

**To: Training Programme Directors in Acute Medicine, Geriatric Medicine, Respiratory Medicine, Cardiology, Renal medicine, Rheumatology, Clinical Pharmacology and Therapeutics, Diabetes and Endocrinology, Gastroenterology, Combined infection training**

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Dear Training Programme Directors,

You are all involved in managing higher specialty training programmes that dual accredit with general internal medicine (GIM). We would like to remind you that your trainees require a separate GIM educational supervisor (ES) report for any training year that covers GIM (and we are aware that sometimes for some specialties the training year will focus on the parent specialty only). The educational supervisor for GIM must be somebody with a CCT (or equivalent) in GIM and they must have an understanding of the GIM curriculum and training needs of the trainee. We would anticipate that the trainee's educational supervisor for their specialty would fulfill the GIM educational supervisor role for the majority of trainees.

The reason for mandating a separate GIM ES report means that the trainee and supervisor are being asked to consider and record carefully a trainee's training evidence and progress against the GIM curriculum. We have had feedback from ARCP external advisors at both GIM Penultimate Year Assessments (PYAs) and also specialty ARCPs that failure to complete a separate GIM ES report significantly affects the ARCP panel's ability to assess a trainee's progress in GIM satisfactorily. This can have adverse consequences for trainees. It often becomes a far more serious issue when the trainee has to attend their GIM PYA and it becomes apparent that the evidence to support their progress with GIM training is lacking.

In dual accrediting training programmes that include GIM the ARCP panel must complete separate ARCP outcome forms for GIM and the parent specialty. This then demonstrates that the two specialties have been reviewed separately. This has been in place for a number of years now, however some specialties are failing to adhere to this requirement and only issue separate outcomes at PYA and for final sign off. Each ARCP panel should have at least one consultant to act as a GIM representative in order facilitate the assessment of the trainee's e-portfolio for the outcome to be issued.

For all ARCP outcomes, three panel members are required to review the paperwork and confirm they are in agreement with the outcome issued. This is rarely an issue for in person reviews, however we have struggled at times to get enough panel members for the separate in absentia GIM ARCPs at final sign off as well as the GIM PYAs which the trainees attend. The burden therefore often falls upon a fairly small group of trainers including the GIM TPDs to deal with a large number of trainee outcomes. We need more Consultants (who supervise trainees for GIM) from the parent specialties to contribute to the GIM ARCP process. If we

increase the number of trainers who can contribute to the GIM ARCPs this would help the trainees by ensuring timely robust ARCP panels. We also know from trainer feedback that participating in the ARCPs helps their knowledge and understanding of the assessment process which in turn enables them to provide better support and supervision for their trainees. The School of Medicine can provide any support and training to Consultants willing to take on this additional role, which we anticipate would not be onerous. Identifying Consultant volunteers could be done at your local and sector faculty meetings and their contact details sent to the GIM operations officers at shared services ([GIM@southlondon.hee.nhs.uk](mailto:GIM@southlondon.hee.nhs.uk)).

Please circulate this guidance to all of your educational supervisors. Thank you for your ongoing hard work and commitment ensuring that we offer the best possible training to our trainees. Please do not hesitate to contact us or your GIM TPDs if you have any further questions or queries.

Yours sincerely,

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