

GIM - An Overview

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JRCPTB

Joint Royal Colleges of Physicians Training Board



**Health Education
North West**



Overview

- Relevance and Context
- Programme structure
- Portfolio
- Curriculum
- “Stages of Training” and PYA
- Supervision
- Teaching Days
- Future Developments

Relevance

- Frail, elderly and complex patients with changing demographics
- Changing workforce models
- Preventative care and admission avoidance
- Importance for specialty skills
- Employability and flexibility – portfolio careers
- 7 Day services

Who does what?

- RCP Consultant Census 2018 – 2019
 - 34% involved in the acute take ongoing (57% at start of consultant career)
 - 44% involved in on-going care of GIM patients
 - 77% of GIM provided by CoTE, Gastro., Resp., D&E and Acute Medicine
- Trainee satisfaction levels poor for GIM compared to specialty training – 33% vs. 81% rated as often or always satisfied
- More involved in GIM not less!

Programme Structure

- Variable number of years spent in “GIM posts”
- Minimum 24 – 36 months – some specialties much longer
- Separate ARCP, Assessments, Curriculum and teaching days and eventually CCT.
- Considerable overlap between specialty and GIM
- Mandatory to do a period of GIM in final year – 3 months minimum (some flexibility)
- No SCE!

Curriculum

- <https://www.jrcptb.org.uk/specialties/general-internal-medicine-gim>
 - 2009 (with 2012 amendments)
 - Defines competencies needed for GIM CCT
 - Variety of domains
 - Require self rating and ES sign off at various levels to indicate progression and towards independent practice
 - Linked evidence – at least 2 pieces per curriculum item
 - Ideally should be fully populated By PYA

E-Portfolio

- Slow, cumbersome, browser sensitive, not very intuitive
- Make it work for you
- Organisation – years of training, specialty vs. GIM and sections to cover:
 - Audit/QiP
 - Teaching
 - Research
 - Management and leadership
 - Publications
 - Presentations
 - PYA documents
 - PYA targets - evidence of achievement
 - OOP experience
 - Patient surveys
 - Procedures logbook
- Certificates and Exams section for ES Verification

Stages of Training

- Part of the GIM ARCP decision aid grid
- Approximates ST4, ST6 and ST7/CCT.
- ARCP process - mirror stages of training on the decision aid
 - Panel review in absentia
 - No ARCP in GIM if in pure specialty training usually
- Mandatory Year on Year
 - GIM ES Report – specific, shortened and centres on GIM
 - MCR – 4-6 consultants – acute take experience
 - WPBA's – 10 SLE's – 6 ACATs per stage of training
 - Valid ALS

WPBAs

- ACATs
 - Minimum of 5 patients please
 - GIM based (mostly)
 - Spread over the whole year of training
 - Some can be done whilst in specialty years
 - Evidence of leading the post take ward round in later years of training
- DOPS
 - Formative and summative
 - Reverse DOPS at the latter stages of training
 - Remember 2 required for life threatening procedures
- Mini-CEX and CbD
 - Structured feedback by CS/ES

Stage 1 – ST4

- MSF in first year of training
 - 12 raters, 3 consultants
- Curriculum competency
 - Signed off Emergency Presentations
- Procedural competency:
 - Independent in Part A Procedures – DCCV, Abdominal Paracentesis (2 DOPS)
 - Skills lab trained in Part B Procedures – Central venous access, intercostal drainage – pleural effusion and pneumothorax using ultrasound
 - Maintained competence through the training programme

Stage 2 – ST6

- Further MSF
- Curriculum competency:
 - Satisfactory progression –
 - Common competencies
 - Top 20 Presentations
 - Other important presentations (40)
 - Self rating and evidence from WPBAs and teaching (at least 2 pieces ideally)
- On-going reflection

ST7 → CCT

- GIM Audit or QiP
- Teaching Observation
- Curriculum:
 - Sign off at the highest level for all competencies
- Clinic experience - *verified by ES please*
 - 186 before CCT
 - Clinic equivalent experience – ambulatory care, ward consults, intermediate care
- Acute take experience - *verified by ES please*
 - 1000 patients seen
- Evidence of ICU/HDU/CCU experience (no separate placement)
- 100 hours external GIM training
- Management and Teaching Course
- Register with the RCP CPD On-line Diary
- Patient survey recommended

ARCP Process

- May every year
- You will be informed in advance
 - Not whilst OOP
 - Maybe out of Sync if had time out of training
- Remote panel review against the decision aid at corresponding level.
- Outcome 1 – satisfactory progress
- Outcome 5 – some gaps (2 week re-review)
- Outcome 2 – Panel B face to face review
- **Please ensure portfolio is organised!**

OOP/Career Breaks

- Agreed by specialty TPD
- Prospectively can count 12 months to training
- Not recommended in late ST6 / ST7 year
- Keep in Touch Days
- Phased return to training
- Requirement to do GIM in final year – 3 months ideally but negotiable

PYA

- 12 – 18 months before CCT – often in conjunction with penultimate ARCP
- External Assessor
- Upload evidence at least 2 weeks prior to the date please!
- Comprehensive portfolio review
 - ARCPs MSF, MCRs, ES Reports, curriculum etc.
 - Set mandatory and recommended targets based on curriculum and training needs for final phase of programme
 - Career discussion and planning
- Acting Up – 3 months prospectively agreed by JRCPTB

Supervision

- ES – Initial, mid point and end of placement review (pre ARCP to write ES report)
- They are provided with time to supervise you and meet with you (up to 0.25PA/week)
- Specialty vs. GIM
 - Separate supervisor now needed
 - Specialty ES can comment on GIM competencies
 - Colleague feedback, ACATs, MCR, MSF & curriculum review
 - They do not have to be on the acute take to do this!

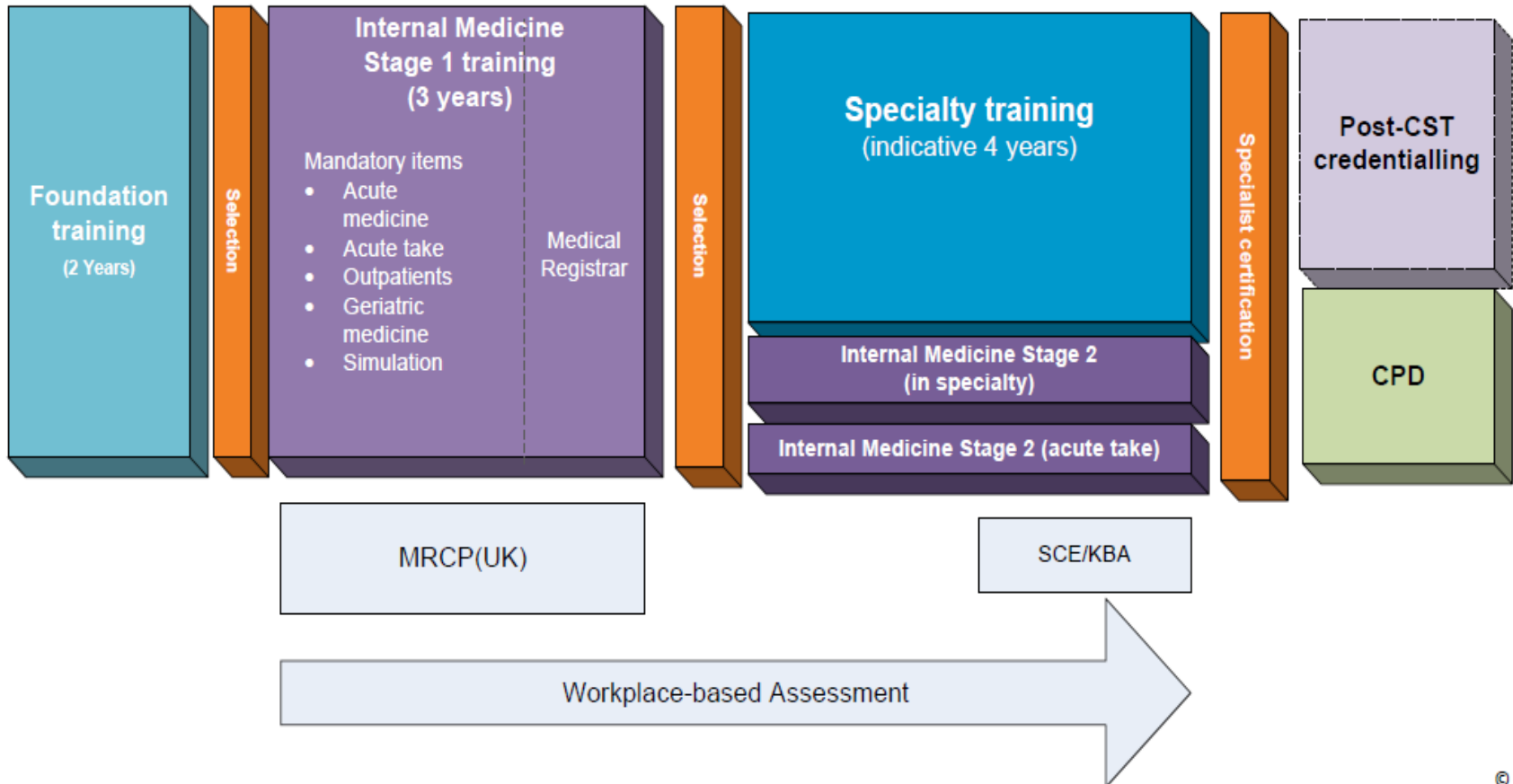
Teaching

- GIM training days – 5 a year
- Top up Training –
 - RCP Events
 - Online E-Learning – (maybe 10 - 15 hours)
 - Other specialty training days
 - GIM Conferences
- Attend Mersey GIM Training Days
- Certificates please!
- Not counted – ALS, Management, leadership, teaching, research or anything else that is remotely related to your specialty!

GIM Training Dates 2020

	Date	Venue	Room	Topics	
				(am)	(pm)
1	Monday 10th February 2020	MRI	Lecture Theatre 1	Renal Medicine	Palliative Care Medicine
2	Tuesday 31st March 2020	MRI	Lecture Theatre 1	Infectious Disease and Tropical Medicine	Haematology
3	Wednesday 17th June 2020	Salford	Humphrey Booth Lecture Theatre	Neurology	Stroke
4	Thursday 24th September 2020	MRI	Lecture Theatre 2	Rheumatology	Care of Elderly
5	Friday 20th November 2020	Wythenshawe	Lecture Theatre 1, ERC	Gastroenterology	Sports and Exercise Medicine

Shape of Training



Change is coming!

- Drivers
 - Increased generalism
 - Changing patient demography
 - Sustainability and seven day services
 - Enhance GIM Training and Assessment
- Competencies in Practice (CiPs)
 - “A unit of professional practice identified as a task or responsibility to be **entrusted** to a learner to execute unsupervised once sufficient competence has been demonstrated”
 - 14 CiPs – clinical and non clinical domains

CiPs

- Focus on what happens in clinical practice
- Translate competencies into clinical practice
- Requires demonstration of multiple competencies simultaneously and specific knowledge, skills, attitudes and behaviours
- Acquired through training
- Observable and measurable
- Are being developed in The Netherlands, Canada, US, Australia, New Zealand, UK

Competencies in practice (CiP) leading to a 'trusted decision'	Descriptors (key <u>observable</u> activities, tasks and behaviours)	Evidence	Relevant competencies from the current GIM & CMT mapped to GMC generic professional capabilities (domains)
1. Managing an acute unselected take	<ul style="list-style-type: none"> • demonstrates behaviour appropriately with regard to patients • demonstrates behaviour appropriately with regard to clinical and other professional colleagues • demonstrates effective consultation skills including challenging circumstances • demonstrates ability to negotiate shared decision making • demonstrates effective clinical leadership • accurate diagnosis of patients presenting on an acute unselected take over a standard shift • appropriate management of acute problems in patients presenting on an acute unselected take over a standard shift • appropriate liaison with specialty services when required 	<ul style="list-style-type: none"> • MCR • MSF • Cbd • ACAT • Logbook of cases • Simulation training with assessment (eg IMPACT) 	<ul style="list-style-type: none"> • clinical skills (2) • knowledge of common medical presentations ('top') and other important presentations (2) • underlying causes and comorbidities (2) • therapeutics and self-prescribing (2) • communication and shared decision making (2) • time management and decision making (1) • patient as a central focus of care (2) • team working and patient safety (2,5) • leadership (5) • handover (2,5) • breaking bad news (4) • prioritisation of patient safety in clinical practice (1,2,3,4,6) • personal and professional values and behaviours (1)

Progress So Far

- IM Stage 1 recruited 2019
- Group 1 and 2 specialties identified
- GIM – Neurology, Palliative medicine, Tropical Medicine, GUM.
- Revisions to specialist curricula on progress.
- Sites identified for IM3 posts from August 2021
- Recruitment to IM Stage 2 posts from 2022.

Summary

- GIM Training and Assessment not onerous
- A separate curriculum, set of mandatory requirements and eventually CCT!
- Portfolio requires continuous engagement
- Supervisor requires continuous engagement
- Any queries please get in touch!

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Useful Links

- www.nhseportfolios.org
- <https://www.jrcptb.org.uk/specialties/general-internal-medicine-gim>
 - Curriculum (The Gold Guide) & Summary of Training Calculator
- <https://www.jrcptb.org.uk/sites/default/files/GIM%20ARCP%20Decision%20Aid%20%28August%202017%29.pdf>
 - ARCP decision aid
- <https://www.jrcptb.org.uk/training-certification/penultimate-year-assessment>
 - PYA Guidance
- <https://www.nwpgmd.nhs.uk/>

Thank you...

A close-up photograph of a piece of white paper with a torn edge, set against a vibrant red background. The words "Thank you..." are written in a fluid, black cursive script. The end of the sentence is completed by a fountain pen nib, which is positioned as if it has just finished writing the final dots of the ellipsis.