and cognitive impairment

<table>
<thead>
<tr>
<th>Below expectations for this year of training</th>
<th>Meets expectations for this year of training</th>
<th>Above expectations for this year of training</th>
<th>Not observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates professional behaviour with regard to patients, carers, colleagues and others</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Delivers patient-centred care including shared decision making</td>
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<td></td>
</tr>
<tr>
<td>Demonstrates effective consultation skills</td>
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<td></td>
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</tr>
<tr>
<td>Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues</td>
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<td></td>
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</tr>
<tr>
<td>Demonstrates appropriate continuing management of acute medical illness in patients admitted to hospital on an acute unselected take or selected take</td>
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</tr>
<tr>
<td>Recognises the need to falsify specialist services and refers where appropriate Appropriate manages comorbidities in medical inpatients (unselected take or selected acute take or specialty admissions)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Demonstrates awareness of the quality of patient experience</td>
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</tbody>
</table>

Please provide comments to justify your rating and identify any areas of concern or excellence.

### 5. Managing medical problems in patients in other specialties and special cases

<table>
<thead>
<tr>
<th>Below expectations for this year of training</th>
<th>Meets expectations for this year of training</th>
<th>Above expectations for this year of training</th>
<th>Not observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates effective consultation skills (including when in challenging circumstances)</td>
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<tr>
<td>Demonstrates management of medical problems in patients under the care of other specialties</td>
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</tr>
<tr>
<td>Demonstrates appropriate and timely liaison with other medical specialty services when required</td>
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</table>

Please provide comments to justify your rating and identify any areas of concern or excellence.

### 6. Managing an MDT including discharge planning

<table>
<thead>
<tr>
<th>Below expectations for this year of training</th>
<th>Meets expectations for this year of training</th>
<th>Above expectations for this year of training</th>
<th>Not observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies management and team working skills appropriately, including influencing, negotiating, continuously reassessing priorities and effectively managing complex, dynamic situations</td>
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<tr>
<td>Ensures continuity and coordination of patient care through the appropriate transfer of information demonstrating safe and effective handover</td>
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<tr>
<td>Effectively estimates length of stay</td>
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<tr>
<td>Delivers patient-centred care including shared decision making</td>
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<tr>
<td>Identifies appropriate discharge plan</td>
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<tr>
<td>Recognises the importance of prompt and accurate information sharing with primary care team following hospital discharge</td>
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</tbody>
</table>

Please provide comments to justify your rating and identify any areas of concern or excellence.

### 7. Delivering effective resuscitation and managing the deteriorating patient

<table>
<thead>
<tr>
<th>Below expectations for this year of training</th>
<th>Meets expectations for this year of training</th>
<th>Above expectations for this year of training</th>
<th>Not observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates prompt assessment of the acutely deteriorating patient, including those who are shocked or unconscious</td>
<td></td>
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<tr>
<td>Demonstrates the professional requirements and legal processes associated with consent for resuscitation</td>
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<tr>
<td>Participates effectively in decision making with regard to resuscitation decisions, including decisions not to attempt CPR, and involves patients and their families</td>
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<tr>
<td>Demonstrates competence in carrying out resuscitation</td>
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</tbody>
</table>

Please provide comments to justify your rating and identify any areas of concern or excellence.

### 8. Managing end of life and applying palliative care skills

<table>
<thead>
<tr>
<th>Below expectations for this year of training</th>
<th>Meets expectations for this year of training</th>
<th>Above expectations for this year of training</th>
<th>Not observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide comments to justify your rating and identify any areas of concern or excellence.
The internal medicine stage 1 curriculum

- Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing at end of life
- Demonstrates safe and effective use of syringe pumps in the palliative care population
- Able to manage non complex symptom control including pain
- Facilitates referrals to specialist palliative care across all settings
- Demonstrates effective consultation skills in challenging circumstances
- Demonstrates compassionate, professional behaviour and clinical judgement

<table>
<thead>
<tr>
<th>Below expectations for this year of training</th>
<th>Meets expectations for this year of training</th>
<th>Above expectations for this year of training</th>
<th>Not observed</th>
</tr>
</thead>
</table>

Please provide comments to justify your rating and identify any areas of concern or excellence

---

**Overall summary of performance**

**Do you have any concerns about the trainee’s honesty, probity and health?**
- Yes / No

**If yes, please provide details**

**Have you received any compliments, comments or concerns from patients or staff?**
- Yes / No

**If yes, have you shared them or any other concerns with the trainees? What was the outcome?**

**Is the trainee’s overall performance at the level expected for their stage of training?**
- Yes / No

**Comments. Please specify any suggested areas for development**

---

**Signed**

**Date**
The internal medicine stage 1 curriculum

Educational Supervisor Report – Internal Medicine Training (IMT)

<table>
<thead>
<tr>
<th>Trainee Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee GMC number</td>
<td></td>
</tr>
<tr>
<td>Specialty</td>
<td></td>
</tr>
<tr>
<td>Supervisor Name</td>
<td></td>
</tr>
<tr>
<td>Period covered by this report</td>
<td></td>
</tr>
<tr>
<td>Grade</td>
<td></td>
</tr>
</tbody>
</table>

Guidance notes

Please use this form to record your judgement on the trainee's progress. Your decisions should be based on the portfolio evidence reviewed including the trainee’s self-ratings, feedback from supervisors (MCRs and informal intelligence) and your direct observation of the trainee. The curriculum provides guidance on the types of evidence which might be used to help inform your judgement but please note that not every category of evidence needs to be provided for every judgement nor does every descriptor need to be met; these are suggestions to guide your overall assessment. Please refer to the IMT ARCP decision aid for guidance on what is expected in each training year for a satisfactory outcome.

The purpose of this report is to
- Promote patient safety
- Provide appropriate feedback for the trainee
- Assist the ARCP panel to make their final summative judgement

Generic CIPs

Please rate the trainee's progress against each CIP in the curriculum using the anchor statements. Detailed comments MUST be given to support any rating of 'below expectation.' Comments are encouraged (but not mandated) for all ratings, especially to highlight excellence in those performing above expectation.

Anchor statements for generic CIPs

Below expectations for this year of training: may not meet the requirements for critical progression point
Meeting expectations for this year of training: expected to progress to next stage of training
Above expectations for this year of training: expected to progress to next stage of training

Generic CIPs

1. Able to function successfully within NTS organisational and management systems
- Aware of and adheres to the GMC professional requirements
- Aware of public health issues including population health, social determinants of health and global health perspectives

2. Able to deal with ethical and legal issues related to clinical practice
- Aware of national legislation and legal responsibilities, including safeguarding vulnerable groups
- Behaves in accordance with ethical and legal requirements
- Demonstrates ability to offer apology or explanation when appropriate
- Demonstrates ability to lead the clinical team in ensuring that medical/legal factors are considered openly and consistently

3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
- Communicates clearly with patients and carers in a variety of settings
- Communicates effectively with clinical and other professional colleagues
- Identifies and manages barriers to communication (e.g., cognitive impairment, speech and hearing problems, capacity issues)
- Demonstrates effective consultation skills including effective verbal and nonverbal interpersonal skills
- Shares decision making by informing the patient, prioritizing the patient's wishes, and respecting the patient's beliefs, concerns and expectations
- Shares decision making with children and young people
- Applies management and team working skills appropriately, including influencing, negotiating, re-assessing priorities and effectively managing complex, dynamic situations

Please provide comments to justify your rating and identify any areas of concern or excellence.
The internal medicine stage 1 curriculum

4. Is focussed on patient safety and delivers effective quality improvement in patient care
   - Makes patient safety a priority in clinical practice
   - Responds and escalated concerns where there is an issue with patient safety or quality of care
   - Demonstrates commitment to learning from patient safety investigations and complaints
   - Shares good practice appropriately
   - Contributes to and delivers quality improvement
   - Understands basic human factors principles and practice at individual, team, organisational and system levels
   - Understands the importance of non-technical skills and crisis resource management
   - Recognises and works within limit of personal competence
   - Avoids ordering unnecessary investigations or prescribing poorly evidenced treatments

Below expectations for this year of training
Meets expectations for this year of training
Above expectations for this year of training
Not observed

Please provide comments to justify your rating and identify any areas of concern or excellence.

5. Carrying out research and managing data appropriately
   - Manages clinical information/data appropriately
   - Understands principles of research and evidence-based practice
   - Demonstrates ability to carry out critical appraisal of the literature
   - Understands the role of evidence in clinical practice and demonstrates shared decision-making with patients
   - Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry
   - Has demonstrated appropriate knowledge of research principles and concepts and the translation of research into practice
   - Follows guidelines on ethical conduct research and consent for research
   - Understands public health epidemiology and global health patterns
   - Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate

Below expectations for this year of training
Meets expectations for this year of training
Above expectations for this year of training
Not observed

Please provide comments to justify your rating and identify any areas of concern or excellence. You should include reference to any relevant research activity.

6. Acting as a clinical teacher and clinical supervisor
   - Delivers effective teaching and training to medical students, junior doctors and other healthcare professionals, including:
   - Deliver effective feedback with action plan
   - Able to supervise less experienced trainees in their clinical assessment and management of patients

Clinical CIPs

- Able to undertake less experienced trainees in carrying out appropriate practical procedures
- Able to act as a clinical supervisor to doctors in earlier stages of training

Below expectations for this year of training
Meets expectations for this year of training
Above expectations for this year of training
Not observed

Please provide comments to justify your rating and identify any areas of concern or excellence. Please refer to any notable teaching activity delivered by the trainee.

Clinical CIPs

Please rate the trainee’s progress against each CIP using the levels below. Detailed comments must be given to support any trainee decision that is at a lower level than that expected for a trainee at this stage of training – please refer to the grid of expected levels in the ARCP decision aid.

Detailed comments must be given to support trainee decisions that are at or above the level expected. Comments are encouraged (but not mandated) for all assessments especially to calibrate excellence in those performing above expectation.

Level descriptors for clinical CIPs

Level 1: Entitled to observe only – no provision of clinical care
   - 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 2: Entitled to act with direct 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 3: Entitled to act unsupervised

Clinical CIPs

1. Managing an acute unselected case
   - Demonstrates professional behaviour with regard to patients, carers, colleagues and others
   - Takes a relevant patient history including patient symptoms, concerns, priorities and preferences
   - Performs accurate clinical examinations
   - Shows appropriate clinical reasoning by analysing physical and psychological findings
   - Formulates an appropriate differential diagnosis
   - Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required
   - Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
The internal medicine stage 1 curriculum

2. Managing an acute specialty-related task

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates professional behaviour with regard to patients, carers, colleagues and others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivers patient-centred care including shared decision making</td>
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<tr>
<td>Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriately selects, manages and interprets investigations</td>
<td></td>
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<tr>
<td>Demonstrates appropriate continuing management of acute medical illness in patients admitted to hospital on an acute unselected take or selected take</td>
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</tbody>
</table>

Please provide comments to justify your rating and identify any areas of concern or excellence.

3. Providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment

<table>
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<td></td>
</tr>
<tr>
<td>Demonstrates effective consultation skills</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency, required</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate continuing management of acute medical illness in patients admitted to hospital on an acute unselected take or selected take</td>
<td></td>
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<tr>
<td>Recognizes need to base with specialty services and refers where appropriate</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Appropriately manages comorbidities in medical in-patients (unselected take, selected acute take or specialty admisions)</td>
<td></td>
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</tbody>
</table>

Please provide comments to justify your rating and identify any areas of concern or excellence.

4. Managing patients in an outpatient clinic, ambulatory or community setting (including management of long term conditions)

<table>
<thead>
<tr>
<th>Level 1</th>
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<th>Level 3</th>
<th>Level 4</th>
</tr>
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<tr>
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<td></td>
</tr>
<tr>
<td>Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates awareness of the quality of patient experience</td>
<td></td>
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</tbody>
</table>

Please provide comments to justify your rating and identify any areas of concern or excellence.

5. Managing medical problems in patients in other specialties and special cases

<table>
<thead>
<tr>
<th>Level 1</th>
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<th>Level 4</th>
</tr>
</thead>
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<tr>
<td>Demonstrates awareness of the quality of patient experience</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide comments to justify your rating and identify any areas of concern or excellence.
The internal medicine stage 1 curriculum

- Demonstrates effective consultation skills (including when in challenging circumstances)
- Demonstrates management of medical problems in inpatients under the care of other specialties
- Demonstrates effective consultation skills within a multidisciplinary team/with other medical specialty services when required

Please provide comments to justify your rating and identify any areas of concern or excellence.

6. Managing on IMT including discharge planning

- Applies management and team working skills appropriately, including influencing, negotiating, continuously reassessing priorities and effectively managing complex, dynamic situations
- Ensures continuity and coordination of patient care through the appropriate transfer of information demonstrating safe and effective handover
- Effectively estimates length of stay
- Delivers patient centred care including shared decision making
- Identifies appropriate discharge plan
- Recognises the importance of prompt and accurate information sharing with primary care team following hospital discharge

Please provide comments to justify your rating and identify any areas of concern or excellence.

7. Delivering effective resuscitation and managing the deteriorating patient

- Demonstrates prompt assessment of the acutely deteriorating patient, including those who are shocked or unconscious
- Demonstrates the professional requirements and legal processes associated with consent for resuscitation
- Participates effectively in decision making with regard to resuscitation decisions, including decisions not to attempt CPR and involves patients and their families
- Demonstrates competence in carrying out resuscitation

Please provide comments to justify your rating and identify any areas of concern or excellence.

8. Managing end of life and applying palliative care skills

- Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs
- Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing at end of life
- Demonstrates safe and effective use of syring pumps in the palliative care population
- Able to manage non complex symptom control including pain
- Facilitates referrals to specialist palliative care across all settings
- Demonstrates effective consultation skills in challenging circumstances
- Demonstrates compassionate professional behaviour and clinical judgement

Please provide comments to justify your rating and identify any areas of concern or excellence.

Procedural skills

Has the trainee performed the appropriate procedures at the minimum competency level expected for the stage of training (see IMT ARCP Decision Aid)?

Yes / No

Please comment, including reference to summative DOPS.

Generic Professional Capabilities

Based on your direct observation of the trainee, evidence in the eportfolio and assessment of the CIPs, are you satisfied that this trainee has demonstrated the knowledge skills and attributes expected within the Generic professional capabilities framework?

Yes / No

Comment on any concerns or areas of excellence raised (ref GPC framework)

Summary of evidence on the eportfolio

Supervised learning events (SLEs)

- ACAT
- Mini-LSE
- OSCE

Direct Observation of Procedural Skills (DOPS)

- DOPS - formative
- DOPS - summative

Multi-source feedback (MSF)

Has an MSF been completed with 12 or more responses with at least three consultant responses in this period?

Yes / No
The internal medicine stage 1 curriculum

<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Yes / No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Consultant Report (MCR)</td>
<td>Were a minimum of four MCRs received for the training year?</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comment on any concerns or areas of excellence raised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Survey</td>
<td>Has a patient survey been completed with 20 or more responses?</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comment on any concerns or areas of excellence raised and any common themes emerging from the feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postgraduate Examinations related to training programme</td>
<td>Has the trainee passed the required parts of MRCP(UK)? (refer to MRCP(UK) exam)</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Development Plan (PDP)</td>
<td>Has the trainee agreed appropriate objectives in their personal development plan and met these objectives satisfactorily (with reference to end of placement reports)?</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflection and study</td>
<td>Has the trainee reflected on learning events (formal and informal)?</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have they researched any particular areas?</td>
<td></td>
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<tr>
<td></td>
<td>Comments including evidence of reflection in eportfolio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Incidents or Complaints</td>
<td>Has this trainee been involved in any conduct, capability or Serious Untoward Events/ Significant Event investigation or named in any complaint?</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes: Did they engage appropriately with processes of investigation/response?</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes: Are there any ongoing concerns regarding the trainee?</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Was the appropriate documentation completed?</td>
<td>Yes / No</td>
<td></td>
</tr>
</tbody>
</table>
Internal medicine stage 1 curriculum – teaching toolkit
ePortfolio
The internal medicine stage 1 curriculum

Internal Medicine Training (Physician Internal Medicine Stage 1)

The 14 IM CiPs are split into six generic CiPs which cover the universal requirements of all specialties as described in the GMC framework and eight clinical CiPs which describe the clinical tasks or activities which are essential to the practice of internal medicine.

Competencies

<table>
<thead>
<tr>
<th>Generic CiPs</th>
<th>Expand All</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Able to function successfully within NHS organisational and management systems</td>
<td>Miss Rifa Begum (PTB TEST) (JCPPTB)</td>
</tr>
<tr>
<td></td>
<td>Above expectations for this year of training. Expected to progress to next stage of training. 12/12/2019</td>
</tr>
<tr>
<td></td>
<td>Miss Rifa Begum (PTB TEST)</td>
</tr>
<tr>
<td></td>
<td>Meeting expectations for this year of training. Expected to progress to next stage of training. 12/12/2019</td>
</tr>
<tr>
<td>2. Able to deal with ethical and legal issues related to clinical practice</td>
<td></td>
</tr>
<tr>
<td>3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement</td>
<td></td>
</tr>
<tr>
<td>4. Is focused on patient safety and delivers effective quality improvement in patient care</td>
<td></td>
</tr>
<tr>
<td>5. Carrying out research and managing data appropriately</td>
<td></td>
</tr>
<tr>
<td>6. Acting as a clinical teacher and clinical supervisor</td>
<td></td>
</tr>
</tbody>
</table>

ePortfolio curriculum page

IM stage 1 curriculum comprises generic CiPs, clinical CiPs and procedures.
### The internal medicine stage 1 curriculum

1. Able to function successfully within NHS organisational and management systems

<table>
<thead>
<tr>
<th>Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aware of and adheres to the GMC professional requirements</td>
</tr>
<tr>
<td>• Aware of public health issues including population health, social</td>
</tr>
<tr>
<td>detriments of health and global health perspectives</td>
</tr>
<tr>
<td>• Demonstrates effective clinical leadership</td>
</tr>
<tr>
<td>• Demonstrates promotion of an open and transparent culture</td>
</tr>
<tr>
<td>• Keeps practice up to date through learning and teaching</td>
</tr>
<tr>
<td>• Demonstrates engagement in career planning</td>
</tr>
<tr>
<td>• Demonstrates capabilities in dealing with complexity and uncertainty</td>
</tr>
<tr>
<td>• Aware of the role of and processes for commissioning</td>
</tr>
<tr>
<td>• Aware of the need to use resources wisely</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GPCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1: Professional values and behaviours</td>
</tr>
<tr>
<td>Domain 3: Professional knowledge</td>
</tr>
<tr>
<td>• Professional requirements</td>
</tr>
<tr>
<td>• National legislative requirements</td>
</tr>
<tr>
<td>• The national service and healthcare systems in the four countries</td>
</tr>
<tr>
<td>Domain 9: Capabilities in research and scholarship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence to inform decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCR</td>
</tr>
<tr>
<td>MSF</td>
</tr>
<tr>
<td>Active role in governance structures</td>
</tr>
<tr>
<td>Management course</td>
</tr>
<tr>
<td>End of placement reports</td>
</tr>
</tbody>
</table>
The internal medicine stage 1 curriculum

Internal Medicine Training (Physician Internal Medicine Stage 1)

The 14 IM CiPs are split into six generic CiPs which cover the universal requirements of all specialties as described in the CPC framework and eight clinical CiPs which describe the clinical tasks or activities which are essential to the practice of internal medicine.

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<td><strong>Generic CiPs</strong></td>
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<tr>
<td>1. Able to function successfully within NHS organisational and management systems</td>
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</tr>
<tr>
<td>Miss Rifa Begum (PTE T3)</td>
<td>Above expectations for this year of training: expected to progress to next stage of training</td>
</tr>
<tr>
<td>(JCP)</td>
<td>18/12/2018</td>
</tr>
<tr>
<td>Miss Rifa Begum (PTE T3)</td>
<td>Meeting expectations for this year of training: expected to progress to next stage of training</td>
</tr>
<tr>
<td>(JCP)</td>
<td>12/12/2018</td>
</tr>
<tr>
<td>2. Able to deal with ethical and legal issues related to clinical practice</td>
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<td>6. Acting as a clinical teacher and clinical supervisor</td>
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</table>

**Rating of CiPs**

Trainee completes self rating for each CiP, referring to evidence.

Educational supervisor (ES) gives their ratings and comments for each CiP. This should be done throughout the training year to create a record of progress.
The internal medicine stage 1 curriculum

Educational supervisor (ES) report

New functionality
ES updates the curriculum page with their ratings and comments for the generic and clinical CiPs. This then automatically populates the ES report.

Free text box for final comments. Comments MUST be made if rated below level expected.
The internal medicine stage 1 curriculum

Clinical CiPs

Please record your entrustment decisions using the levels described below. Detailed comments must be given to support any entrustment decision that is at a lower level than that expected for a trainee at this stage of training – please refer to the grid of expected levels in the curriculum and ARCP decision aid.

Detailed comments must be given to support entrustment decisions that are at or above the level expected. Comments are encouraged (but not mandated) for all assessments especially to celebrate excellence in those performing "above expectation".

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

Clinical CiPs

1. Managing an acute unselected take
   - 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

Comment: Trainee is capable of acting with little supervision

Do you anticipate that the trainee will be able to manage the acute unselected take with indirect supervision by end of IMY2?
- No
- Yes

Please provide comments to justify your rating and identify any areas of concern or excellence.

2. Managing an acute specialty-related take
   - 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

Latest ES rating and comments for each CiP are pulled into the ES report.
## Summary of evidence on the ePortfolio

### Supervised Learning Events (SLEs)

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Count</th>
<th>Completed by Consultants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Mini-CEX</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mini-CEX completed by Consultants</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total CbD</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CbD completed by Consultants</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total ACAT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ACAT completed by Consultants</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

### Direct Observation of Procedural Skills (DOPS)

#### Total DOPS: Formative
- Count: 0
- Completed by Consultants: 0

#### Total DOPS: Summative
- Count: 0
- Completed by Consultants: 0

### ES report

ES report is auto-populated with overall total and total completed by consultants for SLEs and DOPS.
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Consultants completing the MCR give their assessment of each of the CiPs using global anchor statements (above, meeting or below expectations).

The form is not auto-populated.
Consultant supervisors will be asked to comment specifically on the trainee’s ability to manage the acute take. The question is tailored to the year of training (this example is for IMY1).
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The MCR summary will be displayed to the trainees automatically once 3 or more responses have been received.

All responses will be randomly displayed with comments so the trainee cannot identify who made them.
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Direct observation of procedural skills (DOPS)

- No distinction between routine and potentially life threatening
- DOPS routine (IMT)
- DOPS summative (IMT)
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Developments still in progress

- Summary of clinical activity and teaching attendance which will include a calculation for number of patients seen on the acute take
- Display of summary of progression mapped to ARCP decision aid
- Dashboard functionality
IM stage 1 curriculum – teaching toolkit

ePortfolio

End of presentation
# 2. Internal Medicine Training (IMT) Stage 1 ARCP Decision Aid (DRAFT V10)

The IMT ARCP decision aid documents the targets to be achieved for a satisfactory ARCP outcome (outcome 1 or 6) at the end of each training year.

<table>
<thead>
<tr>
<th>Evidence / requirement</th>
<th>Notes</th>
<th>IMY1</th>
<th>IMY2</th>
<th>IMY3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Supervisor (ES) report</td>
<td>One per year to cover the training year since last ARCP (up to the date of the current ARCP)</td>
<td>Confirms meeting or exceeding expectations and no concerns</td>
<td>Confirms will meet the critical progression point and can progress to IMY3 and act as medical registrar</td>
<td>Confirms will meet the critical progression point criteria and complete IM Stage 1</td>
</tr>
<tr>
<td>Generic capabilities in practice (GCPs)</td>
<td>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 GCP</td>
<td>ES to confirm trainee meets expectations for level of training</td>
<td>ES to confirm trainee meets expectations for level of training</td>
<td>ES to confirm trainee meets expectations for level of training</td>
</tr>
<tr>
<td>Clinical capabilities in practice (CIPs)</td>
<td>See grid below of levels expected for each year of training. Trainees should complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each individual CIP and overall global rating of progression</td>
<td>ES to confirm trainee is performing at or above the level expected for all CIPs</td>
<td>ES to confirm expected levels achieved for critical progression point at end of IMY2</td>
<td>ES to confirm expected levels achieved for critical progression point at end of IMY3</td>
</tr>
<tr>
<td>Multiple Consultant Report (MCR)</td>
<td>Minimum number. 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.</td>
<td>4</td>
<td>4 - of which at least 3 MCRs written by consultants who have personally supervised the trainee in an acute take/post-take setting</td>
<td>4 - of which at least 3 MCRs written by consultants who have personally supervised the trainee in an acute take/post-take setting</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Evidence / requirement</th>
<th>Notes</th>
<th>IMY1</th>
<th>IMY2</th>
<th>IMY3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-source feedback (MSF)</td>
<td>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.</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Supervised Learning Events (SLEs):</td>
<td>Minimum number to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require 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 (e.g. prioritisation, working with the team). It is not for comment on the management of individual cases.</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
## The internal medicine stage 1 curriculum

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<table>
<thead>
<tr>
<th>Evidence / requirement</th>
<th>Notes</th>
<th>IMY1</th>
<th>IMY2</th>
<th>IMY3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervised Learning Events (SLEs):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBDo and/or mini-CEX</td>
<td>Minimum number to be carried out by consultants. 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.</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>MRCP (UK)</td>
<td>Failure to pass full MRCP by the end of IMY2 will result in an ARCP outcome 2</td>
<td>Part 1 passed</td>
<td>Full MRCP(UK) diploma achieved</td>
<td>Full MRCP(UK) diploma achieved</td>
</tr>
<tr>
<td>ALS</td>
<td></td>
<td>Valid</td>
<td>Valid</td>
<td>Valid</td>
</tr>
<tr>
<td>Quality improvement project</td>
<td>Quality improvement project plan and report to be completed. Project to be assessed with quality improvement project tool (QIPAT)</td>
<td>Participating in quality improvement activity (e.g. project plan)</td>
<td>1 project completed with QIPAT</td>
<td>Demonstrating leadership in quality improvement activity (e.g. supervising another healthcare professional)</td>
</tr>
<tr>
<td>Clinical activity: Outpatients</td>
<td>See curriculum for definition of clinics and educational objectives. mini CEX / CBDo to be used to give structured feedback. Patient survey and reflective practice recommended. Summary of clinical activity recorded on ePortfolio</td>
<td>Minimum 20 outpatient clinics by end of IMY1</td>
<td>Minimum 20 outpatient clinics in IMY2</td>
<td>Minimum 20 outpatient clinics in IMY3 and 80 outpatient clinics in total (IMY1-3)</td>
</tr>
</tbody>
</table>
# The internal medicine stage 1 curriculum

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<table>
<thead>
<tr>
<th>Evidence / requirement</th>
<th>Notes</th>
<th>IMY1</th>
<th>IMY2</th>
<th>IMY3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical activity: Acute unselected take</td>
<td>Active involvement in the care of patients presenting with acute medical problems is defined as having sufficient input for the trainee’s involvement to be recorded in the patient’s clinical notes</td>
<td>Evidence that trainee actively involved in the care of at least 100 patients presenting with acute medical problems in IMY1</td>
<td>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 CPI1</td>
<td>Evidence that trainee actively involved in the care of at least 100 patients presenting with acute medical problems in IMY3 and a minimum 500 patients in total (IMY1-3). ES to confirm level 3 for CPI1</td>
</tr>
<tr>
<td>Clinical activity: Continuing ward care of patients admitted with acute medical problems</td>
<td>Trainees should be involved in the day-to-day management of acutely unwell medical inpatients for at least 24 months of IM stage 1</td>
<td></td>
<td>Minimum of 24 months by end of IM stage 1</td>
<td></td>
</tr>
<tr>
<td>Critical care</td>
<td>See curriculum for definition of critical care placements and learning objectives</td>
<td></td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Geriatric medicine</td>
<td></td>
<td></td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>
# The internal medicine stage 1 curriculum

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<table>
<thead>
<tr>
<th>Evidence / requirement</th>
<th>Notes</th>
<th>IMY1</th>
<th>IMY2</th>
<th>IMY3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simulation</td>
<td>All practical procedures should be taught by simulation as early as possible in IMY1. Refresher training in procedural skills should be completed if required</td>
<td>Evidence of simulation training (minimum one day) including procedural skills</td>
<td>Evidence of simulation training including human factors and scenario training</td>
<td>Evidence of simulation training including human factors and scenario training</td>
</tr>
<tr>
<td>Teaching attendance</td>
<td>Minimum hours per training year. To be specified at induction. Summary of teaching attendance to be recorded in ePortfolio</td>
<td>Satisfactory record of 50 hours teaching attendance to include a minimum of 20 hours IM teaching sessions that are recognised for CPD points or organised/approved by HEE local office or deanery</td>
<td>Satisfactory record of 50 hours teaching attendance to include a minimum of 20 hours IM teaching sessions that are recognised for CPD points or organised/approved by HEE local office or deanery</td>
<td>Satisfactory record of 50 hours teaching attendance to include a minimum of 20 hours IM teaching sessions that are recognised for CPD points or organised/approved by HEE local office or deanery</td>
</tr>
</tbody>
</table>

## 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 anaesthesia and local anaesthesia, minimisation of patient discomfort, and requesting 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.

<table>
<thead>
<tr>
<th>Practical procedures – minimum requirements</th>
<th>IMY1</th>
<th>IMY2</th>
<th>IMY3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced cardiopulmonary resuscitation (CPR)</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Participation in CPR team</td>
<td>Leadership of CPR team</td>
</tr>
<tr>
<td>Temporary cardiac pacing using an external device</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Skills lab or satisfactory supervised practice</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Practical procedures – minimum requirements</th>
<th>IMY1</th>
<th>IMY2</th>
<th>IMY3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascitic tap</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Competent to perform unsupervised as evidenced by summative DOPS</td>
<td>Maintain*</td>
</tr>
<tr>
<td>Lumbar puncture</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Competent to perform unsupervised as evidenced by summative DOPS</td>
<td>Maintain*</td>
</tr>
<tr>
<td>Nasogastric (NG) tube</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Competent to perform unsupervised as evidenced by summative DOPS</td>
<td>Maintain*</td>
</tr>
<tr>
<td>Pleural aspiration for fluid (diagnostic)</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Competent to perform unsupervised as evidenced by summative DOPS</td>
<td>Maintain*</td>
</tr>
<tr>
<td>Pleural aspiration for fluid (diagnostic)</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to circulation for resuscitation (femoral vein or intraosseous)</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Skills lab or satisfactory supervised practice</td>
</tr>
<tr>
<td>Central venous cannulation (Internal jugular or subclavian)</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Skills lab or satisfactory supervised practice</td>
</tr>
<tr>
<td>Intercostal drain for pneumothorax</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Skills lab or satisfactory supervised practice</td>
</tr>
</tbody>
</table>
### The internal medicine stage 1 curriculum

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<table>
<thead>
<tr>
<th>Practical procedures – minimum requirements</th>
<th>IMY1</th>
<th>IMY2</th>
<th>IMY3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercostal drain for effusion</td>
<td>supervised practice</td>
<td>supervised practice</td>
<td>supervised practice</td>
</tr>
<tr>
<td>Pleural procedures should be undertaken in line with the British Thoracic Society guidelines&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Skills lab or satisfactory supervised practice</td>
</tr>
<tr>
<td>Direct current (DC) cardioversion</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Competent to perform unsupervised as evidenced by summative DOPS</td>
<td>Maintain&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Abdominal paracentesis</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Skills lab or satisfactory supervised practice</td>
<td>Skills lab or satisfactory supervised practice</td>
</tr>
</tbody>
</table>

<sup>1</sup> 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 Year training or in other training programmes (e.g. ACCS).

<sup>2</sup> 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.
The internal medicine stage 1 curriculum

Outline grid of levels expected for Internal Medicine stage 1 clinical capabilities in practice (CiPs)

Level descriptors (Levels to be achieved by end of each year or critical progression point)

- 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

<table>
<thead>
<tr>
<th>Specialty CiP</th>
<th>IMY1</th>
<th>IMY2</th>
<th>IMY3</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Managing an acute unselected take</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2. Managing an acute specialty-related take</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3. Providing continuity of care to medical in-patients</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4. Managing outpatients with long term conditions</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Managing medical problems in patients in other specialties and special cases</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Managing an MDT including discharge planning</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Delivering effective resuscitation and managing the deteriorating patient</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Managing end of life and applying palliative care skills</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
MRCP during IM1-3

Failure to pass part 1 MRCP by the end of IM1 will lead to outcome 2
Failure to pass MRCP by the end of IM2 will lead to outcome 2 (used to be outcome 3 from 2010-2019)
Subtle difference from 2008-2010, when failure to pass part 1 MRCP by the end of CT2 led to outcome 3
Acute General Medical Take CiP

Some IM2s will have this CiP, but not MRCP
About 75% will have this CiP and MRCP
About 15% will have this CiP but not MRCP (outcome 2 ARCP)
About 5% will have MRCP, but not this CiP (outcome 2 or 3)
About 5% will have neither this CiP nor MRCP (outcome 3)
Provenance

Which is the better validated summative test of knowledge, skills and attitudes regarding the CMT/IMT curriculum?

A) MRCP
B) Educational Supervisor ratification of CiPs
Risks

The GMC’s document “Good Medical Practice” states:

“You must be honest and objective when appraising or assessing the performance of colleagues, including locums and students. Patients will be put at risk if you describe as competent someone who has not reached or maintained a satisfactory standard of practice”