New Internal Medicine Curriculum & GU Medicine training

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Implications

• NB This is about training
  NOT service delivery
Drivers

• UK Shape of Training (October 2013!)
• Generic Professional Capabilities (GPCs)
• Future hospital, Francis etc etc
• Burden of assessment
Major aims

• More generalism without threatening specialism
• More flexibility
• No effect on duration of training
• Reduce burden of assessment
Internal Medicine Curriculum

• Internal Medicine Committee (IMC) (First met August 2015)
  • Curriculum (Syllabus)
  • Assessment
  • Implementation
Non acute specialties

• Some specialties that will not play a role in acute unselected care may wish to recruit from IM2 (eg SEM, clinical genetics)
• They will not get a CCT in IM
• This is because of edict that training cannot be increased
Content of learning

• Good Medical Practice
• Generic outcomes based on GPCs
• Competencies in practice (CiPs)
• Key presentations and conditions that are common or serious (syllabus)
• Practical procedures
Presentations and conditions

• Presentations and conditions / issues are listed either because they are common or serious
• Trainees should develop the knowledge, skills and attitudes around managing patients with these conditions and presentations
• Not a finite list
Competencies in Practice (CiPs)

• Similar to Entrustable Professional Activities (EPAs)

• Alternative NOT additional to individual (atomised) competencies

• More holistic
  • Managing an acute unselected take
  • Managing an MDT
Programme of assessment

• More holistic, authentic assessment based on competencies in practice (CiPs)
• Expected requirements set out for each stage of training
• Workplace-based and knowledge-based assessment mapped to learning outcomes
• Existing assessment methodology
Demonstration of GPCs

- CiPs will allow the trainee to demonstrate acquisition of GPCs within a clinical context
# Level descriptors

<table>
<thead>
<tr>
<th>Level</th>
<th>Descriptor</th>
</tr>
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<tbody>
<tr>
<td>Level 1</td>
<td>Entrusted to observe only – no execution</td>
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<tr>
<td>Level 2</td>
<td>Entrusted to act with direct supervision: The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision</td>
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<tr>
<td>Level 3</td>
<td>Entrusted to act with indirect supervision: The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone and/or electronic media, to provide advice and can attend physically if required to provide direct supervision</td>
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<tr>
<td>Level 4</td>
<td>Entrusted to act unsupervised</td>
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## Outline grid of level of supervision

<table>
<thead>
<tr>
<th>Competency in Practice (CiP)</th>
<th>Internal Medicine Stage 1</th>
<th>Internal Medicine Stage 2 + Specialty</th>
<th>CCT</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>IM1</td>
<td>IM2</td>
<td>IM3</td>
</tr>
<tr>
<td>Managing acute unselected take</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Managing an acute specialty-related take</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Providing continuity of care to medical in-patients</td>
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<td></td>
<td>3</td>
</tr>
<tr>
<td>Managing outpatients with long term conditions</td>
<td></td>
<td></td>
<td>2</td>
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<tr>
<td>Managing medical problems in patients in other specialties and special cases</td>
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<td>2</td>
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<tr>
<td>Managing an MDT including discharge planning</td>
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<tr>
<td>Delivering effective resuscitation and managing the deteriorating patient</td>
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<td>3</td>
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<tr>
<td>Managing end of life and palliative care skills</td>
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<td>2</td>
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<tr>
<td>Delivering effective quality improvements in patient care</td>
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<tr>
<td>Carrying out research and managing data appropriately</td>
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<tr>
<td>Acting as a clinical teacher and clinical supervisor</td>
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<td>2</td>
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<tr>
<td>Dealing with ethico-legal issues</td>
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<tr>
<td>Working with NHS systems</td>
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</tbody>
</table>

**KEY PROGRESSION POINT**
Timeline

• Subject to four nation and GMC approval
• Implementation of IM stage 1 training in August 2018
• Implementation of IM stage 2 in August 2021
• Implementation of revised specialty programmes August 2021
  • Or 2020 for specialties selecting after 2 years IM
Questions???

The JRCPTB is part of the Federation of the Royal Colleges of Physicians of the United Kingdom