JRCPTB

Joint Royal Colleges of Physicians Training Board

Quality criteria for General Internal Medicine (GIM) and Acute Internal Medicine (AIM) Registrars

ROYAL COLLEGE of PHYSICIANS of EDINBURGH

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

Royal College of Physicians

Background

In 2015 the Joint Royal College of Physicians Training Board (JRCPTB) published a set of quality criteria for Core Medical Training (CMT) designed to enhance educational experience of trainees.[1] The criteria were produced in response to concerns that heavy service demands had led to a loss of training opportunities and had also encroached on valuable supervisor feedback that helped trainees develop the competence and confidence required to perform the role of General Internal Medicine (GIM) and Acute Internal Medicine (AIM) Registrars.[2]

Purpose of the new quality criteria

In 2016 the three UK Royal Colleges of Physicians (London, Edinburgh and Glasgow) asked that a similar approach be developed to support the educational experience of doctors undertaking the demanding role of either GIM or AIM Registrar. The difficulties faced by Registrars involved in the unselected acute medical take were already well documented,[3] however it was felt that specific and measurable quality criteria would help set a practical vision outlining how doctors might be better assisted and educationally supported to perform this role, which could also be monitored UK-wide via the General Medical Council's National Training Surveys.[4]

Development of the new quality criteria

A wide range of stakeholders, including those responsible for monitoring and running the NHS as well as the postgraduate training system, contributed to the development of the new quality criteria. As both GIM and AIM Registrars interact with many areas of the hospital, it was felt that establishing clear boundaries and effective ways of working with other colleagues at the interface with acute medical services was essential to the success of the initiative, as well as providing clear benefits for patient safety and experience. Input from trainees, via their College committees, ensured improvements were focused on areas of high importance to trainees.

The way forward

The JRCPTB will progress this initiative from 2018 onwards, on behalf of the three UK Royal Colleges of Physicians, in partnership with its major stakeholders in the postgraduate training system and wider NHS.

There is an expectation that all organisations and individuals responsible for delivering UK postgraduate medical education and training will begin to integrate these criteria into GIM and AIM training programmes from 1 August 2018. The criteria are designed to augment other relevant national guidance, such as the Gold Guide requirements for core or specialty training programmes,[5] relevant employment guidance[6] and General Medical Council standards for education and training.[7]

The criteria were primarily developed for the role of GIM Registrar but there is broad agreement they are relevant to AIM Registrar roles and their use here is encouraged. Work to support fully embedding these quality criteria into wider acute medicine posts, including rotas, and to monitor their implementation will continue in 2018.

The JRCPTB intends to monitor the implementation of the quality criteria for both GIM and AIM Registrars and Core Medical Trainees for the foreseeable future and to discuss the findings with its training partners. It is anticipated that, in time, a set of quality criteria drawing on the learning from existing quality criteria will be developed to assist the implementation of the new Internal Medicine curriculum.[8]

Quality criteria for General Internal Medicine (GIM) and Acute Internal Medicine (AIM) Registrars

DOMAIN 1 – ENSURING SAFE AND EFFECTIVE CARE	
1	**Handover planning:** Shifts are organised to allow consultants, GIM/AIM Registrars and other key staff to be present for the duration of handover and to ensure sufficient time is available for patient reviews and workplace-based assessments.
2	**Consultant contact:** At a minimum there is contact between the on-call consultant(s) and GIM/AIM Registrar(s) on duty at the start and end of each shift and before going off site.
3	**Clinical supervision:** Consultants on call are easily accessible to the GIM/AIM Registrar for advice both 'in' and 'out of hours' and provide on-site supervision where appropriate.
4	**Onward referrals:** Standard operating procedures exist for onward referral to specialist services and are reviewed regularly to ensure they are safe, effective and efficient.
5	**Responsibility for performing procedures:** Standard operating procedures and referral pathways exist to ensure that appropriately skilled staff are available and easily contactable 24/7 to perform all required emergency procedures, including insertion of chest drains and central venous cannulation.
6	**Multidisciplinary team-working:** Effective support for the management of the acute take and out of hours care is provided by multidisciplinary team-working, for example involving staff from critical care outreach and hospital@night.

DOMAIN 2 – CREATING A SUPPORTIVE ENVIRONMENT	
7	**Valuing GIM / AIM Registrars:** The Trust / Board culture values the contribution made by GIM/AIM Registrars.
8	**Maximising the effectiveness of the GIM / AIM Registrar:** The medical team's attention to patient care is optimised by Trust / Board guidance which ensures that: > basic administrative and clinical tasks are normally undertaken by other suitably-qualified staff > only appropriate calls and referrals are directed to the GIM/AIM Registrar > interaction with other services is non-confrontational and respectful of the GIM/AIM Registrar role.
9	**Consultant Advocate for GIM/AIM:** A named lead consultant for GIM/AIM (Consultant Advocate) with responsibility for providing professional and pastoral support to GIM/AIM Registrars, is appointed in each Trust / Board.
10	**Rota design:** Duty rotas to be available at least eight weeks in advance and be created according to good principles of rota design with input from at least the Consultant Advocate and trainee representatives.
11	**Rota management:** Ongoing rota management to be overseen by a group consisting of at least the Consultant Advocate, Guardian of Safe Working Hours (or equivalent) and trainee representatives, with a named lead taking responsibility for final decisions on covering rota gaps.
12	**Trainee representation:** Formal monthly meetings occur between trainee representatives, the Guardian of Safe Working Hours (or equivalent), the Chief Registrar (or equivalent), Consultant Advocate and acute service management representatives to review any ongoing service or rota difficulties.
13	**Infrastructure to support patient flow:** Suitable IT systems are available to support the effective and safe management of the acute take, including the interface with other specialties.
14	**Workstations:** There is easy access to private spaces with secure Registrar workstations for confidential clinical and educational activities which allow writing, printing (if required), telephone calls, emails and reviewing of work online.
15	**Facilities provision:** Adequate facilities to support basic needs such as parking, appropriate rest areas, kitchen facilities and access to both hot and cold food and drink, are available on-site at all times.

DOMAIN 3 – IMPROVING EDUCATIONAL EXPERIENCE	
16	**Leading the ward:** GIM/ AIM Registrars are given regular opportunities to lead the post-take ward round with the duty Consultant either present or available (depending on the seniority of the trainee) with increasing independence towards completion of training.
17	**Procedures training:** Training and assessment of all essential procedures specified by the relevant curriculum is provided for all GIM and AIM Registrars, in a simulated environment where necessary.
18	**Protected learning time:** In addition to study leave, all GIM/AIM Registrar job plans to include a minimum of a half day per week (or equivalent) of protected, bleep-free time to pursue learning opportunities and participate in activities relevant to completing their curricula.
19	**Named educational supervisor for GIM / AIM:** All GIM / AIM trainees have a named educational supervisor with appropriate knowledge of the GIM or AIM curriculum (who may also be their educational supervisor for their second specialty).
20	**Planning for ARCPs:** All GIM /AIM trainees to meet with their GIM or AIM-specific educational supervisor at least three times annually as specified: within the first two months of a new training year, at an appropriate mid-point and three months before an ARCP.

Acknowledgements:

We should like to thank the numerous contributors who helped shape the quality criteria, from individual members of the Steering Group to our stakeholder organisations. Contributors not already represented by their logo as a supporting organisation include: JRCPTB GIM Advisory Committee members, JRCPTB AIM Advisory Committee members, Heads of the UK Schools of Postgraduate Medicine, the Royal Colleges of Physicians' Trainees' Committees of London, Edinburgh and Glasgow, NHS Health Education England, NHS Improvement, and NHS England (7-day services). We should also like to thank the GMC for continuing to reflect the criteria in their annual National Training Survey.

References

1 https://www.jrcptb.org.uk/cmtquality

2 Tasker F, Newbery N, Burr B, Goddard A. Survey of core medical trainees in the United Kingdom 2013 – inconsistencies in training experience and competing with service demands. Clin Med 2014;14:149–156.http://www.clinmed.rcpjournal.org/content/14/2/149.full.pdf [Accessed on 14 August 2017].

3 For example, see:
Federation of the Royal Colleges of Physicians. *Supporting the acute take: advice for NHS trusts and local health boards.* *https://www.rcpe.ac.uk/sites/default/files/supporting_the_acute_take_updated_dec_2016.pdf* [Accessed on 14 August 2017].
Royal College of Physicians. *Acute care toolkit 8: The medical registrar on call.* London: RCP, 2015. https://www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-8-medical-registrar-call [Accessed on 14 August 2017].
Royal College of Physicians of Edinburgh. The Medical Registrar role – restoring its status and job satisfaction. https://www.rcpe.ac.uk/sites/default/files/medical-registrar-statement-sep14-v2.pdf [Accessed on 14 August 2017].
Royal College of Physicians. *The medical registrar: Empowering the unsung heroes of patient care.* London: RCP, 2013. http://www.westmidlandsdeanery.nhs.uk/Portals/0/Medicine/2014/GIM/The%20Medical%20Registrar%20Empowering%20the%20unsung%20heroes%20of%20patient%20care.pdf [Accessed on 14 August 2017].

4 http://www.gmc-uk.org/education/surveys.asp

5 https://www.copmed.org.uk/publications/the-gold-guide

6 For example: http://www.nhsemployers.org/your-workforce/recruit/national-medical-recruitment/code-of-practice-provision-of- information-for-postgraduate-medical-training

7 http://www.gmc-uk.org/education/postgraduate/standards_and_guidance.asp

8 https://www.jrcptb.org.uk/new-internal-medicine-curriculum

How to contact us

Email: GIMQualityCriteria@jrcptb.org.uk

Joint Royal Colleges of Physicians
Training Board (JRCPTB)
5 St Andrews Place
Regent's Park
London NW1 4LB

www.jrcptb.org.uk

Follow us on Twitter: @JRCPTB