

AIM/GIM ARCP Checklist

Date _____

To be completed by the Trainee and validated by the Educational Supervisor, then uploaded in the Profile > Personal Library > [create new folder] 'ARCP checklists' section of the ePortfolio labelled 'ARCP[year]'. This should be done at least 2 weeks in advance of the ARCP.

1. Year of training: ST _____
2. CCT dates according to the latest correspondence from the JRCPTB:
 AIM _____ GIM _____
3. Specialty Certificate Exam: Attempted / Passed
4. Advanced comms skills course: Enrolled / Completed
5. Approved M&L course: Enrolled / Completed
6. Teaching course Enrolled / Completed
7. Evidence of a logbook (for GIM, and specialist skill if applicable) Yes / No
8. Curriculum-required clinical experience completed so far (please tick):

AMU first yr		Respiratory Medicine 4/12	
Acute Geriatric Medicine 4/12		Intensive Care Medicine 4/12	
Cardiology incl. CCU 4/12		GIM (in addition to mandatory specialties)	
At least 6/12 AMU in final yr			

9. AIM specialist skill: _____

Item	Completed? (Trainee please tick)	Validated? (Ed sup please tick)
Educational Supervisor's report		
Multiple Consultant report (4-6 people)		
Required number of work-based assessments		
MSF		
Self- and Educational Supervisor curriculum sign-offs (please see 2009 AIM ARCP decision aid)		
70% - or 7 - AIM/GIM training days attended and/or 35 hrs external AIM/GIM courses or conferences (pro-rata)		
Valid ALS certificate		
Form R (this includes whether sickness absence > 2 weeks)		
GMC National Trainee Survey		

Trainee signature _____ Ed Sup signature _____

Required work-based assessments

Every 12 month period between ARCPs, the following work-based assessments are required for dual AIM/GIM trainees and should be evidenced in the ePortfolio:

WBA	Year 1	Year 2	Year 3	Year 4 penultimate year	Year 5
	ST3	ST4	ST5	ST6	ST7
SLE - ACAT	Minimum of 10 SLEs in total, 6 of which must be ACATs	Minimum of 10 SLEs in total, 6 of which must be ACATs	Minimum of 10 SLEs in total, 6 of which must be ACATs	Minimum of 10 SLEs in total, 6 of which must be ACATs	Minimum of 10 SLEs in total, 6 of which must be ACATs
SLE - Cbd					
SLE - Mini-CEX					
DOPs <ul style="list-style-type: none"> • Central venous cannulation** • DC cardioversion • Knee aspiration • Abdominal paracentesis** • Chest drain for pneumothorax** • Chest drain for pneumothorax** (Seldinger technique)** • Chest drain for pleural effusion using USS guidance** • Arterial line 	Independent Independent Independent Independent Independent				Independent by CCT Independent by CCT Independent by CCT
DOPs (desirable but not essential) <ul style="list-style-type: none"> • Temporary cardiac pacing via transvenous route** • Sengstaken-Blackmore tube insertion** 	<i>Likely to be removed from curriculum soon</i>				Independent by CCT Independent by CCT
MSF (minimum of 12 multi-professional raters including 3 consultants)	1	1	1	1	1
Audit OR quality improvement project (4 before CCT date, one of which must complete an audit loop or be a quality improvement project)	1	1	1	1	
Teaching observation			1 before PYA		
Competence in the curricula's 4 Emergency Presentations* (*see JRCPTB's ARCP decision grids)	GIM level	GIM level	AIM level		

Trainees should **only** complete the **2009 AIM curriculum (amendments 2012)** on the ePortfolio.

A separate LOGBOOK should be kept to demonstrate GIM curriculum requirements: 1250 patients clerked/reviewed on the acute take, 3 years of consultant supervised in-patient ward rounds at least twice a week, and 186 clinics - or 450 new and 1500 FU patients (Ambulatory Care and ward referrals count for AIM trainees).