

Respiratory Medicine/GIM dual accreditation ARCP “aide memoire” 2015

Based on the [2010 ARCP decision aid \(2014 update\)](#), information from UCLP, pan-London TPDs and advice from the ARCP panelists, below is an aide memoire to ensure your ARCP goes smoothly. Please remember that there are specific requirements for **each year** of training (eg DOPS for pleural aspiration mandatory for ST3 but optional for later years). It is your responsibility to check the decision aid and ensure you fulfill the requirements for your stage of training. The requirements for PYA are different so if you are in your penultimate year please check in advance. The list below is an aide memoire of minimum requirements for all trainees.

Assessments

- MCR (Multiple Consultant Report). Minimum 4 Consultants, and must cover GIM (for posts that incorporate GIM) as well as Respiratory medicine ☐
- 6 mini-Cex or CbD by a number of assessors, spread out in time, and sampling the Respiratory and GIM curriculum ☐
- 6 ACAT (per year of GIM) each of which must cover a minimum of 6 patients managed on take / acute shift ☐
- It is worth remembering that Audit Assessments should be completed within the first 2 years and the last 2 years of training ☐

Practical procedures

- Bronchoscopy DOPS (at least 1 satisfactory per year, 2 for ST3 and ST4) ☐
- Procedural log book of pleural, bronchoscopy and NIV experience ☐
- FNA, skin tests and GIM essential procedures whenever possible through training ☐
- It is worth remembering that DOPS are required for chest drains at ST3-4 and for NIV set up in ST3. ☐

Educational Supervision

- Induction and end-of-placement meeting for each post ☐
- Educational Supervisor Report for Respiratory Medicine ☐
- Educational Supervisor Report for GIM (even if written by the same person you need separate reports in order to CCT at the end of training) ☐
- Sign off of your competence level of every curriculum item on both Resp and GIM curricula by you (self-rating) ☐
- Sign off of your competence level on both Resp and GIM curricula by your educational supervisor (ESs are supposed to sample the “primary data” for at least 10 items in each curriculum, you will need to be competent in an increasing number of these as you progress, not just ‘appropriate for level of training’) ☐

Other

- Valid ALS certificate ☐
- Progress towards Level 1 USS sign-off ☐
- Safe sedation course – ideally within ST3-4 ☐
- Progress towards evidence of 1000 patients seen on acute medical take ☐
- Progress towards evidence of 186 non-specialist Respiratory/General Medicine clinics ☐
- Progress towards 100 hours GIM CPD ☐
- Evidence of reflective practice (ideally keeping learning notes from external courses/training days attended in addition to personal reflection) ☐
- Progress towards gaining sub-specialty experience (cystic fibrosis, pulm HTN, lung transplant, occupational lung disease, allergy, pulmonary rehabilitation, smoking cessation) ☐

- Evidence of research experience ☐
- Evidence of teaching experience ☐
- Evidence of leadership and management experience ☐
- It is worth remembering that patient surveys should be completed within the first 2 years and the last 2 years of training
- Likewise, one MSF should be completed in the first 2 years of training and another in the last 2 years.