

Implementation of the Internal Medicine Stage 1 curriculum and the future model for physician training

Introduction

In response to the recommendations set out in the Shape of Training Report, the Joint Royal Colleges of Physicians Training Board (JRCPTB) developed a model for future physician training. The Internal Medicine (IM) stage 1 curriculum was approved by the GMC on 8 December 2018 and will replace Core Medical Training (CMT) from August 2019.

The IM stage 1 programme will comprise the first three years post-foundation training, during which there will be increasing responsibility for the acute medical take and the MRCP(UK) Diploma will be achieved. It will include mandatory training in geriatric medicine, critical care, outpatients and ambulatory care. Further details of the training requirements and learning outcomes are given in the [IM stage 1 curriculum](#).

The curriculum was developed with the support of consultants actively involved in delivering teaching and training across the UK, trainees, service representatives and lay persons. This has been through the work of the Internal Medicine Committee (now the Curriculum Development Committee) and its subgroups and at regular stakeholder engagement events. A 'proof of concept' study was conducted in 2016 and a wide consultation exercise was carried out in 2017 to ensure the curriculum is fit for purpose and deliverable across the UK.

The organisation and delivery of IM stage 1 training will be the responsibility of the HEE local offices, NES and the Deaneries in Northern Ireland and Wales.

Training pathway

IM stage 1 forms the initial training programme for the physician specialties and most doctors in training will complete further Internal Medicine training alongside specialty training following selection to ST4.

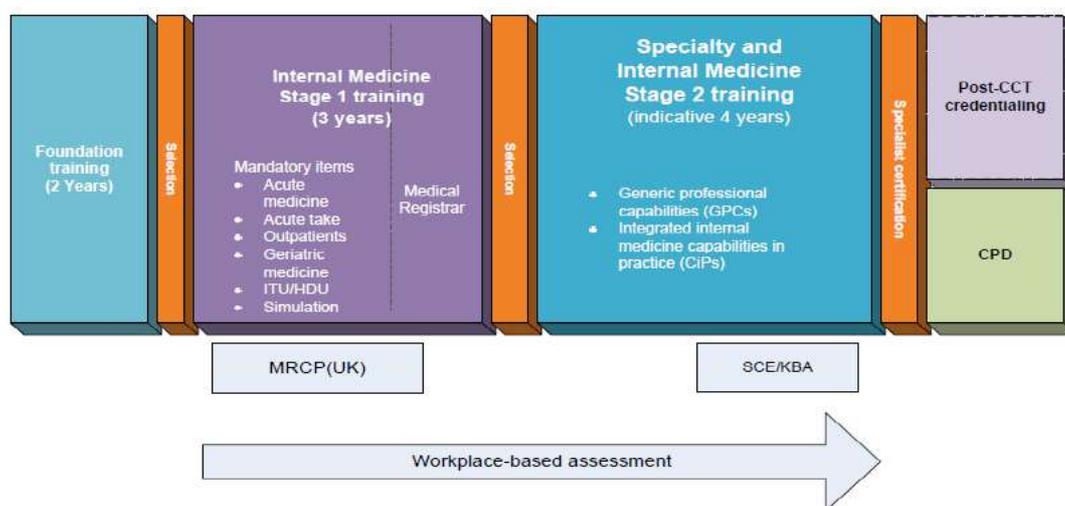
During specialty training in group 1 specialties an indicative three years will be spent training for the specialty and a further year of internal medicine (stage 2) will be integrated flexibly within the specialty training programme. Overall duration of training will remain the same as current dual training with general internal medicine (GIM).

Genitourinary Medicine, Neurology and Palliative Medicine do not currently dual train with GIM and will require an additional year for the new dual training programme. These specialties will not be included in IM3 rotations and will need to recruit into ST3 for a final transitional year in 2021 to ensure posts are not left vacant (please see implementation schedule below).

A number of specialties managed by JRCPTB will continue to deliver non-acute, primarily outpatient-based services (group 2 specialties). These specialties will recruit into ST3 posts from IM2, although trainees may opt to complete the full three year IM stage 1 programme. Alternative core training pathways may be accepted for some physician specialties and will be defined in the relevant curricula.

Medical Oncology has not yet been included in the specialty groups as further discussions regarding the future training model will be taking place in 2018.

The physician training pathway – group 1 specialties

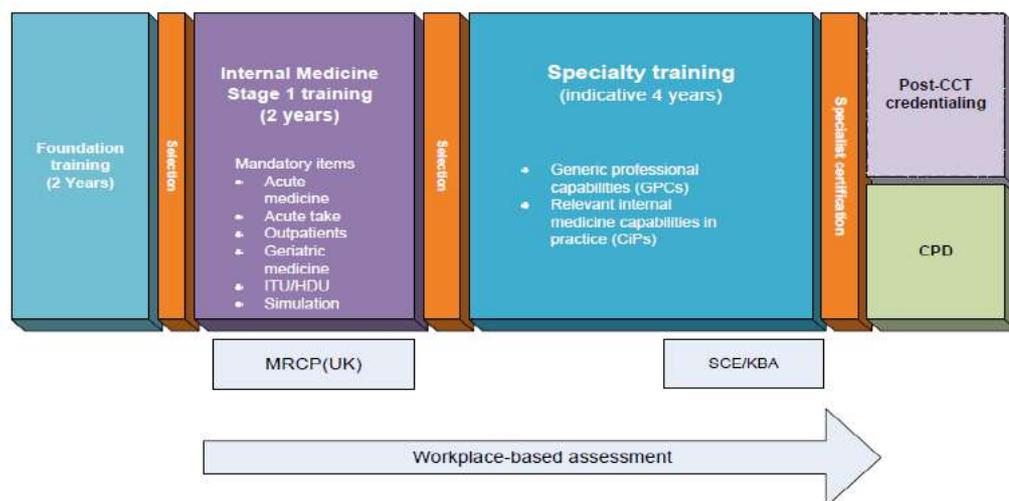


Group 1 Specialties

Acute Internal Medicine
 Cardiology
 Clinical Pharmacology and Therapeutics
 Endocrinology and Diabetes Mellitus
 Geriatric Medicine
 Gastroenterology
 Genitourinary medicine
 Infectious Diseases¹
 Neurology
 Palliative Medicine
 Renal Medicine
 Respiratory Medicine
 Rheumatology
 Tropical Medicine¹

¹ Training pathway for infection specialties dual training with medical microbiology/virology to be determined

The physician training pathway – group 2 specialties



Group 2 Specialties

Allergy
 Audio vestibular Medicine
 Aviation and Space Medicine
 Clinical Genetics
 Clinical Neurophysiology
 Haematology
 Immunology
 Medical Ophthalmology
 Nuclear Medicine
 Paediatric Cardiology
 Pharmaceutical Medicine
 Rehabilitation Medicine
 Sport and Exercise Medicine
 Dermatology²

²Details of the initial stage of training programme under discussion

Consultation and implementation planning

The JRCPTB has fully engaged with the Heads of Schools (HoS) of Medicine who will be responsible for implementing training programmes to deliver the new curricula. This has been through 1-1 meetings with each HoS and at national meetings which we host on a quarterly basis. This has ensured that HoS have been involved in all stages of curriculum development and we have assurance that the curriculum is deliverable in all areas of the UK. We have also worked closely with the CMT training programme directors who will be instrumental in supporting the transition from CMT to IM stage 1. JRCPTB has consulted on the future arrangements for local and national management of the new IM curriculum and have submitted an options appraisal to COPMed.

HoS and CMT TPDs were tasked with setting up curriculum implementation groups in 2016 and these have been established in every HEE local area and Deanery. The JRCPTB has been providing support to the regional implementation groups and a series of regional visits are planned for 2018 in order to provide advice and guidance throughout the critical implementation phase. We will also be holding interactive sessions on implementation of the curriculum at the national HoS meetings and CMT Advisory Committee throughout 2018.

JRCPTB has engaged with Postgraduate Deans at stakeholder events such as the RCP London and PG Deans Liaison Group liaison committee and through the lead deans for CMT and General Internal Medicine (GIM). We recognise that the original proposed implementation date of August 2018 was overly ambitious and we are assured that the training programme and associated resources can be set up for August 2019.

The NHS Employers representative on the Internal Medicine Committee has been instrumental in raising awareness of the IM curriculum via employer networks, providing regular updates to the Medical Workforce group and developing FAQs for service providers.

Rotation design and delivery

Throughout the development of the curriculum we have taken advice from HoS and employers and have ensured the curriculum provides flexibility in how the training programme is delivered to allow for regional variation. The JRCPTB is surveying heads of schools and CMT training programme directors to determine what progress has been made to date with regard to programme planning, identifying what has gone well and what has been challenging.

Flexibility will allow programmes to continue with four month placements in IM1 and IM2 but the move towards longer placements has been welcomed by employers as they will allow for better rota planning and development opportunities, as well as helping doctors to integrate in to teams better and provide more cohesion.

We recognise that rota management will be complex during the implementation phase. We will provide support to HoS and TPDs managing these processes and will maintain oversight to ensure consistency and provide quality assurance. JRCPTB is working closely with NHS Employers to encourage employer input into the design of clinical placements to ensure that the curriculum is deliverable at an operational level and within the limits of existing educational infrastructure and service demands.

JRCPTB will provide guidance and share good practice across schools on how mandatory and desirable aspects of the curriculum can be delivered. For instance, we sought advice from the Faculty of Intensive Care Medicine (FICM) on providing critical care experience within the training programme as this was seen as particularly challenging for some schools. The curriculum sets a minimum requirement of 10 weeks in no more than two blocks as well as providing guidance on the 'gold standard' of a three month ICU placement. The FICM has committed to providing ongoing support and advice in the implementation phase through its network of regional advisers.

Implementation Timeline

The JRCPTB has put in place a phased implementation plan to support the move from CMT to the proposed new curriculum and supporting training model.

Phase One		
2018/2019	Implementation planning Training for supervisors and trainees	JRCPTB to attend regional implementation planning meetings/events and provide resources JRCPTB to develop training materials and train a core faculty
2019/2020	First year of IM1 (replacing CT1) Training for supervisors and trainees	No further CMT recruitment Existing CT2 enter last year of CMT training Cascade training to supervisors and trainees
2020/2021	First year of IM2 (replacing CT2)	IM1 progress to IM2 Evaluation of first year of IM stage 1
Phase Two		
2021/2022	First year of IM3 New curricula for group 2 specialties Training for supervisors and trainees	No further recruitment into ST3 in group 1 specialties <i>[with the exception of Genitourinary Medicine (GUM), Neurology and Palliative Medicine which will have a final transition year of ST3 recruitment]</i> Group 2 specialties will recruit at ST3 IM2 trainees progress to IM3 or exit to group 2 specialties Cascade training to supervisors and trainees
2022/2023	First year of IM stage 2 training and new curricula for group 1 specialties Training for supervisors and trainees	Trainees exiting IM3 enter ST4 group 1 specialty plus IM stage 2 training
Phase Three		
2023/2024 onwards	Assimilation of trainees on previous curricula	Trainees to transition to new curricula in accordance with transition plan agreed with GMC Monitoring and evaluation

Training for supervisors and trainees

JRCPTB has set up a working group to oversee the development of training packages for the different training roles, the training of core faculty and cascade training to clinical and educational supervisors who will be supervising IM stage 1 trainees. The working group will include the Lead Deans for CMT and General Internal Medicine (GIM), educationalists, trainers and trainees. A core faculty will be trained by Spring 2019 in order to cascade training regionally in time for implementation of the new curriculum in August 2019. We will also work with the Academy of Medical Royal Colleges to incorporate training on the general professional capabilities (GPCs).

The JRCPTB will oversee the design and production of a teaching programme for training a core group of faculty on use of the new curriculum and how to deliver training locally. This training will be delivered by experienced educationalists and clinicians who will form the college faculty.

There will be a comprehensive distance teaching resource for the core group of faculty to use regionally. This will incorporate lesson plans, lesson materials, video clips and all materials needed to deliver a training session. The materials and central training will help to ensure consistency across HEE local offices/deaneries.

JRCPTB will work closely with the network of heads of schools, college tutors and training programme directors to ensure a local roll out plan is in place to train educational and clinical supervisors. This network of key stakeholders has

been closely involved throughout the development of the curriculum and committed to delivering the curriculum regionally.

The development of teaching resources, the training of core faculty and the arrangements for local training delivery will be monitored centrally, with oversight by the Curriculum Development Committee. The distance teaching cascade model will also be reviewed as part of the planned evaluation of the new curriculum.

Eportfolio

The eportfolio will be updated to ensure it supports the new curriculum and consideration of this and longer term planning for specialty curricula has run alongside curriculum development. The eportfolio will support the curriculum and programme of assessment. The Curriculum Development Committee will oversee development of the eportfolio including testing, implementation and training of users.

JRCPTB is holding a series of eportfolio workshops with stakeholders to obtain feedback on what works well and what needs to be improved and this group will be instrumental in developing and testing the eportfolio development ahead of going live in August 2019.

Evaluation and monitoring

JRCPTB is committed to the evaluation of the progress and impacts of the proposed changes and will work with the GMC to agree timelines and content of this evaluation. We also believe that consistency, shared training and flexibility across specialties will be strengthened if the GMC and Academy encourage other colleges and faculties to use the same approach and assessment methodology.

We will adapt and develop the JRCPTB quality criteria and specialty specific question in the GMC's National Training Survey (NTS) to help monitor implementation of the curriculum.

5 January 2018