

## 2009 Acute Internal Medicine ARCP Decision Aid

ST3 to CCT ARCP Decision Aid – standards for recognising satisfactory progress				
	1 <sup>st</sup> Year AIM	2 <sup>nd</sup> Year AIM	3 <sup>rd</sup> year AIM	4 <sup>th</sup> Year AIM
Common Competences	Competent at level 3/4 descriptors in minimum of 1/3 (assessed by ACAT/CbD/Patient Survey/mini-CEX /Teaching Observation and to include satisfactory MSF)	Competent at level 3/4 descriptors in minimum of 2/3 (assessed by ACAT/CbD/Patient Survey/mini-CEX /Teaching Observation)	Competent at level 3/4 descriptors in over 90% (assessed by ACAT/CbD/Patient Survey/mini-CEX /Teaching Observation)	Competent at level 3/4 descriptors (assessed by ACAT/CbD/Patient Survey/mini-CEX /Teaching Observation and to include completed and satisfactory MSF)
Management and leadership	Demonstrate acquisition of leadership skills in supervising the work of Foundation and Core Medical trainees during the acute medical take	Demonstrate implementation of evidence based medicine whenever possible with the use of common guidelines  Demonstrate good practice in team working, and contributing to multi-disciplinary teams.  Trainees of this level must also demonstrate completion of at least 2 audits relevant to the practice of Acute Internal Medicine	Have senior level management skills for all medical presentations including complex cases. Reviews patients in ambulatory care and as newly presenting patient or in the inpatient setting  Supervises more junior doctors and communicates well with members of other professions and disparate specialties within the acute medical unit  Provides input organisational structures e.g. rota management attendance at	Demonstrate adequate creation of management and investigation pathways and instigation of safe patient treatment  Able to supervise more junior trainees and to liaise with other specialties.  Awareness and implementation of local clinical governance policies and involvement in a local management role within directorates, as an observer or trainee representative  Direct involvement in the

			managerial meetings	organisation and managerial structure of the acute medical unit
Acute Medical Presentations (Symptom Based Competences)	Demonstrate senior clinical management skills for Top 20 presentations and knowledge of at least half of the 40 Other Presentations	Competent in the senior-level clinical management of all Top 20 and the 40 Other Presentations including some complex cases involving inpatients and acute take patients  Successful completion of at least 2 G(I)M audits (1 per year)	Have senior level management skills for all medical presentations including complex cases.  Reviews patients in ambulatory care and as newly presenting patient or in the inpatient setting	Building on 3rd Year AIM, be able to supervise and lead a complete medical take of at least 20 patients including management of complex patients both as emergencies and in patients.  Remains competent in all practical procedures
Examination	MRCP(UK) held (except during period of transition until 2010 during which MRCP must be achieved by the end of this year)\	None	Has completed relevant SCE in Acute Internal Medicine	None

ALS	Valid	Valid	Valid	Valid
Annually Required	1 satisfactory MSF, 1 Patient Survey			1 satisfactory MSF, 1 Patient Survey
Logbook		Minimum of 1250 patients as seen on acute take during the period of training with evidence of individual activity to be provided. A minimum of 300 new patients seen in ambulatory care Evidence must be provided of a minimum of 100 hours external AIM training during the period of training. Evidence of experience in outpatients is not necessary unless G(I)M dual CCT is being undertaken but when experience of out patient activity is obtained in medical specialties this should be recorded in the logbook.		
Supervisors report		A structured educational supervisors report should be completed annually supplemented by a clinical supervisor report provided at the end of each attachment		
Minimum number of work place assessments by Consultant Assessors per year		6 x ACATs; 4 x CBDs; 4 x mini-CEX; Audit Assessment where relevant All assessments must be completed satisfactorily or evidence of greater numbers undertaken should be provided by the trainee and satisfactory progress demonstrated throughout each year of training. For 50% of mini-CEX and CbD assessment the trainee should chose the area of interest for the other half the assessor should choose the topic to be reviewed. Overall 50% of assessments must be performed by a senior doctor in a substantive post, this includes consultants and associate specialists but not locum doctors DOPS to standards recommended by National Specialty Guidelines until independence in procedures demonstrated		
Events giving concern		The following events occurring at any time may trigger review of trainee's progress and possible remedial training: issues of professional behaviour; poor performance in work-place based assessments; poor MSF performance; issues arising from supervisor report; issues of patient safety		