

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
Introduction to Palliative Care										
1.1 History, philosophy and definitions										
The trainee will be able to discuss the history, philosophy and definitions of palliative care. The trainee will demonstrate that this knowledge and understanding informs their clinical practice and decision-making, management practice and teaching										
K, S	Definitions of: palliative care approach; general palliative care; specialist palliative care; hospice; specialist palliative care unit; palliative medicine; supportive care					✓				
	Changing role of, and definitions within, palliative care over time (including extension to diseases other than cancer)									
	Evolving nature of palliative care over the course of illness, including integration with active treatment, and the significance of transition points					✓				
	Re-adaptation and rehabilitation					✓				
	Societal expectations and perceptions in progressing and advanced disease, and death					✓				
	Differing concepts of what constitutes quality of life (including measurement) and a "good death"	✓					✓			
1.2 Personal qualities and attributes of palliative medicine physicians										
The trainee will have developed the personal and professional qualities, skills, and attributes required for the effective practice of palliative medicine										

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
K, S, A	The requirements of good medical practice as described by the GMC including: Tact, empathy, respect and concern for patients and their families Appropriate self confidence tempered by critical self-appraisal and the recognition of one's limitations.		✓		✓		✓			
	The further development of those aspects of good medical practice particularly pertinent to the practice of palliative care: Teamwork - Balancing of (often subtle) therapeutic benefits and burdens Liaison with a variety of other multi-professional teams Judgement about when to act swiftly Self-awareness in regard to personal coping strategies and management / leadership style Flexible and effective teaching skills Reflective practice Respect for social and religious values and practices which differ from ones own Awareness of the constraints and etiquettes of working in different ways in different environments		✓		✓	✓				
1.3	Communication between services									
	The trainee will demonstrate the knowledge, attitudes and skills required to foster timely and efficient communication between services. The trainee will communicate with other professionals, both medical and non-medical, in a timely, effective and appropriate manner necessary for a smooth continuum of patient care									

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
K, S, A	Recognition of the need for clear, timely communication between different service providers to provide a continuum of care for the patient between different settings e.g. home / hospice / hospital / nursing home		✓		✓	✓				
	Shared care with other multi-professional teams, with specialist palliative care taking either the leading or a supportive role in both hospital and community settings		✓		✓					
	Communication skills relevant to negotiating these roles		✓		✓					
Physical Care										
2.1 Disease process and management										
The trainee will describe the scientific basis and clinical manifestations of disease processes that are life limiting. The trainee will be able to demonstrate the skill to implement this knowledge in the diagnosis and management of patients with life-limiting progressive disease										
2.1.1 Management of life limiting, progressive disease										
S	initial assessment - detailed history and examination; assessment of impact of situation on patient and family		✓			✓	✓			
	judgement of prognosis	✓	✓			✓				
	consideration of wide range of management options	✓	✓			✓				
	judgement of benefits and burdens of investigations, treatments, and intervention or non intervention	✓	✓			✓				
	acknowledgement of the need for and skills in reassessment and review		✓			✓				

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	anticipation and pre-emption of problems	✓	✓			✓				
	recognition of transition points during course of illness	✓	✓			✓				
	recognition of dying process	✓	✓			✓				
	crisis management		✓			✓				
	shared care with other specialties – benefits, difficulties, facilitation	✓	✓			✓				
2.1.2 Specific disease processes										
K	The principles of cancer management	✓								
	the presentation, paths of spread and current management of all major malignancies	✓								
	the presentation, usual course and current management of other life limiting, progressive illnesses treated within specialist palliative care	✓				✓				
2.1.3 Management of concurrent clinical problems commonly encountered in palliative care										
K, S	Infections and infection control measures	✓				✓				
	alternative methods of nutrition and hydration	✓				✓				
	renal failure	✓				✓				
	COPD and common respiratory disorders	✓	✓			✓				

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	thromboembolic disease	✓	✓			✓				
	anaemia, bleeding disorders, coagulopathies	✓	✓			✓				
	diabetes mellitus	✓	✓			✓				
	hyper and hypothyroidism, adrenal failure, pituitary failure	✓	✓			✓				
	ischaemic heart disease, heart failure, arrhythmias, hypotension	✓	✓			✓				
	peripheral vascular disease	✓	✓			✓				
	peripheral neuropathy	✓	✓			✓				
	autonomic neuropathy	✓	✓			✓				
	dermatological problems	✓	✓			✓				
	liver failure	✓	✓			✓				
	anxiety and depression, psychoses	✓	✓			✓				
	fractures, osteoporosis, Paget's disease	✓	✓			✓				
	pre-existing drug dependence	✓	✓			✓				
	pre-existing chronic pain	✓	✓			✓				
2.1.4	Delivering shared care									
	The trainee will demonstrate a positive attitude towards shared medical care. The									

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
trainee will be able to deliver palliative care whatever the environment (hospital, hospice, nursing homes, daycare and the patient's home)										
K, S,A	Knowledge of the benefits and difficulties, and skills in facilitation of shared care with other specialities	✓			✓	✓				
	Knowledge of services available in each setting and skills needed to give appropriate treatment within each setting					✓				
2.2 Symptoms –understanding and management										
The trainee will have the knowledge, understanding and skills to manage symptoms and other clinical problems secondary to life limiting progressive disease										
2.2.1 Principles of symptom management										
K	history taking and appropriate examination in symptom control assessment		✓				✓			
	symptoms as sensory, psychological and social and experience for patients and impact on carers					✓	✓			
	need for a diagnosis of the pathophysiology of a symptom (due to concurrent disorders and treatment related as well as cancer related aetiology)	✓	✓			✓				
	the wide range of therapeutic options – disease modifying treatments and symptom modifying treatments (palliative surgery, radiotherapy, chemotherapy, immunotherapy, hormone therapy, drugs, physical therapies, psychological interventions, complementary therapies)	✓				✓				
	appropriate choice of treatment / non treatment considering burdens and benefits of all options	✓				✓				

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	management of adverse effects of treatment	✓				✓				
	need for regular review of symptom response					✓				
	methods of assessment of symptom response	✓								
	management of intractable symptoms – recognition and support for patients, carers, multiprofessional teams and self				✓	✓	✓			
	referral to other agencies when needed		✓			✓				
2.2.2 Pain										
K	physiology of pain	✓								
	history taking, physical examination and investigations in pain assessment	✓	✓			✓				
	pain assessment tools – clinical and research	✓				✓				
	different types of pain- nociceptive, visceral, neuropathic, incident	✓	✓			✓				
	recognised pain syndromes	✓	✓			✓				
	drug treatment of pain – WHO analgesic ladder and appropriate use of adjuvant drugs	✓				✓				
	range of opioids, relative benefits and indications	✓				✓				
	indications for an appropriate use of opioid switching	✓				✓				
	management of side effects of drug treatments	✓				✓				

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	assessment of burdens and benefits of treatments, including radiotherapy	✓				✓				
	non- drug treatment – TENS, acupuncture, physiotherapy, immobilisation	✓		✓		✓				
	common nerve blocks and other neurosurgical procedures	✓				✓				
	principles of spinal delivery of analgesics	✓				✓				
	psychological interventions in pain management	✓				✓				
	appropriate referral to and shared care with pain management service					✓				
2.2.3 Other symptoms and clinical problems										
K,S	Causes assessment and management of									
	sore mouth	✓	✓			✓				
	nausea and vomiting	✓	✓			✓				
	swallowing problems	✓	✓			✓				
	constipation / faecal impaction	✓				✓				
	diarrhoea	✓				✓				
	tenesmus	✓				✓				
	ascites	✓	✓			✓				

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	intestinal obstruction	✓	✓			✓				
	jaundice	✓	✓			✓				
	itching	✓	✓			✓				
	breathlessness	✓	✓			✓				
	cough	✓	✓			✓				
	hiccups	✓				✓				
	airways/ SVC obstruction	✓	✓			✓				
	pleural and pericardial effusion	✓	✓			✓				
	haemoptysis	✓				✓				
	bladder spasm	✓				✓				
	urinary obstructions	✓				✓				
	sexual problems	✓				✓				
	lymphoedema	✓	✓			✓				
	fistulae	✓				✓				
	wound breakdown	✓	✓			✓				

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	bleeding / fungating lesions	✓	✓			✓				
	offensive odour	✓				✓				
	pressure sores	✓				✓				
	pathological fractures	✓	✓			✓				
	anorexia, cachexia	✓				✓				
	weakness, lethargy	✓				✓				
	electrolyte disturbances e.g. hypercalcaemia, hyponatraemia, hypomagnesaemia	✓				✓				
	paraneoplastic syndromes	✓				✓				
	innappropriate ADH secretion	✓				✓				
	neuropathies	✓	✓			✓				
	raised intracranial pressure	✓	✓			✓				
	communication problems eg difficulties speaking or hearing, English as a second language	✓				✓	✓			
	depression and other mood disorders	✓	✓			✓				
	anxiety and fear	✓				✓				
	insomnia	✓				✓				

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	confusional states	✓	✓			✓				
	hallucinations	✓				✓				
	pre-existing drug dependence	✓				✓				
	treatment induced symptoms – radiotherapy, chemotherapy, immunotherapy, drugs	✓				✓				
	symptoms occurring in the last few days of life	✓				✓				
2.2.4 Management of emergencies in palliative medicine										
K, S	overwhelming pain and distress	✓				✓				
	SVCO obstruction	✓	✓			✓				
	hypercalcaemia	✓				✓				
	spinal cord compression	✓	✓			✓				
	cardiac tamponade	✓	✓			✓				
	pathological fractures	✓				✓				
	terminal delirium / agitation	✓				✓				
	cardiopulmonary arrest	✓				✓				
	massive haemorrhage	✓				✓				

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	epileptic fits	✓				✓				
	anaphylaxis	✓				✓				
	acute confusional states	✓	✓			✓				
	the violent patient	✓				✓				
	acute suicidal ideation	✓				✓				
	overdose	✓				✓				
	alcohol and drug withdrawal	✓				✓				
	hypoglycaemia	✓				✓				
	acute dystonia, oculogyric and serotonergic crises	✓				✓				
	neuroleptic malignant syndrome	✓				✓				
	acute urinary retention	✓	✓			✓				
	pneumothorax	✓	✓			✓				
	pulmonary embolism	✓				✓				
	stridor	✓				✓				
	bronchospasm	✓				✓				

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	acute CCF	✓	✓			✓				
	acute renal failure	✓				✓				
	predictable complications of therapeutic inventions or procedures including advanced life support if appropriate	✓				✓				
2.2.5 Practical procedures										
K, S	clinical history taking and examination of patients with advanced illness		✓							
	management of stomas					✓				
	management of tracheostomies	✓				✓				
	managing PEGS	✓		✓		✓				
	passing a nasogastric tube			✓						
	pleural aspiration			✓						
	paracentesis			✓						
	management of non invasive ventilation (where available and appropriate)	✓								
	urethral catheterisation			✓						
	syringe driver set up			✓						
	nebuliser setup			✓						

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	management of epidural / intrathecal catheters (using local guidelines)	✓				✓				
	simple nerve blocks	✓								
	TENS application			✓						
2.3 Pharmacology and Therapeutics										
The trainee will demonstrate knowledge, understanding and experience of treatment methods and use of drugs necessary to treat patients with life limiting progressive disease										
2.3.1										
General										
K, S	the application of evidence based medicine to palliative care	✓	✓			✓			✓	
	recommendations, guidelines and protocols – writing, implementation and use	✓				✓			✓	
	relevant national guidelines and protocols	✓				✓				
	the roles and limitations of drugs, physical therapies, psychological interventions and complementary therapies in palliative care	✓				✓				
	the use of appropriate measurement tools when assessing treatment response	✓	✓			✓				
	analysis of therapeutic possibilities, weighing up benefits and burdens of treatment or intervention	✓	✓			✓				

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	communication about therapeutic goals and possible adverse effects with patients and carers; enabling their input to decision making		✓		✓	✓	✓			
	communication about the above with others in the clinical team				✓					
	compliance and non-compliance with treatments – reasons for non-compliance and ways of increasing compliance	✓				✓				
2.3.2 Drug specific										
K	general principles of pharmacodynamics and pharmacokinetics	✓				✓				
	pharmacogenetics	✓								
	adjustment of dosage in frail, elderly and children	✓	✓			✓				
	adjustment of dosage in altered metabolism, disease progression and last few days of life	✓	✓			✓				
	the role of hospital and community pharmacy service	✓								
	drug formularies in palliative care	✓				✓				
	managing a pharmacy budget; issues of cost versus benefit									
	prescribing – legal issues, generic prescribing	✓								
	legal and ethical issues relating to the prescription of controlled drugs	✓				✓				

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	use of drugs on a named patient basis	✓								
	use of drugs outside their product licence	✓				✓				
	use of drugs in clinical trials	✓				✓			✓	
	problems of polypharmacy	✓				✓				
	helping patients and carers to understand and manage tablets	✓				✓				
	reporting adverse drug reactions to CSM	✓								
For drugs commonly used in palliative medicine or commonly taken by patients presenting to palliative care										
K	routes of administration	✓				✓				
	absorption, metabolism, excretion	✓				✓				
	half-life, usual frequency of administration	✓				✓				
	adverse effects and their management	✓				✓				
	use in syringe drivers stability and miscibility	✓				✓				
	interactions with other drugs	✓				✓				
	possibility of tolerance, dependence, addiction and discontinuation reactions	✓				✓				
	availability in the community	✓								

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
2.4 Rehabilitation										
	The trainee will demonstrate knowledge of the principles of rehabilitation in progressive illness and the skills to appropriately initiate rehabilitation for patients receiving palliative care									
K, S	principles of rehabilitation related to illnesses with gradually increasing disability	✓				✓				
	concept of maintenance of function through exercise and therapies					✓				
	recognition of changing goals during the course of an illness					✓				
	dealing with patient / family conflict in relation to unrealistic goals		✓		✓	✓				
	facilities available for rehabilitation	✓				✓				
	specific skills of AHPs and disease/cancer site specific specialist nurses in rehabilitation	✓				✓				
	appliances available in the home									
	use of disablement centre for artificial limbs and appliances						✓			
	support services available in the home						✓			
2.5 Care of the dying patient and their family										
	The trainee will have the knowledge, understanding and skills to provide optimal care for the dying patient and their family									

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
K, S, A	recognition of the dying phase	✓	✓			✓				
	initial assessment of the dying patient		✓			✓				
	providing ongoing care for dying patients and their families: - assessment of required medications - recognising when to discontinue further investigations and treatment - managing symptoms in the dying phase – pain, agitation, nausea and vomiting, respiratory tract secretions, delirium, massive haemorrhage - management of mouth care and bowel care - psychological care of the family - knowledge of major cultural and religious customs which relate to medical practice, dying and bereavement understanding of ethical dilemmas in the dying phase understanding pharmacology in dying patients, adjustment of drug dosage in organ failure and use of a syringe driver understanding the role environment plays in caring for the dying patient and being able to adapt accordingly eg hospital, home, hospice understanding the role of care pathways in improving care of the dying	✓	✓		✓	✓				
Psychosocial Care										
3.1 Social and Family Relationships										

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	The trainee will demonstrate skills in assessing the ill person in relation to family, work and social context. The trainee will undertake this assessment with tact and compassion. The trainee will have acquired the skills to adapt their approach to care to meet the patients' individual and family needs									
S	Appreciation of the ill person in relation to his/her family, work and social circumstances				✓	✓	✓			
	Impact of illness on interpersonal relationships				✓	✓				
	Impact of illness on body image, sexuality and role				✓	✓				
	Construction and use of genograms in taking a family history and understanding family relationships		✓			✓				
	Assessment of the response to illness and expectations among family members				✓	✓				
	When and how to use family meetings		✓			✓				
	Ways to accommodate needs of partners and families in provision of palliative care in both an inpatient unit or home setting						✓			
	Palliative care provision in relation to the homeless and those in custody	✓					✓			
	Understanding of family dynamics and the use of concepts such as resonance	✓					✓			
	Awareness of transference and counter-transference in professional relationships with patients and family members	✓					✓			
3.2 Communication with patients and relatives										
	The trainee will demonstrate good communication skills and use of reflective practice to ensure these skills are maintained. The trainee will be able to identify									

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	obstacles to communication and demonstrate skills in overcoming these. The trainee will demonstrate a professional attitude to confidentiality									
S	Skills in active listening, open questioning and information giving to: <ul style="list-style-type: none"> - elicit concerns across physical, psychological, social and spiritual domains - establish extent of awareness about illness and prognosis - manage awkward questions and information giving sensitively and as appropriate to wishes and needs of the individual - facilitate decision making and promote of autonomy of the individual patient - ensure that the patient is appraised of arrangements for the continuity of their care and who to contact in case of need. 		✓		✓		✓			
	Knowledge of theories and evidence base for communication practice	✓								
	Awareness and practice of a range of structures and styles of consultation		✓		✓	✓				
	Critical evaluation of own consulting skills		✓		✓	✓				
	Awareness of common barriers to communication for both patients and professionals	✓					✓			
	Awareness of common communication problems: deafness, expression and learning disabilities		✓				✓			
	A professional understanding of the ethical and legal aspects to confidentiality	✓				✓	✓			
3.3 Psychological Responses of Patients and Carers to Life-threatening Illness										

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
and Loss										
The trainee will demonstrate knowledge and understanding of psychological responses to illness in a range of situations, and skills in assessing and managing these in practice										
K, S, A	Recognition of the different responses and emotions expressed by the patient and others, including fear, guilt, anger, sadness and despair		✓			✓				
	Psychological impact of pain and intractable symptoms	✓				✓				
	Responses to uncertainty and loss at different stages in the illness	✓				✓				
	Illness in people with dementia or pre-existing psychological or psychiatric problems	✓	✓			✓				
	Identification of psychological responses as a source of additional problems for patient and family and as potentially obstructing the goals of care		✓			✓				
	Dealing with: anger and strong emotions anxious preoccupation transference collusion and conspiracy of silence denial		✓			✓	✓			
	Responses and needs of children (including siblings) at different developmental stages	✓					✓			
	Responses and needs of children and adults with learning difficulties	✓					✓			

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	Distinction between sadness and clinical depression	✓	✓			✓				
The trainee will have knowledge of and skills in recognising and managing psychiatric illness and the trainee will use psychological / psychiatric services appropriately										
K, S	Knowledge and application of therapeutic interventions including: - counselling - behavioural therapy - cognitive therapy - group activities	✓				✓				
	Roles of relaxation/hypnotherapy, imagery and visualisation, creative therapies	✓				✓				
	Role and availability of the specialist psychological/psychiatric services and indications for referral	✓				✓				
The trainee will be able to deal with violent/suicidal individuals, and demonstrate this directly or indirectly										
K, S	Dealing with violent/suicidal individuals; use of compulsory treatment (Mental Health Act)	✓				✓				
3.4 Attitudes and Responses of Doctors and other Professionals										
The trainee will demonstrate an attitude of self awareness and insight										
A	Awareness of personal values and belief systems, and how these influence professional judgements and behaviours				✓					
	Awareness of own skills and limitations, and effect of personal loss or difficulties				✓					

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	Ability to ask for help or hand over to others where necessary				✓					
The trainee will demonstrate the skills and attitudes necessary to deal with difficulties in doctor-patient relationship										
S, A	Potential sources of conflict in the doctor-patient relationship and how to deal with these including: - over-involvement - personal identification - negative feelings/personality clash - demands which cannot be met				✓	✓				
	Recognition and management of the emotional and psychological impact of palliative care on oneself, the team and other colleagues				✓	✓				
The trainee will demonstrate responsible support of professional colleagues										
S	Being a supportive colleague to other members of staff				✓					
	Recognition of individuals who are having difficulties and understanding of when, and how, to take action if this adversely affects patient care									
	Recognition of ways staff support can be offered / co-ordinated	✓								
	Assessment of personal and team member safety when conducting visits in the community	✓				✓	✓			
3.5 Grief and Bereavement										
The trainee will demonstrate the skilful application of knowledge and understanding to prepare individuals for bereavement, to support the acutely										

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	grieving person/family. This will include the ability to anticipate / recognise abnormal grief and access specialist help									
K, S, A	Theories about bereavement including the process of grieving, adjustment to loss and the social model of grief	✓								
	Grief and bereavement in children	✓				✓				
	Recognition of multiple losses and effects on the individual	✓				✓				
	Preparation of carers and children for bereavement					✓				
	Support of the acutely grieving individual or family					✓				
	Anticipation and identification of abnormal and complicated bereavement in adults	✓				✓				
	Knowledge of bereavement support and organisation of support services	✓				✓				
	Identification of appropriate bereavement support for an individual or family					✓				
	Epidemiological impact of bereavement	✓								
Risk factors for adverse outcomes of bereavement	✓					✓				
3.6 Patient and Family Finance										
The trainee will demonstrate an ability to assess the patient and family finances and find solutions to issues raised										
S	Financial assessment					✓				

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	Accessing benefits, grants and allowances available to patients and families	✓				✓				
	The role of the social worker and/or welfare benefits officer	✓				✓				
Culture, language, religion and spirituality										
4.1 Culture and ethnicity										
The trainee will demonstrate an awareness of, and respect for, the social and cultural values and practices of others. The trainee will recognise differences in beliefs and personal values. The trainee will be able to deal with conflicts in the beliefs and values in the clinical team, and recognise and deal with conflict of beliefs and values within a team										
K, S, A	Recognition of cultural influences on the meaning of illness for patient and family	✓			✓	✓				
	Acknowledgement and accommodation of differences in belief and practice to ensure thorough assessment and acceptable care				✓	✓				
	Use and support of interpreters	✓				✓				
	Awareness of personal beliefs and attitudes and the importance of not imposing these on others				✓	✓				
	Ability to recognise and deal with conflicts of beliefs and values within the team				✓	✓				
4.2 Religion and spirituality										
The trainee will have the knowledge and skills to elicit spiritual concerns, recognise and respond to spiritual distress and demonstrate respect for differing religious beliefs and practice and accommodation of these in patient care										

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
K, S	Ability to distinguish between an individual's spirituality and religious needs	✓	✓			✓				
	Ability to elicit spiritual concerns appropriately as part of assessment		✓		✓	✓				
	Spirituality issues in relation to life-threatening physical illness and the role of spiritual care	✓	✓			✓				
	Recognition of the importance of hope and ability to nurture hope in palliative care					✓				
	Ability to acknowledge and respond to spiritual distress, including referral to others		✓		✓	✓				
	Knowledge of pastoral systems within different religious groups and work with their representatives within the multidisciplinary team	✓				✓				
	Knowledge of the major cultural and religious practices that relate to medical practice, dying and bereavement	✓								
Ethics										
5.1 Theoretical ethics										
The trainee will demonstrate an understanding of the theoretical basis for applied ethics in clinical practice, and be able to evaluate personal attitudes, beliefs and behaviours										
K, A	History of medical ethics, with emphasis on evolving philosophy and codes of practice, and with particular regard for current GMC guidance and BMA guidelines									

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	Critical analysis of current theoretical approaches to: medical ethics, including 'four principles (beneficence, nonmaleficence, justice and respect for autonomy) with attention to scope' with acknowledgement to: Raanan Gillon, Medical ethics: four principles plus attention to scope, <i>BMJ</i> 1994; 309: 184-188; futility; virtues and rights and the place of narrative analytical approaches					✓				
5.2 Applied ethics in clinical practice of palliative care										
The trainee will demonstrate skills in ethical reasoning and decision-making in end-of-life care, at consultant level , both for their own patients and for those that are referred to them in an advisory capacity. The trainee demonstrates the skills and ability to justify their own ethical position in relation to palliative care practice using sound philosophical arguments										
S	Acknowledgement of ethical issues in daily clinical practice and teamwork					✓				
	Consent			✓		✓				
	Giving information		✓			✓				
	Confidentiality	✓			✓	✓				
	Competence to make particular decisions	✓	✓			✓				
	Non-autonomous or incompetent individuals	✓				✓				
	Best interest judgements	✓				✓				
	Conflicts of interest between patient and their relatives	✓				✓				

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	Responsibility for decisions (doctors, patients & teams)	✓			✓	✓				
	Resource allocation (including of oneself)					✓				
	Withholding and withdrawing of treatment (including hydration / non-hydration)	✓				✓				
	Euthanasia					✓				
	Physician-assisted suicide					✓				
	Doctrine of double effect	✓				✓				
	DNAR decisions	✓				✓				
	Research / clinical trials	✓				✓			✓	
Legal Frameworks										
The trainee will demonstrate the skills and knowledge to:										
1. Make decisions and practice palliative medicine within a legal/lawful framework										
2. Access appropriate legal help and advice when necessary										
K, S	Common law, Parliamentary law Scottish and European law in relation to end of life medical care including euthanasia and physician assisted suicide	✓								
	Knowledge of appropriate guidelines produced by BMA, GMC, Royal Colleges and defence bodies	✓								

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
6.1 Death										
K, S	Certification of death procedures, including definition and procedure for confirming brain death	✓		✓						
	Cremation regulations	✓								
	Procedures for relatives following a death	✓								
	The role of the undertaker	✓								
	Procedures around post mortems	✓								
6.2 Therapeutics										
K, S	Definitions of treatment	✓								
	Refusal of treatment by patients	✓				✓				
	Responsibilities of prescriber /pharmacist/nurses	✓				✓				
	Controlled drugs/ storage	✓		✓						
	Non licensed use of drugs	✓				✓				
	Withdrawal/withholding of treatment from competent & incompetent patients	✓				✓				
	Drugs and situations where the doctrine of double effect is relevant in clinical practice	✓				✓				
	Obligations to treat/ not to treat	✓				✓				

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	Resuscitation guidelines	✓				✓				
6.3 Doctor/patient relationship										
K, S	Consent	✓		✓		✓				
	Autonomous/non-autonomous/ partially autonomous patients	✓				✓				
	Capacity/competency	✓				✓				
	Power of attorney	✓				✓				
	Record taking and patient access to records including the provisions of the Data Protection Act and Freedom of Information Act	✓				✓				
	The role of the Caldicott Guardian within an institution	✓				✓				
	Confidentiality and its limits	✓				✓				
	Assault/battery/manslaughter as applied to medicine	✓				✓				
	Care of minors	✓				✓				
Wills	✓				✓					
6.4 Organisational										
K, S	Corporate law relating to charities/trusts e.g responsibilities/liabilities of trustees and employers	✓								
	Laws & regulations relating to nursing homes	✓								

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	Employment law, including equal opportunities	✓								
	Discrimination – gender, race, disability, age	✓								
6.5 Charity and company law										
K	Corporate governance	✓								
	Trusteeship	✓								
	Charity acts and charity commissioners	✓								
	The company limited by guarantee	✓								
Teamwork										
The trainee will demonstrate effective membership and leadership of multi-professional specialist palliative care teams										
S	Ability to work in a team				✓					
	Theories of teamwork, e.g. psychological, psychodynamic, managerial	✓								
	Identification of oneself in relation to these differing theoretical models of teamwork				✓					
	Role and responsibilities of doctors in multi-professional teams (GMC, <i>Good Medical Practice</i>)	✓								
	Skills and contributions of other members of the multi-professional team				✓					
	Nature of roles within teams: sometimes overlapping, others professionally distinct, with the boundaries sometimes unclear	✓								

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	Team dynamics in different situations and over time									
	Forms of team support	✓								
	Strategies that facilitate team functioning, and those which do not	✓								
	The inevitability of conflict within a team, and strategies to manage this				✓					
	Skill mix of a team, particularly in relation to the appointment of new members									
	Chairing of team meetings				✓					
	Balancing the needs of the different or overlapping teams of which the doctor may be a member at any one time				✓					
	Wide application of teamwork to include all the professionals and organisations involved in the care of a particular patient, including specialist nurses, statutory and voluntary organisations					✓				
	The impact on patients and carers of the number of professionals who may be involved in their care					✓				
Learning & Teaching										
8.1 Learning										
The trainee will demonstrate the attitudes and skills to maintain a safe, contemporary and competent practice and will demonstrate an understanding of postgraduate education and supervision										
S, A	Principles of adult and life-long learning, personal learning style and reflective practice	✓								
	Concept of continuing professional development	✓								

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	Roles and responsibilities of trainee and trainer	✓								
	Role of supervision, mentoring, learning contracts, critical appraisal and feedback, experiential learning	✓								
	Planning learning aims, objectives, methods and outcomes	✓						✓		
	Role of the Postgraduate Deanery, Royal Colleges of Physicians and PMETB in postgraduate education	✓								
The trainee will demonstrate skills and knowledge to access, analyse and apply the evidence base to clinical practice										
S, A	Evidence based medicine including skills to search electronic databases and the worldwide web	✓				✓			✓	
	Critical appraisal of literature including qualitative and quantitative research	✓							✓	
	Critical application of the available evidence to patient care		✓			✓				
8.2 Teaching										
The trainee will be an effective and confident teacher, with the ability to improve their students' learning										
S	Teaching ability in different contexts (eg large/small group, undergraduate/postgraduate, medical/non medical)				✓			✓		
	Knowledge of different teaching methods and structure, including lecturing, problem based learning, role play, bedside teaching and their applicability in different settings	✓						✓		
	Selection, preparation and presentation of teaching materials	✓						✓		

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	Presentation skills				✓			✓		
	Methods of assessment including OSCE, observed long case, modified essay questions, project reports and case studies	✓						✓		
Research										
	The trainee will demonstrate an understanding of the scope of healthcare research in general, and palliative care research in particular. The trainee will demonstrate the ability to evaluate published research and understand implications for current practice. The trainee will demonstrate the ability to initiate and see through to completion, a project based on sound research principles, eg small study, literature review, audit project									
K	The scientific basis of medicine and its limitations applied in the field of palliative care	✓								
	Research topics and trends in palliative care and allied disciplines e.g. oncology, pain management, rehabilitation	✓								
	Legal and ethical dimensions of research, including standards such as the GMC Guide to Good Medical Practice (1998), Declaration of Helsinki, European Union Clinical Trials Directive, guidelines for pharmaceutical companies	✓							✓	
	Research ethics, design and methods in the specific context relevant to palliative care	✓							✓	
	Knowledge of the research process -Formulation of original research questions - Development of ideas by reading and using local peer group and appropriate research supervision - Application of appropriate study designs e.g. randomised controlled trials, single centre or multi-centre studies, n of1 trials,	✓							✓	

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	qualitative techniques - The appropriate use and limitations of pilot studies - Statistical input to sample size calculation in planning research - Statistical analysis, appropriate to the research question - Supervised production of protocols - Sources of funding and supervised writing of grant applications - Patient information consent forms and informed consent - Patient safety and actions to be taken if an adverse event occurs - Research ethics committee applications - Ability to work within collaborative research teams - Data analysis - Presentation of research findings in a relevant format e.g. critical review, original research paper in a peer-reviewed journal, poster or oral presentation at a scientific meeting									
Management										
10.1 Human resources										
To provide the trainee with the skills and knowledge to manage the human resources in a specialist palliative care in patient unit and palliative care team										
10.1.1 Recruitment										
K, S	Writing a job description and person specification	✓								
	Short-listing and interviewing skills	✓								

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	Writing a reference									
	Contract negotiation									
10.1.2 Staff development										
K, S	Induction and training									
	Mentoring skills				✓					
	Appraisal									
	Assessment of trainees/junior colleagues	✓			✓					
10.1.3 Disciplinary procedures										
K, S	Key issues in employment law	✓								
	When and how to institute disciplinary procedures	✓								
10.2 Leadership skills										
The trainee will demonstrate the skills needed to lead a clinical team effectively										
S	Motivating and leading a team				✓					
	Management styles	✓			✓					
	Goal setting				✓					
	Short and long term strategic planning									
	Negotiating skills				✓					
	Strategic implementation of audit				✓					✓

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	Directing and delegating				✓					
10.3 Management of work										
The trainee will manage their work effectively and efficiently										
S	Time management				✓					
	Working with a secretary				✓					
	Planning, implementing and evaluating change									✓
10.4 Information management										
The trainee will demonstrate knowledge and skills in using information systems										
K	Patient data collection including the NCPC minimum data set	✓								✓
	Data Protection Act, including rights of access for patients to information held on them	✓								
	Computer security and backup systems	✓								
	NHS net and communication systems	✓		✓						
10.5 Structures										
The trainee will demonstrate knowledge of organisational structures										
K	The organisation of the NHS	✓								
	Management structures of hospices	✓								

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	The structures and roles of: - PCTs - NHS provider units- Strategic Health Authorities - NHS Executive and NHS frameworks - Department of Health/Scottish Executive Health Department - Major organisations and charities involved in palliative care - Deputising services and co-operatives	✓								
10.6 Running a palliative care unit										
The trainee will demonstrate knowledge and skills necessary to run a palliative care unit										
K, S	Supply of drugs to hospices / palliative care units, stock lists, financing and regulations for controlled drugs	✓								
	Storage and retrieval of case notes	✓								
	Health and safety legislation	✓								
	Equipment safety and maintenance	✓								
	Nursing home registration	✓								
	Hospice security	✓								
	Role and management of volunteers	✓								
	Disposal of bodies	✓								

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
10.7 Financial management										
The trainee will understand the principles of financial management in relation to organisations and budgets and will act with probity										
K	Public and charitable health funding structure	✓								
	Understanding accounts	✓								
	Interacting with fundraisers	✓								
	Formulating business plans	✓								
	Budget setting and management	✓								
10.8 Clinical Governance										
The trainee will demonstrate knowledge and skills in the methodology of clinical governance										
K, S	Responsibilities of doctors; professional and organisational goals	✓								
	Quality assurance in relation to service and organisation	✓								✓
	Service review and accreditation of palliative care services	✓								✓
	Role of NICE	✓								✓
	Role of clinical standards board for Scotland	✓								✓
	Expectations of GMC	✓								

Palliative Medicine Assessment Blueprint

Curriculum area	Competence	Exam MCQ	Mini-CEX	DOPS	MSF	CbD	Patient survey	Teaching ass'ment	Research ass'ment	Audit ass'ment
	Outcome measures and performance indicators	✓								✓
	Risk management in relation to palliative care	✓								
	Application of SIGN guidelines (for trainees in Scotland)	✓								✓
10.9	Audit									
The trainee will demonstrate knowledge and skill in conducting audit in practice										
K, S	Methods of auditing structure, process and outcome applied to palliative care	✓								✓
	Clinical, organisational and multi-professional audit	✓								✓
	Collection of activity data, including NCPC or SIGN data sets	✓								✓
	Setting standards in relation to palliative care	✓								✓

KEY

Mini-CEX=Mini-Clinical Evaluation Exercise, DOPS=Directly Observed Procedural Skill, MSF=Multi-Source Feedback, CbD=Case-based Discussion

Palliative Medicine Assessment Blueprint

Top 20 subjects for Case-based Discussion (CbD) [Area covered within the curriculum in brackets]

1. Communication eg. between services, prognosis, with relatives, team, family conflict [1.3, 2.3.1, 2.4, 3.2]
2. Recognition, assessment and management of critical change in patient pathway (eg from symptom control to terminal care) [2.1.1, 2.5]
3. Shared care (inc services available in different settings) [2.1.1, 2.1.4]
4. Management of concurrent clinical problems (eg. respiratory, CVD, depression) [2.1.3]
5. Management of symptoms/clinical problems (including intractable symptoms) [2.2.1, 2.2.3]
6. Symptoms as sensory, psychological and social experience for patients and impact on carers [2.2.1]
7. Therapeutic options & appropriate choice of treatment/non-treatment [2.2.1]
8. Opioid use (including opioid switching) [2.2.2]
9. Other interventions in pain management (eg. non-drug, nerve blocks, psychological) [2.2.2]
10. Management of emergencies (eg. total pain, SCC, acute confusional states) [2.2.4]
11. Pharmacology/Therapeutics (eg. drug dose in altered metabolism, use of drugs outside licence, polypharmacy, syringe drivers, refusal of treatment, resuscitation guidelines) [2.3.2, 6.2]
12. Psychosocial care (eg. impact of illness, family meetings, family dynamics) [3.1]
13. Psychological responses of patients and carers to life-threatening illness and loss [3.3]
14. Self-awareness and insight (eg. personal values, belief systems, skills, limitations, conflict between doctor-pt) [3.4]
15. Grief and bereavement (eg. preparing carer/children for bereavement, supporting acutely bereaved, knowledge of services) [3.5]
16. Patient and family finances (only mentioned because not really covered by any other assessment in curriculum) [3.6]
17. Culture, ethnicity, religion, spirituality (eg. awareness/conflict of personal beliefs/attitudes, distinguishing between spiritual and religious needs, need for hope [4.1, 4.2])
18. Ethics (eg. consent, confidentiality, conflicts of interest, withholding and withdrawing treatments) [5.2]
19. Doctor/patient relationship (eg. capacity, wills, autonomous /non-autonomous patients) [6.3]
20. Teamwork & leadership (eg. skill mix, roles, conflict, motivating & leading a team) [7, 10.2]

Palliative Medicine Assessment Blueprint

Top 10 subjects for Mini-Clinical Evaluation Exercise (mini-CEX) [Area covered within the curriculum in brackets]

1. Communication (eg. of prognosis, of therapeutic goals, with relatives, with team, family conflict) [1.3, 2.3.1, 2.4, 3.2]
2. Clinical evaluation of concurrent clinical problems [2.1.3] eg.
 - Respiratory disorder (eg. COPD, chest infection)
 - Cardiovascular disorder (eg. IHD, heart failure, arrhythmia, hypotension)
 - peripheral vascular disease
 - peripheral neuropathy
 - anxiety, depression, psychoses
 - pre-existing chronic pain
3. Clinical evaluation/examination for symptom management [2.2.1 & 2.2.2 & 2.2.3] eg.
 - history taking and physical examination for pain assessment/investigation
 - history taking and appropriate examination for other symptom control assessment or clinical problem (eg. SOB, dysphagia, ascites, obstruction, wound breakdown)
4. Clinical evaluation of emergencies [2.2.4] eg. spinal cord compression, SVCO
5. Managing family conflict in relation to unrealistic goals [2.4]
6. Assessing the dying patient [2.5]
7. Clinical evaluation of ongoing care of dying patient eg. symptom review, medications, spiritual needs, care pathway [2.5]
8. Critical evaluation of own consultation skills [3.2]
9. Evaluation of psychological response of patient & relatives and to illness (eg. dealing with anger, denial, patient with previous psychiatric illness) [3.3]
10. Evaluating spiritual and religious needs [4.2]

Palliative Medicine Assessment Blueprint

List of required Directly Observed Procedural Skills (DOPS) [curriculum areas 2.2.2, 2.2.5, 6.1, 6.2, 10.4]

1. TENS application
2. Paracentesis
3. Pleural aspiration
4. Urethral catheterization (male and female)
5. Syringe driver set up**
6. Nebuliser set up
7. Passing a nasogastric tube
8. Controlled drug storage
9. Patient data collection, including the NCPD Minimum Data set reporting
10. Death certification

** Competency has to be demonstrated four times in the four years of training