

HEKSS School of Medicine

Acute Internal Medicine

Induction Handbook



Updated June 2019

“Through creative partnerships we shape and develop a workforce that impacts positively on health and wellbeing for all”

We are the Local Education and Training Board for Kent, Surrey and Sussex

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Introduction

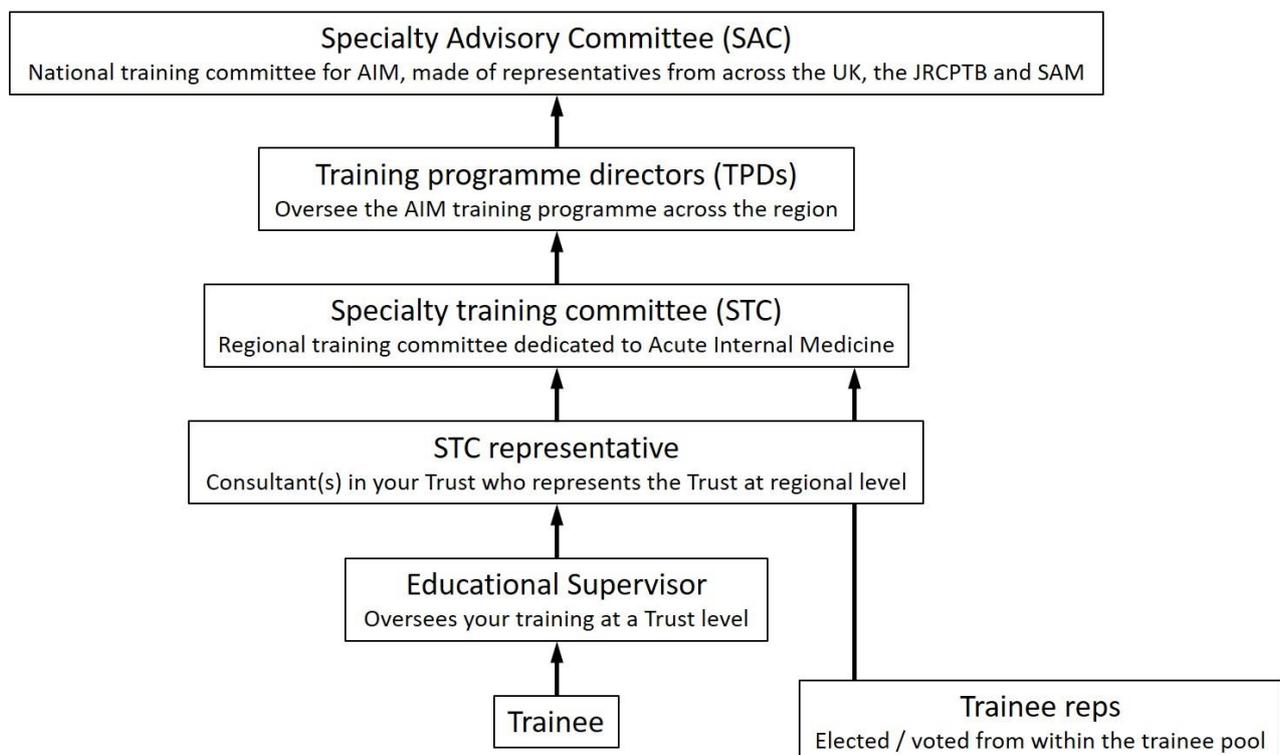
Welcome to Acute Internal Medicine in HEKSS. We offer a 5 year training programme with dual accreditation in GIM; a small number of trainees choose to also train in Stroke or Intensive Care medicine.

Your two TPDs are Roger Duckitt (roger.duckitt@wsht.nhs.uk - based in Worthing) and Nick Smallwood (nicholas.smallwood@nhs.net - based in East Surrey). They are available for any queries or questions that cannot be answered by the trainee representatives, and attend a number of the regional training days for Q&A sessions.

There are currently 30 posts across the region, which are broadly split into West, East and South rotations. A typical rotation consists of the first year in AIM, followed by 6 months rotations in each mandatory specialty (Respiratory, Cardiology including CCU, Geriatric and Intensive Care Medicine). There will usually be one or two GIM posts within this time and we aim to finish with a final year in AIM. We work hard to keep trainees in one rotation across the programme but the complexities of such a large programme mean this isn't always possible. We endeavour to discuss this with individual trainees at the time and are always happy to answer queries about this.

We're supportive of trainees achieving experience out of programme, and we have had a number of Chief Registrars and a takeAIM fellow among our recent cohort. If this is something that interests you, please discuss early with your TPDs. Additionally, if you plan to train in Stroke Medicine or ICM please let us know early.

For reference, the organisation of the training structure is highlighted below:



Geography

The map below highlights the hospitals in which the programme is currently delivered, with the table below showing which specialties are available at which hospitals, as at October 2019. There is some variation in this year to year so please use this information as a guide only.



	Hospital	Specialties available	Hospital	Specialty
KENT	Maidstone	Endocrinology Respiratory	Tunbridge Wells (Pembury)	AMU Cardiology Respiratory
	Medway	AMU ICM	William Harvey (Ashford)	AMU
	QEQM (Margate)	AMU/geriatrics (hybrid)		
SURREY	East Surrey (Redhill)	AMU Geriatrics Respiratory	Royal Surrey (Guildford)	Gastroenterology Geriatrics ICM
	Frimley Park	AMU Cardiology	St Peter's (Chertsey)	AMU
SUSSEX	Princess Royal (Haywards Heath)	Geriatrics Respiratory	St Richard's (Chichester)	AMU Cardiology
	East Sussex (Eastbourne)	AMU Cardiology	Worthing	AMU Geriatrics
	Royal Sussex (Brighton)	AMU Cardiology ICM Respiratory		

Curricula

Trainees follow the 2009 (amended 2012) curricular for both Acute Internal Medicine and General Internal Medicine. There are subtle differences between the two, with there being more detail within the AIM curriculum.

The decision aids which underpin the assessments of these curriculums (and the curriculums themselves) are available from these pages ([AIM](#) and [GIM](#)). **If you complete your portfolios as per the decision aids each year you will have no problems at interim review or ARCP – they are the basis of the assessment of your training.**

All competencies must be supported by evidence of your learning, and your Educational or Clinical Supervisor must review and sign off each of these competencies via the e-Portfolio. It is expected that your Educational Supervisor in every placement (regardless of the specialty you are in at the time) is an Acute Physician; if this is not the case then please inform your TPDs as soon as possible. It is essential that Acute Medicine trainees and their trainers understand this curriculum, as the whole programme is based on it.

We currently recommend that you provide evidence to sign off both the GIM and AIM curricular, even though they are very similar. You can use the same piece of evidence for both curricular, and the most sensible approach is to use the same evidence for both portfolios. Providing evidence against both curricular ensures both your AIM and GIM externals assessors at the time of your penultimate year assessment (PYA) will be comfortable you have achieved curriculum sign off.

Part of training in Acute Medicine involves undertaking a specialist skill (see section on page 8 for more detail). **You should be allocated one session a week during each placement to be able to undertake this, and this should be supported by your Educational Supervisor.** If you have any difficulties with this, please liaise with your TPDs.

Using the ePortfolio

For better or worse, the ePortfolio is your complete record of training, and its satisfactory completion is required to progress through to CCT. There is no single way to complete it, but there are some general guidelines we suggest you follow. An example of a satisfactory portfolio is shown overleaf to provide an idea of what you should be looking for. Remember, your Educational Supervisors should be very comfortable guiding you as to what 'good' looks like when it comes to your ePortfolio.

Do:

- Start early in the year – bunching assessments until late in the year leads to stress for you and your trainer and more chance of an unsatisfactory ARCP outcome
- Link a variety of evidence to each domain, including reflective practice which can be useful for some of the less common areas
- Self-assess your progress regularly – it lets you know where you're missing evidence and where to focus your training
- Organise your personal library so it is intuitive – when assessors come to review your portfolio if they can't find things easily they'll assume it's not there

Don't:

- Link the same SLE to more than a couple of domains, unless an ACAT

- Link training day attendance without some evidence of reflection as to your learning.

Below is an example of a satisfactory ePortfolio. If done in small stages throughout the year it need not be either onerous or tedious.

The screenshot displays an ePortfolio interface with a navigation menu at the top (Select Role, Profile, Curriculum, Assessment, Reflection, Appraisal, Progression, PYA, e-Learning, Messages, Help). The main content area is divided into sections. The first section is 'Prioritisation of patient safety in clinical practice*'. It contains several entries, each with a date, a competency level (e.g., 'Level 4 Competent'), and a role (e.g., 'Dr'). Annotations include a red box around the first entry's date and level, with an arrow pointing to a 'Rate' button labeled 'Self sign off, with comments to justify'. Another red box highlights the competency levels of two entries, with an arrow pointing to the text 'ES sign offs at appropriate level'. A third red box highlights a list of linked documents (e.g., 'Operational policy - Weekend handover meeting.docx', 'Patient safety letter.pdf'), with an arrow pointing to the text 'Wide range of linked evidence, including reflective practice'. The second section is 'Principles of quality and safety improvement*'. It also contains several entries with dates, competency levels, and roles. The same 'Rate' and 'Link' buttons are visible for these entries.

Assessments

Your progress will be assessed according to the decision aids listed above, at two points throughout the academic year.

Interim Review (IR): The IR occurs approximately six months into the year (usually around Feb/March) and attendance is mandatory. It is a chance for you to go through your progress with the TPDs, discuss your placement and your preferences for the year ahead. You will be able to discuss progress in your specialist skill and specialty certificate exam, and talk about any specific questions or requirements you may have for you training.

On the day of your IR, the TPDs will expect you to deliver a short PowerPoint presentation which summarizes your achievements and completed SLEs for the academic year to date. The link to the PPT template can be found [here](#) (please ensure you have registered to synapse to access).

The IR is a chance to ensure you are making fair progress against the curriculum and there are no major issues with your training – it is informal but an important step in ensuring you pass the year without difficulties.

Annual Review of Competence progression (ARCP): The ARCP date varies each year but is usually in June or July, towards the end of the academic year (you will receive notification of your exact ARCP date from the Specialty Workforce Team). It is the formal

assessment of your progress during the academic year and a satisfactory sign off is required to progress with your training. Attendance is not required unless your progress during the year appears to be unsatisfactory (or if there are specific issues you wish to discuss).

The ARCP panel will review your e-portfolio several weeks in advance of the ARCP date, and highlight to you any gaps that need attention. If it is lacking in enough evidence to pass the year you will be informed by the Specialty Workforce Team that you will need to attend your ARCP, where you will have to discuss the shortfalls with the ARCP panel. **Passing each year is a mandatory requirement of training and so it is imperative that you keep up to date with your ePortfolio throughout the year**, as last minute assessments are often very difficult to guarantee.

Specialty Certificate Exam (SCE): You must complete the SCE during your training to be able to achieve a CCT in AIM. It runs once a year every November. You can take it at any stage of your training, but we advise you attempt it in St4 or St5 to give yourself a couple of chances if you are unlucky enough not to pass. There are plenty of guidelines and learning materials available on the [SAM website](#).

Rotation planning

Your TPDs will work hard to individualise your rotations as much as possible, to suit both your educational and personal needs. Inevitably, with so many trainees with competing interests we will not be able to allocate everyone their first choice rotations each year.

We will distribute potential rotations to you over the New Year period and aim to discuss in person with each trainee at interim review in February / March. We will then allocate rotations and where we have not been able to provide one of your top choices, we will try to discuss this with you on an individual basis to explain why.

The final rotations will be sent to the LETB well ahead of the 12 week deadline that means you should hear around July what your upcoming rotation will be from October. If there are any queries about this process please contact your TPDs (if discussion with your peers doesn't solve the issue!).

Regional Training Days

To provide you with the most comprehensive exposure to all areas of the Acute Internal Medicine curriculum, the HEKSS Acute Internal Medicine STC have developed a Regional Training Day programme which aims to cover the whole AIM curriculum on a rolling two year timetable, with training days 10 months of the year (with SAM conferences the other two months).

The training day programme will be available via synapse, and communicated to you through your trainee reps. The days are currently rotated through three sites (Maidstone, East Surrey and Brighton) – chosen because they are relatively easy to commute from across the region.

The training days are organised by the individual trainees, with help and input from their Educational Supervisor. Please start the planning early, as speakers get booked up early; topics are allied to sites that will offer those expertise.

It is mandatory that all AIM trainees attend a minimum of 70% of Regional Training Days (not including the joint GIM training days). It is the trainee's responsibility to liaise with the Trust in good time to ensure sufficient service cover. Attendance rates feed into the annual ARCP; if a trainee does not comply with the minimum attendance percentage, they will obtain an unsatisfactory ARCP outcome.

You are required to confirm your attendance prior to the event through the Specialty Workforce Team at HEKSS ([here](#)). After the training day you will be required to complete online feedback for the RTD. Once completed, the Specialty Workforce Team will email you your attendance certificate which you must then upload to the personal library section of your e-portfolio.

TPD Q&A: We endeavour to have a TPD in attendance at training days in both Brighton and East Surrey Hospital, where we will run question and answer sessions and curriculum updates. This should provide a forum to discuss any issues and hopefully resolve any difficulties.

Specialist skills

As part of your AIM training you will have to achieve a specialist skill as set out in the JRCPTB document, available [here](#) under 'forms and documents'. These take the form of either practical skills (ultrasound / echo), academic training (PG Diploma in Medical Education, for example), or a research-based skill. If they are on the approved list you should receive funding to support your training in this skill (see below).

Importantly, **you should receive one session per week during your training to be able to dedicate to your specialist skill**, and receive support from your local educational and clinical supervisors to achieve this. We are aware this has historically been difficult to achieve for some trainees – if this is the case for you, please escalate early to your Educational Supervisor and – if not resolved – to your TPD. **If we are not aware there is a problem, we will not be able to help.**

By ST5 you are encouraged to have firmly commenced your specialist skills training, and this will be discussed during your interim review / ARCP.

Study leave funding

The arrangements for study leave funding have changed over the last couple of years. You should now be reimbursed for any study leave expenses incurred while undertaking any of the courses on the [approved list](#). This includes training for your specialist skill; if this is likely to be an expensive endeavour (many academic skills such as Diplomas, for example), please discuss early with your TPD. This may be escalated to the Head of School if there are concerns about the cost – best to discuss before you commit to any funding.

Focused Acute Medicine Ultrasound (FAMUS)

It is the intention of the KSS training committee to offer all trainees the chance to complete [FAMUS accreditation](#) during their training. Although this is strongly supported by the training committee, it will also require a lot of self-direction on the part of the trainee.

We currently have Supervisors in Brighton, East Surrey, Guildford and Frimley Park (see details [here](#)), but are expecting to be able to provide local mentoring in most if not all sites. This means that you should be able to receive direct supervision in most Trusts in the programme, in at least some parts of the FAMUS curriculum. We also aim to provide training days which focus on point of care ultrasound.

If you are working in a Trust without a recognised Supervisor, and wish to pursue FAMUS accreditation, please contact Nick Smallwood for advice. Please also highlight at your first Educational Supervisor meeting that you wish to accredit so you can be supported early on in the process.

Stroke medicine

As you are training in a parent specialty that deals with the treatment of stroke, you have the opportunity to obtain Sub-Specialty certification in Stroke Medicine. This is an additional qualification usually involving a minimum one year period in a training post with approval for the 'Advanced Year' of the Stroke Medicine curriculum. It is recommended that if you are interested you should discuss this with your TPDs as soon as possible, who will put you in touch with the Stroke Medicine TPD. We have a number of trainees who have - or are - completing stroke fellowships and we can put you in touch with those for advice if required.

If you plan to take up this opportunity, you should declare this as soon as possible, and ensure this is recorded on your JRCPTB e-Portfolio at the earliest opportunity. This option should be confirmed by the end of ST3 at your ARCP or end of attachment appraisal, ideally. This will ensure that the Stroke Medicine competencies undertaken in your parent specialty during the 'basic year' of Stroke Medicine training will be reviewed at an appropriate Parent Specialty ARCP.

You will then be eligible to apply competitively to Stroke Medicine Advanced Training, usually undertaken in the 3rd or 4th year of your parent specialty training, and whilst you still retain an NTN in your parent specialty. This will enable you to complete Sub-Specialty certification in Stroke Medicine.

Intensive Care Medicine

Acute internal medicine is one of only three physicianly specialties (alongside renal and respiratory medicine) which can dual accredit with ICM. To do this, you will have to 'drop' GIM training as the GMC do not allow triple accreditation.

In order to dual train with ICM, you have to competitively apply (and be appointed) to ICM by the stage of St5 in AIM (or vice versa). It is likely to add an indicative 3.5 years to your training programme, as you complete all the same competencies and training as an ICM trainee. The outlined training pathway is shown below, and remember this training will require completion of the FFICM Final exam alongside the AIM SCE. More detail can be

found in [this document](#); if this interests you please speak to your TPDs early in your AIM training.

Training Stage	Core Training		AIM Higher Specialist Training						
	ICM Stage 1			ICM Stage 2		ICM Stage 3			
Year	CMT 1	CMT 2	ST3	ST4	ST5	ST6	ST7	ST8	ST9
	24/12 Med		12/12 AIM; 12/12 ICM; 12/12 An any order, 3/12 min blocks			3/12 AIM; 3/12 C1CM; 3/12 PICM; 3/12 NICM 12/12 AIM (Special Skills)		12/12 ICM; 6/12 AIM	
Exams	MRCP (UK)		AIMSCE						
					FFICM Final				

Indicative AIM / ICM dual training pathway, assuming entry from CMT

Tips from your Trainee Representatives

The Society looking after Acute Medicine in the UK is the Society for Acute Medicine ([SAM](#)). Consider signing up as a member and keeping up to date with the website as it has a very useful trainee section (including guidelines, recommendations etc). Current subscription rates are £120 for Doctors in training (with a quarterly Acute Medicine journal).

The main conferences for Acute Medical trainees are both run by SAM. Their International Conference runs annually (usually October) and has a wide breadth of topics covered, usually a large poster exhibition (which you're encouraged to submit to) and a trainee section. Pre-conference courses usually include FAMUS, SCE revision and the AIM finishing school. The second SAM Annual Conference is the Regional Conference which usually takes place in May.

Regarding the SCE, there are no clear guidelines on when you should be looking to take it, so you can consider it any time from ST3 onwards. The exam is usually scheduled for November and applications close early October. Further information including application details are available on the SAM website, or myMRCP.

During your training you will be required to choose a 'Specialist Skill'; one that you will seek training in over and above the GIM and AIM curricula. There are a mass of possibilities as to what you can seek training in, but it's important to think reasonably early and discuss your thoughts with the TPDs who will be able to advise on suitable skills. Current trainees vary from training in BSE accredited echocardiography to palliative care, so the possibilities are wide.

There is a trainee WhatsApp group to discuss training queries and issues – please liaise with the trainee representative(s) on the contact details below to be added, if you are not already.

Finally, we wish you good luck with your training and most importantly to have fun – Acute Internal Medicine is a fantastic speciality and developing all the time. We need enthusiastic, motivated trainees to help shape the future of the Specialty. Any comments or suggestions are always welcomed via the trainee reps on both local and regional

training issues. In addition, each training day will have a session specifically for trainees to discuss local and regional training issues, which can then be fed back to the TPDs at the specialty training committee (STC) meetings. Without your input we won't be able to continue improving things for yourselves and subsequent trainees.

Support and General Administration

In the first instance, any issues or concerns with your training should be discussed with your Clinical and/or Educational Supervisors, who will be able to offer local support. Other local representatives that may be able to offer help are the RCP College Tutor and Director of Medical Education, if you feel the issue is a local one.

If you have any difficulties with local resolution or feel this is a regional training issue then please contact your TPDs, or trainee representatives (details below). It is imperative that you raise any potential issues ASAP – we want to make this the best training programme in the country, but to do that we have to know what the issues you are facing are!

Training Programme Directors

Roger Duckitt (roger.duckitt@wsht.nhs.uk)

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GIM Training Programme Director

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Trainee Representative(s)

Anant Gurung (anant182@gmail.com)

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Specialty Workforce Team

Contact is via the [support portal](#)