JRCPTB

Joint Royal Colleges of Physicians Training Board

Internal Medicine Training (IMT) Stage 1 ARCP Decision Aid – 2019 curriculum (April 2025 update)

The IMT ARCP decision aid documents the targets to be achieved for a satisfactory ARCP outcome at the end of each training year. This document is available on the JRCPTB website https://www.jrcptb.org.uk/training-certification/arcp-decision-aids

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	
Educational supervisor (ES) report	One per year to cover the training year since last ARCP (up to the date of the current ARCP).	Confirms meeting or exceeding expectations and no concerns.	Confirms meeting or exceeding expectations and no concerns. Confirms will meet the critical progression point criteria and can progress to IMY3 and act as medical registrar.	Confirms meeting or exceeding expectations and no concerns. Confirms will meet the critical progression point criteria and complete IM stage 1.	
Generic capabilities in practice (CiPs)	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 CiP.	ES to confirm trainee meets expectations for level of training.	ES to confirm trainee meets expectations for level of training.	ES to confirm trainee meets expectations for level of training.	
Clinical capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainees must complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each	ES to confirm trainee is performing at or above the level expected for all CiPs.	ES to confirm trainee is performing at or above the level expected for all CiPs. Confirms will meet the critical progression point criteria and can	ES to confirm trainee is performing at or above the level expected for all CiPs.	

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	
	individual CiP and overall global rating of progression.		progress to IMY3 and act as medical registrar.		
Multiple consultant report (MCR)	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.	4	4 - of which at least **3** MCRs written by consultants who have personally supervised the trainee in an acute take/post-take setting in IMY1/2.	4 - of which at least **3** MCRs written by consultants who have personally supervised the trainee in an acute take/post-take setting in IMY3.	
Multi-source feedback (MSF)	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.	1	1	1	
Supervised learning events (SLEs): Acute care assessment tool (ACAT)	Minimum number to be carried out by consultants. Trainees are encouraged to undertake more, and supervisors may require additional SLEs if concerns are	4	4	4	

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	
	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 (eg prioritisation, working with the team). It is not for comment on the management of individual cases.				
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX) OPCATs (Outpatient Care Assessment Tool | JRCPTB).	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.	2 mini-cex or CBD plus 2 OPCATs.	2 mini-cex or CBD plus 2 OPCATs.	2 mini-cex or CBD plus 2 OPCATs.	

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	
MRCP (UK)	Failure to pass Part 1 at end of IMY1 or full MRCP by the end of IMY2 will affect ARCP outcome.	Part 1 passed. **If Part 1 not passed, recommended ARCP outcome**: An IMY1 without Part 1 can progress to IMY2 on an outcome 2 U5 if there are no other training/capability concerns.	Full MRCP(UK) diploma achieved. **If full MRCP UK not passed, recommended ARCP outcome:** An IMY2 with only some or no parts of MRCPUK and no other training/capability concerns can progress to IMY3 on an outcome 2 U5. If full MRCP not achieved and training/capability concerns an ARCP outcome 3 should be considered. **2025 Update: Force Majeure outcome 10.1** If no MRCP Part 2 due to the issue with the exam results from the 2023/03 Part 2 diet but no other capability concerns and all other parts of MRCP passed except Part 2 an ARCP	Full MRCP(UK) diploma achieved. **Recommended ARCP outcome**: if full MRCP not complete at end IMY3 an ARCP outcome 3 should be awarded. If it is an exam only outcome 3 (all other capabilities complete and no training concerns), a trainee may wish to take additional training time or achieve MRCPUK outside of training. **2025 Update: Force Majeure outcome 10.2** If no MRCP Part 2 due to the issue with the exam results from the 2023/03 Part 2 diet but no other capability concerns and all other parts of MRCP passed except Part 2 an ARCP outcome 10.2 can be	If at any point in their training, a trainee has exhausted all attempts at a part of MRCPUK, (including extenuating circumstances/appeals), an outcome 4 should be considered.

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	
			outcome 10.1 can be issued and the resident doctor can progress to IMY3. If there are capability issues in addition to the lack of Part 2 or other parts of the MRCP have not been completed then an ARCP outcome 2 or 3 should be awarded in line with the pre-existing guidance above.	issued and additional training time offered. If there are capability issues in addition to the lack of Part 2 or other parts of the MRCP have not been completed then an ARCP outcome 3 should be awarded in line with the pre-existing guidance above. If it is an exam only outcome 3 (all other capabilities complete and no training concerns) or ARCP outcome 10.2 due to lack of Part 2 only, a resident doctor may wish to take additional training time or achieve full MRCPUK outside of training. The decision to take additional training time or leave the programme and complete full MRCP outside of IMT would	

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	
				not affect the ARCP outcome.	
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.	Valid	Valid	Valid	
Quality improvement (QI) project	QI project plan and report to be completed. Project to be assessed with quality improvement project tool (QIPAT).		1 project completed with QIPAT or evidence of an active role in research, detailed in ES report (for example as part of an ACF programme).	1 project completed with QIPAT if not already completed in IMY1 or 2 or evidence of an active role in research, detailed in ES report (for example as part of an ACF programme). NB 2023 - 2024 IMY3 ARCP only.	

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	
Clinical activity: Outpatients	See curriculum for definition of clinics and educational objectives. OPCAT to be used to give structured feedback. Patient survey and reflective practice recommended. Summary of clinical activity should be recorded on ePortfolio.	Indicative minimum 20 outpatient clinics by end of IMY1.	Indicative minimum 20 outpatient clinics in IMY2.	Indicative minimum 20 outpatient clinics in IMY3 and 80 outpatient clinics in total (IMY1-3).	
Clinical activity: Acute unselected take	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.	Evidence that trainee actively involved in the care of at least 100 patients presenting with acute medical problems in IMY1.	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 clinical CiP1.	Evidence that trainee actively involved in the care of at least 100 patients presenting with acute medical problems in IMY3 and an indicative minimum 500 patients in total (IMY1-3). ES to confirm level 3 for clinical CiP1.	
Clinical activity: Continuing ward care of patients admitted with acute medical problems	Trainees should be involved in the day-to-day management of acutely unwell medical inpatients for at least 24 months of IM stage 1.			Minimum of 24 months by end of IM stage 1.	
Critical care	See curriculum for definition of critical care placements and learning objectives.			12 weeks of critical care in one single block is recommended (ICU	

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	
				or HDU) by end of IM stage 1. At least one MCR to be completed by the supervisor in the critical care placement	
Geriatric medicine				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.	
Simulation	All practical procedures should be taught by simulation as early as possible in IMY1. Refresher training in procedural skills should be completed if required.	Evidence of simulation training including procedural skills.	Evidence of simulation training including human factors and scenario training.	Evidence of simulation training including human factors and scenario training (including from IMY2).	
Teaching attendance	Minimum hours per training year. Summary of teaching attendance to be recorded in ePortfolio.	50 hours teaching attendance to include minimum of 20 hours IM teaching recognised for CPD points or organised/	50 hours teaching attendance to include minimum of 20 hours IM teaching recognised for CPD points or organised/ approved by	50 hours teaching attendance to include minimum of 20 hours IM teaching recognised for CPD points or organised/ approved by	

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)	
		approved by HEE local office or deanery.	HEE local office/deanery.	HEE local office/deanery.	

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 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. Please see table below for minimum levels of competence expected in each training year.

Practical procedures – minimum requirements	IMY1	IMY2	IMY3
Advanced cardiopulmonary resuscitation (CPR)	Skills lab or satisfactory supervised practice	Participation in CPR team	Leadership of CPR team
Temporary cardiac pacing using an external device	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Ascitic tap	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]
Lumbar puncture	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]
Nasogastric (NG) tube	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]
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	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]

Practical procedures – minimum requirements	IMY1	IMY2	IMY3
decompress a large symptomatic **pneumothorax**. Pleural procedures should be undertaken in line with the British Thoracic Society guidelines[b]			
Access to circulation for resuscitation (femoral vein or intraosseous) 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	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Central venous cannulation (internal jugular or subclavian)	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Intercostal drain for pneumothorax or effusion Pleural procedures should be undertaken in line with the British Thoracic Society guidelines [b]	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
Direct current (DC) cardioversion	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain[a]
Abdominal paracentesis	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice

[a] 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).

[b] 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.

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Levels to be achieved by the end of each training year and at critical progression points for IM clinical CiPs

Level descriptors

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.

Clinical CiP	IMY1	IMY2	CRITICAL PROGRESSION POINT	IMY3	CRITICAL PROGRESSION POINT
1. Managing an acute unselected take	2	3		3	
2. Managing an acute specialty-related take	2*	2*		2*	
3. Providing continuity of care to medical in-patients	2	3		3	
4. Managing outpatients with long term conditions	2	2		3	
5. Managing medical problems in patients in other specialties and special cases	2	2		3	
6. Managing an MDT including discharge planning	2	2		3	
7. Delivering effective resuscitation and managing the deteriorating patient	2	3		4	
8. Managing end of life and applying palliative care skills	2	2		3	

*** This entrustment decision may be made on the basis of performance in other related CiPs if the trainee is not in a post that provides acute specialty-related take experience.**