Acute Medicine Portfolio Pathway evidence map

A practical worksheet for senior doctors mapping Acute Internal Medicine with General Internal Medicine evidence against the GMC SSG. Use this alongside the live GMC SSG, not instead of it.

1. Core evidence numbers to check

Area	Indicative AIM SSG expectation	Your evidence status
GIM ACATs	6 ACATs at independent level 4.	Current / partial / missing
AIM ACATs	8 further AIM ACATs, separate from GIM.	Current / partial / missing
OPCATs	2 OPCATs to level 4 entrustment.	Current / partial / missing
CbD / mini-CEX	GIM: 8 further SLEs. AIM: 8 further SLEs, with 4 within 12 months WTE.	Current / partial / missing
DOPS / procedures	Senior structured report or one summative DOPS for each required procedure.	Current / partial / missing
QIPAT	1 completed in the last 12 months of most recent practice.	Current / partial / missing
MSF / patient survey	MSF: approx. 12 colleagues. Patient survey: approx. 15 patients, with reflection.	Current / partial / missing
MCRs	4 Multiple Consultant Reports in the last 12 months clinical practice WTE.	Current / partial / missing

2. Procedures and acute practical skills

Procedure	Current proof	Gap / owner
Advanced CPR leadership	DOPS / logbook / structured report	
DC cardioversion	DOPS / logbook / structured report	
Femoral / intraosseous access	DOPS / logbook / structured report	
Pleural aspiration - fluid	DOPS / logbook / structured report	
Pleural aspiration - pneumothorax	DOPS / logbook / structured report	
NG tube	DOPS / logbook / structured report	
Ascitic tap	DOPS / logbook / structured report	
Lumbar puncture	DOPS / logbook / structured report	
Femoral CVC	DOPS / logbook / structured report	
Intercostal drain - pneumothorax	DOPS / logbook / structured report	
Intercostal drain - effusion	DOPS / logbook / structured report	
Knee aspiration	DOPS / logbook / structured report	
Abdominal paracentesis	DOPS / logbook / structured report	
NIV / CPAP setup	DOPS / logbook / structured report	
Arterial line insertion	DOPS / logbook / structured report	
Point-of-care ultrasound	DOPS / logbook / structured report	

3. Evidence your post itself must produce

Evidence from the post	What to collect	Gap notes
Representative rota	Samples from last three years. If 1:8 rota, eight consecutive weeks is the SSG example.	
Caseload data	Departmental/unit annual caseload statistics, activity data, range and scope of work from last three years WTE.	
Job description	Position in department, post title, clinical and non-clinical commitments, teaching involvement.	
Appraisal/review	Annual appraisal, performance review, revalidation portfolio or formal department-led evaluation.	
Observed assessments	Named consultants able to observe ACATs, OPCATs, SLEs, DOPS and provide MCRs.	
SDEC and interfaces	Cases, protocols, audit/QI, discharge planning, ICU/specialty/community interface examples.	

4. 90-day reset plan

Days 1-30	Build the evidence ledger
Action	Map every AIM and GIM CiP against SSG numbers, current evidence, procedures, structured reports and job documents.
Days 31-60	**Close measurable gaps**
Action	Book ACATs, OPCATs, SLEs, DOPS, MCRs, MSF, patient survey, QIPAT and SDEC evidence with named consultants.
Days 61-90	**Pressure test job fit**
Action	Check whether the post can produce rota, caseload, appraisal, SDEC, GIM, critical care interface and consultant observation evidence.

Use this worksheet to create a named action plan, not just a filing list. The key question is whether your current post gives you the breadth, supervision and documents needed to evidence the standard.