

Internal Medicine Stage 2 ARCP Decision Aid

Name of the Candidate		
Year of the Training		
Did the trainee participate in Internal medicine in preceding one year <i>If Answer is no, ES report to be assessed for plans for future IM experience. No need to assess checklist further than ES report.</i>		
	✓ / X	Comments
Educational Supervisor Report		
Generic Capabilities self-rating <i>(With evidence of ES involvement)</i>		
Clinical Capabilities self-rating <i>(With evidence of ES involvement)</i>		
MCR X 2 IM specific		
MSF Minimum 4 raters from IM <i>Trainee must identify the four names in their self-declaration</i>		
ACAT X 4 in acute unselected take / post take <i>(Minimum five cases)</i>		
SLEs X 3 <i>(CbDs or MiniCEXs by IM supervisors)</i>		
Number of outpatient clinic other than speciality clinic <i>(Four to five in a year)</i> <i>Total 20 clinics over four / five years. If there are no five clinics was recorded in preceding year, please document on ARCP record with advice to attend more clinic in following year to satisfy required number. If 20 clinics are not achieved on final year ARCP, outcome 5 will be awarded with 8 weeks to complete required number. If trainee could not achieve the number during 8 weeks, then outcome 3 will be awarded.</i> <i>Transition trainee's requirement need to be addressed on Pro-rota basis.</i>		

Valid ALS Certificate		
<p>Acute Unselected Take – Number of patients presented with acute medical problems trainee is involved in. (On average 190 a year)</p> <p><i>Total 750 patients over four / five years. If there are no 190 clinical encounters was recorded in preceding year, please document on ARCP record with advice to attend more acute unselected take in following year to satisfy required number.</i></p> <p><i>If number 750 is not achieved on final year ARCP, and 100 patient contact is not in final year, outcome 5 will be awarded with 8 weeks to complete required number. If trainee could not achieve the number during 8 weeks, then outcome 3 will be awarded.</i></p> <p><i>Transition trainee's requirement need to be addressed on Pro-rota basis.</i></p>		
<p>Ward Cover experience in months- looking after patients with acute medical problems. (Covering a ward receiving patients admitted through acute unselected take, or covering a ward of a different medical speciality broadening the IM experience will be considered as IM experience as per regional agreement) *</p> <p><i>Total 12 months equivalent in four / five years.</i></p> <p><i>If 12 months equivalent is not achieved on final year ARCP, outcome 5 will be awarded with 8 weeks to complete required training. If trainee could not achieve the required training during 8 weeks, then outcome 3 will be awarded.</i></p> <p><i>If the experience is less than 10 months during final year ARCP then outcome 3 will be awarded.</i></p> <p><i>Transition trainee's requirement need to be addressed on Pro-rota basis.</i></p>		

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<p>Simulation Training ** <i>Total 12 hours of training over four / five years. If 12 hours of training is not achieved by final year ARCP and four hours in final year, then outcome 5 will be awarded if it can be achieved by eight weeks. If trainee could not achieve the required training during 8 weeks, then outcome 3 will be awarded. Local and regional factors need to be considered, if the simulation training is not established for trainees to attend, then trainees should not be penalised. Transition trainee's requirement need to be addressed on Pro-rota basis.</i></p>		
<p>IM Study leave <i>(GIM Teaching can be included in this number) Total 75 hours of IM study leave over four / five years. If 75 hours of study leave is not achieved by final year ARCP and 20 hours in final year, then outcome 5 will be awarded if it can be achieved by eight weeks. If trainee could not achieve the required training during 8 weeks, then outcome 3 will be awarded. Transition trainee's requirement need to be addressed on Pro-rota basis</i></p>		

Final Year additional Checklist, need to be identified in PYR

	✓ / X / NA	
<p>Patient Survey (One in IM S2 training)</p>		
<p>QI Project (One in IM S2 training, need to be assessed by QIPAT)</p>		
<p>Teaching Experience (One teaching observation in IM S2 training)</p>		
<p>Practical Procedure (Minimum level of competency) ***</p>		

ARCP Checklist is assessed by:

Suggested ARCP Outcome:.....

Date:.....

Notes:

IM Ward Cover *

- Covering a speciality ward receiving patients predominantly from acute unselected take can be considered for ward cover experience.
- Covering a speciality ward by same speciality trainee can be considered as IM experience provided the patients are admitted through unselective take, and supervisor of that ward is capable of providing an IM level MCR or / and ES report evidencing the IM capabilities.
- Covering a speciality ward by different speciality trainee can be considered as IM experience as this is broadening IM experience provided the supervisor of that particular ward is capable of providing an IM level MCR or / and ES report evidencing the IM capabilities achieved during that particular attachment.
- As part of recognised IM ward postings, trainees expected to participate in acute unselected take on calls. Trainees should not be disadvantaged because of participation of on calls during ward cover, on calls will be considered as part of overall IM experience.
- *Covering a speciality ward by same speciality trainee cannot be considered as IM experience provided the patients are admitted through selective take, irrespective of co-morbidities of the patient group.*

Simulation Training **

- The local and regional factors of delayed slot availability needed to be taken into account during 2023 ARCP. Trainees should not be penalised of organisational deficiency.

Practical Procedures***

- A group of trainees might not have done IMT training. Trainee and ES sign off will be accepted as evidence as a minimum requirement in some situations. Normally, we expect the MCR to evidence the practical procedure capabilities if there are no DOPS available. Ideally, we expect DOPS to provide the evidence on practical procedure. Currently the IM team is adopting flexible approach and over the period of time the flexibility may not be needed.