**WORK SCHEDULE FOR INTERNAL MEDICINE STAGE 1 TRAINING – IMY1 & IMY2 (a separate schedule is provided for IMY3)**

**Background**

The 2016 junior doctor contract for England[[1]](#footnote-1) introduced work schedules as a formal framework to outline the clinical and educational activities expected in training programme posts (also referred to as placements). Work schedules are not required by the devolved nations at present.

*A work schedule is a document that sets out the intended learning outcomes (mapped to the educational curriculum), the scheduled duties of the doctor, time for quality improvement, research and patient safety activities, periods of formal study (other than study leave), and the number and distribution of hours for which the doctor is contracted.*

Its purpose is to help employers plan and deliver clinical services alongside training programmes in a way that is safe for both doctors and patients. Employers (or host organisations) are responsible for preparing a work schedule for each post that contains two sections: generic and personalised.

***Generic work schedule*** - sets out the range of duties expected for the post, including details of:

* Normal working hours
* Shift working or on-call arrangements
* Service commitments with regards to unscheduled or emergency care
* The parts of the training curriculum that can be achieved in the post and at which grade
* Generic or specific training opportunities – e.g. for quality improvement or research
* Periods of formal study (other than study leave).

The Code of Practice[[2]](#footnote-2) stipulates that employers should provide trainees with their rota in the form of a generic work schedule at least 8 weeks in advance of their start date.

***Personalised work schedule*** – focuses on the learning and development needs of the doctor for the duration of the post.

Personalised work schedules require the doctor and their educational supervisor (ES) to jointly develop a personal development plan for the duration of the post. The plan should be informed by the generic work schedule and the learning needs of the doctor.

The personalised work schedule should be developed and agreed at their first meeting of the doctor and their ES, which should take place around the doctor’s start date for that post. It must be consistent with the Application for Approval of a Training Post and the latest Gold Guide.[[3]](#footnote-3)

The personal development plan will detail the doctor’s personal objectives for:

* training (to be consistent with the education / training contract with the Deanery)
* service delivery, to align the doctor’s service commitments to the employer’s objectives.

**Reviewing work schedules**

A copy of each work schedule should be included in the personal library of the eportfolio. It is advisable to review work schedules regularly to check if:

* The workplace experience delivers the anticipated training opportunities
* The employer needs to make changes to the schedule to allow for significant changes to facilities, resources or services
* Personal circumstances, such as caring responsibilities or exception reports, need to be taken into account.

At a minimum there should be a review of all work schedules at the start and finish of the post, with exception reporting as required.[[4]](#footnote-4) Formal regular meetings with ESs and / or clinical supervisors (CSs) to review progress against the curriculum are desirable.

**Example work schedule for Internal Medicine Stage One training**

A generic and personalised work schedule should be completed for each post / placement on the training programme. An example work schedule for Internal Medicine (IM) Stage One training has been provided with the following sections:

***Generic work schedule: employers section*** – HR information. For employers to complete.

***Generic work schedule: training programme overseers section*** – IM stage 1 information. This section has been pre-populated with a checklist of IM training requirements. Training programme overseers (e.g. Training Programme Directors, Educational Supervisors, College Tutors or equivalent) may wish to add local information about the programme and / or individual placements. An overview of the IM stage 1 curriculum and the various elements of support and assessment within it has been provided for reference as Appendix 1.

***Personalised work schedule*** – Trainees to complete the Induction Appraisal Form in the eportfolio with their supervisors at their first meeting in the placement and send it to HR as a pdf for inclusion in the work schedule. A copy of the work schedule for each placement should be stored in the personal library of the eportfolio.

**EXAMPLE GENERIC AND PERSONALISED WORK SCHEDULES FOR INTERNAL MEDICINE (IM) STAGE 1 TRAINING PROGRAMME**

|  |
| --- |
| **GENERIC WORK SCHEDULE: EMPLOYERS SECTION – HR INFORMATION FOR EMPLOYERS TO COMPLETE**  |
| Name of training programme: |
| Name of specialty post: |
| Grade of specialty post: |
| Length of specialty post: |
| Employing organisation: |
| Host organisation (if different to employing organisation): |
| Main site for specialty post: |
| Name & contact details of Educational Supervisor: |
| Name & contact details of Rota Co-ordinator: |
| Name & contact details of Guardian of Safe Working Hours: |
| Name & contact details of Medical Human Resources contact(s): |
| Shift working pattern: |
| Rota template: |
| Average weekly hours of work: |
| Annual pay: |

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| --- |
| **GENERIC WORK SCHEDULE: TRAINING PROGRAMME OVERSEERS SECTION – IM STAGE 1 INFORMATION FOR TRAINING PROGRAMME OVERSEERS TO COMPLETE** *Training Programme Overseers (such as Heads of School, Training Programme Directors, College Tutors and Educational Supervisors) may wish to add local information about the overall programme or individual placements to this section.* *An overview of the IM curriculum and the assessment approach is provided for reference as Appendix 1.*  |

**Training year details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Programme Year** | **Specialty** | **Site** | **Trust/Board** |
| Placement 1 |  |  |  |
| Placement 2 |  |  |  |
| Placement 3 |  |  |  |
| Critical Care (if applicable) |  |  |  |

**Summary of named Educational and Clinical Supervisors**

|  |  |  |
| --- | --- | --- |
| **Supervisor** | **Name** | **Contact Details** |
| Educational |  |  |
| Clinical Placement 1 |  |  |
| Clinical Placement 2 |  |  |
| Clinical Placement 3 |  |  |

**Mapping of learning/training opportunities to curriculum requirements**

*Details of learning / training opportunities can be added for the placement or year in the boxes provided and used as the basis for discussion with the trainee in the first meeting of the placement.*

## **Table A: Learning / training opportunities to be delivered within year**

| **Element** | **Objective**  | **Learning / training opportunities to be delivered within year** *To be completed by the Training Programme Director and / or Educational or Clinical Supervisor. Sample text is included in italics.*  |
| --- | --- | --- |
| Arrangements for meeting with named Educational Supervisor | Develop ‘year’ PDP set to include plans for MRCP partsDevelop Personalised Work Schedule for yearReview progressRegular meetings to discuss progress, SLEs, Reflective Practice, Update PDPs, QI Projects etc | *Appraisals beginning, middle and end of each placement**Professions Support Meeting most weeks* |
| Gathering opinion / feedback on progress and assessment | Progress should be gathered from multiple-sources and the trainee given feedback to direct training by the named CS, ES. | *Collect MCRx3 reflecting performance on the Acute Unselected Take (Nov, March, May)**Addition MCRs on performance in the AUT as needed/directed.**MCRx1 reflecting performance in End of Life Care between Dec and May**MSF to be done mid- Oct to Mid-Nov.**SLEs and WPBA available across the year* |
| Arrangement for simulation procedural skills training / refresh |  | *This will be available during the first placement with refresher courses available later in the year* |
| Arrangements to consolidate procedural skills in clinical practice and achieve required levels of independence |  | *Placements 2 and 3 should offer consolidation of all procedural skills in real-life mainly in the AUT but also in Resp (P2) and Gastro (P3)* |
| Arrangements for Human Factors simulation |  | *Available during P2 and P3* |
| Arrangements for Medical Registrar Preparation (IMY2) | To prepare IMY2 trainees for the role of the Medical Registrar and to consolidate this in IMY3 | *Not applicable this year* |
| Arrangements for gaining End-of-Life-Care experience |  | *Palliative Care Simulation available across the year**Opportunities to observe and be observed undertaking End of Life Care available with the Palliative Care Team visiting your ward in all three placements* |
| Arrangements for programme teaching |  | *Every Thursday afternoon* |
| Arrangements for PACES teaching (if needed) |  | *Available most Tuesday and Wednesday afternoons* |
| Arrangements for Critical Care Training | When appropriate  | *Not applicable this year*  |

## **Table B: Learning / training opportunities to be delivered within placement**

| **Element** | **Objective**  | **Learning / training opportunities to be delivered within placement** *To be completed by the Training Programme Director and / or Educational or Clinical Supervisor.*  |
| --- | --- | --- |
| Arrangements for meeting with named Clinical Supervisor | Develop ‘placement’ PDP setDevelop Personalised Work Schedule for PlacementReview progressRegular meetings to discuss progress, SLEs, Reflective Practice, Update PDPs, QI Projects etc |  |
| Arrangements for gaining End-of-Life Care | Trainee must be able to engage meaningfully with the Palliative care team and receive feedback on their work |  |
| Arrangements to attend and receive feedback on outpatient clinics  | Trainees must receive feedback on outpatient work including letter writing to GPs / other specialties  |  |
| Arrangements to obtain experience and feedback in acute unselected medical take |  |  |
| Arrangements to obtain experience and feedback in continuity of care to medical in-patients |  |  |
| Arrangements to support and undertake a Quality Improvement Project | See decision aid for annual requirements |  |

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| --- |
| **PERSONALISED WORK SCHEDULE – FOR TRAINEES TO COMPLETE WITH THEIR SUPERVISORS AT THEIR FIRST MEETING IN THE PLACEMENT***Trainees should complete the Induction Appraisal Form in the eportfolio with their supervisors at their first meeting in the placement and send it to HR as a pdf for inclusion in the personalised work schedule. A copy of the work schedule for each placement should be stored in the personal library of the eportfolio.*  |

**APPENDIX 1: OVERVIEW OF THE IM STAGE 1 CURRICULUM**

IM stage 1 is the first phase of training in internal medicine and the specialties managed by the Joint Royal College of Physicians Training Board (JRCPTB).

The purpose of the Internal Medicine (IM) stage 1 curriculum[[5]](#footnote-5) is to produce doctors with the generic professional and clinical capabilities needed to manage patients presenting with a wide range of general medical symptoms and conditions. In IMY3, it is anticipated they will be entrusted to undertake the role of the medical registrar in NHS district general and teaching hospitals and be qualified to apply for higher specialist training.

**Capabilities in practice**

The 14 capabilities in practice (CiPs) describe the professional tasks or work within the scope of internal medicine. Each CiP has a set of descriptors to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes to be demonstrated.

The six generic CiPs cover the universal requirements of all specialties as described in the GMC’s Generic Professional Capabilities framework (GPCs).[[6]](#footnote-6) Assessment of the generic CiPs will be underpinned by the GPC descriptors. Satisfactory sign off indicates that there are no concerns and the trainee can progress to the next part of the assessment of clinical capabilities.

The eight clinical CiPs describe the clinical tasks or activities that are essential to the practice of internal medicine. Satisfactory sign off requires demonstration that the minimum expected level of performance has been achieved (see ARCP decision aid for levels expected for each CiP in each year of training).[[7]](#footnote-7)

**Generic Professional Capabilities**

The CiPs are mapped to the GMC’s GPC framework. The framework describes the requirement to develop and maintain key professional values, behaviours, knowledge and skills.

**Practical procedures**

Trainees must be able to outline the indications for the required procedures and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthetics, minimisation of patient discomfort and requesting for help when appropriate.  For all practical procedures the trainee must be able to recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary.  Assessment of procedural skills will be made using the direct observation of procedural skills (DOPS) tool. The minimum competency level expected for each of the practical procedures is set out in the ARCP decision aid.[[8]](#footnote-8)

**Presentations and conditions**

The curriculum lists the key presentations and conditions of internal medicine. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate CiPs and GPCs. Trainees will need to become familiar with the knowledge, skills and attitudes around managing patients with these conditions and presentations. Individual sign off of presentations and conditions is not required.

**Supervision**

Each trainee is supervised by a number of individuals with clearly defined roles and responsibilities. These include the Educational Supervisor, Clinical Supervisor, College Tutor, IMT Programme Director and Head of School. Regular appraisal meetings and reviews of progress of capability should be recorded in the ePortfolio. Consultant supervisors will provide feedback via the Multiple Consultant Report (MCR) and the Educational Supervisor will complete an annual report.

**Workplace-based assessments**

Regular supervised learning events (SLEs) and workplace-based assessments (WPBAs) are conducted throughout training, and build on those used in the Foundation programme with an annual ARCP. Assessments include the Acute Care Assessment Tool (ACAT), Case Based Discussion (CbD), mini-Clinical Evaluation Exercise (mini-CEX) and multisource feedback (MSF).The MRCP(UK) diploma provides the knowledge-based assessment of the IM stage 1 curriculum.

1. <https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Junior-Doctors/NHS-Doctors-and-Dentists-in-Training-England-TCS-2016-VERSION-4.pdf> [↑](#footnote-ref-1)
2. <https://www.hee.nhs.uk/sites/default/files/documents/Code%20of%20Practice%202018%20FINAL.pdf> [↑](#footnote-ref-2)
3. <https://www.copmed.org.uk/gold-guide-7th-edition/the-gold-guide-7th-edition> [↑](#footnote-ref-3)
4. <https://www.nhsemployers.org/your-workforce/pay-and-reward/medical-staff/doctors-and-dentists-in-training/rostering-and-exception-reporting>

<https://www.nhsemployers.org/~/media/Employers/Documents/Need%20to%20know/Training%20issues%20flowchart.pdf> [↑](#footnote-ref-4)
5. <https://www.jrcptb.org.uk/documents/internal-medicine-stage-1-curriculum> [↑](#footnote-ref-5)
6. <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework> [↑](#footnote-ref-6)
7. <https://www.jrcptb.org.uk/training-certification/arcp-decision-aids> [↑](#footnote-ref-7)
8. <https://www.jrcptb.org.uk/training-certification/arcp-decision-aids> [↑](#footnote-ref-8)