|  |
| --- |
| **Your Last Name:** |
| **Your Forenames *(in full)*:** |
| **Your date of birth *(dd-mm-yyyy)*:** |
| **Your GMC number:** |
| **Your preferred postal address for contact:** |
| **Your preferred phone number for contact:** |
| **Your preferred email address for contact:** |
| **Parent Specialty:** |
| **Deanery:** |
| **Training Number:** |
| **Date of MRCP(UK), or equivalent *(dd-mm-yyyy)*:** |
| **Date of appointment to higher specialist training grade *(dd-mm-yyyy)*:** |
| **Date of PYR form completion:** |
| **Provisional date of CCT *(dd-mm-yyyy)*:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | YES | NO |
|  | | Ensure that you have IM Educational Supervisor (ES) Reports that cover the entirety of your training time in internal medicine to date.*If there are any gaps, please detail here:* |  |  |
|  | | Ensure that all the Generic Capabilities in Practice (CiPs) have been rated by trainee with discussion and confirmation with ES.*If there are any gaps here, please detail:* |  |  |
|  | | Ensure that the all the Internal Medicine Clinical Capabilities in Practice (CiPs) are rated at level 4 already or by the completion of CCT date.*If there are any gaps here, please detail:* |  |  |
|  | | Ensure that the following IM practical procedures have been signed off by ES (with appropriate evidence if required) as trainee independent:Advanced cardiopulmonary resuscitation (CPR)Ascitic tapDirect current (DC) cardioversionLumbar punctureNasogastric (NG) tubePleural aspiration for fluid (diagnostic)*If there are any gaps here, please detail:* |  |  |
|  | | Ensure that the following IM practical procedures have been signed off by ES (with appropriate evidence if required) as a minimum of skills lab trained or can perform supervised: Abdominal paracentesis  Access to circulation for resuscitation (femoral vein or intraosseous)  Central venous cannulation (internal jugular or subclavian)  Intercostal drain for effusion (with USS guidance as needed)  Intercostal drain for pneumothorax (with USS guidance as needed)  Temporary cardiac pacing using an external device *If there are any gaps here, please detail:* |  |  |
|  | | Ensure you have 3 Multiple Consultant Reports (MCRs) in final year confirming performance is at the level appropriate for completion of IMS2 and award of CCTEnsure you have had at least 2 MCRs that provide feedback on IM CiPs for each year of training in IM. |  |  |
|  | | Have you received a valid Multisource Feedback (MSF) in each year of IMS2 training and will you have one in the last 12 months you have been training in IMS2.*Each MSF requires at least 4 raters who have worked with the trainee in an IM context.* |  |  |
|  | | Patient Survey – will you have completed one of these by the end of training to include IM patients? |  |  |
|  | | ACATs – ensure for each year of IMS2 (including final year) you have 4 ACATs each with 5 patients carried out by consultants supervising the acute unselected take/post take setting. |  |  |
|  | | SLEs - ensure for each year of IMS2 (including final year) you have 3 SLEs (CbDs and/or mini-CEXs) carried out by consultants supervising IM training. |  |  |
|  | | ALS - Will your ALS certificate be valid at your planned CCT date?*If not, please explain how you intend to satisfy this requirement here:* |  |  |
|  | | QI project - Have you completed At least one QI project in IMS2 and had this assessed with quality improvement project tool (QIPAT).*If not, please explain how you intend to complete this by CCT:* |  |  |
|  | | Outpatient Activity – Will you have carried out at least 5 IM clinics outwith of your parent specialty for each year of training in IMS2 including the final year.*If there are any gaps here, please detail:* |  |  |
|  | | Acute Care Patients – will you have evidence for care of 750 patients presenting with acute medical problems by the end of IMS2, with 100 patients in the final year?*Please include this in an up-to-date Summary of Training Calculator uploaded to the portfolio.* |  |  |
|  | | Ongoing care of IM ward patients – will you have at least 12 months of experience and training in continuing ward care of patients admitted with acute medical problems by end of IMS2, including 3 months in final year of IMS2 training (or a 4-week intensive placement in an acute medical unit). |  |  |
|  | | Simulation Training - will you have at least 12 hours of simulation training (or pro-rata depending on year of entry into IMS2) to include recognition of human factors - including at least 4 hours in the final year of IMS2 training?*If there are any gaps here, please explain details of this or how you intend to complete this by CCT:* |  |  |
|  | | Teaching Hours - Will you have obtained a minimum of 75 hours of recognised IM teaching (with CPD points and/or Deanery organised teaching) by CCT date? Please list the details of these at the bottom of this form and upload certificates to the e-Portfolio. *ALS, Management, Teacher Training courses as well as parent specialty teaching cannot be counted in this number of hours.* |  |  |
|  | | Teaching Experience – Will you have at least one Teaching Observation completed by end of IMS2? |  |  |
|  | | IM Final Year Experience – Is there a plan to have at least a 3-month exposure to IM training in your final year or a 4-week intensive placement in an acute medical unit? |  |  |
| **What do you think that you need to do to complete your IM training by CCT date?** | | | | |
|  | |  | | --- | | 1) | | 2) | | 3) | | 4) | | 5) | | 6) | | 7) | | 8) | | 9) | | 10) | | | | |

**Details of your external study leave in IM – please include deanery teaching days:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s)** | **Duration (hours)** | **Course title** | **Course location** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total hours** |  |  |  |

Please add more rows if required