Acute Internal Medicine (AIM) ARCP Decision Aid – *revised November 2014*

The table that follows includes a column for each training year within acute internal medicine (AIM) 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). Checklists have been produced to guide trainees and supervisors on which top and other important presentations that are likely to be encountered in specialty placements. These are available on the AIM webpage of the JRCPTB website (www.jrcptb.org.uk).

AIM Single CCT ARCP Decision Aid (revised November 2014)- standards for recognising satisfactory progress						
Curriculum domain		ST3	AIM year 2	AIM year 3	CCT	Comments
Educational Supervisor (ES) report	Overall report	Satisfactory with no concerns	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	Has 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 into organisational structures eg rota management, attendance at management meetings	Creation of management and investigation pathways; instigates safe patient treatment. Liaises effectively with other specialties. Implements local clinical governance policies. Involvement in management within directorates, as an observer or trainee representative. Direct involvement in the organisation and managerial structure of the acute medical unit	
Multiple Consultant Report (MCR)	Each MCR to be completed by one clinical supervisor	4-6	4-6	4-6	4-6	Summary of the MCR and any actions resulting to be recorded in ES report
SCE				AIM SCE taken	AIM SCE passed	
ALS		Valid	Valid	Valid	Valid	

Supervised Leaning Events (SLEs)	Minimum number of consultant SLEs per 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	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	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
AIM Audit or AIM Quality Improvement projects		1	1	1	1	4 before CCT one of which must complete the loop. Ideally a Quality Improvement assessment (QIPAT) or Audit assessment should be performed
Teaching Observation				1 before PYA		

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 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 level achieved				Evidence of engagement required for all emergency presentations by end of AIM 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	Confirmation by educational supervisor that GIM level achieved	Confirmation by educational supervisor that AIM level achieved		
	Unconscious patient	Confirmation by educational supervisor that GIM level achieved	Confirmation by educational supervisor that GIM level achieved	Confirmation by educational supervisor that AIM level achieved		
	Anaphylaxis / severe adverse drug reaction	Confirmation by educational supervisor that 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 satisfactory progress is being made	Confirmation by educational supervisor that level is satisfactory for AIM stage		Evidence of engagement required for all top presentations by end of AIM 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 satisfactory progress is being made	Confirmation by educational supervisor that level of is satisfactory for completion of AIM	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	Central venous cannulation (by femoral approach as a minimum) with ultrasound guidance where appropriate*	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.
	DC cardioversion	Clinically independent				
	Knee aspiration	Clinically independent				
	Abdominal paracentesis*	Clinically independent				

	Intercostal drainage (1) Pneumothorax insertion using Seldinger technique*			Clinically independent		Summative DOPS sign off for routine procedures to be undertaken on one occasion with one assessor to confirm clinical independence (if required) 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
	Intercostal drainage (2) Pleural Effusion using Seldinger technique following ultrasound guidance*			Clinically independent		
	Arterial line				Clinically independent	
	Temporary cardiac pacing via transvenous route*				Competent in skills lab	
	Sengstaken-Blakemore Tube insertion*				Competent in skills lab	
Clinical activity	Acute Take				1250 patients seen before CCT	Mini CEX and CbD to provide structured feedback. Reflective practice and patient survey are also recommended for use in outpatients
	Ambulatory care				300 new patients seen before CCT	

Clinical experience	Acute Medical Unit				Completed before CCT	
	Cardiovascular Medicine				Completed before CCT	
	Respiratory Medicine				Completed before CCT	
	Geriatric Medicine				Completed before CCT	
	Intensive Care Medicine				Completed before CCT	
	Specialist Skill training				Completed before CCT	
Teaching	Overall teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	The requirements to attend teaching attendance should be specified at induction
	External AIM				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