Guidance on transition and gap analysis of trainees moving to new curricula in the Group 1 specialties from August 2022

This guidance is for educational supervisors, training programme directors and trainees in group 1 specialties. It provides information and frequently asked questions about how current trainees should transition to new curricula and dual training in Internal Medicine (IM) from August 2022. The Internal Medicine stage 1 & 2 curricula are available on the JRCPTB website page for internal medicine and the specialty curricula can be accessed on the specialties webpages.

Introduction

Trainees who started training prior to August 2022 and are not in their final year will normally be expected to transition to the new curricula. It is also important to identify trainees who may not be able to transfer because it would not be in the interests of patient safety or impractical to support the move to a new curriculum. These cases should be highlighted to the postgraduate dean and approved prior to the ARCP. Please see the JRCPTB transition guidance for further details.

The trainee's transition status – i.e. whether transferring to the new curriculum or remaining on the previous curriculum - must be agreed and recorded in the ePortfolio. Following transition, there will be a need for an assessment of which capabilities have already been achieved and which need addressing. This process (gap analysis) should involve discussion between trainee and educational supervisor at the start of the new training year and will consider previous learning experiences and capabilities acquired to date. The change in the first part of physician training from core medical training to IM stage 1 training (IMT) means that trainees from CMT may not have had opportunities to complete learning experiences that would now be required for IM stage 1.

What needs to be done before ARCPs and by end of the training year?

Following discussion between the educational supervisor and trainee, the educational supervisor (ES) should record in the ES report that the trainee is transferring to the new curriculum. If it has been agreed that the trainee is to remain on the previous curriculum this must be recorded, including confirmation of postgraduate dean approval if the trainee is not in their final year or covered by the GMC approved exemptions (see JRCPTB transition guidance).

The transition to the new curriculum should take place at the start of the trainee's new training level wherever possible – this may be August 2022 or later. For trainees transferring to the new curricula, the CCT date should be reviewed to ensure that the dual specialty requirements of the new curricula are likely to be met within the anticipated period of training, and a change made if necessary.

Trainees in the new group 1 specialties

We recommend that for trainees in new group 1 specialties (GUM, Neurology and Palliative Medicine) transferring curricula, the CCT date is extended to reflect the new four year dual programme. It is likely that the trainee will be able

to acquire specialty capabilities more quickly because of previous training and the CCT can be amended later in training if appropriate.

Some trainees in the new group 1 specialties will have undertaken IM placements in preparation for transition to the new curricula and this should be considered at the ARCP. A holistic assessment of the training that the trainee has undertaken should be carried out and if satisfactory progress has been achieved then an ARCP outcome 1 should be used. An outcome 2 may be more appropriate if it is felt that the inclusion of IM training has affected specialty training. This outcome would be used as an indicator that the trainee is changing curricula and their progress in both specialty and IM training should be closely monitored.

When should the gap analysis take place?

The JRCPTB will add new programmes and curricula to the ePortfolio accounts of those trainees who have transferred to the new curricula. The ES and trainees should meet in the first few weeks of the new training year to review what the trainee has done to date and identify any training needs in order to acquire both the specialty and IM capabilities.

What should the gap analysis include?

The gap analysis should consist of a documented review of the experience gained to date and a recording of which capabilities need to be gained during the training programme. Any immediate learning needs should be identified with a plan for how these will be achieved. The ES should discuss with the training programme director if specific learning experiences are required which require tailoring of the training programme.

The gap analysis should include a review of both specialty and IM capabilities. This may be light touch for specialty aspects if there has not been significant change to the curricular outcomes. Assessment of IM capabilities should take into account the points detailed below. If a trainee has one ES for both specialty and IM they should ensure they are familiar with the IM curricula. If there is a separate ES assigned for IM, they should be actively involved in the gap analysis process.

A form has been provided to document the gap analysis and this is available on the ePortfolio via the ES login [Progression - Supervisor's Report - Available Forms]. A copy of the form is given below.

Assessment of IM capabilities

It is recommended that the ES and trainee review the IM stage 1 curriculum and IM stage 2 curriculum before discussing the trainee's capability in the IM clinical CiPs. Acquisition of capability in most CiPs can be achieved throughout the training period before CCT but it is important that there is a focus on CiPs 1, 4 and 7 in the immediate transition period and a gap analysis carried out and documented.

Clinical CiP 1*: *Managing an acute unselected take - Assessment of capability to manage the acute unselected take (CiP 1) is critical. Trainees need to be entrusted to manage the acute take with indirect supervision. If this is uncertain, trainees should gain experience in being the medical registrar during times when there is

immediately available senior cover and once capability has been demonstrated, it should be recorded in the ePortfolio using an educational meeting form.

Clinical CiP 4: Managing patients in an outpatient clinic, ambulatory or community setting, including management of long term conditions - Trainees should attend and be actively involved in an indicative minimum of 20 clinics that occur outside of their main specialty over the duration of the training programme. Some of this training could be provided as community experience, virtual clinics and work in ambulatory settings (SDEC clinics can be suitable provided they are appropriately supervised).The choice of clinic/experience should be driven by the educational needs of the trainee. A pro rata number of clinics may be accepted for trainees who have two or less year of training remaining providing the capability can be met by completion of training.

Clinical CiP 7*: *Delivering effective resuscitation and managing the acutely deteriorating patient - IMT includes mandatory critical care experience and trainees will be entrusted to act unsupervised in delivering effective resuscitation and managing the acutely deteriorating patient by end of IMY3. The educational objectives of this experience are set out in the IM stage 1 curriculum and rough guide. A trainee who completed CMT and is in specialty training may not have had this experience and achieved the level of capability required. The ES should review the trainee's capability in CiP 7, taking into consideration experience they may have had during the pandemic. If it is decided that critical care experience is needed, arrangements should be made for the trainee to be attached to a critical care team so that an appropriate learning opportunity can be offered. Once capability has been demonstrated, this should be recorded in the ePortfolio using an educational meeting form.

ePortfolio

A new dual training programme will be added to the ePortfolio account, including the 2022 CiPs and procedures for specialty plus internal medicine. Each specialty will have a specific multiple consultant report (MCR) and ES report (ESR). In addition, a summary of progress page will be available – the summary of progress pages and the ESRs are under development and will be available in 2023.

The previous curriculum including links and ratings will be accessible and there is no requirement to re-link evidence to the new CiPs. The ES and trainee should review the previous curriculum and the evidence recorded to date when conducting the gap analysis. This can be referred to in the gap analysis form and when rating the 2022 CiPs and procedures.

The ratings recorded by the ES for the new CiPs will automatically pull through into the annual ES report so it is important that they are regularly reviewed and updated.

If a trainee has been signed off as being able to perform a procedure independently, they should not be required to have any further assessment (DOPS) of that procedure, unless they or their educational supervisor think that this is required. It is a matter of professional conduct and probity that all doctors maintain the appropriate skills to perform the practical procedures required by their scope of practice. In accordance with clinical governance, the trust/health board should ensure that no doctor performs procedures that they are not competent to carry out.

Group 1 specialties gap analysis form

This form is to be used for recording gap analysis meetings with trainees who have transferred to the new curriculum in a group 1 specialty and internal medicine. If there is a separate educational supervisor (ES) for internal medicine (IM) they should be actively involved in the gap analysis discussion and can complete the relevant sections below. If there is one ES for both specialty and IM they should ensure they are familiar with the IM stage 1 curriculum and IM stage 2 curriculum. The specialty curricula are available on the JRCPTB specialties webpages.

Trainee details	
Name	
GMC number	
Specialty Training Programme	
Grade	
Supervisor's name	
Date	

Core training programme completed		
CMT	ACCS AM	Dates

ARCP outcome	
Date of last ARCP	
Outcome	
Comments/reason for outcome	

INTERNAL MEDICINE CAPABILITIES – please refer to the IM curricula and rough guides on the JRCPTB website www.jrcptb.org.uk/internal-medicine
Clinical CiP 1*: *Managing an acute unselected take - Assessment of capability to manage the acute unselected take (CiP 1) is critical. Trainees need to be entrusted to manage the acute take with indirect supervision. If this is uncertain, trainees should gain experience in being the medical registrar during times when there is immediately available senior cover.

Is this doctor entrusted to act with indirect supervision for this capability? **Y/N**
Does the trainee require senior cover for an initial period? **Y/N**
Comments:
Clinical CiP 4: Managing patients in an outpatient clinic, ambulatory or community setting, including management of long-term conditions **-** Trainees should attend and be actively involved in an indicative minimum of 20 clinics that occur outside of their main specialty. Some of this training could be provided as community experience, virtual clinics and work in ambulatory settings. The choice of clinic/experience should be driven by the educational needs of the trainee. A pro rata number of clinics may be accepted for trainees who have two or less year of training remaining providing the capability can be met by completion of training.
Is the trainee entrusted to act with indirect supervision for this capability? **Y/N**
Has the doctor attended clinics outside their main specialty to date ? **Y/N – if yes, please provide details**
Please detail opportunities to attend clinics outside main specialty during the rest of the training programme:
Any other comments:
Clinical CiP 7**: *Delivering effective resuscitation and managing the acutely deteriorating patient*** **-** IMT include mandatory critical care experience and trainees will be entrusted to act unsupervised in delivering effective resuscitation and managing the acutely deteriorating patient by end of IMY3. The educational objectives of this experience are set out in the IM stage 1 curriculum and rough guide.
Is this doctor entrusted to act without supervision for this capability? **Y/N**
Does the trainee require an attachment to a critical care team? **Y/N – if yes, please provide details**
Comments:
Will additional training time be required to achieve level 4 in all IM capabilities? **Y/N – if yes, please provide details**

Any additional comments on IM capabilities/training needs:

SPECIALTY CAPABILITIES – please refer to the relevant specialty curriculum and rough guide
Have any training needs been identified for the trainee to meet the required level of entrustment and procedural competence for their stage of training? **Y/N – if yes, please provide details**
Will additional training time be required to achieve level 4 in all IM capabilities? **Y/N – if yes, please provide details**

Any additional comments?

Signatures	
Educational Supervisor	
Trainee	