|  |
| --- |
| **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:** |
| **Main Specialty:** |
| **Deanery:** |
| **Training Number:** |
| **Date of MRCP(UK), or equivalent *(dd-mm-yyyy)*:** |
| **Date of appointment to StR grade *(dd-mm-yyyy)*:** |
| **Date of PYR:** |
| **Provisional date of CCT *(dd-mm-yyyy)*:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | YES | NO |
|  | | Have your reports from your educational supervisors been satisfactory for GIM each year of your HMT that you have been training in GIM? If not, please explain here … |  |  |
|  | | Have you demonstrated awareness and implementation of local clinical governance policies and involvement in a local management role within directorates, as an observer or trainee representative? Please explain how you have done this here (or give details of how you intend to do so) … |  |  |
|  | | Have you had at least 4 MCRs commenting on your GIM training and performance in the last 12 months you have been training in GIM? If not, please explain here … |  |  |
|  | | Have you led a GIM audit or performed a GIM quality improvement project during your HMT? Please explain how you have done this here (or give details of how you intend to do so) … |  |  |
|  | | Will your ALS certificate be valid at your planned CCT date? If not, please explain how you intend to satisfy this requirement here … |  |  |
|  | | Have you had at least 10 GIM SLE’s (including 6 ACATs) in the last 12 months you have been training in GIM, and at least 18 ACATs during the whole of your GIM training? If not, please explain here … |  |  |
|  | | Have you received multisource feedback in the last 12 months you have been training in GIM? If not, please explain here … |  |  |
|  | | Have your common competencies been signed off by your educational supervisor, and have you signed them off yourself? If not, please explain here … |  |  |
|  | | Have your competencies in all of the ‘Emergency Presentations” been signed off by your educational supervisor, and have you signed them off yourself? If not, please explain here … |  |  |
|  | | Have your competencies in all of “The Top Presentations” been signed off by your educational supervisor, and have you signed them off yourself? If not, please explain here … |  |  |
|  | | Have your competencies in all of the “Other Important Presentations” been signed off by your educational supervisor, and have you signed them off yourself? If not, please explain here … |  |  |
|  | | Will you have had experience of the management of a minimum of 1000 unselected patients on the acute medical take during your HMT? Please document in the <GIM PYR Summary of Training calculator> (Excel spreadsheet). If not, please explain here … |  |  |
|  | | Will you have obtained ITU/CCU experience sufficient for CCT in GIM in dealing with acutely unwell medical patients (typically a minimum of 6 months providing shared care of patients admitted to ICU/CCU during your HMT)? If not, please explain here … |  |  |
|  | | Will you have had responsibility for the continuing care of inpatients with a range of acute and chronic medical conditions for at least 36 months during your HMT? If not, please explain here … |  |  |
|  | | Will you have done a minimum of 186 medical outpatient clinics (of a type which are not ‘super-specialist’) during your HMT? Please document in the <GIM PYR Summary of Training calculator> (Excel spreadsheet). If not, please explain here … |  |  |
|  | | Do you have a satisfactory record of teaching attendance documented in your e-Portfolio? If not, please explain here … |  |  |
|  | | Will you have obtained a minimum of 100 hours of external GIM study leave by your planned CCT date? Please list brief details of your external GIM study leave during HMT at the end of this form and attach confirmation / certificates of attendance for training days to your ePortfolio. |  |  |
|  | | Practical procedures - are you competent at performing all of the practical procedures detailed in the G(I)M curriculum to the level required, and have these competencies been signed off by your educational supervisor? If not, please explain here … |  |  |
|  | | Have you attended formal training in teaching methods and shown satisfactory participation in an organised teaching programme? If not, please explain here … |  |  |
|  | | Have you registered with the RCP CPD Online Diary? (this is not mandatory but is recommended by the GIM SAC) |  |  |
| **What do you think that you need to do to complete your GIM training?** | | | | |
|  | |  | | --- | | 1) | | 2) | | 3) | | 4) | | 5) | | 6) | | 7) | | 8) | | 9) | | 10) | | | | |

**Details of your external study leave in GIM**

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

Please add more rows if required