General Internal Medicine (GIM) ARCP Decision Aid – *revised November 2014*

The table that follows includes a column for each training year within general internal medicine (GIM) training, documenting the targets that have to be achieved for a satisfactory ARCP outcome at the end of each training year. **This document replaces all previous versions**.

- The ePortfolio curriculum record should be used to present evidence in an organised way to enable the educational supervisor and the ARCP panel to determine whether satisfactory progress with training is being made to proceed to the next phase of training.

- Evidence that may be linked to the competencies listed on the ePortfolio curriculum record include supervised learning events (CbD, mini-CEX and ACAT), reflections on clinical cases or events or personal performance, reflection on teaching attended or other learning events undertaken e.g. e learning modules, reflection on significant publications, audit or quality improvement project reports (structured abstracts recommended) and / or assessments, feedback on teaching delivered and examination pass communications. Summaries of clinical activity and teaching attendance should be recorded in the ePortfolio personal library.

- It is recognised that there is a hierarchy of competencies within the curriculum. It is expected that the breadth and depth of evidence presented for the emergency presentations and top presentations will be greater than that for the common competencies and the other important presentations, which should be sampled to a lesser extent.

- Procedures should be assessed using DOPS; initially formative for training then summative DOPS to confirm competence where required. Summative sign off for routine procedures is to be undertaken on one occasion with one assessor to confirm clinical independence. Summative sign off for potentially life threatening procedures should be undertaken on two occasions with two different assessors (one assessor per occasion).

- An educational supervisor report covering the whole training year is required before the ARCP. The ES will receive feedback on a trainee's clinical performance from other clinicians via the multiple consultant report (MCR). Great emphasis is placed on the ES confirming that satisfactory progress in the curriculum is being made compared to the level expected of a trainee at that stage of their training. This report should bring to the attention of the panel events that are causing concern e.g. patient safety issues, professional behaviour issues, poor performance in work-place based assessments, poor MSF report and issues reported by other clinicians. It is expected that serious events would trigger a deanery review even if an ARCP was not due.

- Guidance for trainees and supervisors is available on the JRCPTB website specialty and assessment pages (www.jrcptb.org.uk).

GIM ARCP Decision Aid (revised November 2014)- standards for recognising satisfactory progress					
Curriculum domain		**GIM stage 1**	**GIM stage 2**	**CCT**	**Comments**
Educational Supervisor (ES) report	Overall report	Satisfactory with no concerns	Satisfactory with no concerns	Satisfactory with no concerns	To cover training year since last ARCP
	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.	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. 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	
Multiple Consultant Report (MCR)	Each MCR to be completed by one clinical supervisor	4-6	4-6	4-6	Summary of the MCR and any actions resulting to be included in ES report
ALS		Valid	Valid	Valid	

Supervised Leaning Events (SLEs)	Minimum number of consultant SLEs per year. Cumulative totals to be used when a GIM training year spans more than 1 training year	10 SLEs (ACATs, CbDs and mini CEX) - to include a minimum of 6 ACATs	10 SLEs (ACATs, CbDs and mini CEX) - to include a minimum of 6 ACATs	10 SLEs (ACATs, CbDs and mini CEX) - to include a minimum of 6 ACATs	SLEs should be performed proportionately throughout each training year by a number of different assessors across the breadth of the curriculum. Structured feedback should be given to aid the trainee's personal development
Multi-source feedback (MSF) [a]	Minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical)	1	1		Replies should be received within 3 months for a valid MSF. If significant concerns are raised then arrangements should be made for a repeat MSF
GIM Audit or GIM Quality improvement projects				Need to have lead one before CCT	Quality improvement project assessment tool (QIPAT) or Audit Assessment (AA) to be completed
Teaching Observation				1 before CCT	
Common Competencies		Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that level 3 or 4 achieved	Ten do not require linked evidence unless concerns are identified [b]. Evidence

					of engagement with 75% of remaining competencies to be determined by sampling and level achieved recorded in the ES report
Emergency Presentations	Cardio-respiratory arrest	Confirmation by educational supervisor that GIM level achieved			Evidence of engagement (ACATs, mini-CEXs and CbDs) required for all emergency presentations by end of GIM training. ES to confirm level achieved and complete rating for each presentation. Evidence to include ACATs, mini-CEXs and CbDs
	Shocked patient	Confirmation by educational supervisor that GIM level achieved			
	Unconscious patient	Confirmation by educational supervisor that GIM level achieved			
	Anaphylaxis / severe adverse drug reaction	Confirmation by educational supervisor that GIM level achieved (after discussion of management if no clinical cases encountered)			
Top Presentations		Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that level is satisfactory for GIM stage completion		Evidence of engagement required for all top presentations by end of GIM training. Level achieved to be determined by sampling and recorded in ES report

Other Important Presentations		Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that level is satisfactory for GIM completion	Evidence of engagement with this area of the curriculum to be determined by sampling evidence and level achieved to be recorded in ES report
Procedures	DC cardioversion	Clinically independent			Foundation and CMT procedural skills must be maintained. DOPS to be carried out for each procedure. Formative DOPS should be undertaken before summative DOPS and can be undertaken as many times as needed. Summative DOPS sign off for routine procedures to be undertaken on one occasion with one assessor to confirm clinical independence (if required)
	Knee aspiration	Clinically independent			
	Abdominal paracentesis*	Clinically independent			
	Central venous cannulation (by femoral approach as a minimum) with ultrasound guidance where appropriate*	Skills lab training completed or satisfactory supervised practice		Able to perform the procedure with supervision / assistance as a minimum	
	Intercostal drainage (1) Pneumothorax insertion using Seldinger technique*			Able to perform the procedure with supervision / assistance as a minimum	
	Intercostal drainage (2) Pleural Effusion using Seldinger			Able to perform the procedure with supervision / assistance as a minimum (may be in skills lab)	

	technique following ultrasound guidance*				Summative DOPS sign off for potentially life threatening procedures (*marked with asterisk*) to be undertaken on at least two occasions with two different assessors (one assessor per occasion
Clinical activity	Acute Take			1000 patients seen before CCT	Mini CEX and CbD to provide structured feedback and patient survey recommended. Record of attendance and reflective practice is recommended to document attendance and learning
	Clinics [c] (or equivalents)			186 performed before CCT	
Teaching	Overall teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Teaching attendance requirement should be specified at the start of training programme
	External GIM			100 hours before CCT	Includes regional teaching days

[a] Note: Health Education West Midlands use the 360˚Team Assessment of Behaviour (TAB) instead of MSF

[b] The following common competencies will be repeatedly observed and assessed but do not require linked evidence in the ePortfolio:

- History taking
- Clinical examination
- Therapeutics and safe prescribing
- Time management and decision making
- Decision making and clinical reasoning
- Team Working and patient safety
- Managing long term conditions and promoting patient self-care
- Relationships with patients and communication within a consultation
- Communication with colleagues and cooperation
- Personal Behaviour

[c] The Specialist Advisory Committees for General Internal Medicine and Geriatric Medicine have agreed that there is equivalent outpatient experience for trainees undertaking a Dual CCT in GIM and Geriatric Medicine only.