JRCPTB

Joint Royal Colleges of Physicians Training Board

Internal Medicine Stage 2 (IMS2) ARCP Matrix Decision Aid for August 2022

This ARCP decision aid documents the targets to be achieved for a satisfactory ARCP outcome for IMS2. It sets out the requirements for CCT and provides guidance on the evidence expected in training years where IM training is undertaken. The GMC requires an ARCP training outcome to be given for both IMS2 and the specialty for every year of training in Group 1 specialties. For years where no IM training takes place the ARCP panel should record this.

Progression through training is by acquisition of capabilities. In this Decision Aid all times (e.g. days, months, years) and numbers (e.g. of patients, of clinics, of assessments) are to be understood as 'indicative'. This means that the view of the JRCPTB is that the time or number specified is that required by most trainees to acquire and demonstrate the capability and for there to be adequate evidence to allow an Educational Supervisor (ES) to make a judgement about their trainee's performance. In addition to providing formative feedback to trainees, another purpose of SLEs is to provide evidence to inform the ES report. ARCP panels should make decisions based on holistic review of the trainee's progress and be proportionate in their requirements, e.g. if the only IM training that a trainee undertakes in a particular year is in outpatients, they should only require evidence related to Clinical CiP4 (managing patients in an outpatient clinic). The ES and ARCP panels will use their judgement to review whether more rapid progression through training will be possible, with adequacy of evidence being crucial to this type of decision making.

Evidence	ST4	ST5	ST6 (final year of training for single specialty GIM trainees)	ST7 (final year of training for most Group 1 trainees)	ST8 (final year of training for some Group 1 trainees)	Indicative minimum by CCT
Educational supervisor (ES) report	One to cover the training year since last ARCP (up to the date of the current ARCP)	One to cover the training year since last ARCP (up to the date of the current ARCP)	One to cover the training year since last ARCP (up to the date of the current ARCP)	One to cover the training year since last ARCP (up to the date of the current ARCP)	One to cover the training year since last ARCP (up to the date of the current ARCP)	Confirms performance is at the level appropriate for completion of IMS2 and award of CCT
Generic capabilities in practice (CiPs)	Trainees should complete self-rating for each CiP, which must be discussed with and confirmed by ES	Trainees should complete self-rating for each CiP, which must be discussed with and confirmed by ES	Trainees should complete self-rating for each CiP, which must be discussed with and confirmed by ES	Trainees should complete self-rating for each CiP, which must be discussed with and confirmed by ES	Trainees should complete self-rating for each CiP, which must be discussed with and confirmed by ES	Trainee must meet expectations for completion of IMS2 and award of CCT

Evidence	ST4	ST5	ST6 (final year of training for single specialty GIM trainees)	ST7 (final year of training for most Group 1 trainees)	ST8 (final year of training for some Group 1 trainees)	Indicative minimum by CCT
Clinical capabilities in practice (CiPs)	In any year during which a trainee is training in IM, the trainee should complete self-rating for each CiP, which must be discussed with and confirmed by ES. See grid below for minimal levels expected during IMS2	In any year during which a trainee is training in IM, the trainee should complete self-rating for each CiP, which must be discussed with and confirmed by ES. See grid below for minimal levels expected during IMS2	In any year during which a trainee is training in IM, the trainee should complete self-rating for each CiP, which must be discussed with and confirmed by ES. See grid below for minimal levels expected during IMS2	In any year during which a trainee is training in IM, the trainee should complete self-rating for each CiP, which must be discussed with and confirmed by ES. See grid below for minimal levels expected during IMS2	In any year during which a trainee is training in IM, the trainee should complete self-rating for each CiP, which must be discussed with and confirmed by ES. See grid below for minimal levels expected during IMS2	Trainee must meet expectations for completion of IMS2 and award of CCT (Level 4 for all clinical CiPs)
Multiple consultant report (MCR)	In any year during which a trainee is training in IM, 2 MCRs that provide feedback on IM CiPs to be completed by consultants who have supervised the trainee in the clinical CiPs in which they have been training	In any year during which a trainee is training in IM, 2 MCRs that provide feedback on IM CiPs to be completed by consultants who have supervised the trainee in the clinical CiPs in which they have been training	In any year during which a trainee is training in IM, 2 MCRs (3 if final year of training) that provide feedback on IM CiPs to be completed by consultants who have supervised the trainee in the clinical CiPs in which they have been training	In any year during which a trainee is training in IM, 2 MCRs (3 if final year of training) that provide feedback on IM CiPs to be completed by consultants who have supervised the trainee in the clinical CiPs in which they have been training	During final year of IM training, 3 MCRs that provide feedback on IM CiPs to be completed by consultants who have supervised the trainee in the clinical CiPs in which they have been training	3 MCRs in final year confirming performance is at the level appropriate for completion of IMS2 and award of CCT
Multi-source feedback (MSF)	One MSF must be completed each training year to cover	One MSF must be completed each training year to cover	One MSF must be completed each training year to cover	One MSF must be completed each training year to cover	One MSF must be completed each training year to cover	One MSF must be completed each training year to cover

Evidence	ST4	ST5	ST6 (final year of training for single specialty GIM trainees)	ST7 (final year of training for most Group 1 trainees)	ST8 (final year of training for some Group 1 trainees)	Indicative minimum by CCT
	the generic and clinical capabilities required for both HST and IM (if IM training is taking place that year). During a year that IM training occurs then at least 4 raters should come from those who have worked with the trainee in an IM context	the generic and clinical capabilities required for both HST and IM (if IM training is taking place that year). During a year that IM training occurs then at least 4 raters should come from those who have worked with the trainee in an IM context	the generic and clinical capabilities required for both HST and IM (if IM training is taking place that year). During a year that IM training occurs then at least 4 raters should come from those who have worked with the trainee in an IM context	the generic and clinical capabilities required for both HST and IM (if IM training is taking place that year). During a year that IM training occurs then at least 4 raters should come from those who have worked with the trainee in an IM context	the generic and clinical capabilities required for both HST and IM (if IM training is taking place that year). During a year that IM training occurs then at least 4 raters should come from those who have worked with the trainee in an IM context	the generic and clinical capabilities required for both HST and IM (if IM training is taking place that year). During a year that IM training occurs then at least 4 raters should come from those who have worked with the trainee in an IM context
Patient survey						At least 1 to be completed by end of IMS2
Supervised learning events (SLEs): **Acute care assessment tool (ACAT)**	If training in CiP1, 4 ACATs to be carried out by consultants supervising in the acute unselected take/post take setting. Each ACAT must include a minimum of 5 cases and should be used	If training in CiP1, 4 ACATs to be carried out by consultants supervising in the acute unselected take/post take setting. Each ACAT must include a minimum of 5 cases and should be used	If training in CiP1, 4 ACATs to be carried out by consultants supervising in the acute unselected take/post take setting. Each ACAT must include a minimum of 5 cases and should be used	If training in CiP1, 4 ACATs to be carried out by consultants supervising in the acute unselected take/post take setting. Each ACAT must include a minimum of 5 cases and should be used	If training in CiP1, 4 ACATs to be carried out by consultants supervising in the acute unselected take/post take setting. Each ACAT must include a minimum of 5 cases and should be used	4 ACATs in final year of IMS2 training to be carried out by consultants supervising in the acute unselected take/post take setting. Each ACAT must include a minimum of 5 cases

Evidence	ST4	ST5	ST6 (final year of training for single specialty GIM trainees)	ST7 (final year of training for most Group 1 trainees)	ST8 (final year of training for some Group 1 trainees)	Indicative minimum by CCT
	for global assessment of trainee's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team)	for global assessment of trainee's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team)	for global assessment of trainee's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team)	for global assessment of trainee's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team)	for global assessment of trainee's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team)	and should be used for global assessment of trainee's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team)
Supervised Learning Events (SLEs): **Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)**	In any year during which a trainee is training in IM, 3 SLEs (CbDs and/or mini-CEXs) to be carried out by consultants supervising in IM	In any year during which a trainee is training in IM, 3 SLEs (CbDs and/or mini-CEXs) to be carried out by consultants supervising in IM	In any year during which a trainee is training in IM, 3 SLEs (CbDs and/or mini-CEXs) to be carried out by consultants supervising in IM	In any year during which a trainee is training in IM, 3 SLEs (CbDs and/or mini-CEXs) to be carried out by consultants supervising in IM	In any year during which a trainee is training in IM, 3 SLEs (CbDs and/or mini-CEXs) to be carried out by consultants supervising in IM	3 SLEs (CbDs and/or mini-CEXs) in final year of IMS2 training to be carried out by consultants supervising in IM

Evidence	ST4	ST5	ST6 (final year of training for single specialty GIM trainees)	ST7 (final year of training for most Group 1 trainees)	ST8 (final year of training for some Group 1 trainees)	Indicative minimum by CCT
Advanced life support (ALS) or equivalent	Valid ALS certificate	Valid ALS certificate	Valid ALS certificate	Valid ALS certificate	Valid ALS certificate	Valid ALS certificate
Quality improvement (QI) project						At least one QI project to be completed in IMS2 and assessed with quality improvement project tool (QIPAT) or equivalent
Clinical activity: Outpatients (can include community experience, virtual clinics and work in ambulatory settings)	Record number of outpatient clinics in specialties other than the trainee's specialty	Record number of outpatient clinics in specialties other than the trainee's specialty	Record number of outpatient clinics in specialties other than the trainee's specialty	Record number of outpatient clinics in specialties other than the trainee's specialty	Record number of outpatient clinics in specialties other than the trainee's specialty	Indicative minimum of 20 clinics in specialties other than the trainee's specialty by the end of IMS2
Clinical activity: Acute unselected take	Record estimate of number of patients presenting with acute medical problems that the trainee has	Record estimate of number of patients presenting with acute medical problems that the trainee has	Record estimate of number of patients presenting with acute medical problems that the trainee has	Record estimate of number of patients presenting with acute medical problems that the trainee has	Record estimate of number of patients presenting with acute medical problems that the trainee has	Active involvement in the care of an 750 patients presenting with acute medical problems by the end of IMS2, with 100

Evidence	ST4	ST5	ST6 (final year of training for single specialty GIM trainees)	ST7 (final year of training for most Group 1 trainees)	ST8 (final year of training for some Group 1 trainees)	Indicative minimum by CCT
	been actively involved in caring for	been actively involved in caring for	been actively involved in caring for	been actively involved in caring for	been actively involved in caring for	patients in the final year of training
Clinical activity: Continuing ward care of patients admitted with acute medical problems	Record number of months of experience and training in continuing ward care of patients admitted with acute medical problems*	Record number of months of experience and training in continuing ward care of patients admitted with acute medical problems*	Record number of months of experience and training in continuing ward care of patients admitted with acute medical problems*	Record number of months of experience and training in continuing ward care of patients admitted with acute medical problems*	Record number of months of experience and training in continuing ward care of patients admitted with acute medical problems*	12 months of experience and training in continuing ward care of patients admitted with acute medical problems by end of IMS2, including 3 months in final year of IMS2 training*
Simulation	Record number of hours of simulation training to include recognition of human factors in interactions in any year during which a trainee is training in GIM	Record number of hours of simulation training to include recognition of human factors in interactions in any year during which a trainee is training in GIM	Record number of hours of simulation training to include recognition of human factors in interactions in any year during which a trainee is training in GIM	Record number of hours of simulation training to include recognition of human factors in interactions in any year during which a trainee is training in GIM	Record number of hours of simulation training to include recognition of human factors in interactions in any year during which a trainee is training in GIM	At least 12 hours of simulation training to include recognition of human factor in interactions during IMS2, including at least 4 hours in the final year of IMS2 training
Study Leave	Record number of hours of recognised IM study leave (CPD points and/or Deanery organised)	Record number of hours of recognised IM study leave (CPD points and/or Deanery organised)	Record number of hours of recognised IM study leave (CPD points and/or Deanery organised)	Record number of hours of recognised IM study leave (CPD points and/or Deanery organised)	Record number of hours of recognised IM study leave (CPD points and/or Deanery organised)	75 hours of recognised IM study leave (CPD points and/or Deanery organised) by end of

Evidence	ST4	ST5	ST6 (final year of training for single specialty GIM trainees)	ST7 (final year of training for most Group 1 trainees)	ST8 (final year of training for some Group 1 trainees)	Indicative minimum by CCT
						IMS2, including 20 hours in final year of IMS2 training
Teaching experience						At least one Teaching Observation to be completed by end of IMS2
Practical procedures						Minimum level of competence required for completion of IMS2 as shown in Table below
Notes: * Adequate experience and training in provision of continuity of care for medical inpatients cannot be provided by very short placements. Attachments of trainees to inpatient wards/services should generally be for periods of four weeks' duration or greater. Attachments of less than four weeks' duration will not normally allow Clinical Supervisors or Educational Supervisors to make a judgement about a trainee in relation to CiP3. A 4 week intensive placement in an acute medical until will be acceptable as an alternative to 3 months inpatients experience in the final year						

Practical procedural skills

Competence in the procedures below will have been achieved during IMS1 and should be maintained during IMS2 either by continued practice or skills lab training. 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 training or in other training programmes (e.g. ACCS).

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 analgesia and local anaesthesia, minimisation of patient discomfort, and requesting for 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.

Practical procedure	Minimum level of competence required in IMS2
Advanced cardiopulmonary resuscitation (CPR)	Leadership of CPR team
Ascitic tap	Competent to perform unsupervised
Direct current (DC) cardioversion	Competent to perform unsupervised
Lumbar puncture	Competent to perform unsupervised
Nasogastric (NG) tube	Competent to perform unsupervised
Pleural aspiration for fluid (diagnostic) 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	Competent to perform unsupervised
Abdominal paracentesis	Skills lab or satisfactory supervised practice
Access to circulation for resuscitation (femoral vein or intraosseous)	Skills lab or satisfactory supervised practice

Practical procedure	Minimum level of competence required in IMS2
The requirement is for a minimum of skills lab training or satisfactory supervised practice in one of these two mechanisms for obtaining access to the circulation to allow infusion of fluid in the patient where peripheral venous access cannot be established	
Central venous cannulation (internal jugular or subclavian)	Skills lab or satisfactory supervised practice
Intercostal drain for effusion*	Skills lab or satisfactory supervised practice
Intercostal drain for pneumothorax*	Skills lab or satisfactory supervised practice
Temporary cardiac pacing using an external device	Skills lab or satisfactory supervised practice

* Pleural procedures should be undertaken in line with the British Thoracic Society guidelines. Ultrasound guidance should be provided by a pleural-trained ultrasound practitioner

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Outline grid of minimum level of entrustment expected for Internal Medicine clinical CiPs at the end of each year of IMS2 training – dual CCT (Group 1 specialty)

Level descriptors

Level 1: Entrusted to observe only – no clinical care
Level 2: Entrusted to act with direct supervision
Level 3: Entrusted to act with indirect supervision
Level 4: Entrusted to act unsupervised

	Internal Medicine stage 2 + specialty training				CCT
Specialty CiP	**ST4**	**ST5**	**ST6**	**ST7**	**CRITICAL PROGRESSION POINT**
1. Managing an acute unselected take	**3**	**3**	**3**	**4**	
2. Managing the acute care of patients within a medical specialty service	**2**	**3**	**3**	**4**	
3. Providing continuity of care to medical inpatients	**3**	**3**	**3**	**4**	
4. Managing outpatients with long term conditions	**3**	**3**	**3**	**4**	
5. Managing medical problems in patients in other specialties and special cases	**3**	**3**	**3**	**4**	
6. Managing an MDT including discharge planning	**3**	**3**	**3**	**4**	
7. Delivering effective resuscitation and managing the deteriorating patient	**4**	**4**	**4**	**4**	
8. Managing end of life and applying palliative care skills	**3**	**3**	**3**	**4**	

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Outline grid of <u>minimum</u> level of entrustment expected for Internal Medicine clinical CiPs at the end of each year of IMS2 training – single CCT

Level descriptors

Level 1: Entrusted to observe only – no clinical care
Level 2: Entrusted to act with direct supervision
Level 3: Entrusted to act with indirect supervision
Level 4: Entrusted to act unsupervised

	Internal Medicine stage 2			CCT
Specialty CiP	**ST4**	**ST5**	**ST6**	
9. Managing an acute unselected take	**3**	**3**	**4**	**CRITICAL PROGRESSION POINT**
10. Managing the acute care of patients within a medical specialty service	**2**	**3**	**4**	
11. Providing continuity of care to medical inpatients	**3**	**3**	**4**	
12. Managing outpatients with long term conditions	**3**	**3**	**4**	
13. Managing medical problems in patients in other specialties and special cases	**3**	**3**	**4**	
14. Managing an MDT including discharge planning	**3**	**3**	**4**	
15. Delivering effective resuscitation and managing the deteriorating patient	**4**	**4**	**4**	
16. Managing end of life and applying palliative care skills	**3**	**3**	**4**	

15 September 2021