

IMT stage 1 ARCP outcomes and guidance for 2023

Background/principles

- Although the effects of the COVID-19 pandemic are still being felt, the impact has lessened. In particular, access to MRCP exam opportunities has been restored.
- In the main, the original decision aid for IMT Stage 1 will be used for summer 2023.
- **There are no longer derogations for MRCP and procedures.**
- **It is not anticipated that a Covid outcomes will be appropriate for many trainees. A Covid outcome (10.1 or 10.2) may still be appropriate in small number of cases, such as missed opportunities due to shielding.**
- There remains some leniency around QI work. From **Sept 2023**, all IMY2s will be expected to have completed a QI project and a QIPAT (or equivalent) by the end of IMY2.
- ALS certification will not affect trainee progression, but capability in CiP 7 and CPR will affect ARCP outcome.
- **The OPCAT (outpatient care assessment tool) has been introduced.** There is an expectation of 2 OPCATs per training year (and a corresponding decrease in the number of mini-cex/CBDs).
- Trainees who leave IMT at the end of IMY2 have not completed IMT Stage 1 so should not receive an ARCP outcome 6, instead an outcome 1 should be given if all requirements are met.
- Employers should be made aware of trainees entering IMY3 who do not have the procedural capabilities that may have been expected at the end of IMY2.

Minimum data set for progression:

Evidence/requirement	Comment	Outcome
Educational Supervisor Report (ESR)	One per year to cover the training year since last ARCP.	ESR should confirm meeting or exceeding expectations and no concerns for an outcome 1 or 6.
Curricular coverage	Supervisors should make decisions based on the capabilities trainees have acquired. Trainees should self-rate to facilitate discussion with ES	ES to confirm trainee meets or exceeds expectations for level of training for an outcome 1 or 6 (a slight shortfall of indicative numbers, such as clinic, should not affect the outcome if capabilities have been met/exceeded).
Practical Procedures	The ES should define the level of trainee capability for each procedure.	Target procedure capabilities required for an outcome 1 or 6.
Multiple Consultant Report (MCR)	Sufficient MCRs to provide evidence for the ESR, an indicative minimum of 4 for the training year. By the end of IMY2 and IMY3, trainees require an indicative 3 MCRs, written by consultants who have personally supervised the trainee in an acute medical setting. Indicative 2 MCRs per year covering outpatient work and an MCR by a geriatrician during IMT Stage 1	Satisfactory MCRs required for an outcome 1 or 6.
Multi-source Feedback (MSF)	A complete MSF is required 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 these should be addressed and	Satisfactory complete MSF required for an outcome 1 or 6

	arrangements made for a repeat MSF	
Supervised Learning Events (SLEs)	Sufficient SLEs to provide evidence for the ES report. An indicative minimum of 8 consultant (or equivalent) SLEs to include 4 consultant ACATs comprising a minimum of 5 patients each, 2 OPCATs and 2 mini-cex and / or CBDs.	Satisfactory SLEs required for an outcome 1 or 6.
Advanced Life Support (ALS)	An expired ALS certification should not affect trainee progression or ARCP outcome. The ES rating for clinical CiP 7 (delivering effective resuscitation) and capability for advanced CPR in the procedures section of the curriculum should be considered. Please see JRCPTB guidance - www.jrcptb.org.uk/covid-19 .	If a trainee has met target rating for CiP 7 and CPR in procedures, an expired ALS would not affect outcome and an outcome 1 or 6 could be given. Trainee should be encouraged to recertify.
Outpatient experience - clinical CiP 4	Indicative number of clinics is the aim. Assessment of the trainee for CiP 4 may be helped by use of SLEs including the, OPCAT, CbD or mini CEX when used appropriately IMT ARCP Decision Aid 2019 (jrcptb.org.uk)	Target capability required for an outcome 1 or 6. If this is met, a small short fall in indicative clinic numbers should not affect outcome. It should be noted that the IMY3 target entrustment is level 3 requiring adequate experience and supporting evidence.
Acute unselected take (AUT) CiP 1	Trainees should be aiming to achieve at least indicative numbers of AUT patients and achieve target CiP 1 rating, including projected entrustment Level 3 by end of IMY2. If trainees have not met target numbers, this should raise concerns and lead to careful scrutiny of CiP 1 capability.	Target capability met with supporting evidence required for an outcome 1 or 6.
Quality Improvement Project	Currently: trainees are required to show engagement with QI work by the end of IMY3.	Currently: no QI requirements in IMY1 or 2 for an outcome 1. Engagement with QI work by the end of IMY3 required for an outcome 6 (although the QI engagement that is required

	From Sept 23: At least one QI project to be completed by the end of IMY2 and assessed with quality improvement project tool (QIPAT) or equivalent	by end of IMY3 can be achieved at any stage of IMY1 – 3). From Sept 23: Completed QIP and QIPAT required before the end of IMY2 for outcome 1 at IMY2 ARCP
Teaching attendance, attendance at courses and simulation	Indicative minimum of 50 hours/year, including online learning. Evidence of simulation training including human factors/scenario training by end of IMY2	Satisfactory teaching and SIM attendance for an outcome 1 or 6.
MRCP	End of IMY 1: MRCP Part 1 End of IMY2: Full membership	Satisfactory progress with exams for an outcome 1 or 6.
Training experiences	Indicative minimum 10 weeks Critical Care and 4 months COTE experience required.	Required for an outcome 6 at end of IMY3.

Suggested ARCP outcomes

It is important that ARCP panels make a holistic judgement on trainee progression, based on capabilities achieved and learning experiences.

Outcome 1 (Outcome 6 end IMY3 only)

- No performance, engagement or patient safety concerns.
- Completing capabilities at rate expected for stage of training.
- ESR/Curriculum capabilities/CiPs/ procedural capabilities achieved at level expected for stage of training.
- Successfully completed MRCP to the level expected at stage of training.

Clinical CiP 1 (Acute unselected take) and progression to IMY3:

- If there is uncertainty about whether a trainee has achieved entrustment level 3 for CiP 1 at the time of IMY2 ARCP an outcome 5 should be issued and reviewed before the end of the training year with a further ARCP. An action plan to support trainees in achieving their missing capability will be required and training opportunities should be arranged to facilitate trainees' achieving the required capabilities in the remaining time in IMY2.
- It is also recognised that some trainees may have concerns about the medical registrar role and therefore require additional support, despite achieving entrustment level 3.
- Further guidance on sign off of Level 3 entrustment for clinical CiP 1: Managing the acute unselected take can be found in the [Rough guide to IMT revised May 2020 \(jrcptb.org.uk\)](http://jrcptb.org.uk)

Outcome 10

- It is not anticipated that a Covid outcomes will be appropriate for many trainees. A Covid outcome (10.1 or 10.2) may still be appropriate in a small number of cases such as missed opportunities due to shielding.

Outcome 10.1

- It is not anticipated that a Covid outcomes will be appropriate for many trainees. A Covid outcome 10.1 may still be appropriate in a small number of cases. There should be documented justification of the use of the 10.1.
- An outcome 10.1 should be awarded when a trainee is achieving progress at the expected rate, but the acquisition of **capabilities** has been delayed by the impact of COVID-19. It is anticipated that these capabilities will be achieved **without a need for extension to training** and the trainee can progress to the next stage of training.
- No performance, engagement or patient safety concerns.
- ESR complete and CiPs/procedural capabilities rated by ES.
- The **capabilities that have not been achieved** should be clearly defined and an action plan to support the trainees in achieving the missing capabilities will be required.

Outcome 10.2:

- It is not anticipated that a Covid outcomes will be appropriate for many trainees. A Covid outcome 10.2 may still be appropriate in a small number of cases, such as missed opportunities due to shielding. There should be documented justification of the use of the 10.2.
- An outcome 10.2 should be awarded when a trainee is achieving progress, but the acquisition of certain capabilities has been delayed by the impact of COVID-19 to an extent that these capabilities **cannot be achieved during the remaining training programme and an extension of training time is required**. This would be expected to be a minority of trainees who have had their training and acquisition of capabilities (CiPs) severely disrupted (for example shielding trainees that have missed a very significant amount of training opportunities) and therefore cannot safely progress.
- It should be remembered that trainees may have achieved the entrustment level required for each CiP while working in different ways or in different settings during the COVID -19 pandemic and trainee performance in related CiPs may feed into the ES entrustment decisions. The capabilities that have not been achieved should be clearly defined. An action plan to support trainees in achieving their missing capabilities will be required to identify the indicative period of time and defined learning experiences that will be required within the training extension.
- We recognise that a minority of trainees may have spent a significant amount of time away from clinical practice during the COVID-19 pandemic, due to a variety of reasons. Although IM training is capability based, we feel that it is highly unlikely that a trainee would be able to achieve the capabilities required for completion of IMY2 with less than 18 months clinical experience within the two years of IMT that has been available. In this case additional training time at the current level would likely be required and an outcome 10.2 awarded at IMY2 ARCP. (It is recognised that ACF trainees may have completed academic placements during IMY1-2 and pre-existing guidance around minimum clinical time and progression should be followed for this group - 9 months academic placement over 3 years IMT stage 1 training. See [integrated academic training and IMT guidance \(www.jrcptb.org.uk\)](http://www.jrcptb.org.uk)).

- No performance, engagement or patient safety concerns.
- ESR complete and CiPs/procedural capabilities rated by ES.
- An outcome 10.2 should not normally be issued at the end of IMY1 as this is not a critical progression point. However, if there is a significant capability gap and it would be in the trainee's best interests to have additional time early in training a 10.2 can be given.

Outcome 2

- Performance, engagement or patient safety concerns not related to the COVID -19 pandemic.
- No additional training time required.
- Guidance as per [Gold Guide \(copmed.org.uk\)](https://www.copmed.org.uk)

Outcome 3

- Performance, engagement or patient safety concerns not related to the COVID -19 pandemic.
- Additional training time required.
- Guidance as per [Gold Guide \(copmed.org.uk\)](https://www.copmed.org.uk)

Outcome 4

- Guidance as per [Gold Guide \(copmed.org.uk\)](https://www.copmed.org.uk)

Outcome 6 (end IMY3 only)

- No performance, engagement or patient safety concerns.
- Completed capabilities at rate expected for end of training programme.
- ESR/Curriculum capabilities/CiPs/ procedural capabilities achieved at level expected for stage of training.
- Successfully completed all parts of MRCP.

Action plans, subsequent review and access to missed training opportunities

- All ARCP outcomes, except outcome 1 and 6 (end IMY3 only) require a formal action plan in order to support trainees in achieving the required capabilities. This should be completed with the ES, reviewed by the TPD and communicated to the host trust as well as the trust that the trainee is planned to rotate to. TPDs should work with trusts in order to support trainees in achieving their missed capabilities. This may involve making adjustments to planned rotations or facilitating bespoke training opportunities.
- Reasons for the outcome should be recorded carefully in the ARCP section of the portfolio to inform future ARCPs (which may be in a new programme if the trainee is leaving for a group 2 speciality).
- Trainees who have spent a significant amount of time away from clinical practice should be supported back into clinical practice when they are able to do so. A supported return to training including a supernumerary period is likely to be required. The Educational Supervisor should complete a gap analysis to determine where the trainee should be in terms of evidence and capabilities, where they are now and what additional training and experience is required to fill the gap.

- A trainee may have demonstrated level 3 entrustment for clinical CiP 1 (acute unselected take), but not demonstrated independence in the core procedures that a medical registrar may be expected to perform. This should not prevent the trainee leading the acute unselected take, and trusts must ensure that competent individuals are available to perform the procedures if required. Please see [Federation procedures statement \(www.jrcptb.org.uk\)](http://www.jrcptb.org.uk).

October 2022

DRAFT