



Accelerated training in Internal Medicine Stage 1 (IMS1) and Internal Medicine Stage 1 (IMS2) guidance

Identifying accelerated progress ahead of peers in IMS1

The Internal Medicine Stage One (IMS1) curriculum, developed by the CMT/IM SAC and JRCPTB and subsequently ratified by the GMC, aims to identify minimum level of attainment that should be associated with progression in training and, eventually, a standard outcome (O6) on conclusion of IMS1 training facilitating application for IMS2 and other specialty training. It is apparent however that acquisition of capabilities can be achieved at disparate rates depending on several circumstances including trainee opportunities and aptitude.

As we have developed progression in training based on capability acquisition it has become apparent that we should define what constitutes accelerated progress compared to peers. This should then aid ARCP panels in facilitating acceleration in training, provided that this is desired by the trainee and supported by the educational supervisor. The average standard of IMS1 physician trainees is high and thus accelerated acquisition of capabilities is not the norm. It is expected that the majority of trainees will achieve capability acquisition at the expected rate, that a small number of trainees will progress at an accelerated rate and that other trainees may require a longer period in training to acquire capabilities.

Trainee perspective

Even though the trainee may be seen to be achieving capabilities at a faster rate than their peers it may not be their desire to accelerate progress through training. This is entirely acceptable, and the wishes of the trainee must be respected. Each educational supervisor for trainees who may have been highlighted as achieving capabilities at a faster rate than their peers should review the trainee's intention without pressurising the trainee to accelerate in training.

Trainer perspective

Assessment of trainee performance would not be left to one individual but would be prompted by a consistent theme of reports from clinical and educational supervisors that the trainee is demonstrating accelerated rate of capability acquisition across both the generic and the clinical capabilities in practice (CiPs) from the IMS1 curriculum.

The prospect of acceleration of training must be balanced by the potential loss of broader experience. Thus, while a trainee may be perceived to performing well enough for consideration of acceleration, the breadth of activity that they have



experienced and are demonstrating must be above that which might be expected from a trainee progressing at the expected rate. Thus, the trainee may exhibit creative problem-solving behaviour in clinical practice with active consideration of patient focussed investigative and management pathways but also demonstrate high aptitude in leadership, teaching, communication and professional behaviour that focusses on patient safety and effective delivery of care. Progress towards full MRCP UK must also be considered.

Process

Two distinct groups of trainees should be considered.

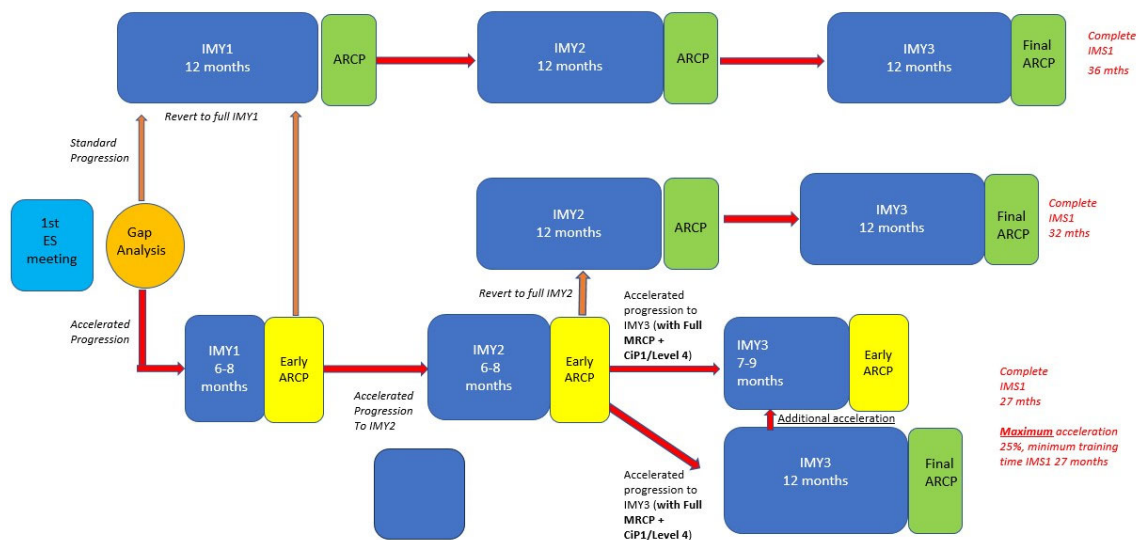
1. **Trainees entering IMS1 who have gained appropriate experience following Foundation training (eg in Clinical Fellow posts)**
 - a. This experience must have evidence that can be reviewed at an initial gap analysis with the ES who will then determine whether the trainee may be considered for accelerated training and contact the TPD so that the possibility of accelerated training can be considered.
 - b. If the TPD considers accelerated training to be a possibility, an early ARCP will be arranged at approximately 6-8 months WTE IMY1 training time. The ES must make a recommendation for accelerated training on the ES report and include the reasoning.
 - c. The ARCP panel will review the evidence and decide if the request to accelerate should be approved. If approved, the trainee may progress to IMY2 early and a revised predicted end IMS1 date confirmed. If acceleration is declined, the trainee will revert to standard progression with 12 months WTE IMY1.
 - d. ARCP panels that are considering acceleration of training should endeavour to obtain an external panel member to review the evidence.
 - e. If a trainee requests acceleration in IMY2 or a trainee has already accelerated in IMY1 and requests further acceleration, the ES will review the request and if supportive will contact the TPD. An early ARCP will be arranged after 6-8 months WTE IMY2 training time. The trainee must have achieved all end IMY2 capabilities at the time of ARCP to be considered for acceleration to IMY3 and the ES must make a recommendation for accelerated training on the ES report and include the reasoning.
 - f. The ARCP panel, with appropriate externality, will review the evidence. If acceleration is approved, the trainee may progress to IMY3 and a revised predicted end IMS1 date confirmed. If acceleration is declined, the trainee will revert to standard progression with 12 months WTE IMY2

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- g. It is expected that majority of trainees will complete 12 months WTE training time at IMY3 level, unless the trainee has significant medical registrar experience prior to IMT, in which case the possibility of reducing IMY3 training time to 8 months WTE can be considered.
- h. The maximum time that training programme can be reduced by is 25%, with the minimum WTE training time as 27 months for the 3 year programme
- i. There is a current proposal to appoint to standalone IMY3 posts for candidates with significant previous experience (in UK or from international medical graduates). These appointments will be for an indicative 12 months WTE. If a standalone IMY3 trainee is identified as demonstrating rapid capability acquisition, an early ARCP panel (with appropriate externality) should be arranged at 6 months with the prospect of an accelerated completion of IMS1 programme.

Trainee entering IMS1 with additional experience



2. Trainees without prior experience upon entering IMS1 but performing at level greater than peers

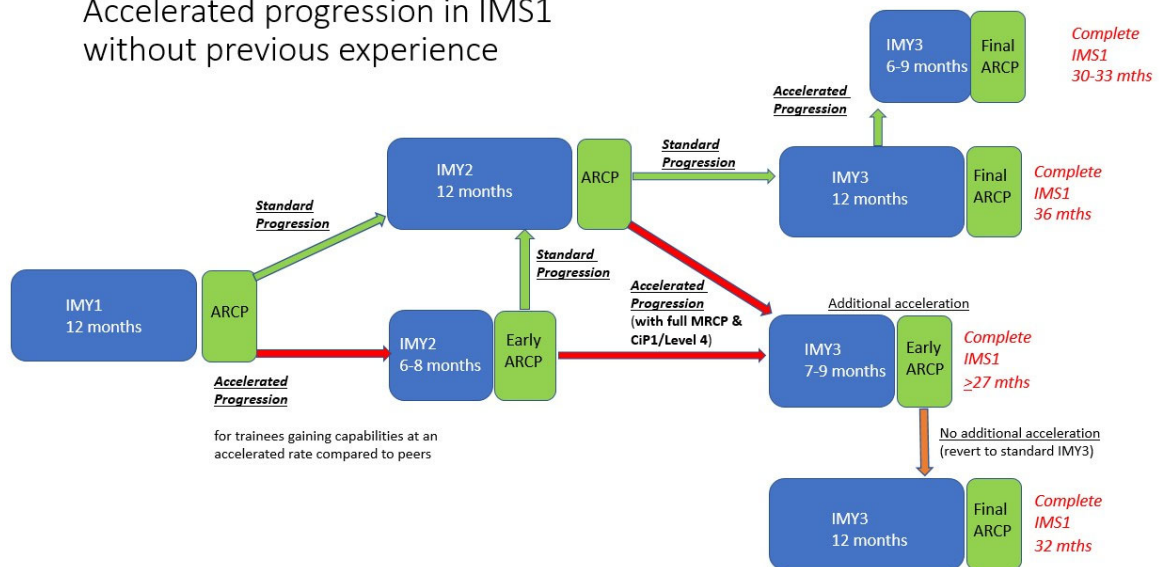
- a. If the trainee wishes to be considered as gaining capabilities at an accelerated rate compared to their peers, the ES should review the reports received to date from supervised learning events (SLEs), multiple consultant reports (MCRs) and the multisource feedback (MSF). If the ES feels that the reports are of a standard that would make the trainee stand out among their peers, this should be highlighted to the IMY1 ARCP panel that the trainee is appropriate to consider acceleration in training, provided that the trainee wishes to do so





- b. Trainees are identified by the IMY1 ARCP panel as acquiring capabilities at a significantly faster rate than their peers and could be considered for acceleration. An early IMY2 ARCP should be arranged after 4-8 WTE IMY2 training time
- c. The IMY2 ES reviews the portfolio and confirms in the ES report that they support acceleration. The trainee must have achieved all end IMY2 capabilities at the time of ARCP to be considered for acceleration to IMY3, including full MRCP UK exam.
- d. The ARCP panel will review the evidence and decide if the request to accelerate should be approved. If approved, the trainee may progress to IMY3 early and a revised predicted end IMS1 date confirmed . If acceleration is declined, the trainee will revert to standard progression with 12 months WTE IMY2
- e. ARCP panels that are considering acceleration of training should endeavour to obtain an external panel member to review the evidence.
- f. It is expected that majority of trainees will complete 12 months WTE training time at IMY3 level. **In exceptional circumstances, a trainee could be accelerated in IMY3.**
- g. The maximum time that training programme can be reduced by is 25%, with the minimum WTE training time as 27 months for the 3-year programme

Accelerated progression in IMS1 without previous experience



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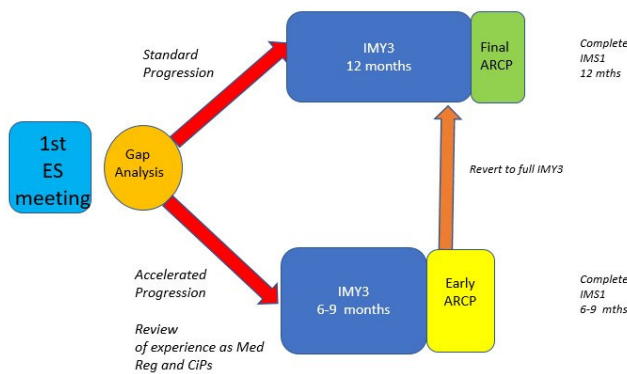


3. Standalone IMY3 posts

In 2024, there shall be a number of standalone IMY3 posts available across UK. These posts are for applicants with full MRCP and Level 3 CiP 1 experience and who have previous experience at Medical Registrar level, either from work within UK or for International Medical Graduates.

It is expected that majority of these posts will require a full 12-month appointment however in some circumstances post holders could apply for acceleration, provided this is supported by the ES. An early ARCP (with externality) could then be arranged and review of progress in post may then allow acceleration of training (by a maximum of 6 months).

Standalone IMY3 acceleration



4. Less than full time or academic trainees

Trainees who are working Less-Than-Full-Time (LTFT) or are appointed to an Academic IMT programme (note differences in academic programmes across Four Nations), the duration of training should have been determined at appointment by the Local Office / Deanery and the estimated training completion date adjusted accordingly. Thus, trainees on an 80% LTFT appointment should have estimated training time extended by 20%. It is not accepted that trainees working LTFT or on academic programmes would automatically be considered for acceleration of training but are to be treated in the same manner as trainees on more traditional, full-time training programmes. Such trainees can, of course, apply for acceleration in the same manner as explained above and would need to demonstrate accelerated acquisition of capabilities.





Identifying accelerated progress ahead of peers in IMS2

The curricula developed by the physician Specialty Advisory Committees (SACs) and JRCPTB, and which are subsequently ratified by the GMC, aim to identify minimum level of attainment that should be associated with trainee progression in training and, eventually, acquisition of a certificate of completion of training (CCT). It is apparent however that acquisition of capabilities can be achieved at disparate rates depending on several circumstances including trainee opportunities and aptitude.

As we have developed progression in training based on achievement it has become apparent that we should define what constitutes accelerated progress compared to peers. This should then aid ARCP panels in facilitating acceleration in training, provided that this is desired by the trainee and supported by the educational supervisor. The average standard of physician trainees is high and thus accelerated acquisition of capabilities is not the norm. It is expected that the majority of trainees will achieve capability acquisition at the expected rate, that a small number of trainees will progress at an accelerated rate and that other trainees may require a longer period in training to acquire capabilities.

Trainee perspective

Even though the trainee may be seen to be achieving capabilities at a faster rate than their peers it may not be their desire to accelerate progress through training. This is entirely acceptable, and the wishes of the trainee must be respected. Each educational supervisor for trainees who may have been highlighted as achieving capabilities at a faster rate than their peers should review the trainee's intention without pressurising the trainee to accelerate in training.

Trainer perspective

Assessment of trainee performance would not be left to one individual but would be prompted by a consistent theme of reports from clinical and educational supervisors that the trainee is demonstrating accelerated rate of capability acquisition across both the generic and the clinical capabilities in practice (CiPs) from the IMS2 curricula (Specialty and General Internal Medicine).

The prospect of acceleration of training must be balanced by the potential loss of broader experience. Thus, while a trainee may be perceived to performing well enough for consideration of acceleration, the breadth of activity that they have experienced and are demonstrating must be above that which might be expected from a trainee progressing at the expected rate. Thus, the trainee may exhibit creative problem-solving behaviour in clinical practice with active consideration of patient focussed investigative and management pathways but also demonstrate high aptitude in leadership, teaching, communication and professional behaviour that focusses on patient safety and effective delivery of care. Assessment of accelerated



capability acquisition must not be left to one individual but there would be prompted by a consistent theme of reports from clinical and educational supervisors that the trainee is demonstrating exemplary performance across both the generic and the clinical capabilities in practice (CiPs) from the relevant curricula. The prospect of acceleration of training must be balanced by the potential loss of broader experience. Thus, while a trainee may be perceived to performing well enough for consideration of acceleration the breadth of activity that have experienced and are demonstrating must be greater than might be expected from an average trainee. For those in group 1 specialties this level of performance would have to be demonstrated contemporaneously in both internal medicine and the relevant specialty to facilitate acceleration.

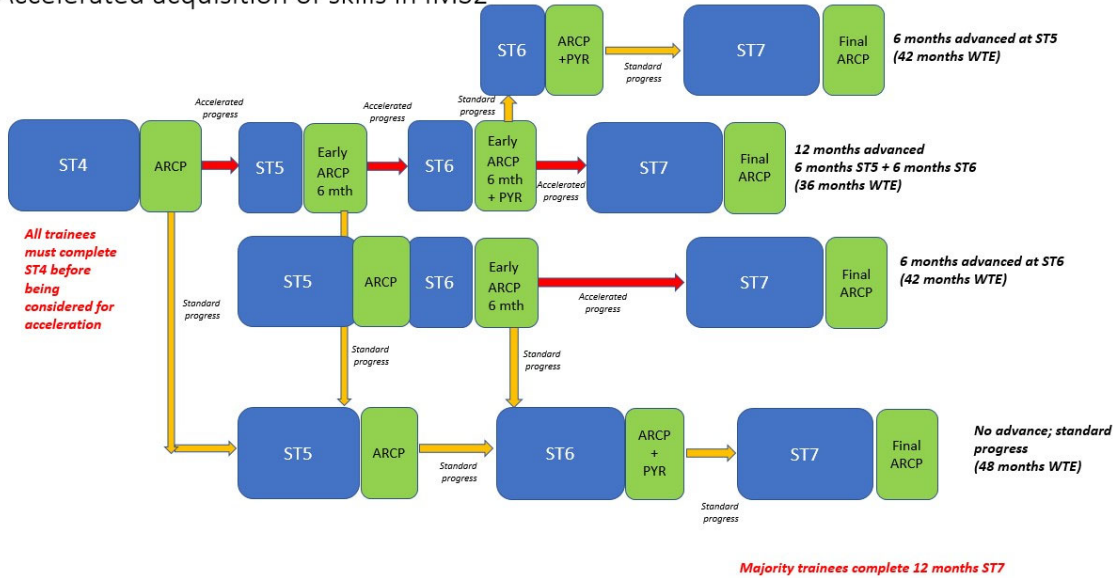
Process

In higher specialty training if the trainee wishes to be considered for acceleration in training, the trainer should review the reports received to date from supervised learning events (SLEs), multiple consultant reports (MCRs) and the multisource feedback (MSF) that have been performed. Acquisition of specialty-specific skills (eg procedural skills in “craft” specialties) must also be reviewed by the Educational Supervisor. If the ES feels that the reports are of a standard that would demonstrate that the trainee is progressing at a faster rate than their peers, the ES report should reflect this and highlight to the ARCP panel that the trainer and the trainee is seeking acceleration in training. It is unlikely that this would occur in the first year of the specialty training programme and should have been considered before the trainee enters the final year of training. If the ARCP panel agree that acceleration should occur a decision must be taken to indicate the precise nature of the acceleration considering how much of the curriculum is still needing to be covered and the level of each CiP that has to be achieved prior to CCT. It is not anticipated that it would ever be appropriate to bring forward the CCT date by more than 25% of the indicative training programme time.

Trainees who are working Less-Than-Full-Time (LTFT) or are appointed to an Academic IMT programme (note differences in academic programmes across Four Nations), the duration of training should have been determined at appointment by the Local Office / Deanery and the estimated training completion date adjusted accordingly. Thus, trainees on an 80% LTFT appointment should have estimated training time extended by 20%. It is not accepted that trainees working LTFT or on academic programmes would automatically be considered for acceleration of training but are to be treated in the same manner as trainees on more traditional, full-time training programmes. Such trainees can, of course, apply for acceleration in the same manner as explained above and would need to demonstrate accelerated acquisition of capabilities.



Accelerated acquisition of skills in IMS2



This guidance is specifically for higher specialty trainees who wish to accelerate due to acquisition of curricular capabilities at a faster rate than their peers and is not applicable to those who wish to accelerate because of previously acquired experience in the relevant training specialty or those who have taken a break from training e.g., for research and are now returning to training and wish to advance their CCT date.

JRCPTB April 2024