SPECIALTY TRAINING CURRICULUM

FOR

GENERAL INTERNAL MEDICINE

AUGUST 2009

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Joint Royal Colleges of Physicians Training Board

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Table of Contents

1 Introduction

There has been rapid change in the organisation and delivery of care for patients with medical illnesses since the last General Internal Medicine (GIM) curriculum was introduced in January 2003. This has been recognised and reflected by the large number of reports and recommendations that suggest methods by which care may be improved for patients with acute medical problems. This includes rapid assessment, facilitated access to investigations accurate diagnosis and subsequent treatment when an inpatient hospital stay is required.

Hospital physicians are required to provide higher level care for patients with acute medical problems but also, and increasingly, specialist care for outpatients and inpatients. These changes are reflected in the structural re-organisation which has taken place with pre-hospital care for acute medical patients being mainly provided by paramedics, with hospitals developing acute Medical Units where the first 48 hours of care are provided, and from which up to 50% of patients maybe discharged home.

In parallel with these organisational and structural changes, medical education has undergone major reforms. The implementation of the Foundation programme, with doctors leaving the F2 year with “acute safe” Competencies, the increased number of medical graduates and the implementation of Good Medical Practice have added to the need to define and map all parts of the new CMT and GIM curricula to the 4 domains of Good Medical Practice with clearly defined assessment methods being allocated to all sections of the curricula. These new initiatives will allow trainees and trainers to easily identify how trainees will progress through the new curricula with acquisition of knowledge, skills and behaviours and how these will be assessed.

Mapping the 4 domains of Good Medical Practice to the curricula has also provided the opportunity to define skills and behaviours which trainees require to communicate better with patients, carers and their families and how these will be assessed.

The new General Internal Medicine curriculum reflects the change in practice in hospitals where “true” general medical wards and clinics are diminishing in number but also recognises that an increasing number of patients have complex medical problems involving multiple symptoms. It is, therefore, expected that trainees will acquire general medical skills on the wards and through inpatients and outpatients where chronic disease management skills can be learnt and training can be focussed on the “Top 20” and the next 40 common presentations.

2 Rationale

2.1 Purposes of the curriculum

The purposes of this curriculum are to define the process of training and the competencies needed for:

- the award of a certificate of completion of training (CCT) in General Internal Medicine.

The GIM curriculum will not only define training in core medicine, previously Level 1, but will also equip trainees in speciality training programs with the competencies needed to allow participation at a senior level on the acute medical take, and to provide advice on the investigation and management of inpatients and outpatients with acute and chronic medical problems.

It is expected that most trainees following the GIM curriculum to CCT will be doing so in parallel with training in another medical specialty.

Physicians trained to a CCT in GIM must be prepared to accept continued responsibility for patients beyond the acute phase, although the majority of their inpatients will be within their own speciality, often triaged from a medical assessment unit. The curriculum reflects the contexts in which GIM is performed, i.e. the admitting unit, inpatient wards and outpatients. This curriculum also emphasises the skills and competencies which will be expected to be acquired in the acute, inpatient and outpatient settings and how these will be assessed as trainees progress through the syllabus.

Mapping the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment to the curriculum has provided the opportunity to define skills and behaviours which trainees require to communicate with patients, carers and their families and how these will be assessed.

There is undoubtedly a need for physicians with the ability to investigate, treat and diagnose patients with acute and chronic medical symptoms, with the provision of high quality review skills for inpatients and outpatients fulfilling the requirement of consultant-led continuity of care. The new curriculum will provide physicians with these skills.

2.2 Development

This curriculum was developed by a curriculum development group of the Specialty Advisory Committee for General Internal Medicine under the direction of the Joint Royal Colleges of Physicians Training Board (JRCPTB). The members of the curriculum development group have broad UK representation and include trainees and laypersons as well as consultants who are actively involved in teaching and training.

This curriculum replaces the GIM/Acute medicine curriculum dated May 2007, with changes to ensure that the curriculum meets GMC's 17 Standards for Curricula and Assessment. It incorporates revisions to the content and delivery of the training programme. Major changes from the previous curriculum include the incorporation of generic, leadership and health inequalities Competencies.

This curriculum is trainee-centred, and outcome-based. As this curriculum is to be followed through Core Training and Specialist Training a spiral approach has been adopted, as in the Foundation Programme. A spiral curriculum describes a learning experience that revisits topics and themes, each time expanding the sophistication of the knowledge, attitudes and decision-making regarding that topic. This approach aids reinforcement of principles, the integration of topics, and the achievement of higher levels of competency.

This revisiting of topics is key to ensuring deep learning. This principle underpins the ethos of a spiral curriculum and effective life-long learning beyond Specialty Training. In this way an individual progresses from being 'competent' to becoming 'expert'.

2.3 Training Pathway

Entry into General Internal Medicine training is possible following successful completion of a Foundation Programme.

The training in General Internal Medicine is divided as follows;

Core Medical Training (CMT) or Acute Care Common Stem (Medicine) ACCS (M) – both of which are core training programmes

Specialist Training (ST) in General Internal Medicine.

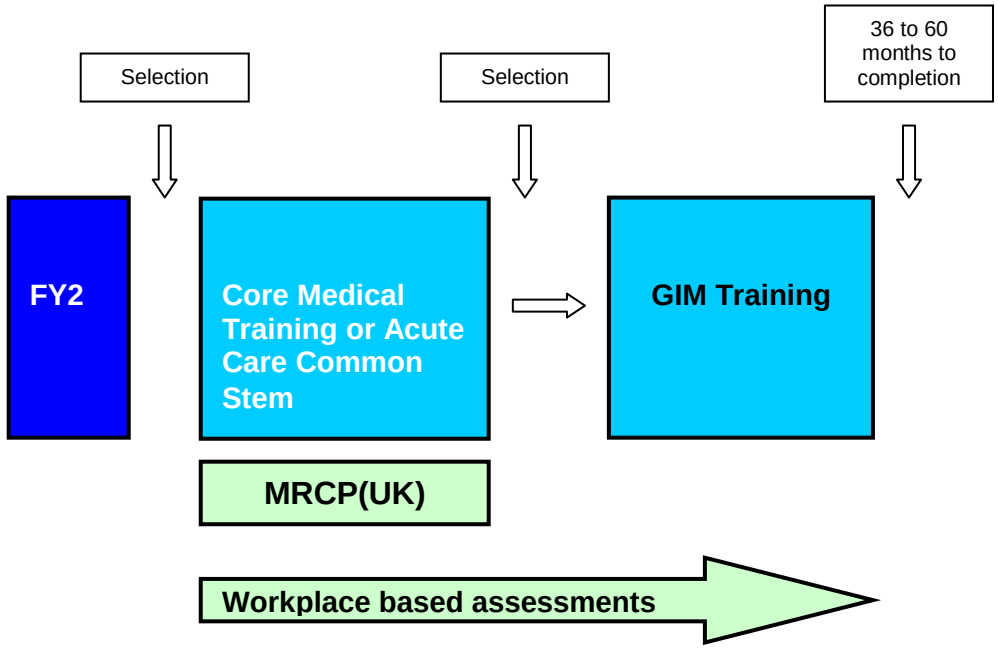


Diagram 1.0

The training pathway for GIM and achievement of a CCT – Core Medical Training generally for two years and a mimimum of 36 months Specialty training to CCT.

CMT programmes are designed to deliver core training in General Internal Medicine by acquisition of knowledge and skills as assessed by the work place based assessments and the MRCP. Programmes are usually for two years and are broad based consisting of four to six placements in medical specialties. These placements over the two years must include direct involvement in the acute medical take. Trainees completing core training will have a solid platform of GIM from which they can continue into Specialty Training. Completion of CMT will be required before entry into Specialty training at ST3.

The features of the CMT and GIM training programmes are:

Trainee led - the ePortfolio is designed to encourage a learner centred approach with the support of Educational Supervisors. The ePortfolio contains tools to identify educational needs, enables the setting of learning goals, reflective learning and personal development.

Competency based – the curricula outline competencies that trainees must reach by the end of the programme. The curriculum is directly linked to the ePortfolio as it defines standards required for good medical practice and formal assessments including the MRCP for CMT.

Continuation of Good Medical practice – building on Foundation training the curriculum contains important emphasis on generic competencies necessary for practice as a physician

Supervision – each trainee has a series of people with clearly defined roles and responsibilities overseeing their training including Clinical Supervisor, Educational Supervisor, College Tutor, CMT Programme Director, and Head of School

Appraisal meetings with Supervisor – regular appraisal meetings and review of competence progression are set out in the ePortfolio

Workplace-based assessments – regular workplace-based assessments are conducted throughout training building on those used in the Foundation programme with annual an ARCP. These include the Acute Care Assessment Tool (ACAT), Case Based Discussion (CbD), mini-Clinical Evaluation Exercise (mini-CEX) and multisource feedback (MSF) with additional new assessment methods to assess Audit (AA) and Teaching (TO) and are detailed in Section 5.3.

MRCP examination – the various parts of the MRCP (UK) have been mapped to the curriculum for CMT and this provides a knowledge base assessment for both CMT and GIM.

Entrants to specialist training in General Internal Medicine must have successfully completed Core Medical Training or Acute Care Common Stem training.

This is a minimum three-year programme that builds on a trainee's ability to provide acute medical care in the hospital setting. Competencies are symptom based, and so concentrate on the provision of appropriate medical care in the acute and inpatient and outpatient settings.

Upon successful attainment of these Competencies, the trainee will be recommended to GMC for a CCT by Joint Royal Colleges of Physicians Training Board.

2.4 Enrolment with JRCPTB

Trainees are required to register for specialist training with JRCPTB at the start of their training programmes. Enrolment with JRCPTB, including the complete payment of enrolment fees, is required before JRCPTB will be able to recommend trainees for a Certificate of Completion of CMT or a CCT. Trainees can enrol online at www.jrcptb.org.uk

2.5 Duration of training

Although this curriculum is competency based, the duration of training must meet the European minimum of 5 years for full time specialty training adjusted accordingly for flexible training (EU directive 2005/36/EC). The SAC has advised that training from ST1 will usually be completed in 5 years in full time training (2 years core plus 3 years specialty training).

2.6 Less Than Full Time Trainees (LTFT)

Trainees who are unable to work full-time are entitled to opt for less than full time training programmes. EC Directive 2005/36/EC requires that:

- LTFT shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities.

- The competent authorities shall ensure that the competencies achieved and the quality of part-time training are not less than those of full-time trainees.

The above provisions must be adhered to. LTFT trainees should undertake a pro rata share of the out-of-hours duties (including on-call and other out-of-hours commitments) required of their full-time colleagues in the same programme and at the equivalent stage.

EC Directive 2005/36/EC states that there is no longer a minimum time requirement on training for LTFT trainees. In the past, less than full time trainees were required to work a minimum of 50% of full time. With competence-based training, in order to retain competence, in addition to acquiring new skills, less than full time trainees would still normally be expected to work a minimum of 50% of full time. If you are returning or converting to training at less than full time please complete the LTFT application form on the JRCPTB website www.jrcptb.org.uk .

Funding for LTFT is from deaneries and these posts are not supernumerary. Ideally therefore 2 LTFT trainees should share one post to provide appropriate service cover.

Less than full time trainees should assume that their clinical training will be of a duration pro-rata with the time indicated/recommended, but this should be reviewed during annual appraisal by their TPD and chair of STC and appropriate deanery advisor for LTFT training. As long as the statutory European Minimum Training Time (if relevant), has been exceeded, then indicative training times as stated in curricula may be adjusted in line with the achievement of all stated competencies**.**

2.7 Dual CCT

Trainees who wish to achieve a CCT in both GIM and another specialty must have applied for and successfully entered a training programme which was advertised openly as a dual training programme. Trainees will need to achieve the Competencies, with assessment evidence, as described in both the other specialty and GIM curricula. Individual assessments may provide evidence towards competencies from both curricula. On successful completition of the training programme and assessments for both specialties, as outlined in the relevant GMC approved curricula, the trainee will achieve two CCT's, one in GIM and one in another medical speciality. Postgraduate Deans wishing to advertise such programmes should ensure that they meet the requirements of both SACs.

3 Content of learning

This section lists the specific knowledge, skills, and behaviours to be attained throughout training in General Internal Medicine.

Each stage of learning in the curriculum has defined the competencies to be attained by the trainee within the domains of knowledge, skills and behaviours. The competencies are presented in four parts:

Symptom Competencies - define the knowledge, skills and attitudes required for each level of learning for different problems with which a patient may present. These symptoms are further broken down in to emergency, "top 20" and other presentations. The top 20 presentations are listed together to emphasise the frequency with which these problems are encountered in clinical practice, and are based on medical admissions unit audit data including the "next 40" less common presentations.

Surgical Presentations – define symptoms such as haematuria, rectal bleeding, and abdominal pain which are traditionally managed by surgical teams. The reason that these symptoms appear in this curriculum is to recognise that often a physician is called upon to perform the initial assessment of these patients. These presentations frequently occur in the context of long-term medical illness and as a complication of medical illness. Also, the hospital-at-night team structure leads to physicians at all levels of training taking responsibility for surgical in-patients. The role of the physician in these situations is not to take responsibility for the full management of these patients. However, a physician is expected to stabilise the patient as necessary, perform initial investigations and management if urgently required, and make a referral to the appropriate surgical team for a specialist opinion in a timely manner

System Specific Competencies - define competencies to be attained by the end of training, and also lists the conditions and basic science of which the trainee must acquire knowledge.

Investigation Competencies - lists investigations that a trainee must be able to describe, order, and interpret by the end of training.

Procedural Competencies - lists procedures that a trainee should be competent in by the end of training.

3.1 Programme content and objectives

The programme defines the competencies which a trainee will need to acquire to take a senior role in the management of patients presenting to hospitals with an acute medical illness. See section 5.5 ARCP Decision Aid.

3.2 Good Medical Practice

In preparation for the introduction of licensing and revalidation, the General Medical Council has translated Good Medical Practice into a Framework for Appraisal and Assessment which provides a foundation for the development of the appraisal and assessment system for revalidation. The Framework can be accessed at http://www.gmc-uk.org/about/reform/Framework_4_3.pdf

The Framework for Appraisal and Assessment covers the following domains:
Domain 1 – Knowledge, Skills and Performance
Domain 2 – Safety and Quality
Domain 3 – Communication, Partnership and Teamwork
Domain 4 – Maintaining Trust

The “GMP” column in the syllabus defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. Most parts of the syllabus relate to “Knowledge, Skills and Performance” but some parts will also relate to other domains.

3.3 Syllabus

In the followings tables, the “Assessment Methods” shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used. See section 5.2 for more details.

“GMP” defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. See section 3.2 for more details.

Contents Page

Common Competencies GIM

The common competencies are those that should be acquired by all physicians during their training period starting within the undergraduate career and developed throughout the postgraduate career.

Assessment of acquisition of the common competencies

For trainees within core training, knowledge of all the common competencies may be tested while taking the three parts of the MRCP (UK) examination. Competence to at least level 2 descriptors will be expected prior to progression into specialty training. Further assessment will be undertaken as outlined by the various workplace-based assessments listed.

The first three common competencies cover the simple principles of history taking clinical examination and therapeutics and prescribing. These are competencies with which the specialist trainee should be well acquainted from Foundation training. It is vital that these competencies are practised to a high level by all specialty trainees who should be able to achieve competencies to the highest descriptor level early in their specialty training career. There are four descriptor levels. It is anticipated that CMT trainees will achieve competencies to level 2 and GIM trainees will achieve competencies to level 4.

History taking

To progressively develop the ability to obtain a relevant focussed history from increasingly complex patients and challenging circumstances

To record accurately and synthesise history with clinical examination and formulation of management plan according to likely clinical evolution

Knowledge	Assessment Methods	GMP Domains
Recognise the importance of different elements of history	mini-CEX	1
Recognise the importance of clinical (particularly cognitive impairment), psychological, social, cultural and nutritional factors particularly those relating to ethnicity, race, cultural or religious beliefs and preferences, sexual orientation, gender and disability	mini-CEX	1
Recognise that patients do not present history in structured fashion and that the history may be influenced by the presence of acute and chronic medical conditions	ACAT, mini-CEX	1, 3
Know likely causes and risk factors for conditions relevant to mode of presentation	mini-CEX	1
Recognise that history should inform examination, investigation and management	mini-CEX	1
Skills		
Identify and overcome possible barriers (eg cognitive impairment) to effective communication	mini-CEX	1, 3
Manage time and draw consultation to a close appropriately	mini-CEX	1, 3
Supplement history with standardised instruments or questionnaires when relevant	ACAT, mini-CEX	1
Manage alternative and conflicting views from family, carers and friends	ACAT, mini-CEX	1, 3

Assimilate history from the available information from patient and other sources	ACAT, mini-CEX	1, 3
Recognise and interpret the use of non verbal communication from patients and carers	mini-CEX	1, 3
Focus on relevant aspects of history	ACAT, mini-CEX	1, 3
Behaviours		
Show respect and behave in accordance with Good Medical Practice	ACAT, mini-CEX	3, 4
Level Descriptor		
1	Obtains, records and presents accurate clinical history relevant to the clinical presentation Elicits most important positive and negative indicators of diagnosis Starts to ignore irrelevant information	
2	Demonstrates ability to obtain relevant focussed clinical history in the context of limited time e.g. outpatients, ward referral Demonstrates ability to target history to discriminate between likely clinical diagnoses Records information in most informative fashion	
3	Demonstrates ability to rapidly obtain relevant history in context of severely ill patients Demonstrates ability to obtain history in difficult circumstances e.g. from angry or distressed patient / relatives Demonstrates ability to keep interview focussed on most important clinical issues	
4	Able to quickly focus questioning to establish working diagnosis and relate to relevant examination, investigation and management plan in most acute and common chronic conditions in almost any environment	

Clinical examination

To progressively develop the ability to perform focussed and accurate clinical examination in increasingly complex patients and challenging circumstances

To relate physical findings to history in order to establish diagnosis and formulate a management plan

Knowledge	Assessment Methods	GMP Domains
Understand the need for a valid clinical examination	CbD, mini-CEX	1
Understand the basis for clinical signs and the relevance of positive and negative physical signs	ACAT, CbD, mini-CEX	1
Recognise constraints to performing physical examination and strategies that may be used to overcome them	CbD, mini-CEX	1
Recognise the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis	ACAT, CbD, mini-CEX	1
Skills		
Perform an examination relevant to the presentation and risk factors that is valid, targeted and time efficient	ACAT, CbD, mini-CEX	1
Recognise the possibility of deliberate harm in vulnerable patients and report to appropriate agencies	ACAT, CbD, mini-CEX	1, 2
Interpret findings from the history, physical examination and mental state examination, appreciating the importance of clinical, psychological, religious, social and cultural factors	mini-CEX, CbD	1

Actively elicit important clinical findings	CbD, mini-CEX	1
Perform relevant adjunctive examinations including cognitive examination such as Mini Mental state Examination (MMSE) and Abbreviated Mental Test Score (AMTS)	CbD, mini-CEX	1
Behaviours		
Show respect and behaves in accordance with Good Medical Practice	CbD, mini-CEX, MSF	1, 4
Level Descriptor		
1	Performs, accurately records and describes findings from basic physical examination Elicits most important physical signs Uses and interprets findings adjuncts to basic examination e.g. internal examination, blood pressure measurement, pulse oximetry, peak flow	
2	Performs focussed clinical examination directed to presenting complaint e.g. cardiorespiratory, abdominal pain Actively seeks and elicits relevant positive and negative signs Uses and interprets findings adjuncts to basic examination e.g. electrocardiography, spirometry, ankle brachial pressure index, fundoscopy	
3	Performs and interprets relevance advanced focussed clinical examination e.g. assessment of less common joints, neurological examination Elicits subtle findings Uses and interprets findings of advanced adjuncts to basic examination e.g. sigmoidoscopy, FAST ultrasound, echocardiography	
4	Rapidly and accurately performs and interprets focussed clinical examination in challenging circumstances e.g. acute medical or surgical emergency	

Therapeutics and safe prescribing

To progressively develop your ability to prescribe, review and monitor appropriate medication relevant to clinical practice including therapeutic and preventative indications

Knowledge	Assessment Methods	GMP Domains
Recall indications, contraindications, side effects, drug interactions and dosage of commonly used drugs	ACAT, CbD, mini-CEX	1
Recall range of adverse drug reactions to commonly used drugs, including complementary medicines	ACAT, CbD, mini-CEX	1
Recall drugs requiring therapeutic drug monitoring and interpret results	ACAT, CbD, mini-CEX	1
Outline tools to promote patient safety and prescribing, including IT systems	ACAT, CbD, mini-CEX	1, 2
Define the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the trainees practice	, ACAT, CbD, mini-CEX	1, 2
Recognise the roles of regulatory agencies involved in drug use, monitoring and licensing (e.g. National Institute for Clinical Excellence (NICE), Committee on Safety of Medicines (CSM), and Healthcare Products Regulatory Agency and hospital formulary committees	ACAT, CbD, mini-CEX	1, 2
Skills		

Review the continuing need for long term medications relevant to the trainees clinical practice	ACAT, CbD, mini-CEX	1, 2
Anticipate and avoid defined drug interactions, including complementary medicines	ACAT, CbD, mini-CEX	1
Advise patients (and carers) about important interactions and adverse drug effects	ACAT, CbD, mini-CEX	1, 3
Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)	ACAT, CbD, mini-CEX	1
Use IT prescribing tools where available to improve safety	ACAT, CbD, mini-CEX	1, 2
Employ validated methods to improve patient concordance with prescribed medication, and recognise when a pre-existing medical condition such as cognitive impairment affects compliance	ACAT, mini-CEX	1, 3
Provide comprehensible explanations to the patient, and carers when relevant, for the use of medicines	ACAT, CbD, mini-CEX	1, 3
Behaviours		
Recognise the benefit of minimising number of medications taken by a patient	ACAT, CbD, mini-CEX	1
Appreciate the role of non-medical prescribers	ACAT, CbD, mini-CEX	1, 3
Remain open to advice from other health professionals on medication issues	ACAT, CbD, mini-CEX	1, 3
Recognise the importance of resources when prescribing, including the role of a Drug Formulary	ACAT, CbD, mini-CEX	1, 2
Ensure prescribing information is shared promptly and accurately between a patient's health providers, including between primary and secondary care	ACAT, CbD	1, 3
Remain up to date with therapeutic alerts, and respond appropriately	ACAT, CbD	1
Level Descriptor		
1	Understands the importance of patient compliance with prescribed medication Outlines the adverse effects of commonly prescribed medicines Uses reference works to ensure accurate, precise prescribing	

2	Takes advice on the most appropriate medicine in all but the most common situations Makes sure an accurate record of prescribed medication is transmitted promptly to relevant others involved in an individuals care Knows indications for commonly used drugs that require monitoring to avoid adverse effects Modifies patient's prescriptions to ensure the most appropriate medicines are used for any specific condition Maximises patient compliance by minimising the number of medicines required that is compatible with optimal patient care Maximises patient compliance by providing full explanations of the need for the medicines prescribed Is aware of the precise indications, dosages, adverse effects and modes of administration of the drugs used commonly within their specialty Uses databases and other reference works to ensure knowledge of new therapies and adverse effects is up to date Knows how to report adverse effects and take part in this mechanism
3/4	Is aware of the regulatory bodies relevant to prescribed medicines both locally and nationally Ensures that resources are used in the most effective way for patient benefit

This part of the generic competencies relate to direct clinical practise; the importance of patient needs at the centre of care and of promotion of patient safety, team working, and high quality infection control. Furthermore, the prevalence of long term conditions in patient presentation to general internal medicine means that specific competencies have been defined that are mandated in the management of this group of patients. Many of these competencies will have been acquired during the Foundation programme and core training but as part of the maturation process for the physician these competencies will become more finely honed and all trainees should be able to demonstrate the competencies as described by the highest level descriptors by the time of their CCT

Time management and decision making

To become increasingly able to prioritise and organise clinical and clerical duties in order to optimise patient care. To become increasingly able to make appropriate clinical and clerical decisions in order to optimise the effectiveness of the clinical team resource

Knowledge	Assessment Methods	GMP Domains
Understand that organisation is key to time management	ACAT, CbD	1
Understand that some tasks are more urgent or more important than others	ACAT, CbD	1
Understand the need to prioritise work according to urgency and importance	ACAT, CbD	1
Understand that some tasks may have to wait or be delegated to others	ACAT, CbD	1
Outline techniques for improving time management	ACAT, CbD	1
Understand the importance of prompt investigation, diagnosis and treatment in disease management	ACAT, CbD, mini-CEX	1, 2
Skills		
Identify clinical and clerical tasks requiring attention or predicted to arise	ACAT, CbD, mini-CEX	1, 2
Estimate the time likely to be required for essential tasks and plan	ACAT, CbD, mini-	1

accordingly	CEX	
Group together tasks when this will be the most effective way of working	ACAT, CbD, mini-CEX	1
Recognise the most urgent / important tasks and ensure that they are managed expediently	ACAT, CbD, mini-CEX	1
Regularly review and re-prioritise personal and team work load	ACAT, CbD, mini-CEX	1
Organise and manage workload effectively	ACAT, CbD, mini-CEX	1
Behaviours		
Ability to work flexibly and deal with tasks in an effective fashion	ACAT, CbD, MSF	3
Recognise when you or others are falling behind and take steps to rectify the situation	ACAT, CbD, MSF	3
Communicate changes in priority to others	ACAT, MSF	1
Remain calm in stressful or high pressure situations and adopt a timely, rational approach	ACAT, MSF	1

Level Descriptor	
1	Recognises the need to identify work and compiles a list of tasks Works systematically through tasks with little attempt to prioritise Needs direction to identify most important tasks Sometimes slow to perform important work Does not use other members of the clinical team Finds high workload very stressful
2	Organises work appropriately but does not always respond to or anticipate when priorities should be changed Starting to recognise which tasks are most urgent Starting to utilise other members of the clinical team but not yet able to organise their work Requires some direction to ensure that all tasks completed in a timely fashion
3	Recognises the most important tasks and responds appropriately Anticipates when priorities should be changed Starting to lead and direct the clinical team in effective fashion Supports others who are falling behind Requires minimal organisational supervision
4	Automatically prioritises and manages workload in most effective fashion Communicates and delegates rapidly and clearly Automatically responsible for organising the clinical team Calm leadership in stressful situations

Decision making and clinical reasoning

To progressively develop the ability to formulate a diagnostic and therapeutic plan for a patient according to the clinical information available

To progressively develop the ability to prioritise the diagnostic and therapeutic plan

To be able to communicate the diagnostic and therapeutic plan appropriately

Knowledge	Assessment Methods	GMP Domains

Define the steps of diagnostic reasoning:	ACAT, CbD, mini-CEX	1
Interpret history and clinical signs	ACAT, CbD, mini-CEX	1
Conceptualise clinical problem	ACAT, CbD, mini-CEX	1
Generate hypothesis within context of clinical likelihood	ACAT, CbD, mini-CEX	1
Test, refine and verify hypotheses	ACAT, CbD, mini-CEX	1
Develop problem list and action plan	ACAT, CbD, mini-CEX	1
Recognise how to use expert advice, clinical guidelines and algorithms	ACAT, CbD, mini-CEX	1
Recognises the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort	ACAT, CbD, mini-CEX	1, 2
Define the concepts of disease natural history and assessment of risk	ACAT, CbD, mini-CEX	1
Recall methods and associated problems of quantifying risk e.g. cohort studies	ACAT, CbD	1
Outline the concepts and drawbacks of quantitative assessment of risk or benefit e.g. numbers needed to treat	ACAT, CbD	1
Describe commonly used statistical methodology	CbD, mini-CEX	1
Know how relative and absolute risks are derived and the meaning of the terms predictive value, sensitivity and specificity in relation to diagnostic tests	CbD, mini-CEX	1
Knows how to use expert advice, clinical guidelines and algorithms and is aware that patients may also use non-medical information sources	AA, CbD	1
Skills		
Interpret clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders	ACAT, CbD, mini-CEX	1
Recognise critical illness and respond with due urgency	ACAT, CbD, mini-CEX	1
Generate plausible hypothesis(es) following patient assessment	ACAT, CbD, mini-CEX	1
Construct a concise and applicable problem list using available information	ACAT, CbD, mini-CEX	1
Construct an appropriate management plan and communicate this effectively to the patient, parents and carers where relevant	ACAT, CbD, mini-CEX	1, 3, 4
Define the relevance of an estimated risk of a future event to an individual patient	ACAT, CbD, mini-CEX	1
Use risk calculators appropriately	ACAT, CbD, mini-CEX	1
Apply quantitative data of risks and benefits of therapeutic intervention to an individual patient	ACAT, CbD, mini-CEX	1

Behaviours		
Recognise the difficulties in predicting occurrence of future events	ACAT, CbD, mini-CEX	1
Show willingness to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and benefit/risk balance of therapeutic intervention	ACAT, CbD, mini-CEX	3
Be willing to facilitate patient choice	ACAT, CbD, mini-CEX	3
Show willingness to search for evidence to support clinical decision making	ACAT, CbD, mini-CEX	1, 4
Demonstrate ability to identify one's own biases and inconsistencies in clinical reasoning	ACAT, CbD, mini-CEX	1, 3

Level Descriptor	
1	In a straightforward clinical case: Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence Institutes an appropriate investigative plan Institutes an appropriate therapeutic plan Seeks appropriate support from others Takes account of the patients wishes
2	In a difficult clinical case: Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence Institutes an appropriate investigative plan Institutes an appropriate therapeutic plan Seeks appropriate support from others Takes account of the patients wishes
3	In a complex, non-emergency case: Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence Institutes an appropriate investigative plan Institutes an appropriate therapeutic plan Seeks appropriate support from others Takes account of the patients wishes
4	In a complex, non-emergency case: Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence Institutes an appropriate investigative plan Institutes an appropriate therapeutic plan Seeks appropriate support from others Takes account of the patients wishes and records them accurately and succinctly

The patient as central focus of care

Prioritises the patient's wishes encompassing their beliefs, concerns expectations and needs		
Knowledge	**Assessment Methods**	**GMP Domains**
Recall health needs of particular populations e.g. adolescents / young adults, ethnic minorities and recognise the impact of culture and ethnicity in presentations of physical and psychological conditions	ACAT, CbD	1

Skills		
Give adequate time for patients to express ideas, concerns and expectations	ACAT, mini-CEX	1, 3, 4
Respond to questions honestly and seek advice if unable to answer	ACAT, CbD, mini-CEX	3
Encourage the health care team to respect the philosophy of patient focussed care	ACAT, CbD, mini-CEX, MSF	3
Develop a self-management plan including investigation, treatments and requests / instructions to other healthcare professionals, taking into account any previously expressed wishes in Advance Care Directives (or equivalent) in partnership with the patient and / or their advocate.	ACAT, CbD, mini-CEX	1,3
Support patients, parents and carers where relevant to comply with management plans	ACAT, CbD, mini-CEX, PS	3
Encourage patients to voice their preferences and personal choices about their care, actively exploring for example whether they have sought health information on line, have undertaken any form of 'direct to consumer' medical testing, or purchased pharmaceuticals on line.	ACAT, mini-CEX, PS	3
Behaviours		
Support patient self-management	ACAT, CbD, mini-CEX, PS	3
Recognise the duty of the medical professional to act as patient advocate	ACAT, CbD, mini-CEX, MSF, PS	3, 4
Be aware of attitudes and perceptions that oneself and others may have of adolescents	ACAT, CbD, mini-CEX, PS	3

Level Descriptor	
1	Responds honestly and promptly to patient questions but knows when to refer for senior help Recognises the need for disparate approaches to individual patients
2	Recognises more complex situations of communication, accommodates disparate needs and develops strategies to cope
3	Deals rapidly with more complex situations, promotes patients self care and ensures all opportunities are outlined
4	Is able to deal with all cases to outline patient self care and to promote the provision of this when it is not readily available

Prioritisation of patient safety in clinical practice

To understand that patient safety depends on the organisation of care and health care staff working well together and be familiar with mechanisms for reporting and learning from errors, adverse events (including 'never events'), incidents and near misses, e.g. root cause analyses.

To never compromise patient safety

To understand the risks of treatments and to discuss these honestly and openly with patients so that patients are able to make decisions about risks

Ensure that all staff are aware of risks and work together to minimise risk

Knowledge	Assessment Methods	GMP Domains
Outline the features of a safe working environment	ACAT, CbD, mini-CEX	1

Outline the hazards of medical equipment in common use	ACAT, CbD	1
Recall side effects and contraindications of medications prescribed	ACAT, CbD, mini-CEX	1
Recall principles of risk assessment and management	CbD	1
Recall the components of safe working practice in the personal, clinical and organisational settings, e.g. use of SBAR (Situation, Background, Assessment, Recommendations) and equivalent systems.	ACAT, CbD	1
Recall local procedures for optimal practice e.g. GI bleed protocol, safe prescribing	ACAT, CbD, mini-CEX	1
Skills		
Recognise when a patient is not responding to treatment, reassess the situation, and encourage others to do so	ACAT, CbD, mini-CEX	1
Ensure the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately	ACAT, CbD, mini-CEX	1
Improve patients' and colleagues' understanding of the side effects and contraindications of therapeutic intervention	ACAT, CbD, mini-CEX	1, 3
Sensitively counsel a colleague following a significant event, or near incident, to encourage improvement in practice of individual and unit	ACAT, CbD	3
Recognise and respond to the manifestations of a patient's deterioration (symptoms, signs, observations, and laboratory results) and support other members of the team to act similarly	ACAT, CbD, mini-CEX, MSF	1
Behaviours		
Continue to maintain a high level of safety awareness and consciousness at all times	ACAT, CbD, mini-CEX	2
Encourage feedback from all members of the team on safety issues and appropriately report errors, adverse events (including 'never events'), incidents and near misses, and participate fully in processes designed to learn from such matters, e.g. root cause analyses.	ACAT, CbD, mini-CEX, MSF	3
Show willingness to take action when concerns are raised about performance of members of the healthcare team, and act appropriately when these concerns are voiced to you by others, recognising the need for a blame free environment, the necessity to respond honestly in all circumstances, and the need to provide apology when this is appropriate	ACAT, CbD, mini-CEX, MSF	3
Continue to be aware of one's own limitations, and operate within them competently	ACAT, CbD, mini-CEX	1

Level Descriptor	
1	Discusses risks of treatments with patients and is able to help patients make decisions about their treatment Does not hurry patients into decisions Promotes patients safety to more junior colleagues Always ensures the safe use of equipment. Follows guidelines unless there is a clear reason for doing otherwise Acts promptly when a patient's condition deteriorates Recognises untoward or significant events and always reports these Leads discussion of causes of clinical incidents with staff and enables them to reflect on the causes Able to participate in a root cause analysis

2	Demonstrates ability to lead team discussion on risk assessment and risk management and to work with the team to make organisational changes that will reduce risk and improve safety
3	Able to assess the risks across the system of care and to work with colleagues from different department or sectors to ensure safety across the health care system Able to undertake a root cause analysis
4	Shows support for junior colleagues who are involved in untoward events Is fastidious about following safety protocols and encourages junior colleagues to do the same

Team working and patient safety

To develop the ability to work well in a variety of different teams – for example the ward team and the infection control team - and to contribute to discussion on the team's role in patient safety

To develop the leadership skills necessary to lead teams so that they are more effective and able to deliver better safer care

Knowledge	Assessment Methods	GMP Domains
Outline the components of effective collaboration	ACAT, CbD	1
Describe the roles and responsibilities of members of the healthcare team	ACAT, CbD	1
Outline factors adversely affecting a doctor's performance and methods to rectify these	CbD	1
Skills		
Practise with attention to the important steps of providing good continuity of care	ACAT, CbD, mini-CEX	1,3.4
Accurate attributable note-keeping	ACAT, CbD, mini-CEX	1, 3
Preparation of patient lists with clarification of problems and ongoing care plan	ACAT, CbD, mini-CEX, MSF	1
Detailed hand over between shifts and areas of care	ACAT, CbD, mini-CEX , MSF	1, 3
Demonstrate leadership and management in the following areas: Education and training Deteriorating performance of colleagues (e.g. stress, fatigue) High quality care Effective handover of care between shifts and teams	ACAT, CbD, mini-CEX	1, 2, 3
Lead and participate in interdisciplinary team meetings	ACAT, CbD, mini-CEX	3
Provide appropriate supervision to less experienced colleagues	ACAT, CbD, MSF	3
Behaviours		
Encourage an open environment to foster concerns and issues about the functioning and safety of team working	ACAT, CbD, MSF	3
Recognise and respect the request for a second opinion	ACAT, CbD, MSF	3
Recognise the importance of induction for new members of a team	ACAT, CbD, MSF	3
Recognise the importance of prompt and accurate information sharing with Primary Care team following hospital discharge	ACAT, CbD, mini-CEX , MSF	3
Level Descriptor		

1	Works well within the multidisciplinary team and recognises when assistance is required from the relevant team member Demonstrates awareness of own contribution to patient safety within a team and is able to outline the roles of other team members Keeps records up-to-date and legible and relevant to the safe progress of the patient Hands over care in a precise, timely and effective manner
2	Demonstrates ability to discuss problems within a team to senior colleagues. Provides an analysis and plan for change Demonstrates ability to work with the virtual team to develop the ability to work well in a variety of different teams – for example the ward team and the infection control team - and to contribute to discussion on the team's role in patient safety To develop the leadership skills necessary to lead teams so that they are more effective and able to deliver better safer care
3	Leads multidisciplinary team meetings but promotes contribution from all team members Recognises need for optimal team dynamics and promotes conflict resolution Demonstrates ability to convey to patients after a handover of care that although there is a different team, the care is continuous
4	Leads multi-disciplinary team meetings allowing all voices to be heard and considered. Fosters an atmosphere of collaboration Demonstrates ability to work with the virtual team Ensures that team functioning is maintained at all times Promotes rapid conflict resolution

Principles of quality and safety improvement

To recognise the desirability of monitoring performance, learning from mistakes and adopting no blame culture in order to ensure high standards of care and optimise patient safety

Knowledge	Assessment Methods	GMP Domains
Understand the elements of clinical governance	CbD, MSF	1
Recognise that governance safeguards high standards of care and facilitates the development of improved clinical services	CbD, MSF	1, 2
Define local and national significant event reporting systems relevant to specialty	ACAT, CbD, mini-CEX	1
Recognise importance of evidence-based practice in relation to clinical effectiveness	CbD	1
Outline local health and safety protocols (fire, manual handling etc)	CbD	1
Understand risk associated with the trainee's specialty work including biohazards and mechanisms to reduce risk	CbD	1
Outline the use of patient early warning systems to detect clinical deterioration where relevant to the trainees clinical specialty	ACAT, CbD, mini-CEX	1
Keep abreast of national patient safety initiatives including National Patient Safety Agency , NCEPOD reports, NICE guidelines etc	ACAT, CbD, mini-CEX	1
Skills		
Adopt strategies to reduce risk e.g. surgical pause	ACAT, CbD	1, 2
Contribute to quality improvement processes e.g. Audit of personal and departmental performance Errors / discrepancy meetings	AA, CbD	2

Critical incident reporting Unit morbidity and mortality meetings Local and national databases		
Maintain a folder of information and evidence, drawn from your medical practice	CbD	2
Reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation	AA	1, 2, 3, 4
Behaviours		
Show willingness to participate in safety improvement strategies such as critical incident reporting	CbD, MSF	3
Engage with an open no blame culture	CbD, MSF	3
Respond positively to outcomes of audit and quality improvement	CbD, MSF	1, 3
Co-operate with changes necessary to improve service quality and safety	CbD, MSF	1, 2

Level Descriptor	
1	Understands that clinical governance is the over-arching framework that unites a range of quality improvement activities. This safeguards high standards of care and facilitates the development of improved clinical services Maintains personal portfolio
2	Able to define key elements of clinical governance Engages in audit
3	Demonstrates personal and service performance Designs audit protocols and completes audit loop
4	Leads in review of patient safety issues Implements change to improve service Engages and guides others to embrace governance

Infection control

To develop the ability to manage and control infection in patients. Including controlling the risk of cross-infection, appropriately managing infection in individual patients, and working appropriately within the wider community to manage the risk posed by communicable diseases

Knowledge	Assessment Methods	GMP Domains
Understand the principles of infection control as defined by the GMC	ACAT, CbD, mini-CEX	1
Understand the principles of preventing infection in high risk groups (e.g. managing antibiotic use to prevent Clostridium difficile) including understanding the local antibiotic prescribing policy	ACAT, CbD, mini-CEX	1
Understand the role of Notification within the UK and identify the principle notifiable diseases for UK and international purposes	ACAT, CbD, mini-CEX	1
Understand the role of the Health Protection Agency and Consultants in Health Protection (previously Consultants in Communicable Disease Control – CCDC)	CbD, ACAT	1
Understand the role of the local authority in relation to infection control	ACAT, CbD, mini-CEX	1
Skills		

Recognise the potential for infection within patients being cared for	ACAT, CbD	1, 2
Counsel patients on matters of infection risk, transmission and control	ACAT, CbD, mini-CEX, PS	2, 3
Actively engage in local infection control procedures, e.g. hand hygiene	ACAT, CbD	1
Actively engage in local infection control monitoring and reporting processes	ACAT, CbD	1, 2
Prescribe antibiotics according to local antibiotic guidelines	ACAT, CbD, mini-CEX	1
Recognise potential for cross-infection in clinical settings	ACAT, CbD, mini-CEX	1, 2
Practice aseptic technique whenever relevant	DOPS	1
Behaviours		
Encourage all staff, patients and relatives to observe infection control principles	ACAT, CbD, MSF	1, 3
Level Descriptor		
1	Always follows local infection control protocols. Including washing hands before and after seeing all patients Is able to explain infection control protocols to students and to patients and their relatives. Always defers to the nursing team about matters of ward management Aware of infections of concern – including MRSA and C difficile Aware of the risks of nosocomial infections Understands the links between antibiotic prescription and the development of nosocomial infections Always discusses antibiotic use with a more senior colleague	
2	Demonstrate ability to perform simple clinical procedures utilising aseptic technique Manages simple common infections in patients using first-line treatments. Communicating effectively to the patient the need for treatment and any prevention messages to prevent re-infection or spread Liaise with diagnostic departments in relation to appropriate investigations and tests	
3	Demonstrate an ability to perform more complex clinical procedures whilst maintaining aseptic technique throughout Identify potential for infection amongst high risk patients obtaining appropriate investigations and considering the use of second line therapies Communicate effectively to patients and their relatives with regard to the infection, the need for treatment and any associated risks of therapy Work effectively with diagnostic departments in relation to identifying appropriate investigations and monitoring therapy Working in collaboration with external agencies in relation to reporting common notifiable diseases, and collaborating over any appropriate investigation or management	
4	Demonstrates an ability to perform most complex clinical procedures whilst maintaining full aseptic precautions, including those procedures which require multiple staff in order to perform the procedure satisfactorily Identify the possibility of unusual and uncommon infections and the potential for atypical presentation of more frequent infections. Managing these cases effectively with potential use of tertiary treatments being undertaken in collaboration with infection control specialists Work in collaboration with diagnostic departments to investigate and manage the most complex types of infection including those potentially requiring isolation facilities Work in collaboration with external agencies to manage the potential for infection control within	

	the wider community including communicating effectively with the general public and liaising with regional and national bodies where appropriate

Managing long term conditions and promoting patient self-care

Knowledge	Assessment Methods	GMP Domains
Recall the natural history of diseases that run a chronic course	ACAT, CbD, mini-CEX	1
Define the role of rehabilitation services and the multi-disciplinary team to facilitate long-term care	ACAT, CbD, mini-CEX	1
Outline the concept of quality of life and how this can be measured	CbD	1
Outline the concept of patient self-care	CbD, mini-CEX	1
Know, understand and be able to compare medical and social models of disability	CbD	1
Understand the relationship between local health, educational and social service provision including the voluntary sector	CbD	1
Understand the experience of adolescents and young adults with long term conditions and/or disablility diagnosed in childhood requiring transition into adult services and the potential implications on psychological, social and educational/vocational development (including awareness of the Disability Discrimination Act) and how developmental stage may impact on self management	CbD, mini-CEX	1
Skills		
Develop and agree a management plan with the patient (and carers), ensuring comprehension to maximise self-care within care pathways when relevant	ACAT, CbD, mini-CEX	1, 3
Develop and sustain supportive relationships with patients with whom care will be prolonged	CbD, mini-CEX	1, 4
Provide effective patient education, with support of the multi-disciplinary team	ACAT, CbD, mini-CEX	1, 3, 4
Promote and encourage involvement of patients in appropriate support networks, both to receive support and to give support to others	CbD, PS	1, 3
Encourage and support patients in accessing appropriate information	CbD, PS	1, 3
Provide the relevant and evidence based information in an appropriate medium to enable sufficient choice, when possible	CbD, PS	1, 3
Behaviours		
Show willingness to act as a patient advocate	ACAT, CbD, mini-CEX	3, 4
Recognise the impact of long term conditions on the patient, family and friends	ACAT, CbD, mini-CEX	1
Ensure equipment and devices relevant to the patient's care are discussed	ACAT, CbD, mini-CEX	1
Put patients in touch with the relevant agency including the voluntary sector from where they can procure the items as appropriate	ACAT, CbD, mini-CEX	1, 3
Provide the relevant tools and devices when possible	ACAT, CbD, mini-	1, 2

	CEX	
Show willingness to facilitate access to the appropriate training and skills in order to develop the patient's confidence and competence to self care	ACAT, CbD, mini-CEX, PS	1, 3,4
Show willingness to maintain a close working relationship with other members of the multi-disciplinary team, primary and community care	ACAT, CbD, mini-CEX, MSF	3
Recognise and respect the role of family, friends and carers in the management of the patient with a long term condition	ACAT, CbD, mini-CEX, PS	1,3

Level Descriptor	
1	Describes relevant long term conditions Understands the meaning of quality of life Is aware of the need for promotion of patient self care Helps the patient with an understanding of their condition and how they can promote self management
2	Demonstrates awareness of management of relevant long term conditions Is aware of the tools and devices that can be used in long term conditions Is aware of external agencies that can improve patient care Teaches the patient and within the team to promote excellent patient care
3	Develops management plans in partnership with the patient that are pertinent to the patients long term condition Can use relevant tools and devices in improving patient care Engages with relevant external agencies to promote patient care
4	Provides leadership within the multidisciplinary team that is responsible for management of patients with long term conditions Helps the patient networks develop and strengthen

Issues of communication both with patients and carers and within the healthcare team are often causes of complaint and inadequate communication can lead to poorer standards of patient care. Specific issues are highlighted within this section to promote better communication generally and within certain situations

Relationships with patients and communication within a consultation

Communicate effectively and sensitively with patients, relatives and carers		
Knowledge	**Assessment Methods**	**GMP Domains**
Structure an interview appropriately	ACAT, CbD, mini-CEX, PS	1
Understand the importance of the patient's background, culture, education and preconceptions (ideas, concerns, expectations) to the process	ACAT, CbD, mini-CEX, PS	1
Understand the importance of the developmental stage when communicating with adolescents and young adults	ACAT, CbD, mini-CEX, PS	1
Skills		
Establish a rapport with the patient and any relevant others (e.g. carers)	ACAT, CbD, mini-CEX, PS	1, 3
Listen actively and question sensitively to guide the patient and to	ACAT, mini-CEX, PS	1, 3

clarify information in particular with regard to matters that they may find it difficult to discuss, e.g. domestic violence or other abuse		
Identify and manage communication barriers (eg cognitive impairment, speech and hearing problems), tailoring language to the individual patient and using interpreters when indicated	ACAT, CbD, mini-CEX, PS	1, 3
Deliver information compassionately, being alert to and managing their and your emotional response (anxiety, antipathy etc)	ACAT, CbD, mini-CEX	1, 3,4
Use, and refer patients to, appropriate written and other information sources	ACAT, CbD, mini-CEX	1, 3
Check the patient's/carer's understanding, ensuring that all their concerns/questions have been covered	ACAT, CbD, mini-CEX	1, 3
Indicate when the interview is nearing its end and conclude with a summary	ACAT, CbD, mini-CEX	1, 3
Make accurate contemporaneous records of the discussion	ACAT, CbD, mini-CEX	1, 3
Manage follow-up effectively	ACAT, CbD, mini-CEX	1
Behaviours		
Approach the situation with courtesy, empathy, compassion and professionalism, especially by appropriate body language - act as an equal not a superior	ACAT, CbD, mini-CEX, MSF, PS	1, 3, 4
Ensure that the approach is inclusive and patient centred and respect the diversity of values in patients, carers and colleagues	ACAT, CbD, mini-CEX, MSF, PS	1, 3
Be willing to provide patients with a second opinion	ACAT, CbD, mini-CEX, MSF, PS	1, 3
Use different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved	ACAT, CbD, mini-CEX, MSF	1, 3
Be confident and positive in one's own values	ACAT, CbD, mini-CEX	1, 3

Level Descriptor	
1	Conducts simple interviews with due empathy and sensitivity and writes accurate records thereof
2	Conducts interviews on complex concepts satisfactorily, confirming that accurate two-way communication has occurred
3	Handles communication difficulties appropriately, involving others as necessary; establishes excellent rapport
4	Shows mastery of patient communication in all situations, anticipating and managing any difficulties which may occur

Breaking bad news

To recognise the fundamental importance of breaking bad news. To develop strategies for skilled delivery of bad news according to the needs of individual patients and their relatives / carers

Knowledge	Assessment Methods	GMP Domains
Recognise that the way in which bad news is delivered irretrievably affects the subsequent relationship with the patient	ACAT, CbD, mini-CEX, MSF, PS	1
Recognise that every patient may desire different levels of explanation and have different responses to bad news	ACAT, CbD, mini-CEX, PS	1, 4

Recognise that bad news is confidential but the patient may wish to be accompanied	ACAT, CbD, mini-CEX, PS	1
Recognise that breaking bad news can be extremely stressful for the doctor or professional involved	ACAT, CbD, mini-CEX	1, 3
Understand that the interview may be an educational opportunity	ACAT, CbD, mini-CEX	1
Recognise the importance of preparation when breaking bad news by: Setting aside sufficient uninterrupted time Choosing an appropriate private environment Having sufficient information regarding prognosis and treatment Structuring the interview Being honest, factual, realistic and empathic Being aware of relevant guidance documents	ACAT, CbD, mini-CEX	1, 3
Understand that “bad news” may be expected or unexpected	ACAT, CbD, mini-CEX	1
Recognise that sensitive communication of bad news is an essential part of professional practice	ACAT, CbD, mini-CEX	1
Understand that “bad news” has different connotations depending on the context, individual, social and cultural circumstances	ACAT, CbD, mini-CEX, PS	1
Recall that a post mortem examination may be required and understand what this involves	ACAT, CbD, mini-CEX, PS	1
Recall the local organ retrieval process	ACAT, CbD, mini-CEX	1
Skills		
Demonstrate to others good practice in breaking bad news	CbD, DOPS, MSF	1, 3
Involve patients and carers in decisions regarding their future management	CbD, DOPS, MSF	1, 3, 4
Encourage questioning and ensure comprehension	CbD, DOPS, MSF	1, 3
Respond to verbal and visual cues from patients and relatives	CbD, DOPS, MSF	1, 3
Act with empathy, honesty and sensitivity avoiding undue optimism or pessimism	CbD, DOPS, MSF	1, 3
Structure the interview e.g. Set the scene Establish understanding Discuss; diagnosis, implications, treatment, prognosis and subsequent care	CbD, DOPS, MSF	1, 3
Behaviours		
Take leadership in breaking bad news	CbD, DOPS, MSF	1
Respect the different ways people react to bad news	CbD, DOPS, MSF	1
Level Descriptor		
1	Recognises when bad news must be imparted Recognises the need to develop specific skills Requires guidance to deal with most cases	
2	Able to break bad news in planned settings	

	Prepares well for interview Prepares patient to receive bad news Responsive to patient reactions
3	Able to break bad news in unexpected and planned settings Clear structure to interview Establishes what patient wants to know and ensures understanding Able to conclude interview
4	Skilfully delivers bad news in any circumstance including adverse events Arranges follow up as appropriate Able to teach others how to break bad news

Complaints and medical error

Knowledge	Assessment Methods	GMP Domains
Basic consultation techniques and skills described for Foundation programme and to include: Define the local complaints procedure Recognise factors likely to lead to complaints (poor communication, dishonesty etc) Adopt behaviour likely to prevent complaints Dealing with dissatisfied patients or relatives Recognise when something has gone wrong and identify appropriate staff to communicate this with Act with honesty and sensitivity in a non-confrontational manner	CbD, DOPS, MSF	1
Outline the principles of an effective apology	CbD, DOPS, MSF	1
Identify sources of help and support when a complaint is made about yourself or a colleague	CbD, DOPS, MSF	1
Skills		
Contribute to processes whereby complaints are reviewed and learned from	CbD, DOPS, MSF	1
Explain comprehensibly to the patient the events leading up to a medical error	CbD, DOPS, MSF	1, 3
Deliver an appropriate apology	CbD, DOPS, MSF	1, 3, 4
Distinguish between system and individual errors	CbD, DOPS, MSF	1
Show an ability to learn from previous error	CbD, DOPS, MSF	1
Behaviours		
Take leadership over complaint issues	CbD, DOPS, MSF	1
Recognise the impact of complaints and medical error on staff, patients, and the National Health Service	CbD, DOPS, MSF	1, 3
Contribute to a fair and transparent culture around complaints and errors	CbD, DOPS, MSF	1
Recognise the rights of patients, family members and carers to make a complaint	CbD, DOPS, MSF	1, 4
Level Descriptor		
1	Defines the local complaints procedure	

	Recognises need for honesty in management of complaints Responds promptly to concerns that have been raised Understands the importance of an effective apology Learns from errors
2	Manages conflict without confrontation Recognises and responds to the difference between system failure and individual error
3	Recognises and manages the effects of any complaint within members of the team
4	Provides timely accurate written responses to complaints when required Provides leadership in the management of complaints

Communication with colleagues and cooperation

Recognise and accept the responsibilities and role of the doctor in relation to other healthcare professionals. Communicate succinctly and effectively with other professionals as appropriate		
Knowledge	**Assessment Methods**	**GMP Domains**
Understand the section in "Good Medical Practice" on Working with Colleagues, in particular:	CbD, MSF	1
The roles played by all members of a multi-disciplinary team	CbD, MSF	1
The features of good team dynamics	CbD, MSF	1
The principles of effective inter-professional collaboration to optimise patient, or population, care	CbD, MSF	1
Skills		
Communicate accurately, clearly, promptly and comprehensively with relevant colleagues by means appropriate to the urgency of a situation (telephone, email, letter etc), especially where responsibility for a patient's care is transferred	ACAT, CbD, mini-CEX	1, 3
Utilise the expertise of the whole multi-disciplinary team as appropriate, ensuring when delegating responsibility that appropriate supervision is maintained	ACAT, CbD, mini-CEX, MSF	1, 3
Participate in, and co-ordinate, an effective hospital at night team when relevant	ACAT, CbD, mini-CEX, MSF	1
Communicate effectively with administrative bodies and support organisations	CbD, mini-CEX, MSF	1, 3
Employ behavioural management skills with colleagues to prevent and resolve conflict	ACAT, CbD, mini-CEX, MSF	1, 3
Behaviours		
Be aware of the importance of, and take part in, multi-disciplinary work, including adoption of a leadership role when appropriate	ACAT, CbD, mini-CEX, MSF	3
Foster a supportive and respectful environment where there is open and transparent communication between all team members	ACAT, CbD, mini-CEX, MSF	1, 3
Ensure appropriate confidentiality is maintained during communication with any member of the team	ACAT, CbD, mini-CEX, MSF	1, 3
Recognise the need for a healthy work/life balance for the whole team, including yourself, but take any leave yourself only after giving appropriate notice to ensure that cover is in place	CbD, mini-CEX, MSF	1
Be prepared to accept additional duties in situations of unavoidable	CbD, MSF	1

and unpredictable absence of colleagues	
Level Descriptor	
1	Accepts his/her role in the healthcare team and communicates appropriately with all relevant members thereof
2	Fully recognises the role of, and communicates appropriately with, all relevant potential team members (individual and corporate)
3	Able to predict and manage conflict between members of the healthcare team
4	Able to take a leadership role as appropriate, fully respecting the skills, responsibilities and viewpoints of all team members

For all hospital based physicians there is a need to be aware of public health issues and health promotion. Competencies that promote this awareness are defined in the next section

Health promotion and public health

To progressively develop the ability to work with individuals and communities to reduce levels of ill health, remove inequalities in healthcare provision and improve the general health of a community.

Knowledge	Assessment Methods	GMP Domains
Understand the factors which influence the incidence of and prevalence of common conditions	CbD, mini-CEX	1
Understand the factors which influence health – psychological, biological, social, cultural and economic especially work and poverty	CbD, mini-CEX	1
Understand the influence of lifestyle on health and the factors that influence an individual to change their lifestyle	CbD, mini-CEX	1
Understand the purpose of screening programmes and know in outline the common programmes available within the UK	CbD, mini-CEX	1
Understand the relationship between the health of an individual and that of a community	CbD, mini-CEX	1
Know the key local concerns about health of communities such as smoking and obesity	CbD, mini-CEX	1
Understand the role of other agencies and factors including the impact of globalisation in protecting and promoting health	CbD, mini-CEX	1
Demonstrate knowledge of the determinants of health worldwide and strategies to influence policy relating to health issues including the impact of the developed world strategies on the third world	CbD, mini-CEX	1
Outline the major causes of global morbidity and mortality and effective, affordable interventions to reduce these	CbD, mini-CEX	1
Recall the effect of addictive behaviours, especially substance misuse and gambling, on health and poverty	CbD, mini-CEX	1
Recognise the links between health and work, including the positive benefits of work on well-being, and develop skills to enable patients with illness to remain at work or return to work whenever appropriate	CbD, mini-CEX	1
Skills		
Identify opportunities to prevent ill health and disease in patients	CbD, mini-CEX, PS	1, 2

Identify the interaction between mental, physical and social wellbeing in relation to health	CbD, mini-CEX	1
Counsel patients appropriately on the benefits and risks of screening	CbD, mini-CEX, PS	1, 3
Identify opportunities to promote changes in lifestyle and other actions which will positively improve health, e.g. to encourage smoking cessation and / or weight reduction.	CbD, mini-CEX	1,3
Work collaboratively with other agencies, e.g. occupational health services, to improve the health of individual patients and communities, and help patients to remain at or return to work whenever appropriate.	CbD, mini-CEX	1,3
Encourage patients to remain at or return to work whenever appropriate	CbD, mini-CEX	1,3
Work collaboratively with others to encourage patients to safely reduce their weight if obese and increase their physical activity / exercise	CbD, mini-CEX	1,3
Provide information to an individual about mechanisms to support them remaining at work or returning to work, and offering encouragement that they should do so whenever possible	CbD, mini-CEX	1,3
Engage with local or regional initiatives to support patients remaining at or returning to work	CbD, mini-CEX	1,3
Behaviours		
Engage in effective team-working around the improvement of health	CbD, MSF	1, 3
Encourage where appropriate screening to facilitate early intervention	CbD	1

Level Descriptor	
1	Discuss with patients and others factors which could influence their personal health Maintains own health is aware of own responsibility as a doctor for promoting healthy approach to life
2	Communicate to an individual, information about the factors which influence their personal health Support an individual in a simple health promotion activity (e.g. smoking cessation, weight reduction, increasing physical activity / exercise)
3	Communicate to an individual and their relatives, information about the factors which influence their personal health Support small groups in a simple health promotion activity (e.g. smoking cessation, weight reduction, increasing physical activity / exercise) Provide information to an individual about a screening programme and offer information about its risks and benefits
4	Discuss with small groups the factors that have an influence on their health and describe initiatives they can undertake to address these Provide information to an individual about a screening programme offering specific guidance in relation to their personal health and circumstances concerning the factors that would affect the risks and benefits of screening to them as an individual Engage with local or regional initiatives to improve individual health and reduce inequalities in health between communities

The legal and ethical framework associated with healthcare must be a vital part of the practitioner's competencies if safe practice is to be sustained. Within this the ethical aspects of research must be considered. The competencies associated with these areas of practice are defined in the following section.

Principles of medical ethics and confidentiality

To know, understand and apply appropriately the principles, guidance and laws regarding medical ethics and confidentiality

Knowledge	Assessment Methods	GMP Domains
Demonstrate knowledge of the principles of medical ethics	ACAT, CbD, mini-CEX	1
Outline and follow the guidance given by the GMC on confidentiality	ACAT, CbD, mini-CEX	1
Define the provisions of the Data Protection Act and Freedom of Information Act	ACAT, CbD, mini-CEX	1
Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research	ACAT, CbD, mini-CEX	1, 4
Outline situations where patient consent, while desirable, is not required for disclosure e.g. communicable diseases, public interest	ACAT, CbD, mini-CEX	1, 4
Outline the procedures for seeking a patient's consent for disclosure of identifiable information	ACAT, CbD, mini-CEX	1
Recall the obligations for confidentiality following a patient's death	ACAT, CbD, mini-CEX	1, 4
Recognise the problems posed by disclosure in the public interest, without patient's consent	ACAT, CbD, mini-CEX	1, 4
Recognise the factors influencing ethical decision making: religion, moral beliefs, cultural practices	PACES, ACAT, CbD, mini-CEX	1
Do not resuscitate: Define the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment	ACAT, CbD, mini-CEX	1
Outline the principles of the Mental Capacity Act	ACAT, CbD, mini-CEX	1
Demonstrate an understanding of adolescents' and young adults' right to confidentiality and the importance of safeguarding	ACAT, CbD, mini-CEX	1
Skills		
Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team	ACAT, CbD, mini-CEX, MSF	1, 2,3
Use and promote strategies to ensure confidentiality is maintained e.g. anonymisation	CbD	1
Counsel patients on the need for information distribution within members of the immediate healthcare team	ACAT, CbD, MSF	1, 3
Counsel patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment	ACAT, CbD, mini-CEX, PS	1, 3
Behaviours		
Encourage ethical reflection in others	ACAT, CbD, MSF	1
Show willingness to seek advice of peers, legal bodies, and the GMC in the event of ethical dilemmas over disclosure and confidentiality	ACAT, CbD, mini-CEX, MSF	1
Respect patient's requests for information not to be shared, unless	ACAT, CbD, mini-	1, 4

this puts the patient, or others, at risk of harm	CEX, PS	
Show willingness to share information about their care with patients, unless they have expressed a wish not to receive such information	ACAT, CbD, mini-CEX	1, 3
Show willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment	ACAT, CbD, mini-CEX, MSF	1, 3

Level Descriptor	
1	Use and share information with the highest regard for confidentiality adhering to the Data Protection Act and Freedom of Information Act in addition to guidance given by the GMC Familiarity with the principles of the Mental Capacity Act Participate in decisions about resuscitation status and withholding or withdrawing treatment
2	Counsel patients on the need for information distribution within members of the immediate healthcare team and seek patients' consent for disclosure of identifiable information
3	Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research
4	Able to assume a full role in making and implementing decisions about resuscitation status and withholding or withdrawing treatment

Valid consent

To obtain valid consent from the patient

Knowledge	Assessment Methods	GMP Domains
Outline the guidance given by the GMC on consent, in particular: Understand that consent is a process that may culminate in, but is not limited to, the completion of a consent form	CbD, DOPS, MSF	1
Understand the particular importance of considering the patient's level of understanding and mental state (and also that of the parents, relatives or carers when appropriate) and how this may impair their capacity for informed consent	CbD, DOPS, MSF	1
Skills		
Present all information to patients (and carers) in a format they understand, allowing time for reflection on the decision to give consent	ACAT, CbD, mini-CEX, PS	1, 3
Provide a balanced view of all care options	ACAT, CbD, mini-CEX, PS	1, 3, 4
Behaviours		
Respect a patient's rights of autonomy even in situations where their decision might put them at risk of harm	ACAT, CbD, mini-CEX, PS	1
Avoid exceeding the scope of authority given by a patient	ACAT, CbD, mini-CEX, PS	1
Avoid withholding information relevant to proposed care or treatment in a competent adult	ACAT, CbD, mini-CEX	1, 3, 4
Show willingness to seek advance directives	ACAT, CbD, mini-CEX	1, 3
Show willingness to obtain a second opinion, senior opinion, and legal advice in difficult situations of consent or capacity	ACAT, CbD, mini-CEX, MSF	1, 3

Inform a patient and seek alternative care where personal, moral or religious belief prevents a usual professional action	ACAT, CbD, mini-CEX, PS	1, 3, 4

Level Descriptor	
1	Obtains consent for straightforward treatments with appropriate regard for patient's autonomy
2	Able to explain complex treatments meaningfully in layman's terms and thereby to obtain appropriate consent
3	Obtains consent in "grey-area" situations where the best option for the patient is not clear
4	Obtains consent in all situations even when there are problems of communication and capacity

Legal framework for practice

To understand the legal framework within which healthcare is provided in the UK in order to ensure that personal clinical practice is always provided in line with this legal framework

Knowledge	Assessment Methods	GMP Domains
All decisions and actions must be in the best interests of the patient	ACAT, CbD, mini-CEX	1
Understand the legislative framework within which healthcare is provided in the UK – in particular death certification and the role of the Coroner/Procurator Fiscal; child protection legislation; mental health legislation (including powers to detain a patient and giving emergency treatment against a patient's will under common law); advanced directives and living Wills; withdrawing and withholding treatment; decisions regarding resuscitation of patients; surrogate decision making; organ donation and retention; communicable disease notification; medical risk and driving; Data Protection and Freedom of Information Acts; provision of continuing care and community nursing care by a local authorities	ACAT, CbD, mini-CEX	1, 2
Understand the differences between legislation in the four countries of the UK	CbD	1
Understand sources of medical legal information	ACAT, CbD, mini-CEX	1
Understand disciplinary processes in relation to medical malpractice	ACAT, CbD, mini-CEX, MSF	1
Understand the role of the medical practitioner in relation to personal health and substance misuse, including understanding the procedure to be followed when such abuse is suspected	ACAT, CbD, mini-CEX, MSF	1
Skills		
Ability to cooperate with other agencies with regard to legal requirements – including reporting to the Coroner's Officer or the proper officer of the local authority in relevant circumstances	ACAT, CbD, mini-CEX	1
Ability to prepare appropriate medical legal statements for submission to the Coroner's Court, Procurator Fiscal, Fatal Accident Inquiry and other legal proceedings	CbD, MSF	1
Be prepared to present such material in Court	CbD, mini-CEX	1
Incorporate legal principles into day to day practice	ACAT, CbD, mini-CEX	1
Practice and promote accurate documentation within clinical practice	ACAT, CbD, mini-CEX	1, 3

Behaviours		
Show willingness to seek advice from the Healthcare Trust, legal bodies (including defence unions), and the GMC on medico-legal matters	ACAT, CbD, mini-CEX, MSF	1
Promote reflection on legal issues by members of the team	ACAT, CbD, mini-CEX, MSF	1, 3

Level Descriptor	
1	Demonstrates knowledge of the legal framework associated with medical qualification and medical practice and the responsibilities of registration with the GMC. Demonstrates knowledge of the limits to professional capabilities - particularly those of pre-registration doctors.
2	Identify with Senior Team Members cases which should be reported to external bodies and where appropriate and initiate that report. Identify with Senior Members of the Clinical Team situations where you feel consideration of medical legal matters may be of benefit. Be aware of local Trust procedures around substance abuse and clinical malpractice.
3	Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases preparing brief statements and reports as required. Actively promote discussion on medical legal aspects of cases within the clinical environment. Participate in decision making with regard to resuscitation decisions and around decisions related to driving discussing the issues openly but sensitively with patients and relatives
4	Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases providing full medical legal statements as required and present material in Court where necessary Lead the clinical team in ensuring that medical legal factors are considered openly and consistently wherever appropriate in the care of a patient. Ensuring that patients and relatives are involved openly in all such decisions.

Ethical research

To ensure that research is undertaken using relevant ethical guidelines		
Knowledge	**Assessment Methods**	**GMP Domains**
Outline the GMC guidance on good practice in research	ACAT, CbD	1
Outline the differences between audit and research	Audit, Review, CbD, mini-CEX	1
Describe how clinical guidelines are produced	CbD	1
Demonstrate a knowledge of research principles	CbD, mini-CEX	1
Outline the principles of formulating a research question and designing a project	CbD, mini-CEX	1
Comprehend principal qualitative, quantitative, bio-statistical and epidemiological research methods	CbD	1
Outline sources of research funding	CbD	1
Skills		
Develop critical appraisal skills and apply these when reading literature	CbD	1
Demonstrate the ability to write a scientific paper	CbD	1

Apply for appropriate ethical research approval	CbD	1
Demonstrate the use of literature databases	CbD	1
Demonstrate good verbal and written presentations skills	CbD, DOPS	1
Understand the difference between population-based assessment and unit-based studies and be able to evaluate outcomes for epidemiological work	CbD	1
Behaviours		
Recognise the ethical responsibilities to conduct research with honesty and integrity, safeguarding the interests of the patient and obtaining ethical approval when appropriate	CbD, MSF	1
Follow guidelines on ethical conduct in research and consent for research	CbD	1
Show willingness to the promotion of involvement in research	CbD	1

Level Descriptor	
1	Defines ethical research and demonstrates awareness of GMC guidelines Differentiates audit and research Knows how to use databases
2	Demonstrates ability to write a scientific paper Demonstrates critical appraisal skills
3	Demonstrates ability to apply for appropriate ethical research approval Demonstrates knowledge of research funding sources Demonstrates good presentation and writing skills
4	Provides leadership in research Promotes research activity Formulates and develops research pathways

It is the responsibility of each practitioner to ensure that they are aware of relevant developments in clinical care and also ensure that their practice conforms to the highest standards of practice that may be possible. An awareness of the evidence base behind current practice and a need to audit one's own practice is vital for the physician training in general internal medicine

Evidence and guidelines

To progressively develop the ability to make the optimal use of current best evidence in making decisions about the care of patients

To progressively develop the ability to construct evidence based guidelines in relation to medical practise

Knowledge	Assessment Methods	GMP Domains
Understands of the application of statistics in scientific medical practice	CbD	1
Understand the advantages and disadvantages of different study methodologies (randomised control trials, case controlled cohort etc)	CbD	1
Understand the principles of critical appraisal	CbD	1
Understand levels of evidence and quality of evidence	CbD	1

Understand the role and limitations of evidence in the development of clinical guidelines	CbD	1
Understand the advantages and disadvantages of guidelines	CbD	1
Understand the processes that result in nationally applicable guidelines (e.g. NICE and SIGN)	CbD	1
Skills		
Ability to search the medical literature including use of PubMed, Medline, Cochrane reviews and the internet	CbD	1
Appraise retrieved evidence to address a clinical question	CbD	1
Apply conclusions from critical appraisal into clinical care	CbD	1
Identify the limitations of research	CbD	1
Contribute to the construction, review and updating of local (and national) guidelines of good practice using the principles of evidence based medicine	CbD	1
Behaviours		
Keep up to date with national reviews and guidelines of practice (e.g. NICE and SIGN)	CbD	1
Aim for best clinical practice (clinical effectiveness) at all times, responding to evidence based medicine	ACAT, CbD, mini-CEX	1
Recognise the occasional need to practise outside clinical guidelines	ACAT, CbD, mini-CEX	1
Encourage discussion amongst colleagues on evidence-based practice	ACAT, CbD, mini-CEX, MSF	1

Level Descriptor	
1	Participate in departmental or other local journal club Critically review an article to identify the level of evidence
2	Lead in a departmental or other local journal club Undertake a literature review in relation to a clinical problem or topic
3	Produce a review article on a clinical topic, having reviewed and appraised the relevant literature
4	Perform a systematic review of the medical literature Contribute to the development of local or national clinical guidelines

Audit

To progressively develop the ability to perform an audit of clinical practice and to apply the findings appropriately

Knowledge	Assessment Methods	GMP Domains
Understand the different methods of obtaining data for audit including patient feedback questionnaires, hospital sources and national reference data	AA, CbD	1
Understand the role of audit (developing patient care, risk management etc)	AA, CbD	1
Understand the steps involved in completing the audit cycle	AA, CbD	1
Understands the working and uses of national and local databases used for audit such as specialty data collection systems, cancer	AA, CbD	1

registries etc. The working and uses of local and national systems available for reporting and learning from clinical incidents and near misses in the UK		
Skills		
Design, implement and complete audit cycles	AA, CbD	1, 2
Contribute to local and national audit projects as appropriate (e.g. NCEPOD, SASM)	AA, CbD	1, 2
Support audit by junior medical trainees and within the multi-disciplinary team	AA, CbD	1, 2
Behaviours		
Recognise the need for audit in clinical practice to promote standard setting and quality assurance	AA, CbD	1, 2

Level Descriptor	
1	Attendance at departmental audit meetings Contribute data to a local or national audit
2	Identify a problem and develop standards for a local audit
3	Compare the results of an audit with criteria or standards to reach conclusions Use the findings of an audit to develop and implement change Organise or lead a departmental audit meeting
4	Lead a complete clinical audit cycle including development of conclusions, implementation of findings and re-audit to assess the effectiveness of the changes Become audit lead for an institution or organisation

A good physician will ensure that the knowledge possessed is communicated effectively. In the formal setting of teaching and training specific competencies will have to be acquired to ensure that the practitioner recognises the best practise and techniques

Teaching and training

To progressively develop the ability to teach to a variety of different audiences in a variety of different ways

To progressively be able to assess the quality of the teaching

To progressively be able to train a variety of different trainees in a variety of different ways

To progressively be able to plan and deliver a training programme with appropriate assessments

Knowledge	**Assessment Methods**	**GMP Domains**
Outline adult learning principles relevant to medical education:	CbD, TO	1
Identification of learning methods and effective learning environments	CbD, TO	1
Construction of educational objectives	CbD, TO	1
Use of effective questioning techniques	CbD, TO	1
Varying teaching format and stimulus	CbD, TO	1
Demonstrate knowledge of relevant literature relevant to developments in medical education	CbD, TO	1
Outline the structure of the effective appraisal interview	CbD, TO	1

Define the roles to the various bodies involved in medical education	CbD, TO	1
Differentiate between appraisal and assessment and aware of the need for both	CbD, TO	1
Outline the workplace-based assessments in use and the appropriateness of each	CbD, TO	1
Demonstrate the definition of learning objectives and outcomes	CbD, TO	1
Outline the appropriate local course of action to assist the failing trainee	CbD, TO	1
Skills		
Vary teaching format and stimulus, appropriate to situation and subject	CbD, TO	1
Provide effective feedback after teaching, and promote learner reflection	CbD, MSF, TO	1
Conduct effective appraisal	CbD, MSF, TO	1
Demonstrate effective lecture, presentation, small group and bed side teaching sessions	CbD, MSF, TO	1, 3
Provide appropriate career advice, or refer trainee to an alternative effective source of career information	CbD, MSF, TO	1, 3
Participate in strategies aimed at improving patient education e.g. talking at support group meetings	CbD, MSF, TO	1
Be able to lead departmental teaching programmes including journal clubs	CbD, TO	1
Recognise the failing trainee	CbD, TO	1
Behaviours		
In discharging educational duties acts to maintain the dignity and safety of patients at all times	CbD, MSF, TO	1, 4
Recognise the importance of the role of the physician as an educator within the multi-professional healthcare team and uses medical education to enhance the care of patients	CbD, MSF, TO	1
Balances the needs of service delivery with the educational imperative	CbD, MSF, TO	1
Demonstrate willingness to teach trainees and other health and social workers in a variety of settings to maximise effective communication and practical skills	CbD, MSF, TO	1
Encourage discussions in the clinical settings to colleagues to share knowledge and understanding	CbD, MSF, TO	1, 3
Maintain honesty and objectivity during appraisal and assessment	CbD, MSF, TO	1
Show willingness to participate in workplace-based assessments	CbD, MSF, TO	1
Show willingness to take up formal tuition in medical education and respond to feedback obtained after teaching sessions	CbD, MSF, TO	1, 3
Demonstrates a willingness to become involved in the wider medical education activities and fosters an enthusiasm for medical education activity in others	CbD, MSF, TO	1
Recognise the importance of personal development as a role model to guide trainees in aspects of good professional behaviour	CbD, MSF, TO	1
Demonstrates consideration for learners including their emotional,	CbD, MSF, TO	1

physical and psychological well being with their development needs	
Level Descriptor	
1	Develops basic PowerPoint presentation to support educational activity Delivers small group teaching to medical students, nurses or colleagues Able to seek and interpret simple feedback following teaching
2	Able to supervise a medical student, nurse or colleague through a procedure Able to perform a workplace based assessment including being able to give effective feedback
3	Able to devise a variety of different assessments (e.g. multiple choice questions, work place based assessments) Able to appraise a medical student, nurse or colleague Able to act as a mentor to a medical student, nurses or colleague
4	Able to plan, develop and deliver educational activities with clear objectives and outcomes Able to plan, develop and deliver an assessment programme to support educational activities

The individual practitioner has to have appropriate attitudes and behaviours that help deal with complex situations and to work effectively providing leadership and working as part of the healthcare team

Personal behaviour

To develop the behaviours that will enable the doctor to become a senior leader able to deal with complex situations and difficult behaviours and attitudes

To work increasingly effectively with many teams and to be known to put the quality and safety of patient care as a prime objective

To develop the attributes of someone who is trusted to be able to manage complex human, legal and ethical problem

To become someone who is trusted and is known to act fairly in all situations

Knowledge	Assessment Methods	GMP Domains
Recall and build upon the competencies defined in the Foundation Programme:	ACAT, CbD, mini-CEX, MSF, PS	1, 2, 3, 4
Deal with inappropriate patient and family behaviour		
Respect the rights of children, elderly, people with physical, mental, learning or communication difficulties		
Adopt an approach to eliminate discrimination against patients from diverse backgrounds including age, gender, race, culture, disability, spirituality and sexuality		
Place needs of patients above own convenience		
Behave with honesty and probity		
Act with honesty and sensitivity in a non-confrontational manner		
The main methods of ethical reasoning: casuistry, ontology and consequentialist		
The overall approach of value based practice and how this relates to ethics, law and decision-making		
Define the concept of modern medical professionalism	CbD	1
Outline the relevance of professional bodies (Royal Colleges, JRCPTB, GMC, Postgraduate Dean, BMA, specialist societies, medical defence organisations)	CbD	1
Skills		

Practise with: integrity compassion altruism continuous improvement excellence respect of cultural and ethnic diversity regard to the principles of equity	ACAT, CbD, mini-CEX, MSF, PS	1, 2, 3, 4
Work in partnership with members of the wider healthcare team	ACAT, CbD, mini-CEX, MSF	3
Liaise with colleagues to plan and implement work rotas	ACAT, MSF	3
Promote awareness of the doctor's role in utilising healthcare resources optimally	ACAT, CbD, mini-CEX, MSF	1, 3
Recognise and respond appropriately to unprofessional behaviour in other	PACES, ACAT, CbD	1
Be able to provide specialist support to hospital and community based services	ACAT, CbD, MSF	1
Be able to handle enquiries from the press and other media effectively	CbD, DOPS	1, 3
Behaviours		
Recognise personal beliefs and biases and understand their impact on the delivery of health services	ACAT, CbD, mini-CEX, MSF	1
Recognise the need to use all healthcare resources prudently and appropriately	ACAT, CbD, mini-CEX	1, 2
Recognise the need to improve clinical leadership and management skill	ACAT, CbD, mini-CEX	1
Recognise situations when it is appropriate to involve professional and regulatory bodies	ACAT, CbD, mini-CEX	1
Show willingness to act as a mentor, educator and role model	ACAT, CbD, mini-CEX, MSF	1
Be willing to accept mentoring as a positive contribution to promote personal professional development	ACAT, CbD, mini-CEX	1
Participate in professional regulation and professional development	CbD, mini-CEX, MSF	1
Takes part in 360 degree feedback as part of appraisal	CbD, MSF	1, 2, 4
Recognise the right for equity of access to healthcare	ACAT, CbD, mini-CEX,	1
Recognise need for reliability and accessibility throughout the healthcare team	ACAT, CbD, mini-CEX, MSF	1

Level Descriptor	
1	Works work well within the context of multi-professional teams. Listens well to others and takes other view points into consideration. Supports patients and relatives at times of difficulty e.g. after receiving difficult news. Is polite and calm when called or asked to help
2	Responds to criticism positively and seeks to understand its origins and works to improve. Praises staff when they have done well and where there are failings in delivery of care provides constructive feedback.

	To wherever possible involve patients in decision making
3	Recognises when other staff are under stress and not performing as expected and provides appropriate support for them. Takes action necessary to ensure that patient safety is not compromised
4	Helps patients who show anger or aggression with staff or with their care or situation and works with them to find an approach to manage their problem
5	Is able to engender trust so that staff feel confident about sharing difficult problems and feel able to pointing out deficiencies in care at an early stage

Working within the health service there is a need to understand and work within the organisational structures that are set. A significant knowledge of leadership principles and practice as defined in the Medical Leadership Competence Framework is an important part of this competence

Management and NHS structure

To understand the structure of the NHS and the management of local healthcare systems in order to be able to participate fully in managing healthcare provision

Knowledge	Assessment Methods	GMP Domains
Understand the guidance given on management and doctors by the GMC	CbD	1
Understand the local structure of NHS systems in your locality recognising the potential differences between the four countries of the UK	ACAT, CbD	1
Understand the structure and function of healthcare systems as they apply to your specialty	ACAT, CbD	1
Understand the consistent debates and changes that occur in the NHS including the political, social, technical, economic, organisational and professional aspects that can impact on provision of service	CbD	1
Understand the importance of local demographic, socio-economic and health data and the use to improve system performance	CbD	1
Understand the principles of: Clinical coding European Working Time Regulations National Service Frameworks Health regulatory agencies (e.g., NICE, Scottish Government) NHS Structure and relationships NHS finance and budgeting Consultant contract and the contracting process Resource allocation The role of the Independent sector as providers of healthcare	ACAT, CbD, mini-CEX	1
Understand the principles of recruitment and appointment procedures	CbD	1
Skills		
Participate in managerial meetings	ACAT, CbD	1
Take an active role in promoting the best use of healthcare	ACAT, CbD, mini-	1

resources	CEX	
Work with stakeholders to create and sustain a patient-centred service	ACAT, CbD, mini-CEX	1
Employ new technologies appropriately, including information technology	ACAT, CbD, mini-CEX	1
Conduct an assessment of the community needs for specific health improvement measures	CbD, mini-CEX	1
Behaviours		
Recognise the importance of just allocation of healthcare resources	CbD	1, 2
Recognise the role of doctors as active participants in healthcare systems	ACAT, CbD, mini-CEX	1, 2
Respond appropriately to health service targets and take part in the development of services	ACAT, CbD, mini-CEX	1, 2
Recognise the role of patients and carers as active participants in healthcare systems and service planning	ACAT, CbD, mini-CEX, PS	1, 2, 3
Show willingness to improve managerial skills (e.g. management courses) and engage in management of the service	CbD, MSF	1

Level Descriptor	
1	Describes in outline the roles of primary care, including general practice, public health, community, mental health, secondary and tertiary care services within healthcare. Describes the roles of members of the clinical team and the relationships between those roles. Participates fully in clinical coding arrangements and other relevant local activities.
2	Can describe in outline the roles of primary care, community and secondary care services within healthcare. Can describe the roles of members of the clinical team and the relationships between those roles. Participates fully in clinical coding arrangements and other relevant local activities.
3	Can describe the relationship between PCTs/Health Boards, General Practice and Trusts including relationships with local authorities and social services. Participate in team and clinical directorate meetings including discussions around service development. Discuss the most recent guidance from the relevant health regulatory agencies in relation to the specialty.
4	Describe the local structure for health services and how they relate to regional or devolved administration structures. Be able to discuss funding allocation processes from central government in outline and how that might impact on the local health organisation. Participate fully in clinical directorate meetings and other appropriate local management structures in planning and delivering healthcare within the specialty. Participate as appropriate in staff recruitment processes in order to deliver an effective clinical team. Within the Directorate collaborate with other stake holders to ensure that their needs and views are considered in managing services.

Symptom Based Competencies - GIM

Emergency Presentations - GIM

Cardio-Respiratory Arrest *GIM*

The trainee will have full competence in the assessment and resuscitation of the patient who has suffered a cardio-respiratory arrest, as defined by the UK Resuscitation Council

Knowledge	Assessment Methods	GMP Domains
Demonstrate knowledge of when advanced life support should be discontinued, in consultation with colleagues assisting with case	AA, ACAT, CbD, mini-CEX	1
Skills		
Competently lead a cardiac arrest team	AA, ACAT, CbD, mini-CEX	1
Delegate tasks to colleagues equipped with appropriate Competencies	AA, ACAT, CbD, mini-CEX	3
Debrief team after arrest	AA, ACAT, CbD, mini-CEX	3
Behaviours		
Demonstrate willingness to undergo UK Resuscitation Council ALS course re-certification every three years (MANDATORY REQUIREMENT)	AA, ACAT, CbD, mini-CEX	1

Shocked Patient *GIM*

The trainee will be able to identify a shocked patient, assess their clinical state, produce a list of appropriate differential diagnoses and initiate immediate management

Knowledge	Assessment Methods	GMP Domains
Recognise rarer forms of shock (e.g. spinal, Addisonian crisis)	AA, ACAT, CbD, mini-CEX	1
Outline the indications for, and limitations of, central venous access and pressure monitoring	AA, ACAT, CbD, mini-CEX	1
Skills		
Leads major (non-traumatic) resuscitation	AA, ACAT, CbD, mini-CEX	2
Identify incipient organ failure	AA, ACAT, CbD, mini-CEX	1
Order, interpret and act on more specialist tests appropriately based on initial investigations	AA, ACAT, CbD, mini-CEX	1
Insert central line safely when indicated	AA, ACAT, CbD, mini-CEX	1
Implement protocols and care bundles appropriately e.g. septic bundles	AA, ACAT, CbD, mini-CEX	1
Behaviours		

Adopt leadership role	AA, ACAT, CbD, mini-CEX	2/3
Arrange transfer of patient to specialist team (cardiac, ICU) when appropriate	AA, ACAT, CbD, mini-CEX	2
Discuss prognosis with patient/carer	AA, ACAT, CbD, mini-CEX	3

Unconscious Patient *GIM*

The trainee will be able to promptly assess the unconscious patient to produce a differential diagnosis, establish safe monitoring, investigate appropriately and formulate an initial management plan, including recognising situations in which emergency specialist investigation or referral is required

Knowledge	Assessment Methods	GMP Domains
Identify rarer causes of coma and relevant investigations, NB previous ones defined in CMT	AA, ACAT, CbD, mini-CEX	1
Outline more complex management options	AA, ACAT, CbD, mini-CEX	1
Skills		
Order, interpret and act on more specialist tests based on initial investigations	AA, ACAT, CbD, mini-CEX	1
Manage transfer of patient to appropriate arena of care	AA, ACAT, CbD, mini-CEX	2
Behaviours		
Assume leadership role	AA, ACAT, CbD, mini-CEX	2,3
Involve carer/next-of-kin in decision- making process where appropriate	AA, ACAT, CbD, mini-CEX	4
Make difficult ethical choices (DNR) appropriately and sensitively	AA, ACAT, CbD, mini-CEX	2,3

Anaphylaxis *GIM*

The trainee will be able to identify patients with anaphylactic shock, assess their clinical state, produce a list of appropriate differential diagnoses, initiate immediate resuscitation and management and organise further investigations

Knowledge	Assessment Methods	GMP Domains
Be aware of the full range of allergies and other provoking stimuli causing anaphylactic shock	AA, ACAT, CbD, mini-CEX	1
Elucidate the management of individual patients at risk of anaphylactic shock from any cause	AA, ACAT, CbD, mini-CEX	1
Skills		
As ALS team leader, lead major resuscitation	AA, ACAT, CbD, mini-CEX	2, 3
Identify and manage all clinical manifestations and associations of anaphylactic shock (laryngoedema, urticaria / angioedema, hypotension and cardiac arrest)	AA, ACAT, CbD, mini-CEX	1

Institute more specialised tests based on suspected aetiology	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Adopt leadership role	AA, ACAT, CbD, mini-CEX	2, 3
Arrange transfer of patient to a specialist team when appropriate	AA, ACAT, CbD, mini-CEX	1
Discuss prognosis with patient/carer	AA, ACAT, CbD, mini-CEX	3, 4
Ensure appropriate further investigation and management	AA, ACAT, CbD, mini-CEX	1

'The Top Presentations' – Common Medical Presentations

Abdominal Pain *GIM*

The trainee will be able to assess a patient presenting with abdominal pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan		
Knowledge	**Assessment Methods**	**GMP Domains**
Identify differences in presentation between functional symptoms and organic disease	AA, ACAT, CbD, mini-CEX	1
Skills		
Communicate with patients with functional symptoms in a comprehensible and sensitive manner	AA, ACAT, CbD, mini-CEX	3
Behaviours		
Recognise the prominence of the potential for non-organic illness in abdominal pain	AA, ACAT, CbD, mini-CEX	1
Recognise role of specialist pain clinics and mental health services in chronic pain	AA, ACAT, CbD, mini-CEX	1

Acute Back Pain *GIM*

The trainee will be able to assess a patient with a new presentation of back pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan		
Knowledge	**Assessment Methods**	**GMP Domains**
Recall the pathophysiology of acute back pain	AA, ACAT, CbD, mini-CEX	1
Skills		
Order, interpret and act on urgent MRI of spine, including urgent treatment when indicated	AA, ACAT, CbD, mini-CEX	1
Investigate and refer appropriately when abdominal pathology is suspected	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Involve orthopaedics / rheumatologists / physiotherapists when indicated	AA, ACAT, CbD, mini-CEX	1

Acute kidney injury and chronic kidney disease *GIM*

The trainee will be able to assess a patient presenting with impaired renal function, distinguishing acute kidney injury from chronic kidney disease, and producing a valid differential diagnosis, plan for investigation, and formulating and implementing an appropriate management plan.		
Knowledge	**Assessment Methods**	**GMP Domains**
Describe the less common conditions that cause chronic kidney disease and acute kidney injury	AA, ACAT, CbD, mini-CEX	1

Outline the clinical approach required to diagnose less common causes of acute kidney injury and chronic kidney disease	AA, ACAT, CbD, mini-CEX	1
Describe the principles of maintaining fluid balance in the complex patient	AA, ACAT, CbD, mini-CEX	1
Skills		
Formulate a plan for investigation and management of a patient with chronic kidney disease and/or acute kidney injury	AA, ACAT, CbD, mini-CEX	1
Recognise the presence of urinary obstruction or renal inflammation as causes of acute kidney injury	AA, ACAT, CbD, mini-CEX	1
Assess fluid balance and prescribe fluids appropriately in the complex patient	AA, ACAT, CbD, mini-CEX	1
Prescribe drugs appropriately in the patient with renal failure	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Ensure appropriate and timely specialist renal input	AA, ACAT, CbD, mini-CEX	3

Blackout / Collapse *GIM*

The trainee will be able to assess a patient presenting with a collapse to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also 'Syncope' and 'Falls')

Knowledge	Assessment Methods	GMP Domains
Define the recommendations concerning fitness to drive	AA, ACAT, CbD, mini-CEX	1
Define indications for detailed investigations: tilt table testing, ambulatory ECG monitoring, neuroimaging	AA, ACAT, CbD, mini-CEX	1
Skills		
correct causes of orthostatic hypotension when possible	AA, ACAT, CbD, mini-CEX	1
Develop a management plan for acute period of care	AA, ACAT, CbD, mini-CEX	2, 3
Act on results of tilt table testing	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Recognise problems specific to the elderly and address social needs	AA, ACAT, CbD, mini-CEX	2, 3
Involve other specialists as appropriate: cardiology, neurology, care of the elderly	AA, ACAT, CbD, mini-CEX	2

Breathlessness *GIM*

The trainee will be able to assess a patient presenting with breathlessness to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

	Assessment	GMP

Knowledge	Methods	Domains
Specify rarer causes of breathlessness	AA, ACAT, CbD, mini-CEX	1
Outline indications for bronchoscopy, chest ultrasound, cardiac investigations and pulmonary function tests	AA, ACAT, CbD, mini-CEX	1
Skills		
Formulate a management plan for acute period of care, including in the event of normal or inconclusive investigations	AA, ACAT, CbD, mini-CEX	1
Interpret and act on results of echocardiography	AA, ACAT, CbD, mini-CEX	1
Prescribe non-invasive ventilation safely when appropriate	AA, ACAT, CbD, mini-CEX	1
Initiate appropriate palliative management of the breathless patient when appropriate	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Recognise and relate immediate prognosis to patient and carers	AA, ACAT, CbD, mini-CEX	2
Recognise patients who would benefit from pulmonary rehabilitation	AA, ACAT, CbD, mini-CEX	2
Involve other specialty teams promptly as appropriate, eg Intensive Care, Cardiology, Respiratory, Palliative Care	AA, ACAT, CbD, mini-CEX	2
Engage patients regarding risk factor modification, eg smoking, diet	AA, ACAT, CbD, mini-CEX	3, 4

Chest Pain *GIM*

The trainee will be able to assess a patient with chest pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Outline the indications for further investigation in chest pain syndromes:, radio nucleotide scanning, angiography, stress echo	AA, ACAT, CbD, mini-CEX	1
Outline complications of acute coronary syndromes	AA, ACAT, CbD, mini-CEX	1
Outline indications for thrombolysis for severe PE	AA, ACAT, CbD, mini-CEX	
Skills		
Practise risk stratification and safe discharge planning including a management plan post-discharge	AA, ACAT, CbD, mini-CEX	2, 3
Arrange appropriate out-patient investigation and follow-up	AA, ACAT, CbD, mini-CEX	2, 3
Identify complicated acute coronary syndrome cases and discuss with cardiologist	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Involve specialist colleagues as indicated: cardiology, chest medicine	AA, ACAT, CbD, mini-CEX	2, 3

Recommend assessment in specialist chest pain clinics when appropriate	AA, ACAT, CbD, mini-CEX	2, 3

Confusion, Acute / Delirium *GIM*

The trainee will be able to assess an acutely confused / delirious patient to formulate a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Skills	Assessment Methods	GMP Domains
Employ non-pharmacological methods of calming patient e.g. quieter environment	AA, ACAT, CbD, mini-CEX	2, 4
Practise safe and minimal sedation when necessary	AA, ACAT, CbD, mini-CEX	1
Recognise pathology on CT head / MRI Brain and act on results	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Involve other specialist teams when appropriate	AA, ACAT, CbD, mini-CEX	2
Recognise the role of specialised health workers and wards for the management of the acutely confused elderly	AA, ACAT, CbD, mini-CEX	2

Cough *GIM*

The trainee will be able to assess a patient presenting with cough to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Explain the indications for specialist investigations: Bronchoscopy and CT scan	AA, ACAT, CbD, mini-CEX	1
Recall less common causes of cough and their relevant treatment	AA, ACAT, CbD, mini-CEX	1
Recall causes of chronic cough in the presence of a normal chest xray	AA, ACAT, CbD, mini-CEX	1
Skills		
Formulate an accurate diagnosis and implement appropriate management plan for initial period of care	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Recognise the need for specialist chest medicine opinion	AA, ACAT, CbD, mini-CEX	2

Diarrhoea *GIM*

The trainee will be able to assess a patient presenting with diarrhoea to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall functional disorders of the bowel	AA, ACAT, CbD, mini-CEX	1

List the principle and serious infectious causes of diarrhoea and Public Health implications	AA, ACAT, CbD, mini-CEX	1
Recall less common and unpredictable pharmacological causes of diarrhoea	AA, ACAT, CbD, mini-CEX	1
Skills		
Interpret relevant features of pathology on a plain abdominal x-ray e.g. colonic mucosal islands	AA, ACAT, CbD, mini-CEX	1
Prescribe appropriate specific symptomatic treatments safely	AA, ACAT, CbD, mini-CEX	1
Notify Public Health authorities when appropriate	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Recognise the indication for further specialist opinion and endoscopy	AA, ACAT, CbD, mini-CEX	2, 3
Recognise the role of specialist staff in management: lower GI nurse, IBD nurse	AA, ACAT, CbD, mini-CEX	2, 3
Discuss with patient likely outcomes and prognosis of condition and requirement for long term review	AA, ACAT, CbD, mini-CEX	3, 4

Falls *GIM*

The trainee will be able to assess a patient presenting with a fall and produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also 'Syncope' and 'Blackout/Collapse')

Knowledge	Assessment Methods	GMP Domains
Define when a single fall needs a falls risk assessment approach	AA, ACAT, CbD, mini-CEX	1
Explain the interventions to prevent falls in the community and acute hospital setting	AA, ACAT, CbD, mini-CEX	1
Act upon the pharmacological causes of falls	AA, ACAT, CbD, mini-CEX	1
Skills		
Initiate appropriate bone prophylaxis	AA, ACAT, CbD, mini-CEX	1
Communicate with patients on falls risk and prevention	AA, ACAT, CbD, mini-CEX	3
Demonstrate a health promotion approach	AA, ACAT, CbD, mini-CEX	3, 4
Demonstrate ability to decide on how far to investigate an individual	AA, ACAT, CbD, mini-CEX	2, 3
Behaviours		
Recognise associated psychological problems associated with	AA, ACAT, CbD,	3, 4

patients who fall	mini-CEX	
Involve other specialists as necessary	AA, ACAT, CbD, mini-CEX	2, 3
Contribute to the multidisciplinary team discussion and management appropriately, including community services	AA, ACAT, CbD, mini-CEX	3, 4
Formulate realistic rehabilitation goals	AA, ACAT, CbD, mini-CEX	3, 4

Fever *GIM*

The trainee will be able to assess a patient presenting with fever to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall the investigations in the event of a PUO which are relevant when initial investigations fail to identify cause of fever	AA, ACAT, CbD, mini-CEX	1
Recall the main causes of immunodeficiency (infective, pharmacological and acquired and inherited)	AA, ACAT, CbD, mini-CEX	1
Outline the principles of prophylactic antibiotics	AA, ACAT, CbD, mini-CEX	1
Skills		
Establish the likelihood of a non-infective cause for fever and investigate appropriately	AA, ACAT, CbD, mini-CEX	1
Management of neutropenic sepsis	AA, ACAT, CbD, mini-CEX	1
Conduct investigations and apply initial management in cases of tropical disease	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Seek specialist advice when appropriate particularly when there is risk of transmission of highly infectious and life threatening disease	AA, ACAT, CbD, mini-CEX	2, 3
In event of PUO involve appropriate specialist	AA, ACAT, CbD, mini-CEX	2, 3
Follow local and national guidance on notification of communicable diseases	AA, ACAT, CbD, mini-CEX	2

Fits / Seizure *GIM*

The trainee will be able to assess a patient presenting with a fit, stabilise promptly, investigate appropriately, formulate and implement a management plan.

Knowledge	Assessment Methods	GMP Domains
Outline the principles and indications for EEG and other imaging when initial investigations are inconclusive	AA, ACAT, CbD, mini-CEX	1
Implement appropriate epilepsy management	AA, ACAT, CbD, mini-CEX	1
Skills		
Order, interpret and act on results of CT head/MRI brain following	AA, ACAT, CbD,	1

liaison with radiology	mini-CEX	
Recognise patient requiring airway management and Critical Care involvement and organise this	AA, ACAT, CbD, mini-CEX	1
Practise safe prescribing of anti-convulsants	AA, ACAT, CbD, mini-CEX	1, 2
Discuss the need for anti-convulsant medication and the best choice with patient	AA, ACAT, CbD, mini-CEX	3
Recognise and manage pseudo-seizures	AA, ACAT, CbD, mini-CEX	2
Behaviours		
Advise patient on driving, pregnancy, employment, alcohol use	AA, ACAT, CbD, mini-CEX	1

Haematemesis & Melaena *GIM*

The trainee will be able to assess a patient with an upper GI haemorrhage to determine significance; resuscitate appropriately; and liaise with endoscopist effectively

Knowledge	Assessment Methods	GMP Domains
Recall the indications for insertion of a Sengstaken-Blakemore tube	AA, ACAT, CbD, mini-CEX	1
Outline the indications for, and limitations of, central venous access and pressure monitoring	AA, ACAT, CbD, mini-CEX	1
Recall the less common drugs implicated as causes of GI bleeding	AA, ACAT, CbD, mini-CEX	1
Skills		
Safely insert central line when indicated	AA, ACAT, CbD, mini-CEX	1, 2
Maintain adequate fluid balance with appropriate fluid replacement	AA, ACAT, CbD, mini-CEX	1
Recognise the need for specialist liver unit referral in uncontrollable variceal bleeding	AA, ACAT, CbD, mini-CEX	1
Act on results and implement a management plan following an endoscopy, including continuing bleeding/rebleed	AA, ACAT, CbD, mini-CEX	2
Formulate a management plan for high risk patients or patients with significant comorbidity with GI bleeds	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Recognise importance of gastroenterological and / or surgical input in management and follow up	AA, ACAT, CbD, mini-CEX	1
Recognise importance of prevention of upper GI bleeding in high risk groups: elderly, critically ill, corticosteroid therapy	AA, ACAT, CbD, mini-CEX	1

Headache *GIM*

The trainee will be able to assess a patient presenting with headache to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains

Recall the importance of the functional component to chronic headache	AA, ACAT, CbD, mini-CEX	1
Recall the causes of drug induced headache	AA, ACAT, CbD, mini-CEX	1
Outline presentation of life threatening causes of headache	AA, ACAT, CbD, mini-CEX	1
Skills		
Practise safe discharge planning in a patient with headache	AA, ACAT, CbD, mini-CEX	2
Recognise situations when Lumbar Puncture can proceed prior to CT scan of head	AA, ACAT, CbD, mini-CEX	1
Initiate treatment for less common causes of headache	AA, ACAT, CbD, mini-CEX	1
Active intervention for life threatening headache	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Seek expert opinion when treatment or diagnosis unclear	AA, ACAT, CbD, mini-CEX	3
Ensure appropriate and rapid investigation of acute headache	AA, ACAT, CbD, mini-CEX	2

Jaundice *GIM*

The trainee will be able to assess a patient presenting with jaundice to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Outline the indications for liver transplantation in liver failure (including criteria for transplantation in fulminant liver failure)	AA, ACAT, CbD, mini-CEX	1
Explain the indications for specialist investigations: liver biopsy, MRI, CT, ERCP	AA, ACAT, CbD, mini-CEX	1
Practise safe prescribing in jaundice/liver failure	AA, ACAT, CbD, mini-CEX	1, 2
Skills		
Management of less common causes of jaundice and initiation of further investigations when initial investigations have been inconclusive	AA, ACAT, CbD, mini-CEX	1
The coordination of management of complicating factors including specialist input: sepsis, malnutrition, renal failure, coagulopathy, GI bleed, alcohol withdrawal syndrome, electrolyte derangement	AA, ACAT, CbD, mini-CEX	2
Ensure appropriate area of care and monitoring	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Recognise the need for urgent specialist opinion	AA, ACAT, CbD, mini-CEX	3
Engage patients in dialogue regarding risk factor modification: alcohol, substance abuse	AA, ACAT, CbD, mini-CEX	3

Relate to patient likely outcomes and prognosis of condition and requirement for long term review	AA, ACAT, CbD, mini-CEX	3

Limb Pain & Swelling *GIM*

The trainee will be able to assess a patient presenting with limb pain or swelling to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall the management options for thrombosis in complicated situations (e.g. malignancy)	AA, ACAT, CbD, mini-CEX	1
Define and list less common causes of acute and chronic limb pain and the relevant investigations	AA, ACAT, CbD, mini-CEX	1
Skills		
Employ preventative measures in patients at risk of developing limb swelling of any cause	AA, ACAT, CbD, mini-CEX	1
Order, interpret and act on further investigations which are indicated after initial investigation eg. angiography, CT, ECHO	AA, ACAT, CbD, mini-CEX	1
Management of thrombosis in high risk groups	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Liaise with other specialities as appropriate	AA, ACAT, CbD, mini-CEX	3
Advise patient on the risks and benefits of anti-coagulation therapy	AA, ACAT, CbD, mini-CEX	3

Management of Patients Requiring Palliative and End of Life Care *GIM*

To be able to work and liaise with a multi-disciplinary team in the management of patients requiring palliative and terminal care.

To be able to recognise the dying phase of a terminal illness, assess and care for a patient who is dying and be able to prepare the patient and family.

To facilitate advance care planning, the establishment of aims of care

Knowledge	Assessment Methods	GMP
Knowledge of spectrum of professional and complementary therapies available, e.g.palliative medicine, community services, nutritional support, pain relief, psychology of dying.	CbD	1,2
Describe different disease trajectories and prognostic indicators and the signs that a patient is dying	ACAT, CbD, mini-CEX	1
Know about Advance Care Planning documentation and End of Life Integrated Care Pathway documentation e.g. Liverpool ICP for the Last Days of Life	ACAT, CbD, mini-CEX	1
Knowledge of major cultural & religious practices relevant to the care of dying people	CbD, mini-CEX	1
Describe the role of the coroner and when to refer to them	CbD, mini-CEX	1
Skills		

Delivery of effective pain relief, symptom control (including for agitation, excessive respiratory secretions, nausea & vomiting, breathlessness), spiritual, social and psychological management.	MSF, CbD, mini-CEX	1
Communicate honestly and sensitively with the patient (and family), about the benefits and disadvantages of treatment, and appropriate management plan allowing the patient to guide the conversation.	ACAT, CbD, mini-CEX	1,3,4
Is able to lead a discussion about cardiopulmonary resuscitation with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount	ACAT, mini-CEX	1,3,4
Complete death certificates and cremation forms	ACAT, CbD, mini-CEX	1
Behaviours		
Refers to specialist palliative care services when recognises that care is complex	ACAT, CbD, mini-CEX	1,2,3
Recognises the needs of the carers and is able to support them	ACAT, CbD, mini-CEX	1,3

Palpitations *GIM*

The trainee will be able to assess a patient presenting with palpitations to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall the further investigations indicated after arrhythmia presents: ECHO, ambulatory monitoring	AA, ACAT, CbD, mini-CEX	1
Recall the management of chronic and paroxysmal arrhythmias	AA, ACAT, CbD, mini-CEX	1
Skills		
Interpret reports of ECHO and ambulatory ECG monitoring	AA, ACAT, CbD, mini-CEX	1
Practise safe discharge decisions	AA, ACAT, CbD, mini-CEX	2
Management of arrhythmias in the patient with comorbidity	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Seek specialist advice when indicated	AA, ACAT, CbD, mini-CEX	3

Poisoning *GIM*

The trainee will be able to assess promptly a patient presenting with deliberate or accidental poisoning, initiate urgent treatment, ensure appropriate monitoring and recognise the importance of psychiatric assessment in episodes of self harm

Knowledge	Assessment Methods	GMP Domains
Outline the principles of the relevant mental health legislation and Common Law that pertain to treatment against patients' will	AA, ACAT, CbD, mini-CEX	2
Demonstrate knowledge of the role of analytical toxicology	AA, ACAT, CbD,	1

	mini-CEX	
Define parameters prompting consideration of liver transplantation in paracetamol poisoning	AA, ACAT, CbD, mini-CEX	1
Skills		
Use scoring tools to assess risk of further self harm (e.g. Beck's score)	AA, ACAT, CbD, mini-CEX	2
Formulate management plan for acute period of care and liaison with appropriate colleagues and agencies	AA, ACAT, CbD, mini-CEX	1
Recognise and treat complications of poisoning (e.g. aspiration), including any delayed effects	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Recognise importance of psychiatric review pre-discharge in deliberate self-poisoning	AA, ACAT, CbD, mini-CEX	1
Involve critical care promptly when indicated	AA, ACAT, CbD, mini-CEX	3

Rash *GIM*

The trainee will be able assess a patient presenting with an acute-onset skin rash and common skin problems to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall less common causes of acute skin rashes, particularly infective, drug induced, haematological	AA, ACAT, CbD, mini-CEX	1
Recall the indications for specialist investigations including skin biopsy	AA, ACAT, CbD, mini-CEX	1
Skills		
Management of severe skin disease in consultation with specialist	AA, ACAT, CbD, mini-CEX	1
Apply measures to maintain fluid balance and to prevent and/or treat skin infection	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Recognise the need for an early specialist opinion	AA, ACAT, CbD, mini-CEX	2
Recognise the social/psychological problems caused by acute skin disease	AA, ACAT, CbD, mini-CEX	3, 4

Vomiting and Nausea *GIM*

The trainee will be able to assess a patient with vomiting and nausea to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall the indications for further investigation: Knowledge of medical	AA, ACAT, CbD,	1

and surgical treatment of nausea and vomiting	mini-CEX	
Skills		
Recognise the features of non-organic disease	AA, ACAT, CbD, mini-CEX	1
Recommend valid treatment and advice when non-organic illness is suspected	AA, ACAT, CbD, mini-CEX	1
Recognise and treat the complications of persistent vomiting	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Involve other specialists appropriately when indicated	AA, ACAT, CbD, mini-CEX	3

Weakness and Paralysis *GIM*

The trainee will be able to assess a patient presenting with motor weakness to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also 'Speech Disturbance' and 'Abnormal Sensation)')

Knowledge	Assessment Methods	GMP Domains
Outline role of more detailed investigations depending on differential diagnosis: neuroimaging, nerve conduction studies, EMG, muscle biopsy	AA, ACAT, CbD, mini-CEX	1
Define severity markers in rapidly progressing motor weakness	AA, ACAT, CbD, mini-CEX	1
Practise appropriate use of drugs in patients with weakness and paralysis	AA, ACAT, CbD, mini-CEX	1, 2
Skills		
Ensure appropriate care: nutrition, toileting, monitoring of progress including coordination of multidisciplinary care	AA, ACAT, CbD, mini-CEX	2. 3
Formulate management plan for acute period of care including impaired swallowing and respiratory failure	AA, ACAT, CbD, mini-CEX	1
Behaviours		
Involve critical care appropriately with concerns over consciousness and rapidly progressive motor weakness	AA, ACAT, CbD, mini-CEX	3
Involve specialist teams as appropriate: neurology, stroke team, nurse specialists	AA, ACAT, CbD, mini-CEX	3
Sensitively relay prognosis to patient and carers, and contribute to appropriate resuscitation decisions	AA, ACAT, CbD, mini-CEX	3, 4

Other Important Presentations - GIM

Abdominal Mass/Hepatosplenomegaly *GIM*

The trainee will be able to assess a patient presenting with an abdominal mass to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Understand the relative benefits of ultrasound and CT scanning	ACAT, CbD	1
Consider the likelihood of an abdominal cancer as a cause of the mass	ACAT, CbD	1
Skills		
Formulate a management plan for acute period of care of a patient presenting with a mass or hepatomegaly and/or splenomegaly and act on the results of investigations.	CbD, mini-CEX	1
Integrate the actions which may result following a diagnosis of intrabdominal cancer with the care of a patient's other chronic diseases where appropriate	CbD	1
Behaviours		
Involve specialist teams as appropriate,particularly multidisciplinary teams,where a cancer is diagnosed	CbD	3
Organise investigations within the target timescales when cancer is suspected.	CbD	3
Communicate bad news in a sensitive and thoughtful manner	mini-CEX	3

Abdominal Swelling & Constipation *GIM*

The trainee will be able to undertake assessment of a patient presenting with abdominal swelling or distension to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall the management of ascites and intestinal obstruction.	ACAT, CbD	1
Recall the preponderance of functional causes of constipation including constipation with overflow and the investigation and management of faecal incontinence	CbD	1, 2
Recall abdominal wall pathology as possible causes of distension, including divarication of the recti	mini-CEX	1
Skills		
Practise safe management of ascites: and intestinal obstruction, including the use of diuretics, fluid and salt restriction and haemofiltration	CbD, mini-CEX	1,2
Select appropriate second line investigations of constipation when indicated: including blood tests imaging and endoscopy	ACAT, CbD	1,2
Following diagnosis of the cause of constipation prescribe bulk or osmotic laxatives or motility stimulants as necessary	CbD, mini-CEX	1

Provide review of medications in patients with constipation in the context of multisystem disease.	ACAT, CbD	1
Behaviours		
Involve specialists promptly when appropriate: surgery, gastroenterology, radiology, palliative care	ACAT, CbD	3
Discuss with patient likely outcomes and prognosis of condition	ACAT, mini-CEX	3

Abnormal Sensation (Paraesthesia and Numbness) *GIM*

The trainee will be able to assess a patient with abnormal sensory symptoms to arrive at a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Demonstrate knowledge of appropriate and potential complications of invasive investigations e.g. nerve biopsy	ACAT, CbD	1
Skills		
Initiation and interpretation of the results of more specialised investigations: neuroimaging, screening blood tests for neuropathy, neurophysiology studies	ACAT, CbD	1
Produce a comprehensive differential diagnosis	ACAT, CbD	1
Initiate effective urgent symptomatic and remedial treatments	ACAT, CbD, MSF	1
Behaviours		
Involve specialist team as appropriate	ACAT, CbD	3

Aggressive / Disturbed Behaviour *GIM*

The trainee will be competent in predicting and preventing aggressive and disturbed behaviour; using safe physical intervention and tranquillisation; investigating appropriately and liasing with the mental health team

Knowledge	Assessment Methods	GMP Domains
Outline de-escalation techniques that can be taken to prevent violent behaviour	CbD, mini-CEX	1
Skills		
Determine whether disturbed behaviour is a result of organic or psychiatric disease	CbD, mini-CEX	2
Formulate a management plan for the acute period of care	CbD, mini-CEX	1, 2
Behaviours		
Encourage review of violent incident soon after it has occurred	CbD, mini-CEX	3, 4
Involve mental health care team in patient management	CbD, mini-CEX	3, 4

Alcohol and Substance Dependence *GIM*

The trainee will be able to assess a patient seeking help for substance abuse, and formulate an appropriate management plan

Knowledge	Assessment Methods	GMP Domains

Recall the occult presentation alcoholism and substance misuse and appropriate investigations	CbD, mini-CEX	1
Recall less common causes of substance misuse	CbD, mini-CEX	1
Skills		
Recognise the co-existence of psychiatric disease	CbD, mini-CEX	1
Formulate a management plan of co-existing medical problems for the acute and ongoing period of care	ACAT, CbD	1
Behaviours		
Identify need to counsel patient with regard of maintaining abstinence	ACAT, CBD, mini-CEX	3
Liaise with psychiatric, GP and substance misuse teams as appropriate for ongoing community care	ACAT, CbD, MSF	3

Anxiety / Panic disorder *GIM*

The trainee will be able to assess a patient presenting with features of an anxiety disorder and reach a differential diagnosis to guide investigation and management

Knowledge	Assessment Methods	GMP Domains
Recognise the role of psychological and self help therapy in management	ACAT, CbD, mini-CEX	1
Elucidate the principles of pharmacotherapy in the treatment of anxiety disorders	ACAT, CbD, mini-CEX	1
Skills		
Recognise that atypical physical symptoms may herald an underlying anxiety disorder	ACAT, CbD, mini-CEX	1
Recognise treatment goals	ACAT, CbD, mini-CEX	3
Involve primary care or mental health services as appropriate	CbD, mini-CEX	3
Behaviours		
Recommend initial treatment be undertaken in primary care setting	CbD, mini-CEX	2
Discuss with patient that the condition is treatable and aims of treatment	ACAT, CbD, mini-CEX	3, 4
Advise patient on self-help strategies and support groups	ACAT, CbD, mini-CEX, PS	3, 4
Share decision making with patient	ACAT, CbD, mini-CEX, PS	3

Bruising and spontaneous bleeding *GIM*

The trainee will be able to assess a patient presenting with easy bruising to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall the clinical presentation of the less common bleeding disorders	ACAT, CbD, mini-CEX	1

Recall the patterns of bleeding associated with anticoagulant therapy and its management	ACAT, CbD, mini-CEX	1
Skills		
Define a management plan for patients with acute coagulation disorders for the acute period of care	ACAT, CbD, mini-CEX	1
Communicate with patients in whom easy bruising does not require admission	ACAT, CbD, mini-CEX	3
Behaviours		
Demonstrate awareness of the serious consequences of a diagnosis of leukaemia	ACAT, CbD, mini-CEX	1
Liaise closely with the haematology department in the early stages of the patient's care pathway	ACAT, CbD, mini-CEX, MSF	3

Dialysis *GIM*

The trainee will be aware of the principles, indications, and complications of Renal Replacement Therapy (RRT)

Knowledge	Assessment Methods	GMP Domains
Identify the importance of co-morbidities in patients on RRT	ACAT, CbD, DOPS, mini-CEX	1
Skills		
Place central venous dialysis catheter with meticulous aseptic technique	ACAT, CbD, DOPS, mini-CEX	1
Behaviours		
Involve Renal Unit for specialist input	ACAT, CbD, DOPS, mini-CEX	3

Dyspepsia *GIM*

The trainee will be able to assess a patient presenting with heartburn to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall the frequency of non-ulcer dyspepsia	CbD	1
Recall the indications for oesophageal pH monitoring and manometry	CbD	1
Recall surgical procedures to control acid reflux	CbD	1
Recall Barrett's oesophagus, the diagnosis, the principles of management	CbD	1
Skills		
Formulate management plan for peptic ulceration and non-ulcer dyspepsia for acute period of care	ACAT, CbD	1
Institute appropriate management: lifestyle advice; test and treat; endoscopy referral	CbD	1
Act on the results of gastroscopy and arrange further investigations including imaging in patients with non-responsive dyspepsia	CbD	1
Review medication particularly in patient's with multisystem disease	CbD	1

Behaviours		
Encourage patient to follow lifestyle advice, and use minimal effective doses of acid suppression medication	CbD	1
Recognise National Guidelines on dyspepsia e.g. NICE	CbD	1

Dysuria *GIM*

The trainee will be able to assess a patient presenting with dysuria to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge Skills	Assessment Methods	GMP Domains
Provide patient with detailed information on prevention of recurrent urinary tract infections	AA, ACAT, CbD, mini-CEX	3
Behaviours		
Recognise the need for Urological input in appropriate cases of Urinary Tract Infection	AA, ACAT, CbD, mini-CEX	1

Genital Discharge and Ulceration *GIM*

The trainee will be able to assess a patient presenting with genital discharge or ulceration to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall the complications of untreated STDs	CbD	1
Recall the causes of non-infective urethritis	CbD	1
Recall and recognise genital skin diseases including squamous cell carcinoma and lichen sclerosus	CbD, mini-CEX	1
Skills		
Formulate a management plan	ACAT, CbD	1
Prescribe appropriate anti-microbials after consultation with microbiology or genito-urinary medical team	ACAT, CbD, MSF	1
Behaviours		
Involve genito-urinary medical team as appropriate	ACAT, CbD, MSF	3
Recognise importance of offering screening of other sexually transmitted diseases following counselling: HIV, hepatitis, syphilis	CbD	1

Haematuria *GIM*

The trainee will be able to assess a patient with haematuria to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Broadly outline the pathophysiology of glomerulonephritis	ACAT, CbD, mini-CEX	1
Outline the indications for renal biopsy	ACAT, CbD,	1

	mini-CEX	
Skills		
Undertake appropriate investigations when glomerulonephritis is suspected	ACAT, CbD, mini-CEX	1
Choose appropriate mode of imaging: USS, CT, IVP	ACAT, CbD, mini-CEX	1
Behaviours		
Involve appropriate specialist colleagues when indicated	ACAT, CbD, mini-CEX, MSF	3
Discuss with patient likely outcomes and prognosis of condition and requirement for long term review	ACAT, CbD, mini-CEX	3

Haemoptysis *GIM*

The trainee will be able to assess a patient presenting with haemoptysis to produce valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Elucidate unusual causes of haemoptysis as indicated by presentation	ACAT, CbD, mini-CEX	1
Define need for specialist investigations	ACAT, CbD, mini-CEX	1
Identify indications for specialist investigations, eg bronchoscopy, CT chest, CT pulmonary angiography, angiography	ACAT, CbD, mini-CEX	1
Skills		
Formulate a thorough differential diagnosis, including systemic causes	ACAT, CbD, mini-CEX	1
Recognise the importance of co-morbidities in relation to presentation and treatment	ACAT, CbD, mini-CEX	1
Behaviours		
Recognise need for timely specialist opinion including Respiratory, Renal and Rheumatology when appropriate	ACAT, CbD, mini-CEX, MSF	2
Promote outpatient management under care of respiratory team when appropriate	ACAT, CbD, mini-CEX, MSF	3

Head Injury *GIM*

The trainee will able to assess a patient with traumatic head injury, stabilise, admit to hospital as necessary and liaise with appropriate colleagues, recognising local and national guidelines (e.g. NICE)

Knowledge	Assessment Methods	GMP Domains
Outline the indications for MR imaging (e.g. presence of neurological signs and symptoms referable to the cervical spine and if there is suspicion of vascular injury	ACAT, CbD	1
Outline the indications for transfer from secondary settings to a neuroscience unit	ACAT, CbD, mini-CEX	1
Recall the long term complications of head injury	ACAT, CbD,	1

	mini-CEX	
Skills		
Decide on appropriate venue of care: discharge, ward, HDU	ACAT, CbD, mini-CEX	1
Practise safe discharge decisions	ACAT, CbD, mini-CEX	2
Behaviours		
Recognise importance of multi-disciplinary rehabilitation following head injury	ACAT, CbD, mini-CEX	1
Advise patient on possible chronic symptoms following head injury	ACAT, CbD, mini-CEX	3
Advise indications for intubation and ventilation as per national guidelines (e.g. NICE)	ACAT, CbD, mini-CEX	3
Recommend GP follow up routinely at one week following discharge from hospital	ACAT, CbD, mini-CEX	3

Hoarseness and Stridor *GIM*

The trainee will be able to assess a patient presenting with symptoms of upper airway pathology to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also 'wheeze')

Knowledge	Assessment Methods	GMP Domains
Outline the significance of the timing of the stridor within the respiratory cycle	ACAT, CbD, mini-CEX	1
Outline the indications for further investigations: bronchoscopy, CT of upper and lower airways, laryngoscopy, MRI, lung function testing	ACAT, CbD, mini-CEX	1
Outline use of helium/oxygen mixture for critical stridor	ACAT, CbD, mini-CEX	1
Skills		
Initiate appropriate anti-microbial therapy if infective cause is suspected	ACAT, CbD, mini-CEX	1
Discontinue or alter management plan e.g. inhaled steriods	ACAT, CbD, mini-CEX	1
Formulate management plan for acute period of care	ACAT, CbD, mini-CEX	1
Recognise potential need for urgent tracheostomy and liaise with appropriately skilled colleague promptly	ACAT, CbD, mini-CEX	1
Behaviours		
Involve specialist teams as appropriate	ACAT, CbD, mini-CEX, MSF	3

Hypothermia *GIM*

The trainee will be able to assess a patient presenting with hypothermia to establish the cause, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains

Differentiate between submersion and immersion and outline the management of each	CbD	1
Recall methods of rewarming in severe hypothermia	CbD	1
Skills		
Recognise and treat the complications of hypothermia	ACAT, CbD	1
Prevent complications of hypothermia	ACAT, CbD	1
Behaviours		
Anticipate problems on discharge to prevent recurrence in consultation with multi-disciplinary team	ACAT, CbD, MSF	2

Immobility *GIM*

The trainee will be able to assess a patient with immobility to produce a valid differential diagnosis, investigate appropriately, and produce a management plan

Knowledge	Assessment Methods	GMP Domains
Recall the resources available for improving mobility in hospital and community	ACAT, CbD	1
Recall the local mechanisms available for managing patients with reduced mobility between primary and secondary care e.g. rapid response teams, day hospital, hospital at home, long term care, respite care, step down/step up facilities and home rehabilitation	ACAT, CbD	1
Skills		
Perform evaluation of functional status including ADL, mobility including gait and balance	ACAT, DOPS	1
Identify key features in history and examination which may indicate an unusual or remediable cause for the immobility	CbD, mini-CEX	1
Discharge planning understanding of the resources available for older people within the community	ACAT, CbD, MSF	3
Behaviours		
Chair team meetings with goal setting and communicate with patients and relatives sensitively	mini-CEX, MSF, PS	3
Demonstrate willingness to liaise with primary care and community services	MSF	3
Demonstrate empathy when discussing long term goals including disability services and residential care with patients, their relatives and carers	mini-CEX, MSF, PS	4

Incidental Findings *GIM*

The trainee will be able to construct a management plan for patients referred by colleagues due to asymptomatic abnormal findings

Knowledge	Assessment Methods	GMP Domains
Outline acute management for malignant or accelerated hypertension, including investigations into a secondary cause	ACAT, CbD, mini-CEX	1
Distinguish between hypertensive emergencies and hypertensive urgencies	ACAT, CbD, mini-CEX	1

Outline the investigation and management of incidental pulmonary hypertension found on echo	CbD, mini-CEX	1
Outline the investigation and management of incidentalomas (e.g. pituitary, adrenal) found on CT or MRI	CbD, mini-CEX	1
Skills		
Manage malignant or accelerated hypertension appropriately	CbD, mini-CEX	1
Manage pulmonary hypertension appropriately	CbD, mini-CEX	1
Manage incidentalomas (e.g. pituitary, adrenal) found on CT or MRI appropriately	CbD, mini-CEX	1
Practise safe discharge planning	CbD, MSF, mini-CEX	2
Behaviours		
Coordinate with GP and specialist colleagues the most appropriate method of ongoing care	CbD, MSF, mini-CEX	3

Involuntary Movements *GIM*

The trainee will be able to assess a patient presenting with involuntary movements to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall the investigations indicated to reach a diagnosis	CbD, mini-CEX	1
Skills		
Recognise more uncommon types of involuntary movements e.g. spinal myoclonus, athetosis	ACAT, mini-CEX	1
Formulate a management plan for acute period of care: social support, drugs, OT, physiotherapy	ACAT, CbD	1
Behaviours		
Recommend support services and patient organisations	ACAT, CbD	1
Involve specialist nurse / neurologist when appropriate	ACAT, CbD, MSF	3

Joint Swelling *GIM*

The trainee will be able to assess a patient presenting with joint pain or swelling to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall the clinically pertinent complications of diseases of the musculoskeletal system and their treatments	ACAT, CbD	1
Demonstrate awareness of risks of drugs used in rheumatic diseases in relation to comorbidities	ACAT, CbD, MSF	1, 2
Demonstrate understanding of serological tests in diagnosis and management	CbD	1
Skills		
Recognise when joint swelling heralds the presentation of a systemic	ACAT, CbD,	1

disease and treat appropriately	mini-CEX	
Employ appropriate use of other imaging techniques in diagnosis	ACAT,CbD	1
Employ appropriate use of serological tests in diagnosis and treatment decisions	ACAT,CbD	1
Behaviours		
Demonstrate awareness of need for specialist radiological advice	ACAT, MSF	3
Involve rheumatology or orthopaedic team when indicated	ACAT, MSF	3

Lymphadenopathy *GIM*

The trainee will be able to assess a patient presenting with lymphadenopathy to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Outline more specialised investigations as appropriate	ACAT, CbD, mini-CEX	1
Differentiate methods for obtaining lymphoid tissue	ACAT, CbD, mini-CEX	1
Skills		
Perform a fine needle aspiration using aseptic technique with minimal discomfort to patient	DOPS	1
Formulate a management plan for acute period of care	ACAT, CbD, mini-CEX	
Behaviours		
Follow local and national guidance on notification of communicable diseases	ACAT, CbD, mini-CEX	2
Break bad news to patient and family sensitively in event of serious diagnosis	ACAT, CbD, mini-CEX	3
Recognise importance of a multi-disciplinary team in assessment and management of patients presenting with lymphadenopathy	ACAT, CbD, mini-CEX, MSF	3

Loin Pain *GIM*

The trainee will be able to assess a patient presenting with loin pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
List causes for acute papillary necrosis	ACAT, CbD, mini-CEX	1
Outline indications for more specialised investigations: CT, abdomen/pelvis, urine cytology	ACAT, CbD, mini-CEX	1
Skills		
Interpret more detailed investigations: IVU, abdominal ultrasound, CT KUB	ACAT, CbD, mini-CEX	1
Identify scenarios in which referred pain is likely	ACAT, CbD,	1

	mini-CEX	
Formulate management plan for acute period of care	ACAT, CbD, mini-CEX	1
Behaviours		
Involve other specialists as appropriate	ACAT, CbD, mini-CEX	3

Medical Problems Following Surgical Procedures *GIM*

The trainee will be able to assess, investigate and treat medical problems arising post-operatively and during acute illness and recognise importance of preventative measures plan

Knowledge	Assessment Methods	GMP Domains
Identify factors which put patients at increased risk of developing medical complications of surgery	CbD	1
Recall anaesthetic and analgesic complications	CbD	1
Recall comorbidities such as Diabetes, Ischaemic heart disease, hypertension, obesity, COPD in the context of post-operative complications	CbD	1
Skills		
Formulate diagnosis and a management plan for the acute period of care	CbD	1
Initiate treatment, when appropriate, in consultation with the surgical team	CbD	1
Consider the role of prescribed medication in patients with post-operative complications by carefully reviewing the full medical record	CbD	1
Behaviours		
Involve surgical team in decision making processes	CbD	3

Medical Problems in Pregnancy *GIM*

The trainee will be competent in the assessment, investigation and management of the common and serious medical complications of pregnancy

Knowledge	Assessment Methods	GMP Domains
Understand the role of diagnostic imaging including the use of radiographs, CT and radio nucleotide scanning	ACAT, CbD, mini-CEX	1
To recognise the importance of awareness of drug prescribing in the pre-pregnancy, pregnancy and post partum periods	ACAT, CbD, mini-CEX	1, 2
Skills		
Formulate a management plan for the acute presentation of: i) dyspnoea and chest pain ii) pre-eclampsia, eclampsia, pulmonary embolism , infection, pulmonary oedema,,asthma, seizures	ACAT, CbD, mini-CEX	1
Behaviours		
Recognise the importance of obstetric and haematology input in the management of thrombo-embolic disease	ACAT, CbD, mini-CEX	1

Recognise that patients with long-term conditions need specialist multidisciplinary medical input before and throughout the pregnancy	ACAT, CbD, mini-CEX, MSF	1
Discuss with patient likely outcomes and prognosis of common conditions during pregnancy	ACAT, CbD, mini-CEX	1
Seek expert advice when prescribing in pregnancy and postpartum period	ACAT, CbD, mini-CEX, MSF	3

Memory Loss (Progressive) *GIM*

The trainee will be able to assess a patient with progressive memory loss to determine severity, differential diagnosis, investigate appropriately, and formulate management plan

Knowledge	Assessment Methods	GMP Domains
Recall causes for early onset chronic confusion or memory loss	CbD	1
Recall the commonly used pharmacological treatments for dementia and their indications for use	CbD	1
Skills		
Interpret assessment and investigations to make appropriate diagnosis of dementia	ACAT, CbD	1
Behaviours		
Involve neurologists or psychiatrists in elderly care when appropriate	ACAT, CbD, MSF	3
Recognise the legal implications of dementia	CbD	1
Identify and anticipate the ethical and capacity issues that arise in patients with dementia and memory loss	CbD	1

Micturition Difficulties *GIM*

The trainee will be able to assess a patient presenting with difficulty in micturition to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Outline indications for more detailed investigation: abdominal and pelvic ultrasound, CT, urine cytology, urodynamics	ACAT, CbD, DOPS , mini-CEX	1
Skills		
Recognise indications for supra-pubic catheterisation and refer appropriately	ACAT, CbD, DOPS, mini-CEX	1
Formulate management plan for acute period of care	ACAT, CbD, DOPS, mini-CEX	1
Behaviours		
Involve specialist teams appropriately	ACAT, CbD, DOPS, mini-CEX	3
Participate in multi-disciplinary approach to care of patients with long term or intermittent catheterisation	ACAT, CbD, DOPS , mini-CEX	3

Neck Pain *GIM*

The trainee will be able to assess a patient presenting with neck pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan		
Knowledge	**Assessment Methods**	**GMP Domains**
Recall indications for more specialised tests: CT, MRI	ACAT, CbD	1
Skills		
Formulate a management plan for the acute period of care for crticially ill patient	ACAT, CbD, mini-CEX	1
Demonstrate the ability to recognise complex neurological features which may aid diagnosis and management	CbD, mini-CEX	1
Behaviours		
Involve other specialist teams as appropriate	CbD, MSF	3

Physical Symptoms in Absence of Organic Disease *GIM*

The trainee will be able to assess and appropriately investigate a patient to conclude that organic disease is unlikely, counsel sensitively, and formulate an appropriate management plan		
Knowledge	**Assessment Methods**	**GMP Domains**
Define and differentiate from each other: somatisation disorders, malingering, dissociative disorders, hypochondriasis, psychogenic (or somatoform) pain disorders and factitious disorders	CbD, mini-CEX	1
Recognise the phenomenon of excessive symptoms in the context of established disease e.g. breathlessness in well controlled asthma	CbD, mini-CEX	1
Skills		
Safely determine after appropriate work up that a patient is likely to have a non-organic cause for their presentation	CbD, mini-CEX	2
Identify underlying psychiatric disease: psychosis, depression, or anxiety	CbD, mini-CEX	1
Formulate a management plan for acute period of care	CbD, mini-CEX	1
Behaviours		
Recognise the pattern of repetition that non-organic presentations can have	CbD	1
Respect the distress the mode of presentation may be causing	mini-CEX	4
Adopt a non-judgemental sensitive attitude when engaging in counselling a patient over the likelihood of non-organic disease	mini-CEX	4
Involve psychiatric services when appropriate	CbD	3
Address security issues where necessary	CbD	2, 3, 4
Recognise the importance of the Primary Care team in assessment and management	CbD	2
Recognise the cultural differences in somatoform disorders	CbD	2
Communicate with primary Care and other local EDs where possible	CbD	3

Polydipsia *GIM*

The trainee will be able to assess a patient presenting with polydipsia to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan		
Knowledge	**Assessment Methods**	**GMP Domains**
Detailed knowledge of homeostatic mechanisms for fluid balance and defects that occur e.g. hypernatraemia, hyponatraemia	CbD, mini-CEX	1
Recall the subsequent investigations required to rovide a definitive cause of polyuria	CbD, mini-CEX	1
Knowledge of the causes of diabetes insipidus	CbD, mini-CEX	1
Recall the mechanisms of altered water metabolism in patients with psychogenic polydipsia	CbD, mini-CEX	1
Recall how to correct disturbance of sodium balance if required	CbD, mini-CEX	1
Skills		
Interpret the subsequent investigations required to provide a definitive cause of polyuria	CbD, mini-CEX	1
Start long term treatment for the cause of hyponatraemia e.g. desmopressin, bisphosphonates	CbD, mini-CEX	1
Monitor and alter fluid eplacement regime according to electrolyte results	CbD, mini-CEX	1
Behaviours		
Seek specialist opinion from relevant specialist after cause for polydipsia determined when appropriate	CbD, mini-CEX	3
Communicate bad news sensitively and thoughtfully	mini-CEX	3

Polyuria *GIM*

The trainee will be able to assess a patient presenting with polyuria to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan		
Knowledge	**Assessment Methods**	**GMP Domains**
Outline investigation and treatment of diabetes insipidus	ACAT, CbD, mini-CEX	1
Skills		
Formulate a management plan for acute period of care	ACAT, CbD, mini-CEX	1
Behaviours		
Involve specialist teams as appropriate	ACAT, CbD, mini-CEX	3

Pruritus *GIM*

The trainee will be able to assess a patient presenting with itch to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan		
Knowledge	**Assessment Methods**	**GMP Domains**
Outline the indications for a skin biopsy	CbD, mini-CEX	1

Outline the indications of and side effects of topical steroids and differentiate their different potencies	CbD	1
Liaise closely with specialist dermatologists in managing the patient	CbD	1
Skills		
Formulate a management plan for acute period of care	ACAT, CbD	1
Prescribe symptomatic remedies	CbD	1
Act on the results of initial investigations	CbD	1
Be aware of appropriate investigations for staging skin cancer	CbD	1
Review current and previously prescribed medication as possible causes for itch	CbD	1
Consider infective causes of itch	CbD	
Behaviours		
Advise on lifestyle measures to prevent dermatological disease	CbD	3
Sympathetically discus the impact of the patient's symptoms on their lifestyle	CbD	4

Rectal Bleeding *GIM*

The trainee will be able to assess a patient with rectal bleeding to identify significant differential diagnoses, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall indications for sigmoidoscopy / colonoscopy	ACAT, CbD	1
Recall possible imaging modalities: contrast studies, CT, angiography, capsule endoscopy	ACAT, CbD	1
Recall the principal infective causes of rectal bleeding, their treatments	ACAT, CbD	1
Recall coagulopathy as a cause of rectal bleeding	ACAT, CbD	1
Recall the leading risk factors for colorectal cancer, family history, panulcerative colitis, previous history of colorectal polyps	CbD	
Skills		
Act on the results of initial investigations	ACAT, CbD, mini-CEX	1
Institute first line treatment when it is likely bleeding heralds an exacerbation of ulcerative colitis: aminosalicylates, corticosteroids, thrombosis prophylaxis	ACAT, CbD, mini-CEX	1
Ask for urgent review by specialist gastroenterologist	ACAT	3
Monitor vital signs, initiate blood transfusion where necessary	ACAT, mini-CEX	1
Behaviours		
Involve gastroenterology and/or surgical teams promptly when indicated	CbD	3

Skin and Mouth Ulcers *GIM*

The trainee will be able to assess a patient presenting with skin or mouth ulceration to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management

plan (see also Dermatology in Section 2 for Skin Tumour Competencies		
Knowledge	**Assessment Methods**	**GMP Domains**
Outline the indications for biopsy and immunofluorescence studies	ACAT, CbD, mini-CEX	1
Skills		
Construct a comprehensive list of differential diagnoses	ACAT, CbD, mini-CEX	1
Formulate a management plan for acute period of care	ACAT, CbD, mini-CEX	1
Behaviours		
Involve specialist team as appropriate	ACAT, CbD, mini-CEX, MSF	3

Speech Disturbance *GIM*

The trainee will be able to assess a patient with speech disturbance to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan		
Knowledge	**Assessment Methods**	**GMP Domains**
Outline more detailed investigations: neurophysiology, neuroimaging	ACAT, CbD	1
Skills		
Formulate a management plan for acute period of care	ACAT, CbD	1
Behaviours		
Discuss with patient likely outcomes and prognosis of condition and requirement for long term review	mini-CEX, PS	3, 4

Suicidal Ideation *GIM*

The trainee will be able to take a valid psychiatric history to elicit from a patient suicidal ideation and underlying psychiatric pathology; assess risk; and formulate appropriate management plan		
Knowledge	**Assessment Methods**	**GMP Domains**
Outline the principles of the relevant Mental Health Act	CbD, mini-CEX	1
Skills		
Risk stratify patients according to risk	CbD, mini-CEX	2
Discharge to appropriate setting patients who have been deemed to be at low risk of repeat suicidal attempt	ACAT, CbD, mini-CEX	2
Formulate a management plan for patients with co-existing psychiatric disease: medications, counselling	mini-CEX	2
Behaviours		
Recognise the importance of ongoing input by health services following discharge	CbD, mini-CEX	3

Swallowing Difficulties *GIM*

The trainee will be able to assess a patient with swallowing difficulties to produce a valid

differential diagnosis, investigate appropriately, formulate and implement a management plan		
Knowledge	**Assessment Methods**	**GMP Domains**
Recall the pathophysiology, staging, and therapeutic options of oesophageal malignancy	CbD	1
Identify curative and palliative treatment options for oesophageal malignancy	CbD	1
Outline treatment options in achalasia	CbD	1
Define odynophagia and list causes	CbD	1
Aware of the symptoms of pharyngeal pouch	CbD	1
Awareness of the complications of oesophageal stricture	CbD	1
Skills		
Select appropriate initial mode of investigation	CbD	1
Act on the results of investigations	CbD	1
Liaise with gastroenterologists and radiologists	CbD	1
Prescribe acid suppressants when a benign oesophageal stricture is found	CbD	1
Liaise with nutrition team in patients with malnutrition	CbD	3
Liaise with ENT specialists in patients with'high' dysphagia	CbD	3
Behaviours		
Liaise with gastroenterologist, neurologist or palliative care promptly as appropriate	CbD	3
Consider the lifestyle advice needed for patients with chronic reflux	CbD	3

Syncope & Pre-syncope *GIM*

The trainee will be able to assess a patient presenting with syncope to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also ' blackouts/collapse')		
Knowledge	**Assessment Methods**	**GMP Domains**
Outline the specific indications for 24 hour ECG monitoring, loop recording, echo and tilt testing	CbD, mini-CEX	1
Outline the ECG diagnostic criteria for syncope thought to be due to cardiac arrhythmia	ACAT, CbD, mini-CEX	1
Skills		
Risk stratify patients who present with syncope	CbD, mini-CEX	1
Develop a management plan for acute period of care	ACAT, CbD, mini-CEX	1
Behaviours		
Recognise the need for specialised input e.g. falls and syncope specialist	ACAT, CbD, mini-CEX	3
Recognise problems specific to the elderly and address social needs	CbD, mini-CEX	3

Unsteadiness / Balance Disturbance *GIM*

The trainee will be able to assess a patient presenting with unsteadiness or a disturbance of balance to produce a valid list of differential diagnoses, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Outline more complex investigations: neuroimaging, neurophysiology, audiometry	ACAT, CbD	1
Skills		
Perform bedside tests for vertigo: the Hallpike manoeuvre	DOPS	1
Formulate a management plan for acute period of care	ACAT, CbD	
Behaviours		
Involve appropriate specialists as indicated	CbD	3
Engage multiprofessional team including physiotherapy and occupational therapy as indicated	CbD	3

Visual Disturbance (diplopia, visual field deficit, reduced acuity) *GIM*

To assess the patient presenting with a visual disturbance to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Outline indications for more specialised investigation: neuroimaging, visual evoked potentials, lumbar puncture, optometry assessment	CbD	1
Outline implications for driving of visual field loss	CbD	1
Skills		
Produce comprehensive differential diagnosis	ACAT, CbD	1
Formulate management plan for acute and ongoing period of care	ACAT, CbD	1
Behaviours		
Involve specialists appropriately: ophthalmology, neurology, neurosurgery, stroke team	ACAT, CbD, MSF	3

Weight Loss *GIM*

The trainee will be able to assess a patient presenting with unintentional weight loss to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall more detailed investigations depending on context e.g. coeliac serology	CbD	1
Recall indications and complications of parenteral feeding	CbD	1
Skills		
Order, interpret and act on serological tests as a guide of degree of malnutrition in severe weight loss: e.g. phosphate, trace elements, albumin, iron studies	ACAT, CbD	1

Recognise and treat re-feeding syndrome	ACAT, CbD	1
Behaviours		
Involve specialist teams appropriately: gastroenterology, elderly care, psychiatry	ACAT, CbD, MSF	3
Recommend nutritional advice with the support of nutritional services, including adequate social support	CbD, mini-CEX , PS	3

System Specific Competencies

This curriculum has described the competencies required to practise General Internal Medicine in a patient-centred manner by listing the common ways in which a patient can present. In so doing, certain important knowledge based competencies have not been adequately defined.

This section considers each system in turn, alphabetically, and lists the competencies, common conditions and clinical science required for each system. However, it is not intended that this is a description of the environment in which these competencies are to be attained. For example, experience of asthma can be gained in the community, emergency setting and many medical wards, rather than solely on a respiratory ward.

Common and / or Important Problems

Learning to manage each mode of presentation does not avoid the need for a trainee to have a solid grounding of knowledge in specific medical conditions. It is also the case that patients very often already have a 'diagnostic label', for example a GP referring 'a breathless patient with heart failure'. In the age of better patient education and patient involvement in their chronic disease management, frequently today's clinician needs to refer to disease-specific knowledge earlier in the consultation. Therefore, listing the specific conditions aims to advise the trainee on the conditions that require detailed comprehension. The list also gives a guide to the topics that will form the basis for formal and work-place assessments.
A framework for the knowledge required for specific conditions is set out below, and should continue to improve with time in line with the principles of a spiral curriculum:

- Definition
- Pathophysiology
- Epidemiology
- Features of History
- Examination findings
- Differential Diagnosis
- Investigations indicated
- Detailed initial management and principles of ongoing management (counselling, lifestyle, medical, surgical, care setting and follow up)
- Complications
- Prevention (where relevant to condition)

The assessment of these knowledge based competencies should be undertaken within the formal examination structure as defined by the disparate parts of the MRCP(UK) and formative assessment via workplace based assessments. Further maturation of the individual trainee in terms of clinical decision making, patient management and appropriate care of the patient with complex needs will also be assessed by workplace based assessments especially case base discussion, mini CEX and the Acute Care Assessment Tool.

Within core medical training the various levels of the system base competencies are shown in the key below and each of these levels may be tested in the MRCP(UK) as shown in the competencies grid for each system. It does not preclude these competencies also being assessed in work place based assessment.

All of these competencies map to GMP domain 1 reflecting the required knowledge base.

Key	
A	Establishing a diagnosis
B	Establishing a diagnosis Knowledge of relevant investigations
C	Establishing a diagnosis Knowledge of relevant investigations and management Knowledge of prognosis and likely response to therapy

Allergy

The trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Allergy

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise when specialist allergy opinion is required		PACES ACAT CbD mini-CEX	1
Be aware of the management and subsequent investigation of patients presenting with immune mediated medical emergencies:		PACES ACAT CbD mini-CEX	1
• Anaphylaxis		PACES ACAT CbD mini-CEX	1
• Laryngoedema		PACES ACAT CbD mini-CEX	1
• Urticaria		PACES ACAT CbD mini-CEX	1
• Angioedema		PACES ACAT CbD mini-CEX	1
Common Problems			
Anaphylaxis	C	MRCP Part 1 MRCP Part 2 PACES	1

Recognition of common allergies; introducing occupation associated allergies	B	MRCP Part 1 MRCP Part 2	1
Food, drug, latex, insect venom allergies	B	MRCP Part 1 MRCP Part 2	1
Urticaria and angioedema	C	MRCP Part 1 MRCP Part 2 PACES	1
Indications and contraindications for, and therapeutic scope of , allergen immunotherapy	A	MRCP Part 2	1
Indications for, and limitations of skin prick testing and in vitro tests for allergen-specific IgE	A	MRCP Part 2	1
Clinical Science			
Mechanisms of allergic sensitisation: primary and secondary prophylaxis		MRCP Part 1	1
Natural history of allergic diseases		MRCP Part 1	1
Mechanisms of action of anti-allergic drugs and immunotherapy		MRCP Part 1 MRCP Part 2	1
Principles and limitations of allergen avoidance		MRCP Part MRCP Part 2	1

Oncology

The trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Oncology

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise the terminally ill often present with problems with multi-factorial causes		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recognise associated psychological and social problems		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Investigate appropriately		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recognise when specialist oncology or palliative care opinion is needed		PACES ACAT CbD mini-CEX	1
Outline treatment principles with drawbacks: surgery,		MRCP Part 2	1

chemotherapy and radiotherapy		PACES ACAT CbD mini-CEX	
Break bad news to patient and family with cancer in sensitive and appropriate manner		PACES ACAT CbD mini-CEX	1,3
Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount		PACES ACAT CbD mini-CEX	1,3,4
Recognise the dying phase of terminal illness		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Common Problems			
Hypercalcaemia	B C C	MRCP Part 1 MRCP Part 2 PACES	1
SVC obstruction	A B	MRCP Part 1 MRCP Part 2	1
Spinal cord compression	B	MRCP Part 1 MRCP Part 2	1
Neutropenic sepsis	C	MRCP Part 2	1
Common cancers (presentation, diagnosis, staging, treatment principles): lung, bowel, breast, prostate, stomach, oesophagus, bladder, skin, haematological, testicular and ovarian	B C	MRCP Part 1 MRCP Part 2	1
Premalignant conditions eg familial polyposis coli	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Paraneoplastic conditions eg ectopic ACTH	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Clinical Science			
Principles of oncogenesis and metastatic spread		MRCP Part 1	1
Apoptosis		MRCP Part 1	1
Principles of staging		MRCP Part 1 MRCP Part 2	1
Principles of screening		MRCP Part 1 MRCP Part 2	1
Pharmacology of major drug classes in palliative care: anti-emetics, opiods, NSAIDS, agents for neuropathic pain, bisphosphonates, laxatives, anxolytics		MRCP Part 1 MRCP Part 2	1

Palliative Care and End of Life Care

The trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Palliative Care

Competencies	Degree of Knowledge	Assessment Methods	GMP
Take an accurate pain history		PACES ACAT CbD mini-CEX	1
Recognise that the terminally ill often present with problems with multi-factorial causes		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recognise associated psychological and social problems		MRCP Part 2 PACES ACAT CbD mini-CEX	
Recognise when palliative care opinion is needed		PACES ACAT CbD mini-CEX	1
Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount		PACES ACAT CbD mini-CEX	1,3,4
Recognise the dying phase of terminal illness		PACES ACAT CbD mini-CEX	1
Manage symptoms in dying patients appropriately		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Practice safe use of syringes drivers		ACAT CbD mini-CEX	1,2
Recognise importance of hospital and community Palliative Care teams		PACES ACAT CbD mini-CEX	1
Recognise that referral to specialist palliative care is appropriate for patients with other life threatening illnesses as well as those		PACES ACAT	1

with cancer		CbD mini-CEX	
Common Problems – Palliative Care			
Pain:			
• appropriate use	B C	MRCP Part 1 MRCP Part 2	1
• analgesic ladder	C	MRCP Part 1 MRCP Part 2	1
• side effects	C	MRCP Part 1 MRCP Part 2	1
• role of Radiotherapy	A	MRCP Part 2	1
Constipation	B C	MRCP Part 1 MRCP Part 2	1
Breathlessness	B C	MRCP Part 1 MRCP Part 2	1
Nausea and vomiting	B C	MRCP Part 1 MRCP Part 2	1
Anxiety and depressed mood	B C	MRCP Part 1 MRCP Part 2	1
Clinical Science			
Pharmacology of major drug classes in palliative care: anti-emetics, opioids, NSAIDS, agents for neuropathic pain, bisphosphonates, laxatives, anxiolytics		MRCP Part 1 MRCP Part 2 PACES	1

Cardiovascular Medicine

The trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Cardiovascular Medicine

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise when specialist Cardiology opinion is indicated		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Outline risk factors for cardiovascular disease		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Counsel patients on risk factors for cardiovascular disease		PACES ACAT CbD mini-CEX	1

Outline methods of smoking cessation of proven efficacy (see below)		PACES ACAT CbD mini-CEX	1
Common Problems			
Arrhythmias:			
heart block, resistant arrhythmia	B	MRCP Part 1 MRCP Part 2 PACES	1
SVT, AF, VT, VF	C	MRCP Part 1 MRCP Part 2 PACES	1
Cardiac arrest	C	MRCP Part 1 MRCP Part 2 PACES	1
Pacemaker rhythms	C	MRCP Part 2 PACES	1
Misplacement of ECG leads	B	MRCP Part 2	1
Ischaemic Heart Disease: acute coronary syndromes, stable angina, atherosclerosis	C	MRCP Part 1 MRCP Part 2 PACES	1
Heart Failure (medical management and interventional therapy)	C	MRCP Part 1 MRCP Part 2 PACES	1
Hypertension - including investigation and management of accelerated hypertension in pregnancy	C	MRCP Part 1 MRCP Part 2 PACES	1
Valvular Heart Disease	A B B	MRCP Part 1 MRCP Part PACES	1
Endocarditis	C	MRCP Part 1 MRCP Part 2 PACES	1
Aortic dissection	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Congenital heart disease eg ASD	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Pericarditis	A C	MRCP Part 1 MRCP Part 2	1
Cardiomyopathies	A	MRCP Part 1	1

	C C	MRCP Part 2 PACES	
Orthostatic hypotension	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Syncope	C	MRCP Part 1 MRCP Part 2 PACES	1
Dyslipidaemia	B	MRCP Part 2 PACES	1
Clinical Science			
Anatomy and function of cardiovascular system		MRCP Part 1 PACES	1
Physiological principles of cardiac cycle and cardiac conduction		MRCP Part 1 PACES	1
Homeostasis of the circulation		MRCP Part 1 PACES	1
Atherosclerosis		MRCP Part 1 PACES	1
Pharmacology of major drug classes: beta adrenoceptor blockers, alpha adrenoceptor blockers, ACE inhibitors, ARBs, anti-platelet agents, thrombolysis, inotropes, calcium channel antagonists, potassium channel activators, diuretics, anti-arrhythmics, anti-coagulants, lipid modifying drugs, nitrates, centrally acting anti-hypertensives		MRCP Part 1 MRCP Part 2 PACES	1

Clinical Genetics

The trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Clinical Genetics

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise the organisation and role of Clinical Genetics and when to seek specialist advice		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Take and interpret a complete family history		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recognise the anxiety caused to an individual and their family when investigating genetic susceptibility to disease		PACES ACAT CbD mini-CEX	1
Recognise the importance of skilled counselling in the		PACES	1,3

investigation of genetic susceptibility to disease		ACAT CbD mini-CEX	
Recognise basic patterns of inheritance		MRCP Part 1 MRCP Part 2 ACAT CbD mini-CEX	1
Understand the ethical implications of molecular testing and screening: confidentiality, screening children, pre-symptomatic testing		PACES ACAT CbD mini-CEX	1
Estimate risk for relatives of patients with Mendelian disease		MRCP Part 1 MRCP Part 2 ACAT CbD mini-CEX	1
Recognise the differing attitudes and beliefs towards inheritance		PACES ACAT CbD mini-CEX	1
Common Problems			
Cystic Fibrosis	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Down's syndrome	A	MRCP Part 1 MRCP Part 2	1
Familial cancer syndromes	A	MRCP Part 2	1
Familial cardiovascular disorders	A	MRCP Part 2	1
Haemochromatosis	A C	MRCP Part 1 MRCP Part 2	1
Haemophilia	B	MRCP Part 1 MRCP Part 2 PACES	1
Huntington's disease	A	MRCP Part 2	1
Klinefelter syndrome	A	MRCP Part 2	1
Marfan's syndrome	B	MRCP Part 2 PACES	1
Polycystic kidney disease	B C C	MRCP Part 1 MRCP Part 2 PACES	1

Sickle Cell disease	A C	MRCP Part 1 MRCP Part 2	1
Thalassaemias	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Turner's syndrome	A	MRCP Part 1 MRCP Part 2	1
Von Willeband's disease	B	MRCP Part 1 MRCP Part 2 PACES	1
Clinical Science			
Structure and function of human cells, chromosomes, DNA, RNA and cellular proteins		MRCP Part 1 MRCP Part 2	1
Principles of inheritance: mendelian, sex-linked, mitochondrial		MRCP Part 1 MRCP Part 2	1
Principles of pharmacogenetics		MRCP Part 1 MRCP Part 2	1
Principles of mutation, polymorphism, trinucleotide repeat disorders		MRCP Part 1 MRCP Part 2	1
Principles of genetic testing including metabolite assays, clinical examination and analysis of nucleic acid (e.g. PCR)		MRCP Part 1 MRCP Part 2	1

Clinical Pharmacology

The trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Clinical Pharmacology

Competencies	Degree of Knowledge	Assessment Methods	GMP
Practise safe prescribing: • Effects of: renal or liver impairment; old age; pregnancy		MRCP Part 1 MRCP Part 2 ACAT CbD mini-CEX	1,2
• Outline importance of drug interactions and role CYP450 isoenzymes		MRCP Part 1 MRCP Part 2 ACAT CbD mini-CEX	1,2
• Outline drugs requiring therapeutic monitoring		MRCP Part 1 MRCP Part 2 PACES ACAT CbD mini-CEX	1,2
Use national and local guidelines on appropriate and safe prescribing (BNF, NICE)		MRCP Part MRCP Part 2	1,2

		ACAT CbD mini-CEX	
Write a clear and unambiguous prescription		PACES ACAT CbD mini-CEX	1
Engage patients in discussions on drug choice, and side effects		PACES ACAT CbD mini-CEX	1,3
Recognise range of adverse drug reactions to commonly used drugs		MRCP Part 1 MRCP Part 2 PACES ACAT CbD mini-CEX	1
Use Yellow Card report scheme for adverse drug reactions		ACAT CbD mini-CEX	1
Liaise effectively with pharmacists		ACAT CbD mini-CEX	1
Discuss therapeutic changes with patient and discuss with GP promptly and comprehensively		ACAT CbD mini-CEX	1
Competently formulate management plan for poisoning and adverse drug reactions		MRCP Part 2 ACAT CbD mini-CEX	1
Demonstrate appropriate use of a toxicology database (eg Toxbase)		PACES ACAT CbD mini-CEX	1
Common Problems			
Corticosteroid treatment:			
• short and long-term complications	C	MRCP Part 1 MRCP Part 2	1
• bone protection	B C	MRCP Part 1 MRCP Part 2	1
• safe withdrawal of corticosteroids	B	MRCP Part 2	1
• patient counselling regarding avoidance of adrenal crises	C	PACES	1
Specific treatment of poisoning with:			

Aspirin	A C	MRCP Part 1 MRCP Part 2	1
Alcohol	C	MRCP Part 1 MRCP Part 2	1
Calcium channel blockers	A C	MRCP Part 1 MRCP Part 2	1
Anticoagulants	B C	MRCP Part 1 MRCP Part 2	1
Amphetamines	A C	MRCP Part 1 MRCP Part 2	1
Drugs of misuse	A C	MRCP Part 1 MRCP Part 2	1
Paracetamol	A C	MRCP Part 1 MRCP Part 2	1
Tricyclics anti-depressants	A C	MRCP Part 1 MRCP Part 2	1
Beta-adrenoceptor blockers	A C	MRCP Part 1 MRCP Part 2	1
Carbon monoxide	A C	MRCP Part 1 MRCP Part 2	1
Opiates and opioids	B C	MRCP Part 1 MRCP Part 2	1
Digoxin	A C	MRCP Part 1 MRCP Part 2	1
Benzodiazepines	B C	MRCP Part 1 MRCP Part 2	1
SSRI	A C	MRCP Part 1 MRCP Part 2	1
Knowledge of appropriate treatment of common medical conditions (see relevant sections)			1
Clinical Science			
Drug actions at receptor and intracellular level		MRCP Part 1 PACES	1
Principles of absorption, distribution, metabolism and excretion of drugs		MRCP Part 1 PACES	1
Effects of genetics on drug metabolism		MRCP Part 1 PACES	1
Pharmacological principles of drug interaction		MRCP Part 1	1
Outline the effects on drug metabolism of: pregnancy, age, renal and liver impairment		MRCP Part 1 PACES	

Dermatology

The trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Dermatology

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise when specialist Dermatology opinion is indicated		PACES ACAT CbD mini-CEX	1
Accurately describe skin lesions following assessment		PACES ACAT CbD mini-CEX	1
Outline the clinical features and presentation of melanoma, squamous cell carcinoma and basal cell carcinoma		MRCP Part 1 MRCP Part 2 PACES ACAT CbD mini-CEX	1
List diagnostic features for the early detection of malignant melanoma		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recognise and manage suspected skin tumours when they may be an incidental finding		ACAT CbD mini-CEX	1
Recognise the association between timely biopsy / excision of melanoma and survival		MRCP Part 2 ACAT CbD mini-CEX	1
Arrange prompt skin biopsy when appropriate		ACAT CbD mini-CEX	1
Counsel patients on preventative strategies for skin tumours (e.g. avoiding excess UV exposure); and the diagnostic features for the early detection of malignant melanoma		PACES ACAT CbD mini-CEX	1,3
Recognise when a patient's presentation heralds a systemic disease		MRCP Part 1 MRCP Part 2 PACES ACAT CbD	1

		mini-CEX	
Common Problems			
Psoriasis	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Eczema	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Skin tumours (see competencies column)	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Skin failure: eg erthryoderma, toxic epidermal necrolysis	B	PACES	1
Urticaria and angio-oedema	C	MRCP Part 1	1
		MRCP Part 2	
		PACES	
Cutaneous vasculitis	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Dermatomyositis	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Scleroderma	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Cellulitis	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Viral infections eg Herpes Zoster and Herpes Simplex infections	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Bacterial infections eg impetigo	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Fungal infections eg tinea	A	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Ulcers	A	MRCP Part 1	1
	C	MRCP Part 2	
		PACES	
Bullous disorders	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Skin infestations	A	MRCP Part 1	1
	B	MRCP Part 2	

	B	PACES	
Cutaneous drug reactions	B	MRCP Part 2 PACES	1
Lymphoedema	B	MRCP Part 2 PACES	1
Skin manifestations of systematic disorder	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Clinical Science			
Structure and function of skin, hair and nails		MRCP Part 1 PACES	1
Pharmacology of major drug classes: topical corticosteroids, immunosuppressants		MRCP Part 1	1

Diabetes and Endocrinology

Within the training programme the trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Diabetes and Endocrinology

Competencies	Degree of Knowledge	Assessment Methods	GMP
Elucidate a full diabetic medical history		PACES ACAT CbD mini-CEX	1
Recall diagnostic criteria for diabetes mellitus		MRCP Part 1 MRCP Part 2 PACES ACAT CbD mini-CEX	1
Assess diabetic patient to detect long term complications		PACES ACAT CbD mini-CEX	1
Formulate and appropriate management plan, including newly diagnosed and established diabetic patients to prevent short and long term complications		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Outline common insulin regimens for type 1 diabetes mellitus		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Outline drug management of type 2 diabetes mellitus: oral hypoglycaemics, glitazones, primary and secondary vascular		MRCP Part 1 MRCP Part 2	1

preventative agents		PACES ACAT CbD mini-CEX	
Recognise vital importance of patient education and a multidisciplinary approach for the successful long-term care of diabetes		PACES ACAT CbD mini-CEX	1
Recognise when specialist Endocrine or Diabetes opinion is indicated		PACES ACAT CbD mini-CEX	1
Common Problems			
Diabetic ketoacidosis	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Non-acidotic hyperosmolar coma / severe hyperglycaemia	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Hypoglycaemia	C	MRCP Part 1 MRCP Part 2 PACES	1
Care of the acutely ill diabetic	B C	MRCP Part 1 MRCP Part 2	1
Peri-operative diabetes care	B	MRCP Part 2 PACES	1
Hyper/Hypocalcaemia	B C	MRCP Part 1 MRCP Part 2 PACES	1
Adrenocortical insufficiency	A B	MRCP Part 1 MRCP Part 2	1
Hyper/Hyponatraemia	A C	MRCP Part 1 MRCP Part 2	1
Thyroid dysfunction	B C	MRCP Part 1 MRCP Part 2 PACES	1
Dyslipidaemia	A C	MRCP Part 1 MRCP Part 2 PACES	1
Endocrine emergencies: myxoedema coma, thyrotoxic crisis, Addisonian crisis, hypopituitary coma, phaeochromocytoma crisis	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Polycystic ovarian syndrome	A B	MRCP Part 1 MRCP Part 2	1

Amenorrhoea	A B	MRCP Part 1 MRCP Part 2	1
Diabetes insipidus	A C	MRCP Part 1 MRCP Part 2	1
Cushing's syndrome	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Pituitary tumours egprolactinoma, acromegaly and their complications eg SIADH	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Turner's syndrome	A	MRCP Part 1 MRCP Part 2	1
Bone diease: oeteoporosis and osteomalcia	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Clinical Science			
Structure and function of hypothalamus, pituitary, thyroid, adrenals, gonads, parathyroids, pancreas		MRCP Part 1 PACES	1
Outline the structure and function of hormones		MRCP Part 1 PACES	1
Principles of hormone receptors, action, secondary messengers and feedback		MRCP Part 1 PACES	1
Pharmacology of major drug classes: insulin, oral antidiabetics, thyroxine, anti-thyroid drugs, corticosteroids, sex hormones, drugs affecting bone metabolism		MRCP Part 1 MRCP Part 2 PACES	1

Gastroenterology and Hepatology

Within the training programme the trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Gastroenterology and Hepatology

Competencies	Degree of Knowledge	Assessment Methods	GMP
Understand the role of specialised diagnostic and therapeutic endoscopic procedures		ACAT CbD mini-CEX	1
Recognise when specialist Gastroenterology or Hepatology opinion is indicated		ACAT CbD mini-CEX	1
Recognise when a patient's presentation heralds a surgical cause and refer appropriately		ACAT CbD mini-CEX	1
Perform a nutritional assessment and address nutritional requirements in management plan		ACAT CbD mini-CEX	1
Outline role of specialist multi-disciplinary nutrition team		ACAT	1

		CbD mini-CEX	
Common Problems			
Peptic Ulceration and Gastritis	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Gastroenteritis	B	MRCP Part 1 MRCP Part 2 PACES	1
GI malignancy (oesophagus, gastric, hepatic, pancreatic, colonic)	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Inflammatory bowel disease	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Iron Deficiency anaemia	B B C	MRCP Part 1 MRCP Part 2 PACES	1
Acute GI bleeding	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Acute abdominal pathologies: pancreatitis, cholecystitis, appendicitis, leaking abdominal Baortic aneurysm	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Functional disease: irritable bowel syndrome, non-ulcer dyspepsia	A B	MRCP Part 1 MRCP Part 2	1
Coeliac disease	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Alcoholic liver disease	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Alcohol withdrawal syndrome	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Acute liver dysfunction: jaundice, ascites, encephalopathy	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Liver cirrhosis	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Gastro-oesophageal reflux disease	B C C	MRCP Part 1 MRCP Part 2 PACES	1

Nutrition: indications, contraindications and ethical dilemmas of nasogastric feeding and PEG tubes, IV nutrition, re-feeding syndrome	A	MRCP Part 2 PACES	1
Parenteral feeding	A	MRCP Part 2 PACES	1
Gall stones	B	MRCP Part 1 MRCP Part 2 PACES	1
Viral hepatitis	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Auto-immune liver disease	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Pancreatic cancer	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Malabsorption	B	MRCP Part 1 MRCP Part 2 PACES	1
Clinical Science			
Structure and function of salivary glands, oesophagus, stomach, small bowel, colon, rectum, liver, biliary system, pancreas		MRCP Part 1 PACES	1
Principles of the physiology of alimentary tract: motility, secretion, digestion, absorption		MRCP Part 1 PACES	1
Bile metabolism		MRCP Part 1 PACES	1
Principles of action of liver		MRCP Part 1 PACES	1
Laboratory markers of liver, pancreas and gut dysfunction		MRCP Part 1 MRCP Part 2 PACES	1
Pharmacology of major drug classes: acid suppressants, anti-spasmodics, laxatives, anti-diarrhoea drugs, aminosalicylates, corticosteroids, immunosuppressants, infliximab, pancreatic enzyme supplements		MRCP Part 1 MRCP Part 2 PACES	1

Haematology

Within the training programme the trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Haematology

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise when specialist Haematology opinion is indicated		PACES ACAT CbD	1

		mini-CEX	
Practise safe prescribing of blood products, including appropriate patient counselling		MRCP Part 2 ACAT CbD mini-CEX	1,2
Outline indications, contraindications, side effects and therapeutic monitoring of anticoagulant medications		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Common Problems			
Bone marrow failure: causes and complications	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Bleeding disorders: DIC, haemophilia	B	MRCP Part 1 MRCP Part 2 PACES	1
Thrombocytopaenia	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Anticoagulation treatment: indications, monitoring, management of over-treatment	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Transfusion reactions	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Anaemia: iron deficient, megaloblastic, haemolysis, sickle cell	C	MRCP Part 1 MRCP Part 2 PACES	1
Thrombophilia: classification; indications and implications of screening	A B C	MRCP Part 1 MRCP Part 2 PACES	1
Haemolytic disease	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Myelodysplastic syndromes	A	MRCP Part 1 MRCP Part 2 PACES	1
Leukaemia	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Lymphoma	A B B	MRCP Part 1 MRCP Part 2 PACES	1

Myeloma	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Myeloproliferative diseas	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Inherited disorders of haemoglobin (sickle cell disease, thalassaemias)	A C	MRCP Part 1 MRCP Part 2	1
Amyloid	A	MRCP Part 1 MRCP Part 2 PACES	1
Principles of haematopoietic stem cell transplantation	A	MRCP Part 2 PACES	1
Clinical Science			
Structure and function of blood, reticuloendothelial system, erythropoietic tissues		MRCP Part 1 PACES	1
Haemoglobin structure and function		MRCP Part 1	1
Haemopoiesis		MRCP Part 1	1
Metabolism of iron, B12 and folate		MRCP Part 1	1
Coagulation		MRCP Part 1	1

Immunology

Within the training programme the trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Immunology

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise the role of the Clinical Immunologist		ACAT CbD mini-CEX	1
Common Problems			
Anaphylaxis (see also “Allergy”)	C	MRCP Part 1 MRCP Part 2	1
Immunodeficiencies e.g. hypogammaglobulinaemia, common variable immune deficiency	B	MRCP Part 2	1
Clinical Science			
Structure and function of reticuloendothelial system		MRCP Part 1 PACES	1
Innate and adaptive immune responses		MRCP Part 1 PACES	1
The Complement System: structure and function		MRCP Part 1 PACES	1
Principles of Hypersensitivity		MRCP Part 1 PACES	1

Principles of transplantation	PACES MRCP Part 2	1

Infectious Diseases

Within the training programme the trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Infectious Diseases

Competencies	Degree of Knowledge	Assessment Methods	GMP
Elucidate risk factors for the development of an infectious disease including contacts, travel, animal contact and sexual history		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recognise when specialist Microbiology or Infectious Diseases opinions are indicated		PACES ACAT CbD mini-CEX	1
Recognise when a patient is critically ill with sepsis, promptly initiate treatment and liaise with critical care and senior colleagues		MRCP Part 2 ACAT CbD mini-CEX	1
Outline spectrum of cover of common anti-microbials, recognising complications of inappropriate use		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Use local anti-microbial prescribing guidelines, including therapeutic drug monitoring when indicated		MRCP Part 2 ACAT CbD mini-CEX	1
Recognise importance of immunisation and Public Health in infection control, including reporting notifiable diseases		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Outline principles of prophylaxis eg anti-malarials		MRCP Part 1 MRCP Part 2 PACES ACAT CbD mini-CEX	1
Common Problems			
Fever of unknown origin	B	MRCP Part 1 MRCP Part 2	1

		PACES	
Complications of sepsis: shock, DIC, ARDSB	A	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Common community acquired infection: LRTI, UTI, skin and soft tissue infections, viral Cexanthema, gastroenteritis	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
CNS infection: meningitis, encephalitis, brain abscess	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Fever in the returning traveller	A	MRCP Part 2	1
		PACES	
HIV and AIDS including ethical considerations of testing	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Infections in immuno-compromised host	A	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Tuberculosis	A	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Anti-microbial drug monitoring	B	MRCP Part 1	1
		MRCP Part 2	
		PACES	
Endocarditis	A	MRCP Part 1	1
	B	MRCP Part 2	
Common genito-urinary conditions: non-gonococcal urethritis, gonorrhoea, syphilis	A	MRCP Part 1	1
	B	MRCP Part 2	
Fungal infections e.g. aspergillus, pneumocystis jirovecii infection	A	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Lyme disease	A	MRCP Part 1	1
	C	MRCP Part 2	
Viral infections e.g. erythrovirus, infectious mononucleosis, erythrovirus infection, herpes virus infections	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Clinical Science			
Mechanisms of organism pathogenesis		MRCP Part 1	1
Host response to infection		MRCP Part 1	1
		PACES	
Principles of vaccination		MRCP Part 1	1
		PACES	
Pharmacology of major drug classes: penicillins, cephalosporins, tetracyclines, aminoglycosides, macrolides,		MRCP Part 1	1
		PACES	

sulphonamides, quinolones, metronidazole, anti-tuberculous drugs, anti-fungals, anti-malarials, anti-helmintics, anti-virals

Geriatric Medicine

Within the training programme the trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in the Elderly

Competencies	Degree of Knowledge	Assessment Methods	GMP
Elucidate in older patients co-morbidities, activities of daily living, social support, drug history and living environment		PACES ACAT CbD mini-CEX	1
Assess mental state and tests of cognitive function		PACES ACAT CbD mini-CEX	1
Recognise when specialist Medicine in the Elderly opinion is indicated		PACES ACAT CbD mini-CEX	1
Recognise importance of multi-disciplinary assessment		PACES ACAT CbD mini-CEX	1,3
Contribute to effective multi-disciplinary discharge planning		ACAT CbD mini-CEX	1,3
Perform a nutritional assessment and address nutritional requirements in management plan		MRCP Part 2 PACES ACAT CbD mini-CEX	1,3
Set realistic rehabilitation targets		PACES ACAT CbD mini-CEX	1
Rationalise individual drug regimens to avoid unnecessary poly-pharmacy		PACES ACAT CbD mini-CEX	1
Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately, and sensitively ensuring patients interests are paramount		PACES ACAT CbD mini-CEX	1,3

Recognise the role of Intermediate Care, and practise prompt effective communication with these facilities		ACAT CbD mini-CEX	1
Recognise the often multi-factorial causes for clinical presentation in the elderly and outline preventative approaches		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recognise that older patients often present with multiple problems (e.g. falls and confusion, immobility and incontinence)		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Common Problems			
Deterioration in mobility	B	MRCP Part 2 PACES	1
Acute confusion	A B	MRCP Part 1 MRCP Part 2	1
Stroke and transient ischaemic attack	C	MRCP Part 1 MRCP Part 2 PACES	1
Falls	A B	MRCP Part 1 MRCP Part 2 PACES	1
Age related pharmacology	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Hypothermia	B	MRCP Part 2 PACES	1
Continence problems	A	MRCP Part 2 PACES	1
Dementia	A B	MRCP Part 1 MRCP Part 2	1
Movement diseases including Parkinson's disease	C	MRCP Part 1 MRCP Part 2 PACES	1
Depression in the elderly	C	MRCP Part 1 MRCP Part 2 PACES	1
Osteoporosis	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Malnutrition	A	MRCP Part 1	1

	B	MRCP Part 2	
	B	PACES	
Osteoarthritis	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Ulcers: leg and pressure areas	A	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Clinical Science			
Effects of ageing on the major organ systems		MRCP Part 1	1
Normal laboratory values in older people		MRCP Part 1 PACES	1

Musculoskeletal

Within the training programme the trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Musculoskeletal

Competencies	Degree of Knowledge	Assessment Methods	GMP
Accurately describe the examination features of musculoskeletal disease following full assessment		PACES ACAT CbD mini-CEX	1
Recognise when specialist Rheumatology opinion is indicated		PACES ACAT CbD mini-CEX	1
Outline the indications, contraindications and side effects of the major immunosuppressive drugs used in rheumatology including corticosteroids		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recognise the need for long term review in many cases of rheumatological disease and their treatments		PACES ACAT CbD mini-CEX	1
Recognise importance of e.g. multidisciplinary approach to rheumatological disease including physio, OT		PACES ACAT CbD mini-CEX	1,3
Use local / national guidelines appropriately e.g. osteoporosis		MRCP Part 1 MRCP Part 2 PACES ACAT CbD	1

		mini-CEX	
Common Problems			
Septic arthritis	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Rheumatoid arthritis	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Osteoarthritis	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Seronegative arthritides	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Crystal arthropathy	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Osteoporosis – risk factors, and primary and secondary prevention of complications of osteoporosis	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Polymyalgia and temporal arteritis	C	MRCP Part 1	1
		MRCP Part 2	
		PACES	
Acute connective tissue disease: systemic lupus erythematosus, scleroderma, poly- and dermatomyositis, Sjogren's syndrome, vasculitides	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Paget's disease	A	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Osteomyelitis	A	MRCP Part 1	1
	C	MRCP Part 2	
Avascular necrosis	B	MRCP Part 2	1
Clinical Science			
Structure and function of muscle, bone, joints, synovium		MRCP Part 1	1
		PACES	
Bone metabolism		MRCP Part 1	1
		PACES	
Pharmacology of major drug classes: NSAIDS, corticosteroids, immunosuppressants, colchicines, allopurinol, bisphosphonates		MRCP Part 1	1
		MRCP Part 2	
		PACES	

Neurology

Within the training programme the trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Neurology

Competencies	Degree of Knowledge	Assessment Methods	GMP
Define the likely site of a lesion within the nervous system following full assessment		PACES ACAT CbD mini-CEX	1
Recognise when specialist Neurology opinion is indicated		PACES ACAT CbD mini-CEX	1
Recognise when a patient's presentation heralds a neurosurgical emergency and refer appropriately		PACES ACAT CbD mini-CEX	1
Common Problems			
Acute new headache	C	MRCP Part 1 MRCP Part 2 PACES	1
Stroke and transient ischaemic attack	C	MRCP Part 1 MRCP Part 2 PACES	1
Sub-arachnoid haemorrhage	B	MRCP Part 1 MRCP Part 2 PACES	1
Coma	B	MRCP Part 1 MRCP Part 2	1
Central Nervous System infection: encephalitis, meningitis, brain abscess	C	MRCP Part 1 MRCP Part 2	1
Raised intra-cranial pressure	B	MRCP Part 1 MRCP Part 2 PACES	1
Sudden loss of consciousness including seizure disorders (see also syncope)	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Acute paralysis: Guilian Barre, myasthenia gravis, spinal cord lesion	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Multiple sclerosis	C	MRCP Part 1 MRCP Part 2 PACES	1
Motor neurone disease	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Confusional states: Wernicke's encephalophy	B	MRCP Part 1	1

	C	MRCP Part 2	
Dementia	A	MRCP Part 1	1
	B	MRCP Part 2	
Movement disorders: Parkinson;s disease, essential tremor	C	MRCP Part 1	1
		MRCP Part 2	
		PACES	
Myoclonus	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Vertigo	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Sleep disorders	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Neuropathies: peripheral an cranual	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
CNS tumours: cerebral metastases, pituitary tumours	A	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Retinopathy: diabetes mellitus , retinitis pigmentosa, retinal ischaemia or haemorrhage	C	MRCP Part 2	1
		PACES	
Visual disturbance	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Clinical Science			
Structure and function of the central, peripheral and sympathetic nervous systems		MRCP Part 1	1
		PACES	
Physiology of nerve conduction		MRCP Part 1	1
Principles of neurotransmitters		MRCP Part 1	1
Structure and physiology of visual, auditory, and balance systems		MRCP Part 1	1
		PACES	
Cerebral automaticity		MRCP Part 1	1
		PACES	
Anatomy or cerebral blood supply		MRCP Part 1	1
		PACES	
Brain death		MRCP Part 1	1
		PACES	
Pathophysiology of pain		MRCP Part 1	1
		PACES	

Speech and language		MRCP Part 1 PACES	1
Pharmacology of major drug classes: anxiolytics, hypnotics inc. benzodiazepines, anti-epileptics, anti-parkinson drugs (anti-muscarinics, dopaminergics)		MRCP Part 1 MRCP Part 2 PACES	1

Psychiatry

Within the training programme the trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Psychiatry

Competencies	Degree of Knowledge	Assessment Methods	GMP
Be able to take a full medical and relevant psychiatric history		PACES ACAT CbD mini-CEX	1
Be able to perform a mental state examination		ACAT CbD mini-CEX	1
Recognise when specialist Psychiatric opinion is indicated		ACAT CbD mini-CEX	1
Recognise when a patient's presentation heralds organic illness and manage appropriately		PACES ACAT CbD mini-CEX	1
Recognise role of community mental health care teams		ACAT CbD mini-CEX	1
Common Problems			
Suicide and parasuicide	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Acute psychosis	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Substance dependence	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Depression	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Delirium	A B	MRCP Part 1 MRCP Part 2	1
Alcohol syndromes: alcohol dependence, alcohol withdrawal	C	MRCP Part 1	1

		MRCP Part 2	
Anxiety and panic disorders	A	MRCP Part 1	1
	C	MRCP Part 2	
Phobias	A	MRCP Part 1	1
	B	MRCP Part 2	
Stress disorders	A	MRCP Part 1	1
	B	MRCP Part 2	
Clinical Science			
Structure and function of limbic system and hippocampus		MRCP Part 1	1
Principles of substance addiction, and tolerance		MRCP Part 1 PACES	1
Principles of neurotransmitters		MRCP Part 1	1
Pharmacology of major drug classes: anti-psychotics, lithium, tricyclics antidepressants, mono-amine oxidase inhibitors, SSRIs, venlafaxine, donepezil, drugs used for addiction (bupropion, disulpharam, acamprosate, methadone)		MRCP Part 1	1

Renal Medicine

Within the training programme the trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Renal Medicine

Competencies	Degree of Knowledge	Assessment Methods	GMP
Formulate a differential diagnosis for the patient following assessment		PACES ACAT CbD mini-CEX	1
Formulate an appropriate management plan		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Discuss with patient likely outcomes and prognosis of condition and requirement for long term review		PACES ACAT CbD mini-CEX	1,3
Differentiate pre-renal failure, renal failure and urinary obstruction		MRCP Part 1 MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recognise when specialist Nephrology or Urology opinion is indicated		ACAT CbD mini-CEX	1
Identify patients who are at high risk of renal dysfunction in		PACES	1

event of illness or surgery, and institute preventative measures		ACAT CbD mini-CEX	
Common Problems			
Acute kidney injury	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Chronic kidney disease	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Glomerulonephritis	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Nephrotic syndrome	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Urinary tract infections	C	MRCP Part 1 MRCP Part 2	1
Urinary Calculus	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Renal replacement therapy	A B C	MRCP Part 1 MRCP Part 2 PACES	1
Disturbances of potassium, acid/base, and fluid balance (and appropriate acute interventions)	B	MRCP Part 1 MRCP Part 2 PACES	1
Polycystic kidney disease	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Clinical Science			
Structure and function of the renal and urinary tract		MRCP Part 1 PACES	1
Homeostasis of fluid, electrolytes and acid base		MRCP Part 1 PACES	1
Urine composition		MRCP Part 1	1
Measurement of renal function		MRCP Part 1 PACES	1
Metabolic perturbations of acute, chronic, and end-stage renal failure and associated treatments		MRCP Part 1	1

Respiratory Medicine

Within the training programme the trainee will acquire the defined knowledge base of clinical science and common problems with applied competencies in Respiratory Medicine

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise when specialist Respiratory opinion is indicated		PACES ACAT CbD mini-CEX	1
Safe oxygen prescribing		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Principles of short and long term oxygen therapy		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Outline the different delivery systems for respiratory medications		PACES ACAT CbD mini-CEX	1
Outline methods of smoking cessation of proven efficacy		PACES ACAT CbD mini-CEX	1
Counsel patients in smoking cessation appropriately		PACES ACAT CbD mini-CEX	1,3
Take a thorough Occupational History to identify risk factors for lung disease		PACES ACAT CbD mini-CEX	1
Common Problems			
COPD	C	MRCP Part 1 MRCP Part 2 PACES	1
Asthma	C	MRCP Part 1 MRCP Part 2 PACES	1
Pneumonia	C	MRCP Part 1 MRCP Part 2 PACES	1
Pleural disease: Pneumothorax, pleural effusion, mesothelioma	C	MRCP Part 1 MRCP Part 2 PACES	1

Lung cancer	B	MRCP Part 1 MRCP Part 2 PACES	1
Respiratory failure and methods of respiratory support	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Pulmonary embolism and DVT	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Tuberculosis	C	MRCP Part 1 MRCP Part 2 PACES	1
Interstitial lung disease	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Obstructive sleep apnoea	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Cystic fibrosis	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Bronchiectasis	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Respiratory failure and cor pulmonale	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Pulmonary hypertension	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Clinical Science			
Anatomy and function of respiratory system (airways, lungs, chest wall)		MRCP Part 1 PACES	1
Physiology of gas exchange: ventilation, perfusion, ventilation and perfusion matching		MRCP Part 1 MRCP Part 2 PACES	1
Acid-base homeostasis		MRCP Part 1 MRCP Part 2 PACES	1
Principles of lung function measurement		MRCP Part 1 MRCP Part 2 PACES	1
Pharmacology of major drug classes: bronchodilators, inhaled corticosteroids, leukotriene receptor antagonists, immunosuppressants		MRCP Part 1	1

Public Health & Health Promotion
Within General Internal Medicine there must be recognition of the public health issues that can impact on an individual patient's well being. There is also a recognition that opportunities must betaken for health promotion with the patient population that presents to hospital.

Competencies	Assessment Methods	GMP
Smoking		
Outline the effects of smoking on health	PACES ACAT CbD mini-CEX	1
Promote smoking cessation	PACES ACAT CbD mini-CEX	1
Recognise the need for support during cessation attempts	PACES ACAT CbD mini-CEX	1
Recognise and utilise specific Smoking Cessation health professionals	PACES ACAT CbD mini-CEX	1
Alcohol		
Recall safe drinking levels	PACES ACAT CbD mini-CEX	1
Recognise the health and psychosocial effects of alcohol	MRCP Part 1 MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recommend support networks for problem drinkers	PACES ACAT CbD mini-CEX	1
Outline appropriate detoxification programme and methods to retain abstinence	PACES ACAT CbD mini-CEX	1

Obesity

Recognise medical impact of obesity	MRCP Part 2 PACES ACAT CbD mini-CEX	1
Outline good dietary practices	PACES ACAT CbD mini-CEX	1
Promote regular exercise	PACES ACAT CbD mini-CEX	1
Recommend specialist dietician input as appropriate	PACES ACAT CbD mini-CEX	1
Define principles of therapeutic interventions in morbid obesity	MRCP Part 2 PACES ACAT CbD mini-CEX	1

Nutrition

Recognise the public health problem of poor nutrition	ACAT CbD mini-CEX	1
Perform basic nutritional assessment	PACES ACAT CbD mini-CEX	1
Identify patients with malnutrition and instigate appropriate management	MRCP Part 1 MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recognise importance of dietician input and follow-up	PACES ACAT CbD mini-CEX	1
Define principles of enteral and parenteral feeding	PACES ACAT CbD	1

	mini-CEX	
Outline the ethical issues associated with nutrition	PACES ACAT CbD mini-CEX	1
Sexual behaviour		
Promote safe sexual practices	PACES ACAT CbD mini-CEX	1
Substance abuse		
Recognise the health and psychosocial effects of substance abuse	ACAT CbD mini-CEX	1
Recommend support networks	ACAT CbD mini-CEX	1
Social Deprivation		
Be able to define the levels of social deprivation in the community	ACAT CbD mini-CEX	1
Recognise the impact of social deprivation on health	ACAT CbD mini-CEX	1
Occupation		
Recognise the impact of occupation on health	MRCP Part 2 PACES ACAT CbD mini-CEX	1
Outline the role of Occupational Health consultants	PACES ACAT CbD mini-CEX	1
Exercise		
Define the health benefits of regular exercise	PACES ACAT CbD mini-CEX	1

Promote regular exercise	PACES ACAT CbD mini-CEX	1
Mental Health		
Recognise the interaction of mental and physical health	MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recommend appropriate treatment and support facilities	ACAT CbD mini-CEX	1

Investigation Competencies

Listed below are the investigations that the trainee is expected to be able to outline the indications for and interpret by the end of Core Medical Training. The subsequent list states the investigations that the trainee should know the indications for, and how the investigation is carried out. A detailed interpretation is not expected by trainees in core programmes, as these investigations usually require specialist interpretation (eg histology, radiology). However, the trainee in the latter stages of training in General Internal Medicine (st5 and st6) should be able to interpret the investigations given the clinical context and if uncertain ensure that accurate interpretation of the investigation is available from the relevant specialists.
Outline the Indications for, and interpret the following Investigations:

Biochemistry

- Basic blood biochemistry: urea and electrolytes, liver function tests, bone biochemistry, glucose, magnesium
- Cardiac biomarkers and cardiac-specific troponin
- Creatine kinase
- Thyroid function tests
- Inflammatory markers: CRP / ESR
- Arterial Blood Gas analysis
- Cortisol and short Synacthen test
- HbA1C
- Lipid profile
- Amylase
- Drug levels: paracetamol, salicylate, digoxin, antibiotics, anti-convulsants

Haematology

- Full blood count
- Coagulation screen
- Haemolysis screen
- D dimer
- Blood film report
- Haematinics

Microbiology / Immunology

- Blood / Sputum / urine culture
- Fluid analysis: pleural, cerebro-spinal fluid, ascitic
- Urinalysis and urine microscopy
- Auto-antibodies
- H. Pylori testing

Radiology

- Chest radiograph
- Abdominal radiograph

- Joint radiographs (knee, hip, hands, shoulder, elbow, dorsal spine, ankle)

Physiological

- ECG
- Peak flow tests
- Full lung function tests

Outline the principles of, and interpret, the following investigations (if necessary in more complex cases with the aid of relevant specialists):

Biochemistry

- Urine catecholamines
- Sex hormones (FSH, LH, testosterone, oestrogen and progesterone) & Prolactin
- Specialist endocrine suppression or stimulation tests (dexamethasone suppression test; insulin tolerance test; water deprivation test, glucose tolerance test and growth hormone)

Microbiology / Immunology

- Coeliac serology screening
- Viral hepatitis serology
- Myeloma screen
- Stool testing
- HIV testing

Radiology

- Ultrasound
- Detailed imaging: Barium studies, CT, CT pulmonary angiography, high resolution CT, MRI
- Imaging in endocrinology (thyroid, pituitary, adrenal)
- Renal imaging: ultrasound, KUB, IVU, CT

Physiological

- Echocardiogram
- 24 hour ECG monitoring
- Ambulatory blood pressure monitoring
- Exercise tolerance test
- Cardiac perfusion scintigraphy
- Tilt testing
- Neurophysiological studies: EMG, nerve conduction studies, visual and auditory evoked potentials

Medical Physics

- Bone scan
- Bone densitometry

- Scintigraphy in endocrinology
- V/Q scanning

Endoscopic Examinations

- Bronchoscopy
- Upper and lower GI endoscopy
- ERCP

Pathology

- Liver biopsy
- Renal biopsy
- Bone marrow and lymph node biopsy
- Cytology: pleural fluid, ascitic fluid, cerebro-spinal fluid, sputem

Procedural Competencies for GIM

The procedural competencies for the General Internal Medicine are divided into three sections:

Essential GIM procedures (part A, clinical independence essential before completion of first year of GIM)

GIM StRs must be able to undertake the following procedures before completion of first year of GIM training

- DC cardioversion
- knee aspiration
- abdominal paracentesis

Essential GIM procedures (part B, clinical independence essential by CCT)

GIM StRs must be able to undertake the following procedures before completion of CCT

- central venous cannulation (by neck or femoral) with U/S guidance where appropriate

Essential GIM procedures (part C, clinical independence desirable)*

GIM StRs must have some practical clinical experience*ie: hands on of these procedures by CCT.

- Pleural aspiration or insertion intercostal drain for pneumothorax
- intercostal drain insertion using Seldinger technique with U/S guidance (excepting pneumothorax where ultrasound guidance is not normally required)

* *If not able to gain clinical independence, then one or more of the following are acceptable: skills lab competent with certification, course competent with certification, some clinical experience with DOPS indicating, at a minimum, 'able to perform the procedure under direct supervision / assistance'*

4 Learning and Teaching

4.1 The training programme

The organisation and delivery of postgraduate training is the statutory responsibility of the General Medical Council (GMC) which devolves responsibility for the local organisation and delivery of training to the deaneries. Each deanery oversees a "School of Medicine" which is comprised of the regional Specialty Training Committees (STCs) in each medical specialty. Responsibility for the organisation and delivery of specialty training in General Internal Medicine in each deanery is, therefore, the remit of the regional General Internal Medicine STC. Each STC has a Training Programme Director who coordinates the training programme in the specialty.

The training programme will be organised by deanery specialty training committees following submission to the JRCPTB who will seek approval from GMC. Dual specialty programmes will be a minimum of 60 months and the progression through the programme will be determined by using the decision grid (see section 5.5 ARCP Decision Aid). The final award of the CCT will be dependent on achieving competencies as evidenced by successful completion as evidenced by the type and number of assessments set out in the curriculum. Training will normally take place in a range of District General Hospitals and Teaching Hospitals normally for a duration of 6 months at each institution.

The sequence of training should ensure appropriate progression in experience and responsibility. The training to be provided at each training site is defined to ensure that, during the programme, the entire curriculum is covered and also that unnecessary duplication and educationally unrewarding experiences are avoided. However, the sequence of training should ideally be flexible enough to allow the trainee to develop a special interest.

All training in GIM should be conducted in institutions with appropriate standards of clinical governance and which meet the relevant Health and Safety standards for clinical areas. Training placements must also comply with the European Working Time Directive for trainee doctors

Training posts must provide the necessary clinical exposure but also evidence that the required supervision and assessments can be achieved.

Acting up as a consultant (AUC)

"Acting up" provides doctors in training coming towards the end of their training with the experience of navigating the transition from junior doctor to consultant while maintaining an element of supervision.

Although acting up often fulfills a genuine service requirement, it is not the same as being a locum consultant. Doctors in training acting up will be carrying out a consultant's tasks but with the understanding that they will have a named supervisor at the hosting hospital and that the designated supervisor will always be available for support, including out of hours or during on-call work. Doctors in training will need to follow the rules laid down by the Deanery / LETB within which they work and also follow the JRCPTB rules which can be found at www.jrcptb.org.uk/trainingandcert/Pages/Out-of-Programme.

4.2 Requirements of GIM Training Programme

1) A portfolio containing the required proportion of workplace-based assessments as defined in the GIM (Acute) ARCP Decision Aid, i.e. a minimum of 6 ACATs, 4 mini-CEX and 4 CbD per year; DOPS until independence in procedures demonstrated; MSF

2) Evidence of attendance at a minimum of 70% of Deanery training days where 2 hours of GIM is provided during the training day and/or evidence of attendance at a minimum of 35 hours per year of external GIM conferences or courses. There must also be evidence of attendance at GIM training days. A proportion of this training can be achieved by recognition of e-learning modules such as www.doctors.net

3) Evidence of direct care – which means personal management i.e. clerking, examining and investigating – of an indicative number of 300 patients per year admitted on the general medical "take" (i.e. approximately 1000 patients during the 3-year training programme). This will need to be recorded (perhaps as a print out of the hospital admission data), discussed with the Educational Supervisor and recorded in general terms in a log book signed off by the Educational Supervisor and countersigned by the relevant Deanery STC Chair and/or TPD

4) Evidence of inpatient experience. This should include at least three years of experience undertaking in-patient ward rounds that must include patients with multisystem disease based in a variety of different specialities and which allow competencies to be obtained in the management of the "Top 20" and "Other Presentations" as detailed in the GIM curriculum. There must be consultant supervision of these ward rounds at least twice a week. The ward rounds may be undertaken on specialist wards.

5) Evidence of experience of the management of outpatient clinics or equivalent experience can be obtained in specialist clinics, direct access clinics or ambulatory care clinics. To satisfy the regulations for award of a CCT in GIM there must be experience of at least one clinic a week for an indicative 3 years during which the trainee will build up experience and competence in managing the "Top Presentations" and "Other Presentations".

During this time, competence will be acquired by attending 186 clinics over 3 years for a single CCT in GIM or over the entire duration of training for a Dual CCT seeing and managing about 450 new patients and 1500 follow up patients. This must be ratified by the Educational or Clinical Supervisor and countersigned by the relevant Deanery STC Chair and/or TPD.

4.3 Teaching and learning methods

The curriculum will be delivered through a variety of learning experiences. Trainees will learn from practice, clinical skills appropriate to their level of training and to their attachment within the department.

Trainees will achieve the competencies described in the curriculum through a variety of learning methods. There will be a balance of different modes of learning from formal teaching programmes to experiential learning 'on the job'. The proportion of time allocated to different learning methods may vary depending on the nature of the attachment within a rotation.

This section identifies the types of situations in which a trainee will learn.

Learning with Peers - There are many opportunities for trainees to learn with their peers. Local postgraduate teaching opportunities allow trainees of varied levels of experience to come together for small group sessions. Examination preparation encourages the formation of self-help groups and learning sets.

Work-based Experiential Learning - The content of work-based experiential learning is decided by the local faculty for education but includes active participation in:

- **Medical clinics including specialty clinics**. A clinic can be any activity involving care of patients in a scheduled manner (ie not acute care but excluding those interactions which are simply supervision of a clinical investigation). Clinics can take place in a number of settings, including hospitals, day care facilities and the community. Patients with new problems referred from another clinician and patients returning for review can be included. The clinic might be primarily run by a specialist nurse (or other qualified health care professionals) rather than a consultant physician. After initial induction, trainees will review patients in clinic settings, under direct supervision. The degree of responsibility taken by the trainee will increase as competency increases. As experience and clinical competence increase trainees will assess 'new' and 'review' patients and present their findings to their clinical supervisor. Whilst there remains some emphasis on numbers of patients seen in clinics in order to gain experience, it is recognised that numbers will vary according to specialty and complexity. Normally the trainee will see a minimum of 4-6 patients in a clinic.

  The competent doctor will, without recourse to the usual acute care support services and team, be able to:
  - assess the reason for the clinic review from referral letters, notes, patient / carer etc
  - be able to focus on the issue(s) and any other important issues arising during the consultation in the allotted time
  - explore the patient's ideas, expectations and concerns
  - undertake focussed examination as required
  - review investigation results and need for further investigations and / or referrals, and make secure arrangements for these
  - explain the outcomes of the review to the patient (and any accompanying persons) in a clear fashion, such that the patient can take forward any changes in the management plan, clarifying these as required before the consultation ends
  - make relevant notes in appropriate health care records
  - communicate the salient facts of the consultation to the referring clinician and other involved health care workers
  - be prepared to undertake further actions outside of the scheduled care setting eg obtain results and act on them, further communications etc.
- Specialty-specific takes
- Post-take consultant ward-rounds
- Personal ward rounds and provision of ongoing clinical care on specialist medical ward attachments. Every patient seen, on the ward or in out-patients, provides a learning opportunity, which will be enhanced by following the patient through the course of their illness: the experience of the evolution of patients' problems over time is a critical part both of the diagnostic process as well as management. Patients seen should provide the basis for critical reading and reflection of clinical problems.

- Consultant-led ward rounds. Every time a trainee observes another doctor, consultant or fellow trainee, seeing a patient or their relatives there is an opportunity for learning. Ward rounds, including those post-take, should be led by a consultant and include feedback on clinical and decision-making skills.
- Multi-disciplinary team meetings. There are many situations where clinical problems are discussed with clinicians in other disciplines. These provide excellent opportunities for observation of clinical reasoning.

Trainees have supervised responsibility for the care of in-patients. This includes day-to-day review of clinical conditions, note keeping, and the initial management of the acutely ill patient with referral to and liaison with clinical colleagues as necessary. The degree of responsibility taken by the trainee will increase as competency increases. There should be appropriate levels of clinical supervision throughout training with increasing clinical independence and responsibility as learning outcomes are achieved (see Section 5: Feedback and Supervision).

Formal Postgraduate Teaching – The content of these sessions are determined by the local faculty of medical education and will be based on the curriculum. There are many opportunities throughout the year for formal teaching in the local postgraduate teaching sessions and at regional, national and international meetings. Many of these are organised by the Royal Colleges of Physicians.

Suggested activities include:
- A programme of formal bleep-free regular teaching sessions to cohorts of trainees (e.g. a weekly core training hour of teaching within a Trust)
- Case presentations
- Journal clubs
- Research and audit projects
- Lectures and small group teaching
- Grand Rounds
- Clinical skills demonstrations and teaching
- Critical appraisal and evidence based medicine and journal clubs
- Joint specialty meetings
- Attendance at training programmes organised on a deanery or regional basis, which are designed to cover aspects of the training programme outlined in this curriculum.

Independent Self-Directed Learning -Trainees will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:
- Reading, including web-based material
- Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- Audit and research projects
- Reading journals
- Achieving personal learning goals beyond the essential, core curriculum

Formal Study Courses - Time to be made available for formal courses is encouraged, subject to local conditions of service. Examples include management courses and communication courses.

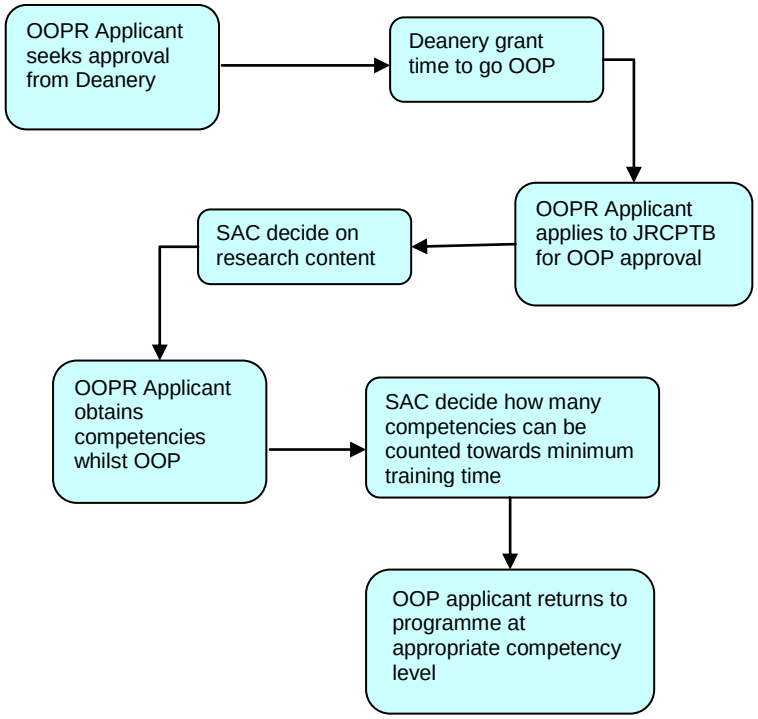
4.4 Research

Trainees who wish to acquire research competencies, in addition to those specified in their specialty curriculum, may undertake a research project as an ideal way of

obtaining those competencies. For those in specialty training, one option to be considered is that of taking time out of programme to complete a specified project or research degree. Applications to research bodies, the deanery (via an OOPR form) and the JRCPTB (via a Research Application Form) are necessary steps, which are the responsibility of the trainee. The JRCPTB Research Application Form can be accessed via the JRCPTB website. It requires an estimate of the competencies that will be achieved and, once completed, it should be returned to JRCPTB together with a job description and an up to date CV. The JRCPTB will submit applications to the relevant SACs for review of the research content including an indicative assessment of the amount of clinical credit (competence acquisition) which might be achieved. This is likely to be influenced by the nature of the research (eg entirely laboratory-based or strong clinical commitment), as well as duration (eg 12 month Masters, 2-year MD, 3-Year PhD). On approval by the SAC, the JRCPTB will advise the trainee and the deanery of the decision. The deanery will make an application to the GMC for approval of the out of programme research. All applications for out of programme research must be prospectively approved.

Upon completion of the research period the competencies achieved will be agreed by the OOP Supervisor, Educational Supervisor and communicated to the SAC, accessing the facilities available on the JRCPTB ePortfolio. The competencies achieved will determine the trainee's position on return to programme; for example if an ST3 trainee obtains all ST4 competencies then 12 months will be recognised towards the minimum training time and the trainee will return to the programme at ST5. This would be corroborated by the subsequent ARCP.

This process is shown in the diagram below:



Funding will need to be identified for the duration of the research period. Trainees need not count research experience or its clinical component towards a CCT programme but must decide whether or not they wish it to be counted on application to the deanery and the JRCPTB.

Funding will need to be identified for the duration of the research period. The normal maximum period of time allowed out of programme is 3 years, and the SAC will recognise up to 12 months towards the minimum training time.

5 Assessment

5.1 The assessment system

The purpose of the assessment system is to:

- enhance learning by providing formative assessment, enabling trainees to receive immediate feedback, measure their own performance and identify areas for development;
- drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience;
- provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme;
- ensure trainees are acquiring competencies within the domains of Good Medical Practice*;*
- assess trainees' actual performance in the workplace;
- ensure that trainees possess the essential underlying knowledge required for their specialty;
- inform the Annual Review of Competence Progression (ARCP), identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme;
- identify trainees who should be advised to consider changes of career direction.

The integrated assessment system comprises a mixture of workplace-based assessments and knowledge-based assessments. Individual assessment methods are described in more detail below.

The assessments will be supported by structured feedback for trainees within the training programme of General Internal Medicine. Assessment tools will be both formative and summative and will be selected on the basis of their fitness for purpose.

Workplace-based assessments will take place throughout the training programme to allow trainees to continually gather evidence of learning and to provide formative feedback. They are not individually summative but overall outcomes from a number of such assessments provide evidence for summative decision making. The number and range of these will ensure a reliable assessment of the training relevant to their stage of training and achieve coverage of the curriculum.

5.2 Assessment Blueprint

In the syllabus (3.3) the "Assessment Methods" shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used.

5.3 Assessment methods

The following methods are used in the integrated assessment system:

Examinations and certificates

- The MRCP(UK) Examination: Part 1, Part 2 Written and Part 2 Clinical (PACES)
- Advanced Life Support Certificate (ALS)

Information about MRCP (UK), including guidance for candidates and how to receive feedback, is available on the MRCP (UK) website www.mrcpuk.org

Workplace-based assessments

- mini-Clinical Evaluation Exercise (mini-CEX)
- Direct Observation of Procedural Skills (DOPS)
- Multi-Source Feedback (MSF)
- Case-Based Discussions (CbD)
- Patient Survey (PS)
- Acute Care Assessment Tool (ACAT)
- Audit Assessment (AA)
- Teaching Observation (TO)

These methods are described briefly below. More information about these methods including guidance for trainees and assessors is available in the ePortfolio and on the JRCPTB website www.jrcptb.org.uk. Workplace-based assessments should be recorded in the trainee's ePortfolio. The workplace-based assessment methods include feedback opportunities as an integral part of the assessment process, this is explained in the guidance notes provided for the techniques.

Multi-source feedback (MSF)
This tool is a method of assessing generic skills such as communication, leadership, team working, reliability etc, across the domains of Good Medical Practice. This provides objective systematic collection and feedback of performance data on a trainee, derived from a number of colleagues. 'Raters' are individuals with whom the trainee works, and includes doctors, administration staff, and other allied professionals. The trainee will not see the individual responses by raters, feedback is given to the trainee by the Educational Supervisor.

mini-Clinical Evaluation Exercise (mini-CEX)
This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. The can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

Direct Observation of Procedural Skills (DOPS)
A DOPS is an assessment tool designed to evaluate the performance of a trainee in undertaking a practical procedure, against a structured checklist. The trainee receives immediate feedback to identify strengths and areas for development.

Case-based Discussion (CbD)
The CbD assesses the performance of a trainee in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by trainees. The CbD should focus on a written record (such as written case notes, out-patient letter, discharge summary). A typical encounter might be when presenting newly referred patients in the out-patient department.

Acute Care Assessment Tool (ACAT)
The ACAT is designed to assess and facilitate feedback on a doctor's performance during their practice on the Acute Medical Take. Any doctor who has been responsible for the supervision of the Acute Medical Take can be the assessor for an ACAT.

Patient Survey (PS)
Patient Survey address issues, including behaviour of the doctor and effectiveness of the consultation, which are important to patients. It is intended to assess the trainee's performance in areas such as interpersonal skills, communication skills and professionalism by concentrating solely on their performance during one consultation.

Audit Assessment (AA)
The Audit Assessment tool is designed to assess a trainee's competence in completing an audit. The Audit Assessment can be based on review of audit documentation OR on a presentation of the audit at a meeting. If possible the trainee should be assessed on the same audit by more than one assessor.

Teaching Observation (TO)
The Teaching Observation form is designed to provide structured, formative feedback to trainees on their competence at teaching. The Teaching Observation can be based on any instance of formalised teaching by the trainee which has been observed by the assessor. The process should be trainee-led (identifying appropriate teaching sessions and assessors).

5.4 Decisions on progress (ARCP)

The Annual Review of Competence Progression (ARCP) is the formal method by which a trainee's progression through her/his training programme is monitored and recorded. ARCP is not an assessment – it is the review of evidence of training and assessment. The ARCP process is described in A Reference Guide for Postgraduate Specialty Training in the UK (the "Gold Guide" – available from www.mmc.nhs.uk). Deaneries are responsible for organising and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee's ePortfolio.

As a precursor to ARCPs, JRCPTB strongly recommend that trainees have an informal ePortfolio review either with their educational supervisor or arranged by the local school of medicine. These provide opportunities for early detection of trainees who are failing to gather the required evidence for ARCP.

The ARCP Decision Aid is included in section 5.5, giving details of the evidence required of trainees for submission to the ARCP panels.

5.5 ARCP Decision Aids

GIM ARCP Decision Aid

The table that follows includes a column for each stage of training which documents the targets that have to be achieved for a satisfactory ARCP outcome at the end of that stage. Each stage of training equates to 12 months for trainees on a 3 year single CCT GIM programme. Most trainees however are on a dual CCT programme which includes GIM and there is variability between specialty training programmes when GIM experience is gained. This decision aid summarises the CCT targets which must be achieved before the award of a CCT and it is recommended that the targets for the stages of training should be used by trainees and their training programme director as a guide to the targets for the ARCP at the end of each training year. Some discretion can be used before the final CCT (ie at Stages 1 and 2) if the educational supervisor indicates to the ARCP panel that overall progress is satisfactory.

The e portfolio curriculum record should be used to present evidence in an organised way to enable the educational supervisor and the ARCP panel to determine whether satisfactory progress with training is being made to proceed to the next phase of training. Evidence that may be linked to the competencies listed on the e portfolio curriculum record include work place assessments; reflections on clinical cases or events or personal performance; reflection on teaching attended or other learning events undertaken e.g. e learning modules; reflection on significant publications, audit or quality improvement project reports (structured abstracts recommended) and / or assessments; feedback on teaching delivered and examination pass communications.

Summaries of clinical activity and teaching attendance should be recorded in the logbook facility in the e portfolio.

It is recognised that there is a hierarchy of competencies within the curriculum. It is expected that the breadth and depth of evidence presented for the emergency presentations, top symptom presentations and procedures will be greater than that for the common competencies and the other important presentations which may be sampled to a lesser extent. Workplace assessment evidence of performance will be required for each of the former group but not for the common competencies or other presentations. There should however be evidence of engagement with those sections of the curriculum with WPBA or other evidence (as described above) presented for the majority of the competencies.

An educational supervisor report (or reports) covering the whole training year is required before the ARCP. Great emphasis is placed on the educational supervisor confirming that satisfactory progress in the curriculum is being made compared to the level expected of a trainee at that stage of their training. This report should bring to the attention of the panel events that are causing concern e.g. patient safety issues,

professional behaviour issues, poor performance in work-place based assessments, poor MSF report, issues reported by other clinicians. It is expected that serious events would trigger a deanery review even if an ARCP was not due.

GIM ARCP Decision Aid - standards for recognising satisfactory progress					
Curriculum domain		**GIM stage 1**	**GIM stage 2**	**CCT**	**Comments**
Educational Supervisor report(s)	Overall report	Satisfactory with no concerns	Satisfactory with no concerns	Satisfactory with no concerns	To cover the whole training year since last ARCP
	Management and leadership	Demonstrate acquisition of leadership skills in supervising the work of Foundation and Core Medical trainees during the acute medical take	Demonstrate implementation of evidence based medicine whenever possible with the use of common guidelines Demonstrate good practice in team working and contributing to multi-disciplinary teams.	Able to supervise and lead a complete medical take of at least 20 patients including management of complex patients both as emergencies and in patients Able to supervise more junior trainees and to liaise with other specialties. Awareness and implementation of local clinical governance policies and involvement in a local management role within directorates, as an observer or trainee representative	
ALS		Valid	Valid	Valid	
Work Place Based Assessments (WPBAs)	WPBAs should be performed proportionately throughout each training year and performed by a number of different assessors It is expected that a range of assessments will be used and structured feedback given to aid the trainees personal development.				
	Minimum number of consultant WPBAs per year	10 (with at least 6 ACATs)	10 (with at least 6 ACATs)	10 (with at least 6 ACATs)	Cumulative totals to be used when a GIM training year spans more than 1 training

					year
	Audit assessment			1 before CCT	Feedback should be primarily about the audit
	Teaching Observation			1 before CCT	
	MSF	1	1		Replies should be received within a 3 month time window from a minimum of 12 raters including 3 consultants and a mixture of other staff for a valid MSF. If significant concerns are raised then arrangements should be made for a repeat MSF(s)
GIM Audit or GIM Quality improvement projects				Need to have lead one before CCT	
Common Competencies		Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Satisfactory performance at curriculum level 3 or 4 signed off by educational supervisor	The ARCP panel will expect to see evidence of engagement with a majority of the competencies in this section of the curriculum
Emergency Presentations	Cardio-respiratory arrest	Signed off with supporting evidence of performance			It is expected that ACATs, mini-CEXs and

	Shocked patient	Signed off with supporting evidence of performance			CbDs will be used to assess workplace performance of these competencies
	Unconscious patient	Signed off with supporting evidence of performance			
	Anaphylaxis / severe adverse drug reaction	Signed by educational supervisor after a satisfactory assessment of clinical performance or after discussion of management if no clinical cases encountered			
Top Presentations		Confirmation by educational supervisor that satisfactory progress is being made	Each presentation individually signed off with supporting evidence of performance		
Other Important Presentations		Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that level of performance in this area is satisfactory for GIM completion	The ARCP panel will expect to see evidence of engagement with this section of the curriculum
Procedures	DC cardioversion	Clinically independent			CMT procedural skills must be maintained Procedures should be evidenced by DOPS (initially training / formative) and then assessment / summative to confirm
	Knee aspiration	Clinically independent			
	Abdominal paracentesis	Clinically independent			
	Central venous cannulation (by internal jugular, subclavian or femoral approach)	Skills lab training completed or satisfactory supervised practice		Clinical independence or able to perform the procedure with supervision / assistance	

	with U/S guidance where appropriate				competence where required
	Intercostal drainage 1. Pneumothorax insertion using Seldinger technique			Clinical independence or able to perform the procedure with supervision / assistance	DOPS to be repeated until clinical independence (where required) is confirmed
	2. Pleural Effusion using Seldinger technique with ultrasound guidance			Skills lab training competent	For potentially life-threatening procedures, at least 2 DOPS confirming competence are required from different assessors
Clinical activity	Acute Take			1000 patients seen before CCT	It is expected that performance in outpatients will be assessed using Mini CEX and CbD. Reflective practice and patient survey are also recommended for use in outpatients
	Clinics * (or equivalents)			186 performed before CCT	
Teaching	Overall teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	The requirements to attend teaching attendance should be specified on commencement of training
	External GIM			100 hours before CCT	Includes regional teaching days

*The Specialist Advisory Committees for General Internal Medicine and Geriatric Medicine have agreed that there is equivalent outpatient experience for trainees undertaking a Dual CCT in GIM and Geriatric Medicine only. Please see appendix 1 for this list.

5.6 Penultimate Year Assessment (PYA)

The penultimate ARCP prior to the anticipated CCT date will include an external assessor from outside the training programme. JRCPTB and the deanery will coordinate the appointment of this assessor. This is known as “PYA”. Whilst the ARCP will be a review of evidence, the PYA will include a face to face component.

5.7 Complaints and Appeals

The MRCP(UK) office has complaints procedures and appeals regulations documented in its website which apply to all examinations run by the Royal Colleges of Physicians.

All workplace-based assessment methods incorporate direct feedback from the assessor to the trainee and the opportunity to discuss the outcome. If a trainee has a complaint about the outcome from a specific assessment this is their first opportunity to raise it.

Appeals against decisions concerning in-year assessments will be handled at deanery level and deaneries are responsible for setting up and reviewing suitable processes. If a formal complaint about assessment is to be pursued this should be referred in the first instance to the chair of the Specialty Training Committee who is accountable to the regional deanery. Continuing concerns should be referred to the Associate Dean.

6 Supervision and feedback

This section of the curriculum describes how trainees will be supervised, and how they will receive feedback on performance.

6.1 Supervision

All elements of work in training posts must be supervised with the level of supervision varying depending on the experience of the trainee and the clinical exposure and case mix undertaken. Outpatient and referral supervision must routinely include the opportunity to personally discuss all cases if required. As training progresses the trainee should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient. Local education providers (LEP’s) through their directors of education /clinical tutors and associated specialty tutors have a responsibility to ensure that all trainees work under senior supervision by their clinical and educational supervisors. This will allow a review of the progression of their knowledge, skills and behaviours in particular professional conduct and their maintenance of patient safety will be of paramount importance.

It required that educational supervisors devote at least one hour per week in their timetable per trainee for this work.

Deaneries and LEP’s must ensure that trainees have access to online learning facilities and libraries.

Ensuring an even quality of trainees’ supervision

At Deanery level the Speciality Training Committee (STC) which is constituted with representatives from LEP’s, is responsible for ensuring that training and supervision are carried out according to GMCs standards. The STC will meet at least 4

times/year and has trainee representation.At these meetings, any concerns about training programmes or even individual departments are discussed and the training program directors will ensure that concerns are managed. The STC runs the ARCP process, and liases directly with trust-based educational supervisors to ensure that problems with trainees or training are identified and flagged up before the ARCP is performed.

In most Deaneries the STC Chair is a member of the Speciality School Board, where broad issues about training programmes are reviewed. The Deanery has a representative on the JRCPTB SAC in GIM, this representative is usually the STC Chair. Thus there is a structure in place to ensure, National and Local Quality control of training.

Trainees will at all times have a named Educational Supervisor and Clinical Supervisor, responsible for overseeing their education. Depending on local arrangements these roles may be combined into a single role of Educational Supervisor.

The responsibilities of supervisors have been defined by GMC in the document "Operational Guide for the GMC Quality Framework". These definitions have been agreed with the National Association of Clinical Tutors, the Academy of Medical Royal Colleges and the Gold Guide team at MMC, and are reproduced below:

Educational supervisor
A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.

Clinical supervisor
A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.

The Educational Supervisor, when meeting with the trainee, should discuss issues of clinical governance, risk management and any report of any untoward clinical incidents involving the trainee. The Educational Supervisor should be part of the clinical specialty team. Thus if the clinical directorate (clinical director) have any concerns about the performance of the trainee, or there were issues of doctor or patient safety, these would be discussed with the Educational Supervisor. These processes, which are integral to trainee development, must not detract from the statutory duty of the trust to deliver effective clinical governance through its management systems.

Opportunities for feedback to trainees about their performance will arise through the use of the workplace-based assessments, regular appraisal meetings with supervisors, other meetings and discussions with supervisors and colleagues, and feedback from ARCP. Frequent and timely feedback on performance is essential for successful work based experiential learning. To train as a physician a doctor must develop the ability to seek and respond to feedback and clinical practice from a range of individuals to meet the requirements of Good Medical Practice.

6.2 Appraisal

A formal process of appraisals and reviews underpins training. This process ensures adequate supervision during training, provides continuity between posts and different supervisors and is one of the main ways of providing feedback to trainees. All appraisals should be recorded in the ePortfolio

Induction Appraisal

The trainee and educational supervisor should have an appraisal meeting at the beginning of each post to review the trainee's progress so far, agree learning objectives for the post ahead and identify the learning opportunities presented by the post. Reviewing progress through the curriculum will help trainees to compile an effective Personal Development Plan (PDP) of objectives for the upcoming post. This PDP should be agreed during the Induction Appraisal. The trainee and supervisor should also both sign the educational agreement in the e-portfolio at this time, recording their commitment to the training process.

Mid-point Review

This meeting between trainee and educational supervisor is mandatory (except when an attachment is shorter than 6 months), but is encouraged particularly if either the trainee or educational or clinical supervisor has training concerns or the trainee has been set specific targeted training objectives at their ARCP. At this meeting trainees should review their PDP with their supervisor using evidence from the e-portfolio. Workplace-based assessments and progress through the curriculum can be reviewed to ensure trainees are progressing satisfactorily, and attendance at educational events should also be reviewed. The PDP can be amended at this review.

End of Attachment Appraisal

Trainees should review the PDP and curriculum progress with their educational supervisor using evidence from the e-portfolio. Specific concerns may be highlighted from this appraisal. The end of attachment appraisal form should record the areas where further work is required to overcome any shortcomings. Further evidence of competence in certain areas may be needed, such as planned workplace-based assessments, and this should be recorded. If there are significant concerns following the end of attachment appraisal then the programme director should be informed

7 Managing curriculum implementation

This section of the curriculum provides an indication of how the curriculum is managed locally and within programmes.

The organisation of training programs for Core/ACCS training and specialist training in GIM is the responsibility of the postgraduate deaneries.

The Deaneries are establishing appropriate programs for postgraduate medical training in their regions. These schemes will be run by Schools of Medicine in England, Wales and Northern Ireland and Transitional Board Schemes in Scotland. In this curriculum, they will be referred to as local Faculties for medical education. The role of the Faculties will be to coordinate local postgraduate medical training, with terms of reference as follows:

- Oversee recruitment and induction of trainees from Foundation to core training - CMT or ACCS(M)), and from core training into Specialty Training

- Allocate trainees into particular rotations for core training appropriate to their training needs and wishes
- Oversee the quality of training posts provided locally
- Interface with other Deanery Specialty Training faculties (General Practice, Anaesthesia etc)
- Ensure adequate provision of appropriate educational events
- Ensure curricula implementation across training programmes
- Oversee the workplace-based assessment process within programmes
- Coordinate the ARCP process for trainees
- Provide adequate and appropriate career advice
- Provide systems to identify and assist doctors with training difficulties
- Provide flexible training
- Recognise the potential of specific trainees to progress into an academic career

Educational programmes to train educational supervisors and assessors in work place based assessment may be delivered by deaneries or by the colleges or both.

Implementation of the curriculum is the responsibility of the JRCPTB via its speciality advisory committee (SAC) for GIM. The SAC is formally constituted with representatives from each SHA in England, from the devolved nations and has trainee and lay representation. This committee supervises and reviews all training posts in GIM and provides external representatives at Penultimate Year Assessments. Between them, members of the SAC usually attend PYA's for between 500 and 1000 GIM trainees each year, thus ensuring the committee has wide experience of how the curriculum is being implemented in training centres.

It is the responsibility of the committee Chair and Secretary to ensure that curriculum developments are communicated to Heads of Specialty Schools, Deanery Speciality Training Committees and TPD's. The SAC also produces and administers the regulations which govern the curriculum.

The SAC and STC's all have trainee representation. Trainee representatives on the SAC provide feedback on the curriculum at each of the SAC committee meetings.

The introduction of the ePortfolio allows members of the SAC to remotely monitor progress of trainees ensuring that they are under proper supervision and are progressing satisfactorily.

7.1 Intended use of curriculum by trainers and trainees

This curriculum and ePortfolio are web-based documents which are available from the Joint Royal Colleges of Physicians Training Board (JRCPTB) website www.jrcptb.org.uk.

The educational supervisors and trainers can access the up-to-date curriculum from the JRCPTB website and will be expected to use this as the basis of their discussion with trainees. Both trainers and trainees are expected to have a good knowledge of the curriculum and should use it as a guide for their training programme.

Each trainee will engage with the curriculum by maintaining a portfolio. The trainee will use the curriculum to develop learning objectives and reflect on learning experiences.

7.2 Recording progress in the ePortfolio

On enrolling with JRCPTB trainees will be given access to the ePortfolio for CMT/ GIM. The ePortfolio allows evidence to be built up to inform decisions on a trainee's progress and provides tools to support trainees' education and development.

The trainee's main responsibilities are to ensure the ePortfolio is kept up to date, arrange assessments and ensure they are recorded, prepare drafts of appraisal forms, maintain their personal development plan, record their reflections on learning and record their progress through the curriculum.

The supervisor's main responsibilities are to use ePortfolio evidence such as outcomes of assessments, reflections and personal development plans to inform appraisal meetings. They are also expected to update the trainee's record of progress through the curriculum, write end-of-attachment appraisals and supervisor's reports.

Deaneries, training programme directors, college tutors and ARCP panels may use the ePortfolio to monitor the progress of trainees for whom they are responsible.

JRCPTB will use summarised, anonymous ePortfolio data to support its work in quality assurance.

All appraisal meetings, personal development plans and workplace based assessments (including MSF) should be recorded in the ePortfolio. Trainees and supervisors should electronically sign the educational agreement. Trainees are encouraged to reflect on their learning experiences and to record these in the ePortfolio. Reflections can be kept private or shared with supervisors.

Reflections, assessments and other ePortfolio content should be linked to curriculum Competencies in order to provide evidence towards acquisition of these Competencies. Trainees can add their own self-assessment ratings to record their view of their progress. The aims of the self-assessment are:

- To provide the means for reflection and evaluation of current practice
- To inform discussions with supervisors to help both gain insightand assists in developing personal development plans.
- To identify shortcomings between experience, competency and areas defined in the curriculum so as to guide future clinical exposure and learning.

Supervisors can sign-off and comment on curriculum Competencies to build up a picture of progression and to inform ARCP panels.

8 Curriculum review and updating

The Federation of Royal Colleges of Physicians Curriculum Review Committee will oversee evaluation of this curriculum and the portfolio. The curriculum should be regarded as a living document, and the committee will ensure that it will be able to respond swiftly to new developments. The outcome of these evaluations will inform the future development of the curricula.

This Federation committee will consist of representatives from the SAC for GIM and the sub-committee of JRCPTB responsible for CMT, lay persons and trainees.

Formal evaluation will take place during the "pilot" stage of curriculum implementation and during the first year of full implementation. Evaluation will continue (as indicated from the early evaluations) during the first five years of GIM Training. Evaluation will continue periodically thereafter, probably every 3 years.

Evaluation of the curriculum will seek to ascertain:

- Learner response to the curriculum
- Modification of attitudes and perceptions
- Learner acquisition of knowledge and skills
- Learner's behavioural change
- Change in organisational practice

Evaluation methods will include:

- Trainee questionnaire
- College representative and Programme Director questionnaire
- Focused discussions with Educational Supervisors, trainees and, Programme Directors and Postgraduate Deans

Monitoring will be the responsibility of the Programme Directors within the local faculties for education.

Trainee involvement in curriculum review will be facilitated through:

- Involvement of trainees in local faculties of education
- Trainees involvement in the Federation of Royal Colleges of Physicians Curriculum Committee
- Informal feedback during appraisal, ARCP, College meetings

9 Equality and diversity

The Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of equality and diversity legislation, such as the:

- Race Relations (Amendment) Act 2000
- Disability Discrimination Act 1995
- Special Educational Needs and Disabilities Act 2001
- Data Protection Acts 1984 and 1998

The Federation of the Royal Colleges of Physicians believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the Colleges, either as members of staff and Officers; as advisers from the medical profession; as members of the Colleges' professional bodies or as doctors in training and examination candidates. Accordingly, it warmly welcomes contributors and applicants from as diverse a population as possible, and actively seeks to recruit people to all its activities regardless of race, religion, ethnic origin, disability, age, gender or sexual orientation.

Deanery quality assurance will ensure that each training programme complies with the equality and diversity standards in postgraduate medical training as set by GMC.

Compliance with anti-discriminatory practice will be assured through:

- monitoring of recruitment processes;
- ensuring all College representatives and Programme Directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post;
- ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature;

- monitoring of College Examinations;
- ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly disadvantage trainees because of gender, ethnicity, sexual orientation or disability (other than that which would make it impossible to practise safely as a physician). All efforts shall be made to ensure the participation of people with a disability in training.

In order to meet its obligations under the relevant equal opportunities legislation, such as the Race Relations (Amendment) Act 2000, the MRCP (UK) Central Office, the Colleges' Examinations Departments and the panel of Examiners have adopted an Examination Race Equality Action Plan. This ensures that all staff involved in examination delivery will have received appropriate briefing on the implications of race equality in the treatment of candidates.

All Examiner nominees are required to sign up to the following statement in the Examiner application form "I have read and accept the conditions with regard to the UK Race Relations Act 1976, as amended by the Race Relations (Amendment) Act 2000, and the Disabilities Discrimination Acts of 1995 and 2005 as documented above."

In order to meet its obligations under the relevant equal opportunities legislation such as the Disability Discrimination Acts 1995 and 2005, the MRCP (UK) Management Board is formulating an Equality Discrimination Plan to deal with issues of disability. This will complement procedures on the consideration of special needs which have been in existence since 1999 and were last updated by the MRCP (UK) Management Board in January 2005. MRCP(UK) has introduced standard operating procedures to deal with the common problems e.g. Dyslexia/Learning disability; Mobility difficulties; Chronic progressive condition; Blind/Partially sighted; Upper limb or back problem; Repetitive Strain Injury (RSI); Chronic recurrent condition (e.g. asthma, epilepsy); Deaf/Hearing loss; Mental Health difficulty; Autism Spectrum Disorder (including Asperger Syndrome); and others as appropriate. The Academic Committee would be responsible for policy and regulations in respect of decisions on accommodations to be offered to candidates with disabilities.

The Regulations introduced to update the Disability Discrimination Acts and to ensure that they are in line with EU Directives have been considered by the MRCP (UK) Management Board. External advice was sought in the preparation of the updated Equality Discrimination Plan, which has now been published.

10 Appendices

Appendix 1

Eqivalent outpatient experience for GIM and Geriatric Dual CCT trainees only

Please find below the list of equivalent outpatient experience for Geriatric and GIM dual CCT trainees only, in the list below 5 ward consults/patients assessed = 1 clinic equivalent

The essence of an 'outpatient equivalent' is that it is a situation in which the trainee makes a comprehensive assessment of a patient and then gives recommendations for further management to the patient and/or their carers and to other health care professionals.

i) Falls and syncope clinics, neurovascular/TIA and stroke clinics, movement disorder clinics, memory/dementia clinics, continence clinics, osteoporosis and bone health clinics

ii) Tilt table and urodynamic sessions where the trainee makes a comprehensive clinical assessment of the patient (and does not simply act as a 'technician')

iii) peri-operative review sessions of surgical in-patients (similar to the St Thomas's Hospital POPS model)

iv) Sessions where in patient referrals are seen who require a Comprehensive Geriatric Assessment or where patients with chronic conditions referred to Geriatric Medicine for consideration of Intermediate Care or Rehabilitation

v) orthogeriatric sessions

vi) Day Hospital sessions

vii) Care Home Visits, Domiciliary Visits and Home assessments

viii) Intermediate Care sessions including Community Hospital sessions