MRCPUK
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CPD

Internal medicine training (IMT) quality criteria

ROYAL COLLEGE of PHYSICIANS of EDINBURGH

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

Royal College of Physicians

Foreword

The Joint Royal Colleges of Physicians Training Board (JRCPTB), on behalf of the three Royal Colleges of Physicians of the UK, is committed to improving and maintaining the standards of postgraduate medical training in the UK.

The particular pressures associated with working in the physician specialties have been apparent for some time and can lead to the needs of training becoming subservient to clinical pressures. This was recognised at the time of core medical training (CMT), which was the foundation for training in all the physician specialties – the introduction of the CMT quality criteria provided an impetus to improve quality in early physician training.

The General Medical Council's (GMC) modernisation of curricula, combined with increasing dissatisfaction from resident doctors and trainers about the CMT curriculum, resulted in the replacement of CMT with internal medicine training (IMT). It had been anticipated that the CMT quality criteria would be transferred to IMT at its introduction, but these plans were stalled by the pandemic and the significant changes to training that resulted. Since then, the JRCPTB has worked with partners, including representatives from the GMC, NHS employers in England, the statutory education bodies, resident doctors committees, and the Conference of postgraduate medical deans of the UK (COPMeD), to develop the IMT quality criteria to further support the delivery of training and provide a mechanism by which doctors in training can review how well training in IMT is being provided across all four home nations.

With the publication of the new IMT quality criteria in 2025, we would like to express our thanks to all the stakeholder organisations and individuals who have given their time to develop and refine the criteria for a post-pandemic training environment. Their ongoing input and support are essential to ensure broad implementation and effectiveness across the UK. We hope and believe that the IMT quality criteria can replicate the beneficial effect on training, as previously demonstrated by the CMT quality criteria.

We look forward to working with resident doctors, trainers and all supporting national organisations to further these aims.

Dr Mike Jones, executive medical director, Federation of the Royal Colleges of Physicians of the UK

Background context

Quality criteria for training were first developed by the JRCPTB for CMT in 2015[1] and general internal medicine training in 2018[2]. The purpose of these criteria was to promote the quality of training by highlighting changes that would improve educational experience, teamworking and patient safety, while reinforcing existing quality approaches. The quality criteria were designed to complement and enhance the GMC's postgraduate standards for training and education.[3] The annual National Training Survey (NTS) was used to track the implementation of the criteria and encourage their adoption throughout the UK postgraduate training system. A review of CMT NTS data (2015–18) revealed improvements in at least eight out of the thirteen 'core' quality criteria over this period.[4]

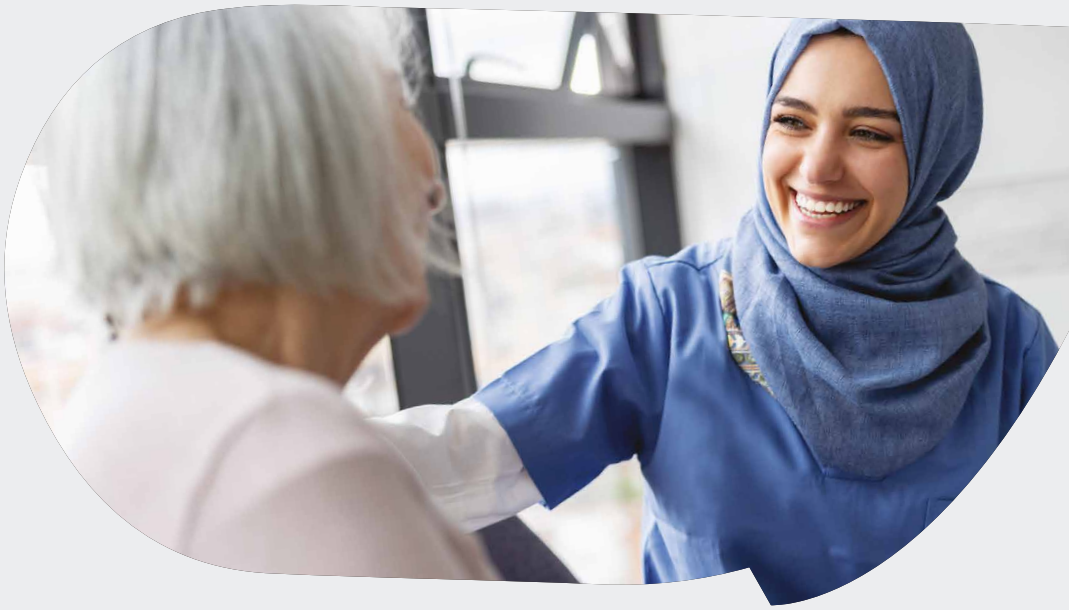
In 2019, a similar approach had been developed for IMT, however, the onset of the COVID-19 pandemic in March 2020 created significant disruption to the training system, affecting resident doctors and supervisors alike,[5] including mental wellbeing.[6,7]

The revised IMT quality criteria needed to reflect the reality of this new environment, as well as encourage restitution of training quality to pre-pandemic levels, where possible. Following wide consultation with resident doctors, training organisations and supervisors, these factors have been captured in the 2025 IMT quality criteria. In addition to supporting the systematic coverage of the IMT curriculum over the 3-year programme, the criteria aim to ensure that doctors in training develop the required experience and confidence to perform the medical registrar role on completion.

For ease of implementation, the criteria have been grouped into three domains:

- **Domain one:** Ensuring safe and effective care
- **Domain two:** Creating a supportive environment
- **Domain three:** Improving educational experience.

While the criteria are aspirational in nature, many of them have already been implemented in various locations across the UK. The intention is to develop a consistent culture of excellence in IMT, principally monitored and reported via the GMC's NTS data, from 2025 onwards.



Internal medicine (IM) stage one quality criteria

To be met over the course of the programme, including extensions

	Domain one: Ensuring safe and effective care
1.1	**Shifts support patient reviews and assessment:** Shifts are organised to ensure sufficient time for consultants and IM doctors to conduct patient reviews and workplace-based assessments/supervised learning events.
1.2	**Clinical supervision:** Consultant(s) and senior doctor(s) on-take are easily accessible to the IM doctors for advice, both in- and out-of-hours, and provide on-site supervision where appropriate.
1.3	**Outpatient clinics:** IM doctors to undertake at least 80* consultant-supervised outpatient clinics (including ambulatory care) with feedback by the end of programme. **80 is an indicative number for all IM doctors, including ACCS doctors.*
1.4	**Learning is integrated with service provision:** Where possible, most patient encounters involving a consultant or registrar (ST4+), such as at ward rounds and outpatient clinics, are treated as a learning experience.
1.5	**Multi-professional team-working:** IM doctors managing the acute take and out-of-hours care are well supported by multi-professional team-working (eg critical care outreach and hospital out-of-hours staff).

Domain two: Creating a supportive environment	
2.1	**Treating everyone fairly:** Staff, including IM doctors, are always treated fairly and with respect.
2.2	**Diversity is valued:** Staff with diverse backgrounds are valued and supported in the workplace.
2.3	**Valuing IM doctors:** IM doctors feel valued in their role.
2.4	**Developing confidence:** The working environment helps build the confidence of IM doctors, especially when preparing for the role of registrar.
2.5	**Resident doctor engagement and representation:** Resident IM doctors are able to engage with, and be represented on, relevant professional and educational committees, such as doctors' forums, at local and regional levels.
2.6	**Rota design:** Individual duty rotas are available at least 6 weeks in advance of the date of commencement of each post* and are created according to good principles of rota design. **The Code of Practice between the BMA, NHS Employers and NHS England requires the duty rota to be provided to a doctor at least 6 weeks prior to them starting a placement. This is also considered 'good practice' by devolved nations.*
2.7	**Infrastructure to support patient care:** Suitable IT systems, including Wi-Fi, are available to support the effective and safe management of the acute take, including the interface with other specialties.
2.8	**Secure IT facilities:** There is easy access to private work areas with secure IT facilities that allow access to online meetings, writing, printing (if required), telephone calls, emails and reviewing of work online.
2.9	**Confidential clinical discussions:** There is easy access to private spaces that allow confidential clinical discussions or educational activities.
2.10	**Facilities provision:** Adequate facilities to support basic needs such as appropriate rest areas, kitchen facilities and access to both hot and cold food and drink, are available on site at all times.
2.11	**Study facilities:** IM doctors have 24/7 online access to high quality learning materials.

Domain three: Improving educational experience	
3.1	**Induction:** IM doctors are provided with high quality relevant information and support at the start of each post.
3.2	**Quality of teaching:** IM doctors are provided with curriculum-relevant teaching, at local and regional levels, during each post.
3.3	**Critical care:** IM doctors to have the opportunity to complete 12 weeks exclusive attachment in a critical care environment, including out-of-hours care, by the end of programme.
3.4	**Ward rounds:** IM doctors are given regular opportunities to review patients on medical wards with a consultant present.
3.5	**Practical procedures and human factors training:** Practical procedures and human factors (non-technical) training to be carried out early in the programme, with refresher training provided in subsequent years.
3.6	**Protected learning time:** In addition to study leave, all IM doctor work schedules (or equivalent) to include sufficient protected time* to pursue curriculum-relevant learning opportunities without interruptions, except for emergencies. **Amount of time to be agreed with educational supervisor, based on prior experience and specific needs of IM doctor.*
3.7	**Planning for ARCPs:** All IM doctors to have educational meetings with their IM-specific educational supervisor at least monthly, which includes creating a personal development plan with SMART objectives and preparing for the Annual Review of Competence Progression (ARCP).
3.8	**Planning for MRCP(UK):** The educational supervisor and IM doctor to discuss and agree a supportive plan for sitting MRCP(UK), to include 'before and after' meetings around each part of the examination. IM doctors requiring more support to complete examinations should receive enhanced training and/or supervision, which should be included in the plan.
3.9	**Preparation for MRCP(UK) PACES:** All IM doctors to have access to preparatory teaching for MRCP(UK) PACES in their locality with dedicated time to sit examinations.

References

1 Joint Royal Colleges of Physicians Training Board. *Quality criteria for core medical training (CMT)*. www.thefederation.uk/document/quality-criteria-core-medical-training [Accessed 19 February 2025].

2 Joint Royal Colleges of Physicians Training Board. *Quality criteria for general internal medicine (GIM) and acute internal medicine registrars*. www.thefederation.uk/document/quality-criteria-general-internal-medicine-and-acute-internal-medicine-registers [Accessed 19 February 2025].

3 General Medical Council. *Standards, guidance and curricula*. https://www.gmc-uk.org/education/standards-guidance-and-curricula#guidance [Accessed 19 February 2025].

4 Armstrong M, Black D, Miller A. Quality criteria for core medical training: A resume of their development, impact and future plans. *J R Coll Physicians Edinb*, 2019;49. https://journals.sagepub.com/doi/10.4997/jrcpe.2019.313 [Accessed 19 February 2025].

5 Health Education England. *COVID-19 training recovery programme interim report*. www.hee.nhs.uk/sites/default/files/documents/C-19_Recovery_Sept21_Final.pdf [Accessed 19 February 2025].

6 Warren J, Plunkett E, Rudge J *et al*. Trainee doctors' experiences of learning and well-being while working in intensive care during the COVID-19 pandemic: A qualitative study using appreciative inquiry. *BMJ Open 2021;11*. doi.org/10.1136/bmjopen-2021-049437 [Accessed 19 February 2025].

7 British Medical Association. *The impact of the pandemic on the medical profession: BMA Covid review 2*. bma-covid-review-report-2-september-2024.pdf [Accessed 19 February 2025].

For more information on the quality criteria, please contact Quality.Management@thefederation.uk.

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