JRCPTB
Joint Royal Colleges of Physicians Training Board

NHS
Health Education England

SCHOOL OF MEDICINE

INTERNAL MEDICINE TRAINING

A GUIDE TO INTERNAL MEDICINE STAGE 1 TRAINING

August 2021

Contents

1. Introduction by IMT Training Programme Directors

Congratulations on your appointment to the Mersey Internal Medicine Training Programme. We are sure you will be very happy and successful here.

Internal Medicine Training (IMT) is a programme in which you will receive training in the basics of medicine and some of its specialties in preparation for entry into higher medical training. However, not all our trainees continue with a career in hospital medicine, choosing instead to specialise in other areas such as radiology, and the broad general experience gained in IMT can only be an asset to training in other specialties.

IMT in the Mersey region offers exciting three-year programmes dedicated to training the physicians of the future. You will rotate through several different types of hospital in Mersey Region during your training. In IMY1 you will rotate through three four-month posts with a Clinical Supervisor to help you in each post and an Educational Supervisor overseeing your training through the year. In IMY2 you will rotate through a six-month post, a three-month post, and a three-month post in ITU. In IMY3 you will rotate through two six-month posts.

Each Trust has a College Tutor who is there to arrange local education and training.

IMT is also supported by:

Dr Dinesh Damodaran **Education Lead**

Miss Nicola Moffitt **IMT Zonal Administrator**

And, of course, ourselves.

We wish you every success

Dr Robin Egdell
Dr Katie Clark
Dr Gurinder Tack
IMT Programme Directors

Senior Members of the Internal Medicine Training Stage 1 Programme

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2. Useful Contacts

The Royal College of Physicians (Mersey Region) - College Tutors

If you need help with your training, you can contact the College Tutor in the Trust you are working in, who will be able to assist you.

Wirral University Teaching Hospital NHS Trust
Upton, Wirral, CH49 5PE
RCP Tutors: Dr Simon Whittingham-Jones and Dr Helen Kalaher
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Tutors:
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Heath Education North West (Mersey)

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Website: www.leademployer.sthk.nhs.uk

3. Educational Supervision

Regular interaction between trainee and their trainers is critical to the trainee's development and progress through the programme. As trainees, you will need to engage with your Clinical (CS) and Educational Supervisors (ES). At the beginning of the academic year there should be a meeting with your ES to map out your training plan for the year. This should include:

- How to meet the training requirements of the programme, addressing each CiP separately
- A plan for taking the various stages of the MRCP diploma
- A discussion about what resources are available to help with the programme
- Develop a set of SMART Personal Development Plans (PDPs) for the training year
- A plan for using study leave
- Use of the various assessment/development tools

The trainee should also meet with the clinical supervisor (CS) to discuss the opportunities in the current placement including:

- Develop a set of SMART PDPs for the placement
- Access to clinics and how to meet the learning objectives
- Expectations for medical on-call
- Expectations for in-patient experience
- Expectations to gain experience in end-of-life care

Depending on local arrangements there should be regular meetings (we recommend approximately one hour most weeks) for personalised, professional development discussions which will include:

- Writing and updating the PDP
- Reviewing reflections and SLEs
- Reviewing MCR and other feedback
- Discussing leadership development
- Discussing the trainee's development as a physician and career goals
- Discussing things that went well or things that went not so well

- You will be allocated an ES for each training year and a CS for each post in IMT

- You should arrange regular meetings with your ES and CS to ensure your Portfolio is regularly reviewed. You must ensure that an Induction Appraisal meeting entry and an End of Post appraisal are made for each post you occupy (**these are mandatory and should be completed by the clinical supervisor**).

- You should be having professional development meetings with your educational supervisor at least once a month even if you have moved to another hospital post and site. It is your responsibility to book these meetings with your ES. These meetings must be documented as an 'educational meeting' in your portfolio.

- Your CS can help with Consultant level SLEs and progress within the specialty post.

- Your ES is the same person for the whole 12-month training period and is responsible for an overview of your training. The ES completes the ES report at the end of the training year and should also update your curriculum record at the end of the year

- The first meeting with your ES or CS should be within two weeks of starting your new post if at all possible, (make an appointment with Consultant or, even better, via their secretary). For most rotations the CS in your first post will be the same person as the ES for the year.

- If you discover the ES details given in your portfolio are incorrect, please email Nicola Moffitt who will make the necessary changes.

Top Tips for Appraisal:

- For the induction appraisal meeting you should fill in the form yourself on your log-in **BEFORE** the meeting and "save" rather than submit. This saves time at the actual meeting as your CS will then only have to make modifications rather than sit and watch you type.

- Make sure you have also completed a Personal Development Plan before the induction appraisal – again this can be discussed at the meeting and modified if necessary

- Make the appointment for the appraisal through your CS's secretary for an appropriate amount of time (15 – 30 minutes)

- Assume your CS may not be as familiar with the portfolio as you should be and be prepared to lead them through it.

- Take proof of your ALS status to the induction appraisal as your CS will need to confirm these items in the portfolio

- Make follow-up appointments for mid-point / end of post appraisals at the end of the induction appraisal.

- Make PDP aims "SMART": Specific, Measurable, Agreed, Realistic, Time limited.

- Please understand that completion of the required appraisals, assessments and portfolio record is ***your*** responsibility.

- Ensure you keep a steady update of your Portfolio and completion of assessments. You should be performing Supervised Learning Events (SLEs) e.g. MiniCex every week and linking them with the competencies in the curriculum. If you leave it until a couple of weeks before the portfolio is reviewed, you will be a long way adrift from the targets. The more evidence you have in your portfolio the more likely the time spent with your CS and ES will be productive in terms of addressing your PDP and educational planning.

4. Portfolio

From July 2018 trainees are being asked to self-administer their own portfolios and to take responsibility to ensure posts / supervisors etc. are included correctly. However, please ensure you read the portfolio guide on how to enter the information correctly.

PROFILE

Personal Details:

- In the portfolio ensure all details on your profile are correct, in particular your email address and GMC number.
- Upload a passport style photo.

Post / Supervisor Details:

- Check the name of your Educational Supervisor is correct. If they are not correct let Nicola Moffitt know by e-mail and this will be amended.
- If you have difficulty identifying or meeting with your Educational or Clinical Supervisor, you should approach your Trust's College Tutor (see page 5 – 6) or the relevant IMT Programme Director.
- There are the details for each post you will rotate through – the current post is highlighted in yellow; the previous post details are below; future posts are above.

Certificates and Exams:

- This refers to certificates such as ALS. You can upload the details, but your ES must see the original of the certificate and then confirm the expiry date. **A current ALS certificate is mandatory throughout training. It must not be allowed to lapse**.

Certificates and Exams:

- MRCP results will be entered in this section by the MRCP central office. In the even that this is not working for you, please upload your pass letters into your personal library

Personal Library:

- Allows you to upload any relevant documentation – the space is limited though to 20MB. You may wish to upload PowerPoint presentations you have made, QI project details, scanned documents e.g., ALS certificate.

Absences:

- You should record any unplanned absences from work in your portfolio, this may be cross-referenced with medical staffing records. This is further mandated by your sign off of your probity and health declarations. Therefore, every time you are absent for reasons of sickness / compassionate leave etc. you must ensure medical staffing in your Trust are informed for their records.

CURRICULUM

- **You should record your experience against Internal Medical Training (Physician Internal Medicine Stage 1).**

- By clicking on curriculum, you can see your curriculum record – if you click on the 'expand all' button you will then see a list of all the competencies that need signing off at some stage over your IMT training period, including examinations and procedures.

- The curriculum is subdivided into:

- Generic CiPs (Capabilities in Practice)
- Clinical CiPs (Capabilities in Practice)
- Practical Procedural Skills

- Generic CiPs - your ES is responsible for signing you off as either meeting or exceeding expectations across all six CiPs at the end of the training year. You are also responsible for completing a self-rating with comments justifying your rating for each CiP at the end of the year.

- Clinical CiPs - your ES is responsible for confirming you are performing at or above the level expected (Level 1-4) for all eight CiPs. You are also responsible for completing a self-rating with comments justifying your rating for each CiP. We expect you to be at least Level 2 in all Clinical CiPs by the end of the IMY1 training year – see Table Page 14.

- Practical Procedural Skills must be signed off as skills lab or satisfactory supervised practice according to the ARCP decision aid targets.

Levels to be achieved by critical progression points

Level descriptors

Level 1: Entrusted to observe only – no execution Level 2: Entrusted to act with direct supervision Level 3: Entrusted to act with indirect supervision Level 4: Entrusted to act unsupervised

	Internal Medicine Stage 1			Selection	Internal Medicine Stage 2 + Specialty			CCT
Specialty CiP	**IM1**	**IM2**	**IM3**	CRITICAL PROGRESSION POINT	**ST4**	**ST5**	**ST6**	**ST7** CRITICAL PROGRESSION POINT
Managing an acute unselected take	2	3	3					4
Managing an acute specialty-related take	2	2	2			3		4
Providing continuity of care to medical inpatients	2	3	3					4
Managing outpatients with long term conditions	2	2	3					4
Managing medical problems in patients in other specialties and special cases	2	2	3					4
Managing an MDT including discharge planning	2	2	3					4
Delivering effective resuscitation and managing the deteriorating patient	2	3	4					4
Managing end of life and applying palliative care skills	2	2	3					4

ASSESSMENT

Trainees are expected to undertake a self-assessment of their engagement with the curriculum, and in particular the CiPs. This is not a "one-off" event but should be a continuous process from induction to the completion of the programme and is particularly important to have been updated ahead of the writing of the ES report and subsequent ARCP. Self-assessment for each of the CiPs should be recorded in the curriculum in the portfolio.

Under **'assessment'** you can find the following forms:

- SLEs - MiniCex, CBD and ACATs
- OPCATs
- DOPS
- MSF
- Quality Improvement Project Assessment Tool
- Audit Assessment
- Teaching Observation

• You must ensure you do enough SLEs – there are minimum requirements for Consultant SLEs each year in IMT. At least four Consultant ACATs and four Consultant CbDs/MiniCex are required each year. You can of course do more. In addition, you can ask any Junior doctor of a higher grade than yourself to do SLEs for you. The SLEs must be spread over the whole training year. **Obtaining eight consultant SLEs in the month before the ARCP is not acceptable.**

• Please see on the next page advice from the Royal College of Physicians about SLEs. **NB** – an ACAT must include at least 5 cases which are described in the box 'brief summary of cases', but can be done in A&E, AMU or any acute ward area. Minicex and CbD are usually about one case. Patient identifiable information must **not** be recorded in the SLE.

• Do not link DOPs to any area other than procedures.

• When you have obtained evidence such as SLEs you should link it to the relevant CiPs in the curriculum record. The maximum links you can make to a CbD or MiniCex is two, the maximum links you can make to an ACAT is eight.

• The **MSF** is very important and one of the most informative tools; you must ensure you have at least 12 raters for this to be meaningful, ideally 20; at least three of the raters should be a Consultant. **This should be completed with a range of raters from all posts of your IMT year.**

• Once asked to start the process you should compile a list of 20 potential assessors. This list should include all Clinical Supervisors you have had that year and at least one other Consultant, (you can ask more so long as you have worked with them), as it is imperative that you have at least three Consultant responses.

You should include some more doctors, preferably at both SpR as well as more junior grades. Don't forget that senior nursing staff, medical secretaries and therapy staff that you have worked with can provide very effective feedback.

• The portfolio automatically collates the submissions and produces a summary table of results. You must receive at least 12 returns for a valid result for this assessment.

• Once completed you should ask your ES to discuss the results with you and to 'release' the results so that you can see them yourself.

REFLECTION

Undertaking regular reflection is an important part of trainee development towards becoming a self-directed professional learner. Through reflection you should develop SMART learning objectives related to the situation discussed. These should be subsequently incorporated into your PDP. Reflections are also useful to develop 'self-knowledge' to help you deal with challenging situations. It is important to reflect on situations that went well in addition to those that went not so well. You are encouraged to reflect on their learning opportunities and not just clinical events

• Under '**reflective practice**' you should reflect on learning events, clinical events, audit, teaching attendance, conferences, research, publications etc. Each entry should be shared if you want it to be seen to enable discussion with your ES where appropriate and signed off by your ES.
• No patient identifiable information must be included in your reflection
• You can link these entries to CiPs
• In addition, you should record any teaching sessions you give. There is a Teaching Observation form in the Assessment section of the portfolio which is suitable for you to use to obtain feedback.

Keep your reflections objective, based as far as possible on documented evidence and keep the wording professional and respectful of your patients and colleagues. Although extremely unlikely, it is possible for your reflective log entries to be used as evidence during legal proceedings

APPRAISAL

Appraisal forms should be added for the beginning (i.e., induction – within first four weeks) and end of each post. These appraisals are completed by your Clinical Supervisor. You can enter the details of the induction appraisal yourself although you should save but not submit it until reviewed by your CS.

The **Personal Development Plan** (PDP) should be completed at the beginning of each post and you must ensure you have discussed this with your Educational Supervisor, particularly at the induction meeting. Regularly update and add to your PDP. When you have achieved an item in your PDP, please "sign it off" as achieved, which you can do yourself, otherwise it will look like you are not progressing at all. You should have a number of separate items under the PDP e.g., generic skills, specialist skills, acute skills, procedural skills, audit and exam goals. We stress "separate" so that you enter the items separately and they can be signed off separately.

The JRCPTB Top Tips – making SLEs work for you and your trainees

1. Be clear about, and agree, what you and the trainee want to achieve from the SLE at the start.

CBD (case-based discussion) uses a case to explore the trainee's application of knowledge, clinical reasoning and decision making including the ethical and professional aspects of the patient's care. CBD is not just a discussion about an interesting case.

ACAT (Acute care assessment tool) is preferably used on an observed take (but may be on a ward round) assessing clinical assessment & management, decision making, team working, time management, record keeping and handover.

MiniCEX (clinical evaluation exercise) is an *observed* trainee / patient interaction designed to assess clinical skills, attitudes and behaviour of the trainee.

DOPS (Direct observation of procedural skills) is assessing competency in a procedure; DOPS assessors need to be competent in the procedural skill that is being assessed.

MSF (multi-source feedback) provides a sample of attitudes and opinions of colleagues (medical, nursing, AHP & clerical) on the clinical performance and professional behaviour of the trainee; the request to do this SLE will usually come as an email request from the trainee.

2. Make it a *positive* learning experience – this is what it is all about & what trainees value the most.
3. Do the assessment real-time and face-to-face – this makes it as close to a real situation in which the trainee works as possible.
4. Make time to do this – expect this to take 10-15 minutes of your time
5. Do give constructive verbal feedback - face to face immediately after the assessment is completed enhances the process and encourages immediate trainee reflection.
6. Complete the necessary form on the Portfolio at the time of the assessment with a description of the case(s) and written feedback in the white space – it is easy to forget very quickly what was agreed.
7. Do give specific and detailed feedback which outlines development needs, identifies strengths and weaknesses, with an agreed action plan to guide future learning; this also enables meaningful linkage of the SLE by the trainee to appropriate curriculum competencies.
8. Use the anchor statements to guide your judgement on rating the trainee performance.
9. Expect to be asked to do SLEs - all training doctors require completion of these on a regular basis throughout their training programmes.
10. It is entirely acceptable for you to trigger a SLE with a trainee.
11. Once you agree to do a SLE, then commit to the whole process– it is unfair to do it in part, promise you will do it and never do.
12. If you have not had the training, do not do an assessment; ask your local PGMC, college tutor or deanery for courses.

Recommendations for best practice when using SLEs to provide supportive evidence in the Portfolio:

1. SLEs not linked to more than two CiPs – except ACAT – maximum eight links
2. SLEs done proportionately throughout training and not last minute before ARCP.
3. A minimum of five cases for an ACAT assessment.
4. SLE requirements outlined in the ARCP decision aid are the minimum requirement for those assessed by a consultant; more will inevitably be needed to help provide evidence of competency.
5. SLEs assessed by medical staff assessors at least one grade above those they are assessing; an assessor may be non-medical provided they are competent in the field they are assessing.

5. MRCP Examination

Progress with the MRCP exam goes hand in hand with IMT progress. At the end of IMY1 if a trainee does not possess the Part 1 examination this is a cause for concern and the trainee will be awarded an outcome 2 at the summer ARCP. We would encourage you to take at least Part 1 MRCP early and not delay until IMY2. If you can get Part 2 written and PACES completed in IMY1 that will be an advantage to you.

6. Quality Improvement (QI)

Quality Improvement projects are an important part of learning in IMT and have largely superceded audit, which is a more laborious and less active process. Trainees are required to undertake one QI project although we recognise this may not completed until IMY2.

QI projects must be recorded on the correct forms in the assessment section of the curriculum record.

- There is a form you can complete entitled QI project **plan** which should be completed early in IMY1
- There is a QI project **report** form, which you should complete prior to the ARCP at the end of IMY1 even if the project is not completed.
- There is a QI project assessment form (**QIPAT**) which you should ask your supervisor to complete at the end of the QI project.

Training in QI will be given in the regional teaching meeting. There is very useful information on the RCP website which you are encouraged to study:

https://www.rcplondon.ac.uk/guidelines-policy/learning-make-difference-ltmd-trainees

There is a Regional QI Showcase in May of each year to which you will be invited to submit your project for presentation

Audit is not accepted as QI

7. Interim Review

An interim review is **not** an ARCP; it is a prelude to your ARCP in the summer of 2022. It is a review of your progress in line with the national standards identified by the IMT Decision Aid, which gives targets to be achieved by the end of each training year. The interim review will take place half-way through your training year (Feb / March / April). This will be a face-to-face meeting with yourself, TPD and College Tutor in your individual Trust in order to go through your portfolio and highlight what needs to be completed before your summer ARCP.

8. Targets and Deadlines for IMY1 year

		IMY1	Deadlines and Advice
Educational supervisor report (ESR)		Satisfactory with no concerns	Complete between **9 – 28 May 2022**
Multiple Consultant Reports (MCR)		4 – all satisfactory. Consultant supervisors should give evidence on CiPs they have observed using the global ratings. Your ES cannot complete an MCR for you	Complete by **9 May 2022**
Academic supervisors report (ACF trainees only)		Satisfactory with no concerns	Complete between **9 – 27 May 2022**
MRCP (UK)		Minimum need Part 1 passed	Outcome 2 if not passed
ALS		Valid	If your ALS is coming to an end, ensure you are booked on to a course before it expires as they get booked up fast
Workplace Based Assessments (SLEs)		Minimum eight in total by Consultants (with at least 4 ACATs and at least 4 Consultant-led CbDs and mini-CEXs)	ACAT – maximum links 2 CbD and MiniCex – maximum links 8
Multi-Source Feedback (MSF)		One required - (minimum 12 raters of which at least three must be Consultants)	Start sending tickets from all posts
Quality Improvement (QI)		At least a project plan and report in the first year and a full plan, report and QIPAT in IMY2. **Audits are not accepted**	Complete QI Plan / Report / QIPAT tool in portfolio each year

CURRICULUM RECORD			
	Generic CiPs	Confirmation by ES that trainee is meets expectations or above	Links required for the following: 1. Able to function successfully within NHS organisational and management systems. 2. Able to deal with ethical and legal issues related to clinical practice. 3. Communicates effectively. 4. Focussed on patient safety and delivers effective quality improvement in patient care. 5. Carry out research and managing data appropriately. 6. Acting as clinical teacher and clinical supervisor
	Clinical CiPs	Confirmation by ES that trainee is performing at, or above, the level expected for all CiPs across all eight competencies. You are also responsible for self-rating and commenting on each CiPs	Links required for the following: 1. Managing an acute unselected take. 2. Managing an acute specialty-related take. 3. Providing continuity of care to medical inpatients. 4. Managing patients in an outpatient clinic. 5. Managing medical problems in patients in other specialities and special cases. 6. Managing a multidisciplinary team. 7. Delivering effective resuscitation and managing the acutely deteriorating patient. 8.Managing end of life and applying palliative care skills
	Practical Procedural Skills	Skills lab or satisfactory supervised practice	Skills lab certificates or DOPS evidence to be linked to the following: 1. Advanced CPR 2. Temp cardiac pacing using external device 3. Ascitic tap 4. Lumbar puncture 5. NG tube 6. Pleural aspiration 7. Access to circulation for resus 8. CV cannulation 9. Intercostal drain for pneumothorax 10. Intercostal drain for effusion 11. DC cardioversion 12. Abdominal paracentesis
Outpatient Clinics		Minimum 20 attended by end of IMY1	Does not include ETT / Tilt Test attendance. Mini CEX / CbD to be used to give structured feedback. Patient survey and reflective

		Over the whole of your 3-year training, you are expected to have 80 clinics	practice recommended. Summary of clinical activity should be recorded on portfolio A Summary of Clinical Activity and Teaching form is available to record clinics under the assessment section of your portfolio. Keep this in draft and update as you go along OPCAT forms to be used as evidence
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	**By the time of ARCP in June 2022 it is required that you have evidence of being actively involved in the care of at least 100 patients presenting with acute medical problems in IMY1. Over the course of your 3-year training, you are expected to see at least 500 acute take patients.** The number of patients seen on the acute take can be estimated using the calculator found here https://www.jrcptb.org.uk/internal-medicine A Summary of Clinical Activity and Teaching form is available to record acute take patient under the assessment section of your portfolio. Keep this in draft and update as you go along
Teaching		Minimum in IMY1: 50 hours teaching attendance to include minimum of 20 hours IM teaching recognised for CPD points or organised/ approved by HEE local office	Summary of trainee education form to be submitted by **27 May 2022** on portfolio. A Summary of Clinical Activity and Teaching form is available to record teaching under the assessment section of your portfolio. Keep this in draft and update as you go along
Form R		Completed by start date i.e. **4 August 2021** Updated Form R required prior to	Both Parts A and B need completion and uploading into your personal library **Do not complete the form more than one month before your**

		ARCP June 2022.	**ARCP**
GMC Survey		This is required prior to ARCP Assessment	Add code to your personal library
PTB		Must be enrolled	

Please note that the table given above is fundamental to your progress in IMY1 and mirrors the ARCP Decision Aid issued by the JRCPTB. The dates given in red are deadlines and no leeway will be given if the targets are not achieved by the deadlines set. It is the most important information in this booklet.

9. Teaching

Regional IMT Teaching

Monthly teaching sessions are arranged for IMT trainees by Dr Damodaran working in conjunction with Trust College Tutors. The meetings rotate around the Region. The programme is visible in the IMT section of the HENW website search under 'Teaching' for the timetable. We regard these meetings as **MANDATORY** which means you **MUST** attend unless on leave. Even if on call you should be able to swap. **In light of the current COVID pandemic however, you are advised to attend only those sessions hosted by your Trust. All other sessions will be via a link which will be sent to you nearer the time.**

Study Leave information can be found on this section of the website (https://www.nwpgmd.nhs.uk/study-leave).

Liverpool Medical Institution (LMI)

RCP Teach-in programme meetings are held monthly at the LMI. Registration is from 6.00pm – 6.30pm and close at 8.30 pm. There is no charge. Each meeting is convened by an expert in one of the specialties in medicine, and three lectures will be given of direct relevance to all trainees in medicine. You can find a list of course via this link https://www.rcplondon.ac.uk/events/region/mersey-0

Post MRCP Training

Any IMT trainees who have passed the PACES examination are welcome to attend the Broadgreen / Acute General Medicine Programme (largely for SpRs). See 'IMT Teaching' section of the IMT part of the HENW website. (https://www.nwpgmd.nhs.uk/Specialty_Schools/Medicine/Core_Medical_Trainin g).

10. IMT Educational Logging

Trainees are required to log their attendance at recognised educational events and achieve a minimum number of hours per year for certain core aspects of their training. This can be

logged in the Teaching section of the portfolio with the Summary of Clinical Activity and Teaching form

Points to Remember:

- External and local teaching should be recorded in the reflective log section of your portfolio, along with journals and other reflective practice (e.g., based on clinical work or experience).
- Relevant attendance certificates should be retained for inspection when requested.
- Study leave must be booked for the organised IMT Regional Teaching sessions. This will ensure that you actually get to the teaching and will keep your Trust and seniors appraised of your planned absence.

11. Purpose of Annual Review of Competence Progression (ARCP) Assessment – June 2022

- Review training experience and progress
- Ensure appropriate evidence to support progression
- Identify gaps in knowledge and experience
- Completion of IMT
- Ensure career plans realistic

12. Possible Outcomes of ARCP Assessment

- **Outcome 1** which indicates satisfactory progress (IMY1).
- **Outcome 2** means the trainee may continue in their training progression but may have a number of issues that require addressing such as an absent Educational Supervisor report at the time of their ARCP or no valid ALS certificate. Additional training time is not required.
- **Outcome 3** means inadequate progress by the trainee and a formal additional period of remedial training is required which will extend the duration of the training programme.
- **Outcome 4** means the trainee is released from training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress. The trainee will be required to give up their National Training Number / Deanery Reference Number.
- **Outcome 5** means incomplete evidence has been presented and additional training time may be required.
- **Outcome 6** indicates satisfactory completion of IMT training (IMY2)

13. ARCP Feedback Interview – July 2022

- If you are making satisfactory progress, then the ARCP Assessment is essentially a virtual experience i.e., you will not need to be present, and your portfolio will be accessed remotely by the panel. However, if you do not receive a satisfactory outcome from the Assessment then you will be invited to personally attend the Feedback interview. **Please note that if you obtain an unsatisfactory outcome at assessment panel in June then you are required to attend panel. This date will be sent to you as soon as it is confirmed**

14. Trainee Absences

- Please note that you must be aware of each Trust's process on who to notify when absent for any unplanned absence (i.e., other than annual, professional or study leave). Generally, this would be the local HR Department and your Consultant's secretary.
- You must enter all unplanned absences on your portfolio record and ensure your Educational Supervisor is aware of any unplanned absences.
- For repeated unplanned absence you may be referred to Occupational Health, for counselling, to the Careers Development Unit or for disciplinary procedures.
- Additional training time may become necessary if more than two weeks sickness is taken. If this happens, please let Nicola know as soon as you can.

15. The Support Network Available to You

1. Please ensure if you have concerns / issues that you raise them and raise them early.
2. Health Education North West - Mersey does not tolerate bullying or intimidation within Postgraduate Medical and Dental Education.
3. There are a number of people who are able to provide support to you be it pastoral or career advice – please see below:

- Clinical Supervisor
- Educational Supervisor
- College Tutor
- Associate College Tutor – not all trusts have appointed these to date – this may be something you are interested in doing.
- Trust Director of Medical Education
- IMT Programme Directors
- Head of School of Medicine
- There is an IMT trainee rep for each year

If you feel your concerns are not being taken seriously or not addressed in a way that you feel they should, then please contact the IMT Programme Directors or the Head of School of Medicine directly.

16. Feedback on Posts and Educational Process

You will be expected to complete:

- Annual GMC survey.
- Trainee feedback on each post completed – requested prior to your ARCP via survey email from Nicola Moffitt

17. Less than Full Time Training (LTFT)

Placements are managed within the training programme by the Training Programme Director. The first point of contact for LTFT enquiries is the Deanery. Please look at the HENW https://www.nwpgmd.nhs.uk/content/less-full-time-training website and contact LTFTAdmin@nw.hee.nhs.uk for further information.

18. Study Leave

The IMT study leave budget year runs from **August to August**. All trainees 30 study days. Your regional teaching days are automatically taken off at the beginning of the year, taking your allocation to 25 days. Study leave forms are to be completed and forwarded on to Nicola Moffitt in the first instance.

All forms must be submitted to Nicola Moffitt for TPD approval at least **4 weeks before** the date of the course. Please note that you must gain ES and rota manager approval **before** submitting forms and, unless there are mitigating circumstances, no retrospective forms will be accepted. Further details and the form can be found here. Please note that gaining ES and rota approval does not mean you have been approved for the expenses. It is therefore important that your form is submitted as early as possible.

Study leave is also required to be completed and submitted to your ES and rota coordinator for the regional teaching sessions, however these are not needed by Nicola.

19. Maternity Leave

For any queries regarding maternity or paternity leave contact the Lead Employer.

Lead Employer 0151 430 1596
Lead.Employer@sthk.nhs.uk http://www.sthk.nhs.uk/workwithus/lead-employer-service

20. Sickness

Please ensure you inform your own department and also the medical staffing department of your Trust if you are off sick.

21. Enrolment with JRCPTB

All trainees should enrol with the JRCPTB promptly – this will allow you access to your Portfolio and your IMT certificate once you have completed the training satisfactorily.

22. Portfolio Queries

- In the first instance contact Nicola Moffitt. Otherwise, there is an email at JRCPTB ePortfolioteam@jrcptb.org.uk if we are unable to help.

23. IMT Trainee Advice Regarding MRCP Exam Preparation

A) MRCP PART 1

Useful Online Resources

- www.pastest.co.uk: This has thousands of questions. Would recommend doing as many of the questions in the bank as possible. Closer the time, would also recommend doing the timed practice papers (of which there are plenty) to recreate the exam pressure and endurance. There are podcast lectures on there that are very good and easily downloadable onto your iPhone / MP3. In the months leading up to the exam would recommend making a playlist of the podcasts and having it on repeat on your car radio for your daily commute to / from work. You would be surprised how much information you end up retaining this way. Finally, there are video lectures on there, and again, repeated watching of these can be very useful.
- www.passmedicine.com: Much cheaper than Pastest; but does not come with extras like past papers, podcasts and video lectures. However, the content of the explanations accompanying the questions is extremely well put together (probably more-so than Pastest) and can become a useful textbook for you.

Useful Courses

- www.mrcpcourse.co.uk: A two-day course at Stepping Hill in Manchester. Excellent course! Highly recommended. There are only a small group of people on this course (50-60) and you sit in a small lecture theatre with a Rheumatologist called James Galloway and Neurologist called Matt Jones and they essentially dissect the whole exam curriculum together with you using questions. A few have reported that this is the only course they attended, and they passed the exam.
- LMI does a very cheap one-day course, worth attending.

Useful Books

- Essential Revision Notes for MRCP – Kalra.
- Basic Medical Sciences for MRCP - Easterbrook (I used that because when I was doing questions it became obvious, I was weak in basic physiology. Found this one summarised recurring MRCP themes well - and has a chapter on clinical pharmacology which is tailored to the Part 1 exam).

General Tips

- The exam covers a lot of information therefore it is recommended you start ideally three, but if not two months in advance.
- Keep your notes from Part 1, as they unexpectedly come in handy for Part 2 and PACES (where some of the history stations, for example, require some deeper knowledge about a condition).

- I needed three months of hard graft before each exam to prepare properly. For Part 1, I completed two question banks (Pass Medicine and examination) which equates to around 5000 questions in total. You start realising that each speciality has their favourite questions to ask and the only way to know which topics to focus on is by lots of practice.
- When I talk to the F1's / F2's that want to do IMT and medicine I usually say you should start sitting it all early (Part 1 is great to have for IMT interview in Jan-Feb). This way you can plan to revise for when you have a quieter day job (I revised for Part 1 whilst doing a colorectal F1 rotation).
- The Pastest question bank has an iPhone app where you can download 50 questions and do them wherever. I used to do 50 questions and watch a 20min TV show to de-stress because there are a lot of questions to get through.

B) MRCP PART 2

Useful Online Resources

- Pastest once again, for the same reasons as above. Prices are as above. This time, doing their practice papers under timed conditions is even more important than in Part 1 as the question stems are much longer so you are far more pushed for time.

Useful Books

- Essential Revision Notes for MRCP – Kalra.

General Tips

- This long two-day exam takes quite a bit of endurance. Therefore, if you sit the course in Manchester (which most people do), try not to commute from Liverpool as that can become stressful, especially by day two. Book yourself in to sleep somewhere near the venue. Book Manchester early (the centre fills up quickly).

C) PACES

Useful Online Resources

- Not as essential as in Part 1 or 2 as the majority of the learning happens on the wards / courses. However, Pastest can be helpful for station 5, where they show how to examine a patient with a variety of conditions you may not necessarily see on the wards.

Useful Courses

- Pastest do a two-day weekend course in Manchester (£820) and a four-day course in London. I attended the two-day one. Positives: they teach by recreating exam conditions and exposing you to patients. You go through all the patients together at the end. They also have a specific session on how to present, which is important. Negatives: quite a lot of the same stuff is seen.

- PassPACES four-day course in London. One of the very well-known courses. Gets fully booked quickly so book early. This has a very wide variety of cases. You will see all cases you would ever see in a PACES exam on this course and more. Teaching method is traditional bedside teaching per case with an exam at the end. Pricey, but worth it.
- NeuroPACES Walton Centre: Neuro is often a killer station owing to limited exposure to cases. Worth going to for this very fact.
- I'd definitely recommend a course but advise that you go to the course fully prepared having perfected your examination / hx taking skills. I went on the two-day Ealing course a week prior to my exam and it just helps consolidate everything you've learnt and puts you in a PACES mindset.

Useful Books

- The Pocketbook for PACES by Rupa Bessant: goes into a lot of detail. Has everything you need to know about PACES. Can be a bit too detailed for the time you have, therefore having the Cases for Paces book alongside can be helpful. This book is written by the course director of the PassPACES course therefore ties in quite nicely with it.
- Cases for Paces by Stephen Hoole: a useful one to carry around. Has a bit of information on all of the common conditions without going into too much detail. Useful closer to the time of the exam.
- Clinical medicine for MRCP PACES (two books - clinical skills and communication skills / ethics) - Gautam Mehta.

General Tips

- Three months ahead of the exam, start seeing patients with a colleague twice a week and reading around the cases. Two months ahead increase this to three times a week. And by a month ahead you want to be examining at least every day or two.
- When you examine patients always do it under timed exam conditions and present and get quizzed by your colleague formally.
- Most registrars are happy to teach but need to be approached (frequently!).
- People often think PACES revision is only about examining patients. However, it is important to learn the common conditions in detail, so you are able to talk about them during the examiner questioning. For the cardiology station this is most commonly aortic valve replacement, mitral valve replacement, aortic stenosis, mitral regurgitation, and congenital heart disease (mostly VSDs). For the respiratory station this includes pulmonary fibrosis, bronchiectasis, pneumonectomy / lobectomy, pleural effusion, and COPD. For the abdominal station this includes renal transplant,

chronic liver disease, polycystic kidney disease, and splenomegaly. For the neurology station peripheral polyneuropathy, Parkinson's, muscular dystrophy, MS, and cranial nerve palsies. For station 5 this is rheumatoid arthritis, systemic sclerosis, diabetic eye, acromegaly, thyroid disease, retinitis pigmentosa, hemianopia, ankylosing spondylitis, and HIV related problems.

- Practice the history taking and communication skills stations on each other under timed conditions. These can often trip you up if not well practiced as they are different to in a true clinical setting.
- PACES preparation is probably the most taxing. Staying back after work and coming in on weekends / annual leave to examine patients takes a lot of effort. It helps to pair up with someone. I made friends with a colleague from another Trust meaning we had two hospitals worth of patients to examine. The first two months I did a lot of reading, I think the online Pastest resource is very useful as it shows you how Consultants examine patients and gives you some idea of how to present cases.
- The month prior to my exam I stayed back every day and went in every weekend. Make sure you set aside time to properly revise / practice station 5 / ethics / history taking - I think people focus too much on the examinations and forget that they are all weighted equally.
- Not much to advise apart from you'll pass if you put the time and effort in. They are all very fair exams.
- PACES - You need several partners for PACES revision (to take into account nights / on-calls) and good connections at the Walton Centre, LHCH, Aintree and the Royal and our best times have been the weekends when we have a long list of patients and a good few solid hours. I would advise people to always use a timer for the exams, put on a "stern" face when acting examiner for your partner and be mean (because the examiners can be, and you get used to being under a bit more pressure).
- Practice presenting the common cases. Aintree put on a mock PACES for
- £100 which was great value.
- Set up a group messaging thing to get a list of patients.
- I was reminded to not forget the communication skills stations as you can prepare for the vast majority of the conversations you're going to have.

Prepared March 2015 – with thanks to the three CMT trainees who sent feedback about their MRCP exam experience