**Dual accrediting trainees**

**A guide to writing the GIM Educational Supervisor’s report for ST3 trainees and above**

* From January 2017 those trainees dual accrediting in GIM and a speciality are required to have a separate GIM Educational Supervisors (ES) report.
* A high quality ES report will prevent any surprises at ARCP and guide future placement of the trainee.
* The free text comments box are key to guiding the ARCP panel, attention should be paid to the GIM curriculum requirements as identified in the decision aid – <https://www.jrcptb.org.uk/sites/default/files/2009%20GIM%20ARCP%20Decision%20Aid%20%28revised%2017.11.14%29.pdf>
* Below is a guide to the key information required by the GIM ARCP panel

**Advanced Life Support**

* For an ARCP outcome 1 the trainee must have a valid ALS
* This should be uploaded in the Certificate Section and confirmed by the ES

**Supervised Learning Events:**

* A total of 10 are required, per GIM year, of which 6 must be ACATs
* Each ACAT must have detail of a minimum of 5 patients
* Please comment upon validity of ACATs; i.e sufficient numbers, selectivity of take and appropriateness of links to the GIM curriculum.
* Provide detail of any themes emerging, with suggestions as to how they might be addressed.

**MSF and MCR**

* Please comment with regard to GIM aspect, particularly in relation to the acute take
* Highlight which MCR raters have GIM involvement and any emerging themes relating to GIM. Ensure MCRs are obtained from consultants involved in an acute unselected take.

**Audit or Quality Improvement Project (QIP)**

* Each trainee is required to have led a GIM audit or QIP, with evidence in the form of an audit assessment or Quality improvement project assessment tool (QIPAT) before completion of training.
* Please explain the relevance of this to GIM and ensure it is not undertaken in the parent speciality.

**Educational Events**

* 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.
* Please record the number of hours accumulated by the trainee, highlighting any difficulties in attending training days. The trainee can use online module to count for up to 20 hours.

**Teaching**

* Each trainee must complete one teaching observation before CCT.
* Please detail any involvement in teaching, including staff groups taught and feedback received.

**Management & leadership skills development**

* Drawing from the SLEs, MSF and MCR please comment upon developing leadership attributes
* Provide details of any involvement in management or service development activity, including the level of contribution.
* Indicate whether or not a formal course has been attended.

**Summary of clinical skills / procedures (refer to log book if applicable)**

* *Comment on amount and range of in-patient and out-patient (or equivalent) activity (mandatory):* before CCT each trainee must provide evidence that they have seen 1000 acute patient and attended 186 clinics, or equivalent, which can include ambulatory care sessions. The simplest way for the trainee to record this is in the form of the Firth Summary of Training Calculator, which can be referred to in this comment box.
* *Has the trainee performed appropriate numbers of procedures where indicated by the relevant curriculum (please refer to ARCP Decision Aid for specialty requirements)?* The trainee should have linked evidence for the essential procedures, within the GIM curriculum, please comment here as to what has been achieved and what remains outstanding, with any plans made to address any deficiencies.
* Please note that the trainee should be clinically independent in DC cardioversion, Knee aspiration and Abdominal paracentesis before the end of stage 1 (ST3) and should, at least be, skills lab trained in central venous access.

**Reflection and study**

* Reflection is a valuable educational tool, please comment on quantity and quality of reflection. There should be a range of reflection upon clinical events and educational days. When reflecting upon the latter the trainee should highlight the lessons learned and not merely list the lecture titles.

**Curriculum Competencies**

* Competencies should be recorded in the General Internal Medicine 2009 (amendments 2012) curriculum and not in any other which may still appear such as Physician Level 3 GIM (Acute) Curriculum
* The trainee should link an average of two items of evidence per competency. The trainee should sign off the competency then have the Supervisor confirm this.
* Within the ES report, please refer to the decision aid, comment upon level of competency achieved, highlighting any deficits, with regard to stage of training. Please note that the four emergency presentations must be achieved for completion of stage 1 (ST3)

The report should be discussed and agreed with the trainee prior to the ARCP – the trainee should be encouraged 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

**Joe Hogg, TPD GIM**