

Guidance on implementation of Internal Medicine during Infection Training

This guidance on the integration of Internal Medicine (IM) stage 2 training into Infectious Diseases and Tropical Medicine (ID/IM) training programmes is being issued following discussion and agreement between the ID/TM Specialty Advisory Committee (SAC) and the JRCPTB. This guidance supplements the guidance for implementation of Internal Medicine Training during higher specialty training in established group 1 specialties (available via [this link](#)). The Internal Medicine stage 2 (IMS2) curriculum is available [here](#).

As a group 1 specialty programme, ID/IM higher training is of four years indicative duration (with an additional year spent in an overseas centre in TM/IM training), however only three years is spent in ward and clinic based training as the first two years of Combined Infection Training (CIT) requires 12 months to be spent in laboratory based training in Medical Microbiology (MM) and Medical Virology (MV). In addition, during the 12 months of clinical ID training in CIT, there is no curriculum requirement for time to be spent in IM, although an ID/IM or TM/IM trainee could participate in Acute Unselected Take (AUT) during that year. All other group 1 specialties have at least four years in clinical training. If ID/IM or TM/IM trainees were required to spend significant time based in other specialties this would have a detrimental impact on their ID or TM training.

IMS2 curriculum requirements

Acute take

- Active involvement in the care of 750 patients presenting with acute medical problems by the end of IMS2 with 100 patients in final year.
- Three months of acute unselected take or four week intensive placement in an acute medical unit (AMU) during the final year.

Considerations for Infectious Diseases/Tropical Medicine

- Internal Medicine experience during combined infection training (CIT) will help trainees to maintain and develop capabilities and can count towards the overall indicative 12 months of internal medicine.
- Infection trainees will not be required to undertake the acute unselected take (AUT) during the 12 months of laboratory based MM/MV CIT.
- Trainees will have regular AUT commitment during higher infection training (HIT)
- An immersive four week placement in AMU in the final year would work well for ID/IM or TM/IM and would provide AUT and inpatients experience.

Inpatients

Trainees should undertake an indicative minimum of 12 months training in continuing ward care of patients admitted with acute medical problems. Three months of inpatient care or a full one month immersion on an acute medical unit should occur in the last year of training.

Considerations for Infectious Diseases/Tropical Medicine

Infection wards provide a rich experience of general medical experience; therefore ID trainees will not be expected to spend periods of time based in other departments, other than an immersive four week placement in AMU in the final year to provide intensive AUT and IM inpatients experience.

Outpatients

Indicative minimum of 20 clinics in specialties other than the trainee's specialty by the end of IMS2

No issues/concerns with this requirement.

Educational supervisor

It is recommended that trainees have an educational supervisor who practises internal medicine for periods of IMS2 training. Educational supervisors of IM trainees who do not themselves practise IM must take particular care to ensure that they obtain and consider detailed feedback from clinical supervisors who are knowledgeable about the trainees' IM performance and include this in their educational reports.

Considerations for Infectious Diseases/Tropical Medicine

It is strongly recommended that the educational supervisor for internal medicine during higher infection training is practising in internal medicine.

March 2022