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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g.ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
Cardio-Respiratory Arrest -K	Causes of arrest		●					●		●	
	Demonstrate knowledge of when advanced life support should be discontinued, in consultation with colleagues assisting with case					●		●			●
S	Competently lead a cardiac arrest team	●						●			
	Delegate tasks to colleagues equipped with appropriate competencies	●						●			
	Break bad news appropriately (see generic curriculum)	●									●
AB	Demonstrate willingness to undergo UK Resuscitation Council ALS course re-certification every three years							●			
	Recognise importance of sensitively breaking bad news to family		●		●						●
Shocked Patient- k	Recognise more complex forms of shock (e.g. spinal, anaphylaxis, addisonian crisis)	●	●			●				●	
	Categorise cardiogenic shock		●							●	
	Outline the indications for, and limitations of, central venous access and pressure monitoring	●	●								
S	Leads major (non-traumatic) resuscitation	●						●			
	Identify incipient organ failure	●	●			●				●	
	Order, interpret and act on more specialist tests appropriately based on initial investigations	●	●			●				●	
	Insert central line safely when indicated			●							
	Implement protocols and care bundles appropriately e.g. septic bundles	●	●			●					
AB	Adopt leadership role				●						
	Arrange transfer of patient to specialist team (cardiac, ICU) when appropriate	●	●			●					
	Discuss prognosis with patient/carer	●				●					●
Unconscious patient – k	Identify more complex causes of coma and relevant investigations	●	●			●				●	
	Outline more complex management options	●	●			●				●	
s	Order, interpret and act on more specialist tests based on initial investigation	●	●			●				●	
	Manage transfer of patient to appropriate arena of care	●	●			●					
AB	Assume leadership role				●						
	Involve carer/next-of-kin in decision- making process where appropriate	●	●			●					●
	Make difficult ethical choices (DNR) appropriately and sensitively	●	●		●	●					●
Anaphylaxis-K	Recognise clinical manifestations of anaphylactic shock	●	●			●				●	

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	Be aware of the full range of allergies and other provoking stimuli causing anaphylactic shock		●							●	
	Elucidate the management of individual patients at risk of anaphylactic shock from any cause	●	●							●	
S	Lead major resuscitation	●						●			
	Identify and manage all clinical manifestations and associations of anaphylactic shock (laryngoedema, urticaria / angioedema, hypotension and cardiac arrest	●	●			●				●	
	Institute more specialised tests based on suspected aetiology		●			●				●	
AB	Adopt leadership role				●						
	Arrange transfer of patient to a specialist team when appropriate	●	●			●					
	Discuss prognosis with patient/carer	●									●
	Ensure appropriate further investigation and management		●			●					
Abdo pain	Define the indications for specialist investigation: ultrasound, CT, MRI, endoscopy	●	●							●	●
	Identify differences in presentation between functional symptoms and organic disease	●	●							●	●
S	Communicate with patients with functional symptoms in a comprehensible and sensitive manner	●			●		●				●
AB	Recognise the prominence of the potential for non-organic illness in abdominal pain		●								●
	Recognise role of specialist pain clinics and mental health services in chronic pain	●	●			●					●
Back pain - K	Recall the pathophysiology of acute back pain		●							●	●
	Outline secondary prevention measures in osteoporosis	●	●							●	●
S	Order, interpret and act on urgent MRI of spine	●	●			●				●	
	Investigate and refer appropriately when abdominal pathology is suspected	●	●			●				●	●
AB	Involve orthopaedics / rheumatologists / physiotherapists when indicated	●	●		●	●					●
	Recognise impact of osteoporosis and encourage bone protection in all patients at risk	●	●								●
Blackout- K	Define indications for detailed investigations: ECHO, tilt table testing, ambulatory ECG monitoring, EEG, neuroimaging	●	●							●	●
	Define the recommendations concerning fitness to drive	●	●								●
S	Detect and correct causes of orthostatic hypotension when possible	●	●								●
	Develop a management plan for acute period of care	●	●							●	●

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AB	Recognise problems specific to the elderly and address social needs	●	●			●	●				●
	Involve other specialists as appropriate: cardiology, neurology, care of the elderly	●	●		●	●					●
Breathlessness - K	Specify less common cardio-respiratory causes of breathlessness	●	●			●				●	●
	Define indications for specialist investigation	●	●			●				●	●
	Outline indications for CT chest, CT angiography, bronchoscopy, chest ultrasound, cardiac investigations	●	●							●	●
	Identify less common causes of wheeze	●	●			●				●	●
S	Formulate a management plan for acute period of care, including in the event of normal or inconclusive investigations	●	●			●					●
	Recognise indications for ventilatory support, including intubation and non-invasive ventilation	●	●			●				●	●
	Interpret and act on results of echocardiography	●	●			●				●	●
	Initiate non-invasive ventilation safely when appropriate	●	●			●				●	
	Initiate appropriate palliative management of the breathless patient when appropriate	●	●		●	●					●
AB	Recognise and relate immediate prognosis to patient and carers	●	●								●
	Recognise patients who would benefit from pulmonary rehabilitation	●	●			●				●	●
	Involve other specialty teams promptly as appropriate, eg Intensive Care, Cardiology, Respiratory, Palliative Care	●	●		●	●					●
	Engage patients regarding risk factor modification, eg smoking, diet	●				●					●
Chest Pain – K	Outline the indications for further investigation in chest pain syndromes: CT angiography, radio nucleotide scanning, angioplasty, tread mill	●	●			●				●	●
	Outline complications of acute coronary syndromes		●							●	●
	Outline indications for thrombolysis for severe PE	●	●							●	●
S	Practise safe discharge planning including a management plan post-discharge	●	●			●					●
	Arrange appropriate out-patient investigation and follow-up	●	●			●				●	●
	Identify complicated acute coronary syndrome cases and discuss with cardiologist	●	●			●				●	
AB	Involve specialist colleagues as indicated: cardiology, chest medicine	●	●			●					●
	Recommend assessment in specialist chest pain clinics when appropriate	●	●			●					●
	Recommend appropriate secondary prevention treatments and lifestyle changes on discharge	●	●			●					●

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Confusion – K	Outline indications for further investigation including head CT, lumbar puncture	●	●			●				●	●
S	Employ non-pharmacological methods of calming patient e.g. quieter environment	●	●			●					
	Practise safe and minimal sedation when necessary	●	●			●				●	
AB	Involve other specialist teams when appropriate	●	●		●	●					●
	Recognise the role of specialised health workers and wards for the management of the acutely confused elderly		●		●	●					
Cough - K	Explain the indications for specialist investigations: Bronchoscopy and CT scan	●	●							●	●
	Recall less common causes of cough and their relevant investigations	●	●							●	●
	List causes of chronic cough in the presence of a normal chest radiograph									●	●
S	Formulate a management plan for acute period of care	●	●			●					●
AB	Recognise the need for specialist chest medicine opinion	●	●			●					●
Diarrhoea –K	Outline functional disorders of the bowel										●
	List the principle and serious infectious causes of diarrhoea and Public Health implications		●								●
s	Interpret relevant features on a plain abdominal x-ray e.g. mucosal islands	●								●	
	Prescribe appropriate specific symptomatic treatments safely	●	●							●	
	Notify Public Health authorities when appropriate		●			●					●
AB	Recognise the indication for further specialist opinion and endoscopy	●	●							●	●
	Recognise the role of specialist staff in management: lower GI nurse, IBD nurse		●		●	●					●
	Discuss with patient likely outcomes and prognosis of condition and requirement for long term review	●									●
Falls	State how to distinguish between syncope and fall		●							●	●
	Define when a single fall needs a falls risk assessment approach	●	●								●
	Explain the interventions to prevent falls in the community and acute hospital setting		●								●
s	Communicate with patients on falls risk and prevention	●									●
	Demonstrate a health promotion approach	●									●
	Distinguish between syncope and other causes of falls	●	●							●	●
	Demonstrate ability to decide on how far to investigate an individual	●	●							●	●
AB	Recognise associated psychological problems associated with patients who fall		●								●

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	Involve other specialists as necessary	●	●			●					●
	Contribute to the multidisciplinary team discussion and management appropriately, including community services				●						
	Formulate realistic rehabilitation goals	●	●								●
Fever – k	Elucidate the investigations that may be indicated in the event of a PUO	●	●			●				●	●
	Recall the main causes of immunodeficiency									●	●
	Outline the principles of prophylactic antibiotics									●	●
s	Establish the likelihood of a non-infective cause for fever and investigate appropriately	●	●			●				●	●
AB	Seek specialist advice when appropriate	●	●			●					●
	In event of PUO involve appropriate specialist	●	●			●					●
	Follow local and national guidance on notification of communicable diseases	●	●			●					
Fits – K	Outline the principles and indications for EEG and neuro-imaging		●							●	●
	Identify role of national guidelines on epilepsy management (e.g. NICE)		●							●	●
S	Order, interpret and act on results of CT head following liaison with radiology	●	●			●				●	●
	Recognise patient requiring airway management and Critical Care involvement and organise this	●				●					
	Practise safe prescribing of anti convulsants		●		●					●	●
	Discuss the need for anti-convulsant medication and the best choice with patient	●				●	●			●	●
	Recognise and manage pseudo-seizures	●	●			●				●	●
AB	Advise patient on driving, pregnancy, employment, alcohol use	●				●	●				●
Haematemesis - K	Specify details of care after endoscopy to ensure the detection of a re-bleed	●	●			●					
	Outline important measures to be undertaken after endoscopy: helicobacter eradication, acid suppression	●	●			●				●	●
	Outline the role of Sengstaken-Blakemore tubes		●								●
	Outline the indications for, and limitations of, central venous access and pressure monitoring		●								
S	Safely insert central line when indicated			●							
	Maintain adequate fluid balance with appropriate fluid replacement		●								
	Recognise the need for specialist liver unit referral in uncontrollable variceal bleeding	●	●			●					●
AB	Recognise importance of gastroenterological and / or surgical input in management and follow up	●	●			●				●	●

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	Recognise importance of prevention of upper GI bleeding in high risk groups: elderly, critically ill, steroid therapy		●			●				●	●
Headache - K	Outline the importance of functional component to chronic headache	●	●								●
	Determine the role of treatment for suspected migraine	●	●							●	●
s	Practise safe discharge planning in a patient with headache	●	●			●					
	Recognise situations when LP can proceed prior to CT scan of head	●	●			●				●	●
AB	Seek expert opinion when treatment or diagnosis unclear	●	●			●					●
Jaundice – K	Recall less common causes of jaundice and their relevant investigations		●			●				●	●
	Outline the indications for liver transplantation in liver failure (including criteria for transplantation in fulminant liver failure)		●			●					●
	Explain the indications for specialist investigations: liver biopsy, MRI, CT, ERCP		●			●				●	●
S	Formulate a thorough list of differential diagnoses	●	●							●	●
	Recognise and manage complicating factors: sepsis, malnutrition, renal failure, coagulopathy, GI bleed, alcohol withdrawal syndrome, electrolyte derangement	●	●			●				●	●
	Apply measures to prevent the complications of jaundice	●				●					
	Ensure appropriate area of care and monitoring	●				●					
AB	Recognise the need for urgent specialist opinion	●	●			●					●
	Engage patients in dialogue regarding risk factor modification: alcohol, substance abuse	●				●					●
	Relate to patient likely outcomes and prognosis of condition and requirement for long term review	●									●
Limb pain/swelling K	Recall the management options for thrombosis in complicated situations (e.g. malignancy)	●	●			●				●	●
	Define and list causes for less common causes of limb pain: compartment syndrome; neuropathic pain		●			●				●	●
S	Employ preventative measures in patients at risk of developing limb swelling of any cause	●	●								
	Order, interpret and act on more sophisticated investigations as appropriate (angiography, CT, ECHO)	●	●			●				●	
S	Liaise with other specialities as appropriate	●	●			●					
	Advise patient on the risks and benefits of anti-coagulation therapy	●								●	●

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Palpitations-K	Recall the further investigations indicated after arrhythmia presents: ECHO, ambulatory monitoring	●	●			●				●	●
	Define treatments and advice for chronic and paroxysmal arrhythmias	●	●							●	●
S	Interpret reports of ECHO and ambulatory ECG monitoring		●			●				●	
	Practise safe discharge decisions	●	●			●					●
AB	Seek specialist advice when indicated		●		●	●					●
Poisoning -K	Outline the principles of the relevant mental health legislation and Common Law that pertain to treatment against patients' will		●			●					●
	Describe role of analytical toxicology		●								●
	Define parameters prompting consideration of liver transplantation in paracetamol poisoning		●			●	●			●	
S	Use scoring tools to assess risk of further self harm (e.g. Beck's score)	●	●			●					
	Perform mental state examination	●				●					
	Formulate management plan for acute period of care	●	●			●				●	
	Recognise and treat complications of poisoning (e.g. aspiration)	●				●				●	
AB	Recognise importance of psychiatric review pre-discharge in deliberate self-poisoning	●	●			●					
	Involve critical care promptly when indicated	●	●			●					
Rash	Recall less common causes of acute skin rashes, particularly Infective		●			●				●	●
	Outline the indications for specialist investigations including skin biopsy		●							●	●
S	Apply measures to compensate for fluid loss, and to prevent and treat skin infection		●			●					
AB	Recognise the need for an early specialist opinion	●	●		●	●					●
	Recognise the social/psychological problems caused by acute skin disease				●		●				●
Vomiting - K	Recall the indications for further investigation: gastroscopy, CT scanning, contrast studies	●	●							●	●
	Outline medical and surgical treatment modalities	●	●							●	●
S	Recognise the features of non-organic disease	●	●								●
	Recommend valid treatment and advice when non-organic illness is suspected	●	●			●					●
	Recognise and treat the complications of persistent vomiting	●	●			●				●	
AB	Involve other specialists appropriately when indicated	●	●		●	●					●
Weakness - K	Outline role of more detailed investigations depending on differential diagnosis: neuroimaging, nerve conduction studies, EMG, muscle biopsy		●			●				●	●
	Define severity markers in rapidly progressing motor weakness	●	●			●				●	

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S	Ensure appropriate care: thrombo-prophylaxis, pressure areas, nutrition, toileting	●	●			●					●
	Formulate valid differential diagnosis	●	●			●				●	●
	Formulate management plan for acute period of care	●	●			●				●	●
AB	Involve critical care appropriately with concerns over consciousness and rapidly progressive motor weakness	●	●			●					●
	Involve specialist teams as appropriate: neurology, stroke team, nurse specialists	●	●		●	●					●
	Sensitively relay prognosis to patient and carers, and contribute to appropriate resuscitation decisions	●				●	●				●
Abdo Mass - K	Contrast the benefits of ultrasound and CT scanning		●								●
S	Formulate a management plan for acute period of care of a patient presenting with a mass or hepatomegaly and/or splenomegaly	●	●			●				●	●
AB	Involve specialist teams as appropriate	●	●		●	●					
	Communicate bad news in a sensitive and thoughtful manner	●				●	●				●
Abdo swelling -K	Outline the management of ascites		●			●				●	●
	Identify the preponderance of functional causes of constipation	●	●								
S	Practise safe management of ascites: diuretics, paracentesis, antibiotics	●	●			●				●	
	Select appropriate second line investigations of constipation when indicated: barium enema, lower GI endoscopy	●	●			●				●	●
AB	Involve specialists promptly when appropriate: surgery, gastroenterology, radiology, palliative care	●	●		●	●					
	Discuss with patient likely outcomes and prognosis of condition	●				●	●				●
Abnormal sensation -K	Outline indications for more specialised investigations: neuroimaging, screening blood tests for neuropathy, neurophysiology studies	●	●			●				●	●
S	Produce a comprehensive differential diagnosis	●	●			●				●	●
	Advise on effective symptomatic treatments	●	●			●					●
	Identify early spinal cord or cauda equina compression and take appropriate action	●	●			●				●	●
AB	Involve specialist team as appropriate	●	●		●	●					
Aggressive behaviour - K	Outline de-escalation techniques that can be taken to prevent violent behaviour		●								●

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S	Determine whether disturbed behaviour is a result of organic or psychiatric disease	●	●			●					
	Formulate a management plan for the acute period of care	●	●			●					
AB	Encourage review of violent incident soon after it has occurred					●					
	Involve mental health care team in patient management	●	●			●					
Alcohol/substance dependence	Cite local policy on service provision for in-patient and community detoxification	●	●			●					
	Outline different sedative regimes for detoxification	●	●			●				●	●
S	Recognise the co-existence of psychiatric disease	●	●								●
	Formulate a management plan of co-existing medical problems for acute period of care	●	●			●					
AB	Identify need to counsel patient with regard of maintaining abstinence	●				●					●
	Liaise with psychiatric, GP and substance misuse teams as appropriate for ongoing community care	●	●		●	●					
Anxiety - K	Recognise the role of psychological and self help therapy in management		●								●
	Elucidate the principles of pharmacotherapy in the treatment of anxiety disorders		●							●	●
S	Recognise that atypical physical symptoms may herald an underlying anxiety disorder		●								●
	Involve primary care or mental health services as appropriate	●	●			●					●
AB	Recommend initial treatment be undertaken in primary care setting		●			●					
	Discuss with patient that the condition is treatable	●					●				●
	Advise patient on self-help strategies and support groups	●	●								●
	Share decision making with patient	●					●				●
Bruising - K	Define the need for urgent investigations	●	●			●				●	●
	Identify differences in presentation between primary haematological causes of easy bruising and drug induced clotting disorders	●	●							●	●
S	Define a management plan for patients with acute coagulation disorders for the acute period of care	●	●			●				●	●
	Communicate with patients in whom easy bruising does not require admission	●									●
AB	Demonstrate awareness of the serious consequences of a diagnosis of leukaemia		●								●

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	Liaise closely with the haematology department in the early stages of the patient's care pathway	●	●			●					
Abnormal Investigation - K	Outline acute management for accelerated hypertension, including investigations into a secondary cause	●	●			●				●	●
S	Practise safe discharge planning	●	●			●					
	Manage acute / accelerated hypertension appropriately	●	●			●				●	
AB	Coordinate with GP and specialist colleagues the most appropriate method of ongoing care		●		●	●					
Dialysis - K	Identify the importance of co-morbidities in patients on RRT	●	●							●	●
s	Place central venous dialysis catheter with meticulous aseptic technique			●							
AB	Involve Renal Unit for specialist input	●	●			●					
Dyspepsia - K	Outline non-ulcer dyspepsia	●	●							●	●
	Outline indications for oesophageal pH monitoring and manometry		●							●	●
	Outline surgical procedures for acid reflux		●								●
	Outline Barrett's oesophagus and principles of management		●							●	●
S	Formulate management plan for peptic ulceration and non-ulcer dyspepsia for acute period of care	●	●			●				●	●
	Institute appropriate management: lifestyle advice; test and treat; endoscopy referral	●	●			●				●	●
AB	Encourage patient to follow lifestyle advice, and use minimal effective doses of acid suppression medication	●	●			●					●
	Recognise National Guidelines on dyspepsia e.g. NICE		●							●	
Dysuria - K	Outline general measures to prevent recurrent urinary tract infection		●								●
s	Apply knowledge of local microbiological advice in commencing appropriate treatment		●			●					
AB	Recognise the need for Urological input in appropriate cases of Urinary Tract Infection		●								
Genital discharge - K	Outline the systemic modes of presentation of sexually transmitted diseases		●							●	●
	Outline the complications of untreated STDs		●							●	●
	Outline causes of non-infective urethritis		●								●
	Recall and recognise genital skin diseases including squamous cell carcinoma and lichen sclerosus		●			●					

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s	Formulate a management plan	●	●			●					●
	Prescribe appropriate anti-microbials after consultation with microbiology or genito-urinary medical team	●	●			●					
AB	Involve genito-urinary medical team as appropriate	●	●		●	●					●
	Recognise importance of offering screening of other sexually transmitted diseases following counselling: HIV, hepatitis, syphilis	●	●			●					●
Haematuria - K	Broadly outline the pathophysiology of glomerulonephritis		●								●
	Outline the indications for renal biopsy		●							●	●
S	Undertake appropriate investigations when glomerulonephritis is suspected	●	●			●				●	●
	Choose appropriate mode of imaging: USS, CT, IVP	●	●			●				●	●
AB	Involve appropriate specialist colleagues when indicated	●	●		●	●					●
	Discuss with patient likely outcomes and prognosis of condition and requirement for long term review	●				●	●				●
Haemoptosis -K	Elucidate unusual causes of haemoptysis as indicated by presentation		●			●				●	●
	Define need for specialist investigations	●	●			●				●	●
	Identify indications for specialist investigations, eg bronchoscopy, CT chest, CT angiography, angiography	●	●			●				●	●
S	Formulate a thorough differential diagnosis, including systemic causes	●	●			●				●	●
AB	Recognise need for timely specialist opinion including Respiratory, Renal and Rheumatology when appropriate	●	●		●	●					●
	Promote outpatient management under care of respiratory team when appropriate	●	●			●					●
Head Injury K	Outline the indications for MRI post head injury	●	●			●				●	
	Recall the long term complications of head injury		●							●	●
S	Decide on appropriate venue of care: discharge, ward, HDU	●	●		●	●					
	Practise safe discharge decisions	●	●		●	●					
AB	Recognise importance of multi-disciplinary rehabilitation following head injury	●	●		●						
	Advise patient on possible chronic symptoms following head injury	●									●
	Advise indications for intubation and ventilation as per national guidelines (e.g. NICE)	●	●			●					
	Recommend GP follow up routinely at one week following discharge from hospital	●	●			●					

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Hoarseness and stridor - K	Outline the significance of the timing of the stridor within the respiratory cycle		●								●
	Outline the indications for further investigations: CT, laryngoscopy, MRI, lung function testing	●	●			●				●	●
	Outline use of helium/oxygen mixture for critical stridor		●								
S	Initiate appropriate anti-microbial therapy if infective cause is suspected	●	●			●				●	
	Formulate management plan for acute period of care	●	●			●				●	●
	Recognise potential need for urgent tracheostomy and liaise with appropriately skilled colleague promptly	●	●			●					
AB	Involve specialist teams as appropriate	●	●		●	●					
Hypothermia - K	Differentiate submersion and immersion and outline the management of each	●	●					●			
	Outline methods of rewarming in severe hypothermia		●			●		●			
S	Recognise and treat the complications of hypothermia	●	●			●				●	
	Prevent complications of hypothermia		●			●					
AB	Anticipate problems on discharge to prevent recurrence in consultation with multi-disciplinary team		●		●	●					
Immobility - K	Explain the methods for improving mobility in hospital and community		●								●
	Outline the local mechanisms available for managing patients with reduced mobility between primary and secondary care		●								
	Describe the different interventions for helping with mobility and their appropriate place in management		●			●					●
s	Perform evaluation of functional status including ADL and cognitive status, mobility including gait and balance	●	●			●					●
	Identify key features in history and examination which may indicate an unusual or remediable cause for the immobility	●	●			●					●
	Discharge planning understanding of the resources available for older people within the community		●			●					●
AB	Chair team meetings with goal setting and communication with patients and relatives sensitively		●		●		●				
	Demonstrate ability to discuss and explain goals at an appropriate level to the patient and or carer and with empathy				●		●				●
	Demonstrate willingness to liaise with primary care and community services				●	●					●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g. ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
	Describe appropriate use of rapid response teams, day hospital, hospital at home, long term care, respite care, step down/ step up facilities and home rehabilitation		●			●					●
Involuntary movements - K	Outline the investigations indicated to reach a diagnosis	●	●			●				●	●
s	Formulate a management plan for acute period of care: social support, drugs, OT, physiotherapy		●			●				●	●
AB	Recommend support services and patient organisations	●			●		●				●
	Involve specialist nurse / neurologist if appropriate	●	●		●	●					●
Joint swelling - K	Outline the clinically pertinent complications of diseases of the musculoskeletal system and their treatments		●			●				●	●
S	Recognise when joint swelling heralds the presentation of a systemic disease and treat appropriately	●	●			●				●	●
AB	Involve rheumatology or orthopaedic team when indicated	●	●		●	●					●
Lymphadenopathy - S	Outline more specialised investigations as appropriate	●	●							●	●
	Outline the indications for lymph node biopsy		●							●	●
	Differentiate methods for obtaining lymphoid tissue		●								●
S	Perform a fine needle aspiration using aseptic technique with minimal discomfort to patient			●							
	Formulate a management plan for acute period of care	●	●			●					●
AB	Follow local and national guidance on notification of communicable diseases		●		●	●					●
	Break bad news to patient and family sensitively in event of serious diagnosis	●			●	●	●				●
	Recognise importance of a multi-disciplinary team in assessment and management of patients presenting with lymphadenopathy		●		●	●					●
Loin pain - k	List causes for acute papillary necrosis		●								●
	Outline indications for more specialised investigations: CT, urine cytology	●	●			●				●	●
s	Interpret more detailed investigations: IVU, abdominal ultrasound	●				●				●	●
	Identify scenarios in which referred pain is likely	●	●			●				●	●
	Formulate management plan for acute period of care	●	●			●					●
AB	Involve other specialists as appropriate		●		●	●					●
	Recognise the importance of familial disorders in the origin of renal pain e.g. adult polycystic kidney disease	●	●								●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g. ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
Complications of surgery and illness - K	Identify factors which put patients at increased risk of developing medical complications of surgery and acute illness		●			●				●	●
S	Formulate diagnosis and a management plan for acute period of care	●	●			●					
	Encourage preventative measures: thrombo-prophylaxis, physiotherapy, adequate analgesia	●	●		●	●					
A	Involve surgical team in decision making processes		●		●						
Medical problems of pregnancy	Elucidate the use of radiographs, CT and radio nucleotide scanning		●			●					●
S	Formulate a management for acute period of care: pre-eclampsia, eclampsia, suspected PE, infection, heart failure, diabetes mellitus, asthma, epilepsy	●	●			●				●	●
AB	Recognise the importance of respiratory medicine input for thrombo-embolic disease		●		●	●					●
	Recognise that patients with long-term conditions need specialist medical input before and throughout the pregnancy				●						●
	Discuss with patient likely outcomes and prognosis of condition	●				●	●				●
	Seek expert advice when prescribing in pregnancy				●	●					●
Memory loss - K	Outline causes for young onset chronic confusion or memory loss		●								●
S	Interpret assessment and investigations to make appropriate diagnosis of dementia		●							●	
A	Involve neurologists or psychiatrists in elderly care when appropriate	●	●		●	●					
	Recognise the legal implications of dementia		●			●					●
Difficult micturition	Outline indications for more detailed investigation: abdominal and pelvic ultrasound, CT, urine cytology, urodynamics		●			●				●	●
	Outline the use of drugs commonly used for prostatic symptoms		●								●
S	Recognise indications for supra-pubic catheterisation and refer appropriately	●			●	●					
	Formulate management plan for acute period of care	●	●			●				●	●
	Recognise and manage complications of urinary catheterisation	●	●			●				●	
AB	Involve specialist teams appropriately	●	●		●	●					●
	Participate in multi-disciplinary approach to care of patients with long term or intermittent catheterisation		●		●						
Neck Pain – K	Outline indications for more specialised tests: CT, lumbar puncture, MRI	●	●			●				●	●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g. ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
S	Formulate a management plan for the acute period of care	●	●			●				●	●
AB	Involve other specialist teams as appropriate	●	●		●	●					●
Symptoms in absence of organic disease – K	Differentiate somatisation disorders from malingering	●	●								●
	Recognise the phenomenon of excessive symptoms in the context of established disease e.g. breathlessness in well controlled asthma		●			●					●
S	Safely determine after appropriate work up that a patient is likely have a non-organic cause for their presentation	●	●			●					●
	Identify underlying psychiatric disease: psychosis, depression, or anxiety	●	●			●				●	●
	Formulate a management plan for acute period of care	●	●			●					●
AB	Recognise the pattern of repetition that non-organic presentations can have		●			●	●				●
	Respect the distress the mode of presentation may be causing				●						●
	Adopt a non-judgemental sensitive attitude when engaging in counselling a patient over the likelihood of non-organic disease				●		●				●
	Involve psychiatric services when appropriate	●	●		●	●					●
	Recognise the importance of the Primary Care team in assessment and management		●		●	●					●
	Recognise the cultural differences in somatoform disorders	●	●								●
Polydypsia- K	Detailed knowledge of homeostatic mechanisms for fluid balance and defects that occur		●							●	
S	Maintain appropriate basic therapy and introduce advanced treatment when required.	●	●								
AB	Seek specialist opinion from relevant specialist after cause for polydipsia determined when appropriate	●	●		●	●					
	Communicate bad news sensitively and thoughtfully	●					●				●
polyuria - K	Outline investigation and treatment of diabetes insipidus	●	●			●				●	●
S	Formulate a management plan for acute period of care	●	●			●					●
	Manage fluid balance in polyuric chronic renal failure and polyuric phase of acute renal failure	●	●			●				●	
AB	Involve specialist teams as appropriate	●	●		●	●					●
Pruritus - K	Outline the indications for a skin biopsy		●								●
S	Formulate a management plan for acute period of care	●	●			●					●
	Prescribe symptomatic remedies	●	●			●					

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g. ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
AB	Advise on lifestyle measures to prevent dermatological disease	●	●			●				●	●
Rectal bleeding -K	Recall indications for sigmoidoscopy / colonoscopy	●	●							●	●
	Outline possible imaging modalities: contrast studies, CT, angiography, capsule, endoscopy		●			●				●	●
	Define principle infective causes of rectal bleeding their treatments		●			●				●	●
S	Institute first line treatment when it is likely bleeding heralds an exacerbation of colitis: aminosalicylates, steroids, thrombosis prophylaxis	●	●			●				●	●
AB	Involve gastoenterology and/or surgical teams promptly when indicated	●	●		●	●					●
Skin and mouth ulcers _k	Outline the indications for biopsy and immunofluorescence studies		●								●
S	Construct a comprehensive list of differential diagnoses	●	●			●				●	●
	Formulate a management plan for acute period of care	●	●			●					●
AB	Involve specialist team as appropriate	●	●		●	●					●
Speech disturbance - K	Outline more detailed investigations: neurophysiology, neuroimaging	●	●			●					●
S	Formulate a management plan for acute period of care	●	●			●					●
AB	Discuss with patient likely outcomes and prognosis of condition and requirement for long term review	●					●				●
Suicindal ideation - K	Outline the principles of the relevant Mental Health Act										●
	Discharge to appropriate setting patients who have been deemed to be at low risk of repeat suicidal attempt	●	●			●					
S	Formulate a management plan for patients with co-existing psychiatric disease: medications, counselling	●	●			●				●	●
AB	Recognise the importance of ongoing input by health services following discharge		●		●						
Swallowing difficulties- K	Identify curative and palliative treatment options for oesophageal malignancy	●	●			●				●	
	Outline treatment options in achalasia		●								●
S	Select appropriate initial mode of investigation		●			●				●	●
AB	Liaise with gastroenterologist, neurologist or palliative care promptly as appropriate	●	●		●	●					

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Syncope – K	Define the recommendations concerning fitness to drive					●					●
	Outline tests used in the investigation of syncope: ECHO, tilt table testing		●			●				●	●
S	Develop a management plan for acute period of care	●	●			●				●	●
AB	Recognise the need for specialised input e.g. falls and syncope specialist		●		●	●					●
	Recognise problems specific to the elderly and address social needs	●	●			●					●
Unsteadiness –K	Outline more complex investigations: neuroimaging, neurophysiology, audiometry	●	●			●				●	●
s	Perform bedside tests for vertigo: the Hallpike manoeuvre	●		●		●					
	Formulate a management plan for acute period of care	●	●			●				●	●
AB	Involve appropriate specialists as indicated	●	●		●	●					●
Visual disturbance	Outline indications for more specialised investigation: neuroimaging, visual evoked potentials, lumbar puncture, optometry assessment	●	●			●				●	●
	Outline implications for driving of visual field loss	●	●			●					●
S	Produce comprehensive differential diagnosis	●	●			●				●	●
	Formulate management plan for acute period of care	●	●			●					●
AB	Involve specialists appropriately: ophthalmology, neurology, neurosurgery, stroke team	●	●		●	●					●
Weight loss – K	Outline more detailed investigations depending on context e.g. eliac serology		●			●				●	●
	Outline indications and complications of parenteral feeding		●								●
S	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	●	●			●				●	
	Recognise and treat re-feeding syndrome		●			●				●	
AB	Involve specialist teams appropriately: gastroenterology, elderly care, psychiatry	●	●		●	●					●
	Recommend nutritional advice with the support of nutritional services, including adequate social support		●		●	●					●

	System Competencies										
Allergy	Recognise when specialist allergy opinion is required	●	●		●	●					●
	Demonstrate knowledge of the diagnosis, investigation and acute management of important allergy problems, including allergies associated with occupation-associated antigens, food, drugs, latex and insect venom		●			●				●	●

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	Be aware of the management and subsequent investigation of patients presenting with immune mediated medical emergencies: anaphylaxis, laryngoedema, urticaria, angioedema	●	●			●				●	●
	Demonstrate knowledge of the full range of allergens and other stimuli causing anaphylactic shock		●							●	
	Demonstrate knowledge of the diagnosis, investigation and acute management of urticaria and angioedema									●	
	Demonstrate knowledge of the indications for, and limitations of skin prick testing and in vitro tests for allergen-specific IgE									●	
	Demonstrate knowledge of the principles of allergen immunotherapy									●	
Cancer	Take an accurate pain history	●				●					●
	Perform full physical examination without causing undue pain or distress to patient	●				●					●
	Be aware of the presentation, diagnosis, staging and treatment principles of common cancers, including lung, bowel, breast, prostate, stomach, oesophagus and bladder					●				●	●
	Recognise and manage appropriately common or important oncology problems, such as SVC obstruction and spinal cord compression									●	
	Recognise the terminally ill often present with problems with multi-factorial causes	●	●			●				●	●
	Recognise associated psychological and social problems	●				●	●			●	●
	Investigate appropriately	●	●							●	
	Recognise when specialist oncology or palliative care opinion is needed	●	●		●						●
	Outline treatment principles with drawbacks: surgery, chemotherapy and radiotherapy		●			●					●
	Demonstrate knowledge of treatment principles with drawbacks: surgery, chemotherapy and radiotherapy		●			●				●	●
	Recognise the presence of hypercalcaemia and demonstrate knowledge of the appropriate investigation and management of the hypercalcaemia and its underlying cause		●			●				●	●
	Be aware of the appropriate investigation and management of neutropenic sepsis					●				●	
	Break bad news to patient and family with cancer in sensitive and appropriate manner	●			●	●	●				●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g. ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
	Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount	●			●		●				●
	Recognise the dying phase of terminal illness		●		●						●
	Manage symptoms in dying patients appropriately	●	●							●	●
	Recognise and demonstrate knowledge of the diagnosis and management of common or important palliative care problems, including pain, constipation, breathlessness, emesis, anxiety and depressed mood		●			●				●	●
	Practise safe use of syringes drivers			●		●					
	Recognise importance of hospital and community Palliative Care teams	●	●		●	●					●
	Recognise that referral to specialist palliative care is appropriate for patients with other life threatening illnesses, as well as those with cancer	●	●			●					●
Cardiovascular	Recognise when specialist Cardiology opinion is indicated	●	●		●					●	●
	Outline risk factors for cardiovascular disease	●	●							●	●
	Counsel patients on risk factors for cardiovascular disease	●									●
	Recognise and manage appropriately arrhythmias, including ECHO and ambulatory monitoring									●	
	Demonstrate knowledge of the indications for further investigation in chest pain syndromes: CT angiography, radionucleotide scanning, angioplasty and treadmill					●				●	●
	Demonstrate knowledge of the diagnosis and management of systemic, pulmonary and portal hypertension and relate this to national guidelines e.g. NICE					●				●	●
	Demonstrate knowledge of the classification and management of cardiac failure					●				●	●
	Recognise and be aware of the management of dyslipidaemia									●	●
	Demonstrate knowledge of the diagnosis, investigation and management of valvular heart disease and endocarditis					●				●	●
	Demonstrate knowledge of the diagnosis, investigation and management of syncope and important cardiac conditions such as aortic dissection, pericardial disease, vascular disease and congenital heart disease					●				●	
	Identify the indications for detailed investigations following blackout or collapse e.g. ECHO, tilt-table testing, ambulatory ECG monitoring, EEG and neuroimaging					●				●	●
	Outline methods of smoking cessation of proven efficacy (see below)	●	●								

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Clinical genetics	Recognise the organisation and role of Clinical Genetics and when to seek specialist advice	●	●								●
	Take and interpret a complete family history	●								●	●
	Demonstrate knowledge of the common and/or important problems encountered in clinical genetics, including Down syndrome, Huntington's disease, Marfan's syndrome, Klinefelter's syndrome									●	●
	Be aware of the familial cancer syndromes and important inherited conditions									●	●
	Demonstrate knowledge of the diagnosis, investigation and management of haemochromatosis									●	●
	Recognise the anxiety caused to an individual and their family when investigating genetic susceptibility to disease	●			●		●				●
	Recognise the importance of skilled counselling in the investigation of genetic susceptibility to disease		●		●						●
	Recognise basic patterns of inheritance									●	
	Demonstrate knowledge of genetic testing, including chromosome analysis and PCR									●	
	Understand the ethical implications of molecular testing and screening: confidentiality, screening children, pre-symptomatic testing	●	●								●
	Estimate risk for relatives of patients with mendelian disease									●	
	Recognise the differing attitudes and beliefs towards inheritance		●		●						●
Clinical pharmacology	Practise safe prescribing and demonstrate knowledge of the effects of renal or liver impairment, old age and pregnancy		●		●	●				●	
	Outline importance of drug interactions and role CYP450 isoenzymes		●							●	
	Demonstrate knowledge of drugs that require therapeutic monitoring									●	
	Outline drugs requiring therapeutic monitoring		●							●	●
	Use national and local guidelines on appropriate and safe prescribing (BNF, NICE)	●	●		●					●	
	Write a clear and unambiguous prescription		●			●					
	Engage patients in discussions on drug choice, and side effects	●			●		●				●
	Recognise range of adverse drug reactions to commonly used drugs	●	●							●	●
	Recognise common and or important problems associated with the use of corticosteroid treatment					●				●	●
	Use Yellow Card report scheme for adverse drug reactions		●		●	●					
	Liaise effectively with pharmacists				●						

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	Discuss therapeutic changes with patient and discuss with GP promptly and comprehensively	●			●	●					
	Competently formulate management plan for poisoning and adverse drug reactions	●	●			●				●	
	Demonstrate knowledge of the diagnosis and specific management of poisoning with substances such as paracetamol, tricyclic antidepressants, beta-adrenoceptor blockers, carbon monoxide, opiates, digoxin, benzodiazepines, SSRI, ethanol and methanol					●				●	
	Calculate glomerular filtration rate and creatinine clearance		●								
Dermatology	Accurately describe skin lesions following assessment	●									●
	Outline the clinical features and presentation of melanoma, squamous cell carcinoma and basal cell carcinoma		●							●	●
	Recognise the clinical features and presentation of melanoma, squamous cell carcinoma and basal cell carcinoma					●				●	
	List diagnostic features for the early detection of malignant melanoma	●								●	●
	Recognise and manage suspected skin tumours when they may be an incidental finding	●	●								
	Recognise the association between timely biopsy / excision of melanoma and survival									●	
	Arrange prompt skin biopsy when appropriate		●		●	●					
	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	●			●		●				●
	Recognise skin changes associated with excess UV exposure	●	●							●	●
	Be aware of the management of common skin tumours, such as squamous cell carcinoma, basal cell carcinoma and melanoma		●			●				●	●
	Demonstrate the ability to diagnose, investigate and manage common skin conditions, including eczema, psoriasis, vaculitis, dermatomyositis, sclerderma and lymphodema		●			●				●	●
	Recognise and manage appropriately skin infestations e.g. scabies and infections e.g. herpes zoster, and herpes simplex infections, fungal, rickettsial and bacterial		●			●				●	●
	Recognise the presence of non-infectious infiltrates		●			●				●	●
	Recall the causes of pigmentation disorders		●							●	●
	Recognise when specialist Dermatology opinion is indicated	●	●		●	●					●

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	Recognise the skin manifestations of systemic diseases and request appropriate investigations	●				●				●	●
	Recognise when a patient's presentation heralds a systemic disease	●	●								●
	Recognise important skin diseases such as toxic epidermal necrolysis, Steven's Johnson's syndrome and bullous disorders	●				●				●	●
	Suspect and treat meningococcal septicaemia when a purpuric rash accompanies systemic illness	●	●			●				●	
	Recognise disorders involving skin appendages e.g. alopoecia	●	●			●				●	●
Endocrine and Diabetes	Elucidate a full diabetic medical history	●				●					●
	Demonstrate ability to diagnose, investigate and manage diabetes mellitus and its complications, such as diabetic ketoacidosis, non-acidotic hyperosmolar coma and severe hyperglycaemia, and hypoglycaemia					●				●	
	Recall diagnostic criteria for Diabetes Mellitus		●							●	
	Assess diabetic patient to detect long term complications	●				●					●
	Demonstrate knowledge of the long-term complications of diabetes mellitus and their management	●	●							●	●
	Formulate and appropriate management plan, including newly diagnosed and established diabetic patients to prevent short and long term complications	●	●								●
	Outline common insulin regimens for type 1 diabetes mellitus		●								●
	Be aware of the appropriate management of the acutely ill patient with diabetes mellitus		●			●				●	
	Recognise the appropriate management of a patient with diabetes mellitus in the perioperative period					●				●	
	Demonstrate knowledge of the drug management of type 2 diabetes mellitus, including oral hypoglycaemica, glitazones, and primary and secondary vascular preventative agents		●			●				●	
	Outline drug management of type 2 diabetes: oral hypoglycaemics, glitazones, primary and secondary vascular preventative agents		●								●
	Demonstrate knowledge of the diagnosis, investigation and management of endocrine emergencies such as myxoedema coma, thyrotoxic crisis, Addisonian crisis, hypopituitary coma and phaeochromocytoma crisis		●			●				●	●
	Demonstrate the ability to diagnose, investigate and manage adrenocortical insufficiency		●			●				●	●
	Demonstrate the ability to diagnosis, investigate and manage thyroid dysfunction		●			●				●	●

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	Be aware of the diagnosis and management of common and/or important endocrine problems such as pituitary tumours, adrenal tumours, hypocalcaemia, hypercalcaemia, diabetes insipidus, SIADH, carcinioid synderome, dyslipdaemia and the menopause		●			●				●	●
	Recognise common disorders resulting in bone disease e.g. osteomalacia and osteoporosis, and demonstrate knowledge relating to their investigation and management		●			●				●	●
	Recall the diagnosis, investigation and management of gonadal disorders e.g. polycystic ovary syndrome and testicular failure		●			●				●	
	Recognise the clinical manifestations of storage disorders, porphyria and inherited conditions, such as Wilson's disease		●			●				●	●
	Recognise vital importance of patient education and a multidisciplinary approach for the successful long-term care of diabetes				●		●				●
	Recognise when specialist Endocrine or Diabetes opinion is indicated	●	●		●	●					●
Gastro	Understand the role of specialised diagnostic and therapeutic endoscopic procedures		●							●	●
	Demonstrate knowledge of appropriate management of peptic ulceration and gastritis, and the causes and management of non-ulcer dyspepsia					●				●	●
	Indicate the principles of management of Barrett's oesophagus		●							●	●
	Be aware of the indications for oesophageal pH monitoring and manometry		●							●	
	Recognise presentation of GI malignancies, including carcinoma of the colon, gastric cancer and pancreatic cancer, and demonstrate knowledge of their investigation and management		●			●				●	●
	Demonstrate knowledge of the diagnosis, investigation and management of inflammatory bowel disease		●			●				●	●
	Recognise features of irritable bowel syndrome and bowel ischaemia	●				●				●	●
	Demonstrate knowledge of the management of GI bleeding, including the measure taken to detect a rebleed, and the steps to be taken after endoscopy e.g. helicobacter eradication and acid suppression					●				●	●
	Recall the appropriate management of variceal bleeding		●			●				●	●
	Recognise and manage common acute abdominal pathologies such as pancreatitis, cholecystitis, appendicitis and leaking aortic aneurysm		●			●				●	
	Recall the indications for specialist investigations, such as liver biopsy, ultrasound, CT, MR and GI endoscopy and interpret relevant images		●			●				●	●

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	Identify functional disease such as irritable bowel syndrome and non-ulcer dyspepsia and identify differences between functional symptoms and organic disease		●			●				●	
	Indicate knowledge of malabsorption syndromes, such as celiac disease, and its investigation and management		●			●				●	●
	Be aware of the indications and contraindications to different forms of nutrition, including NG feeding, PEG tubes, IV nutrition and re-feeding syndrome		●			●				●	●
	Indicate the causes of, and management of ascites		●			●				●	●
	Demonstrate knowledge of the diagnosis, investigation and management of acute liver dysfunction, alcoholic liver disease, autoimmune liver disease and viral hepatitis		●			●				●	●
	Outline the indications for liver transplantation in liver failure, including the criteria for transplantation in fulminant liver failure		●			●				●	
	Recognise when specialist Gastroenterology or Hepatology opinion is indicated	●	●		●	●					●
	Recognise when a patient's presentation heralds a surgical cause and refer appropriately	●	●		●	●					●
	Perform a nutritional assessment and address nutritional requirements in management plan	●	●								●
	Outline role of specialist multi-disciplinary nutrition team		●							●	●
Haematology	Recognise when specialist Haematology opinion is indicated	●	●		●	●					●
	Demonstrate knowledge of anticoagulation treatment and its monitoring, and the management of over-treatment		●			●				●	●
	Demonstrate knowledge of safe transfusion practice and the recognition and management of transfusion reactions		●			●				●	
	Recognise the causes and management of anaemias, including iron deficiency, megalobastic and haemolytic anaemias and anaemia of chronic disease		●			●				●	●
	Be aware of the diagnosis and management of the haemoglobinopathies, such as sickle cell anaemia		●			●				●	●
	Demonstrate knowledge of the diagnosis, investigation and management of bleeding disorders, such and DIC and haemophilia, and thrombocytopenia		●			●				●	●
	Recognise the causes and complications of bone marrow failure and of isolated cytopenias, such as thrombocytopenia		●			●				●	

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g. ALS	MRCP Part 1	MRCP Part 2 written	MRCP Part 2 PACES
	Be aware of the classification of thrombophilia and the indications and implications of screening		●			●				●	●
	Demonstrate knowledge of the diagnosis and investigation of haematological malignancies, such as leukaemia, lymphoma, and myeloma, and of associated conditions such as amyloid and myelodysplastic syndromes		●			●				●	●
	Demonstrate knowledge of myeloproliferative disorders such as polycythaemia		●			●				●	●
	Be aware of the principles of haemopoietic stem cell transplantation		●							●	
	Practise safe prescribing of blood products, including appropriate patient counselling	●	●			●				●	●
	Outline indications, contraindications, side effects and therapeutic monitoring of anticoagulant medications	●	●							●	●
Immunology	Recognise the role of the Clinical Immunologist	●	●								
	Demonstrate knowledge of the diagnosis and management of anaphylaxis and allergy		●			●				●	●
Infectious diseases	Elucidate risk factors for the development of an infectious disease including contacts, travel, animal contact and sexual history	●	●								●
	Recognise when specialist Microbiology or Infectious Diseases opinions are indicated	●	●		●	●					●
	Recognise when a patient is critically ill with sepsis, promptly initiate treatment and liaise with critical care and senior colleagues	●	●			●					
	Demonstrate ability to diagnose, investigate and manage fevers of unknown origin and common infections such as community acquired infections, CNS infections, endocarditis and tuberculosis		●			●				●	●
	Demonstrate knowledge of diagnosis and management of HIV and AIDS, and of infections in the immunocompromised host		●			●				●	●
	Demonstrate knowledge of antimicrobial drug monitoring		●			●				●	●
	Recognise the presentation of common or important infections, including protozoal, mycoplasma, spirochaetes, nematodes and prion diseases		●			●					●
	Be aware of the features of imported fevers					●				●	●
	Recognise and manage appropriately common genitourinary conditions, including syphilis and gonorrhoea		●			●				●	
	Demonstrate knowledge of the indications and efficacy of common or important vaccinations		●							●	
	Indicate the principles of prophylactic antibiotics		●							●	●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g. ALS	MRCP Part 1	MRCP Part 2 written	MRCP Part 2 PACES
	Demonstrate knowledge of the diagnosis, investigation and management of sexually transmitted diseases		●			●				●	
	Outline spectrum of cover of common anti-microbials, recognising complications of inappropriate use		●			●				●	
	Use local anti-microbial prescribing guidelines, including therapeutic drug monitoring when indicated	●			●	●					●
	Recognise importance of immunisation and Public Health in infection control, including reporting notifiable diseases	●	●							●	●
	Outline principles of prophylaxis eg anti-malarials		●							●	
Medicine in the elderly	Elucidate in older patients co-morbidities, activities of daily living, social support, drug history and living environment	●	●			●					●
	Assess mental state and tests of cognitive function	●				●					●
	Demonstrate knowledge of common or important problems in medicine in the elderly, including deterioration in mobility, falls, continence problems		●			●				●	●
	Demonstrate knowledge of the diagnosis, investigation and management of dementia		●			●				●	
	Demonstrate knowledge of the diagnosis, investigation and management of movement disorders, including Parkinson's disease		●			●				●	●
	Demonstrate knowledge of the diagnosis, investigation and management of mood disturbances, including depression		●			●				●	●
	Demonstrate knowledge of the diagnosis, investigation and management of acute confusion, strokes, transient ischaemic attacks		●			●				●	●
	Be aware of musculoskeletal problems, such as osteoarthritis and osteoporosis in the elderly, and demonstrate knowledge of the management of these		●			●				●	●
	Recognise the possibility and acute management of common or important conditions such as hypothermia and malnutirtion		●			●				●	
	Demonstrate knowledge of age-related pharamacology		●			●				●	●
	Recognise the frequent presence of multiple factors contributing to presentation	●	●								●
	Recognise when specialist Medicine in the Elderly opinion is indicated	●	●		●	●					
	Recognise importance of multi-disciplinary assessment	●	●		●	●					●
	Contribute to effective multi-disciplinary discharge planning		●			●					
	Perform a nutritional assessment and address nutritional requirements in management plan	●	●			●					●
	Set realistic rehabilitation targets	●	●								●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g. ALS	MRCP Part 1	MRCP Part 2 written	MRCP Part 2 PACES
	Rationalise individual drug regimens to avoid unnecessary poly-pharmacy	●	●			●					●
	Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately, and sensitively ensuring patients interests are paramount	●			●	●	●				●
	Recognise the role of Intermediate Care, and practise prompt effective communication with these facilities	●	●			●					
	Recognise the often multi-factorial causes for clinical presentation in the elderly and outline preventative approaches	●	●			●				●	●
	Recognise that older patients often present with multiple problems (e.g. falls and confusion, immobility and incontinence)		●			●				●	●
Musculoskeletal system	Accurately describe the examination features of musculoskeletal disease following full assessment	●									●
	Recognise when specialist Rheumatology opinion is indicated	●	●		●	●					●
	Demonstrate the ability to diagnose, investigate and manage common conditions such as soft tissue disorders, osteoarthritis, rheumatoid arthritis, septic arthritis, crystal arthropathy and the seronegative arthritiides		●			●				●	●
	Recall the risk factors for osteoporosis and indicate measures used for the primary and secondary prevention of the complications of osteoporosis		●			●				●	●
	Demonstrate the ability to diagnose, investigate and manage polymyalgia and temporal arteritis		●			●				●	●
	Demonstrate the ability to diagnose, investigate and manage acute connective tissue disease, including SLE, sclerderma, polymyositis, dermatomyositis, Sjogrens syndrome and the vasculitides		●			●				●	●
	Demonstrate knowledge of the pharmacology, indications, contraindications and side effects of the major immunosuppressive drugs used in rheumatology including corticosteroids, azathioprine and methotrexate		●			●				●	●
	Outline the indications, contraindications and side effects of the major immunosuppressive drugs used in rheumatology including corticosteroids		●			●					●
	Recognise the need for long term review in many cases of rheumatological disease and their treatments		●			●					●
	Recognise importance of eg multidisciplinary approach to rheumatological disease including physio, OT		●		●	●					●
	Use local / national guidelines appropriately e.g. osteoporosis	●	●			●				●	●
Neurology	Define the likely site of a lesion within the nervous system following full assessment	●	●			●					●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g. ALS	MRCP Part 1	MRCP Part 2 written	MRCP Part 2 PACES
	Identify the likely site of a lesion within the nervous system, based on relevant clinical history and examination findings	●	●							●	●
	Recognise when specialist Neurology opinion is indicated	●	●		●	●					●
	Demonstrate knowledge of the diagnosis, investigation and management of headache, including subarachnoid haemorrhage		●			●				●	●
	Demonstrate awareness of the presentation of stroke and transient ischaemic attacks, and knowledge of the relevant investigation and management		●			●				●	●
	Recognise CNS infections, such as meningitis, encephalitis and brain abscess and demonstrate understanding of the investigations and management		●			●				●	●
	Identify more complex causes of coma and sudden loss of consciousness, including seizure disorders and syncope and of the diagnosis of brain death		●			●				●	●
	Demonstrate knowledge of national guidelines on the management of epilepsy e.g. NICE		●			●				●	●
	Outline more complex management options for coma and sudden loss of consciousness		●			●				●	
	Indicate the indications for MR following head injury and the long-term complications of head injury		●			●				●	●
	Indicate the principles and indications for EEG and neuroimaging					●				●	
	Recall the causes for young-onset confusion or memory loss		●							●	
	Recall the causes and investigation of hydrocephalus		●							●	●
	Recognise the different causes of acute paralysis, including Guillain Barre, myasthenia gravis and spinal cord compression					●				●	●
	Recall severity markers in rapidly progressive weakness					●				●	●
	Demonstrate knowledge of the diagnosis, investigation and management of common and/or important problems such as raised intracranial pressure, multiple sclerosis, motor neurone disease, neuropathies and myopathies					●				●	●
	Indicate the role of more detailed investigations, such as neuroimaging, nerve conduction studies, EMG and muscle biopsy					●				●	●
	Be aware of the causes of sleep disorders		●							●	●
	Recognise the fundal appearances of common eye conditions		●							●	●
	Demonstrate knowledge of the common and/or important disorders affecting the eye, including retinal artery and retinal vein occlusion, glaucoma, optic atrophy, retinitis pigmetosa, diabetic retinopathy and hypertensive retinopathy		●			●				●	●
	Recognise when a patient's presentation heralds a neurosurgical emergency and refer appropriately	●	●			●					●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g. ALS	MRCP Part 1	MRCP Part 2 written	MRCP Part 2 PACES
Psychiatry	Be able to take a full medical and psychiatric history	●				●					●
	Be able to perform a mental state examination	●				●					●
	Recognise when specialist Psychiatric opinion is indicated	●	●		●	●					
	Recognise when a patient's presentation heralds organic illness and manage appropriately	●	●			●					●
	Demonstrate knowledge of the diagnosis and management of common psychiatric disorders, including suicide and parasuicide, acute psychosis, substance dependence and depression					●				●	
	Demonstrate knowledge of the diagnosis and management of neurotic and personality disorders					●				●	
	Recognise role of community mental health care teams	●	●		●	●					
Public Health	Outline the effects of smoking on health										●
	Promote smoking cessation	●	●								●
	Recognise the need for support during cessation attempts	●	●								●
	Recognise and utilise specific Smoking Cessation health professionals	●	●		●	●					●
	Recall safe drinking levels	●	●								●
	Recognise the health and psychosocial effects of alcohol	●	●								●
	Recall the health consequences of alcohol use									●	●
	Recommend support networks for problem drinkers	●	●			●					●
	Outline appropriate detoxification programme and methods to retain abstinence	●	●			●					●
	Recognise medical impact of obesity	●	●							●	●
	Outline good dietary practices	●	●								●
	Promote regular exercise	●	●								●
	Recommend specialist dietician input as appropriate	●	●		●	●					●
	Define principles of therapeutic interventions in morbid obesity									●	●
	Recognise the public health problem of poor nutrition		●								
	Perform basic nutritional assessment	●									●
	Identify patients with malnutrition and instigate appropriate management	●	●			●					●
	Demonstrate knowledge of the appropriate investigation and management of patients with malnutrition									●	●
	Recognise importance of dietician input and follow-up	●	●		●	●					●
	Define principles of enteral and parenteral feeding		●								●
	Outline the ethical issues associated with nutrition		●								●
	Promote safe sexual practices	●	●			●					●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g. ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
	Recognise the health and psychosocial effects of substance abuse	●	●								
	Recommend support networks substance abuse	●	●			●					
	Recognise the impact of social deprivation on health	●	●								
	Recognise the impact of occupation on health	●	●							●	●
	Outline the role of Occupational Health consultants		●								
	Define the health benefits of regular exercise		●			●					●
	Promote regular exercise	●	●			●					●
	Recognise the interaction of mental and physical health		●							●	●
	Recommend appropriate treatment and support facilities for mental health	●	●			●					
Renal	Formulate a differential diagnosis for the patient following assessment	●	●								●
	Formulate a differential diagnosis for the patient based on relevant clinical history and examination findings		●			●				●	●
	Demonstrate knowledge of the diagnosis, investigation and management of acute and chronic renal failure, including electrolyte disturbances, fluid balance issues and renal replacement therapy		●			●				●	●
	Recognise the significance of proteinuria and haematuria, and indicate the appropriate investigation and management		●			●				●	●
	Demonstrate knowledge of the diagnosis, investigation and management of glomerulonephritis and nephrotic syndrome		●			●				●	●
	Demonstrate knowledge of common and/or important problems such as urinary tract infections, urinary calculus, reflux nephropathy and acid-base disturbances		●			●				●	
	Recall the causes of acute papillary necrosis		●							●	
	Recognise the indications for more specialised investigations, such as CT and urine cytology		●			●				●	●
	Recognise the features of inherited renal disease e.g. adult polycystic kidney disease, Alport's syndrome		●			●				●	●
	Formulate an appropriate management plan	●	●			●				●	
	Discuss with patient likely outcomes and prognosis of condition and requirement for long term review	●				●					●
	Differentiate pre-renal failure, renal failure and urinary tract obstruction	●				●				●	●
	Recognise when specialist Nephrology or Urology opinion is indicated	●	●		●	●					
	Identify patients who are at high risk of renal dysfunction in event of illness or surgery, and institute preventative measures	●	●			●				●	

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g. ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
Respiratory	Recognise when specialist Respiratory opinion is indicated	●	●		●	●					●
	Safe oxygen prescribing	●				●					●
	Principles of short and long term oxygen therapy		●								●
	Demonstrate knowledge of the diagnosis, investigation and management of common disorders such as COPD, asthma, respiratory failure, cor pulmonale and pulmonary hypertension, including the safe prescribing of oxygen and the use of short- and long-term oxygen		●			●				●	●
	Demonstrate knowledge of the less common cardio-respiratory causes of breathlessness		●			●				●	●
	Identify the less common causes of wheeze		●			●				●	●
	Be aware of the diagnosis and management of interstitial lung disease		●			●				●	●
	Recognise respiratory infections such as pneumonia and tuberculosis and recall appropriate investigation and management		●			●				●	●
	Outline indications for specialist investigation, including CT chest, CT angiography, bronchoscopy and chest ultrasound		●			●				●	●
	Recall aspects of the diagnosis and management of important conditions, such as obstructive sleep apnoea, cystic fibrosis, bronchiectasis and pleural disease		●			●				●	●
	Demonstrate knowledge of the diagnosis, investigation and management of lung cancer		●			●				●	●
	Recognise the features of systemic disorders involving the lungs		●			●				●	●
	Demonstrate knowledge of the appropriate investigation and management of pulmonary thromboembolic disease, including the indications for thrombolysis for severe PE		●			●				●	●
	Recognise the existence of lung disease secondary to toxicity of occupational exposure					●				●	●
	Outline the different delivery systems for respiratory medications		●								●
	Outline methods of smoking cessation of proven efficacy	●	●								●
	Counsel patients in smoking cessation appropriately	●									●
	Take a thorough Occupational History to identify risk factors for lung disease	●									●

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	LIST OF SPECIFIC CONDITIONS BASIC SCIENCE INVESTIGATIONS										
Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g. ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
	Request appropriately and interpret biochemistry tests, including basic blood biochemistry, cardiac biomarkers, inflammatory markers, serum immunoglobulins, HbA1c, lipid profile and amylase		●			●				●	●
	Demonstrate ability to act on drug levels, including paracetamol, salicylate, digoxin, antibiotics and anticonvulsants		●			●				●	
	Request and interpret correctly endocrine tests, including thyroid function tests, sex hormone tests, prolactin, cortisol and tetracosactide tests		●			●				●	●
	Recall the use and interpretation of specialist endocrine tests, including dexamethasone suppression tests, insulin tolerance tests, water deprivation test, glucose tolerance test and growth hormone assay		●			●				●	●
	Interpret arterial blood gas analysis		●			●				●	●
	Select and interpret routine haematology investigations, including full blood count, blood film report, coagulation, haematinics, haemolysis screen and D-dimer levels		●			●				●	●
	Demonstrate knowledge of the laboratory monitoring of anticoagulant therapy		●			●				●	●
	Be aware of the tests required to group and cross match blood for transfusion		●			●				●	
	Request and interpret correctly routine microbiological tests, including blood, sputum and urine culture		●			●				●	●
	Demonstrate knowledge of the analysis of pleural, ascetic and cerebrospinal fluid		●			●				●	●
	Request and interpret immunological tests, including H. pylori tests, celiac serology and autoantibodies		●			●				●	●
	Demonstrate knowledge of serology tests, including screens for viral hepatitis and HIV		●			●				●	●
	Request and interpret correctly radiology tests, including plain X-rays of chest, abdomen and joints, barium studies, ultrasound scans, CT and MR scans, and radio-isotope scans such as bone densitometry, bone scans and V/Q scans		●			●				●	●
	Interpret ECGs and demonstrate the significance of 24-h ECG monitoring results		●			●				●	●
	Interpret the results of peak flow tests and full lung function tests		●			●				●	●
	Be aware of neurophysiological studies including EMG and nerve conduction studies		●			●				●	●

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	Interpret the findings from endoscopic examinations, such as bronchoscopy, upper and lower GI endoscopy and ERCP		●			●				●	
	Demonstrate basic knowledge of the interpretation of pathology samples, including liver biopsy, renal biopsy, bone marrow aspirate and trephine biopsy, lymph node biopsy and cytology of body fluids		●			●				●	
	PROCEDURES			●							