Acute Internal Medicine 2022 ARCP Decision Aid

This decision aid provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year. The training requirements for Internal Medicine (IMS2) are set out in the IMS2 ARCP decision aid . The ARCP decision aids are available on the JRCPTB website https://www.jrcptb.org.uk/training-certification/arcp-decision-aids

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
Educational supervisor (ES) report	An indicative one per year to cover the training year since last ARCP (up to the date of the current ARCP)	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms will meet all requirements needed to complete training
Generic capabilities in practice (CiPs)	Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. ES report will record rating for each generic CiP	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training
Specialty capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainees must complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each CiP	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm level 4 in all CiPs by end of training
Multiple consultant report (MCR)	An indicative minimum number. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES	4 - of which at least 3 MCRs completed by consultants who have personally supervised	4 - of which at least 3 MCRs completed by consultants who have personally supervised	4 - of which at least 3 MCRs completed by consultants who have personally supervised	4 - of which at least 3 MCRs completed by consultants who have personally supervised the trainee in an

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
	should not complete an MCR for their own trainee	the trainee in an acute take/post-take setting	the trainee in an acute take/post-take setting	the trainee in an acute take/post-take setting	acute take/post-take setting
Multi-source feedback (MSF)	An indicative minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical). MSF report must be released by the ES and feedback discussed with the trainee before the ARCP. If significant concerns are raised then arrangements should be made for a repeat MSF	1	1	1	1
Supervised learning events (SLEs): Acute care assessment tool (ACAT)	An indicative minimum number to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. Each ACAT must include a minimum of 5 cases. ACATs should be used to demonstrate global assessment of trainee's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team). It is not	4	4	4	4

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
	for comment on the management of individual cases				
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)	An indicative minimum number to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range of assessors. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee	4	4	4	4
SCE	Failure to pass AIM SCE Exam by the end of ST6 will result in a non-standard ARCP outcome		Attempted	Attempted	Passed
Advanced life support (ALS)		Valid	Valid	Valid	Valid
Clinical Governance / Quality improvement (QI) project	Evidence of engagement with Quality Improvement and Clinical Governance required on a yearly basis	Evidence of involvement in answering complaints, Coroners referral, Datixes, audit or QI	Evidence of involvement in answering complaints, Coroners referral, Datixes, audit or QI	Evidence of involvement in answering complaints, Coroners referral, Datixes, audit or QI	QI project plan and report to be completed. Project to be assessed with quality improvement project tool (QIPAT)
Simulation	All practical procedures should be taught by simulation as early as possible in ST4	Evidence of simulation training (minimum one day) including procedural skills			Evidence of simulation training including human factors and scenario training

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
	Refresher training in procedural skills should be completed if required				
Teaching attendance	An indicative minimum hours per training year. To be specified at induction Summary of teaching attendance to be recorded in ePortfolio	50 hours teaching attendance to include minimum of 20 hours AIM teaching recognised for CPD points or organised/ approved by HEE local office/deanery	50 hours teaching attendance to include minimum of 20 hours AIM teaching recognised for CPD points or organised/ approved by HEE local office/deanery	50 hours teaching attendance to include minimum of 20 hours AIM teaching recognised for CPD points or organised/ approved by HEE local office/deanery	50 hours teaching attendance to include minimum of 20 hours AIM teaching recognised for CPD points or organised/ approved by HEE local office/deanery
Teaching					Teaching assessment and evidence of teaching capability (eg formal teaching course)
Management					Evidence of management skills and knowledge (eg completion of a management course)
Specialty skill	See curriculum for list of specialty skills and guidance for training and assessment		Decide on specialty skill and commence attainment		Formal sign off of specialty skill as per curriculum

Practical procedural skills

Trainees must be able to outline the indications for the procedures listed in the table below and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthesia, minimisation of patient discomfort, and requesting for help when appropriate. For all practical procedures the trainee must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary.

Please see table below for minimum levels of competence expected in each training year. When a trainee has been signed off as being able to perform a procedure independently they are not required to have any further assessment (DOPS) of that procedure unless they or their educational supervisor think that this is required (in line with standard professional conduct).

Procedure	ST4	ST5	ST6	CCT
Advanced cardiopulmonary resuscitation (CPR)	Leadership of a cardiac arrest team	Maintain	Maintain	Maintain
Central venous cannulation (internal jugular and femoral) Check where this is in IM	Skills lab or satisfactory supervised practice	Competent to perform unsupervised	Maintain	Maintain
Intraosseus access to circulation for resuscitation	Skills lab or satisfactory supervised practice	Maintain	Maintain	Maintain
Intercostal drain for pneumothorax	Competent to perform unsupervised	Maintain	Maintain	Maintain
Intercostal drain for effusion [a]	Competent to perform unsupervised	Maintain	Maintain	Maintain
Knee aspiration	Skills lab or satisfactory supervised practice	Competent to perform unsupervised	Maintain	Maintain
Abdominal paracentesis	Competent to perform unsupervised	Maintain	Maintain	Maintain
Setting up Non Invasive Ventilation or CPAP		Skills lab or satisfactory supervised practice	Maintain	Competent to perform unsupervised
Arterial line insertion		Competent to perform unsupervised	Maintain	Maintain

Procedure	ST4	ST5	ST6	CCT
Point of care of ultrasound	Theoretical course attended	Signed off as competent in focused chest, abdominal and lower limb ultrasound (see table below)	Maintain	Maintain

Ultrasound competency

Body System	Core pathologies	Core skills
Thoracic	Pulmonary oedema Pneumonia Pleural effusion Pneumothorax	Site mark for drainage of pleural effusions (as per BTS guidance)
Abdominal / renal	Hydronephrosis Bladder distension Abdominal free fluid	Site mark for paracentesis / ascitic tap
Lower limb	DVT (rule in)	-
Peripheral vascular access	-	Ultrasound guided peripheral vascular access

These competencies can be achieved in a number of ways. Local training programmes can be developed, which should include an assessment process approved by the regional specialty training committee (STC). Alternatively, doctors in training can undertake one of the established training courses for initial acquisition of competence. To maintain competence an indicative one day per week should be utilised within the first two years of training to facilitate further development of competencies. At a local level the acute internal medicine trainers should forge links with radiology services so that trainees have regular access to sonographer or radiologist lists to help maintain competencies.

Levels to be achieved by the end of each training year and at critical progression points for AIM specialty CiPs

Outline grids of levels expected for Acute Internal Medicine clinical CiPs at the end of each year of training

Level descriptors

Level 1: Entrusted to observe only – no clinical care
Level 2: Entrusted to act with direct supervision
Level 3: Entrusted to act with indirect supervision
Level 4: Entrusted to act unsupervised

	Acute Internal Medicine				CCT
Specialty CiP	**ST4**	**ST5**	**ST6**	**ST7**	**CRITICAL PROGRESSION POINT**
1. Managing acute services	**2**	**3**	**3**	**4**	
2. Delivering alternative patient pathways including ambulatory care	**2**	**3**	**3**	**4**	
3. Prioritising and selecting patients appropriately according to the severity of their illness, including making decisions about appropriate escalation of care	**2**	**3**	**3**	**4**	
4. Integrate with other specialist services including Intensive Care, Cardiology, Respiratory and Geriatric medicine	**2**	**3**	**3**	**4**	
5. Managing the interface with community services including complex discharge planning	**2**	**3**	**3**	**4**	
6. Developing a specialty skill within several broad domains. These are clinical, academic, research or procedural skills	**Skill chosen**	**Skill started**	**Skill developing**	**Skill complete**	