

## Guidance on Completing Internal Medicine Training (IMT) Stage 1 in less than 36 months

### Introduction

Since the introduction of Core Medical Training and other curricula in 2007, we have been in the era of competency based medical education (CBME) where the critical consideration is what a trainee is safe and capable of doing rather than the amount of time that they have spent in a particular training environment. It is recognised that different trainees will acquire capability at different rates, but for the practical development and delivery of training programmes, it is essential to give an “indicative” duration that the average trainee will take to achieve the appropriate level of expertise. Some trainees will develop more slowly than this average and will therefore require an extension of their training time and there are well established mechanisms to allow this (through the giving of an ARCP outcome 3). The pathway for the “high-flying” trainee who is acquiring capability more rapidly than the average trajectory is less clear and this paper gives guidance for this situation.

### Priorities

The first absolute priority is the maintenance of patient safety so no trainee should be put in a position of having to bear more responsibility or be less closely supervised than their capability allows. It is also vital that the trainee’s welfare is taken into account so that they are not put under inappropriate pressure by having to operate at too high a level. Finally, it is essential that the integrity of the training programme and the provision of a high quality clinical service is preserved by having the appropriate doctors in appropriate numbers and appropriate roles.

### Scenarios

There are two scenarios where trainees may appear to be progressing through their training and capability acquisition more rapidly than their averagely performing peers. Firstly, there are those who have joined IMT directly from the Foundation Programme but are seen to be progressing more rapidly than average; and secondly, there are those who have had greater training and experience before recruitment into IMT Stage 1 than those who have entered directly after Foundation Training. This training may have taken place within UK or overseas, and it may have had a varying level of appropriate educational regulation and supervision.

### The high-flying trainee entering from Foundation

It is recognised that in addition to acquiring appropriate capability, there is no doubt that a trainee needs a degree of clinical experience to achieve the maturity of decision making and the ability to deal with uncertainty. It is therefore felt that nobody entering IMT can complete the programme in less than 27 months (that is a 9 month reduction in training time – equivalent to a 25% reduction). Academic trainees will do the full 3 years of IMT, but 25% of their training time will be involved in academic pursuits rather than clinical training and experience, so it seems reasonable to allow that trainees can achieve IMT Stage 1 capability within 75% of the normal duration (although, of course, academic trainees will continue to accrue generic skills of teamwork, time management, communication etc, during their academic placements).

Several learning experiences are mandated in the IMTS1 curriculum and all of these will still have to be met by a trainee who is making rapid progress. That is, the mandatory attachments to geriatrics and critical care, and the numbers of outpatient clinics and patients seen on the acute take remain the same.

## Process

Early discussions on shortening training duration may be initiated by either the trainee or their supervisor and reflected in the first annual educational supervisors report (ESR). At the IMY1 ARCP, if it is considered appropriate after reviewing all the evidence, then a second IMY2 ARCP should be arranged in 6 months' time. Providing that the trainee has achieved all the requirements of the critical IMY2-IMY3 progression point by the time of this second ARCP, a revised date for completion of IMT Stage 1 can be agreed. This revised date may be up to 9 months in advance of that for the normal duration of training, and they may progress into IMY3 with a recommendation that they either complete 9 months or 12 months of IMY3. They will then have their final ARCP about 2 months before their revised IMT Stage 1 completion date, and if appropriate be given an ARCP outcome 6 to indicate that they have completed IMT Stage 1 and are eligible for recruitment into higher specialty training. Clearly if they have not achieved the standard for progression from IMY2 to IMY3 they will need to revert to the standard timings.

## The trainee with additional experience following Foundation Programme

The situation here is more complex because the GMC has, until recently, been insistent that any competency gained outwith a GMC approved UK training programme cannot be taken into account in considering levels of capability. That GMC position seems to have softened but the exact regulations remain unclear. There is also the issue that it may not be evident exactly what training and clinical experiences a trainee has achieved in a less regulated setting. The more documented evidence of this pre-programme experience, the more the credence that may be given to it in making decisions on shortening training.

At the first educational meeting the trainee and educational supervisor should discuss and document previous experience and perform a gap analysis to ascertain the discrepancy between the level of experience and capability that the trainee has, and the level needed to complete IMTS1. If the ES considers that the trainee has experience and capability that is appropriate for IMY2, they will discuss with the IMT TPD to arrange for an ARCP to be conducted within the first 3-6 months in post. The ARCP panel will consider evidence of experience and training provided by the trainee, MCRs (which they should ask the trainee / ES to obtain), and an ES report. The ARCP panel will have jurisdiction to reduce IMT training time to a minimum of 15 months (6 months IMY2, 9 months IMY3) in exceptional circumstances, but normally will consider reducing it to 24 months (12 months IMY2, 12 months IMY3). Depending on the trainee's previous experience and training the ARCP panel will determine whether (And for what duration), attachments to geriatrics and/or critical care are required. The trainee will then have their final ARCP about 2 months before their revised IMT Stage 1 completion date, and if appropriate be given an ARCP outcome 6 to indicate that they have completed IMT Stage 1 and are eligible for recruitment into higher specialty training.

Guidance and a tool to aid in gap analysis has been developed by the Academy of Medical Royal Colleges (AoMRC) and is available [here](#).

## Rationale

This means that in both scenarios, each trainee will be reviewed at least three times with a view to shortening the duration of training. There is the initial discussion at IMY1 for the “high-flying” trainee with no additional experience and at the induction appraisal followed by an early ARCP for those with previous reckonable experience. The next review occurs at the Critical Progression Point of transition from IMY2 to IMY3. At this review, an assessment is made first as to whether the trainee can pass into IMY3 and second whether it is felt that they will require 9 or 12 months at IMY3 level. There is then the final ARCP that confirms whether the trainee has completed IMT Stage 1.