AIM & GIM: Combined ARCP Decision Aid

Guidance for trainees dual certifying in Acute and General Internal Medicine

Background

Acute Internal Medicine (AIM) and General Internal Medicine (GIM) are distinct specialties with separate curricula. Consultants with a Certificate of Completion of Training (CCT) in AIM will have expertise unique to acute physicians and will have developed skills that cannot be gained through GIM training alone. The Society for Acute Medicine (SAM) has long recognised the difference between the two specialties and is advocating for AIM consultant posts to be advertised exclusively to those with the appropriate AIM training.

However, SAM also acknowledges that almost all trainees dual-certify in both AIM and GIM. There is significant overlap between the two curricula and there has been some confusion about whether workplace-based assessments can "cross count" toward both Annual Reviews of Competence Progression (ARCPs).

This guidance is intended to clarify areas of overlap and make explicit what criteria need to be met for each ARCP. This builds on information provided in the **AIM ARCP decision aid** and the GIM **IMT Stage 2 decision aid**.

The guide includes:

- A detailed guide to each component of the decision aid
- Checklists for each year's ARCP

How should this guide be used?

This guide is best used as a checklist for trainees preparing for ARCP. It is *not* intended for planning learning activities during the program, as the guide provides only the minimum standard required to pass each stage.

It is important to note that many curriculum requirements – including quality improvement, the Specialty Certificate Examination (SCE), and the specialty skill – only become mandatory for the final ARCP at the end of ST7. If these activities were all left until ST7, this would prove very challenging. Trainees should ensure some of these are complete before the penultimate year assessment, which typically takes place in ST6.

Where should assessments take place?

It is important to note that management of an unselected take (CIP 1) is part of the GIM curriculum, whilst management of the Acute Medical Unit (AMU) and Same Day Emergency Care (SDEC) (sometimes referred to as the Rapid Access Care Unit) are part of the AIM curriculum. Workplace-based assessments (WBAs) completed on take should therefore count toward GIM, while WBAs completed on AMU or in SDEC should count toward AIM.

WBAs carried out during placements in other specialties (namely Respiratory, Cardiology, Intensive Care and Elderly Care) should count toward AIM, as these specialties are specifically included in the AIM curriculum.

CIP1 is the only GIM CIP that refers specifically to the unselected take. This is therefore the only GIM CIP that falls under the remit of AIM. All other GIM CIPs can therefore be assessed in other medical specialties.

In reality, there isn't always a hard line between what is AIM and GIM. Traditionally, on-calls have provided a significant proportion of trainees' WBAs. However, AIM trainees should not be completing *all* their assessments on-call, as this would preclude assessment of AMU and SDEC competencies integral to AIM training.

A note for LTFT trainees

The checklists included in this document are based on trainees working full-time. A trainee working less-than-full-time would be expected to complete a pro-rate equivalent of assessments. For example, a trainee working 50% would be expected to complete four ACATs in a calendar year, rather than eight.

Drs Ailie Young & Zack Ferguson – SAM Trainee Reps (October 2025)
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In-depth guide to ARCP criteria

Supervisor Reports

Most AIM trainees have only one educational supervisor (ES), who covers both AIM and GIM. All AIM trainees **MUST** have an ES report (ESR) that specifically covers AIM training.

It is up to local TPDs whether the AIM ESR is sufficient for dual-training in GIM, or whether a separate GIM-specific ESR is required. The key thing is that the ESR(s) confirm satisfactory progress is being made in both curricula. Please confirm this requirement with your TPD early on in the training year.

Curriculum Signoffs

- ### Capabilities in Practice (CiPs)

CiPs all need to be signed off to the expected level by both the trainee and the ES prior to each year's ARCP. There are three groups of CiPs:

- **Generic CiPs** need to be signed off as *"meets expectations"* or higher
- **AIM CiPs** need to be signed off to Level 2 in ST4, Level 3 in ST5 and ST6 and Level 4 in ST7
- **GIM CiPs** need to be signed off to a specific level depending on training stage (see **Appendix A**)

- ### Procedural Skills

All **procedural skills** need to be signed off to the appropriate standard for the specific year of training (see **Appendix B** for the exact standard for each year).

Six skills are unique to GIM and are not included in the AIM curriculum:

- Ascitic Tap
- Lumbar Puncture
- Direct Current Cardioversion
- Nasogastric Tube Insertion
- Pleural Aspiration for fluid
- Temporary Cardiac Pacing

All six are mandatory skills for completion of IMT Stage 1 and most trainees will have been signed off to the appropriate level before commencing ST4. These skills can then be signed off as *"maintained"* throughout higher specialty training (HST), providing there is evidence in the HST portfolio, not just the preceding portfolio.

The rest of the GIM procedural competencies are duplicated in the AIM curriculum. As the standard is higher for AIM than GIM, signing these skills off to the AIM standard is sufficient for both curricula.

Multi-Source Feedback

- ### Multi-Consultant Report (MCR)

For each year of training, AIM requires FOUR MCRs from consultants *other* than the ES, while GIM requires TWO for ST4-6 and THREE for ST7. A dual certifying trainee therefore requires:

- A total of **SIX MCRs** in ST4, ST5 and ST6
- A total of **SEVEN MCRs** in ST7

The AIM decision aid specifies that 3 MCRs should be undertaken in the take or post-take setting. This could theoretically prove challenging if an AIM trainee spends an entire year in a specialty without on-calls covering the unselected take (Intensive Care for example). Scenarios like this should be discussed with the training program director (TPD). The GIM decision aid does not specify who completes these MCRs.

- **Multi-Source Feedback (MSF)**

One MSF round per year of training should be sufficient to cover both AIM and GIM, provided TWELVE satisfactory responses are received and THREE are from consultants.

- **Patient Survey**

The GIM decision aid requires one patient survey with TWENTY responses to be completed by the end of training. The AIM decision aid does not require any. One patient survey (undertaken in any context) is therefore sufficient for the ST7 ARCP.

Workplace-Based Assessments (WBAs)

- **Acute Care Assessment Tool (ACAT)**

For each year of training, AIM requires FOUR ACATs, as does GIM. Each ACAT should cover a minimum of FIVE patients. A dual certifying trainee therefore requires:

- A total of **EIGHT ACATs** per year of training

The GIM decision aid specifies that all four GIM ACATs should be carried out in the unselected take or post take setting. AIM ACATs should ideally be completed in an AMU or SDEC setting to meet curriculum objectives.

- **Mini-CEX** and **Case-Based Discussion (CBD)**

AIM requires FOUR CBDs and/or Mini-CEXs, while GIM requires THREE CBDs and/or Mini-CEXs. They should be carried out by a consultant. A dual certifying trainee therefore requires:

- A total of **SEVEN** CBDs *or* Mini-CEXs per year of training

The context of these assessments is not specified in the decision aids.

Certificates and Examinations

Trainees should have a valid **Advanced Life Support (ALS)** for each ARCP. If a trainee has valid ALS instructor status, then this certificate should be uploaded as proof of a valid ALS.

The Acute Medicine **Specialty Certificate Examination** must be attempted by the end of ST5 and passed by the end of ST7.

Governance, Teaching and Management

The AIM decision aid requires engagement with quality improvement and/or clinical governance for every year of training. This could be achieved by answering complaints or responding to incident reports.

Both AIM and GIM require the trainee to have completed a **quality improvement project** by the end of ST7, evidenced by a project report and a quality improvement project assessment tool (QIPAT) completed by a consultant. A dual-certifying trainee therefore needs to complete TWO quality improvement projects.

AIM also requires trainees to have attended a **teaching course** and a **management course** before the end of training. GIM requires trainees to have completed at least one **teaching observation** before the end of training.

A dual certifying trainee therefore requires a minimum of:

- **TWO QI Project Reports** by the end of training
- **TWO QIPATs** by the end of training
- **ONE Teaching Observation** by the end of training
- **ONE teaching course** attended by the end of training
- **ONE management course** attended by the end of training

Teaching Attendance

- **Teaching**

The AIM and GIM decision aids have different requirements for formal teaching. AIM requires **50 hours** of teaching *per year of training*, of which 20 hours must be deanery or CPD-approved, while 30 hours can be informal. GIM requires **75 Hours** *by the end of training,* all of which must be deanery or CPD-approved.

A dual-certifying trainee therefore requires:

- A minimum of **80 Hours** of deanery/CPD-approved AIM teaching by the end of training
- A minimum of **200 Hours** of total AIM teaching by the end of training (including the 80 hours above)
- A minimum of **75 Hours** of deanery/CPD-approved GIM teaching by the end of training

Altogether, this means:

- A minimum of **155 Hours** of deanery/CPD-approved teaching by the end of training
- A minimum of **275 Hours** of teaching in total by the end of training (including the 155 hours above)

We acknowledge that there is a significant amount of overlap between AIM and GIM teaching, but that AIM teaching will include teaching specific to AIM not covered by GIM teaching alone. AIM regional training days and SAM conferences should count toward the 200 total hours of AIM teaching. Many deaneries also run GIM regional training days and these can count toward the 75 hours of GIM teaching.

If an AIM trainee has 155 hours of deanery/CPD-approved AIM teaching recorded, with a further 120 hours of informal teaching recorded, this would be sufficient for both curricula.

- **Simulation**

AIM requires a day of procedural simulation in the first year of training and human factors simulation training before the end of training. GIM requires TWELVE hours of simulation training, including FOUR hours in the last year of training.

A dual certifying trainee therefore requires

- A minimum of **ONE day** of procedural skills simulation
- A minimum of **TWELVE HOURS** of human factors simulation

Point of Care Ultrasound & Specialty Skill

These elements of the curriculum are unique to AIM and there is no overlap with GIM.

It has been noted that there is significant regional variation in how and when these parts of the curriculum are delivered. These elements of the curriculum are beyond the scope of this guidance, but further details are available on the SAM website.

Clinical Experience

Clinical experience is not specified in the AIM decision aid but is outlined in the curriculum. AIM trainees should complete:

- A minimum of **ONE ROTATION** in Elderly Care Medicine
- A minimum of **ONE ROTATION** in Intensive Care Medicine
- A minimum of **ONE ROTATION** in Respiratory Medicine
- A minimum of **ONE ROTATION** in Cardiology
- A minimum of **18 MONTHS** on an Acute Medical Unit

This should be accounted for in your training program but appropriate placements do require planning with your TPD.

The GIM decision aid specifies that trainees need evidence of:

- A minimum of **TWENTY clinics** in specialties other than AIM by the end of training
- A minimum of **750 Patients** seen on the unselected take by the end of training

This can be evidenced either by a log, or by using a calculator, which estimates the number seen on a particular placement. It is easy to keep a log of clinics attended when the minimum is twenty, but keeping a log of every patient seen on the unselected take is time-consuming and a calculator is adequate for ARCP purposes.

The recommended calculator can be found partway down **this page**.

ST4 (Months 1-12 FTE) Checklist

	AIM	GIM
1. SUPERVISOR REPORTS		
1.1 Educational Supervisor Report	**Report(s)** confirming satisfactory progress is being made in both curricula	
2. CURRICULUM COMPLETION		
2.1 Generic Capabilities in Practice (CiP)	**All 6 CiPs** signed off as *"Meets Expectations"*	
2.2 Internal Medicine CiP		**All 8 CiPs** signed off*
2.3 Acute Internal Medicine CiP	**All 6 CiPs** signed off **Level 2**	
2.4 Practical Procedures	**All procedures** signed off to the appropriate level*	
3. MULTI-SOURCE FEEDBACK		
3.1 Multiple Consultant Report (MCR)	Minimum of 4 **MCR**	Minimum of **2 MCR**
	TOTAL of **6 MCRs**	
3.2 Multi-Source Feedback (MSF)	Minimum **1 MSF** with **12 Responses**	
3.3 Patient Survey		
4. WORKPLACE-BASED ASSESSMENTS		
4.1 Acute Care Assessment Tool (ACAT)	Minimum of **4**	Minimum of **4**
	TOTAL of **8 ACATs**	
4.2 Mini-CEX *or* Case-Base Discussion	Minimum of **4**	Minimum of **3**
	TOTAL of **7 SLEs**	
5. CERTIFICATES & EXAMINATIONS		
5.1 Advanced Life Support	**Valid certificate** at time of ARCP	
5.2 Specialty Certificate Examination		
6. GOVERNANCE, TEACHING & MANAGEMENT		
6.1 Clinical Governance & QI	Evidence of engagement	
6.2 Teaching Experience		
6.3 Management		
7. TEACHING ATTENDANCE		
7.1 Teaching Attendance	Minimum of **50 hours** per year (***20 hours*** *deanery-approved)*	Minimum of approx.**19 Hours** (per year)
7.2 Simulation Attendance	Minimum of **1 day** (procedural skills)	
8. POCUS & SPECIAL SKILL		
8.1 Point-of-Care Ultrasound	*Making appropriate progress by regional standards*	
8.2 Specialty Skill		
9. CLINICAL EXPERIENCE		
9.1 Unselected Take		Minimum of approx. **188** (per year)
9.2 Outpatient Clinics		Minimum of **5 Clinics** (per year)

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ST5 (Months 13-24 FTE) Checklist

	AIM	GIM
1. SUPERVISOR REPORTS		
1.1 Educational Supervisor Report	**Report(s)** confirming satisfactory progress is being made in both curricula	
2. CURRICULUM COMPLETION		
2.1 Generic Capabilities in Practice (CiP)	**All 6 CiPs** signed off as *"Meets Expectations"*	
2.2 Internal Medicine CiP		**All 8 CiPs** signed off*
2.3 Acute Internal Medicine CiP	**All 6 CiPs** signed off **Level 3**	
2.4 Practical Procedures	**All procedures** signed off to the appropriate level*	
3. MULTI-SOURCE FEEDBACK		
3.1 Multiple Consultant Report (MCR)	Minimum of 4 **MCR**	Minimum of **2 MCR**
	TOTAL of **6 MCRs**	
3.2 Multi-Source Feedback (MSF)	Minimum **1 MSF** with **12 Responses**	
3.3 Patient Survey		
4. WORKPLACE-BASED ASSESSMENTS		
4.1 Acute Care Assessment Tool (ACAT)	Minimum of **4**	Minimum of **4**
	TOTAL of **8 ACATs**	
4.2 Mini-CEX *or* Case-Base Discussion	Minimum of **4**	Minimum of **3**
	TOTAL of **7 SLEs**	
5. CERTIFICATES & EXAMINATIONS		
5.1 Advanced Life Support	**Valid certificate** at time of ARCP	
5.2 Specialty Certificate Examination	**Attempted**	
6. GOVERNANCE, TEACHING & MANAGEMENT		
6.1 Clinical Governance & QI	Evidence of engagement	
6.2 Teaching Experience		
6.3 Management		
7. TEACHING ATTENDANCE		
7.1 Teaching Attendance	Minimum of **50 hours** per year (***20 hours*** *deanery-approved)*	Minimum of approx.**19 Hours** (per year)
7.2 Simulation Attendance		
8. POCUS & SPECIAL SKILL		
8.1 Point-of-Care Ultrasound	*Making appropriate progress by regional standards*	
8.2 Specialty Skill		
9. CLINICAL EXPERIENCE		
9.1 Unselected Take		Minimum of approx. **188** (per year)
9.2 Outpatient Clinics		Minimum of **5 Clinics** (per year)

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ST6 (Months 25-36 FTE) Checklist

	AIM	GIM
1. SUPERVISOR REPORTS		
1.1 Educational Supervisor Report	**Report(s)** confirming satisfactory progress is being made in both curricula	
2. CURRICULUM COMPLETION		
2.1 Generic Capabilities in Practice (CiP)	**All 6 CiPs** signed off as *"Meets Expectations"*	
2.2 Internal Medicine CiP		**All 8 CiPs** signed off*
2.3 Acute Internal Medicine CiP	**All 6 CiPs** signed off **Level 3**	
2.4 Practical Procedures	**All procedures** signed off to the appropriate level*	
3. MULTI-SOURCE FEEDBACK		
3.1 Multiple Consultant Report (MCR)	Minimum of 4 **MCR**	Minimum of **2 MCR**
	TOTAL of **6 MCRs**	
3.2 Multi-Source Feedback (MSF)	Minimum **1 MSF** with **12 Responses**	
3.3 Patient Survey		
4. WORKPLACE-BASED ASSESSMENTS		
4.1 Acute Care Assessment Tool (ACAT)	Minimum of **4**	Minimum of **4**
	TOTAL of **8 ACATs**	
4.2 Mini-CEX *or* Case-Base Discussion	Minimum of **4**	Minimum of **3**
	TOTAL of **7 SLEs**	
5. CERTIFICATES & EXAMINATIONS		
5.1 Advanced Life Support	**Valid certificate** at time of ARCP	
5.2 Specialty Certificate Examination	**Attempted**	
6. GOVERNANCE, TEACHING & MANAGEMENT		
6.1 Clinical Governance & QI	Evidence of engagement	
6.2 Teaching Experience		
6.3 Management		
7. TEACHING ATTENDANCE		
7.1 Teaching Attendance	Minimum of **50 hours** per year (***20 hours*** *deanery-approved)*	Minimum of approx.**19 Hours** (per year)
7.2 Simulation Attendance		
8. POCUS & SPECIAL SKILL		
8.1 Point-of-Care Ultrasound	*Making appropriate progress by regional standards*	
8.2 Specialty Skill		
9. CLINICAL EXPERIENCE		
9.1 Unselected Take		Minimum of approx. **188** (per year)
9.2 Outpatient Clinics		Minimum of **5 Clinics** (per year)

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ST7 (Months 37-48 FTE) Checklist

	AIM	GIM
1. SUPERVISOR REPORTS		
1.1 Educational Supervisor Report	**Report(s)** confirming both curricula are complete	
2. CURRICULUM COMPLETION		
2.1 Generic Capabilities in Practice (CiP)	**All 6 CiPs** signed off as *"Meets Expectations"*	
2.2 Internal Medicine CiP		**All 8 CiPs** signed off*
2.3 Acute Internal Medicine CiP	**All 6 CiPs** signed off **Level 3**	
2.4 Practical Procedures	**All procedures** signed off to the appropriate level*	
3. MULTI-SOURCE FEEDBACK		
3.1 Multiple Consultant Report (MCR)	Minimum of 4 **MCR**	Minimum of **3 MCR**
	TOTAL of **7 MCRs**	
3.2 Multi-Source Feedback (MSF)	Minimum **1 MSF** with **12 Responses**	
3.3 Patient Survey		Minimum **1 Survey** complete
4. WORKPLACE-BASED ASSESSMENTS		
4.1 Acute Care Assessment Tool (ACAT)	Minimum of **4**	Minimum of **4**
	TOTAL of **8 ACATs**	
4.2 Mini-CEX *or* **Case-Base Discussion**	Minimum of **4**	Minimum of **3**
	TOTAL of **7 SLEs**	
5. CERTIFICATES & EXAMINATIONS		
5.1 Advanced Life Support	**Valid certificate** at time of ARCP	
5.2 Specialty Certificate Examination	**Passed**	
6. GOVERNANCE, TEACHING & MANAGEMENT		
6.1 Clinical Governance & QI	Minimum **1 QIPAT** Minimum **1 Project Report**	Minimum **1 QIPAT** Minimum **1 Project Report**
	Total of **2 QIPATs** with **2 Reports**	
6.2 Teaching Experience	**1 course** attended	**1 Observation** completed
6.3 Management	**1 course** attended (or equivalent)	
7. TEACHING ATTENDANCE		
7.1 Teaching Attendance	Minimum of **50 hours** per year (***20 hours*** *deanery-approved)*	Minimum of **75 hours** (by the end of training)
7.2 Simulation Attendance	Minimum of **12 Hours** (Human Factors)	
8. POCUS & SPECIAL SKILL		
8.1 Point-of-Care Ultrasound	**FAMUS** *(or equivalent)* complete	
8.2 Specialty Skill	Evidence of **completion**	
9. CLINICAL EXPERIENCE		
9.1 Unselected Take		Minimum of approx. **750** (by the end of training)
9.2 Outpatient Clinics		Minimum of **20 Clinics** (by the end of training)

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Appendix A

Internal Medicine (GIM) CiPs – Minimum Standard

CiP	ST4	ST5	ST6	ST7
Managing an acute unselected take	**Level 3** Entrusted to act with indirect supervision	**Level 3** Entrusted to act with indirect supervision	**Level 3** Entrusted to act with indirect supervision	**Level 4** Entrusted to act unsupervised
Managing the acute care of patients within a medical specialty service	**Level 2** Entrusted to act with direct supervision	**Level 3** Entrusted to act with indirect supervision	**Level 3** Entrusted to act with indirect supervision	**Level 4** Entrusted to act unsupervised
Providing continuity of care to medical inpatients	**Level 3** Entrusted to act with indirect supervision	**Level 3** Entrusted to act with indirect supervision	**Level 3** Entrusted to act with indirect supervision	**Level 4** Entrusted to act unsupervised
Managing outpatients with long-term conditions	**Level 3** Entrusted to act with indirect supervision	**Level 3** Entrusted to act with indirect supervision	**Level 3** Entrusted to act with indirect supervision	**Level 4** Entrusted to act unsupervised
Managing medical problems of patients in other specialties and special cases	**Level 3** Entrusted to act with indirect supervision	**Level 3** Entrusted to act with indirect supervision	**Level 3** Entrusted to act with indirect supervision	**Level 4** Entrusted to act unsupervised
Managing an MDT including discharge planning	**Level 3** Entrusted to act with indirect supervision	**Level 3** Entrusted to act with indirect supervision	**Level 3** Entrusted to act with indirect supervision	**Level 4** Entrusted to act unsupervised
Delivering effective resuscitation and managing the deteriorating patient	**Level 4** Entrusted to act unsupervised	**Level 4** Entrusted to act unsupervised	**Level 4** Entrusted to act unsupervised	**Level 4** Entrusted to act unsupervised
Managing end-of-life and palliative care skills	**Level 3** Entrusted to act with indirect supervision	**Level 3** Entrusted to act with indirect supervision	**Level 3** Entrusted to act with indirect supervision	**Level 4** Entrusted to act unsupervised

Appendix B

Procedural Skills – Minimum Standard

Skills	ST4	ST5	ST6	ST7
AIM				
Advanced Life Support	Competent to perform unsupervised	*Maintained*		
Central Venous Catheterisation	Trained and competent in skills lab	Competent to perform unsupervised	*Maintained*	
Intraosseous Access to Circulation	Trained and competent in skills lab	*Maintained*		
Intercostal Drain for Pneumothorax	Competent to perform unsupervised	*Maintained*		
Intercostal Drain for Pleural Effusion	Competent to perform unsupervised	*Maintained*		
Knee Aspiration	Trained and competent in skills lab	Competent to perform unsupervised	*Maintained*	
Abdominal Paracentesis	Competent to perform unsupervised	*Maintained*		
Setting up Non-Invasive Ventilation		Trained and competent in skills lab	Competent to perform unsupervised	*Maintained*
Arterial Line Insertion		Competent to perform unsupervised	*Maintained*	
GIM				
DC Cardioversion				Competent to perform unsupervised
Nasogastric Tube Insertion				Competent to perform unsupervised
Lumbar Puncture				Competent to perform unsupervised
Temporary Cardiac Pacing				Trained and competent in skills lab