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ACT success stories

Medical Registrar Acting Up Scheme for Internal Medicine Trainees

Lead author: Dr Dominic Mears

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The Internal Medicine Trainee (IMT) Programme is designed to facilitate the notoriously challenging step-up from junior hospital doctor to medical registrar. 12/13 IMTs at WAHT did not feel ready to be medical registrars and 9/13 had never acted up in the role. Our aim was therefore to improve trainee experience, confidence and skillset by introducing a formal acting up scheme.

Methods

After planning with the medical staffing department, we trialled a series of immersive real-world training sessions. 6 IMTs in their 2nd year were allocated 5 normal working days to act up as the on-call medical registrar under the direct supervision of the duty registrar, with feedback collected before and after.

Results

100% of responding trainees would recommend the scheme and 100% of supervisors agreed to take part again. Trainees had the chance to lead emergency calls, manage acutely unwell patients and supervise more junior trainees. Registrars appreciated the opportunity to gain mentoring experience and provide constructive feedback through supervised learning events.

Discussion

This acting up scheme will now become a consolidated part of the IMT training programme at WAHT. We are exploring how to incorporate out-of-hours shifts to enhance the learning experience, although this does present some contractual and logistical challenges.

This project is directly relevant to the IMT curriculum Clinical Capabilities in Practice (CiP) 1: managing an acute unselected take. We therefore propose that a similar scheme should be incorporated into all IMT posts nationally so that trainees are optimally prepared for the medical registrar role.

Standardising Clinic Training: A Regional SOP Initiative

Lead author: Dr Muha Hassan

Outpatient clinic experience is a mandatory component of Internal Medicine Stage 1 (IMS1) training. However, survey feedback from trainees across the West Midlands highlighted significant variation in how trusts organise clinic opportunities. Barriers to meaningful participation included limited room availability, inconsistent supervision, lack of protected time and reliance on observation rather than active involvement. While some trusts provided regular, protected clinic time, others relied on ad hoc arrangements, affecting the consistency of clinic training.

As an ACT and trainee representative on the IMS1 committee, I initiated and actively participated in a collaborative project to address these concerns. A regional Task and Finish Group was established, involving ACTs and IMS1 College Tutors from each zone of the West Midlands. Together, we developed a draft Standard Operating Procedure (SOP) for Clinic Training in IMS1, designed to provide clear, region-wide guidance for trainees, trainers, and trusts.

The SOP sets out curriculum expectations, defines supervision standards, and outlines trust responsibilities for supporting clinic attendance. It also addresses barriers by recommending protected time, structured scheduling and flexibility for virtual clinics where appropriate. Stakeholder engagement has been central to this process, including

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discussions with Training Programme Directors, CTs and trainees. The SOP has now been formally submitted for regional review.

This project demonstrates how ACTs can drive system-level improvements through collaboration. If adopted, the SOP has the potential to reduce variability, address barriers to clinic participation, and improve the quality and equity of clinic-based training for IMTs across the West Midlands.

GIM-Sim: Developing a curriculum-linked, sustainable, simulation programme for Internal Medicine Trainees

Lead author: Dr Hannah Parker

Co-authors: Dr Kieran Hardern

IM Stage 1 curriculum requires simulation for progression at ARCP each year, yet many hospitals struggle to offer this, due to limited suitable scenarios and trained, available educators.

GIM-Sim launched in 2022, initially as a course for IMT2s transitioning to medical registrars (GIM-Sim:2), followed by an IMT1 medical emergency day (GIM-Sim:1) and an advanced medical registrar course (GIM-Sim:3).

Our scenarios are realistic, tailored to local processes and developed with a strong focus on human factors. Each scenario is mapped to CiPs and core conditions across the IMT curriculum. We created a simulated electronic patient record (Sim-Desk) to mirror current clinical practice and considered course sustainability by recruiting participants as faculty to run future courses. Scenarios are pre-allocated to learners, based on answers to a pre-course questionnaire, to address individual learning needs.

To date, 8 courses have run, with 51 attendees: 20% of whom are locally-employed doctors. 8 participants have returned as faculty. 100% of attendees recommend attending the courses to colleagues. Feedback highlights the “experienced and knowledgeable facilitators”, “appropriately challenging scenarios” and “integrated technology”. In summer 2025, the programme will expand to run at a neighbouring trust for the first time.

Our learning points:

Sustainability is vital: projects can flounder as trainees rotate so a core team and succession planning are essential
Multi-specialty working is crucial: our course development reflects the multidisciplinary nature of clinical practice
There remains an ongoing unmet need for high-quality simulation training for IM trainees and Locally-Employed doctors wanting to progress