IMT STAGE 1 ARCP CHECKLIST 2025-26
IMT YEAR 2

This document details exactly what needs to be completed **by the resident doctor and the supervisor** on the e-portfolio for the IMT2 end of year ARCP progression point.

The deadline is 31st May each year, for a June ARCP unless you are an out of sync resident who has an out of sync ARCP (e.g. you work less than full time) where the deadline is 7 days before your scheduled ARCP.

If any one of these is missing or incomplete the resident cannot receive an outcome 1 and will therefore receive an outcome 2 and will be asked to meet with their ES to ensure the outstanding elements are completed.

EDUCATIONAL SUPERVISORS REPORT	☐
Progression > Supervisor's report	
Must cover dates August to August: click get posts tab once dates inserted to pull through relevant posts Ensure report details any areas which do not meet ARCP requirements and plans to address DO NOT COMPLETE OR START ES REPORT UNTIL CIPS ARE SIGNED OFF TO FINAL INTENDED LEVEL BY ES (see below)	
ARCP IMT2 FOLDER	☐
Profile > Personal library	
Create a folder entitled 'ARCP IMT2' in your personal library In this will go form R, evidence of GMC survey completion and any other evidence you wish the ARCP panel to see	
FORM R	☐
Profile > Personal library	
Form R Part B must be uploaded in full to personal library in ARCP IMT2 folder	
CCT CALCULATOR	☐
Profile > Personal library	
Calculating completion dates | The Federation If you are LTFT or out of sync or have had any time out of programme e.g. parental leave you must complete and upload an up to date 'CCT calculator' to your portfolio detailing all of your time in the IMT programme including dates and periods of LTFT working, WTE %, periods out of training, significant sickness etc. This must be completed and uploaded to the personal library. You do not need to complete this if you have worked in IMT at full time with no gaps or LTFT working.	
GMC SURVEY COMPLETION	☐
Profile > Personal library	
Evidence of GMC survey completion must be uploaded to personal library in ARCP IMT2 folder	
REFLECTIVE PRACTICE	☐
Reflection	
Evidence of reflective practice over the course of the year	
GENERIC COMPETENCY IN PRACTICE (CIP) SIGN OFF	☐
Curriculum > Physician Internal Medicine Stage 1	
Resident doctor must self-rate all generic CIPS ES must rate and confirms 'meets' or 'above' expectations for each individual generic CIP If signed correctly, CIPS will appear with a green dot on Summary of Progress table	
CLINICAL COMPETENCY IN PRACTICE (CIP) SIGN OFF	☐
Curriculum > Physician Internal Medicine Stage 1	
Resident doctor must self-rate all clinical CIPS and ES must rate and confirm correct level met for all CIPS If the resident has not yet experienced an element, e.g. speciality take, the ES must extrapolate from the available evidence. It is not acceptable to mark down or say not done. **See table below for correct level*.** CIPS should not all be signed off as level 4 (this would equal CCT level)	

MULTIPLE CONSULTANT REPORTS (MCR) X4	☐
Progression > Multiple Consultant Report (MCR)	
Minimum of 4 MCRs to cover each year Should cover acute take, inpatient work and outpatient work Minimum of 3/4 must comment on ability to manage acute unselected take Consultants completing MCRs should avoid ticking 'not observed' for acute take and extrapolate Min. 3/4 must answer yes to 'would you entrust this trainee to manage acute take with indirect supervision'	
MULTIPLE SOURCE FEEDBACK	☐
Assessment > MSF	
Must have 12 respondents with all responses with a 3-month window MSF must include a minimum of 3 consultants	
ACUTE CARE ASSESSMENT TOOL (ACAT) X4	☐
Assessment > Assessment forms > Generic > ACAT	
Minimum of 4 consultant completed ACATS to cover each year Each ACAT should have a minimum of 5 numbered patients At least 3/4 should be assessing ability on acute unselected medical take	
OUTPATIENT CARE ASSESSMENT TOOL (OPCAT) X2	☐
Assessment > Assessment forms > Generic > OPCAT	
Minimum of 2 consultant completed OPCAT to cover each year	
OTHER SLE (CBD or mini-CEX) X2	☐
Assessment > Assessment forms > Generic > CBD + mini-CEX	
Minimum of 2 consultant completed CBD and/or mini-CEX to cover each year	
FULL MRCP PASSED (PART 1, PART 2, PACES)	☐
Profile > Certificates and exams	
Ensure evidence of exam passes for all 3 parts are uploaded to certificates and exams tab If no MRCP is achieved, detail and reasons for this and a plan to gain should be outlined in the ES report	
ADVANCED LIFE SUPPORT (ALS)	☐
Profile > Certificates and exams	
Ensure valid in-date ALS is uploaded to certificates and exams tab [not personal library] If you do not have a valid ALS, reasons for this and a plan to acquire should be outlined in the ES report	
QUALITY IMPROVEMENT	☐
Assessment > QI/Audit, teaching and clinical activities	
Upload evidence of involvement in QI (fill in quality improvement project plan or report) QUIPAT tool is essential for IMT2 year (unless already done in IMT1) Upload evidence of your QI project into your ARCP IMT2 folder in personal library	
SUMMARY OF CLINICAL ACTIVITY AND TEACHING ATTENDANCE IMT FORM	☐
Assessment > QI/Audit, teaching and clinical activities > create form	
Complete summary of clinical activity and teaching attendance IMT form prior to May 31st • This allows a record of your take numbers, clinic numbers and teaching hours to be recorded • This should be completed every year prior to ARCP and pulls through a grand total to the summary page A logbook of evidence must in addition be uploaded to your ARCP IMT2 folder in personal library	
LOGBOOK OF EVIDENCE	☐
Profile > personal library	
Upload logbook of take numbers, clinics and teaching hours with totals at bottom of each page Suggest use the "IMT acute take calculator and log of clinics and procedures | The Federation" Logbooks should be anonymised and cumulative total patient numbers only, and no patient information For example in cardiology job, X number of on calls, saw X number of acute patients with a running total	
ACUTE UNSELECTED TAKE NUMBERS (Min 100/year)	☐
Profile > Personal library	
Ensure personal library has logbook uploaded with evidence of minimum 100 acute patients seen + total	

Ensure final numbers are entered into the summary of clinical activity and teaching attendance IMT form

OUTPATIENT CLINICS (Min 20/year) ☐

Profile > Personal library

Ensure personal library has logbook uploaded with evidence of minimum 20 outpatient clinics
Ensure total number is calculated at bottom of page/table
Ensure final numbers are entered into the summary of clinical activity and teaching attendance IMT form

TEACHING (Min 50 hours/year) ☐

Profile > Personal library

Ensure personal library has logbook with evidence of minimum 50 hours of teaching (min 20 hours IM)
Ensure total hours are calculated at bottom of page/table
Ensure final numbers are entered into the summary of clinical activity and teaching attendance IMT form

SIMULATION/SKILLS ☐

Profile > Certificates and exams

Ensure simulation day certificate is uploaded into certificates and exams tab on portfolio
Ensure simulation hours are entered into the summary of clinical activity and teaching attendance IMT form

PRACTICAL PROCEDURES – SEE INDIVIDUAL SKILLS ☐

Curriculum > Physician Internal Medicine Stage 1 > Practical procedural skills

The skills lab day evidence (certificate) must be uploaded in the certificates and exams tab on the e-portfolio
Evidence for each skill must be linked to the relevant curriculum item (certificate or DOPS)
We recommend trying to gain DOPS evidence for higher level sign off where possible

- To sign off as skills lab competent there must be a linked skills lab certificate or skills lab DOPS
- To sign off as satisfactory supervised practice there must be at least ONE DOPS confirming performed supervised (with limited or direct supervision and assistance)
- To sign off as competent to perform unsupervised residents MUST have: 1 **SUMMATIVE** DOPS for each skill which state that the DOPS is 'pass' AND trainee is clinically independent to perform the procedure and manage complications (note ticking 'able to perform the procedure with limited supervision/assistance' is NOT sufficient for a procedural sign off even if the 'pass' box is ticked AND all parts of the DOPS assessment must ticked as c) competent unsupervised and recognise complications for the DOPS to be valid)

ADVANCED CARDIOPULMONARY RESUSCITATION (CPR) ☐

Ensure you have **summative** DOPS confirming at least participation in CPR team
ES sign off to correct level (*participation in CPR team* minimum or higher) after reviewing evidence

ASCITIC TAP ☐

Ensure you have **summative** DOPS confirming competent to perform unsupervised/clinical independence
ES sign off to correct level (*competent to perform unsupervised*) after reviewing evidence

DIRECT CURRENT CARDIOVERSION (DCCV)

Ensure you have **summative** DOPS confirming competent to perform unsupervised/clinical independence
ES sign off to correct level (*competent to perform unsupervised*) after reviewing evidence

LUMBAR PUNCTURE ☐

Ensure you have **summative** DOPS confirming competent to perform unsupervised/clinical independence
ES sign off to correct level (*competent to perform unsupervised*) after reviewing evidence

NASOGASTRIC TUBE ☐

Ensure you have **summative** DOPS confirming competent to perform unsupervised/clinical independence
ES sign off to correct level (*competent to perform unsupervised*) after reviewing evidence

PLEURAL ASPIRATION FOR FLUID (DIAGNOSTIC) ☐

Ensure you have **summative** DOPS confirming competent to perform unsupervised/clinical independence
ES sign off to correct level (*competent to perform unsupervised*) after reviewing evidence
Note a summative DOPS with 'limited supervision assistance' may be acceptable if there is a comment clarifying this relates to the use of ultrasound only and that the resident is otherwise clinically independent

TEMPORARY CARDIAC PACING USING AN EXTERNAL DEVICE ☐

Skills lab certificate and ALS certificate uploaded to certificates and exams (or DOPS to appropriate level) ES sign off to correct level (skills lab sign-off minimum or higher) after reviewing evidence	
ACCESS TO CIRCULATION FOR RESUSCITATION (FEMORAL VEIN OR INTRAOSSEOUS)	☐
Skills lab certificate and ALS certificate uploaded to certificates and exams (or DOPS to appropriate level) ES sign off to correct level (skills lab sign-off minimum or higher) after reviewing evidence	
CENTRAL VENOUS CANNULATION (INTERNAL JUGULAR OR SUBCLAVIAN)	☐
Skills lab certificate uploaded to certificates and exams (or DOPS to appropriate level) ES sign off to correct level (skills lab sign-off minimum or higher) after reviewing evidence	
INTERCOSTAL DRAIN FOR PNEUMOTHORAX	☐
Skills lab certificate uploaded to certificates and exams (or DOPS to appropriate level) ES sign off to correct level (skills lab sign-off minimum or higher) after reviewing evidence	
ABDOMINAL PARACETESIS (ASCITIC DRAIN)	☐
Skills lab certificate uploaded to certificates and exams (or DOPS to appropriate level) ES sign off to correct level (skills lab sign-off minimum or higher) after reviewing evidence	

Use this checklist in combination with the most up to date IMT stage 1 ARCP decision aid:

IMT ARCP Decision Aid 2019 (2023 update FINAL).pdf

Check your IMT1 ARCP outcome: if you got an outcome 2 or there were any other recommended actions from the panel, ensure these are all complete

For further questions about your ARCP contact

- Your educational supervisor
- Your college tutor / local TPD for IMT stage 1 training at your Trust

If you still have questions about ARCP contact

- Your regional TPD for IMT stage 1 training

If you are an in-sync resident doctor your ARCP will be in June each year.

If you are out of sync your ARCP date will be communicated with you by NHSE/regional TPD

CLINICAL COMPETENCY IN PRACTICE (CIP) SIGN OFF* IMT2		
CIP	CIP description	IMT2 required level
1	Managing an acute unselected take	3
2	Managing an acute specialty-related take	2
3	Providing continuity of care to medical in-patients	3
4	Managing outpatients with long term conditions	2
5	Managing medical problems in patients in other specialties and special cases	2
6	Managing an MDT including discharge planning	2
7	Delivering effective resuscitation and managing the deteriorating patient	3
8	Managing end of life and applying palliative care skills	2
DO NOT SIGN OFF ALL CIPS AT LEVEL 4 – THIS IS CONSULTANT CCT LEVEL AND WILL BE REJECTED BY ARCP PANEL		