

Sub-specialty Skills for the Acute Internal Medicine (AIM) Curriculum

Information correct as of November 2019

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Background and purpose

The sub-specialty skill (initially termed specialist skill) in AIM has been in place from the initial versions of joint and then single curricula. The rationale for them however has changed.

They were first put in place as the Royal College of Physicians at the time felt that some interest outside the Acute Medical Unit was essential for wellbeing and became the so called 'sanity session'. The purpose of the skill has however changed and can now be summed up as giving the trainee the opportunity to gain capabilities / competencies that would not be generally gained in the standard curriculum, that will enhance their abilities to provide services applicable to the practice of acute medicine and the benefit of their patients and also employers / wider health service. It remains an essential component of training in AIM to become a 'well rounded' physician and being able to contribute to a diverse and broad service for patients at the front door.

This document represents the latest iteration and should be used by all current / future trainees when planning their skill. It will be kept as a live document with regular updates / improvements and will be rewritten to encompass the new AIM curriculum coming into effect in 2022.

The SAC for AIM has tried hard to standardise the requirements of each so that for example a clinical skill now has two components – a knowledge based one (typically a postgraduate certificate) and clinical ones (work based assessments and a clinical topic review).

Stroke Medicine - CCT Level, sub-specialty

Minimum level of attainment required according to the AIM Curriculum
CCT in Stroke Medicine

How to train in this skill

Competitive national application to Stroke Medicine Fellowship Year.

The indicative minimum timeframe for attainment of subspecialty training alongside AIM and GIM training is 6 years.

For guidance please see

<https://www.jrcptb.org.uk/specialties/stroke-medicine-sub-specialty>

Additional notes

This programme is open to all trainees holding MRCP (UK) or equivalent and an NTN in a relevant medical specialty. The background specialty of such clinicians is considered to be less important than the possession of those competencies needed to provide a specialist stroke service. After satisfactory completion of subspecialty training in stroke medicine, trainees would be eligible to have the subspecialty of stroke medicine included in their entry in the GMC's specialist register, after the award of a CCT in their parent specialty.

Some of the time spent in stroke medicine could count towards the AIM/GIM CCTs if prospectively approved.

Intensive Care Medicine – CCT Level

Minimum level of attainment required according to the AIM Curriculum
CCT in Intensive Care

How to train in this skill

Competitive application to dual train in ICM and AIM. The indicative minimum timeframe for dual CCT training is 8.5 years.

For guidance please see: <https://www.ficm.ac.uk/curriculum/dual-cct-guidance>

Acute Oncology – Clinical Skills

Minimum level of attainment required according to the AIM Curriculum

Approved postgraduate certificate with ongoing clinical experience
Educational Supervisors Report in Acute Oncology

How to train in this skill

Placement in Acute Oncology (block or sessional exposure)

Minimum 20 WBAs

20 Oncology clinics

Clinical Topic Review (CTR): A detailed discussion into a subject relevant to acute oncology. The CTR should be approximately 2,500 words in length covering common presentations.

Additional notes

In the RCP Acute Care toolkit 7: Acute Oncology on the Acute Medical Unit as a reference. It highlights the increasing number of emergency admissions of patients with disease or treatment related complications into AMUs. It highlights the need for collaborative working between Oncology Services and Acute Medicine in ensuring excellent standards of care for cancer patients in addition to decreasing length of stay and avoiding admission. Most trusts have now have an Acute Oncology Service, however in many DGHs Oncologists are not on site for more than 1 day a week and this service is run by specialist nurses.

Therefore there is a need for clinicians within acute medicine with an interest and skills in acute oncology to help bridge this gap, enabling decisions to be made in a timely fashion, facilitating early supported discharge, and improving standards of care for oncology in-patients.

Dermatology – Clinical Skills

Minimum level of attainment required according to the AIM Curriculum

Approved postgraduate certificate with ongoing clinical experience
Educational Supervisors Report in Dermatology

How to train in this skill

Placement in Dermatology (block or sessional exposure)

Minimum 20 WBAs

20 Dermatology Clinics

Clinical Topic Review (CTR): A detailed discussion into a subject relevant to dermatology. The CTR should be approximately 2,500 words in length covering common presentations.

Additional notes

There is a need for clinicians within acute medicine with an interest and skills in acute dermatology as it can be a common presentation to Ambulatory Units. There is a recognised gap in senior dermatology experience in large parts of the country and this may help bridge this gap, enabling decisions to be made in a timely fashion, facilitating early supported discharge, and improving standards of care for patients with acute dermatological symptoms.

Diabetes – Clinical Skills

Minimum level of attainment required according to the AIM Curriculum

Approved postgraduate certificate with ongoing clinical experience
Educational Supervisors Report in Diabetes

How to train in this skill

Placement in Diabetes (block or sessional exposure)

Minimum 20 WBAs

20 Diabetes Clinics

Clinical Topic Review (CTR): A detailed discussion into a subject relevant to diabetes. The CTR should be approximately 2,500 words in length covering common presentations.

Demonstration through the above of experience in

Specialist diabetes clinics such foot, renal etc and inpatient ward work

Diagnosis and classification of diabetes

Management of stable diabetes

Diabetic emergencies (DKA, HSS, hypoglycaemia)

Management of diabetes during acute illness (inc ACS)

Foot disease in diabetes

Renal disease/hypertension in diabetes

Diabetes in the elderly

Additional notes

Given how common this is amongst the patient population that present to acute medicine this will be beneficial to a service.

Infectious Diseases and Tropical Medicine – Clinical Skills

Minimum level of attainment required according to the AIM Curriculum

Diploma in Tropical Medicine and Hygiene (DTM&H) with ongoing clinical experience

Educational Supervisors Report

How to train in this skill

Placement in Infectious Diseases / Tropical Medicine (block or sessional exposure)

Minimum 20 WBAs

20 Clinics

Demonstration through the above of experience in

General Infectious Disease

Specialty exposure eg TB, HIV

There are many other courses (e.g. HIV diploma, Microbiology MSc). Completion will be dependent on personal interests and local availability and relevance to acute internal medicine. Before undertaking they must be approved by TPD

Neurology – Clinical Skills

Minimum level of attainment required according to the AIM Curriculum

Approved postgraduate certificate with ongoing clinical experience
Educational Supervisors Report in Neurology

How to train in this skill

Placement in Neurology (block or sessional exposure)

Minimum 20 WBAs

20 Neurology Clinics

Clinical Topic Review (CTR): A detailed discussion into a subject relevant to Neurology. The CTR should be approximately 2,500 words in length covering common presentations.

Obstetric Medicine – Clinical Skills

Minimum level of attainment required according to the AIM Curriculum

12 months clinical exposure to Obstetric Medicine out of programme
Educational Supervisors Report in Obstetric Medicine

How to train in this skill

One year placement in Obstetric Medicine (apply for a recognised fellowship year)
Minimum 20 WBAs
20 Obstetric Clinics

Demonstration through the above of experience in
Ante-natal and post natal reviews
Joint clinics with haematologists, renal physicians, endocrinologists and hepatologists
Diabetes in pregnancy clinic
Pre-pregnancy counselling clinics
HIV in pregnancy clinic
Daily ward rounds of any woman with medical problems on the antenatal and postnatal wards and labour ward
Inpatient reviews of pregnant or recently pregnant women admitted under other specialties
One off reviews of patients requiring ambulatory care and urgent outpatient assessment on an ad hoc basis
Time with obstetricians on labour ward

Palliative Care Medicine – Clinical Skills

Minimum level of attainment required according to the AIM Curriculum

Approved postgraduate certificate with ongoing clinical experience
Educational Supervisors Report in Palliative Care

How to train in this skill

Placement in Palliative Care (block or sessional exposure)

Minimum 20 WBAs

20 Clinics

Clinical Topic Review (CTR): A detailed discussion into a subject relevant to palliative care. The CTR should be approximately 2,500 words in length covering common presentations.

Demonstration through the above of experience in:

Inpatient and outpatient hospice care and in-reach into acute trusts.

Identification of needs for palliative care patients:

Pain control in palliative care

Management of anxiety in palliative care

Management of breathlessness in palliative care

Ethical issues in palliative care

Inpatient hospice care

Perioperative Medicine – Clinical Skills

Minimum level of attainment required according to the AIM Curriculum

Approved postgraduate certificate with ongoing clinical experience
Educational Supervisors report from Supervisor with recognised training/experience in Perioperative Medicine (usually a Consultant Anaesthetist with special interest in Perioperative Medicine) confirming that educational goals have been achieved

How to train in this skill

Sessional exposure to a clinical perioperative medicine for the equivalent of one day a week for two years

Placement in perioperative medicine (block or sessional exposure)

Minimum 20 WBAs

20 Clinics / ward rounds

Clinical Topic Review (CTR): A detailed discussion into a subject relevant to perioperative medicine. The CTR should be approximately 2,500 words in length covering common presentations.

Demonstration through the above of experience in

Acute surgical ward rounds in surgical high dependency setting/post take setting

Pre-op assessment clinic

Pre-op assessment of acute surgical patients

General and specialty surgical clinics

One off assessments of acute inpatients in ambulatory or ward setting

Utilisation of learning objectives applicable to medicine from the RCoA Perioperative Medicine curriculum

Assessment and supervision from specialist consultants in Perioperative Medicine, General Medicine and General and Specialty Surgery

Psychiatry – Clinical Skills

Minimum level of attainment required according to the AIM Curriculum

Approved postgraduate certificate with ongoing clinical experience
Educational Supervisors Report in Psychiatry

How to train in this skill

Placement in Psychiatry (block or sessional exposure)

Minimum 20 WBAs

20 Psychiatry Clinics

Clinical Topic Review (CTR): A detailed discussion into a subject relevant to psychiatry. The CTR should be approximately 2,500 words in length covering common presentations.

Syncope – Clinical Skills

Minimum level of attainment required according to the AIM Curriculum

Approved postgraduate certificate with ongoing clinical experience
Educational Supervisors Report

How to train in this skill

Minimum 20 WBAs

20 Clinics - syncope / falls (supervised by trainers and assessors with the relevant specialist knowledge and skills)

Demonstration of :

Assessment of 100 patients in an acute or clinic setting presenting with syncope/falls

Independently performed and reported a minimum of 50 tilt tests

Independently performed and reported a minimum of 25 carotid sinus massages

Trainee will need to organise the above by liaising with and arranging sessions with the local falls / syncope / specialist service

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Echocardiography – Procedural Skills

Minimum level of attainment required according to AIM curriculum

FICE accreditation (50 reviewed scans), with ongoing evidence of CPD (20 further logbook cases per year) and five reflective case studies

Other possible qualifications in this skill

BSE transthoracic echocardiography accreditation (250 scans)
BSE Level 1 qualification (75 scans) with ongoing evidence of CPD (20 further logbook cases per year)

Ultrasound – procedural skills

Minimum level of attainment required according to AIM curriculum

Either of

- FAMUS accreditation
- Level 2 in a focused ultrasound standard See [RCR focused standards](#) and [RCR standards for medical specialties](#)
- Four or more focused standards signed off at level 1 to show a broad skill base will be acceptable

How to train in this skill

For details of FAMUS accreditation:

<https://www.acutemedicine.org.uk/what-we-do/training-and-education/famus/famus-accredit/>

You will need to attend a practical course and complete supervised scans to cover the whole curriculum

In all cases an anonymised logbook of scans should be kept demonstrating at least 20 ongoing scans per year.

In addition, trainees should have five reflective cases where the focused ultrasound has directly influenced patient management (entered as reflective logs on your ePortfolio)

Management and Leadership

Minimum level of attainment required according to AIM curriculum

Postgraduate Diploma from a UK institution or
Postgraduate certificate PLUS approved experience in management or leadership

How to train in this skill

Medical Management and Leadership Schemes and Courses

Approved schemes include but not limited to:

RCP Chief Registrar scheme

Darzi Fellowship

NHS Medical Directors Clinical Fellows Scheme

Clinical Leadership Schemes (National)

Welsh Clinical Leadership Training Fellowship

Scottish Clinical Leadership Fellow Scheme

Generic Management Courses such as

- Institute of Leadership and Management (ILM) Diploma in Senior Management

- Chartered Management Institute (CMI) Certificate/Diploma in Management studies (offered countrywide at many business colleges)

MBA

Medical Education (including Simulation)

Minimum level of attainment required according to AIM curriculum

Postgraduate Diploma from a UK institution or
Postgraduate certificate level qualification + approved postgraduate post in medical education including simulation with a supportive educational supervisors report

Other possible qualifications

Masters / MD / PhD / EdD (all higher)

Additional Notes

This skill is achievable in the majority of posts as most hospitals will have an education department and interested consultants. The master's course teaches you useful transferable research skills. Educational research is increasingly popular.

Patient Safety / Care Quality Review Methodology

Minimum level of attainment required according to AIM curriculum

Academic Training and Practical Training as below
Educational Supervisors report

Academic Training

Approved postgraduate course in patient safety

Practical Training (Indicative training time 24 months)

This would consist of:

1. Undertaking a patient safety project of strategic relevance to the trust (for example contributing to a CQUIN, improving an outcome assessed via the national patient safety thermometer).

Following completion of the project, complete a 4000 word report which should include:

- a. Current national patient safety initiatives/agendas
- b. Explanation of strategic relevance of project
- c. Use of measurement for patient safety, for example run chart, SPC chart
- d. Demonstrate understanding of types of measures in patient safety (outcome, process, balancing)
- e. Use of PDSA cycles

Report should be assessed as satisfactory by trust Head of Patient Safety/Quality or equivalent (Educational Supervisors report should confirm this)

2. Undertake, under guidance from a Consultant, Root Cause Analysis of patient safety incident (such as patient safety investigation, serious untoward incident, structured case note review for inpatient death). Undertake reflective report & Case-

based discussion WBPA.

3. Attend 3 patient safety meetings (such as patient safety group, safety and quality committee, mortality steering group) and write reflection on these.

4. Attend minimum 2 Patient Safety 'Walkabout' undertaken by senior leaders within organisation.

After the indicative training period is complete, the trainee should continue to undertake equivalent of one session per week relevant to patient safety (e.g. undertaking safety improvement project, attending patient safety meetings).

Alternative

Special skill in Patient safety and Quality could also be obtained during approved Patient Safety Fellowship

Toxicology

Minimum level of attainment required according to AIM curriculum

PG Diploma from a UK institution
Educational Supervisors report in Toxicology

How to train in this skill

Placement in Toxicology (block or sessional exposure)
Minimum 20 WBAs

Additional notes

Candidates completing Diploma in Toxicology will have the practical skills to diagnose and manage the patients with common poisons and also will have knowledge in using the laboratory services and will be able to advice the industry and the environmental agencies in managing and preventing toxicological accidents. MSc candidates will gain knowledge in improving the services available in their work place in delivering toxicological services.

Research

Minimum level of attainment required according to AIM curriculum

Post graduate certificate in health research methods

Delivery of an approved research project

Satisfactory academic supervisor's report

How to train in this skill

Delivery of a research project within acute medicine, using any research methodology, under the supervision of a research mentor/supervisor. The scale of the project is dependent on the amount of protected time you have and the resources of any research team you are connected with (they do not need to be working at your hospital).

Time for research could come from your allocated training time for this skill or you may have the opportunity to undertake an Academic Clinical Fellowship (ACF). Additional funded time can be taken as OOPR which should be confirmed with the local TPD. Depending on the length of OOPR and availability of funding, additional qualifications include:

Masters – MSc/MRes/MPhil or a research doctorate – MD/PhD

Additional Notes

A PG certificate should cover an introduction to research methods (quantitative and qualitative methodologies, evidence based medicine, clinical research governance, research ethics).

Further training will usually be undertaken through a period OOPR. If funded by a training fellowship this will include costs for courses and doctoral supervision. Increasingly, acute trusts are employing clinical research fellows with significant research time and some (20 – 50%) clinical service, which may be enough for doctoral study. There are examples of these posts resulting in the successful award of a doctorate with further protected post-doctoral academic time

alongside clinical training.

For further advice and guidance, please contact the AIM SAC Lead
through the TPD

Sub-specialty Skills Requested but Declined by SAC

General Practice

Diploma in Geriatric Medicine

Headache

Diploma Critical Care (Cardiff)

Stroke Medicine MSc (UCL)

Healthcare Six Sigma (OperaSee Ltd)

Diploma in Occupational Health

University of South Wales Diploma in Respiratory Medicine

Sub-specialty Skills previously available but no longer considered relevant

Bronchoscopy

Gastroscopy

Gerontology

Health Informatics

International programs

Legal aspects

Prehospital Emergency Medicine

Remote and Rural medicine

Glossary

For the purpose of this document 'approved' refers to being approved by the Acute Internal Medicine SAC.

If in doubt if a course / qualification is approved – please contact your local TPD.

60 credits at level 7 or equivalent