**GIM ARCP self-assessment checklist**

Please also refer to the latest version of the [JRCPTB ARCP decision aid](https://www.jrcptb.org.uk/sites/default/files/GIM%20ARCP%20Decision%20Aid%20%28August%202017%29.pdf).

Please upload in your personal library in a folder named ‘ARCP 20XX’.

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
| **Training number** |  |  |
| **Grade** |  |  |
| **Hospital** |  |  |
| **Dual-accrediting specialty** |  |  |
| **Stage of training** |  | **Stage 1:** usually first full year of ST3, which may be prorated if LTFT.  **Stage 2:** ST4-6, try to complete stage 2 at ST4 if in DGH for 2 consecutive years, or if in specialty with high GIM commitment (eg geriatrics, acute medicine)  **Stage 3/CCT:** usually final year. You must do at least 3 months of GIM in your final year before CCT. |
| **Provisional CCT date** |  | If you have taken OOP, maternity leave, or LTFT training, use the [JRCPTB CCT date calculator](https://www.jrcptb.org.uk/training-certification/less-full-time-training). Share it with the ES and the programme office. |
| **If LTFT, please state WTE** |  |  |
| **Have you had days of absence?** | If so, please so how many days: | If applicable, you should declare this in Form R. |
| **Significant events, complaints or other Investigations** | Do you have anything to declare?  Y  N | If applicable, you should declare them in Form R. |
| **Previous ARCP outcome** |  | Does not apply if this is your first ARCP in ST3 |
| **Requirements from previous ARCP or PYA  (if any)** | Copy and paste from the ARCP outcome form if applicable: |

|  |  |  |
| --- | --- | --- |
| **ALS Expiry date** | Is this in the certificates section and verified by ES?  Y  N | Must be in-date before CCT. If lapsed, must inform Trust. Not having a valid ALS leads to automatic Outcome 2 for GIM and parent specialty. |

|  |  |  |
| --- | --- | --- |
| **ACATs** | Number of GIM ACATs done since last ARCP:    Number of GIM ACATs done in total    Have you linked your ACATs with curriculum competences appropriately (maximum of 8 links allowed per ACAT)?  Y  N | A total of 18 ACATs needed before CCT:  6 ACATs at stage 1,  6 ACATs at stage 2 and  6 ACATs pre-CCT. Of the 18, maximum of 2 can be from the parent specialty. Continue to show engagement even if you have had 18 ACATs already. Each ACAT must include at least 5 patients. Should be on AMU or ACU. An ACAT must be rated satisfactory to count as valid.  **ES** should comment on the validity of the ACATs, selectivity of the take, and appropriateness of links to the curriculum. |
| **Other SLEs** | Including ACATs above, do you have at least 10 SLEs each year?  Y  N | **ES** should provide details of any themes emerging with developmental suggestions where appropriate. |
| **MSF** | Have you done an MSF this year?  Y  N | One MSF should be in stage 1. Another one during stage 2 before PYA. Must have at least 12 raters of which at least 3 must be consultants. |
| **MCR** | Number of MCRs done    Please specify the names of MCR raters who have rated you for GIM (as distinct from your main specialty): | A minimum of 4 MCRs required each year.  There should be at least 2 raters from GIM consultants (eg from acute medicine or from a specialty other than trainee’s own).  **ES** should not be an MCR rater. Any emerging themes should be mentioned. |

|  |  |  |
| --- | --- | --- |
| **Curriculum competences** | | |
| **Stage 1** | All emergencies presentations signed off?  Cardiorespiratory arrest  Shock  Unconscious patient  Anaphylaxis | **All four must be self-rated and signed off by ES at stage 1 to achieve an outcome 1.**  Must be evidenced with 2 SLEs (ACAT or CbD) for each competency.  Anaphylaxis may be signed off by the ES after discussion of management if no clinical case encountered. The discussion must be recorded in the ePortfolio. |
| All part A procedures signed off?  DC cardioversion  Knee aspiration  Abdominal paracentesis | **All three must be self-rated and signed off by ES at stage 1 to achieve an outcome 1.**  Formative DOPS (as many as needed) before summative DOPS. ALS cannot be used for DCC.  Abdominal paracentesis is potentially life-threatening. It must be signed off with two summative DOPS. |
| Number of common presentations signed off: | At least 11 self-rated and signed off, each with two valid links. |
| Number of other presentations signed off: | Self-rated and signed off by ES, each with two valid links. |
| Any part B procedure signed off?  Central venous cannulation\*\*  Intercostal drain — pneumothorax  Intercostal drain — pleural effusion | Skills lab training completed or satisfactory supervised practice.  \*\*Should at least be skills lab trained for central venous cannulation. |
| **Stage 2 or CCT** | If any of the stage 1 competences were not met at stage 1, please state:  Those that have now been signed off:    Those that have yet to be signed off (if any): | Self-rated and signed off by ES, each with two valid links. |
| Total number of common presentations signed off: | Self-rated and signed off by ES, each with two valid links. |
| Total number of other presentations signed off: | Self-rated and signed off by ES, each with two valid links. |
| Any part B procedure signed off?  Central venous cannulation  Intercostal drain — pneumothorax  Intercostal drain — pleural effusion | Skills lab training completed or satisfactory supervised practice.  Self-rated and signed off by ES, each with two valid links. |

|  |  |  |
| --- | --- | --- |
| **Audit/QIP** | Have you done a GIM audit/QIP?  Y  N  If so, have you uploaded under ‘Assessment | QI/Audit, Teaching & Clinical Activities’?  Y  N | One GIM audit/QIP before CCT. This should not be related to the parent specialty, no matter how relevant the topic may be to GIM. |
| **Teaching** | Have you done a teaching session?  Y  N  If so, have you uploaded under ‘Assessment | QI/Audit, Teaching & Clinical Activities’?  Y  N | One teaching observation needed before CCT. |
| **CPD** | How many hours of GIM CPD did you attend since your last ARCP?    How many hours of GIM CPD have you recorded in total?    Of which, how many are online self-directed learning?    Please tell us the name of the folder that you have placed your GIM CPD certificates:    Any planned CPD courses to attend? | Each trainee must provide evidence of 100 hours of external GIM training before CCT. This does not include the generic LETB modules but should consist of the regional GIM training days (each of which counts for 6 hours), RCP updates, SAM conferences and accredited GIM courses. Up to 20 hours can be online modules.  **ES** should record the number of hours accumulated by the trainee, highlighting any difficulties in attending training days. |
| **Management** | Have you had any involvement in management or service development? If so, please elaborate:    Have you attended or are you planning to attend any formal management course? If so, please specify: | ES should comment upon developing leadership attributes (drawing from the SLEs, MSF and MCR) |

|  |  |  |
| --- | --- | --- |
| **Summary of clinical skills** | Have you uploaded an up-to-date summary of training calculator?  Y  N  Please tell us the name of the folder that you have placed it: | Summary of training calculator (also known as Firth calculator) is accessible [here](https://www.jrcptb.org.uk/documents/summary-training-calculator-november-2012) from the JRCPTB.  You need evidence for:  1000 acute inpatients and 186 clinics or equivalent (eg ambulatory care)  **ES** should comment on the number and range of inpatient and outpatient/ambulatory activity (mandatory). |

|  |  |  |
| --- | --- | --- |
| **Reflection** | Have you logged reflections on eportfolio since your last ARCP?  Y  N | There should be a range of reflection upon clinical events and educational days. When reflecting upon the latter, you should highlight the lessons learned and not merely list the lecture titles.  **ES** should comment the on quantity and quality of reflection. |

|  |  |  |
| --- | --- | --- |
| **Educational supervisor’s report** | Have you discussed and agreed on the contents of your GIM ES report?  Y  N | Please ask your ES to complete a specific GIM ES report. This is a mandatory requirement now as per GIM STC. This is separate from your specialty ES report. Absence of an ES report would result in at least an outcome 5.  **ES** should encourage to enter a comment to the effect that they agree with the report in the appropriate box, adding any other remarks as they wish and counter-signing the report. |
| **Areas for development** | Have you identified any gaps in training or competences according to the ARCP decision and the curriculum? If so, please tell us:    How do you plan to address this? | **ES** should help formulate a plan to address any gaps in competency and state this in the ES report. |

|  |  |  |
| --- | --- | --- |
| **Anticipated outcome for this ARCP** |  | You and your ES should review your progress and indicate anticipated outcome for this ARCP. |

If you anticipate an adverse outcome (outcome 2, 3 or 4) and you would like the ARCP reviewers to consider mitigating circumstances, please tick this box.