GUIDELINES ON THE EVALUATION OF APPLICATIONS FROM DOCTORS FOR ENTRY TO THE SPECIALIST REGISTER
(ARTICLE 14[4], [5] and 14 [6] OF THE GENERAL AND SPECIALIST MEDICAL PRACTICE (EDUCATION, TRAINING AND QUALIFICATIONS) ORDER 2003)[1]

for the specialties of Internal Medicine managed by the Joint Committee on Higher Medical Training [JCHMT].

These guidelines are intended to supplement the "Guidance for Article 14 applications" and "Background information on Article 14" published by the PMETB. They set out the type and range of suggested evidence applicants might need to demonstrate that they have reached the standard required of a consultant in the UK National Health Service.

Applicants make their applications to the PMETB from which the relevant application pack is obtained. [www.pmetb.org.uk]. Applicants will, in most cases, seek assistance and advice in completing their applications and are strongly encouraged to approach the JCHMT office in this regard. These guidelines are written with such advice in mind. It is important to note that once defined complete by the PMETB, an application will be evaluated by the JCHMT and it will make a recommendation to PMETB on the basis of the evidence provided. It is therefore in the interests of applicants to ensure that the evidence in support of an application is as complete, comprehensive and relevant as possible. The PMETB has declared that inadequate or incomplete evidence, such that an evaluation cannot be made, will be a pertinent reason for turning down an application.

1. Introduction Article 14 of the Order is concerned with "Specialists eligible for entry in the Specialist Register". These guidelines have been drawn up to assist applicants with the preparation of applications against Articles 14[4] and [5] which say:

"(4) A person is also an eligible specialist for the purposes of article 13(2)(b) if

[(a) he does not fall within paragraph 3: but]

(b) he has -

(i) undertaken specialist training, or

(ii) been awarded specialist qualifications,

in a specialty listed in Schedule 3, and he satisfies the Board that that specialist training is, or those qualifications are, or both when considered together are, equivalent to a CCT in the specialty in question".

"(5) A person is also an eligible specialist for the purposes of article 13(2)(b) if

(a) he has –

(i) undertaken specialist training, or

[1] Statutory Instrument 2003 No: 1250 [The Order]

(ii) been awarded specialist qualifications

outside the United Kingdom in a specialty not listed in schedule 3; or

(b) he has knowledge of or experience in any medical specialty derived from academic or research work,

and he satisfies the Board that these give him a level of knowledge and skill consistent with practice as a consultant in the National Health Service.

and 14[6] which says:

"(6) If a person falls within paragraph (4) or (5) and-

(a) he is also a person falling within sub-paragraph (a) or (b) of paragraph (3), and he has specialist qualifications awarded outside the EEA which have been accepted by another EEA State as qualifying him to practice in that State; or

(b) he has acquired specialist medical experience or knowledge wherever obtained,

the Board shall, when considering it is satisfied as mentioned in paragraph (4) or (5), take account of that acceptance or of that experience or knowledge"

There are two definitions that are important in this context:

a. **Specialist training**

Article 14(7) "specialist training" means medical training that –

(a) comprises of theoretical and practical instruction in a post specifically designated as a training post;

(b) takes place in a university centre, a teaching hospital or other health establishment;

(c) is supervised by an appropriate authority or other body; and

(d) involves the personal participation of the person training to be a specialist in the activity and in the responsibilities of the establishment concerned."

And the PMETB has defined

b. **Specialist qualification** as follows:

For the purposes of Article 14 a specialist qualification shall be a diploma, certificate, accreditation, or other written evidence of success in a programme or programmes of postgraduate education or training in any medical specialty including general practice, which may or may not be

listed in Schedule 3 of the 2003 Order. This shall have been awarded by an approved University, College, training body or institute as a result of success in an examination or formal assessment against defined standards. For the purpose of interpretation of this definition, 'approved' shall mean recognised by the official system in the jurisdiction where the qualification was awarded.

Therefore an evaluation has to be undertaken that considers the training and /or qualifications, and then takes account of knowledge and experience of the applicant in the specialty[s] concerned. The evaluation will be against the relevant curriculum[a] published by the JCHMT (or an appropriate curriculum in the case of Article 15[5][a]).

For the purposes of confirming eligibility for evaluation under Article 14(4)[b] and (6), applicants should

c. Not be covered by Article 14(3) which applies to EEA Nationals or persons with acquired rights holding a specialist qualification recognised in the EEA and,

d. have specialist training [of a minimum of six months] **or** qualifications in a specialty listed in Schedule 3 to the Order [See Appendix A to this document].

e. Applicants with training in any other specialty should apply under Article 14(5)[a] and (6) for which the same basic rule applies but the specialist qualification or six months training must have been acquired outside the UK.

f. In respect of applications under Article 14[5][b], the Academic and Research pathway, details of the relevant process and criteria should be obtained from the PMETB.

*Where the term 'training' is used in the following paragraphs it is to be understood that 'knowledge and experience' will also be taken into account where appropriate***.**

2. The applicant must satisfy the JCHMT [on behalf of the PMETB] that he or she,

a. can provide evidence of being a medical practitioner through having acquired a Primary Medical Qualification obtained from a medical school listed in the World Health Organisation's list of medical schools;

b. has undertaken specialist training **or** obtained a specialist qualification;

c. has a combination of training, qualifications and experience, which taken together, are equivalent to the standard required for the award of a CCT in the UK;

d. can provide the names and contact details of five referees who can vouch for their training and/or professional practice, and who will provide structured reports on request.

3. The minimum length of training that PMETB will accept as meeting the requirements of Article 14[4][b][1] will normally be a continuous period of six months. An applicant must have at least that amount of specialist training, or a specialist qualification in order to be assessed under Article 14[4][b] or 14[5][a]. When the application is assessed, the doctor's qualifications, training and experience, taken together, are judged against the requirements for UK Certificates of Completion of Training (CCTs) or in the case of 14[5][a] against the level of knowledge and skill consistent with practice as a consultant in the National Health Service. JCHMT publishes detailed curricula for each specialty and these are available on request and on the JCHMTs website **www.jchmt.org.uk**.

a. Detailed guidance The PMETB has published *Criteria for entry to the specialist register*[2] which will be the basis for considering applications under Article 14. These criteria are mapped onto the headings of *Good Medical Practice*[3].

The JCHMT has developed detailed guidance on the evidence which might be provided under each of the headings in PMETB's criteria, and that guidance is shown at Annex B.

In respect of the guidance the following definitions also apply to training in the specialties of internal medicine, and applicants should be able to provide evidence that achievement of the competencies associated with these can be derived from the totality of their training, qualifications and experience:

(1) **General Professional Training (GPT)** Specialist medical training in the UK includes a minimum of two years of GPT during 18 months of which the trainee must be involved in emergency medical receptions. The JCHMT's definition of GPT and unselected take is as follows:

Before entering higher specialist training, all trainees must undertake a minimum of two years in GPT. GPT is part of `specialist training' and its satisfactory completion is therefore a requirement for the award of a CCT. It should provide a wide range of experience at Senior House Officer (SHO) level in a variety of posts with direct involvement in patient care in a wide variety of specialties. Within the minimum two years, eighteen months must be spent in posts providing experience in the admission and early follow up of acute emergencies and a minimum of six months must be spent in posts giving exposure to acute unselected medical take.

and,

(2) **Acute unselected medical take** as follows:

[2] Criteria for Entry to the Specialist Register. PMETB
[3] Good Medical Practice. GMC.

During GPT trainees must be exposed to the whole range of common medical emergencies.

On this basis 'unselected take' is defined as acute medical intake encompassing the broad generality of medicine, ie not restricted to any single group of specialties. If any major component of acute medicine (eg cerebrovascular accidents or myocardial infarctions) is excluded from the take, this experience must be obtained in other posts. During the period on 'unselected take' trainees should have an on-call commitment which averages no less than four takes per month, i.e the equivalent of 4 x 12 hour shifts as long as more than an average of 10 patients are dealt with in each shift.

The Federation of the Royal Colleges of Physicians encourages physicians in training to get as wide an experience in as many sub specialties as possible; thus some posts which did not include the acute admission of emergencies would be acceptable for inclusion in GPT for up to 6 of the 24 months, but should always include patient contact and not be laboratory based. Although more than 6 months in an acute medical job would count towards GPT it would be unusual for more than 6 months to count if this were a single sub specialty without general medicine.

(3) **Higher specialist training** *Applicants must have completed a programme of specialist training equivalent in standard to that required for the award of a CCT in the UK, as defined in the current curriculum[a] of training in the specialty[ies] concerned.*

4. **Evidence** The evidence suggested to support an application is described in the PMETB's rules[4]. The evidence suggested by the JCHMT, relevant to the specialties of internal medicine is indicated against each criterion shown at Appendix B.

5. **Structured reports** Applicants will be required to give the names and contact details of five persons who will be approached by the PMETB to provide structured reports. The nominated persons should normally cover the last five years although references from training supervisors would be appropriate in most cases:

The PMETB suggests that normally nominees should include:

a. The applicant's Medical Director or equivalent;

b. two current clinical colleagues of substantive consultant status from the specialty in question;

c. even if your most recent specialist training is more than five years ago, it is advisable to include in your list of referees a training supervisor or other person who can speak authoritatively about your training. However the PMETB recognises that this may not always be possible.

[4] Rules for certification. PMETB 2005

The JCHMT would also suggest:

d. A FRCP holder from one of the UK Royal Colleges of Physicians or The Royal College of Physicians of Ireland (or a doctor of comparable standing from an overseas institution.

The application form asks for a sixth [reserve] nominee in the event of difficulty in making contact with the five main nominees.

Where Applicants anticipate difficulties in nominating appropriate persons, they should contact the JCHMT office for advice on possible alternatives.

6. **Outcomes.** Once an evaluation has been conducted a recommendation is submitted to the PMETB, which in turn makes a decision on the application and informs the applicant. Decisions turning down an applicant must be made in accordance with Article 14[9] that says:

(9) Where this paragraph applies, the Board shall give reasons as to why it is not satisfied, and, in particular, shall inform the person of –

1. *the period of additional training that the person must undertake, and the fields to be covered by it;*

2. *any examination, assessment (including a specified period of assessment) or other test of competence that the person musty complete to the Board's satisfaction,*

in order to qualify under paragraph (4) or (5).

7. **Appeals** Applicants dissatisfied with the outcome of their application have recourse to an independent appeal system, the details of which are obtainable from the PMETB.

At Appendix C is a flowchart that summarises the above for easy reference.

Appendix A

The medical specialties listed in Schedule 3 of the General and Specialist Medical Practice [Education, Training and Qualifications] Order 2003 are listed below:

Extract relating to the specialties of internal medicine only:

Allergy
Audiological Medicine
Cardiology (*formerly known as cardio-vascular disease*)
Clinical Genetics
Clinical Neurophysiology
Clinical Pharmacology and Therapeutics [(*also known as Pharmacology*)]
Dermatology
Endocrinology and diabetes mellitus [(*also known as endocrinology*)]
Gastro-enterology
General (internal) medicine (*formerly known as general medicine*)
Genito-urinary Medicine ([*also*] *known as venereology*)]
Geriatric Medicine (*formerly known as geriatrics*)
Haematology [(*also known as general haematology*)]
Immunology (*also known as immunopathology*)
Infectious diseases ([*also*] *known as communicable diseases*)
Medical Oncology
Neurology
Nuclear Medicine
Paediatric Cardiology
Palliative Medicine
Pharmaceutical Medicine
Rehabilitation Medicine
Renal Medicine [(*also known as renal disease and formerly known as nephrology*]
Respiratory Medicine (*also known as thoracic medicine*]
Rheumatology
Tropical Medicine [curriculum with Infectious Diseases]

DETAILED GUIDANCE FOR THE SPECIALTIES OF INTERNAL MEDICINE[5] Article 14[4] and 14[5][a].

Note: This appendix will be replaced by individual SSGs by the spring of 2006

Good Medical Practice

New specialists must be judgement-safe and competent in their field of specialist practice. They must be able to demonstrate the qualities and abilities to manage a clinical unit or team, ensuring high standards of professional care and effective working relationships with colleagues across professional disciplines. It will be important to monitor plans and initiatives, to evaluate them and ensure that modifications are made where appropriate. New specialists may take on a leadership role within teams and organisations and will have the vision and foresight to develop new ways of working and the commitment to see projects and teams through to the end. New specialists will need to demonstrate the personal capacity and qualities to respond positively to feedback from colleagues and patients, to take and accept responsibility for clinical decisions, and to manage and respond to complaints from families of patients and fellow professionals in a professional manner. They will have the potential to teach and to support training programmes for trainees, departments and staff under their supervision.

Criterion	Specialty specific standards for meeting the criterion	Suggested evidence

1. Good Clinical care

Providing a good standard of practice and care

New specialists must take and accept responsibility for the patient's journey in all clinical contexts. They will set high standards in clinical practice in their specialist field and will be able to demonstrate strong analytic skills and insight in the clinical decisions they make about the treatment and care of their own patients and those of other colleagues. New specialists practise safely within their specialist field and acknowledge when cases go beyond their expertise and when they need to refer to other specialists for advice.

[5] See appendix 1

New specialists ensure that they and their colleagues work within the current legislation and ethical guidelines in their field. They monitor clinical practice and evaluate and modify where appropriate protocols in the light of evidence-based research and audit findings. New specialists will ensure clear and effective systems of sharing information, record-keeping and report-writing in the unit

• Have knowledge and skills to undertake safe, effective and independent practice in their field and accept final responsibility for clinical decisions. • Have the self awareness to acknowledge where the limits of competence lie and when it is appropriate to refer to other senior colleagues for advice. • Take responsibility for clinical governance activities	Knowledge skills and attributes defined in the generic [see below] and specialty curriculum[a]* from www.jchmt.org.uk or if in a non-CCT specialty (Article 14[5][a]) from a curriculum recognised by a relevant national authority. *see appendix 1 for specialty guidance. **Generic Curriculum** Section 1 and 12 • to be able to carry out assessments of patients by means of clinical history taking and physical examination and the use of relevant treatments and investigations. • To be able to carry out specialist assessment and treatment of patients with chronic disease and to demonstrate the effective management of chronic disease states.	*Curriculum Vitae* detailing • Qualifications obtained *by examination or continual assessment.* • All postgraduate appointments including full dates, description of duties and number of cases/case mix, together with details of type of post, workplace, size factors such as staff, patients, facilities and specialty[ies] • Participation in the last 5 years in: research relevant to current practice supported by abstracts or first page of published report. • Publications in chronological order. • Complete and ongoing internal [eg hospital] and external audit cycle activities undertaken together with conclusion and effect on practice [supported by validated evidence of any published audit] • Local, National & International courses attended [supported by certificates of attendance for the five most relevant courses] • Participation over the last five years in multi-disciplinary team meetings, departmental or directorate meetings [supported by evidence of personal contribution]. • Familiarity with IT [supported by validated evidence]

	• Demonstrate knowledge skills and attitudes to manage time and problems effectively. • To have the knowledge and skills to be able to safely manage the general medical 'take'. • To have the knowledge and skills to be able to plan difficult discharges for patients, particularly the elderly.	*Contemporaneous evidence of time spent in supervised accredited training, including* • Evidence of the courses followed – e.g. Curriculum/ programme of training. • Evidence of success in an examination testing the knowledge skills and behaviours relevant to the specialty. • Evidence of the methods, frequency and outcomes of assessment – e.g. Syllabi of examinations, assessment documentation and outcomes. • Evidence that training was supervised by relevant authorities e.g. Certification • log books/training records. *Experience***:** *Validated evidence of* • Satisfactory current appraisal/re-validation portfolio and CPD activity. • Job description[s] • Timetables of work practice. • Evidence of case based discussions across a range of cases. • Work based assessments and directly observed interactions or procedures. • Structured reports from supervisors and colleagues. [nominated referees] • Departmental statistics in relation to workload. • Examples of letters or referrals [anonymised where required] produced by applicants demonstrating all aspects of the management of patients.

		• Evidence of contribution to the development of clinical guidelines.

2. Relationships with patients

New specialists will need to demonstrate the capacity to build trust and to develop and maintain effective relationships with patients and their families. They will need to be good listeners and to show respect and understanding for patients' perspectives on their illnesses or conditions. They must demonstrate a commitment to the principles and practice of consent and confidentiality.

• be skilled in building relationships of trust with patients and their families, through effective interpersonal skills and a courteous and compassionate approach, respect for their privacy, dignity and cultural and religious beliefs. • follow the principles and legal aspects of consent and confidentiality. • be able to manage difficult and complex situations with patients and their families, to advise them appropriately and to manage complaints effectively	**Generic curriculum** Section 2 & 4 • Demonstrate effective communication with patients, relatives (and colleagues) e.g. in consultations, breaking bad news, and dealing with complaints • Have the knowledge & skills to cope with ethical & legal issues which occur during the management of patients e.g. informed consent, confidentiality and legal requirements.	• Satisfactory current appraisal/re-validation portfolio and CPD activity. • Audit of personal consultations including patient feedback questionnaires. • Work based assessments and directly observed interactions or procedures and multi-source feedback. • Letters of appreciation from any patients and their families [anonymised]. • Evidence of successful handling of complaints • Structured reports from supervisors and colleagues. [nominated referees]

3. Maintaining Good Medical Practice

Keeping up to date

New specialists set high standards in their clinical care and ensure that they remain fully competent to practise through their commitment to continuing professional development and the process of revalidation. They foster the skills and abilities of colleagues and encourage their professional development by identifying and ensuring their participation in further training and research opportunities. New specialists are reflective practitioners and strive to improve standards in all aspects of their work. They demonstrate the ability to seek and respond constructively to feedback.

• take responsibility for and keep up-to-date in their own relevant professional and self-development, and facilitate that of others • acknowledge that the balance and quality of their skills and expertise will change as their careers progress and they specialise in certain areas of clinical practice	**Generic curriculum Section 3 [A] 6 and 9** • To demonstrate a habit of 'life long learning'. • To demonstrate the ability to work in clinical teams and to have the necessary leadership skills – clinical teams, respecting others' opinions and effective leadership skills. • To have a good knowledge of research and audit methodologies. • Continuing involvement in research projects. • Demonstrate an understanding of the context and the meaning of clinical governance - risk management, evidence, audit & guidelines.	• Satisfactory current appraisal/re-validation portfolio and CPD activity. • Validated [anonymised] case list and caseload details. • Timetables and on-call rota details. • Evidence of participation in teaching, lecturing and management e.g. thank you letters, programmes, lecture notes and slides. • Complete and ongoing internal [eg hospital] and external audit and research cycle activities undertaken together with conclusion and effect on practice. • Local, National & International courses attended [supported by certificates of attendance for the five most relevant courses]. • Evidence of personal evidence- based learning. • Evidence of contribution to sub-specialty interests e.g. papers, lecture notes, course certificates. • Up to date certificates of membership of learned and professional societies

4. Teaching and Training, appraising and assessing
Making assessments and providing references

New specialists are usually expected to teach and train students, trainees and colleagues and to appraise colleagues and assess their work. They will need to demonstrate effective communication skills in all of these activities, in the presentation and discussion of topics and in their personal interactions. New specialists will be able to demonstrate an understanding of and a commitment to the principles and practice of effective teaching and learning in clinical contexts. They must be able to take responsibility for the supervision of trainees and ensure that effective arrangements are in place. They must demonstrate the ability to be open, honest and objective in appraisals and in written references for colleagues.

• be able to demonstrate the potential to teach and train effectively at all levels of undergraduate and postgraduate education where required • demonstrate skills and strategies in the process of feedback to colleagues and trainees, ensuring positive and constructive outcomes • be capable of judging competence and professional attributes in others	Generic curriculum Sections 6 and 7 • To demonstrate the ability to work in clinical teams and to have the necessary leadership skills - clinical teams, respecting others' opinions and effective leadership skills. • To demonstrate the knowledge skills and attitudes to provide appropriate teaching learning and assessment opportunities – competence in teaching, assessment and appraisal.	• Validated evidence of participation in teaching, lecturing and management e.g. thank you letters, programmes, lecture notes and slides. • Successful attendance at relevant courses. • Evidence from the institution, of having occupied relevant post s [e.g. lectureships or university staff posts], together with job descriptions and role details. • Certificates of attendance at relevant teaching appraisal courses. • Evidence from employer [CE or Medical Director] of participation in the appraisal of others. • Satisfactory current appraisal/re-validation portfolio and CPD activity.

5. Working with colleagues

Working in teams and within organisations

New specialists work as members of a number of teams and within organisations. They must be able to demonstrate an understanding of the roles of others and a respect for the knowledge, skills and experience they bring to a team and to an organisation. They will need to demonstrate strong interpersonal skills and an open and non-discriminatory approach to professional working relationships with colleagues.

• set high and realistic standards and strive for continuing improvement in all aspects of their work and that of colleagues • have effective interpersonal skills which enable them to bring out the best in colleagues, to resolve conflicts when they arise and to develop and maintain productive working relationships within the team.	Generic curriculum Sections 5, 6, 10 & 11 • Demonstrate good working relationships with colleagues – interactions between hospital and GP, other agencies and other specialties. • To display a knowledge of the structure and organisation of the NHS locally and nationally. • Demonstrate competence in the use of health information.	• Satisfactory current appraisal/re-validation portfolio and CPD activity. • Evidence of participation in multi-disciplinary teams, service improvement meetings, departmental or directorate meetings eg agendas, minutes and any outcome documents. • Evidence from current employer of developing, delivering and managing a high quality service, including staff management and development. • Evidence of collaborative research and audit relevant to current practice. • Letters of appreciation from colleagues. • Structured reports from supervisors and colleagues. [nominated referees]

6. Probity and Health

Protecting patients and the profession

New specialists are honest and trustworthy, recognising the privileges and responsibilities of their position. They ensure the standards of Good Medical Practice as set out by the General Medical Council and other relevant Colleges/Faculties or professional bodies are met.

• Always act in their personal and professional lives to maintain public trust in the profession. • Act quickly and effectively if they have reason to believe that their own or a colleague's conduct, performance or health may put patients at risk. • Undertake duties such as writing reports, giving evidence and completing and signing documents in a timely, honest and conscientious way. • Through their leadership encourage the development and practice of these qualities in their colleagues.	Generic Curriculum Sections 4, 5 & 6 • Have the knowledge, skills and attributes to act in a professional manner at all times – doctor patient relationships, continuity of care, relevance of outside bodies, personal health & stress. • Have the knowledge & skills to cope with ethical & legal issues, which occur during the management of patients. • Demonstrate good working relationships with colleagues. • To demonstrate the ability to work in clinical teams and to have the necessary leadership skills	• Probity statement declaration. e.g. version. • Health Statement declaration. e.g. GMC version. • Structured reports from supervisors and colleagues. [nominated referees] • Certificate of good standing with GMC/other relevant body. • Evidence from specific cases [anonymised]. • Letters of appreciation. • Satisfactory current appraisal**/**re-validation portfolio and CPD activity. • Validated evidence of participation in teaching, lecturing and management

***Guidance to applicants for direct entry to the Specialist Register in the use of the Curricula**

The intention of the following lists is to provide a succinct summary of the key learning objectives, knowledge skills and attitudes in the current curriculum for each specialty. This is a Curriculum against which Specialist Registrars in the UK are assessed and against which applicants for direct entry to the Specialist Register will be assessed. This summary is not designed to replace the Curriculum which should be consulted and is available on the JCHMT website. For all Consultant Physicians, generic skills outlined in the GMCs guidance in *Good Medical Practice*, are extremely important and are assessed against the JCHMTs generic curriculum. The specialty curricula build on and assume the possession of such skills.

Allergy [2003]

The practice of Allergy in the UK involves clinical activities which interact with a large range of other medical specialities. The following summarises the principal competencies required, but should be read in conjunction with the current curriculum document.

Eligibility for specialist registration requires evidence of:

1. Broad and up-to-date knowledge of basic and applied immunology: A sound and current knowledge of basic immunological mechanisms, with particular reference to IgE-mediated mechanisms and the cellular and molecular pathology of organ based allergic disease such as asthma, rhinitis, food and drug allergy and atopic dermatitis. Familiarity with laboratory methods used in immunology and in particular allergy diagnosis, with knowledge of the concepts of internal quality control and external quality assessment, precision, accuracy, sensitivity, specificity and predictive values of tests.

2. Broad experience of general medical specialities and acute medicine: A minimum of two years of general professional training in posts with direct involvement in patient care, offering a wide range of experience in a variety of specialities. Eighteen months of the two years must be spent in posts providing experience in the admission and early follow-up of acute emergencies. At least six of these eighteen months must be spent on a service or services in which the emergency take is “unselected”, that is, encompassing the broad generality of medicine.

3. Acquisition of generic learning and management skills: Including a working knowledge of NHS budget, staffing and clinic management; ability to liaise with other colleagues and to work as part of a multi-disciplinary team; ability to explain details of diagnosis, natural history, outcomes and therapeutic measures to clinical colleagues, patients and their carers; awareness of patient support organisations

and how to liaise effectively with them; awareness of relevant sources of information, including computerised databases and literature; evidence of skills to maintain Continuing Professional Development; probity.

4. Specialist knowledge of clinical allergy in adults: Recognition of the role of allergens in all relevant diseases and provision of advice on avoidance; interpretation of skin prick tests and RAST; definition, diagnosis, differential diagnosis and management of asthma, allergic rhinoconjunctivitis, atopic dermatitis, IgE-mediated food allergy, adverse drug reactions, local and systemic reactions to insect stings, anaphylactic reactions, urticaria/angioedema, latex allergy. Efficacy, limitations, indications and contraindications for allergen immunotherapy and other desensitisation regimens. A working knowledge of immunodeficiency syndromes, intravenous immunoglobulin therapy and the management of chronic infections and the immunosuppressed.

5. Specialist knowledge of clinical allergy in children: Diagnosis and management of asthma, rhinitis, atopic dermatitis, food allergy in children; dietary requirements of infants and children, including the use of milk substitute formulae; recognition of congenital immune deficiency syndromes which may present to an allergist; differences in the natural history of allergic diseases and approaches to allergen avoidance in children; management of paediatric allergy in the community; immunotherapy for children.

6. Evidence of competence and experience in practical procedures: Evidence of ability to set up and manage general allergy clinics, skin prick testing, food and drug allergy diagnostic, challenge and desensitisation services and immunotherapy services.

Audiological Medicine [2003]

Most Audiovestibular physicians will work with both adults and children. It is important that physicians should have competency in adult and paediatric medicine in order to develop "whole patient" management of patients with hearing and balance disorders and manage the adolescent transition.

Applicants should have detailed knowledge and clinical competence in:

1. The aetiological diagnosis, assessment, multi-disciplinary and multi-agency management/rehabilitation of all forms of hearing disorder (congenital, acquired, sudden, fluctuating, progressive, chronic and non-organic hearing loss; tinnitus; dysacuses; impaired auditory processing and localisation of sound) from the auditory periphery to the auditory cortex in children and adults.

2. The aetiological diagnosis, assessment and management/rehabilitation of all forms of vestibular disorder manifesting as vertigo, dizziness, instability, ataxia, falls, drop attacks in children and adults, including the elderly.

3. The medical investigation of Speech and Language disorders in hearing and hearing impaired children.

Applicants should provide evidence of the following:

a. Understanding and application of scientific acoustic principles
b. Understanding and interpretation of electrophysiological testing of the audiovestibular system.
c. Competency in the in counselling patients about amplification instruments and listening devices for adults and children with hearing impairment.
d. Audiovestibular development, phonetic speech reception and production in clinical practice.
e. Competency in otorhinolaryngology relevant to the clinical practice of audiovestibular medicine both in adults and children.
f. Understanding and experience in management of children with general and developmental paediatric, neurological, ophthalmological, psychiatric and genetic disease.
g. Competency in management of children with complex medical problems who have audiovestibular problems.
h. Understanding and experience in management of general medical disorders with audiovestibular manifestations, neurological diseases, ophthalmology, adolescent and adult psychiatric disease, medical care of the elderly and genetic disease.
i. Competency in management of adolescents, adults, the elderly and learning disabled adults with auditory and vestibular dysfunction.
j. Understanding and application of occupational and public health medicine with particular emphasis upon prevention of audiological and vestibular disorders.
k. Nationally recognised courses must be attended.
l. MSc in Audiological medicine is highly recommended.

Cardiology [2005]

Cardiologists should have sufficient competency in Acute and General Medicine to allow them to care for their patients in a holistic way. Competency in diabetes, renal disease, gastroenterology (particularly GI bleeding), stroke and syncope, and respiratory medicine should be documented. In addition, the Cardiovascular needs of communities and their ability to appropriately access specialty Cardiovascular care are important subjects. The epidemiology of coronary disease and successful delivery of primary and secondary prevention are seen as important skills for Cardiologists to possess.

1. Applicants should provide evidence of competency in dealing with patients with both valvular disease and cardiomyopathy.

2. Evidence of basic skills in a) electrophysiology, b) nuclear cardiology, c) adult congenital heart disease and pregnancy, d) heart failure must all be provided.

3. Evidence of competency in coronary angiography, transthoracic echocardiography and permanent pacing must be provided.

4. Nationally recognised courses in radiation protection and resuscitation must have been attended, any assessment successfully completed, and documentation provided.

Clinical Genetics [2005]

Clinical Genetics is a specialty that deals with families and involves the diagnosis and investigation of inherited disorders, congenital anomalies as well as the genetic background of common disorders e.g. cancer. Specialists in Clinical Genetics, therefore, require a strong background in both adult medicine and paediatrics. Good communication skills are essential to gain and deliver information to anxious families. The consultant works closely within a team comprising genetic counsellors and cytogenetic and molecular laboratory staff. An understanding of the rapidly changing molecular scientific techniques is required as well as the necessary IT skills to access the latest information about rare disorders.

1. Applicants should provide evidence of competency in the diagnosis and investigation of a wide range of inherited disorders in all age groups.

2. Competency is required in the appropriate requesting and understanding of genetic testing. Experience is required in both diagnostic testing and pre symptomatic genetic testing for late onset disorders.

3. An understanding of the ethical issues related to genetic testing is essential.

4. Evidence is required of exposure to antenatal testing for genetic disorders and the ability to counsel families about unexpected genetic findings.

5. Applicants should have an understanding of the latest cytogenetic and molecular techniques as well as the ability to interpret the results of genetic testing and research studies.

6. Teaching skills are needed in this rapidly changing field to inform and update colleagues in other specialties.

7. Applicants should provide evidence of involvement in genetic related audit and clinical governance.

Clinical Neurophysiology [2005]

Consultant Clinical Neurophysiologists in the UK undertake and report upon a wide range of recordings of electrical activity from both the central and peripheral nervous systems. These studies are used in the diagnosis of a variety of neurological conditions in all age groups. Multi-disciplinary team working with colleagues is also essential to Good Medical Practice in order to best serve patients' interests, and requires demonstrable experience in teaching, training, and participation in clinical governance and audit, as well as working with managers.

1. In view of the wide range of necessary clinical interactions, applicants should have a broad post-graduate training and/or post-graduate qualifications. This should include wide experience in Clinical Neurophysiology, as well as in Neurology or Paediatric Neurology and in Acute and Internal Medicine. Applicants should be able to act as independent practitioners who can make clinical assessments where necessary, formulate a differential diagnosis and choose relevant techniques appropriate to the clinical context.

2. Competence must be demonstrated in the reporting of electroencephalography (EEG) in adults and children, in both waking and sleeping states and in some specialist EEG techniques, which may include ambulatory EEG, video-EEG, the assessment of patients for Epilepsy surgery or those with Sleep Disorders.

3. Competence must be demonstrated in the performance and reporting of nerve conduction and electromyography (EMG) studies in adults and children and in some specialist EMG techniques, which may include quantitative EMG techniques (e.g. single fibre or Macro EMG).

4. Competence must be demonstrated in the reporting of routinely used evoked potentials (EPs) and in some specialist EP techniques, which may include intra-operative monitoring.

5. An understanding of basic relevant science including physics and electronics is required, along with competence in information technology and knowledge of health and safety issues relevant to the specialty.

Clinical Pharmacology and Therapeutics [2003]

Clinical pharmacologists should have sufficient competency in acute and general adult or paediatric medicine to allow them to care for their patients in a holistic way. Competency in cardiology, endocrinology (including diabetes), renal disease, gastroenterology (especially liver disease), neurology, psychiatry, and respiratory medicine should be documented. Applicants should have a scientific background that includes mathematics, physics, chemistry, biology, human anatomy, physiology, biochemistry, pathology, medical microbiology, cell and molecular biology and, in particular, basic pharmacology.

1. Applicants should provide evidence of competency in: pharmacokinetics; pharmacodynamics; experimental design; evaluation of scientific literature; interpretation of preclinical pharmacology and toxicology studies; rational and cost-effective use of medicines; the role of Drug & Therapeutics committees or their equivalent; the development and management of drug formularies.

2. Evidence must be provided of basic skills in design and conduct of: phase 1 studies of new drugs; experimental studies in man and in human tissues and cells; in teaching; and in acquiring and analyzing data and writing and publishing research papers.

Dermatology [2005]

Dermatologists should have sufficient competency in acute and general medicine and in skin surgery to allow them to care for their patients, adult and children, in a holistic way.

Applicants should show competency in all the areas of the Dermatology Curriculum currently designated for UK trainees as contained in the RCP JCHMT Higher Medical Training Curriculum for Dermatology, February 2003

Therein are laid out the Objectives, Subject Matter, ideal Teaching and Learning Methods and ideal Assessments and type of Evidence of Competence expected of aspiring Specialists

These areas are:

1. Skin Biology
2. General Dermatology
   -Acute
   -General Out-patients
   -Ward Referrals
   -On Call
   -Day Care
3. Dermatopathology
4. Contact Dermatitis and Occupational Dermatoses
5. Preparation of Medical Reports
6. Paediatric Dermatology and Genetics
7. Dermatological Surgery including Cryotherapy and Lasers
8. Photodermatology including Phototherapy and Photodiagnosis
9. Infectious Diseases and Infestations of the Skin including GUM and HIV
10. Radiotherapy and Dermatological Oncology
11. Chronic Wound Care (especially leg ulcers)
12. Dermatological Therapy
    -Topical Formulations
    -Systemic Agents
13. Dermatology in Primary Health Care
14. Management and marketing
15. Audit
16. Research Experience/Research Methodology

Endocrinology and Diabetes Mellitus [2003]

1. The vast majority of Consultant Physicians practising Endocrinology and Diabetes in the UK also play an active part in the acute general medical intake and have additional in-patient duties in Acute and Internal Medicine. It is important that doctors applying to enter the Specialist Register in Endocrinology and Diabetes under Article 14 are aware of this as, without appropriate training and experience in Acute and Internal Medicine, they would be unlikely to secure a consultant post in the UK. Even if the applicant was not intending to practise in Acute and Internal Medicine, it is such a vital component of Endocrinology and Diabetes that training and evidence of competence in general medicine should be an essential prerequisite to entering the Specialist Register.

2. Applicants should refer in detail to the specialty curriculum for an understanding of the core competencies expected of a Consultant Physician practising Endocrinology and Diabetes in the UK. Specific attention is drawn to the following:

    a. Applicants should demonstrate evidence of both knowledge and experience of the diagnosis, investigation, treatment and long-term management of endocrine problems involving hypofunction and hyperfunction of the gonads and pituitary, thyroid, parathyroid and adrenal glands.

    b. Applicants should demonstrate evidence knowledge and experience of the diagnosis, investigation and appropriate management of endocrine emergencies.

    c. Applicants should demonstrate evidence of knowledge and experience of the diagnosis, investigation, treatment and long-term management of Type 1, Type 2 and other rarer types of diabetes. This should include knowledge of the range of insulins and oral hypoglycaemic agents available in the UK and when and how to use them appropriately.

    d. Applicants should demonstrate knowledge and experience of the diagnosis and treatment of the range of microvascular and macrovascular complications associated with diabetes.

    e. Applicants should demonstrate knowledge and experience of the management of hypoglycaemic and hyperglycaemic emergencies in people with diabetes.

    f. Applicants should demonstrate experience of sub-specialty areas of diabetes management, particularly obstetric and adolescent diabetes care.

g. Applicants should demonstrate experience of multi-disciplinary team working in Endocrinology and Diabetes.

h. Applicants should demonstrate evidence of continuing professional development since their original training and/or accreditation in the specialty of Endocrinology and Diabetes.

Gastroenterology [2005]

1. Gastroenterologists should have sufficient competence in acute and general internal medicine to allow them to care for patients in an holistic way. Their experience should enable them to deal with the gastrointestinal and hepatic emergencies associated with other system failures, particularly in renal disease, cardiac coronary artery disease, oncology and the effects of treatment of cancer, haematological disease, respiratory, endocrine and neurological diseases. Competence in managing therapy induced gastrointestinal disease is a requirement, and evidence of these competencies must be documented.

2. Applicants should provide evidence of competency in dealing with patients with the full spectrum of acute and chronic gastrointestinal, liver, biliary and pancreatic diseases, including the consideration of psychological factors commonly associated with functional diseases.

3. Evidence of competency in a) upper GI endoscopy b) colonoscopy and polypectomy and c) acute endoscopic management of upper gastrointestinal bleeding must be provided. The latter must include injection sclerotherapy and banding of oesophageal varices as a bare minimum.

4. Skills developed through training and experience in the management of inflammatory bowel diseases prevalent in the United Kingdom must be demonstrable. Evidence of skills in the management of nutritional support including enteral provision and parenteral provision of nutrition must be provided.

5. Certificates of any formal accreditation and assessment from nationally and internationally recognised courses in basic endoscopic skills and colonoscopy must be provided.

6. Evidence of skill in the management of chronic liver disease and it's complications must be provided.

7. Evidence of experience in working together with a multi-disciplinary team including surgeons, pathologists, radiologists and specialist nurses must be documented.

Course certificates must be provided and specific mention of all the above in structured references must be provided. If any single item is not demonstrable the application will be rejected and a recommendation for at least further training to achieve that item will be made.

General [Internal] Medicine [2005]

General Medicine now focuses more on the acute aspects of patient care as well as retaining a breadth of knowledge and skills across a range of specialties. Applicants should be able to demonstrate this breadth of training and experience in both inpatient and outpatient settings.

Applicants for General Medicine should demonstrate an ability to manage acute unselected emergencies both presenting to the hospital for the first time, and arising in those patients already in hospital. This will include evidence of competency in:

- Common cardiac and respiratory emergencies, particularly acute coronary syndrome and acute respiratory failure.
- Common Gastrointestinal and metabolic emergencies, including acute gastro-intestinal bleeding, acute hepatic failure and diabetic keto-acidosis
- The management of drug overdosage and poisoning, and acute psychiatric problems
- Common emergencies in older people, including acute confusion, falls, hypothermia and stroke
- The management of acute anaphylactic shock, acute sepsis, and acute meningitis.
- Acute neurological emergencies including status epilepticus and spinal cord compression
- Management of patients receiving palliative care, and the complications of malignant disease
- Management of acute renal failure and patients requiring renal support
- Management of medical emergencies arising in pregnancy, and experience of assessing fitness for surgery

Applicants should also be able to demonstrate:

- Outpatient experience across a range of specialties.
- Experience of working within a multidisciplinary team, and an understanding of the importance of rehabilitation in patient care.
- Knowledge of community services, how and when to access these, and how to ensure a successful discharge in patients with complex disability.

- An understanding of the assessment of capacity and the ethical issues that may arise.
- An ability to teach and supervise trainees effectively, including the process of appraisal.
- Evidence of experience in clinical governance and risk management processes
- Maximisation of patient safety including good prescribing practices

Acute Medicine

In addition to the above, applicants for Direct Entry in acute Medicine should be able to demonstrate additional training and/or experience in relevant areas. This will include:

- 12 months experience in a Medical Admission or Assessment Unit, admitting unselected medical emergencies
- 6 months experience in Intensive Care
- Clinical responsibility for patients in a High Dependency Unit and/or a Coronary Care Unit
- Evidence of competence in airway management including tracheostomy care
- Evidence of competence in the provision of respiratory support
- Demonstration of good practice in the hand-over of acutely ill patients to other specialist teams.
- The recognition of the acutely sick patient,
- Ability to use early detection of physiological disturbances to promote better patient care , for example a Medical Early Warning Score system

Further detail is to be found in the General (Internal) Medicine and Acute Medicine curricula on the JCHMT website.

Genitourinary Medicine [2003]

1. Evidence of having completed training in General (Internal) Medicine. Applicants who are primarily trained in obstetrics and gynaecology must have spent a minimum of one year post-registration in posts approved for general professional training in general (internal) medicine with an on-call commitment for emergency medicine

2. Evidence of competency in the taking of a sexual history, and clear evidence of adopting a non-judgemental approach to the patient.

3. Evidence of competency in the management of patients presenting with urethritis, vaginal discharge, ulcerative genital disease, and human papillomavirus infection.

4. Evidence of competency in the management of the complications of sexually transmissible infections, including pelvic inflammatory disease, epididymo-orchitis, and disseminated gonococcal infection.

5. Applicants must provide evidence that they have undertaken sufficient gynaecological training to identify the more common gynaecological conditions encountered in clinical practice in Genitourinary Medicine.

6. Evidence of competency in the management of sexually transmissible infections in the pregnant woman and in the pre-pubertal child.

7. Applicants must show evidence of understanding of child protection issues.

8. Evidence of understanding of the epidemiology of and the other public health issues relating to the sexually transmitted infections.

9. Evidence in respect of competency in the management of HIV infection. This includes the management of the symptomless patient, and the ability to work in a multidisciplinary team in the management of the individual with symptomatic disease.

10. Evidence of competency in the application of the various contraceptive methods.

11. Evidence of competency in the management of genital dermatoses, and in genital skin biopsy.

12. Evidence of competency in the management of survivors of sexual assault.

Geriatric Medicine [2004]

A consultant in Geriatric Medicine is expected to have a wide knowledge of general medicine and the medical specialties. Most Geriatricians will be involved in acute as well as rehabilitation medicine and will be familiar with community/ intermediate care including the provision of social services and will have a range of subspecialty experience. The ability to manage patients with multiple pathology and disability is important, as is familiarity with clinical pharmacology and ageing physiology. Excellent communication (verbal and written) and team leading skills are essential. There will be regular involvement in clinical governance including audit. Personal continuing professional development is essential. Teaching and clinical supervision skills are important as Geriatricians will be involved in supervising a wide range

of staff. Management and service development is a vital part of the specialty. The ability to evaluate the medical literature and knowledge of research methodology is needed. Geriatricians will have evidence of involvement in research and publication.

Applicants will be expected to meet ALL the standards set out in the current JCHMT Higher Medical Curriculum for Geriatric Medicine (Version 2 December 2004)

Good clinical care
All applicants would be expected to have undertaken the equivalent of 2 years of general professional training at SHO level or equivalent before concentrating on acquiring the higher specialist competencies listed below. The level of competency expected is that of the newly appointed consultant in Geriatric Medicine.

Applicants under article 14 would be expected to show evidence of supervised training, and experience in the last 5 years in the following areas:

1. Three full years in the past five years or part time equivalent in:

    - **Acute medical care:** Evidence of on call rota and numbers of elderly (>65 years) seen on average take: Authenticated Log book of example cases
    - **Rehabilitation:** Description of setting where rehabilitation undertaken including how patients selected., Authenticated log book of example cases including outcomes. Evidence of satisfactory performance in leading and participating within a multidisciplinary team eg referees structured reports. Evidence of coordinating the discharge of elderly patients with complex medical/rehabilitation/social problems eg referees structured reports Multisource feedback by a variety of colleagues including members of the multidisciplinary team
    - **Day hospital:** Description of Day Hospital setting including referral criteria, numbers seen and authenticated log book of example cases.
    - **Out patient work:** Description of clinics undertaken (General/Subspecialty Interest), numbers seen, and authenticated log book of example cases. Referees structured reports
    - **Continuing care:** Description of setting(s)where continuing care (long term care)experience gained. Referees structured reports which take account of the opinions of nursing staff and professionals allied to medicine
    - **Hospital consultations:** Authenticated log book of example cases supported by Referees structured reports. To include brief description of decision making process and outcomes of hospital consultations.

- **Home visits and community/intermediate care:** Authenticated log book of cases seen including outcomes. Referees structured reports
- **Respite**: Description of setting where experience in Respite Care gained. Referral criteria for respite care in that particular setting. Authenticated log book of cases seen including outcomes. Referees structured reports
- **Psychiatry of old age:** Description of settings where experience gained. Evidence of ability to investigate and diagnose depression, dementia, delirium. Evidence of experience in prescribing drug treatments for depression. Authenticated log book of example cases and Referees structured report eg from an Old Age Psychiatrist
- **Palliative Care:** Description of settings where experience gained. Evidence of competence in thorough assessment of symptoms in those with terminal illness, ideally to include opinions of specialist in Palliative Care
- **Orthogeriatrics:** Description of settings where experience gained. Evidence of competence in assessment of medical and functional problems in patients with fracture . Authenticated log book of example cases and Referees structured report
- **Continence:** Description of settings where experience gained. Evidence of competence in assessment of elderly patient with urinary and/or faecal incontinence including competence in formulating an appropriate investigation and management plan. Authenticated log book of example cases and Referees structured report
- **Stroke:** Description of settings where experience gained. Evidence of competence in diagnosis, initial management and rehabilitation of patients with stroke. Evidence of satisfactory performance in leading and participating within a multidisciplinary team Authenticated log book of example cases and Referees structured report

2. Applicants would be expected to have been regularly involved in the on call rota for emergency medicine for older patients with unselected medical problems for three years in the last 5 years including involvement and ideally leading post take ward rounds. This should amount to no less than 4 periods of emergency take per month averaging at least 10 patients per take. A weekly ward round on an acute ward and on a rehabilitation ward and a general care of the elderly outpatient clinic would be expected. Regular involvement in ward referrals and being involved in at least 10 *consultations outside the hospital setting* visits would also be expected. Involvement in community/intermediate care (including day hospital, respite, care home and continuing care experience), orthogeriatrics, psychiatry of old age, palliative care, continence and stroke (acute and rehabilitation) each for at least 3 months on a sessional basis or an equivalent shorter period if continuous experience would be expected. Some experience in movement disorders and falls assessment would be expected.

3. Applicants would be expected to provide written documentation supported by appropriate references of satisfactory involvement for each of the above areas ideally backed up by evidence of reflective learning. Log book evidence would be preferred.

4. Applicants would also whenever possible be expected to produce evidence of relevant specialist knowledge perhaps by completion of an appropriate examination or certification of knowledge by an approved specialist.

Relationship with patients

5. Documentary evidence of involvement in complex cases (at least 10) where negotiation with family, carers, social services and other health care staff would be valuable. There should be evidence of training in informed consent and confidentiality issues. There should be documentary evidence of training, involvement and familiarity in assessing patients for, and dealing with patients without, mental capacity and knowledge of best interests decisions, advance directives and other legal and ethical issues.

Maintaining Good Medical Practice

6. There should be evidence of having undertaken continuing professional development in various aspects of the specialty amounting to about 10 days per annum for the last 5 years. Ideally there should be evidence of satisfactory appraisals having taken place each year.

Teaching and Training, Appraising and Assessing

7. Applicants will be expected to have undertaken a training to teach course and show evidence of involvement in supervision of medical staff. Evidence of the ability to complete reports would be expected.

Working with colleagues

8. Applicants would be expected to show evidence of leading regular multidisciplinary team meetings. Attendance at an approved health management course would be expected. Satisfactory completion of 360˚ appraisal/multisource feedback in the last five years would be valuable.

Probity and Health

9. There should be reports from supervisors or colleagues confirming that the applicant has good personal judgement and there are no significant health issues.

Haematology [2005]

Diseases affecting all systems may impact on the blood/bone marrow and haematological diseases may affect all other body systems. Therefore applicants must have sufficient competency in acute and general medicine to care for their patients in a holistic way.
In addition, applicants should be competent in:

1. Diagnostic haematology and laboratory management, including quality assurance issues.

2. Accurate interpretation of laboratory data in a clinical context.

3. Diagnostic cytology of blood and cytology/histology of bone marrow.

4. Investigation, diagnosis and management of all disorders, both benign and neoplastic, of erythrocytes, leucocytes, platelets and the haemostatic system, including, but not restricted to, chemotherapy regimens, haemopoietic cell transplantation and management of bleeding and thrombosis.

5. Common specialist procedures, including bone marrow aspiration and trephine biopsy, lumbar puncture and delivery of intrathecal chemotherapy.

6. Transfusion medicine, including indications for and side-effects of transfusion of blood products/components and the management of transfusion-related problems.

7. The diagnosis and management of disorders of the blood and bone marrow in the context of pregnancy, the neonatal period, infancy and childhood.

Evidence of success in the Membership of the Royal College of Pathologists (MRCPath) examination or other specialist qualification (supported by authenticated original certificates and curriculum or standards for its award). Applicants without such evidence will need to submit very robust evidence that they have been assessed to an appropriate level in Haematology if the Board is to be satisfied of equivalence to CCT standards.

Immunology [2003

The practice of Immunology in the UK involves both clinical and laboratory responsibilities. The following summarises the principle competencies required, but must be read in conjunction with the current curriculum document

1. Broad and up-to-date knowledge of basic Immunology - This includes a thorough understanding of the fundamental and experimental basis of Immunology, and of the pathophysiology of diseases where abnormalities of the immune system are known to play a role. Such

a current knowledge base is essential for practice in this rapidly changing and developing field. Evidence of continuing updating of knowledge is required.

2. Broad experience of general medical specialities - Both laboratory and clinical practice require understanding of and interaction with a wide range of specialities. A substantial proportion (at least 3/4) of this experience must also involve acute medical care. Relevant speciality experience could include respiratory medicine, gastroenterology, nephrology, haematology, paediatrics, rheumatology and infectious diseases.

3. Ability to deliver an Immunology laboratory diagnostic service. - This includes practical skills and detailed knowledge of all Immunology diagnostic laboratory assays, quality control, and health and safety. It requires knowledge of the appropriate selection and interpretation of Immunology tests in their clinical context, and the ability to communicate these. Required management skills include personnel, financial, business and NHS.

4. Ability to deliver a service for the investigation, treatment and care of patients with immunodeficiency - Evidence required of ability to practice independently for adult patients, and of extensive experience of paediatric immunodeficiency including SCID and bone marrow or stem cell transplantation. Abilities in team-working, leadership and communication skills are required to deliver this service.

5. Extensive experience of investigation, treatment and care of patients with other disorders of the immune system. - This includes allergy, vasculitis, connective tissue diseases, organ-specific autoimmune diseases. Experience of bone marrow or solid organ transplantation is also highly desirable.

6. Competence in relevant practical procedures - These will include administration of immunoglobulin replacement therapy (IV and SC), lung function testing, skin prick tests, and advanced life support training (especially anaphylaxis).

7. Experience in immunoprophylaxis - advice regarding administration of active and passive vaccination in range of clinical situations.

8. Effective communication with patients and non-specialist colleagues - Immunological diseases and tests are often poorly understood. The ability to convey complex information succinctly and effectively is paramount to both laboratory and clinical practice.

Evidence of success in the Membership of the Royal College of Pathologists (MRCPath) examination or other specialist qualification (supported by authenticated original certificates and curriculum or standards for its award). Applicants without such evidence will need

to submit very robust evidence that they have been assessed to an appropriate level in Immunology if the Board is to be satisfied of equivalence to CCT standards.

Infectious diseases (and tropical medicine) 2003

1. Clinical Infectious Diseases is a specialty that encomasses every body system. All UK specialists practising in the specialty whether in "pure" Infectious Diseases, or combined with General internal (acute) Medicine or Medical Microbiology are required to demonstrate a sound basic training in General Internal Meidicine and to have reached MRCP(UK) standard or equivalent as a basis for entry into training in the specialty.

2. All practitioners who aspire to continue practising a combination of Infectious Diseases and General (internal) Medicine must demonstrate evidence of current competency in this aspect of practice and should expect to regularly revalidate in this.

3. All Infectious disease practitioners in the UK must be able to demonstrate clinical competence at consultant level in the assessment, investigation, diagnosis and management of community acquired infection in the UK including "cross specialty infections" such as Tuberculosis, Hepatitis B+C and sexually acquired infections.

4. Clinicians practising in Infectious Diseases must demonstrate clinical competence in the management of immunocompromised patients including those suffering from HIV/AIDS. This includes recognition of the manifestations of infection in the immunocompromised, the causes and risk factors leading to the condition, competence in the use of specific HIV diagnostics and ability to institute and manage antiretroviral therapy in a caring and multidisciplinary environment.

5. Practitioners in Infectious Diseases must demonstrate the skills of recognition and management of Healthcare acquired Infection and be able to institute and participate in Infection control systems including in the perioperative or Intensive care scenario.

6. Infectious Disease consultants must demonstrate competence at seniour level in the diagnosis, investigation and management of infection imported into the UK and to be able to provide advice in relation to travel / international medicine.

7. All consultants in Infectious Diseases must be able to demonstrate an understanding of the importance of microbiological techniques in ID and the process and constraints around the provision of microbiological advice and reports.

8. Consultants practising Infectious Diseases must demonstrate competence in all aspects of the management of antimicrobial use; prescribing, adverse events, control policies,economics, prophylaxis and the relevance and management of resistant organisms.

9. All practitioners in the specialty must demonstrate a working understanding of research methodology relevant to infectious diseases and critical evaluation of research reports.

10. In addition it is expected that Clinicians in Infectious Diseases may bring specific skills in related specialties of Epidemiology, Public Health, the laboratory specialties, Clinical pharmacology, Vaccinology or Geitourinary Medicine.

Medical Oncology [2005]

Medical oncologists are primarily involved in the provision of systemic anti-cancer therapy but they must have evidence of appropriate knowledge, training and experience in the care of acute and general medical conditions to allow them to care for their patients. Research experience is recommended as it is a highly regarded component of training, particularly for clinicians wishing to practise in cancer centres.

Applicants should refer to the Medical Oncology curriculum for the detailed competencies expected of a consultant medical oncologist practising in the UK. Particular attention is drawn to the following:

1. Applicants should demonstrate essential communication skills with patients and their relatives and with medical and non-medical colleagues involved in the multidisciplinary care of patients.
2. Applicants should demonstrate essential clinical skills in their assessment of patients, the formulation of treatment plans, the provision of therapy, the management of acute and long-term complications of treatment, the provision of holistic supportive care and the ability to perform appropriate practical procedures.
3. Applicants should demonstrate the necessary competencies to manage (within a multi-disciplinary team) all of the following: breast cancer, colorectal cancer, lung cancer and carcinomas of unknown origin.
4. Applicants should demonstrate the necessary competencies to manage (within a multi-disciplinary team) three of the following: ovarian cancer, germ cell tumours, oesophago-gastric tumours, lymphoma.

5. Applicants should demonstrate the necessary competencies to manage (within a multi-disciplinary team) five of the following cancers: uterus, cervix, hepatobiliary, skin, sarcoma, leukaemia, prostate, urothelial, kidney, head and neck, immunosuppression-related, central nervous system, endocrine and thoracic (non-lung).
6. Applicants should demonstrate the necessary competencies in the application of systemic therapies to patient care: the pharmacological and clinical understanding of each treatment, the ability to critically evaluate and introduce new methods of treatment, the expertise in assessing the response to treatment including the use of appropriate Quality of Life measures and the understanding of standard operating procedures in the handling, dispensing, preparation, disposal and administration of systemic therapies for cancer.
7. Applicants should demonstrate the necessary competencies in the assessment of genetic risk of malignancy, the role of screening and the place of chemoprevention of cancer.
8. Applicants should demonstrate the necessary competencies in the design of clinical trials, the ability to assess and enrol patients into clinical trials, the ability to analyse and interpret the results of studies and the ability to define the role and functioning of Research Ethics Committees.
9. Applicants should demonstrate the necessary competencies in the management of the psychosocial aspects of cancer in patients and their families and also on healthcare professionals involved in the care of patients.
10. Applicants should also demonstrate their record of Continuing Professional Development in Medical Oncology and related disciplines.

Medical Ophthalmology [2004]

The following general competencies should be met for individuals wishing to obtain specialist registration in Medical Ophthalmology

Competency in:

1. General medical skills and procedures.

2. General ophthalmic skills and procedures.

3. Managing patients who have:-
   (a) diabetic retinopathy and other endocrine disorders affecting the eye and visual system.
   (b) ocular inflammatory disease and associated rheumatological conditions affecting the eye.
   (c) neuro-ophthalmic diseases and disease of the visual system.
   (d) medical retinal diseases including hereditary disorders and aging disease of the retina.

4. Use of ophthalmic lasers.

Evidence of attendance at BMS courses

Neurology [2004]

Neurologists should have sufficient competence in Acute and General Medicine to allow them to care for their patients in a holistic way, to allow the management of common general medical complications in patients with neurological disease and to recognise and contribute to the management of neurological complications in patients with general medical conditions.

Applicants should refer in detail to the specialty curriculum for the core competencies expected of a consultant neurologist. Particular attention is drawn to the following:

1. Applicants should demonstrate evidence of both knowledge and experience in the assessment, diagnosis, investigation and management, of patients presenting with common neurological presentations, both acute and long-term, including: Neural Injury (Head, Brain & Spine), Headache (acute, chronic), Sudden loss of consciousness, Coma, Acute behaviour disturbance, Chronic behaviour disturbance, Anxiety and depression, Weakness and paralysis, Pain, Sensory disturbance, Unsteadiness and falls, Abnormal movements, Visual problem, Hearing problem, Language or speech problem, Swallowing problem, Bladder, bowel or sexual dysfunction, Functional disorders, and Developmental disorders.

2. Applicants should demonstrate evidence of knowledge and experience in the diagnosis and management across the broad range of neurological conditions including: Head Injury, Headache, Disorders of consciousness, Disorders of sleep, Disorders of higher function & behaviour, Epilepsy, Cerebrovascular disease, Tumours of the NS & systemic cancer, Infections of NS, CSF disorders, Demyelination & vasculitis, Immunological disorder & NS, Parkinsonism & Movement disorders, Motor neuron disease, Metabolic & toxic states, Disorders of the visual system, Disorders of cranial nerves, Disorders of spine, cord, roots, injury, Disorders of peripheral nerve, Disorders of autonomic system, Disorders of muscle and Pain.

3. Applicants should demonstrate evidence of relevant knowledge and experience in allied specialties including: Clinical neurophysiology, Neuroendocrinology (Endocrinology), Neurogenetics (Medical Genetics), Neurointensive care (Intensive Care Med), Neurootology (Audiological Medicine), Neuropaediatrics (Paediatrics), Neuropathology (Pathology), Neuropsychiatry (Psychiatry), Neuropsychology (Clinical Psychology), Neuroradiology (Radiology), Neurorehabilitation (Rehabilitation), Neurosurgery, and Uro-neurology.

4. Applicants should demonstrate experience of working in multidisciplinary neurology team.

5. Applicants should demonstrate evidence of continued professional development and an up to date knowledge of neurology.

Nuclear Medicine [2005]

1. Nuclear Medicine Physicians should have sufficient competency in Acute and General Medicine to allow them to care for their patients in a holistic way. Applicants must demonstrate training and competency in resuscitation.

2. Applicants should be able to demonstrate training and/or knowledge of the basic science, instrumentation, radiation protection, radio pharmacy and radiochemistry relevant to the practice of nuclear medicine.

3. Evidence of competency is required in assessing the clinical need for investigations, the choice of the most appropriate investigation and interpretation and in the issuing of reports, including paediatric studies.

4. Applicants should demonstrate competency in the safe administration of unsealed radioactive substances to patients and the practical supervision of nuclear medicine investigations including data manipulation and image processing.

5. Competency is required in radionuclide therapy including patient selection and supervision of follow-up after treatment.

6. Applicants must demonstrate knowledge and/or training of the legal and regulatory requirements concerning nuclear medicine including the production and administration of radiopharmaceuticals, radiation protection relating to the patient, general public and hospital staff and requirements of research and patient consent.

Paediatric Cardiology [2005]

Paediatric cardiologists should have achieved sufficient competence in paediatric and adolescent medicine to allow them to care for their patients in a holistic way.

1. Applicants should be competent dealing with patients with the full spectrum of congenital and acquired cardiac disease in childhood, and must be able to demonstrate knowledge and experience of diagnosis, investigation, treatment and long-term management.

2. Competence in transthoracic and transoesophageal echocardiography must be achieved.

3. Basic skills in electrophysiology, magnetic resonance imaging, fetal cardiology, cardiac catheterisation and adult congenital heart disease must have been acquired.

4. Nationally recognised courses in radiation protection and resuscitation must have been attended, and documentation of attendance provided.

Palliative medicine [2004]

The Palliative Medicine Specialty Curriculum was published in June 2004. Applicants must demonstrate evidence of equivalent knowledge, skills, behaviours, experience and competence to the 4 year training programme. A summary of the expectations for specialists in palliative medicine is outlined below.

1. Ability to demonstrate sufficient competency in acute, general medicine to recognise and manage intercurrent illness in the context of patients with advanced, progressive and life threatening disease. Experience in a range of medical specialties such as respiratory medicine, cardiology, diabetes, renal disease, gastroenterology, oncology, neurology, and general practice should be documented.

2. Knowledge of the palliative care needs of populations and the ability to contribute to the strategic planning of services within both the NHS and charitable sector, across primary, secondary and tertiary care is mandatory. Ability to work across care settings (hospital, hospice and community) must be demonstrated.

3. Skilled assessment and management of pain and other symptoms in cancer and other advanced, progressive, life-limiting illnesses must be demonstrated. This will include a detailed working knowledge of pharmacology and therapeutics for symptom relief, with an awareness of the potential for rehabilitation while recognising the needs of the dying patient and their family. The skilled anticipation of the pathophysiology of illness must be demonstrated with the application of an ethical framework to inform individual patient management.

4. Highly developed teamworking and leadership skills must be demonstrated, with a commitment to working within multiprofessional teams to provide holistic patient care, which will include a skilled assessment of the patient's psychological, social and spiritual needs in the context of cultural influences and ethnicity.

5. Excellent communication skills with palliative care patients and their carers must be demonstrated, including breaking bad news, handling uncertainty, changing goals of care, managing treatment decisions, advance care planning, place of death and bereavement issues.

Rehabilitation Medicine [2003]

1. Applicants should refer in detail to the specialty curriculum. Specific attention is drawn to the following:

2. Applicants should have evidence of their knowledge of, experience of, and competency in:

- The assessment and management of any adult with simple or complex disability at all stages of any disabling process
- All of the major neurological, vascular, traumatic, infective, inherited and congenital causes of adult disability with reference to diagnosis, treatment and management options, epidemiology and likely prognosis
- Interdisciplinary working practices
- Working in specialist rehabilitation teams
- Minimum standards of practice in Rehabilitation medicine in the UK
- All kinds of enabling technology to promote independence, communication, and mobility, to enhance individual ability to maintain quality of life and pursue vocational and leisure activities.
- Generic skills with particular reference to their communication skills, their effectiveness in team working, their knowledge of legal and ethical issues in particular relation to this group of patients who include people without mental capacity some of whom are in a

state of low minimal awareness, and people with a variety of conditions who may have full mental capacity but be unable to communicate.

Renal Medicine (2005)

1. The management of renal patients requires a sound knowledge of Acute and General Medicine; indeed, many nephrologists in the UK also undertake practice in Acute and General Medicine and participate in acute general medical intake rotas. Applicants should therefore demonstrate competency in this area.

2. Nephrologists should have sufficient competency in all aspects of general nephrology including the management of acute renal failure, chronic kidney disease, haemodialysis, peritoneal dialysis, and renal transplantation.

3. Applicants should have gained at minimum of six months experience in the care of renal transplant recipients, of which three months should be in the immediate post transplant period. The six months experience should have been gained within the last nine years, of which at least three months should have been gained within the last three years.

4. Applicants should currently be competent in the insertion of temporary vascular access for haemodialysis and native and renal transplant biopsy. Evidence of competency could be provided, for example, by log books, audit reports or by competency based assessments.

Respiratory Medicine [2005]

Most Respiratory Physicians in the UK also undertake practice in Acute and Internal Medicine, and are major contributors to the acute general internal medical intake in virtually all hospitals. Indeed, acute respiratory problems constitute up to 30% of the acute medical intake in most UK hospitals. Therefore it is important that doctors applying for entry to the UK specialty register in Respiratory Medicine are aware of this, and are properly trained in Acute and Internal Medicine. Even if not intending to practice Acute and Internal Medicine, it is such a vital component of the practice of Respiratory Medicine, and therefore of training in the specialty, that evidence of competency in this area will be essential to a successful application.

1. Involvement in the management of patients in the intensive care unit is also an integral part of the practice of Respiratory Medicine, and applicants will be expected to demonstrate sufficient training and experience in this area. As a guide, UK trainees spend a dedicated 60 working days (3 months) on the ITU during their training.

2. Evidence should be provided of competency in the management of patients with asthma and COPD, including environmental and occupational factors, pulmonary rehabilitation and smoking cessation, and of the ability to work in a multi-disciplinary team and to liaise effectively with primary care. For information, UK trainees are required to demonstrate a minimum of two years' experience in these subject areas.

3. Evidence is required of competency in the management of intra-thoracic malignancy, including knowledge of appropriate surgical investigations/therapies and the role of radiotherapy and chemotherapy. Evidence should be provided of the ability to run and/or participate in multi-disciplinary team meetings to discuss the diagnosis, staging and management of patients with intra-thoracic malignancy. For guidance, UK trainees are required to demonstrate a minimum of two years' experience in this subject area.

4. Evidence of competency in the management of patients with pleural diseases (UK trainees: 2 years).

5. Evidence of competency in the management of patients with pulmonary infection/bronchiectasis (UK trainees: 2 years), TB/opportunist mycobacterial disease (UK trainees: 1 year) and evidence of training in the management of HIV lung disease/lung disease associated with other causes of immunosuppression.

6. Evidence of competency in the management of patients with acute and chronic respiratory failure, and in the use of non-invasive ventilation. Competency in the clinical assessment and management of patients presenting with excessive daytime somnolence.

7. Evidence of competency in the management of patients with diffuse parenchymal lung disease and pulmonary complications of systemic disease (UK trainees: 2 years).

8. Evidence of competency in the management of patients with pulmonary vascular diseases, particularly thromboembolic disease.

9. Evidence of competency in the management of patients with occupational and environmental lung disease.

10. Evidence of understanding of, and experience in, the management of patients with cystic fibrosis, genetic and developmental lung diseases and of lung transplantation.

11. Applicants should demonstrate competency in applied pulmonary physiology and anatomy, lung function testing and all the main thoracic imaging modalities.

12. Applicants should be competent in fibreoptic bronchoscopy, including bronchial biopsy, trans-bronchial biopsy, broncho-alveolar lavage and transbronchial needle biopsy. They should demonstrate a high "hit rate" for positive histology in the case of endoscopically visible tumour. Evidence of competency in pleural aspiration, pleural biopsy and in the insertion and management of intercostal tube drains and chemical pleurodesis is also essential. Applicants should have knowledge of the roles of thoracic ultrasound and the role of medical and surgical thoracoscopy.

Rheumatology [2004]

Rheumatology encompasses disorders of the locomotor system i.e., the locomotor apparatus, bone and connective tissues. Rheumatologists should be competent in the assessment and management of patients presenting with features of musculoskeletal conditions including autoimmune inflammatory diseases of the connective tissues and blood vessels. This includes:

1. A sound knowledge of the epidemiology, natural history, pathophysiology and treatment of these conditions. Ability to apply the basic science relevant to rheumatology.

2. Ability to perform and interpret a full history and clinical examination of patients presenting with such problems.

3. Ability to select and interpret the results of, the core investigations used in rheumatology, including blood tests and imaging techniques. Ability to perform synovial fluid microscopy.

4. Ability to choose appropriately and implement the full spectrum of treatments, pharmacological, physical and otherwise, available for managing patients with musculoskeletal and related conditions.

5. Competence in a wide variety of joint and soft tissue injections.

6. Ability to communicate well with patients and members of the multi-disciplinary team.

7. Ability to holistically manage patients with musculoskeletal and allied conditions.

8. Provision of effective team working and leadership skills.

In addition, the rheumatologist must be competent in:

9. Designing and implementing relevant clinical audit and responding to audit results.

10. The management skills necessary to participate in and lead a rheumatology team.

11. The critical appraisal and interpretation of published clinical research.

12. Facilitating the effective learning by other clinical staff.

Tropical medicine [2004]

See Infectious diseases above.

Clinicians aspiring to practice with the additional specialty qualification in Tropical Medicine are expected to meet all the competencies detailed relating to Infectious Diseases and in addition to demonstrate experience in clinical medicine in resource poor settings including the Public health aspects of this practice. They should have been trained in a unit with acknowledged tropical expertise and training facilities, hold a postgraduate degree or diploma in tropical medicine and have experience of Teaching and research in the tropics.

SUB SPECIALTY PROGRAMMES [Article 14[5]]

Metabolic Medicine [2003]

1. Applicants will have completed training of general (internal) medicine or chemical pathology – meeting requirements of one of these disciplines.

2. Applicants will provide evidence of competency to deal with ALL FIVE areas - Nutrition, Cardiovascular Risk, Metabolic Bone, Diabetes, Management of Inborn Errors of Metabolism.

3. Evidence of practical laboratory work is required such as a small project.

4. In the case of applicants from a chemical pathology background: *Evidence of success in the Membership of the Royal College of Pathologists (MRCPath) examination or other specialist qualification (supported by authenticated original certificates and curriculum or standards for its award). Applicants without such evidence will need to submit very robust evidence that they have been assessed to an appropriate level in Metabolic Medicine if the Board is to be satisfied of equivalence to CCT standards.*

OUTLINE OF A14 EVALUATION