SPECIALTY TRAINING CURRICULUM

FOR

ACUTE INTERNAL MEDICINE

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(AMENDMENTS MADE AUGUST 2012)

Joint Royal Colleges of Physicians Training Board

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1 Introduction

There has been rapid change in the organisation and delivery of care for patients with medical illnesses since the Acute Internal Medicine sub specialty curriculum was introduced in July 2005. The continued growth of this area of care has been reflected by the large number of reports and recommendations that suggest methods by which care may be improved for patients with acute medical problems. This includes rapid assessment by a senior decision maker, facilitated access to investigations, accurate diagnosis and prompt instigation of treatment either within an ambulatory setting or when an inpatient hospital stay is required. Furthermore, standards for the delivery of acute care have been suggested and should be adhered to by all aspiring to provide acute care to medical patients.

Acute hospital physicians are required to provide high level care for patients with acute medical problems but also specialist care for outpatients who present acutely and, in many situations, inpatients. There is recognition that physicians play a vital role in the management of in-patients (e.g. in surgical wards) who require an acute medical opinion and this includes within the Hospital at Night structures established within NHS hospitals. Many hospitals have developed Acute Medical Units (the agreed term for these units) where the first 48-72 hours of care are provided. This supports early, safe discharge of up to 60% of patients to a community setting, most often their own home. Critical to these developments is the Acute Physician who has been prepared to develop new pathways of care with prompt diagnosis, investigation and treatment. – the right person, in the right setting, first time.

In parallel with these organisational and structural changes, medical education has undergone major reforms. The implementation of the Foundation programme, with doctors leaving the F2 year with “acute safe” competences, the increased number of medical graduates and the implementation of Good Medical Practice have added to the need to define and map all parts of all the new curricula to the 4 domains of Good Medical Practice. In association with this there has been the need to clearly define assessment methods that have been allocated to all sections of the syllabus. These new initiatives will support trainees and trainers to identify how trainees should progress through the new curriculum acquiring the necessary knowledge, skills and behaviours and how these will be assessed.

Mapping the 4 domains of Good Medical Practice to the curriculum provides the opportunity to better define, and thus improve, the skills and behaviours that trainees require to communicate with patients, carers and their families.

The Acute Internal Medicine (AIM) curriculum reflects the on-going change in clinical practice in hospitals where there is an increasing need for physicians dedicated to providing prompt, high quality and effective management of patients who present with acute medical illness. This is essential to improve patient care and outcomes. And recognises the increasing number of patients with complex medical problems and associated acute exacerbations. Effective acute multiprofessional pathways and processes are critical to the delivery of best care. Trainees in Acute Internal medicine will therefore acquire competencies relevant to:

- the prompt practical management of acute presentation of medical illness,
- the management of medical patients in an in-patient setting,
- the development of new patient pathways to maximise safe, effective care in the community where feasible,
- the provision of leadership skills within an acute medical unit,
• the development of multi-professional systems to promote optimal patient care,
• the care of patients requiring more intensive levels of care than would be generally managed in a medical ward. These competencies are generally acquired from experience within a critical care unit.

2 Rationale

2.1 Purposes of the curriculum

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

• the award of a certificate of completion of training (CCT) in Acute Internal Medicine.

The introduction of the Foundation Programme and a spiral curriculum in 2007, led to the need to develop new curricula that better defined training in Medicine with clear guidance of the competencies required, how these would be achieved and the points in training where the progression of individual trainees would be assessed.

The previous General (Internal) Medicine curriculum was written in 2003 to support both single and dual CCT medical training programmes but did not define the maturation process of the physician in training as they progressed through the spiral curriculum.

Since then there has been rapid service development with the widespread establishment of Acute Medical Units and indeed the impending separation of Acute Internal Medicine and General (Internal) Medicine was reflected by the development of the sub specialty in 2005. The specific remit of the Acute Physician has been defined as providing a medical lead within an Acute Medical Unit and having enhanced competencies relevant to the management of patients with acute medical illness. This development has been associated with the exponential growth in the number of Acute Internal Medicine specialty training posts (>350 at present), that reflects the need for physicians trained in acute medicine to run these acute medical units.

The G(I)M/Acute Internal Medicine Curriculum, introduced in 2007 to try to satisfy this demand, explicitly stated how progression would occur through the different levels of the spiral curriculum. Level 1 competencies were to be achieved before entry to specialist training, Achievement of Level 2 competencies would be recognised by the award of a credential that confirmed the trainee’s acquisition of competencies to allow participation as a Consultant in the acute medical take. Level 3 competencies were defined specifically for trainees in Acute Internal Medicine training programmes, who would be the leaders and managers of acute medical units.

This curriculum was written in 2006/7, but even as it was being implemented two main problems emerged. The first was difficulty in defining how the Level 2 credential would be formally assessed and awarded, to ensure that a high standard of training was reliably maintained and was reproducible throughout the UK. Trainees in many medical specialities also expressed serious concerns about not being readily able to achieve a CCT in G(I)M/Acute medicine.

In response to this a new G(I)M curriculum has recently been developed and accepted by PMETB. Acute Internal Medicine has developed extremely rapidly and
acute physicians have been demonstrated to enhance the care given to patients in acute medical units. Thus, it has been recognised that the specific skills required to provide leadership in Acute Medical units, with the concomitant skills in the management of acutely ill medical patient, should be recognised by the development of a separate specialty of Acute Internal Medicine. Trainees in this specialty have to develop a significant number of critical care and leadership competencies which are not contained in the current G(I)M/Acute Medicine curriculum. To achieve specialty status Acute Medicine has applied to PMETB for support to decommission as a subspecialty of G(I)M and for Acute Internal Medicine to be recognised as a specialty in its own right, supported by this newly defined curriculum that outlines the trainee pathway from the first year of specialty training to the award of CCT.

The JRCPTB writing group for Acute Internal Medicine has carefully followed PMETB’S quality standards for new curricula, in particular mapping assessments and GMC domains to all sections of the curriculum, while still emphasising the need for progressive acquisition of competencies in the ‘top 20’ and ‘next 40’ clinical conditions.

The new AIM curriculum differs from the G(I)M/Acute Medicine (2007) version in that it better defines the need to demonstrate maturation of the trainee’s competencies through the duration of training. In the relevant core training programmes (CMT or ACCS) the trainee is expected to be able to recognise and diagnose the common medical conditions. In subsequent training in AIM, the trainee builds on these core competencies, as they acquire skills in the treatment and management of complex acute medical problems in the in-patient setting but also acquire advanced practical skills that are directly relevant to the practice of Acute Internal Medicine. There is an emphasis on the understanding of the application and complications of pharmacological agents in patients with multi-system disease, patient safety and prevention of acute illness and the management of patients who are already within the hospital as well as patients presenting in an unscheduled manner. Furthermore, the management, organisational and leadership competencies for the Acute Physician are defined.

This new curriculum is underpinned by the definition of core competencies that should be required of all doctors regardless of specialty. These competencies will also be subject to assessment and review of satisfactory progression.

It is anticipated that most trainees following the AIM will also follow the G(I)M curriculum to achieve a certificate of completion of training (CCT) in both specialties.

Physicians trained to a CCT in G(I)M in addition to a CCT in AIM must be prepared to accept continued responsibility for patients beyond the acute phase, although the majority of their inpatients will be within their own speciality i.e. acute internal medicine.

This curriculum emphasises the skills and competencies which must be acquired in the acute medical settings but also reflects those that are relevant to the inpatient and out-patient settings including ambulatory care. Specific competencies in the management of patients requiring level 2 care are also mandatory for trainees undertaking training in AIM. It also details how these competencies will be assessed as a trainee progresses through the syllabus.

Within the G(I)M curriculum there is an emphasis on the training of physicians with the ability to investigate, treat and diagnose patients with chronic medical symptoms, with the provision of high quality review skills for inpatients and outpatients fulfilling
the requirement of consultant-led continuity of care. While these attributes are not emphasised in the AIM curriculum it is clear that these are competencies that must be acquired for those pursuing a dual CCT in AIM and G(I)M.

2.2 Development

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

This curriculum defines Acute Internal Medicine as a specialty and extends the curriculum that previously defined the training pathway for acute physicians. The G(I)M curriculum from 2003 combined with the sub specialty curriculum from 2005 defined the competencies at that time. The G(I)M/Acute medicine curriculum dated May 2007 further defined the competencies (level 3) that the acute physician should acquire. This Acute Internal Medicine curriculum is based on those documents, with extension of the competencies required and the additional changes to ensure that the curriculum meets PMETB’s 17 Standards for Curricula and Assessment. As such it incorporates revisions to the content and delivery of the training programme including the development of ambulatory care and the importance of multiprofessional working for the most effective delivery of acute medical care. Other major changes from the previous curricula include the incorporation of generic, leadership and health inequalities competencies.

This curriculum is trainee-centred, and outcome-based. As this curriculum is to be followed through the relevant Core Training programmes and Specialist Training a spiral approach has been adopted, as in the Foundation Programme. A spiral curriculum describes a learning experience that revisits topics and themes, each time expanding the sophistication of the knowledge, attitudes and decision-making relevant to the topic. This approach aids reinforcement of principles, the integration of topics, and the achievement of higher levels of competency and is key to ensuring deep learning. This principle underpins the ethos of a spiral curriculum and effective life-long learning beyond Specialty Training supporting the individual to progress from being ‘competent’ to ‘expert’.

2.3 Training Pathway

Entry into Acute Internal Medicine training is possible following successful completion of both a Foundation Programme and a core training programme.

The training in Acute Internal Medicine is divided as follows;

Core Medical Training (CMT) or Acute Care Common Stem (Medicine) ACCS –both of which are core training programmes
Diagram 1.0 shows the training pathway for Acute Internal Medicine

Diagram 2.0 shows the training pathway for Dual CCT with G(I)M
Diagram 3.0 shows the training pathway for Dual CCT with another Acute training specialty

**Specialist Training (ST) in Acute Internal Medicine.**
Entry into Acute Internal Medicine training is possible following successful completion of both a Foundation Programme and a core training programme.

**Core Training Programmes**
There are two core training programmes in Acute Internal Medicine;

- Core Medical Training (CMT)
- Acute Care Common Stem (Medicine) ACCS

CMT programmes are designed to deliver core training in General (Internal) Medicine by acquisition of knowledge and skills as assessed by the work place based assessments (WPBAs) and the MRCP Programmes which must be acquired to enable progression. They are usually for two years and are broad based consisting of four to six placements in different medical specialties. During the two years of these programmes the trainee must be involved directly in the acute medical take. It is expected that trainees completing CMT will have a solid platform of G(I)M from which they can continue into Specialty Training. Completion of CMT will be required before entry into Specialty training at ST3

ACCS is a three year programme covering the following specialities:
- Acute Internal Medicine
- Emergency Medicine
- Anaesthetics
- Critical Care

ACCS facilitates competence acquisition in the four specialities above. This programme enables the trainee to gain experience in the management of the most acutely ill patients and of patients presenting with a broad spectrum of acute illness. Most programmes will involve six months in each but a minimum of six months in Acute Internal Medicine in the first two years of the programme will be expected for those who follow specialty training in this specialty. It is intended that the third year of the programme will be spent in the specialty of the trainee’s choice, having
experienced all four specialties in the first two years. Acquisition of MRCP (UK) will be required for all trainees who wish to follow training in Acute Internal Medicine.

The features of the ACCS, CMT and AIM training programmes are:

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

- **Competency-based** – the curriculum outlines competencies that trainees must reach by the end of the programme and is directly linked to the e-portfolio. The curriculum defines the standards required for good medical practice and the e-portfolio facilitates the recording of formal assessments, including the MRCP, during the core training programmes.

- **The continuation of Good Medical practice** – building on Foundation training the curriculum further emphasises the generic competencies necessary for practice as a physician

- **Supervision** – each trainee individual programme is supervised by individuals with clearly defined roles and responsibilities to oversee training including the Clinical Supervisor, Educational Supervisor, College Tutor, CMT/ACCS Programme Director, and Head of School

- **Appraisal meetings with Supervisor** – the frequency and type of meetings with review of competence progression are outlined in the e-portfolio

- **Workplace-based assessments** – are conducted throughout training building on those used in the Foundation programme with the annual ARCP.

- **The MRCP examination** – the content of the MRCP (UK) has been mapped to the curriculum for CMT and provides a knowledge based assessment for the core programmes relevant to Acute Internal Medicine (CMT and ACCS).

**The Specialist Training Programme – Acute Internal Medicine**

Entrants to specialist training in Acute Internal Medicine must have successfully completed Core Medical Training or Acute Care Common Stem training and acquired the MRCP (UK).

The specialist training programme is a minimum four-year programme that builds on a trainee’s ability to provide acute medical care in the hospital setting. Competences are symptom based, and thus concentrate on the provision of appropriate medical care in the acute, inpatient, ambulatory and outpatient settings.

The training programme for Acute Internal Medicine should be constructed with experience of Acute Internal Medicine in the first year preferably in a District General type of hospital. Although it may not be possible for the clinical supervisor during this year to be an Acute Physician it is mandated that anybody taking on this supervisory role will have an active involvement in the acute medical take. All trainees should
have an educational supervisor appointed at the start of their first year of specialty training and who will mentor the trainee for the whole of their training programme. This supervisor ideally should be an Acute Physician.

In the second and third year of training the trainee should gain experience in a number of relevant medical and other specialties. It is anticipated that all trainees will have at least four months experience of the following specialties during their training programme:

- Cardiology including CCU
- Respiratory medicine
- Acute care in medicine for the elderly

Trainees should also gain experience in critical care medicine which should include a minimum of four months in a critical care setting. This may be obtained as part of an ACCS core programme and supplemented in the specialty training period or simply obtained in the specialty training years. Even in circumstance where this experience is gained during the ACCS programme further experience is still recommended.

Experience in other medical specialties should be encouraged where there is a distinct acute presentation of patients and also to ensure complete coverage of the curriculum. These include:

- Infectious diseases
- Gastroenterology
- Renal medicine
- Stroke medicine
- Rheumatology

Other experience may be obtained in an emergency medicine department where the majority of their experience should be in the management of patients with acute medical problems rather than the ‘minor’ patient pathways. Experience in other specialties may be relevant but approval must be obtained from the Training Programme Director and the Specialty Advisory Committee.

The final year of training should include at least 6 months experience within an Acute Medical Unit that is led by an Acute Physician. This should include training in management and leadership skills as well as taking a more senior, but supervised, role within the running of the acute medical take.

Throughout training the trainee should be aware of the need to acquire special competencies that are defined in the section ‘special skills’. These skills are specifically relevant to Acute Internal medicine but it would be impossible for all trainees to acquire adequate expertise in all of these competencies. Trainees should review with their educational supervisor which of these would be most relevant for their career development. Acquisition of one of these competencies is a mandatory part of training.

Upon successful attainment of these competencies and progression through the ARCP process and penultimate year assessment (PYA), the trainee will be recommended to PMETB for a CCT by Joint Royal Colleges of Physicians Training Board (JRCPTB).
2.4 Enrolment with JRCPTB
Trainees are required to register for specialist training with JRCPTB at the start of their training programmes. Enrolment with JRCPTB, including the complete payment of enrolment fees, is required before JRCPTB will be able to recommend trainees for a Certificate of Completion of CMT/ACCS or a CCT. Trainees can enrol online at www.jrcptb.org.uk.

2.5 Duration of training
The SAC has advised that training from ST1 will usually be completed in 6 years in full time training (2 years core plus 4 years specialty training).

2.6 Flexible training
Trainees who are unable to work full-time are entitled to opt for flexible training programmes. EC Directive 93/16/EEC requires that:

- Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities to a period of at least half of that provided for full-time trainees;
- The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those of full-time trainees.

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

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

To date flexible training has inevitably been prolonged. With competency based training, proof of completion of competencies may enable these trainees to finish their training in a shorter time. This will be the decision of the trainers in discussion with the SAC.

2.7 Dual CCT
Trainees who wish to achieve a CCT in both AIM and another specialty must have applied for and successfully entered a training programme that was advertised openly as a dual training programme. Trainees will need to achieve the competencies, with assessment evidence, as described in both the other specialty and AIM curricula. Individual assessments may provide evidence towards competencies from both curricula. Postgraduate Deans wishing to advertise such programmes should ensure that they meet the requirements of both SACs. For the majority of trainees dual CCT in AIM and G(I)M is likely to be most frequent. Some, however, may wish to obtain the single CCT alone or obtain a CCT in AIM and in critical care. It is also possible a minority may wish to obtain a CCT in AIM and another medical specialty other than G(I)M.

3 Content of learning
This section lists the specific knowledge, skills, and behaviours to be attained throughout training in Acute Internal Medicine.
Each stage of learning in the curriculum has defined the competencies to be attained by the trainee within the domains of knowledge, skills and behaviours. Symptom Competences - define the knowledge, skills and attitudes required for each level of learning for different problems with which a patient may present. These symptoms are further broken down in to emergency, “top 20” and other presentations. The top 20 presentations are those that present most frequently to an acute medical unit and are listed together to emphasise the frequency with which these problems are encountered in clinical practice. The ‘other presentations’ are those conditions which still present frequently, and of which the trainee in AIM must have had frequent exposure and well defined competence in management.

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

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

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

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

### 3.1 Programme content and objectives

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

### 3.2 Good Medical Practice

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

The Framework for Appraisal and Assessment covers the following domains:

- **Domain 1 – Knowledge, Skills and Performance**
- **Domain 2 – Safety and Quality**
- **Domain 3 – Communication, Partnership and Teamwork**
- **Domain 4 – Maintaining Trust**
The “GMP” column in the syllabus defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. Most parts of the syllabus relate to “Knowledge, Skills and Performance” but some parts will also relate to other domains.

3.3 Syllabus

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

“GMP” defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. See section 3.2 for more details.
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Common Competencies
The common competencies are those that should be acquired by all physicians during their training period starting within the undergraduate career and developed throughout the postgraduate career.

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

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

History taking
To progressively develop the ability to obtain a relevant focussed history from increasingly complex patients and challenging circumstances. To record accurately and synthesise history with clinical examination and formulation of management plan according to likely clinical evolution

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the importance of different elements of history</td>
<td>mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise the importance of clinical, psychological, social, cultural and nutritional factors particularly those relating to ethnicity, race, cultural or religious beliefs and preferences, sexual orientation, gender and disability</td>
<td>mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise that patients do not present history in structured fashion</td>
<td>ACAT, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Know likely causes and risk factors for conditions relevant to mode of presentation</td>
<td>mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise that history should inform examination, investigation and management</td>
<td>mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

Skills

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
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<tbody>
<tr>
<td>Identify and overcome possible barriers to effective communication</td>
<td>mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Manage time and draw consultation to a close appropriately</td>
<td>mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Supplement history with standardised instruments or questionnaires when relevant</td>
<td>ACAT, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Manage alternative and conflicting views from family, carers and friends</td>
<td>ACAT, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Assimilate history from the available information from patient and other sources</td>
<td>ACAT, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Recognise and interpret the use of non verbal communication from patients and carers</td>
<td>mini-CEX</td>
<td>1, 3</td>
</tr>
</tbody>
</table>
Focus on relevant aspects of history

**Behaviours**

| Focus on relevant aspects of history | ACAT, mini-CEX | 1, 3 |

**Show respect and behave in accordance with Good Medical Practice**

| Show respect and behave in accordance with Good Medical Practice | ACAT, mini-CEX | 3, 4 |

**Level Descriptor**

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Obtains, records and presents accurate clinical history relevant to the clinical presentation. Elicits most important positive and negative indicators of diagnosis. Starts to ignore irrelevant information.</td>
</tr>
<tr>
<td>2</td>
<td>Demonstrates ability to obtain relevant focussed clinical history in the context of limited time e.g. outpatient, ward referral. Demonstrates ability to target history to discriminate between likely clinical diagnoses. Records information in most informative fashion.</td>
</tr>
<tr>
<td>3</td>
<td>Demonstrates ability to rapidly obtain relevant history in context of severely ill patients. Demonstrates ability to obtain history in difficult circumstances e.g. from angry or distressed patient / relatives. Demonstrates ability to keep interview focussed on most important clinical issues.</td>
</tr>
<tr>
<td>4</td>
<td>Able to quickly focus questioning to establish working diagnosis and relate to relevant examination, investigation and management plan in most acute and common chronic conditions in almost any environment.</td>
</tr>
</tbody>
</table>

**Clinical examination**

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

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand the need for a valid clinical examination</td>
<td>CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Understand the basis for clinical signs and the relevance of positive and negative physical signs</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise constraints to performing physical examination and strategies that may be used to overcome them</td>
<td>CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
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</table>

**Skills**

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform an examination relevant to the presentation and risk factors that is valid, targeted and time efficient</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise the possibility of deliberate harm in vulnerable patients and report to appropriate agencies</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 2</td>
</tr>
<tr>
<td>Interpret findings from the history, physical examination and mental state examination, appreciating the importance of clinical, psychological, religious, social and cultural factors</td>
<td>mini-CEX, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Actively elicit important clinical findings</td>
<td>CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Perform relevant adjunctive examinations</td>
<td>CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

**Behaviours**
Show respect and behaves in accordance with Good Medical Practice

<table>
<thead>
<tr>
<th>Level Descriptor</th>
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</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>Performs, accurately records and describes findings from basic physical examination</td>
</tr>
<tr>
<td>Elicits most important physical signs</td>
</tr>
<tr>
<td>Uses and interprets findings adjuncts to basic examination e.g. internal examination, blood pressure measurement, pulse oximetry, peak flow</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>Performs focussed clinical examination directed to presenting complaint e.g. cardiorespiratory, abdominal pain</td>
</tr>
<tr>
<td>Actively seeks and elicits relevant positive and negative signs</td>
</tr>
<tr>
<td>Uses and interprets findings adjuncts to basic examination e.g. electrocardiography, spirometry, ankle brachial pressure index, fundoscopy</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>Performs and interprets relevance advanced focussed clinical examination e.g. assessment of less common joints, neurological examination</td>
</tr>
<tr>
<td>Elicits subtle findings</td>
</tr>
<tr>
<td>Uses and interprets findings of advanced adjuncts to basic examination e.g. sigmoidoscopy, FAST ultrasound, echocardiography</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>Rapidly and accurately performs and interprets focussed clinical examination in challenging circumstances e.g. acute medical or surgical emergency</td>
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</tbody>
</table>
Therapeutics and safe prescribing

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

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<tr>
<td>Recall indications, contraindications, side effects, drug interactions and dosage of commonly used drugs</td>
<td>ACAT, CbD, mini-CEX</td>
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</tr>
<tr>
<td>Recall range of adverse drug reactions to commonly used drugs, including complementary medicines</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recall drugs requiring therapeutic drug monitoring and interpret results</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Outline tools to promote patient safety and prescribing, including IT systems</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 2</td>
</tr>
<tr>
<td>Define the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the trainees practice</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 2</td>
</tr>
<tr>
<td>Recognise the roles of regulatory agencies involved in drug use, monitoring and licensing (e.g. National Institute for Clinical Excellence (NICE), Committee on Safety of Medicines (CSM), and Healthcare Products Regulatory Agency and hospital formulary committees)</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 2</td>
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<tr>
<td>Review the continuing need for long term medications relevant to the trainees clinical practice</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 2</td>
</tr>
<tr>
<td>Anticipate and avoid defined drug interactions, including complementary medicines</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Advise patients (and carers) about important interactions and adverse drug effects</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Use IT prescribing tools where available to improve safety</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 2</td>
</tr>
<tr>
<td>Employ validated methods to improve patient concordance with prescribed medication</td>
<td>ACAT, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Provide comprehensible explanations to the patient, and carers when relevant, for the use of medicines</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3</td>
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<th>Assessment Methods</th>
<th>GMP Domains</th>
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<tbody>
<tr>
<td>Recognise the benefit of minimising number of medications taken by a patient</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Appreciate the role of non-medical prescribers</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Remain open to advice from other health professionals on medication issues</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Recognise the importance of resources when prescribing, including the role of a Drug Formulary</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 2</td>
</tr>
<tr>
<td>Ensure prescribing information is shared promptly and accurately</td>
<td>ACAT, CbD</td>
<td>1, 3</td>
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</table>
between a patient’s health providers, including between primary and secondary care

Remain up to date with therapeutic alerts, and respond appropriately

ACAT, Cbd 1

**Level Descriptor**

| 1 | Understands the importance of patient compliance with prescribed medication
|   | Outlines the adverse effects of commonly prescribed medicines
|   | Uses reference works to ensure accurate, precise prescribing

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

| 3/4 | Is aware of the regulatory bodies relevant to prescribed medicines both locally and nationally
|   | Ensures that resources are used in the most effective way for patient benefit

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

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

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<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
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<tbody>
<tr>
<td>Understand that organisation is key to time management</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Understand that some tasks are more urgent or more important than others</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Understand the need to prioritise work according to urgency and importance</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Understand that some tasks may have to wait or be delegated to others</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Outline techniques for improving time management</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Understand the importance of prompt investigation, diagnosis and treatment in disease management</td>
<td>ACAT, CbD, mini-CEx</td>
<td>1, 2</td>
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<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
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</thead>
<tbody>
<tr>
<td>Identify clinical and clerical tasks requiring attention or predicted to arise</td>
<td>ACAT, CbD, mini-CEx</td>
<td>1, 2</td>
</tr>
<tr>
<td>Estimate the time likely to be required for essential tasks and plan accordingly</td>
<td>ACAT, CbD, mini-CEx</td>
<td>1</td>
</tr>
<tr>
<td>Group together tasks when this will be the most effective way of working</td>
<td>ACAT, CbD, mini-CEx</td>
<td>1</td>
</tr>
<tr>
<td>Recognise the most urgent / important tasks and ensure that they are managed expediently</td>
<td>ACAT, CbD, mini-CEx</td>
<td>1</td>
</tr>
<tr>
<td>Regularly review and re-prioritise personal and team work load</td>
<td>ACAT, CbD, mini-CEx</td>
<td>1</td>
</tr>
<tr>
<td>Organise and manage workload effectively</td>
<td>ACAT, CbD, mini-CEx</td>
<td>1</td>
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<table>
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<tr>
<th>Behaviours</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
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</thead>
<tbody>
<tr>
<td>Ability to work flexibly and deal with tasks in an effective fashion</td>
<td>ACAT, CbD, MSF</td>
<td>3</td>
</tr>
<tr>
<td>Recognise when you or others are falling behind and take steps to rectify the situation</td>
<td>ACAT, CbD, MSF</td>
<td>3</td>
</tr>
<tr>
<td>Communicate changes in priority to others</td>
<td>ACAT, MSF</td>
<td>1</td>
</tr>
<tr>
<td>Remain calm in stressful or high pressure situations and adopt a timely, rational approach</td>
<td>ACAT, MSF</td>
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<th>Level Descriptor</th>
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<tr>
<td>2</td>
</tr>
</tbody>
</table>
Starting to recognise which tasks are most urgent
Starting to utilise other members of the clinical team but not yet able to organise their work
Requires some direction to ensure that all tasks completed in a timely fashion

Recognises the most important tasks and responds appropriately
Anticipates when priorities should be changed
Starting to lead and direct the clinical team in effective fashion
Supports others who are falling behind
Requires minimal organisational supervision

Automatically prioritises and manages workload in most effective fashion
Communicates and delegates rapidly and clearly
Automatically responsible for organising the clinical team
Calm leadership in stressful situations

### Decision making and clinical reasoning

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

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

**To be able to communicate the diagnostic and therapeutic plan appropriately**

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define the steps of diagnostic reasoning:</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Interpret history and clinical signs</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Conceptualise clinical problem</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Generate hypothesis within context of clinical likelihood</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Test, refine and verify hypotheses</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Develop problem list and action plan</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise how to use expert advice, clinical guidelines and algorithms</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognises the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 2</td>
</tr>
<tr>
<td>Define the concepts of disease natural history and assessment of risk</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recall methods and associated problems of quantifying risk e.g. cohort studies</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Outline the concepts and drawbacks of quantitative assessment of risk or benefit e.g. numbers needed to treat</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Describe commonly used statistical methodology</td>
<td>CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Know how relative and absolute risks are derived and the meaning of the terms predictive value, sensitivity and specificity in relation to diagnostic tests</td>
<td>CbD, mini-CEX</td>
<td>1</td>
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</tbody>
</table>

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Knows how to use expert advice, clinical guidelines and algorithms and is aware that patients may also use non-medical information sources

<table>
<thead>
<tr>
<th>Skills</th>
<th>AA, CbD</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpret clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise critical illness and respond with due urgency</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Generate plausible hypothesis(es) following patient assessment</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Construct a concise and applicable problem list using available information</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Construct an appropriate management plan and communicate this effectively to the patient, parents and carers where relevant</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3, 4</td>
</tr>
<tr>
<td>Define the relevance of an estimated risk of a future event to an individual patient</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Use risk calculators appropriately</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Apply quantitative data of risks and benefits of therapeutic intervention to an individual patient</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Search and comprehend medical literature to guide reasoning</td>
<td>AA, CbD</td>
<td>1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Level Descriptor</th>
<th>ACAT, CbD, mini-CEX</th>
<th>1</th>
</tr>
</thead>
</table>
| 1                                                                                                                             | In a straightforward clinical case:  
Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence  
Institutes an appropriate investigative plan  
Institutes an appropriate therapeutic plan  
Seeks appropriate support from others  
Takes account of the patients wishes                                             |
| 2                                                                                                                             | In a difficult clinical case:  
Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence  
Institutes an appropriate investigative plan  
Institutes an appropriate therapeutic plan  
Seeks appropriate support from others  
Takes account of the patients wishes                                             |
### Prioritises the patient’s wishes encompassing their beliefs, concerns expectations and needs

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recall health needs of particular populations e.g. adolescents / young adults, ethnic minorities and recognise the impact of culture and ethnicity in presentations of physical and psychological conditions</strong></td>
<td>CbD</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give adequate time for patients to express ideas, concerns and expectations</td>
<td>ACAT, mini-CEX</td>
<td>1, 3, 4</td>
</tr>
<tr>
<td>Respond to questions honestly and seek advice if unable to answer</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Encourage the health care team to respect the philosophy of patient focussed care</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Develop a self-management plan including investigation, treatments and requests/instructions to other healthcare professionals, in partnership with the patient</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1,3</td>
</tr>
<tr>
<td>Support patients, parents and carers where relevant to comply with management plans</td>
<td>ACAT, CbD, mini-CEX, PS</td>
<td>3</td>
</tr>
<tr>
<td>Encourage patients to voice their preferences and personal choices about their care, actively exploring for example whether they have sought health information on line, have undertaken any form of ‘direct to consumer’ medical testing, or purchased pharmaceuticals on line.</td>
<td>ACAT, mini-CEX, PS</td>
<td>3</td>
</tr>
</tbody>
</table>

#### Behaviours

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support patient self-management</td>
<td>ACAT, CbD, mini-CEX, PS</td>
<td>3</td>
</tr>
<tr>
<td>Recognise the duty of the medical professional to act as patient advocate</td>
<td>ACAT, CbD, mini-CEX, MSF, PS</td>
<td>3, 4</td>
</tr>
</tbody>
</table>

### Level Descriptor

<table>
<thead>
<tr>
<th>Level</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Responds honestly and promptly to patient questions but knows when to refer for senior help</td>
</tr>
<tr>
<td>2</td>
<td>Recognises the need for disparate approaches to individual patients</td>
</tr>
<tr>
<td>3</td>
<td>Recognises more complex situations of communication, accommodates disparate needs and</td>
</tr>
</tbody>
</table>
develops strategies to cope

| 3 | Deals rapidly with more complex situations, promotes patients self care and ensures all opportunities are outlined |
| 4 | Is able to deal with all cases to outline patient self care and to promote the provision of this when it is not readily available |

**Prioritisation of patient safety in clinical practice**

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

To never compromise patient safety

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

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline the features of a safe working environment</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Outline the hazards of medical equipment in common use</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Recall side effects and contraindications of medications prescribed</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recall principles of risk assessment and management</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Recall the components of safe working practice in the personal, clinical and organisational settings, e.g. use of SBAR (Situation, Background, Assessment, Recommendations) and equivalent systems.</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Recall local procedures for optimal practice e.g. GI bleed protocol, safe prescribing</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

| | Assessment Methods | |
|-----------|--------------------|-
| Recognise when a patient is not responding to treatment, reassess the situation, and encourage others to do so | ACAT, CbD, mini-CEX | 1 |
| Ensure the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately | ACAT, CbD, mini-CEX | 1 |
| Improve patients’ and colleagues’ understanding of the side effects and contraindications of therapeutic intervention | ACAT, CbD, mini-CEX | 1, 3 |
| Sensitively counsel a colleague following a significant event, or near incident, to encourage improvement in practice of individual and unit | ACAT, CbD | 3 |
| Recognise and respond to the manifestations of a patient's deterioration (symptoms, signs, observations, and laboratory results) and support other members of the team to act similarly | ACAT, CbD, mini-CEX, MSF | 1 |

**Behaviours**

| | Assessment Methods | |
|-----------|--------------------|-
| Continue to maintain a high level of safety awareness and consciousness at all times | ACAT, CbD, mini-CEX | 2 |
| Encourage feedback from all members of the team on safety issues and appropriately report errors, adverse events (including ‘never events’), incidents and near misses, and participate fully in processes designed to learn from such matters, e.g. root cause analyses. | ACAT, CbD, mini-CEX, MSF | 3 |
Show willingness to take action when concerns are raised about performance of members of the healthcare team, and act appropriately when these concerns are voiced to you by others, recognising the need for a blame free environment, the necessity to respond honestly in all circumstances, and the need to provide apology when this is appropriate.

Continue to be aware of one’s own limitations, and operate within them competently.

**Level Descriptor**

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Discusses risks of treatments with patients and is able to help patients make decisions about their treatment. Does not hurry patients into decisions. Promotes patients safety to more junior colleagues. Always ensures the safe use of equipment. Follows guidelines unless there is a clear reason for doing otherwise. Acts promptly when a patient’s condition deteriorates. Recognises untoward or significant events and always reports these. Leads discussion of causes of clinical incidents with staff and enables them to reflect on the causes. Able to participate in a root cause analysis.</td>
</tr>
<tr>
<td>2</td>
<td>Demonstrates ability to lead team discussion on risk assessment and risk management and to work with the team to make organisational changes that will reduce risk and improve safety.</td>
</tr>
<tr>
<td>3</td>
<td>Able to assess the risks across the system of care and to work with colleagues from different department or sectors to ensure safety across the health care system. Able to undertake a root cause analysis.</td>
</tr>
<tr>
<td>4</td>
<td>Shows support for junior colleagues who are involved in untoward events. Is fastidious about following safety protocols and encourages junior colleagues to do the same.</td>
</tr>
</tbody>
</table>

**Team working and patient safety**

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

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
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</thead>
<tbody>
<tr>
<td>Outline the components of effective collaboration</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Describe the roles and responsibilities of members of the healthcare team</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Outline factors adversely affecting a doctor’s performance and methods to rectify these</td>
<td>CbD</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

| Practise with attention to the important steps of providing good continuity of care | ACAT, CbD, mini-CEX | 1, 3, 4 |
| Accurate attributable note-keeping | ACAT, CbD, mini-CEX | 1, 3 |
| Preparation of patient lists with clarification of problems and ongoing care plan | ACAT, CbD, mini-CEX, MSF | 1 |
Detailed hand over between shifts and areas of care

Demonstrate leadership and management in the following areas:
- Education and training
- Deteriorating performance of colleagues (e.g. stress, fatigue)
- High quality care
- Effective handover of care between shifts and teams

Lead and participate in interdisciplinary team meetings

Provide appropriate supervision to less experienced colleagues

**Behaviours**

| ACAT, CbD, mini-CEX, MSF | 1, 3 |

| ACAT, CbD, mini-CEX | 1, 2, 3 |

| ACAT, CbD, MSF | 3 |

| ACAT, CbD, MSF | 3 |

| ACAT, CbD, mini-CEX, MSF | 3 |

**Level Descriptor**

1. Works well within the multidisciplinary team and recognises when assistance is required from the relevant team member
   - Demonstrates awareness of own contribution to patient safety within a team and is able to outline the roles of other team members
   - Keeps records up-to-date and legible and relevant to the safe progress of the patient
   - Hands over care in a precise, timely and effective manner

2. Demonstrates ability to discuss problems within a team to senior colleagues. Provides an analysis and plan for change
   - Demonstrates ability to work with the virtual team to develop the ability to work well in a variety of different teams – for example the ward team and the infection control team - and to contribute to discussion on the team’s role in patient safety
   - To develop the leadership skills necessary to lead teams so that they are more effective and able to deliver better safer care

3. Leads multidisciplinary team meetings but promotes contribution from all team members
   - Recognises need for optimal team dynamics and promotes conflict resolution
   - Demonstrates ability to convey to patients after a handover of care that although there is a different team, the care is continuous

4. Leads multi-disciplinary team meetings allowing all voices to be heard and considered. Fosters an atmosphere of collaboration
   - Demonstrates ability to work with the virtual team
   - Ensures that team functioning is maintained at all times
   - Promotes rapid conflict resolution
## Principles of quality and safety improvement

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
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</thead>
<tbody>
<tr>
<td>Understand the elements of clinical governance</td>
<td>CbD, MSF</td>
<td>1</td>
</tr>
<tr>
<td>Recognise that governance safeguards high standards of care and facilitates the development of improved clinical services</td>
<td>CbD, MSF</td>
<td>1, 2</td>
</tr>
<tr>
<td>Define local and national significant event reporting systems relevant to specialty</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise importance of evidence-based practice in relation to clinical effectiveness</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Outline local health and safety protocols (fire, manual handling etc)</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Understand risk associated with the trainee’s specialty work including biohazards and mechanisms to reduce risk</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Outline the use of patient early warning systems to detect clinical deterioration where relevant to the trainees clinical specialty</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Keep abreast of national patient safety initiatives including National Patient Safety Agency, NCEPOD reports, NICE guidelines etc</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

### Skills

- Adopt strategies to reduce risk e.g. surgical pause
  
<table>
<thead>
<tr>
<th>Assessment Methods</th>
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</thead>
<tbody>
<tr>
<td>ACAT, CbD</td>
</tr>
<tr>
<td>1, 2</td>
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</tbody>
</table>

- Contribute to quality improvement processes e.g.
  - Audit of personal and departmental performance
  - Errors / discrepancy meetings
  - Critical incident reporting
  - Unit morbidity and mortality meetings
  - Local and national databases
  
<table>
<thead>
<tr>
<th>Assessment Methods</th>
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</thead>
<tbody>
<tr>
<td>AA, CbD</td>
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<tr>
<td>2</td>
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</table>

- Maintain a folder of information and evidence, drawn from your medical practice

<table>
<thead>
<tr>
<th>Assessment Methods</th>
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<tbody>
<tr>
<td>CbD</td>
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<td>2</td>
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</table>

- Reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation

<table>
<thead>
<tr>
<th>Assessment Methods</th>
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<tbody>
<tr>
<td>AA</td>
</tr>
<tr>
<td>1, 2, 3, 4</td>
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</tbody>
</table>

### Behaviours

- Show willingness to participate in safety improvement strategies such as critical incident reporting

<table>
<thead>
<tr>
<th>Assessment Methods</th>
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</thead>
<tbody>
<tr>
<td>CbD, MSF</td>
</tr>
<tr>
<td>3</td>
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</table>

- Engage with an open no blame culture

<table>
<thead>
<tr>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>CbD, MSF</td>
</tr>
<tr>
<td>3</td>
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</table>

- Respond positively to outcomes of audit and quality improvement

<table>
<thead>
<tr>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>CbD, MSF</td>
</tr>
<tr>
<td>1, 3</td>
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</tbody>
</table>

- Co-operate with changes necessary to improve service quality and safety

<table>
<thead>
<tr>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>CbD, MSF</td>
</tr>
<tr>
<td>1, 2</td>
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</table>

### Level Descriptor

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

**Infection control**

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

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

**Skills**

<table>
<thead>
<tr>
<th></th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the potential for infection within patients being cared for</td>
<td>ACAT, CbD</td>
<td>1, 2</td>
</tr>
<tr>
<td>Counsel patients on matters of infection risk, transmission and control</td>
<td>ACAT, CbD, mini-CEX, PS</td>
<td>2, 3</td>
</tr>
<tr>
<td>Actively engage in local infection control procedures, e.g. hand hygiene</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Actively engage in local infection control monitoring and reporting processes</td>
<td>ACAT, CbD</td>
<td>1, 2</td>
</tr>
<tr>
<td>Prescribe antibiotics according to local antibiotic guidelines</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise potential for cross-infection in clinical settings</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 2</td>
</tr>
<tr>
<td>Practice aseptic technique whenever relevant</td>
<td>DOPS</td>
<td>1</td>
</tr>
</tbody>
</table>

**Behaviours**

<table>
<thead>
<tr>
<th></th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage all staff, patients and relatives to observe infection control principles</td>
<td>ACAT, CbD, MSF</td>
<td>1, 3</td>
</tr>
</tbody>
</table>

**Level Descriptor**

| 1 | Always follows local infection control protocols. Including washing hands before and after seeing all patients  
Is able to explain infection control protocols to students and to patients and their relatives. Always defers to the nursing team about matters of ward management |
<table>
<thead>
<tr>
<th></th>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of infections of concern – including MRSA and C difficile</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Awareness of the risks of nosocomial infections</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Understands the links between antibiotic prescription and the development of nosocomial infections</td>
<td>CbD, mini-CEX</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Always discusses antibiotic use with a more senior colleague</td>
<td></td>
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</tr>
<tr>
<td>Demonstrate ability to perform simple clinical procedures utilising aseptic technique</td>
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</tr>
<tr>
<td>Manages simple common infections in patients using first-line treatments. Communicating effectively to the patient the need for treatment and any prevention messages to prevent re-infection or spread</td>
<td></td>
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</tr>
<tr>
<td>Liaise with diagnostic departments in relation to appropriate investigations and tests</td>
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</tr>
<tr>
<td>Demonstrate an ability to perform more complex clinical procedures whilst maintaining aseptic technique throughout</td>
<td></td>
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</tr>
<tr>
<td>Identify potential for infection amongst high risk patients obtaining appropriate investigations and considering the use of second line therapies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate effectively to patients and their relatives with regard to the infection, the need for treatment and any associated risks of therapy</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Work effectively with diagnostic departments in relation to identifying appropriate investigations and monitoring therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working in collaboration with external agencies in relation to reporting common notifiable diseases, and collaborating over any appropriate investigation or management</td>
<td></td>
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</tr>
<tr>
<td>Demonstrates an ability to perform most complex clinical procedures whilst maintaining full aseptic precautions, including those procedures which require multiple staff in order to perform the procedure satisfactorily</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify the possibility of unusual and uncommon infections and the potential for atypical presentation of more frequent infections. Managing these cases effectively with potential use of tertiary treatments being undertaken in collaboration with infection control specialists</td>
<td></td>
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</tr>
<tr>
<td>Work in collaboration with diagnostic departments to investigate and manage the most complex types of infection including those potentially requiring isolation facilities</td>
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</tr>
<tr>
<td>Work in collaboration with external agencies to manage the potential for infection control within the wider community including communicating effectively with the general public and liaising with regional and national bodies where appropriate</td>
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</tbody>
</table>

### Managing long term conditions and promoting patient self-care

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the natural history of diseases that run a chronic course</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Define the role of rehabilitation services and the multi-disciplinary team to facilitate long-term care</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Outline the concept of quality of life and how this can be measured</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Outline the concept of patient self-care</td>
<td>CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Know, understand and be able to compare medical and social models of disability</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Understand the relationship between local health, educational and social service provision including the voluntary sector</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Understand the experience of adolescents and young adults with long term conditions and/or disability diagnosed in childhood requiring transition into adult services and the potential implications on psychological, social and educational/vocational development (including awareness of the Disability Discrimination Act) and how</td>
<td>CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>
developmental stage may impact on self management

<table>
<thead>
<tr>
<th>Skills</th>
<th>ACAT, CbD, mini-CEX</th>
<th>1, 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and agree a management plan with the patient (and carers), ensuring comprehension to maximise self-care within care pathways when relevant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop and sustain supportive relationships with patients with whom care will be prolonged</td>
<td>CbD, mini-CEX</td>
<td>1, 4</td>
</tr>
<tr>
<td>Provide effective patient education, with support of the multi-disciplinary team</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3, 4</td>
</tr>
<tr>
<td>Promote and encourage involvement of patients in appropriate support networks, both to receive support and to give support to others</td>
<td>CbD, PS</td>
<td>1, 3</td>
</tr>
<tr>
<td>Encourage and support patients in accessing appropriate information</td>
<td>CbD, PS</td>
<td>1, 3</td>
</tr>
<tr>
<td>Provide the relevant and evidence based information in an appropriate medium to enable sufficient choice, when possible</td>
<td>CbD, PS</td>
<td>1, 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>ACAT, CbD, mini-CEX</th>
<th>1, 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show willingness to act as a patient advocate</td>
<td></td>
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</tr>
<tr>
<td>Recognise the impact of long term conditions on the patient, family and friends</td>
<td></td>
<td></td>
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<tr>
<td>Ensure equipment and devices relevant to the patient’s care are discussed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put patients in touch with the relevant agency including the voluntary sector from where they can procure the items as appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide the relevant tools and devices when possible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Show willingness to facilitate access to the appropriate training and skills in order to develop the patient’s confidence and competence to self care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Show willingness to maintain a close working relationship with other members of the multi-disciplinary team, primary and community care</td>
<td>ACAT, CbD, mini-CEX, MSF</td>
<td>3</td>
</tr>
<tr>
<td>Recognise and respect the role of family, friends and carers in the management of the patient with a long term condition</td>
<td>ACAT, CbD, mini-CEX, PS</td>
<td>1, 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level Descriptor</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Describes relevant long term conditions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understands the meaning of quality of life</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is aware of the need for promotion of patient self care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Helps the patient with an understanding of their condition and how they can promote self management</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Demonstrates awareness of management of relevant long term conditions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is aware of the tools and devices that can be used in long term conditions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is aware of external agencies that can improve patient care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teaches the patient and within the team to promote excellent patient care</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Develops management plans in partnership with the patient that are pertinent to the patients long</td>
<td></td>
</tr>
</tbody>
</table>
Issues of communication both with patients and carers and within the healthcare team are often causes of complaint and inadequate communication can lead to poorer standards of patient care. Specific issues are highlighted within this section to promote better communication generally and within certain situations.

### Relationships with patients and communication within a consultation

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure an interview appropriately</td>
<td>ACAT, CbD, mini-CEX, PS</td>
<td>1</td>
</tr>
<tr>
<td>Understand the importance of the patient's background, culture, education and preconceptions (ideas, concerns, expectations) to the process</td>
<td>ACAT, CbD, mini-CEX, PS</td>
<td>1</td>
</tr>
<tr>
<td>Understand the importance of the developmental stage when communicating with adolescents and young adults</td>
<td>ACAT, CbD, mini-CEX, PS</td>
<td>1</td>
</tr>
<tr>
<td>Establish a rapport with the patient and any relevant others (e.g. carers)</td>
<td>ACAT, CbD, mini-CEX, PS</td>
<td>1, 3</td>
</tr>
<tr>
<td>Listen actively and question sensitively to guide the patient and to clarify information in particular with regard to matters that they may find it difficult to discuss, e.g. domestic violence or other abuse</td>
<td>ACAT, mini-CEX, PS</td>
<td>1, 3</td>
</tr>
<tr>
<td>Identify and manage communication barriers (e.g. cognitive impairment, speech and hearing problems), tailoring language to the individual patient and using interpreters when indicated</td>
<td>ACAT, CbD, mini-CEX, PS</td>
<td>1, 3</td>
</tr>
<tr>
<td>Deliver information compassionately, being alert to and managing their and your emotional response (anxiety, antipathy etc)</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3, 4</td>
</tr>
<tr>
<td>Use, and refer patients to, appropriate written and other information sources</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Check the patient's/carer's understanding, ensuring that all their concerns/questions have been covered</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Indicate when the interview is nearing its end and conclude with a summary</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Make accurate contemporaneous records of the discussion</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Manage follow-up effectively</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Approach the situation with courtesy, empathy, compassion and professionalism, especially by appropriate body language - act as an equal not a superior</td>
<td>ACAT, CbD, mini-CEX, MSF, PS</td>
<td>1, 3, 4</td>
</tr>
</tbody>
</table>
Ensure that the approach is inclusive and patient centred and respect the diversity of values in patients, carers and colleagues

Be willing to provide patients with a second opinion

Use different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved

Be confident and positive in one’s own values

Level Descriptor

1. Conducts simple interviews with due empathy and sensitivity and writes accurate records thereof

2. Conducts interviews on complex concepts satisfactorily, confirming that accurate two-way communication has occurred

3. Handles communication difficulties appropriately, involving others as necessary; establishes excellent rapport

4. Shows mastery of patient communication in all situations, anticipating and managing any difficulties which may occur

Breaking bad news

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise that the way in which bad news is delivered irretrievably affects the subsequent relationship with the patient</td>
<td>ACAT, CbD, mini-CEX, MSF, PS</td>
<td>1</td>
</tr>
<tr>
<td>Recognise that every patient may desire different levels of explanation and have different responses to bad news</td>
<td>ACAT, CbD, mini-CEX, PS</td>
<td>1, 4</td>
</tr>
<tr>
<td>Recognise that bad news is confidential but the patient may wish to be accompanied</td>
<td>ACAT, CbD, mini-CEX, PS</td>
<td>1</td>
</tr>
<tr>
<td>Recognise that breaking bad news can be extremely stressful for the doctor or professional involved</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Understand that the interview may be an educational opportunity</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise the importance of preparation when breaking bad news by:</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>• Setting aside sufficient uninterrupted time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Choosing an appropriate private environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Having sufficient information regarding prognosis and treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Structuring the interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Being honest, factual, realistic and empathic</td>
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<td></td>
</tr>
<tr>
<td>• Being aware of relevant guidance documents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand that “bad news” may be expected or unexpected</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise that sensitive communication of bad news is an essential part of professional practice</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Understand that “bad news” has different connotations depending</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>
on the context, individual, social and cultural circumstances | CEX, PS
Recall that a post mortem examination may be required and understand what this involves | ACAT, CbD, mini- CEX, PS 1
Recall the local organ retrieval process | ACAT, CbD, mini- CEX 1

### Skills

<table>
<thead>
<tr>
<th>Description</th>
<th>Acronyms</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate to others good practice in breaking bad news</td>
<td>CbD, DOPS, MSF</td>
<td>1, 3</td>
</tr>
<tr>
<td>Involve patients and carers in decisions regarding their future management</td>
<td>CbD, DOPS, MSF</td>
<td>1, 3, 4</td>
</tr>
<tr>
<td>Encourage questioning and ensure comprehension</td>
<td>CbD, DOPS, MSF</td>
<td>1, 3</td>
</tr>
<tr>
<td>Respond to verbal and visual cues from patients and relatives</td>
<td>CbD, DOPS, MSF</td>
<td>1, 3</td>
</tr>
<tr>
<td>Act with empathy, honesty and sensitivity avoiding undue optimism or pessimism</td>
<td>CbD, DOPS, MSF</td>
<td>1, 3</td>
</tr>
<tr>
<td>Structure the interview e.g.</td>
<td>CbD, DOPS, MSF</td>
<td>1, 3</td>
</tr>
<tr>
<td>- Set the scene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Establish understanding</td>
<td></td>
<td></td>
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<tr>
<td>- Discuss; diagnosis, implications, treatment, prognosis and subsequent care</td>
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</tr>
</tbody>
</table>

### Behaviours

<table>
<thead>
<tr>
<th>Description</th>
<th>Acronyms</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take leadership in breaking bad news</td>
<td>CbD, DOPS, MSF</td>
<td>1</td>
</tr>
<tr>
<td>Respect the different ways people react to bad news</td>
<td>CbD, DOPS, MSF</td>
<td>1</td>
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</tbody>
</table>

### Level Descriptor

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1 | Recognises when bad news must be imparted  
Recognises the need to develop specific skills  
Requires guidance to deal with most cases |
| 2 | Able to break bad news in planned settings  
Prepares well for interview  
Prepares patient to receive bad news  
Responsive to patient reactions |
| 3 | Able to break bad news in unexpected and planned settings  
Clear structure to interview  
Establishes what patient wants to know and ensures understanding  
Able to conclude interview |
| 4 | Skillfully delivers bad news in any circumstance including adverse events  
Arranges follow up as appropriate  
Able to teach others how to break bad news |
## Complaints and medical error

### Knowledge

<table>
<thead>
<tr>
<th>Description</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic consultation techniques and skills described for Foundation programme and to include:</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>- Define the local complaints procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Recognise factors likely to lead to complaints (poor communication, dishonesty etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adopt behaviour likely to prevent complaints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Dealing with dissatisfied patients or relatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Recognise when something has gone wrong and identify appropriate staff to communicate this with</td>
<td></td>
<td></td>
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<tr>
<td>- Act with honesty and sensitivity in a non-confrontational manner</td>
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</tr>
<tr>
<td>Outline the principles of an effective apology</td>
<td>CbD, DOPS, MSF</td>
<td>1</td>
</tr>
<tr>
<td>Identify sources of help and support when a complaint is made about yourself or a colleague</td>
<td>CbD, DOPS, MSF</td>
<td>1</td>
</tr>
</tbody>
</table>

### Skills

<table>
<thead>
<tr>
<th>Description</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribute to processes whereby complaints are reviewed and learned from</td>
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<td>1</td>
</tr>
<tr>
<td>Explain comprehensibly to the patient the events leading up to a medical error</td>
<td></td>
<td>1, 3</td>
</tr>
<tr>
<td>Deliver an appropriate apology</td>
<td></td>
<td>1, 3, 4</td>
</tr>
<tr>
<td>Distinguish between system and individual errors</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Show an ability to learn from previous error</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

### Behaviours

<table>
<thead>
<tr>
<th>Description</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take leadership over complaint issues</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Recognise the impact of complaints and medical error on staff, patients, and the National Health Service</td>
<td></td>
<td>1, 3</td>
</tr>
<tr>
<td>Contribute to a fair and transparent culture around complaints and errors</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Recognise the rights of patients, family members and carers to make a complaint</td>
<td></td>
<td>1, 4</td>
</tr>
</tbody>
</table>

### Level Descriptor

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Defines the local complaints procedure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recognises need for honesty in management of complaints</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Responds promptly to concerns that have been raised</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understands the importance of an effective apology</td>
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</tr>
<tr>
<td></td>
<td>Learns from errors</td>
<td></td>
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<tr>
<td>2</td>
<td>Manages conflict without confrontation</td>
<td></td>
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<tr>
<td></td>
<td>Recognises and responds to the difference between system failure and individual error</td>
<td></td>
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<tr>
<td>3</td>
<td>Recognises and manages the effects of any complaint within members of the team</td>
<td></td>
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<tr>
<td>4</td>
<td>Provides timely accurate written responses to complaints when required</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provides leadership in the management of complaints</td>
<td></td>
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</tbody>
</table>
## Communication with colleagues and cooperation

Recognise and accept the responsibilities and role of the doctor in relation to other healthcare professionals. Communicate succinctly and effectively with other professionals as appropriate

<table>
<thead>
<tr>
<th>Knowledge</th>
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<tbody>
<tr>
<td>Understand the section in &quot;Good Medical Practice&quot; on Working with Colleagues, in particular:</td>
<td>CbD, MSF</td>
<td>1</td>
</tr>
<tr>
<td>The roles played by all members of a multi-disciplinary team</td>
<td>CbD, MSF</td>
<td>1</td>
</tr>
<tr>
<td>The features of good team dynamics</td>
<td>CbD, MSF</td>
<td>1</td>
</tr>
<tr>
<td>The principles of effective inter-professional collaboration to optimise patient, or population, care</td>
<td>CbD, MSF</td>
<td>1</td>
</tr>
</tbody>
</table>

### Skills

<table>
<thead>
<tr>
<th></th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate accurately, clearly, promptly and comprehensively with relevant colleagues by means appropriate to the urgency of a situation (telephone, email, letter etc), especially where responsibility for a patient's care is transferred</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Utilise the expertise of the whole multi-disciplinary team as appropriate, ensuring when delegating responsibility that appropriate supervision is maintained</td>
<td>ACAT, CbD, mini-CEX, MSF</td>
<td>1, 3</td>
</tr>
<tr>
<td>Participate in, and co-ordinate, an effective hospital at night team when relevant</td>
<td>ACAT, CbD, mini-CEX, MSF</td>
<td>1</td>
</tr>
<tr>
<td>Communicate effectively with administrative bodies and support organisations</td>
<td>CbD, mini-CEX, MSF</td>
<td>1, 3</td>
</tr>
<tr>
<td>Employ behavioural management skills with colleagues to prevent and resolve conflict</td>
<td>ACAT, CbD, mini-CEX, MSF</td>
<td>1, 3</td>
</tr>
</tbody>
</table>

### Behaviours

<table>
<thead>
<tr>
<th></th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be aware of the importance of, and take part in, multi-disciplinary work, including adoption of a leadership role when appropriate</td>
<td>ACAT, CbD, mini-CEX, MSF</td>
<td>3</td>
</tr>
<tr>
<td>Foster a supportive and respectful environment where there is open and transparent communication between all team members</td>
<td>ACAT, CbD, mini-CEX, MSF</td>
<td>1, 3</td>
</tr>
<tr>
<td>Ensure appropriate confidentiality is maintained during communication with any member of the team</td>
<td>ACAT, CbD, mini-CEX, MSF</td>
<td>1, 3</td>
</tr>
<tr>
<td>Recognise the need for a healthy work/life balance for the whole team, including yourself, but take any leave yourself only after giving appropriate notice to ensure that cover is in place</td>
<td>CbD, mini-CEX, MSF</td>
<td>1</td>
</tr>
<tr>
<td>Be prepared to accept additional duties in situations of unavoidable and unpredictable absence of colleagues</td>
<td>CbD, MSF</td>
<td>1</td>
</tr>
</tbody>
</table>

### Level Descriptor

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accepts his/her role in the healthcare team and communicates appropriately with all relevant members thereof</td>
</tr>
<tr>
<td>2</td>
<td>Fully recognises the role of, and communicates appropriately with, all relevant potential team members (individual and corporate)</td>
</tr>
<tr>
<td>3</td>
<td>Able to predict and manage conflict between members of the healthcare team</td>
</tr>
<tr>
<td>4</td>
<td>Able to take a leadership role as appropriate, fully respecting the skills, responsibilities and viewpoints of all team members</td>
</tr>
</tbody>
</table>
For all hospital based physicians there is a need to be aware of public health issues and health promotion. Competences that promote this awareness are defined in the next section.

**Health promotion and public health**

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

**Skills**

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify opportunities to prevent ill health and disease in patients</td>
<td>CbD, mini-CEX, PS</td>
<td>1, 2</td>
</tr>
<tr>
<td>Identify opportunities to promote changes in lifestyle and other actions which will positively improve health</td>
<td>CbD, mini-CEX</td>
<td>1, 2</td>
</tr>
<tr>
<td>Identify the interaction between mental, physical and social wellbeing in relation to health</td>
<td>CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Identify opportunities to promote changes in lifestyle and other actions which will positively improve health, e.g. to encourage smoking cessation and / or weight reduction.</td>
<td>CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Work collaboratively with other agencies, e.g. occupational health services, to improve the health of individual patients and communities, and help patients to remain at or return to work whenever appropriate.</td>
<td>CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Encourage patients to remain at or return to work whenever appropriate</td>
<td>CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
<tr>
<td>Work collaboratively with others to encourage patients to safely reduce their weight if obese and increase their physical activity /</td>
<td>CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
</tbody>
</table>
exercise
Provide information to an individual about mechanisms to support them remaining at work or returning to work, and offering encouragement that they should do so whenever possible CbD, mini-CEX 1,3
Engage with local or regional initiatives to support patients remaining at or returning to work CbD, mini-CEX 1,3

Behaviours
Engage in effective team-working around the improvement of health CbD, MSF 1, 3
Encourage where appropriate screening to facilitate early intervention CbD 1

Level Descriptor
1
Discuss with patients and others factors which could influence their personal health
Maintains own health is aware of own responsibility as a doctor for promoting healthy approach to life

2
Communicate to an individual, information about the factors which influence their personal health
Support an individual in a simple health promotion activity (e.g. smoking cessation, weight reduction, increasing physical activity / exercise)
Support an individual in a simple health promotion activity (e.g. smoking cessation)

3
Communicate to an individual and their relatives, information about the factors which influence their personal health
Support small groups in a simple health promotion activity (e.g. smoking cessation, weight reduction, increasing physical activity / exercise)
Provide information to an individual about a screening programme and offer information about its risks and benefits

4
Discuss with small groups the factors that have an influence on their health and describe initiatives they can undertake to address these
Provide information to an individual about a screening programme offering specific guidance in relation to their personal health and circumstances concerning the factors that would affect the risks and benefits of screening to them as an individual
Engage with local or regional initiatives to improve individual health and reduce inequalities in health between communities

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

Principles of medical ethics and confidentiality

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate knowledge of the principles of medical ethics</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
<tr>
<td>Outline and follow the guidance given by the GMC on confidentiality</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
<tr>
<td>Define the provisions of the Data Protection Act and Freedom of Information Act</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
</tbody>
</table>

Note: The table is not fully legible due to the document quality, but the information can be inferred from the text provided.
Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research

Outline situations where patient consent, while desirable, is not required for disclosure e.g. communicable diseases, public interest

Outline the procedures for seeking a patient’s consent for disclosure of identifiable information

Recall the obligations for confidentiality following a patient’s death

Recognise the problems posed by disclosure in the public interest, without patient’s consent

Recognise the factors influencing ethical decision making: religion, moral beliefs, cultural practices

Do not resuscitate: Define the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment

Outline the principles of the Mental Capacity Act

Skills

Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team

Use and promote strategies to ensure confidentiality is maintained e.g. anonymisation

Counsel patients on the need for information distribution within members of the immediate healthcare team

Counsel patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment

Behaviours

Encourage ethical reflection in others

Show willingness to seek advice of peers, legal bodies, and the GMC in the event of ethical dilemmas over disclosure and confidentiality

Respect patient’s requests for information not to be shared, unless this puts the patient, or others, at risk of harm

Show willingness to share information about their care with patients, unless they have expressed a wish not to receive such information

Show willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment

Level Descriptor

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

### To obtain valid consent from the patient

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
</table>
| Outline the guidance given by the GMC on consent, in particular:  
- Understand that consent is a process that may culminate in, but is not limited to, the completion of a consent form  
- Understand the particular importance of considering the patient's level of understanding and mental state (and also that of the parents, relatives or carers when appropriate) and how this may impair their capacity for informed consent | CbD, DOPS, MSF | 1 |

### Skills

| Present all information to patients (and carers) in a format they understand, allowing time for reflection on the decision to give consent | ACAT, CbD, mini-CEX, PS | 1, 3 |
| Provide a balanced view of all care options | ACAT, CbD, mini-CEX, PS | 1, 3, 4 |

### Behaviours

| Respect a patient’s rights of autonomy even in situations where their decision might put them at risk of harm | ACAT, CbD, mini-CEX, PS | 1 |
| Avoid exceeding the scope of authority given by a patient | ACAT, CbD, mini-CEX, PS | 1 |
| Avoid withholding information relevant to proposed care or treatment in a competent adult | ACAT, CbD, mini-CEX | 1, 3, 4 |
| Show willingness to seek advance directives | ACAT, CbD, mini-CEX | 1, 3 |
| Show willingness to obtain a second opinion, senior opinion, and legal advice in difficult situations of consent or capacity | ACAT, CbD, mini-CEX, MSF | 1, 3 |
| Inform a patient and seek alternative care where personal, moral or religious belief prevents a usual professional action | ACAT, CbD, mini-CEX, PS | 1, 3, 4 |

### Level Descriptor

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Obtains consent for straightforward treatments with appropriate regard for patient's autonomy</td>
</tr>
<tr>
<td>2</td>
<td>Able to explain complex treatments meaningfully in layman's terms and thereby to obtain appropriate consent</td>
</tr>
<tr>
<td>3</td>
<td>Obtains consent in &quot;grey-area&quot; situations where the best option for the patient is not clear</td>
</tr>
<tr>
<td>4</td>
<td>Obtains consent in all situations even when there are problems of communication and capacity</td>
</tr>
</tbody>
</table>
## Legal framework for practice

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>All decisions and actions must be in the best interests of the patient</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Understand the legislative framework within which healthcare is provided in the UK – in particular death certification and the role of the Coroner/Procurator Fiscal; child protection legislation; mental health legislation (including powers to detain a patient and giving emergency treatment against a patient’s will under common law); advanced directives and living Wills; withdrawing and withholding treatment; decisions regarding resuscitation of patients; surrogate decision making; organ donation and retention; communicable disease notification; medical risk and driving; Data Protection and Freedom of Information Acts; provision of continuing care and community nursing care by a local authorities</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 2</td>
</tr>
<tr>
<td>Understand the differences between legislation in the four countries of the UK</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Understand sources of medical legal information</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Understand disciplinary processes in relation to medical malpractice</td>
<td>ACAT, CbD, mini-CEX, MSF</td>
<td>1</td>
</tr>
<tr>
<td>Understand the role of the medical practitioner in relation to personal health and substance misuse, including understanding the procedure to be followed when such abuse is suspected</td>
<td>ACAT, CbD, mini-CEX, MSF</td>
<td>1</td>
</tr>
</tbody>
</table>

### Skills

| Ability to cooperate with other agencies with regard to legal requirements – including reporting to the Coroner’s Officer or the proper officer of the local authority in relevant circumstances | ACAT, CbD, mini-CEX| 1           |
| Ability to prepare appropriate medical legal statements for submission to the Coroner’s Court, Procurator Fiscal, Fatal Accident Inquiry and other legal proceedings | CbD, MSF          | 1           |
| Be prepared to present such material in Court                                                                                                                                                    | CbD, mini-CEX     | 1           |
| Incorporate legal principles into day to day practice                                                                                                                                               | ACAT, CbD, mini-CEX| 1           |
| Practice and promote accurate documentation within clinical practice                                                                                                                           | ACAT, CbD, mini-CEX| 1, 3        |

### Behaviours

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

### Level Descriptor

1. Demonstrates knowledge of the legal framework associated with medical qualification and medical practice and the responsibilities of registration with the GMC.
Demonstrates knowledge of the limits to professional capabilities - particularly those of pre-registration doctors.

2

Identify with Senior Team Members cases which should be reported to external bodies and where appropriate and initiate that report.

Identify with Senior Members of the Clinical Team situations where you feel consideration of medical legal matters may be of benefit. Be aware of local Trust procedures around substance abuse and clinical malpractice.

3

Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases preparing brief statements and reports as required.

Actively promote discussion on medical legal aspects of cases within the clinical environment.

Participate in decision making with regard to resuscitation decisions and around decisions related to driving discussing the issues openly but sensitively with patients and relatives.

4

Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases providing full medical legal statements as required and present material in Court where necessary.

Lead the clinical team in ensuring that medical legal factors are considered openly and consistently wherever appropriate in the care of a patient. Ensuring that patients and relatives are involved openly in all such decisions.

Ethical research

To ensure that research is undertaken using relevant ethical guidelines

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline the GMC guidance on good practice in research</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Outline the differences between audit and research</td>
<td>Audit, Review, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Describe how clinical guidelines are produced</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Demonstrate a knowledge of research principles</td>
<td>CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Outline the principles of formulating a research question and designing a project</td>
<td>CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Comprehend principal qualitative, quantitative, bio-statistical and epidemiological research methods</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Outline sources of research funding</td>
<td>CbD</td>
<td>1</td>
</tr>
</tbody>
</table>

Skills

Develop critical appraisal skills and apply these when reading literature  
Demonstrate the ability to write a scientific paper 
Apply for appropriate ethical research approval 
Demonstrate the use of literature databases 
Demonstrate good verbal and written presentations skills 
Understand the difference between population-based assessment and unit-based studies and be able to evaluate outcomes for epidemiological work

Behaviours

Recognise the ethical responsibilities to conduct research with honesty and integrity, safeguarding the interests of the patient and
obtaining ethical approval when appropriate
Follow guidelines on ethical conduct in research and consent for research CbD 1
Show willingness to the promotion of involvement in research CbD 1

Level Descriptor

1. Defines ethical research and demonstrates awareness of GMC guidelines
   Differentiates audit and research
   Knows how to use databases

2. Demonstrates ability to write a scientific paper
   Demonstrates critical appraisal skills

3. Demonstrates ability to apply for appropriate ethical research approval
   Demonstrates knowledge of research funding sources
   Demonstrates good presentation and writing skills

4. Provides leadership in research
   Promotes research activity
   Formulates and develops research pathways

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

Evidence and guidelines

To progressively develop the ability to make the optimal use of current best evidence in making decisions about the care of patients
To progressively develop the ability to construct evidence based guidelines in relation to medical practise

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands of the application of statistics in scientific medical practice</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Understand the advantages and disadvantages of different study methodologies (randomised control trials, case controlled cohort etc)</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Understand the principles of critical appraisal</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Understand levels of evidence and quality of evidence</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Understand the role and limitations of evidence in the development of clinical guidelines</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Understand the advantages and disadvantages of guidelines</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Understand the processes that result in nationally applicable guidelines (e.g. NICE and SIGN)</td>
<td>CbD</td>
<td>1</td>
</tr>
</tbody>
</table>

Skills

<p>| Ability to search the medical literature including use of PubMed, Medline, Cochrane reviews and the internet | CbD | 1 |
| Appraise retrieved evidence to address a clinical question                   | CbD | 1 |</p>
<table>
<thead>
<tr>
<th>Action</th>
<th>Level Descriptor</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply conclusions from critical appraisal into clinical care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify the limitations of research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribute to the construction, review and updating of local (and national) guidelines of good practice using the principles of evidence based medicine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Behaviours**

<table>
<thead>
<tr>
<th>Action</th>
<th>Level Descriptor</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep up to date with national reviews and guidelines of practice (e.g. NICE and SIGN)</td>
<td></td>
<td>CB: 1</td>
</tr>
<tr>
<td>Aim for best clinical practice (clinical effectiveness) at all times, responding to evidence based medicine</td>
<td></td>
<td>ACAT, CB, Mini-CEX: 1</td>
</tr>
<tr>
<td>Recognise the occasional need to practise outside clinical guidelines</td>
<td></td>
<td>ACAT, CB, Mini-CEX: 1</td>
</tr>
<tr>
<td>Encourage discussion amongst colleagues on evidence-based practice</td>
<td></td>
<td>ACAT, CB, Mini-CEX, MSF: 1</td>
</tr>
</tbody>
</table>

**Level Descriptor**

1. Participate in departmental or other local journal club
   Critically review an article to identify the level of evidence

2. Lead in a departmental or other local journal club
   Undertake a literature review in relation to a clinical problem or topic

3. Produce a review article on a clinical topic, having reviewed and appraised the relevant literature

4. Perform a systematic review of the medical literature
   Contribute to the development of local or national clinical guidelines

**Audit**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand the different methods of obtaining data for audit including patient feedback questionnaires, hospital sources and national reference data</td>
<td>AA, CB: 1</td>
<td></td>
</tr>
<tr>
<td>Understand the role of audit (developing patient care, risk management etc)</td>
<td>AA, CB: 1</td>
<td></td>
</tr>
<tr>
<td>Understand the steps involved in completing the audit cycle</td>
<td>AA, CB: 1</td>
<td></td>
</tr>
<tr>
<td>Understands the working and uses of national and local databases used for audit such as specialty data collection systems, cancer registries etc. The working and uses of local and national systems available for reporting and learning from clinical incidents and near misses in the UK</td>
<td>AA, CB: 1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design, implement and complete audit cycles</td>
<td>AA, CB: 1</td>
<td>1, 2</td>
</tr>
<tr>
<td>Contribute to local and national audit projects as appropriate (e.g. NCEPOD, SASM)</td>
<td>AA, CB: 1</td>
<td>1, 2</td>
</tr>
<tr>
<td>Support audit by junior medical trainees and within the multi-disciplinary team</td>
<td>AA, CB: 1</td>
<td>1, 2</td>
</tr>
</tbody>
</table>
### Behaviours

Recognise the need for audit in clinical practice to promote standard setting and quality assurance  

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

### Teaching and training

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

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

#### To progressively be able to assess the quality of the teaching

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

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline adult learning principles relevant to medical education:</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Identification of learning methods and effective learning environments</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Construction of educational objectives</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Use of effective questioning techniques</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Varying teaching format and stimulus</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Demonstrate knowledge of relevant literature relevant to developments in medical education</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Outline the structure of the effective appraisal interview</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Define the roles to the various bodies involved in medical education</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Differentiate between appraisal and assessment and aware of the need for both</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Outline the workplace-based assessments in use and the appropriateness of each</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Demonstrate the definition of learning objectives and outcomes</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Outline the appropriate local course of action to assist the failing trainee</td>
<td>CbD</td>
<td>1</td>
</tr>
</tbody>
</table>

### Skills
| Vary teaching format and stimulus, appropriate to situation and subject | CbD 1 |
| Provide effective feedback after teaching, and promote learner reflection | CbD, MSF, TO 1 |
| Conduct effective appraisal | CbD, MSF 1 |
| Demonstrate effective lecture, presentation, small group and bedside teaching sessions | CbD, MSF, 1, 3 |
| Provide appropriate career advice, or refer trainee to an alternative effective source of career information | CbD, MSF, TO 1, 3 |
| Participate in strategies aimed at improving patient education e.g. talking at support group meetings | CbD, MSF, TO 1 |
| Be able to lead departmental teaching programmes including journal clubs | CbD, TO 1 |
| Recognise the failing trainee | CbD 1 |

**Behaviours**

| In discharging educational duties acts to maintain the dignity and safety of patients at all times | CbD, MSF, TO 1, 4 |
| Recognise the importance of the role of the physician as an educator within the multi-professional healthcare team and uses medical education to enhance the care of patients | CbD, MSF 1 |
| Balances the needs of service delivery with the educational imperative | CbD, MSF, TO 1 |
| Demonstrate willingness to teach trainees and other health and social workers in a variety of settings to maximise effective communication and practical skills | CbD, MSF, TO 1 |
| Encourage discussions in the clinical settings to colleagues to share knowledge and understanding | CbD, MSF, TO 1, 3 |
| Maintain honesty and objectivity during appraisal and assessment | CbD, MSF 1 |
| Show willingness to participate in workplace-based assessments | CbD, MSF 1 |
| Show willingness to take up formal tuition in medical education and respond to feedback obtained after teaching sessions | CbD, MSF, TO 1, 3 |
| Demonstrates a willingness to become involved in the wider medical education activities and fosters an enthusiasm for medical education activity in others | CbD, MSF, TO 1 |
| Recognise the importance of personal development as a role model to guide trainees in aspects of good professional behaviour | CbD, MSF 1 |
| Demonstrates consideration for learners including their emotional, physical and psychological well being with their development needs | CbD, MSF, TO 1 |

**Level Descriptor**

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1     | Develops basic PowerPoint presentation to support educational activity  
       | Delivers small group teaching to medical students, nurses or colleagues  
       | Able to seek and interpret simple feedback following teaching |
| 2     | Able to supervise a medical student, nurse or colleague through a procedure  
       | Able to perform a workplace based assessment including being able to give effective feedback |
| 3     | Able to devise a variety of different assessments (e.g. multiple choice questions, workplace based assessments) |
Able to appraise a medical student, nurse or colleague
Able to act as a mentor to a medical student, nurses or colleague

| 4 | Able to plan, develop and deliver educational activities with clear objectives and outcomes | Able to plan, develop and deliver an assessment programme to support educational activities |

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

**Personal behaviour**

To develop the behaviours that will enable the doctor to become a senior leader able to deal with complex situations and difficult behaviours and attitudes. To work increasingly effectively with many teams and to be known to put the quality and safety of patient care as a prime objective. To develop the attributes of someone who is trusted to be able to manage complex human, legal and ethical problem. To become someone who is trusted and is known to act fairly in all situations

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

**Skills**

Practise with:

- integrity
- compassion
- altruism
- continuous improvement
- excellence
- respect of cultural and ethnic diversity
- regard to the principles of equity

Work in partnership with members of the wider healthcare team
Liaise with colleagues to plan and implement work rotas | CEX, MSF  
Promote awareness of the doctor's role in utilising healthcare resources optimally | ACAT, CbD, mini-CEX, MSF  
Recognise and respond appropriately to unprofessional behaviour in other | ACAT, CbD  
Be able to provide specialist support to hospital and community based services | ACAT, CbD, MSF  
Be able to handle enquiries from the press and other media effectively | CbD, DOPS  

**Behaviours**

- Recognise personal beliefs and biases and understand their impact on the delivery of health services | ACAT, CbD, mini-CEX, MSF  
- Recognise the need to use all healthcare resources prudently and appropriately | ACAT, CbD, mini-CEX  
- Recognise the need to improve clinical leadership and management skill | ACAT, CbD, mini-CEX  
- Recognise situations when it is appropriate to involve professional and regulatory bodies | ACAT, CbD, mini-CEX  
- Show willingness to act as a mentor, educator and role model | ACAT, CbD, mini-CEX, MSF  
- Be willing to accept mentoring as a positive contribution to promote personal professional development | ACAT, CbD, mini-CEX  
- Participate in professional regulation and professional development | CbD, mini-CEX, MSF  
- Takes part in 360 degree feedback as part of appraisal | CbD, MSF  
- Recognise the right for equity of access to healthcare | ACAT, CbD, mini-CEX  
- Recognise need for reliability and accessibility throughout the healthcare team | ACAT, CbD, mini-CEX, MSF  

**Level Descriptor**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1 | Works work well within the context of multi-professional teams.  
Listens well to others and takes other view points into consideration.  
Supports patients and relatives at times of difficulty e.g. after receiving difficult news.  
Is polite and calm when called or asked to help |
| 2 | Responds to criticism positively and seeks to understand its origins and works to improve.  
Praises staff when they have done well and where there are failings in delivery of care provides constructive feedback.  
To wherever possible involve patients in decision making |
| 3 | Recognises when other staff are under stress and not performing as expected and provides appropriate support for them. Takes action necessary to ensure that patient safety is not compromised |
| 4/5 | Helps patients who show anger or aggression with staff or with their care or situation and works with them to find an approach to manage their problem. Is able to engender trust so that staff feel confident about sharing difficult problems and feel able to pointing out deficiencies in care at an early stage |
Working within the health service there is a need to understand and work within the organisational structures that are set. A significant knowledge of leadership principles and practice as defined in the Medical Leadership Competence Framework is an important part of this competence

**Management and NHS structure**

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

**Skills**

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in managerial meetings</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Take an active role in promoting the best use of healthcare resources</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Work with stakeholders to create and sustain a patient-centred service</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Employ new technologies appropriately, including information technology</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Conduct an assessment of the community needs for specific health improvement measures</td>
<td>CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>
Recognise the importance of just allocation of healthcare resources | CbD | 1, 2
Recognise the role of doctors as active participants in healthcare systems | ACAT, CbD, mini-CEX | 1, 2
Respond appropriately to health service targets and take part in the development of services | ACAT, CbD, mini-CEX | 1, 2
Recognise the role of patients and carers as active participants in healthcare systems and service planning | ACAT, CbD, mini-CEX, PS | 1, 2, 3
Show willingness to improve managerial skills (e.g. management courses) and engage in management of the service | CbD, MSF | 1

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

The trainee should have competence to provide a lead in the acute medical unit from a clinical, managerial, research and educational viewpoint

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline parameters influencing the need for in patient care and the appropriate dependency setting within the hospital</td>
<td>SCE</td>
<td></td>
</tr>
<tr>
<td>Outline parameters for high quality ambulatory care</td>
<td>SCE</td>
<td></td>
</tr>
<tr>
<td>Cite evidence base for best practice</td>
<td>SCE</td>
<td></td>
</tr>
</tbody>
</table>

**Skills**

- Co-ordinate acute medical take as part of multidisciplinary team
- Recognise and actively manage patient in relation to illness severity including monitoring response to intervention
- Teach evidence based best practice patient management within the acute setting
- Develop safe out patient protocols and procedures
- Co-ordinate care at home when appropriate
- Provide back up for colleagues during practical procedures (e.g. failed central venous access)
- Establish, maintain and secure a patent airway
- Teach and supervise procedural skills within the acute setting
- Recognise atypical presentations of common disease, and typical presentations of uncommon disease

**Behaviours**

- Maintain highest standards of care through leadership, training and management throughout Acute Care service in organisation
- Promote active acute intervention when appropriate
- Promote multidisciplinary management of common medical problems including liaison with other specialties
- Promote alternatives to hospital admission when appropriate, such as out-patient care
- Adopt proactive role in identifying potential risk of infection to others
- Promote excellent use of investigative resources
- Recognise active role in healthcare resource management
- Show willingness to set up services from the acute setting (e.g. falls, DVT)
Symptom Based Competencies - AIM

Emergency Presentations

Cardio-Respiratory Arrest  

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate knowledge of when advanced life support should be discontinued, in consultation with colleagues assisting with case</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Demonstrate knowledge of safe transfer to ITU if required.</td>
<td>SCE</td>
<td></td>
</tr>
<tr>
<td>Demonstrate knowledge of evidence base for best practice</td>
<td>SCE</td>
<td></td>
</tr>
</tbody>
</table>

Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competently lead a cardiac arrest team</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Delegate tasks to colleagues equipped with appropriate competencies</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Debrief team after arrest</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Transfer the patient safely to ITU</td>
<td>ACAT, mini-CEX</td>
<td>2,3</td>
</tr>
<tr>
<td>Teach evidence based best practice patient management</td>
<td>ACAT, TO</td>
<td>2,3</td>
</tr>
<tr>
<td>Debrief the resuscitation officer or department after the cardiac arrest and discuss issues for concern and improvement</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
</tbody>
</table>

Behaviours

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate willingness to undergo UK Resuscitation Council ALS course re-certification every three years (MANDATORY REQUIREMENT)</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Communicate with critical care team re transfer to critical care unit.</td>
<td>mini-CEX, ACAT</td>
<td>1</td>
</tr>
<tr>
<td>Communicate with resuscitation department</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Shock Patient  

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise rarer forms of shock (e.g. spinal, Addisonian crisis)</td>
<td>ACAT, CbD, mini-CEX SCE,</td>
<td>1</td>
</tr>
<tr>
<td>Outline the indications for, and limitations of, central venous access and pressure monitoring</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline the legal framework for organ donation</td>
<td>CbD, ACAT, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Demonstrate a detailed knowledge of the Surviving Sepsis 2008 International Guidelines for the management of severe sepsis and</td>
<td>CbD, ACAT, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>
septic shock
Demonstrate a knowledge of non-invasive measurements of cardiovascular haemodynamics  

![CbD, ACAT, SCE 1](image1)

Demonstrate the knowledge for intra-aortic balloon pumping  

![CbD, AcAT, SCE 1](image2)

Demonstrate the knowledge of safe transfer of the critically ill patient.  

![CbD, ACAT, SCE 1](image3)

### Skills

<table>
<thead>
<tr>
<th>Activity</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leads major (non-traumatic) resuscitation</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2</td>
</tr>
<tr>
<td>Identify incipient organ failure</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Order, interpret and act on more specialist tests appropriately based on initial investigations</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Insert central line safely when indicated</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Implement protocols and care bundles appropriately e.g. septic bundles</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Expert assessment of neurological status of acutely unwell patient, including diagnosis of brainstem death</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Co-ordinate and manage care within a HDU/Level 2 setting</td>
<td>ACAT, SCE</td>
<td>1,3</td>
</tr>
<tr>
<td>Implement surviving sepsis guidelines appropriately</td>
<td>ACAT, SCE</td>
<td>1,2</td>
</tr>
<tr>
<td>Adjust therapy to non-invasive measurements of cardiovascular haemodynamics</td>
<td>ACAT, SCE</td>
<td>1,2</td>
</tr>
<tr>
<td>Insert an arterial line safely when indicated</td>
<td>DOPS</td>
<td>1,2</td>
</tr>
<tr>
<td>Adopt a leadership role to perform of safe transfer of the critically ill patient</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
</tbody>
</table>

### Behaviours

<table>
<thead>
<tr>
<th>Activity</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopt leadership role</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2/3</td>
</tr>
<tr>
<td>Arrange transfer of patient to specialist team (cardiac, ICU) when appropriate</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2</td>
</tr>
<tr>
<td>Discuss prognosis with patient/carer</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Discuss issues of donation appropriately with transplant coordinators, and family/carers of patient</td>
<td>ACAT, mini-CEX</td>
<td></td>
</tr>
</tbody>
</table>

### Unconscious Patient

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify rarer causes of coma and relevant investigations, NB previous ones defined in CMT</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline more complex management options</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>
### Anaphylaxis

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be aware of the full range of allergies and other provoking stimuli causing anaphylactic shock</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Elucidate the management of individual patients at risk of anaphylactic shock from any cause</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall evidence base for best practice in management of acute anaphylaxis (UK Resuscitation Council)</td>
<td>ACAT, CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>As ALS team leader, lead major resuscitation</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2, 3</td>
</tr>
<tr>
<td>Identify and manage all clinical manifestations and associations of anaphylactic shock (laryngoedema, urticaria / angioedema, hypotension and cardiac arrest)</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Institute more specialised tests based on suspected aetiology</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Maintain and secure a patient airway in patients with laryngoedema</td>
<td>DOPS</td>
<td>1,2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopt leadership and teaching role</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2, 3</td>
</tr>
<tr>
<td>Arrange transfer of patient to a specialist team when appropriate</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Task</td>
<td>Assessments</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------</td>
<td>-------</td>
</tr>
<tr>
<td>Discuss prognosis with patient/carer</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3, 4</td>
</tr>
<tr>
<td>Ensure appropriate further investigation and management</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>
### Abdominal Pain

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify differences in presentation between functional symptoms and organic disease</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Demonstrate a knowledge of focussed ultrasound scanning of the abdomen</td>
<td>CbD, SCE</td>
<td></td>
</tr>
</tbody>
</table>

**Skills**

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate with patients with functional symptoms in a comprehensible and sensitive manner</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Ensure a FAST scan is performed in patients who present with abdominal pain.</td>
<td>CbD, DOPS</td>
<td>1</td>
</tr>
</tbody>
</table>

**Behaviours**

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the prominence of the potential for non-organic illness in abdominal pain</td>
<td>ACAT, CbD, mini-CEX,SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recognise role of specialist pain clinics and mental health services in chronic pain</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Report results of USS with radiology and discuss findings</td>
<td>ACAT, CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

### Acute Back Pain

**AIM**
The trainee will be able to assess a patient with a new presentation of back pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the pathophysiology of acute back pain</td>
<td>ACAT, CbD, mini-CEX,SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline the difference between vertebral osteomyelitis and epidural abscess</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline the indications for surgery in vertebral osteomyelitis and epidural abscess</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order, interpret and act on urgent MRI of spine, including urgent treatment when indicated</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Investigate and refer appropriately when abdominal pathology is suspected</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Order and Interpret radiology imaging to differentiate between osteomyelitis and epidural abscess.</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>Manage medically as appropriate and refer for surgery when</td>
<td>ACAT, CbD</td>
<td>1,3</td>
</tr>
</tbody>
</table>
Behaviours

Involve orthopaedics / rheumatologists / physiotherapists when indicated

Acute kidney injury and chronic kidney disease  

The trainee will be able to assess a patient presenting with impaired renal function, distinguishing acute kidney injury from chronic kidney disease, and producing a valid differential diagnosis, plan for investigation, and formulating and implementing an appropriate management plan. They will be aware of the methods for delivering renal replacement therapy (RRT) and able to assess and manage a patient receiving RRT who presents acutely to hospital.

Knowledge

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the less common conditions that cause chronic kidney disease and acute kidney injury</td>
<td>AA, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Outline the clinical approach required to diagnose less common causes of acute kidney injury and chronic kidney disease</td>
<td>AA, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Describe the principles of maintaining fluid balance in the complex patient</td>
<td>AA, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Describe the basic details of the methods of providing RRT</td>
<td>AA, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

Skills

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulate a plan for investigation and management of a patient with chronic kidney disease and/or acute kidney injury</td>
<td>AA, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise the presence of urinary obstruction or renal inflammation as causes of acute kidney injury</td>
<td>AA, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Assess fluid balance and prescribe fluids appropriately in the complex patient</td>
<td>AA, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Prescribe drugs appropriately in the patient with renal failure</td>
<td>AA, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Formulate a plan for management of a patient receiving RRT who presents acutely to hospital</td>
<td>AA, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

Behaviours

Ensure appropriate and timely specialist renal input

Recognise that patients on long term RRT may have valuable insight into the nature of their symptoms and ensure that this is appropriately considered in management plans

Blackout / Collapse  

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

Knowledge

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<tr>
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</table>

2009 Acute Internal Medicine Curriculum (Amendments August 2012)
Define the recommendations concerning fitness to drive | ACAT, CbD, mini-CEX, SCE | 1
Define indications for detailed investigations: tilt table testing, ambulatory ECG monitoring, neuroimaging | ACAT, CbD, mini-CEX, SCE | 1
Demonstrates knowledge of the workings of the temporary pacing system i.e. gain, threshold, capture | CbD, SCE |

**Skills**

correct causes of orthostatic hypotension when possible | ACAT, CbD, mini-CEX | 1
Develop a management plan for acute period of care | ACAT, CbD, mini-CEX | 2, 3
Act on results of tilt table testing | ACAT, CbD, mini-CEX | 3
OPTIONAL: Insert internal temporary pacing wire using aseptic technique with minimal discomfort to patient | DOPS | 1,2
Be able to adjust the temporary pacing wire to maintain adequate pacing | DOPS | 1,2

**Behaviours**

Recognise problems specific to the elderly and address social needs | ACAT, CbD, mini-CEX | 2, 3
Involve other specialists as appropriate: cardiology, neurology, care of the elderly | ACAT, CbD, mini-CEX | 2

**Breathlessness**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify rarer causes of breathlessness</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline indications for bronchoscopy, chest ultrasound, cardiac investigations and pulmonary function tests</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline the physiological effects of BiPAP and CPAP</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Draw the pressure waves of the various ventilatory modes.</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline the indications for BiPAP or CPAP in pulmonary oedema and COPD</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline the evidence base for non-invasive ventilation for causes of breathlessness.</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

Formulate a management plan for acute period of care, including in the event of normal or inconclusive investigations | ACAT, CbD, mini-CEX | 1
Interpret and act on results of echocardiography | ACAT, CbD, mini-CEX | 1
Prescribe non-invasive ventilation safely when appropriate | ACAT, CbD, mini-CEX | 1
Initiate appropriate palliative management of the breathless patient when appropriate ACAT, CbD, mini-CEX 1
Maintain and secure a patent airway DOPS 1,2
Modify non-invasive ventilation parameters appropriately DOPS, CbD, SCE 1
Manage patients with breathlessness who require non-invasive ventilation in a level 2 area. ACAT, CbD, SCE 1

**Behaviours**

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise and relate immediate prognosis to patient and carers ACAT, CbD, mini-CEX</td>
<td>2</td>
</tr>
<tr>
<td>Recognise patients who would benefit from pulmonary rehabilitation ACAT, CbD, mini-CEX</td>
<td>2</td>
</tr>
<tr>
<td>Involve other specialty teams promptly as appropriate, e.g. Intensive Care, Cardiology, Respiratory, Palliative Care ACAT, CbD, mini-CEX</td>
<td>2</td>
</tr>
<tr>
<td>Engage patients regarding risk factor modification, e.g. smoking, diet ACAT, CbD, mini-CEX</td>
<td>3, 4</td>
</tr>
<tr>
<td>Liaise with the critical care team re levels of care and safe transfer to level 3 facility (critical area unit). CbD, mini-CEX</td>
<td>2, 3</td>
</tr>
</tbody>
</table>

**Chest Pain**

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline the indications for further investigation in chest pain syndromes:; radio nucleotide scanning, angiography, stress echo ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline complications of acute coronary syndromes ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline indications for thrombolysis for severe PE ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>List less common but life threatening causes of chest pain ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practise risk stratification and safe discharge planning including a management plan post-discharge ACAT, CbD, mini-CEX</td>
<td>2, 3</td>
</tr>
<tr>
<td>Arrange appropriate out-patient investigation and follow-up ACAT, CbD, mini-CEX</td>
<td>2, 3</td>
</tr>
<tr>
<td>Identify complicated acute coronary syndrome cases and discuss with cardiologist ACAT, CbD, mini-CEX, SCE</td>
<td>1, 3</td>
</tr>
<tr>
<td>Co-ordinate expert management for life-threatening causes of chest pain mini-CEX, ACAT</td>
<td>3</td>
</tr>
<tr>
<td>Interpret exercise tolerance tests (ETT). CbD, mini-CEX, ACAT, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Interpret CT pulmonary angiograms in patients with large central pulmonary embolus. CbD, mini-CEX, ACAT, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Run follow up clinic for patients found not to have an acute cause for CbD, mini-CEX</td>
<td>2</td>
</tr>
</tbody>
</table>
their chest pain

### Behaviours

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve specialist colleagues as indicated: cardiology, chest medicine</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2, 3</td>
</tr>
<tr>
<td>Recommend assessment in specialist chest pain clinics when appropriate</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2, 3</td>
</tr>
<tr>
<td>Explain to the patient the result of ETT</td>
<td>mini-CEX, ACAT</td>
<td>2</td>
</tr>
</tbody>
</table>

### Confusion, Acute / Delirium

**AIM**

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

#### Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employ non-pharmacological methods of calming patient e.g. quieter environment</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2, 4</td>
</tr>
<tr>
<td>Practise safe and minimal sedation when necessary</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise pathology on CT head / MRI Brain and act on results</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Outline pharmacological management of confused patient and associated risks</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Behaviours

<table>
<thead>
<tr>
<th>Behaviour</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Involve other specialist teams when appropriate</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2</td>
</tr>
<tr>
<td>Recognise the role of specialised health workers and wards for the management of the acutely confused elderly</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2</td>
</tr>
</tbody>
</table>
### Diarrhoea

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall functional disorders of the bowel</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>List the principle and serious infectious causes of diarrhea and Public Health implications</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall less common and unpredictable pharmacological causes of diarrhea</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>List rarer causes of diarrhea particularly in the foreign traveller.</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Demonstrate knowledge for the indications for a sigmoidoscopy.</td>
<td>CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

| Interpret relevant features of pathology on a plain abdominal x-ray e.g. colonic mucosal islands | ACAT, CbD, mini-CEX, SCE | 1 |
| Prescribe appropriate specific symptomatic treatments safely            | ACAT, CbD, mini-CEX, SCE   | 1 |
| Notify Public Health authorities when appropriate                        | ACAT, CbD, mini-CEX         | 3 |
| Treat the rare causes of diarrhea e.g. giardiasis                        | ACAT, CbD                   | 1 |
| Perform a rigid sigmoidoscopy (+ rectal biopsy) safely and interpret the findings | DOPS                       | 1 |

**Behaviours**

| Recognise the indication for further specialist opinion and endoscopy   | ACAT, CbD, mini-CEX          | 2, 3        |
| Recognise the role of specialist staff in management: lower GI nurse, IBD nurse | ACAT, CbD, mini-CEX          | 2, 3        |
| Discuss with patient likely outcomes and prognosis of condition and requirement for long term review | ACAT, CbD, mini-CEX          | 3, 4        |
| Communicate with the infectious Diseases specialists re the management of such patients | ACAT, CbD                   | 3           |
| Communicate with the Gastroenterologists re ongoing management of such patients | ACAT, CbD                   | 3           |

### Falls

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define when a single fall needs a falls risk assessment approach</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Explain the interventions to prevent falls in the community and acute</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
</tbody>
</table>
### Skills

<table>
<thead>
<tr>
<th>Activity</th>
<th>Assessment Methods</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Initiate appropriate bone prophylaxis</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Communicate with patients on falls risk and prevention</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Demonstrate a health promotion approach</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3, 4</td>
</tr>
<tr>
<td>Demonstrate ability to decide on how far to investigate an individual</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2, 3</td>
</tr>
<tr>
<td>Risk stratification of patients who present acutely with falls re-admission or discharge</td>
<td>ACAT, CbD, SCE</td>
<td>1, 2</td>
</tr>
<tr>
<td>Co-ordinate multidisciplinary management of falls i.e. falls clinic</td>
<td>ACAT, CbD</td>
<td>1, 2</td>
</tr>
</tbody>
</table>

### Behaviours

<table>
<thead>
<tr>
<th>Activity</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise associated psychological problems associated with patients who fall</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3, 4</td>
</tr>
<tr>
<td>Involve other specialists as necessary</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2, 3</td>
</tr>
<tr>
<td>Contribute to the multidisciplinary team discussion and management appropriately, including community services</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3, 4</td>
</tr>
<tr>
<td>Formulate realistic rehabilitation goals</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3, 4</td>
</tr>
<tr>
<td>Liaise with primary care team and other community services to establish an effective falls prevention programme</td>
<td>ACAT, CbD</td>
<td>3, 4</td>
</tr>
</tbody>
</table>

### Fever

**AIM**

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

### Knowledge

<table>
<thead>
<tr>
<th>Activity</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the investigations in the event of a PUO which are relevant when initial investigations fail to identify cause of fever</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall the main causes of immunodeficiency (infective, pharmacological and acquired and inherited)</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline the principles of prophylactic antibiotics</td>
<td>ACAT, CbD, mini-CEX,SCE</td>
<td>1</td>
</tr>
<tr>
<td>List causes of fever in a recent foreign traveller</td>
<td>CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

### Skills

<table>
<thead>
<tr>
<th>Activity</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish the likelihood of a non-infective cause for fever and investigate appropriately</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Management of neutropenic sepsis</td>
<td>ACAT, CbD</td>
<td>1, 2</td>
</tr>
<tr>
<td>Conduct investigations and apply initial management in cases of</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
</tbody>
</table>
### Tropical Disease

**Conduct appropriate investigations in cases of fever in a recent traveller**

**Behaviours**

- Seek specialist advice when appropriate particularly when there is risk of transmission of highly infectious and life threatening disease
- In event of PUO involve appropriate specialist
- Follow local and national guidance on notification of communicable diseases
- Liaise with tertiary infectious diseases centre as appropriate
- Keep up to date with recent public health guidance in event of pandemic / epidemic

### Fits / Seizure

**Aim**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline the principles and indications for EEG and other imaging when initial investigations are inconclusive</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Implement appropriate epilepsy management</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline indications for artificial ventilation</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall the indication for EEG in patients with status epilepticus who are paralysed and ventilated.</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order, interpret and act on results of CT head/MRI brain following liaison with radiology</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recognise patient requiring airway management and Critical Care involvement and organise this</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Practise safe prescribing of anti-convulsants</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Discuss the need for anti-convulsant medication and the best choice with patient</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Recognise and manage pseudo-seizures</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2</td>
</tr>
<tr>
<td>Recognise and actively manage all forms of status epilepticus</td>
<td>ACAT, CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Manage a patient in status epilepticus requiring artificial ventilation appropriately</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Interpret and manage the findings of an EEG appropriately with respect to the patient.</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advise patient on driving, pregnancy, employment, alcohol use</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>
Seek prompt involvement of Critical Care team when required
Liaise with neurologists in the management of the patient with status epilepticus

<table>
<thead>
<tr>
<th>Steam Current</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAT, CbD</td>
<td>3</td>
</tr>
<tr>
<td>ACAT, CbD</td>
<td>3</td>
</tr>
</tbody>
</table>

### Haematemesis & Melaena

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the indications for insertion of a Sengstaken-Blakemore tube</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline the indications for, and limitations of, central venous access and pressure monitoring</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recall the less common drugs implicated as causes of GI bleeding</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

### Skills

<table>
<thead>
<tr>
<th></th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safely insert central line when indicated</td>
<td>DOPS</td>
</tr>
<tr>
<td>Maintain adequate fluid balance with appropriate fluid replacement</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
</tr>
<tr>
<td>Recognise the need for specialist liver unit referral in uncontrollable variceal bleeding</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
<tr>
<td>Act on results and implement a management plan following an endoscopy, including continuing bleeding/rebleed</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
<tr>
<td>Formulate a management plan for high risk patients or patients with significant comorbidity with GI bleeds</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
<tr>
<td>Optional: Place a Sengstaken-Blakemore tube safely and ensure safe set up and monitoring</td>
<td>CbD, DOPS</td>
</tr>
</tbody>
</table>

### Behaviours

<table>
<thead>
<tr>
<th></th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise importance of gastroenterological and / or surgical input in management and follow up</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
<tr>
<td>Recognise importance of prevention of upper GI bleeding in high risk groups: elderly, critically ill, corticosteroid therapy</td>
<td>ACAT, CbD, mini-CEX SCE</td>
</tr>
</tbody>
</table>

### Headache

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the importance of the functional component to chronic headache</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recall the causes of drug induced headache</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Outline presentation of life threatening causes of headache</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Outline the management of the rarer causes of headache e.g. benign intracranial hypertension</td>
<td>ACAT, CbD SCE</td>
<td>1</td>
</tr>
</tbody>
</table>
### Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practise safe discharge planning in a patient with headache</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2</td>
</tr>
<tr>
<td>Recognise situations when Lumbar Puncture can proceed prior to CT</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>scan of head</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiate treatment for less common causes of headache</td>
<td>ACAT, CbD, SCE mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Active intervention for life threatening headache</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Differentiate between a subdural and extradural bleed reliably on a</td>
<td>CbD, ACAT, SCE</td>
<td>1</td>
</tr>
<tr>
<td>CT scan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify features of a subarachnoid haemorrhage on a CT scan.</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Follow up and the management of patients with non life threatening</td>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>and/or chronic headaches.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Behaviours

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seek expert opinion when treatment or diagnosis unclear</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Ensure appropriate and rapid investigation of acute headache</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2</td>
</tr>
<tr>
<td>Explain (pain management) to patient with chronic headaches.</td>
<td>ACAT, mini-CEX</td>
<td>3</td>
</tr>
</tbody>
</table>

### Jaundice

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline the indications for liver transplantation in liver failure (</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>including criteria for transplantation in fulminant liver failure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain the indications for specialist investigations: liver biopsy, MRI,</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>CT, ERCP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practise safe prescribing in jaundice/liver failure</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 2</td>
</tr>
<tr>
<td>Recall the supportive treatment for acute liver failure e.g. indications</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>for antibiotics, management of cerebral oedema</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of less common causes of jaundice and initiation of further</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>investigations when initial investigations have been inconclusive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The coordination of management of complicating factors including</td>
<td>ACAT, CbD, mini-CEX</td>
<td>2,3</td>
</tr>
<tr>
<td>specialist input: sepsis, malnutrition, renal failure, coagulopathy, GI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bleed, alcohol withdrawal syndrome, electrolyte derangement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure appropriate area of care and monitoring</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Co-ordinate expert management of fulminant liver failure</td>
<td>ACAT, CbD</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the need for urgent specialist opinion</td>
<td>ACAT, CbD</td>
<td>3</td>
</tr>
</tbody>
</table>
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
Seek prompt involvement of Critical Care team when required

**Limb Pain & Swelling**

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

### Knowledge

<table>
<thead>
<tr>
<th>Description</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the management options for thrombosis in complicated situations (e.g. malignancy)</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Define and list less common causes of acute and chronic limb pain and the relevant investigations</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Outline the importance of follow up of patients with proven DVT</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

### Skills

<table>
<thead>
<tr>
<th>Description</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employ preventative measures in patients at risk of developing limb swelling of any cause</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Order, interpret and act on further investigations which are indicated after initial investigation e.g. angiography, CT, ECHO</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Management of thrombosis in high risk groups</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Run a Venous Thromboembolic (VTE) follow up clinic</td>
<td>ACAT, CbD</td>
<td>3</td>
</tr>
</tbody>
</table>

### Behaviours

<table>
<thead>
<tr>
<th>Description</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liaise with other specialities as appropriate</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Advise patient on the risks and benefits of anti-coagulation therapy</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Explain to the patient the long term sequelae of VTE</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
</tbody>
</table>

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

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

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

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

### Knowledge

<table>
<thead>
<tr>
<th>Description</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of spectrum of professional and complementary therapies available, e.g. palliative medicine, community services, nutritional support, pain relief, psychology of dying.</td>
<td>CbD</td>
<td>1,2</td>
</tr>
</tbody>
</table>
Describe different disease trajectories and prognostic indicators and the signs that a patient is dying

Know about Advance Care Planning documentation and End of Life Integrated Care Pathway documentation e.g. Liverpool ICP for the Last Days of Life

Knowledge of major cultural & religious practices relevant to the care of dying people

Describe the role of the coroner and when to refer to them

**Skills**

Delivery of effective pain relief, symptom control (including for agitation, excessive respiratory secretions, nausea & vomiting, breathlessness), spiritual, social and psychological management.

Communicate honestly and sensitively with the patient (and family), about the benefits and disadvantages of treatment, and appropriate management plan allowing the patient to guide the conversation.

Is able to lead a discussion about cardiopulmonary resuscitation with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount

Complete death certificates and cremation forms

**Behaviours**

Refers to specialist palliative care services when recognises that care is complex

Recognises the needs of the carers and is able to support them

**Palpitations**

AIM

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the further investigations indicated after arrhythmia presents: ECHO, ambulatory monitoring</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recall the management of chronic and paroxysmal arrhythmias</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Outline the indications for specialist tests such as loop recorders.</td>
<td>ACAT, CbD SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

Interpret reports of ECHO and ambulatory ECG monitoring

Practise safe discharge decisions

Management of arrhythmias in the patient with comorbidity

**Behaviours**

Seek specialist advice when indicated
**Poisoning**

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline the principles of the relevant mental health legislation and Common Law that pertain to treatment against patients' will</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1,2</td>
</tr>
<tr>
<td>Demonstrate knowledge of the role of analytical toxicology</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Define parameters prompting consideration of liver transplantation in paracetamol poisoning</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Demonstrate knowledge of the management of the rarer poisons e.g. beta blockers, ACE Inhibitors, calcium channel blockers</td>
<td>ACAT, CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Demonstrate evidence based knowledge for the management of poisons.</td>
<td>ACAT, CbD SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use scoring tools to assess risk of further self harm (e.g. Beck’s score)</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1,2</td>
</tr>
<tr>
<td>Formulate management plan for acute period of care and liaison with appropriate colleagues and agencies</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise and treat complications of poisoning (e.g. aspiration), including any delayed effects</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Manage cases of the rarer poisons that present to hospital</td>
<td>ACAT, CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise importance of psychiatric review pre-discharge in deliberate self-poisoning</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Involve critical care promptly when indicated</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Co-ordinate multiple specialty management of patient (ITU, Renal etc)</td>
<td>ACAT, CbD</td>
<td>3</td>
</tr>
</tbody>
</table>
### Rash

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall less common causes of acute skin rashes, particularly infective,</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>drug induced, haematological</td>
<td>SCE</td>
<td></td>
</tr>
<tr>
<td>Recall the indications for specialist investigations including skin biopsy</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

Management of severe skin disease in consultation with specialist

<table>
<thead>
<tr>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 3</td>
</tr>
</tbody>
</table>

Apply measures to maintain fluid balance and to prevent and/or treat skin infection

<table>
<thead>
<tr>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

Implement appropriate management plan in cases of ‘skin failure’

<table>
<thead>
<tr>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAT, CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Behaviours**

Recognise the need for an early specialist opinion

<table>
<thead>
<tr>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAT, CbD, mini-CEX</td>
<td>2</td>
</tr>
</tbody>
</table>

Recognise the social/psychological problems caused by acute skin disease

<table>
<thead>
<tr>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAT, CbD, mini-CEX</td>
<td>3, 4</td>
</tr>
</tbody>
</table>

### Weakness and Paralysis

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline role of more detailed investigations depending on differential</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>diagnosis: neuroimaging, nerve conduction studies, EMG, muscle biopsy</td>
<td>SCE</td>
<td></td>
</tr>
<tr>
<td>Define severity markers in rapidly progressing motor weakness</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Practise appropriate use of drugs in patients with weakness and paralysis</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 2</td>
</tr>
<tr>
<td>Recall potentially reversible life threatening causes of weakness</td>
<td>ACAT, CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline the indications for hemicraniectomy in stroke.</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>OPTIONAL: Recall the NIHSS and Rankin scale</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

Ensure appropriate care: nutrition, toileting, monitoring of progress including coordination of multidisciplinary care

<table>
<thead>
<tr>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAT, CbD, mini-CEX</td>
<td>2, 3</td>
</tr>
</tbody>
</table>

Formulate management plan for acute period of care including impaired swallowing and respiratory failure

<table>
<thead>
<tr>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

Intervene promptly in life threatening causes of weakness

<table>
<thead>
<tr>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>CbD, SCE</td>
<td>1, 2</td>
</tr>
</tbody>
</table>

Maintain and secure a patent airway

<table>
<thead>
<tr>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOPS</td>
<td>1</td>
</tr>
<tr>
<td><strong>Behaviours</strong></td>
<td>ACAT, CbD</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Be part of a Stroke Thrombolysis team and perform safe stroke thrombolysis</td>
<td></td>
</tr>
<tr>
<td>Involve critical care appropriately with concerns over consciousness and rapidly progressive motor weakness</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
<tr>
<td>Involve specialist teams as appropriate: neurology, stroke team, nurse specialists</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
<tr>
<td>sensitively relay prognosis to patient and carers, and contribute to appropriate resuscitation decisions</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
<tr>
<td>Refer to neurosurgical services appropriately</td>
<td>ACAT, CbD</td>
</tr>
<tr>
<td>Obtain consent as appropriate from a patient for stroke thrombolysis</td>
<td>ACAT, CbD</td>
</tr>
</tbody>
</table>
Other Important Presentations - AIM

### Abdominal Mass/Hepatosplenomegaly

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand the relative benefits of ultrasound and CT scanning</td>
<td>ACAT, CbD SCE</td>
<td>1</td>
</tr>
<tr>
<td>Consider the likelihood of an abdominal cancer as a cause of the mass</td>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>Demonstrate awareness of potential acute complications of hepatomegaly and splenomegaly</td>
<td>ACAT, CbD SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

- Formulate a management plan for acute period of care of a patient presenting with a mass or hepatomegaly and/or splenomegaly and act on the results of investigations. **CbD, mini-CEX SCE** 1
- Integrate the actions which may result following a diagnosis of intrabdominal cancer with the care of a patient’s other chronic diseases where appropriate **ACAT, CbD** 1,3

**Behaviours**

- Involve specialist teams as appropriate, particularly multidisciplinary teams, where a cancer is diagnosed **CbD** 3
- Organise investigations within the target timescales when cancer is suspected. **CbD** 3
- Communicate bad news in a sensitive and thoughtful manner **mini-CEX** 3

### Abdominal Swelling & Constipation

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the management of ascites and intestinal obstruction.</td>
<td>ACAT, CbD SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall the preponderance of functional causes of constipation including constipation with overflow and the investigation and management of faecal incontinence</td>
<td>CbD SCE</td>
<td>1, 2</td>
</tr>
<tr>
<td>Recall abdominal wall pathology as possible causes of distension, including divarication of the recti</td>
<td>mini-CEX SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

- Practise safe management of ascites: and intestinal obstruction, including the use of diuretics, fluid and salt restriction and haemofiltration **CbD, mini-CEX SCE** 1, 2
Select appropriate second line investigations of constipation when indicated: including blood tests imaging and endoscopy | ACAT, CbD SCE 1,2
---
Following diagnosis of the cause of constipation prescribe bulk or osmotic laxatives or motility stimulants as necessary |CbD, mini-CEX 1
---
Provide review of medications in patients with constipation in the context of multisystem disease. | ACAT, CbD SCE 1

**Behaviours**

Involve specialists promptly when appropriate: surgery, gastroenterology, radiology, palliative care | ACAT, CbD 3
---
Discuss with patient likely outcomes and prognosis of condition | ACAT, mini-CEX 3

### Abnormal Sensation (Paraesthesia and Numbness) **AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate knowledge of appropriate and potential complications of invasive investigations e.g. nerve biopsy</td>
<td>ACAT, CbD SCE 1</td>
<td></td>
</tr>
</tbody>
</table>

**Skills**

Initiation and interpretation of the results of more specialised investigations: neuroimaging, screening blood tests for neuropathy, neurophysiology studies | ACAT, CbD SCE 1 |
---
Produce a comprehensive differential diagnosis | ACAT, CbD SCE 1 |
---
Initiate effective urgent symptomatic and remedial treatments | ACAT, CbD, MSF SCE 1 |

**Behaviours**

Involve specialist team as appropriate | ACAT, CbD 3 |

### Aggressive / Disturbed Behaviour **AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline de-escalation techniques that can be taken to prevent violent behaviour</td>
<td>CbD, mini-CEX SCE 1</td>
<td></td>
</tr>
</tbody>
</table>

**Skills**

Determine whether disturbed behaviour is a result of organic or psychiatric disease | CbD, mini-CEX SCE 2 |
---
Formulate a management plan for the acute period of care | CbD, mini-CEX 1, 2 |

**Behaviours**

Encourage review of violent incident soon after it has occurred | CbD, mini-CEX 3, 4 |
---
Involve mental health care team in patient management | CbD, mini-CEX 3, 4 |
## Alcohol and Substance Dependence

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the occult presentation alcoholism and substance misuse and appropriate investigations</td>
<td>CbD, mini-CEX SCE 1</td>
<td></td>
</tr>
<tr>
<td>Recall less common causes of substance misuse</td>
<td>CbD, mini-CEX SCE 1</td>
<td></td>
</tr>
<tr>
<td>Outline the indications for inpatient and outpatient alcohol withdrawal</td>
<td>CbD SCE 1</td>
<td></td>
</tr>
</tbody>
</table>

### Skills

- Recognise the co-existence of psychiatric disease                     | CbD, mini-CEX SCE 1 |
- Formulate a management plan of co-existing medical problems for the acute and ongoing period of care | ACAT, CbD 1 |
- Run an outpatient alcohol withdrawal service                            | ACAT, CbD 1 |

### Behaviours

- Identify need to counsel patient with regard of maintaining abstinence   | ACAT, CBD, mini-CEX 3 |
- Liaise with psychiatric, GP and substance misuse teams as appropriate for ongoing community care | ACAT, CbD, MSF 3 |

## Anxiety / Panic disorder

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the role of psychological and self help therapy in management</td>
<td>ACAT, CbD, mini-CEX SCE 1</td>
<td></td>
</tr>
<tr>
<td>Elucidate the principles of pharmacotherapy in the treatment of anxiety disorders</td>
<td>ACAT, CbD, mini-CEX SCE 1</td>
<td></td>
</tr>
</tbody>
</table>

### Skills

- Recognise that atypical physical symptoms may herald an underlying anxiety disorder | ACAT, CbD, mini-CEX SCE 1 |
- Recognise treatment goals                                                   | ACAT, CbD, mini-CEX 3 |
- Involve primary care or mental health services as appropriate              | CbD, mini-CEX 3 |

### Behaviours

- Recommend initial treatment be undertaken in primary care setting          | CbD, mini-CEX 2 |
- Discuss with patient that the condition is treatable and aims of treatment | ACAT, CbD, mini-CEX 3, 4 |
- Advise patient on self-help strategies and support groups                 | ACAT, CbD, mini-CEX, Patient Survey 3, 4 |
- Share decision making with patient                                         | ACAT, CbD, 3 |
Bruiising and spontaneous bleeding

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the clinical presentation of the less common bleeding disorders</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall the patterns of bleeding associated with anticoagulant therapy and its management</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

<table>
<thead>
<tr>
<th></th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define a management plan for patients with acute coagulation disorders for the acute period of care</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Communicate with patients in whom easy bruising does not require admission</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
</tbody>
</table>

**Behaviours**

<table>
<thead>
<tr>
<th></th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate awareness of the serious consequences of a diagnosis of leukaemia</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Liaise closely with the haematology department in the early stages of the patient’s care pathway</td>
<td>ACAT, CbD, mini-CEX, MSF</td>
<td>3</td>
</tr>
</tbody>
</table>

Dialysis

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the importance of co-morbidities in patients on RRT</td>
<td>ACAT, CbD, DOPS, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline indications for haemfiltration as a temporary measure</td>
<td>ACAT, CbD SCE</td>
<td></td>
</tr>
</tbody>
</table>

**Skills**

<table>
<thead>
<tr>
<th></th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place central venous dialysis catheter with meticulous aseptic technique</td>
<td>DOPS,</td>
<td>1</td>
</tr>
</tbody>
</table>

**Behaviours**

<table>
<thead>
<tr>
<th></th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve Renal Unit for specialist input</td>
<td>ACAT, CbD, DOPS, mini-CEX</td>
<td>3</td>
</tr>
</tbody>
</table>
### Dyspepsia

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the frequency of non-ulcer dyspepsia</td>
<td>Cbd SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall the indications for oesophageal pH monitoring and manometry</td>
<td>Cbd SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall surgical procedures to control acid reflux</td>
<td>Cbd SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall Barrett's oesophagus, the diagnosis, the principles of management</td>
<td>Cbd SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

- Formulate management plan for peptic ulceration and non-ulcer dyspepsia for acute period of care
  - ACAT, Cbd SCE

- Institute appropriate management: lifestyle advice; test and treat; endoscopy referral
  - ACAT, Cbd SCE

- Act on the results of gastroscopy and arrange further investigations including imaging in patients with non-responsive dyspepsia
  - Cbd SCE

- Review medication particularly in patient’s with multisystem disease
  - Cbd SCE

**Behaviours**

- Encourage patient to follow lifestyle advice, and use minimal effective doses of acid suppression medication
  - Cbd

- Recognise National Guidelines on dyspepsia e.g. NICE
  - Cbd SCE

### Dysuria

**AIM**

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

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide patient with detailed information on prevention of recurrent urinary tract infections</td>
<td>ACAT, Cbd, mini-CEX</td>
<td>3</td>
</tr>
</tbody>
</table>

**Behaviours**

- Recognise the need for Urological input in appropriate cases of Urinary Tract Infection
  - ACAT, Cbd, mini-CEX SCE

### Genital Discharge and Ulceration

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the complications of untreated STDs</td>
<td>Cbd SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall the causes of non-infective urethritis</td>
<td>Cbd SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall and recognise genital skin diseases including squamous cell carcinoma and lichen sclerosus</td>
<td>Cbd, mini-CEX SCE</td>
<td>1</td>
</tr>
</tbody>
</table>
### Skills

<table>
<thead>
<tr>
<th>Activity</th>
<th>ACAT, CbD, MSF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulate a management plan</td>
<td>1</td>
</tr>
<tr>
<td>Prescribe appropriate anti-microbials after consultation with</td>
<td>1.2</td>
</tr>
<tr>
<td>microbiology or genito-urinary medical team</td>
<td></td>
</tr>
</tbody>
</table>

### Behaviours

<table>
<thead>
<tr>
<th>Activity</th>
<th>ACAT, CbD, MSF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve genito-urinary medical team as appropriate</td>
<td>3</td>
</tr>
<tr>
<td>Recognise importance of offering screening of other sexually transmitted diseases following counselling: HIV, hepatitis, syphilis</td>
<td>1</td>
</tr>
</tbody>
</table>

### Haematuria

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broadly outline the pathophysiology of glomerulonephritis</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline the indications for renal biopsy</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th>ACAT, CbD, mini-CEX, SCE</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undertake appropriate investigations when glomerulonephritis is suspected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choose appropriate mode of imaging: USS, CT, IVP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>ACAT, CbD, mini-CEX, MSF</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve appropriate specialist colleagues when indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss with patient likely outcomes and prognosis of condition and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>requirement for long term review</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Haemoptysis

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elucidate unusual causes of haemoptysis as indicated by presentation</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Define need for specialist investigations</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Identify indications for specialist investigations, e.g. bronchoscopy,</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>CT chest, CT pulmonary angiography, angiography</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th>ACAT, CbD, mini-CEX, SCE</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulate a thorough differential diagnosis, including systemic causes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognise the importance of co-morbidities in relation to presentation and treatment</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>
Behaviours
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

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

Knowledge

| Outline the indications for MR imaging (e.g. presence of neurological signs and symptoms referable to the cervical spine and if there is suspicion of vascular injury) | ACAT, CbD SCE | 1 |
| Outline the indications for transfer from secondary settings to a neuroscience unit | ACAT, CbD mini-CEX SCE | 1 |
| Recall the long term complications of head injury | ACAT, CbD mini-CEX SCE | 1 |
| Outline the indication and the duration of anticonvulsant therapy in posttraumatic seizure | CbD SCE | 1 |
| Outline the indication for intravenous mannitol | CbD SCE | 1 |

Skills

| Decide on appropriate venue of care: discharge, ward, HDU | ACAT, CbD mini-CEX | 1 |
| Practise safe discharge decisions | ACAT, CbD mini-CEX | 2 |
| Perform safe transfer from secondary settings to a neuroscience unit | ACAT, CbD | 3 |
| Outline how to perform safe transfer from secondary settings to a neuroscience unit | ACAT, CbD | 3 |
| Outline indications for intubation and ventilation for transfer from secondary settings to a neuroscience unit | ACAT, CbD SCE | 1 |

Behaviours

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  
Communicate with the neuroscience units to facilitate safe transfer of patients.

Hoarseness and Stridor

The trainee will be able to assess a patient presenting with symptoms of upper airway pathology to produce a valid differential diagnosis, investigate appropriately, formulate and implement a...
### Hypothermia

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Differentiate between submersion and immersion and outline the management of each</td>
<td>Cbd SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall methods of rewarming in severe hypothermia</td>
<td>Cbd SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise and treat the complications of hypothermia</td>
<td>ACAT, CbD SCE</td>
<td>1</td>
</tr>
<tr>
<td>Prevent complications of hypothermia</td>
<td>ACAT, CbD SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipate problems on discharge to prevent recurrence in consultation with multi-disciplinary team</td>
<td>ACAT, CbD, MSF</td>
<td>2,3</td>
</tr>
</tbody>
</table>

### Immobility

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the resources available for improving mobility in hospital and community</td>
<td>ACAT, CbD SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall the local mechanisms available for managing patients with reduced mobility between primary and secondary care e.g. rapid</td>
<td>ACAT, CbD SCE</td>
<td>1</td>
</tr>
</tbody>
</table>
response teams, day hospital, hospital at home, long term care, respite care, step down/step up facilities and home rehabilitation

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform evaluation of functional status including ADL, mobility including gait and balance</td>
<td>ACAT, DOPS</td>
<td>1</td>
</tr>
<tr>
<td>Identify key features in history and examination which may indicate an unusual or remediable cause for the immobility</td>
<td>Cbd, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Discharge planning understanding of the resources available for older people within the community</td>
<td>ACAT, Cbd, MSF</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair team meetings with goal setting and communicate with patients and relatives sensitively</td>
<td>mini-CEX, MSF, PS</td>
<td>3</td>
</tr>
<tr>
<td>Demonstrate willingness to liaise with primary care and community services</td>
<td>MSF</td>
<td>3</td>
</tr>
<tr>
<td>Demonstrate empathy when discussing long term goals including disability services and residential care with patients, their relatives and carers</td>
<td>mini-CEX, MSF, PS</td>
<td>4</td>
</tr>
</tbody>
</table>

**Incidental Findings**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline acute management for malignant or accelerated hypertension, including investigations into a secondary cause</td>
<td>ACAT, Cbd, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Distinguish between hypertensive emergencies and hypertensive urgencies</td>
<td>ACAT, Cbd, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline the investigation and management of incidental pulmonary hypertension found on echo</td>
<td>Cbd, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline the investigation and management of incidentalomas (e.g. pituitary, adrenal) found on CT or MRI</td>
<td>Cbd, mini-CEX SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage malignant or accelerated hypertension appropriately</td>
<td>Cbd, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Manage pulmonary hypertension appropriately</td>
<td>Cbd, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Manage incidentalomas (e.g. pituitary, adrenal) found on CT or MRI appropriately</td>
<td>Cbd, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Practise safe discharge planning</td>
<td>Cbd, MSF, mini-CEX</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate with GP and specialist colleagues the most appropriate method of ongoing care</td>
<td>Cbd, MSF, mini-CEX</td>
<td>3</td>
</tr>
</tbody>
</table>
### Involuntary Movements

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the investigations indicated to reach a diagnosis</td>
<td>Cbd, mini-CEX SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

<table>
<thead>
<tr>
<th>Skill</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise more uncommon types of involuntary movements e.g. spinal myoclonus, athetosis</td>
<td>ACAT, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Formulate a management plan for acute period of care: social support, drugs, OT, physiotherapy</td>
<td>ACAT, Cbd SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Behaviours**

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommend support services and patient organisations</td>
<td>ACAT, Cbd</td>
<td>1,3</td>
</tr>
<tr>
<td>Involve specialist nurse / neurologist when appropriate</td>
<td>ACAT, Cbd, MSF</td>
<td>3</td>
</tr>
</tbody>
</table>

### Joint Swelling

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the clinically pertinent complications of diseases of the musculoskeletal system and their treatments</td>
<td>ACAT, Cbd SCE</td>
<td>1</td>
</tr>
<tr>
<td>Demonstrate awareness of risks of drugs used in rheumatic diseases in relation to comorbidities</td>
<td>ACAT, Cbd, MSF SCE</td>
<td>1, 2</td>
</tr>
<tr>
<td>Demonstrate understanding of serological tests in diagnosis and management</td>
<td>Cbd SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

<table>
<thead>
<tr>
<th>Skill</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise when joint swelling heralds the presentation of a systemic disease and treat appropriately</td>
<td>ACAT, Cbd, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Employ appropriate use of other imaging techniques in diagnosis</td>
<td>ACAT, Cbd SCE</td>
<td>1</td>
</tr>
<tr>
<td>Employ appropriate use of serological tests in diagnosis and treatment decisions</td>
<td>ACAT, Cbd SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Behaviours**

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate awareness of need for specialist radiological advice</td>
<td>ACAT, MSF</td>
<td>3</td>
</tr>
<tr>
<td>Involve rheumatology or orthopaedic team when indicated</td>
<td>ACAT, MSF</td>
<td>3</td>
</tr>
</tbody>
</table>

### Lymphadenopathy

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
</table>
### Loin Pain

**AIM**

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

#### Knowledge

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>List causes for acute papillary necrosis</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline indications for more specialised investigations: CT, abdomen/pelvis, urine cytology</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Skills

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpret more detailed investigations: IVU, abdominal ultrasound, CT KUB</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Identify scenarios in which referred pain is likely</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Formulate management plan for acute period of care</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Behaviours

<table>
<thead>
<tr>
<th>Behaviours</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve other specialists as appropriate</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
</tbody>
</table>

### Medical Complications during acute Illness and following Surgical Procedures

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

#### Knowledge

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify factors which put patients at increased risk of developing medical complications of surgery</td>
<td>CbD SCE</td>
<td>1</td>
</tr>
</tbody>
</table>
Recall anaesthetic and analgesic complications

Recall comorbidities such as Diabetes, Ischaemic heart disease, hypertension, obesity, COPD in the context of post-operative complications

Outline pre-operative assessments which risk stratify surgical risk

**Skills**

Formulate diagnosis and a management plan for the acute period of care

Initiate treatment, when appropriate, in consultation with the surgical team

Consider the role of prescribed medication in patients with post-operative complications by carefully reviewing the full medical record

Perform inreaching of appropriate surgical patients to the AMU/medical HDU for stabilisation

**Behaviours**

Involve surgical team in decision making processes

Liaise closely with the critical outreach team

---

**Medical Problems in Pregnancy**

_AIM_

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand the role of diagnostic imaging including the use of radiographs, CT and radio nucleotide scanning</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Drug prescribing in pregnancy and post partum</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1, 2</td>
</tr>
</tbody>
</table>

**Skills**

Formulate a management for acute period of care: pre-eclampsia, eclampsia, suspected pulmonary embolism, infection, heart failure, diabetes mellitus, asthma, epilepsy

**Behaviours**

Recognise the importance of respiratory medicine and haematology input in the management of 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 (Progressive)

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall causes for young onset chronic confusion or memory loss</td>
<td>CbD SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall the commonly used pharmacological treatments for dementia and their indications for use</td>
<td>CbD SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpret assessment and investigations to make appropriate diagnosis of dementia</td>
<td>ACAT, CbD SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Behaviours**

<table>
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<tr>
<th>Behaviours</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve neurologists or psychiatrists in elderly care when appropriate</td>
<td>ACAT, CbD, MSF</td>
<td>3</td>
</tr>
<tr>
<td>Recognise the legal implications of dementia</td>
<td>CbD SCE</td>
<td>1</td>
</tr>
<tr>
<td>Identify and anticipate the ethical and capacity issues that arise in patients with memory loss</td>
<td>CbD SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

## Micturition Difficulties

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outlines management of patient to minimise risk of acute kidney injury</td>
<td>ACAT, CbD, DOPS, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline indications for more detailed investigation: abdominal and pelvic ultrasound, CT, urine cytology, urodynamics</td>
<td>ACAT, CbD, mini-CEX SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

<table>
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<tr>
<th>Skills</th>
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<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise indications for supra-pubic catheterisation and refer appropriately</td>
<td>ACAT, CbD, DOPS, mini-CEX SCE</td>
<td>1</td>
</tr>
<tr>
<td>Formulate management plan for acute period of care</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

**Behaviours**

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<tr>
<th>Behaviours</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve specialist teams appropriately</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Participate in multi-disciplinary approach to care of patients with long term or intermittent catheterisation</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
</tbody>
</table>

## Neck Pain

**AIM**

The trainee will be able to assess a patient presenting with neck pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan
<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall indications for more specialised tests: CT, MRI</td>
<td>ACAT, CbD SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulate a management plan for the acute period of care for critically ill patient</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Demonstrate the ability to recognise complex neurological features which may aid diagnosis and management</td>
<td>CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

**Behaviours**

<table>
<thead>
<tr>
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<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve other specialist teams as appropriate</td>
<td>CbD, MSF</td>
<td>3</td>
</tr>
</tbody>
</table>

### Physical Symptoms in Absence of Organic Disease **AIM**

**The trainee will be able to assess and appropriately investigate a patient to conclude that organic disease is unlikely, counsel sensitively, and formulate an appropriate management plan**

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define and differentiate from each other: somatisation disorders, malingering, dissociative disorders, hypochondriasis, psychogenic (or somatoform) pain disorders and factitious disorders</td>
<td>CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recognise the phenomenon of excessive symptoms in the context of established disease e.g. breathlessness in well controlled asthma</td>
<td>CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall the reattribution approach</td>
<td>CbD, SCE</td>
<td></td>
</tr>
</tbody>
</table>

**Skills**

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safely determine after appropriate work up that a patient is likely to have a non-organic cause for their presentation</td>
<td>CbD, mini-CEX</td>
<td>2</td>
</tr>
<tr>
<td>Identify underlying psychiatric disease: psychosis, depression, or anxiety</td>
<td>CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Formulate a management plan for acute period of care</td>
<td>CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Use the reattribution approach:</td>
<td>CbD, mini-CEX, ACAT, SCE</td>
<td>1</td>
</tr>
<tr>
<td>1) Feeling understood – engage the patient and gather information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Broadening the agenda – to include social and psychological factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Making the link – between physical symptoms, psychological distress, and social problem</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Behaviours**

<table>
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<tr>
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<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the pattern of repetition that non-organic presentations can have</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Respect the distress the mode of presentation may be causing</td>
<td>mini-CEX, CbD</td>
<td>4</td>
</tr>
<tr>
<td>Adopt a non-judgemental sensitive attitude when engaging in counselling a patient over the likelihood of non-organic disease</td>
<td>mini-CEX, CbD</td>
<td>4</td>
</tr>
<tr>
<td>Involve psychiatric services when appropriate</td>
<td>CbD</td>
<td>3</td>
</tr>
<tr>
<td>Address security issues where necessary</td>
<td>CbD</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Recognise the importance of the Primary Care team in assessment and management</td>
<td>CbD</td>
<td>2</td>
</tr>
</tbody>
</table>
Recognise the cultural differences in somatoform disorders  
Communicate with primary Care and other local EDs where possible

<table>
<thead>
<tr>
<th>Polydipsia</th>
<th>AIM</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee will be able to assess a patient presenting with polydipsia to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detailed knowledge of homeostatic mechanisms for fluid balance and defects that occur e.g. hypernatraemia, hyponatraemia</td>
<td>CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall the subsequent investigations required to provide a definitive cause of polyuria</td>
<td>CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Knowledge of the causes of diabetes insipidus</td>
<td>CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall the mechanisms of altered water metabolism in patients with psychogenic polydipsia</td>
<td>CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall how to correct disturbance of sodium balance if required</td>
<td>CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall the indications for hypertonic saline in patients with psychogenic polydipsia</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpret the subsequent investigations required to provide a definitive cause of polyuria</td>
</tr>
<tr>
<td>Start long term treatment for the cause of hyponatraemia e.g. desmopressin, bisphosphonates</td>
</tr>
<tr>
<td>Monitor and alter fluid replacement regime according to electrolyte results</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seek specialist opinion from relevant specialist after cause for polydipsia determined when appropriate</td>
</tr>
<tr>
<td>Communicate bad news sensitively and thoughtfully</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Polyuria</th>
<th>AIM</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee will be able to assess a patient presenting with polyuria to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline investigation and treatment of diabetes insipidus</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulate a management plan for acute period of care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve specialist teams as appropriate</td>
</tr>
</tbody>
</table>
### Pruritus

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline the indications for a skin biopsy</td>
<td>CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline the indications of and side effects of topical steroids and differentiate their different potencies</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Liaise closely with specialist dermatologists in managing the patient</td>
<td>CbD</td>
<td>1, 3</td>
</tr>
</tbody>
</table>

**Skills**

- Formulate a management plan for acute period of care
- Prescribe symptomatic remedies
- Act on the results of initial investigations
- Be aware of appropriate investigations for staging skin cancer
- Review current and previously prescribed medication as possible causes for itch
- Consider infective causes of itch

<table>
<thead>
<tr>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAT, CbD</td>
<td>1</td>
</tr>
<tr>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>CbD</td>
<td>1</td>
</tr>
<tr>
<td>CbD, SCE</td>
<td></td>
</tr>
</tbody>
</table>

**Behaviours**

- Advise on lifestyle measures to prevent dermatological disease
- Sympathetically discuss the impact of the patient's symptoms on their lifestyle

<table>
<thead>
<tr>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

### Rectal Bleeding

**AIM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall indications for sigmoidoscopy / colonoscopy</td>
<td>ACAT, CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall possible imaging modalities: contrast studies, CT, angiography, capsule endoscopy</td>
<td>ACAT, CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall the principal infective causes of rectal bleeding, their treatments</td>
<td>ACAT, CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall coagulopathy as a cause of rectal bleeding</td>
<td>ACAT, CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall the leading risk factors for colorectal cancer, family history, panulcerative colitis, previous history of colorectal polyps</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

**Skills**

- Act on the results of initial investigations
- Institute first line treatment when it is likely bleeding heralds an exacerbation of ulcerative colitis: aminosalicylates, corticosteroids, thrombosis prophylaxis
- Ask for urgent review by specialist gastroenterologist
- Monitor vital signs, initiate blood transfusion where necessary

<table>
<thead>
<tr>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>ACAT, CbD</td>
<td>3</td>
</tr>
<tr>
<td>ACAT, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>
### Behaviours

| Involve gastroenterology and/or surgical teams promptly when indicated | CbD | 3 |

### Skin and Mouth Ulcers \( \text{AIM} \)

The trainee will be able to assess a patient presenting with skin or mouth ulceration to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also Dermatology in Section 2 for Skin Tumour competencies)

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline the indications for biopsy and immunofluorescence studies</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Construct a comprehensive list of differential diagnoses</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
<tr>
<td>Formulate a management plan for acute period of care</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve specialist team as appropriate</td>
<td>ACAT, CbD, mini-CEX, MSF</td>
</tr>
</tbody>
</table>

### Speech Disturbance \( \text{AIM} \)

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline more detailed investigations: neurophysiology, neuroimaging</td>
<td>ACAT, CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulate a management plan for acute period of care</td>
<td>ACAT, CbD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss with patient likely outcomes and prognosis of condition and requirement for long term review</td>
<td>mini-CEX, PS</td>
</tr>
</tbody>
</table>

### Suicidal Ideation \( \text{AIM} \)

The trainee will be able to take a valid psychiatric history to elicit from a patient suicidal ideation and underlying psychiatric pathology; assess risk; and formulate appropriate management plan

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline the principles of the relevant Mental Health Act (e.g. sections 2, 3, 4 and 5) and common law in detail.</td>
<td>CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk stratify patients according to risk</td>
<td>CbD, mini-CEX, SCE</td>
</tr>
<tr>
<td>Discharge to appropriate setting patients who have been deemed to be at low risk of repeat suicidal attempt</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
</tbody>
</table>
Formulate a management plan for patients with co-existing psychiatric disease: medications, counselling

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the importance of ongoing input by health services following discharge</td>
<td>CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Liaise with psychiatric services re the use of the Mental health Act</td>
<td>CbD, mini-CEX</td>
<td>3</td>
</tr>
</tbody>
</table>

### Swallowing Difficulties

**A IM**

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the pathophysiology, staging, and therapeutic options of oesophageal malignancy</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Identify curative and palliative treatment options for oesophageal malignancy</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline treatment options in achalasia</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Define odynophagia and list causes</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Aware of the symptoms of pharyngeal pouch</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Awareness of the complications of oesophageal stricture</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select appropriate initial mode of investigation</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Act on the results of investigations</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Liaise with gastroenterologists and radiologists</td>
<td>CbD</td>
<td>3</td>
</tr>
<tr>
<td>Prescribe acid suppressants when a benign oesophageal stricture is found</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Liaise with nutrition team in patients with malnutrition</td>
<td>CbD</td>
<td>3</td>
</tr>
<tr>
<td>Liaise with ENT specialists in patients with ‘high’ dysphagia</td>
<td>CbD</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liaise with gastroenterologist, neurologist or palliative care promptly as appropriate</td>
<td>CbD</td>
<td>3</td>
</tr>
<tr>
<td>Consider the lifestyle advice needed for patients with chronic reflux</td>
<td>CbD</td>
<td>3</td>
</tr>
</tbody>
</table>

### Syncope & Pre-syncope

**A IM**

*The trainee will be able to assess a patient presenting with syncope to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also ‘blackouts/collapse’)*

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline the specific indications for 24 hour ECG monitoring, loop recording, echo and tilt testing</td>
<td>CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Outline the ECG diagnostic criteria for syncope thought to be due to cardiac arrhythmia</td>
<td>ACAT, CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Understand the pathophysiological response to head up tilting.</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>
### Outline the protocol for head up tilt testing.

**CbD, SCE 1**

### Interpret the head up tilt test and classify the types of positive responses.

**CbD, SCE 1**

### Understand the pathophysiological response to carotid sinus massage.

**CbD, SCE 1**

### Outline the protocol for carotid sinus massage.

**CbD, SCE 1**

### Interpret the positive response to carotid sinus massage.

**CbD, SCE 1**

### Outline the indications for cardiac loop recorder.

**CbD, SCE 1**

### Skills

<table>
<thead>
<tr>
<th>Activity</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk stratify patients who present with syncope</td>
<td>CbD, mini-CEX, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Develop a management plan for acute period of care</td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Perform carotid sinus massage appropriately</td>
<td>DOPS</td>
<td>1</td>
</tr>
</tbody>
</table>

### Behaviours

<table>
<thead>
<tr>
<th>Activity</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the need for specialised input e.g. falls and syncope specialist</td>
<td>ACAT, CbD, mini-CEX</td>
<td>3</td>
</tr>
<tr>
<td>Recognise problems specific to the elderly and address social needs</td>
<td>CbD, mini-CEX</td>
<td>3</td>
</tr>
</tbody>
</table>

### Unsteadiness / Balance Disturbance

**AIM**

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

#### Knowledge

| Outline more complex investigations: neuroimaging, neurophysiology, audiometry | ACAT, CbD, SCE | 1 |

#### Skills

| Perform bedside tests for vertigo: the Hallpike manoeuvre | DOPS | 1 |
| Formulate a management plan for acute period of care | ACAT, CbD | 1 |

#### Behaviours

| Involve appropriate specialists as indicated | CbD | 3 |
| Engage multi-professional team including physiotherapy and occupational therapy as indicated | CbD | 3 |

### Visual Disturbance (diplopia, visual field deficit, reduced acuity)

**AIM**

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

#### Knowledge

| Outline indications for more specialised investigation: neuroimaging, visual evoked potentials, lumbar puncture, optometry assessment | CbD, SCE | 1 |
| Outline implications for driving of visual field loss | CbD, SCE | 1 |

#### Skills
Produce comprehensive differential diagnosis  
Formulate management plan for acute and ongoing period of care  

**Behaviours**

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>ACAT, CbD, SCE</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve specialists appropriately: ophthalmology, neurology, neurosurgery, stroke team</td>
<td>ACAT, CbD, MSF</td>
<td>3</td>
</tr>
</tbody>
</table>

**Weight Loss**  

**AIM**  

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall more detailed investigations depending on context e.g. coeliac serology</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recall indications and complications of parenteral feeding</td>
<td>CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th>Assessment Methods</th>
<th>GMP Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>ACAT, CbD, SCE</td>
<td>1</td>
</tr>
<tr>
<td>Recognise and treat re-feeding syndrome</td>
<td>ACAT, CbD, SCE</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>ACAT, CbD, MSF</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve specialist teams appropriately: gastroenterology, elderly care, psychiatry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommend nutritional advice with the support of nutritional services, including adequate social support</td>
<td>CbD, mini-CEX, PS</td>
<td>3</td>
</tr>
</tbody>
</table>
System Specific Competencies
This curriculum has described the competencies required to practise Acute Internal Medicine in a patient-centred manner by listing the common ways in which a patient can present. In so doing, certain important knowledge based competencies have not been adequately defined.

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

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

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

The assessment of these knowledge based competencies should be undertaken within the formal examination structure as defined by the disparate parts of the MRCP(UK) and formative assessment via workplace based assessments. Further maturation of the individual trainee in terms of clinical decision making, patient management and appropriate care of the patient with complex needs will also be assessed by workplace based assessments especially case base discussion, mini CEX and the Acute Care Assessment Tool. Specific knowledge acquisition beyond MRCP will be tested by the Specialty Certificate Examination that will be taken in ST4 or ST5 of the training programme.

Within core medical training the various levels of the system base competencies are shown in the key below and each of these levels may be tested in the MRCP (UK) as shown in the competencies grid for each system. It does not preclude these competencies also being assessed in work place based assessment.
All of these competencies map to GMP domain 1 reflecting the required knowledge base.

**Key**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Establishing a diagnosis</td>
</tr>
<tr>
<td>B</td>
<td>Establishing a diagnosis, Knowledge of relevant investigations</td>
</tr>
<tr>
<td>C</td>
<td>Knowledge of relevant investigations and management, Knowledge of prognosis and likely response to therapy</td>
</tr>
</tbody>
</table>

**Allergy**

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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise when specialist allergy opinion is required</td>
<td>PACES</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Be aware of the management and subsequent investigation of patients presenting with immune mediated medical emergencies:</td>
<td>PACES</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td>PACES</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Laryngoedema</td>
<td>PACES</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Urticaria</td>
<td>PACES</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Angioedema</td>
<td>PACES</td>
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</table>

**Common Problems**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Anaphylaxis</td>
<td>C</td>
</tr>
<tr>
<td>Recognition of common allergies; introducing occupation</td>
<td>B</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>MRCP Part 1</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaphylaxis</td>
<td>MRCP Part 2</td>
<td></td>
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<td></td>
<td>PACES</td>
<td></td>
</tr>
</tbody>
</table>
### Associated Allergies

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Degree</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food, drug, latex, insect venom allergies</td>
<td>B</td>
<td>MRCP Part 2</td>
</tr>
<tr>
<td>Urticaria and angioedema</td>
<td>C</td>
<td>MRCP Part 2</td>
</tr>
</tbody>
</table>

### Indications and Contraindications for Allergen Immunotherapy

<table>
<thead>
<tr>
<th>Indication</th>
<th>Degree</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergen immunotherapy</td>
<td>A</td>
<td>MRCP Part 2</td>
</tr>
</tbody>
</table>

### MRCP Part 1

- Food, drug, latex, insect venom allergies
- Urticaria and angioedema

### MRCP Part 2

- Indications and contraindications for, and therapeutic scope of allergen immunotherapy
- Indications for, and limitations of skin prick testing and in vitro tests for allergen-specific IgE

### Clinical Science

- Mechanisms of allergic sensitisation: primary and secondary prophylaxis
- Natural history of allergic diseases
- Mechanisms of action of anti-allergic drugs and immunotherapy
- Principles and limitations of allergen avoidance

### Oncology

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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the terminally ill often present with problems with multi-factorial causes</td>
<td>MRCP Part 2</td>
<td>PACES</td>
</tr>
<tr>
<td>Recognise that patients with oncological illness may present with co-exist illness separate from the primary disease and/or complicating the illness</td>
<td>MRCP Part 2</td>
<td>PACES</td>
</tr>
<tr>
<td>Recognise associated psychological and social problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigate appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognise when specialist oncology or palliative care opinion is needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRCP Part 2</td>
<td>PACES</td>
</tr>
<tr>
<td></td>
<td>ACAT</td>
</tr>
<tr>
<td></td>
<td>CbD</td>
</tr>
<tr>
<td></td>
<td>mini-CEX</td>
</tr>
<tr>
<td>MRCP part 2, PACES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mini-CEX</td>
</tr>
<tr>
<td>MRCP Part 2</td>
<td>PACES</td>
</tr>
<tr>
<td></td>
<td>ACAT</td>
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<tr>
<td></td>
<td>CbD</td>
</tr>
<tr>
<td></td>
<td>mini-CEX</td>
</tr>
<tr>
<td>MRCP Part 2</td>
<td>PACES</td>
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<tr>
<td></td>
<td>ACAT</td>
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<tr>
<td></td>
<td>CbD</td>
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<tr>
<td></td>
<td>mini-CEX</td>
</tr>
<tr>
<td>MRCP Part 2</td>
<td>PACES</td>
</tr>
<tr>
<td></td>
<td>ACAT</td>
</tr>
<tr>
<td></td>
<td>CbD</td>
</tr>
<tr>
<td></td>
<td>mini-CEX</td>
</tr>
</tbody>
</table>
Outline treatment principles with drawbacks: surgery, chemotherapy and radiotherapy

Break bad news to patient and family with cancer in sensitive and appropriate manner

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

Common Problems

For the acute physician active liaison with local oncology services is vital to ensure management of complications of oncological disease is prompt effective and based on agreed protocols.

Hypercalcaemia

SVC obstruction

Spinal cord compression

Neutropenic sepsis

Common cancers (presentation, diagnosis, staging, treatment principles): lung, bowel, breast, prostate, stomach, oesophagus, bladder, skin, haematological, testicular and ovarian

Premalignant conditions e.g. familial polyposis coli

Paraneoplastic conditions e.g. ectopic ACTH

Clinical Science

Principles of oncogenesis and metastatic spread

Apoptosis

Principles of staging

Principles of screening
Pharmacology of major drug classes in palliative care: anti-emetics, opioids, NSAIDS, agents for neuropathic pain, bisphosphonates, laxatives, anxolytics

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take an accurate pain history</td>
<td></td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Relevco that the terminally ill often present with problems with multi-factorial causes</td>
<td></td>
<td>MRCP Part 2</td>
<td>1</td>
</tr>
<tr>
<td>Recognise associated psychological and social problems</td>
<td></td>
<td>PACES, ACAT, CbD, mini-CEX</td>
<td></td>
</tr>
<tr>
<td>Recognise when palliative care opinion is needed</td>
<td></td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount</td>
<td></td>
<td>PACES, ACAT, CbD, mini-CEX</td>
<td>1, 3, 4</td>
</tr>
<tr>
<td>Recognise the dying phase of illness</td>
<td></td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Manage symptoms in dying patients appropriately</td>
<td></td>
<td>MRCP Part 2</td>
<td>1</td>
</tr>
<tr>
<td>Practise safe use of syringes drivers</td>
<td></td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 2</td>
</tr>
<tr>
<td>Recognise importance of hospital and community Palliative</td>
<td></td>
<td>PACES</td>
<td>1</td>
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</tbody>
</table>

Palliative and End of Life Care

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

<table>
<thead>
<tr>
<th>Competencies</th>
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<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take an accurate pain history</td>
<td></td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Relevco that the terminally ill often present with problems with multi-factorial causes</td>
<td></td>
<td>MRCP Part 2</td>
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<tr>
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<td>PACES, ACAT, CbD, mini-CEX</td>
<td></td>
</tr>
<tr>
<td>Recognise when palliative care opinion is needed</td>
<td></td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount</td>
<td></td>
<td>PACES, ACAT, CbD, mini-CEX</td>
<td>1, 3, 4</td>
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<tr>
<td>Recognise the dying phase of illness</td>
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<td>PACES</td>
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<tr>
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<td>MRCP Part 2</td>
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</tr>
<tr>
<td>Practise safe use of syringes drivers</td>
<td></td>
<td>ACAT, CbD, mini-CEX</td>
<td>1, 2</td>
</tr>
<tr>
<td>Recognise importance of hospital and community Palliative</td>
<td></td>
<td>PACES</td>
<td>1</td>
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</tbody>
</table>
Care teams

Recognise that referral to specialist palliative care is appropriate for patients with other life threatening illnesses as well as those with cancer

<table>
<thead>
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<th>GMP</th>
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</tbody>
</table>

**Common Problems – Palliative Care**

Pain:
- appropriate use
- analgesic ladder
- side effects
- role of Radiotherapy
- Constipation
- Breathlessness
- Nausea and vomiting
- Anxiety and depressed mood

<table>
<thead>
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<th>GMP</th>
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</table>

**Clinical Science**

Pharmacology of major drug classes in palliative care: anti-emetics, opioids, NSAIDS, agents for neuropathic pain, bisphosphonates, laxatives, anxiolytics

<table>
<thead>
<tr>
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<th>GMP</th>
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</table>

**Cardiovascular Medicine**

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

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<tr>
<th>Competencies</th>
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<th>Assessment Methods</th>
<th>GMP</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Counsel patients on risk factors for cardiovascular disease | PACES 1  
| ACAT  
| Cbd  
| mini-CEX  

Outline methods of smoking cessation of proven efficacy (see below) | PACES 1  
| ACAT  
| Cbd  
| mini-CEX  

### Common Problems

#### Arrhythmias:
- heart block, resistant arrhythmia | B  
  - MRCP Part 1  
  - MRCP Part 2  
  - PACES  
- SVT, AF, VT, VF | C  
  - MRCP Part 1  
  - MRCP Part 2  
  - PACES  
- Cardiac arrest | C  
  - MRCP Part 1  
  - MRCP Part 2  
  - PACES  
- Pacemaker rhythms | C  
  - MRCP Part 2  
  - PACES  
- Misplacement of ECG leads | B  
  - MRCP Part 2  
  - PACES  
- Ischaemic Heart Disease: acute coronary syndromes, stable angina, atherosclerosis | C  
  - MRCP Part 1  
  - MRCP Part 2  
  - PACES  
- Heart Failure (medical management and interventional therapy) | C  
  - MRCP Part 1  
  - MRCP Part 2  
  - PACES  
- Hypertension - including investigation and management of accelerated hypertension in pregnancy | C  
  - MRCP Part 1  
  - MRCP Part 2  
  - PACES  
- Valvular Heart Disease | A  
  - MRCP Part 1  
  - MRCP Part 2  
  - PACES  
- Endocarditis | A  
  - MRCP Part 1  
  - MRCP Part 2  
  - PACES  
- Aortic dissection | A  
  - MRCP Part 1  
  - MRCP Part 2  
  - PACES  
- Congenital heart disease e.g. ASD | A  
  - MRCP Part 1  
  - MRCP Part 2  
  - PACES  
- Pericarditis | A  
  - MRCP Part 1  
  - MRCP Part 2  
  - PACES
<table>
<thead>
<tr>
<th>Competency</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiomyopathies</td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td>Orthostatic hypotension</td>
<td>B</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td>Syncope</td>
<td>C</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td>Dyslipidaemia</td>
<td>B</td>
<td>MRCP Part 2 1</td>
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</tbody>
</table>

### Clinical Science

<table>
<thead>
<tr>
<th>Topic</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and function of cardiovascular system</td>
<td>MRCP Part 1 1</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Physiological principles of cardiac cycle and cardiac conduction</td>
<td>MRCP Part 1 1</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Homeostasis of the circulation</td>
<td>MRCP Part 1 1</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Atherosclerosis</td>
<td>MRCP Part 1 1</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Pharmacology of major drug classes: beta adrenoceptor blockers, alpha adrenoceptor blockers, ACE inhibitors, ARBs, anti-platelet agents, thrombolysis, inotropes, calcium channel antagonists, potassium channel activators, diuretics, anti-arrhythmics, anti-coagulants, lipid modifying drugs, nitrates, centrally acting anti-hypertensives</td>
<td>MRCP Part 1 1 1</td>
<td>PACES</td>
<td></td>
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</tbody>
</table>

### Clinical Genetics

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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the organisation and role of Clinical Genetics and when to seek specialist advice</td>
<td>MRCP Part 2 1</td>
<td>PACES ACAT CbD mini-CEX</td>
<td></td>
</tr>
<tr>
<td>Take and interpret a complete family history</td>
<td>MRCP Part 2 1</td>
<td>PACES ACAT CbD mini-CEX</td>
<td></td>
</tr>
<tr>
<td>Recognise the anxiety caused to an individual and their family when investigating genetic susceptibility to disease</td>
<td>PACES 1</td>
<td>ACAT CbD</td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Exams/Assessments</td>
<td></td>
<td></td>
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<tr>
<td>----------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Recognise the importance of skilled counselling in the investigation of genetic susceptibility to disease</td>
<td>PACES 1,3, ACAT 1,3, CbD mini-CEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognise basic patterns of inheritance</td>
<td>MRCP Part 1 1, MRCP Part 2 1, ACAT 1, CbD mini-CEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand the ethical implications of molecular testing and screening: confidentiality, screening children, pre-symptomatic testing</td>
<td>PACES 1, ACAT 1, CbD mini-CEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimate risk for relatives of patients with Mendelian disease</td>
<td>MRCP Part 1 1, MRCP Part 2 1, ACAT 1, CbD mini-CEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognise the differing attitudes and beliefs towards inheritance</td>
<td>PACES 1, ACAT 1, CbD mini-CEX</td>
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</tbody>
</table>

**Common Problems**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Score</th>
<th>Exams/Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cystic Fibrosis</td>
<td>A</td>
<td>MRCP Part 1 1</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>MRCP Part 2 1</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>PACES 1</td>
</tr>
<tr>
<td>Down’s syndrome</td>
<td>A</td>
<td>MRCP Part 1 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MRCP Part 2 1</td>
</tr>
<tr>
<td>Familial cancer syndromes</td>
<td>A</td>
<td>MRCP Part 2 1</td>
</tr>
<tr>
<td>Familial cardiovascular disorders</td>
<td>A</td>
<td>MRCP Part 2 1</td>
</tr>
<tr>
<td>Haemochromatosis</td>
<td>A</td>
<td>MRCP Part 1 1</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2 1</td>
</tr>
<tr>
<td>Haemophilia</td>
<td>B</td>
<td>MRCP Part 1 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MRCP Part 2 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PACES 1</td>
</tr>
<tr>
<td>Huntington’s disease</td>
<td>A</td>
<td>MRCP Part 2 1</td>
</tr>
<tr>
<td>Klinefelter syndrome</td>
<td>A</td>
<td>MRCP Part 2 1</td>
</tr>
<tr>
<td>Marfan’s syndrome</td>
<td>B</td>
<td>MRCP Part 2 1</td>
</tr>
<tr>
<td>Polycystic kidney disease</td>
<td>B</td>
<td>MRCP Part 1 1</td>
</tr>
</tbody>
</table>
### Clinical Science

<table>
<thead>
<tr>
<th>Condition</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickle Cell disease</td>
<td>C, C</td>
<td>MRCP Part 2, PACES</td>
</tr>
<tr>
<td>Thalassaemias</td>
<td>A, C</td>
<td>MRCP Part 1, 2</td>
</tr>
<tr>
<td>Turner’s syndrome</td>
<td>A</td>
<td>MRCP Part 1, 2</td>
</tr>
<tr>
<td>Von Willeband’s disease</td>
<td>B</td>
<td>MRCP Part 1, 2</td>
</tr>
</tbody>
</table>

### Clinical Pharmacology

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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practise safe prescribing:</td>
<td>MRCP Part 1, 2</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
<tr>
<td>Effects of: renal or liver impairment; old age; pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outline importance of drug interactions and role CYP450 isoenzymes</td>
<td>MRCP Part 1, 2</td>
<td>ACAT, CbD, mini-CEX</td>
</tr>
<tr>
<td>Outline drugs requiring therapeutic monitoring</td>
<td>MRCP Part 1, 2</td>
<td>PACES, ACAT, CbD, mini-CEX</td>
</tr>
</tbody>
</table>
| Use national and local guidelines on appropriate and safe prescribing (BNF, NICE) | MRCP Part 1 1,2  
MRCP Part 2  
ACAT  
CbD  
mini-CEX |
|---|---|
| Write a clear and unambiguous prescription | PACES 1  
ACAT  
CbD  
mini-CEX |
| Engage patients in discussions on drug choice, and side effects | PACES 1,3  
ACAT  
CbD  
mini-CEX |
| Recognise range of adverse drug reactions to commonly used drugs | MRCP Part 1 1  
MRCP Part 2  
PACES  
ACAT  
CbD  
mini-CEX |
| Use Yellow Card report scheme for adverse drug reactions | ACAT 1  
CbD  
mini-CEX |
| Liaise effectively with pharmacists | ACAT 1  
CbD  
mini-CEX |
| Discuss therapeutic changes with patient and discuss with GP promptly and comprehensively | ACAT 1  
CbD  
mini-CEX |
| Competently formulate management plan for poisoning and adverse drug reactions | MRCP Part 2 1  
ACAT  
CbD  
mini-CEX |
| Demonstrate appropriate use of a toxicology database (eg Toxbase) | PACES 1  
ACAT  
CbD  
mini-CEX |

**Common Problems**

| Corticosteroid treatment: | C  
short and long-term complications  
bone protection  
safe withdrawal of corticosteroids  
patient counselling regarding avoidance of adrenal crises  
Specific treatment of poisoning with: | MRCP Part 1 1  
MRCP Part 2  
MRCP Part 1 1  
MRCP Part 2 1  
PACES 1 |
<table>
<thead>
<tr>
<th>Drug</th>
<th>Level</th>
<th>MRCP Part 1</th>
<th>MRCP Part 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium channel blockers</td>
<td>A</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>C</td>
<td></td>
<td></td>
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Knowledge of appropriate treatment of common medical conditions (see relevant sections)

**Clinical Science**

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<td>Principles of absorption, distribution, metabolism and excretion of drugs</td>
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<td>Outline the effects on drug metabolism of: pregnancy, age, renal and liver impairment</td>
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## Dermatology

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

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<td>Counsel patients on preventative strategies for skin tumours (e.g. avoiding</td>
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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

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<td>PACES 1</td>
</tr>
<tr>
<td>Polycystic ovarian syndrome</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td>MRCP Part 2 1</td>
<td>PACES 1</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>MRCP Part 1 1</td>
<td>MRCP Part 2 1</td>
<td>PACES 1</td>
</tr>
<tr>
<td>Amenorrhoea</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td>MRCP Part 2 1</td>
<td>PACES 1</td>
</tr>
</tbody>
</table>
### Clinical Science

<table>
<thead>
<tr>
<th>Topic</th>
<th>Level</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure and function of hypothalamus, pituitary, thyroid, adrenals, gonads, parathyroids, pancreas</td>
<td>MRCP Part 1</td>
<td>PACES</td>
</tr>
<tr>
<td>Outline the structure and function of hormones</td>
<td>MRCP Part 1</td>
<td>PACES</td>
</tr>
<tr>
<td>Principles of hormone receptors, action, secondary messengers and feedback</td>
<td>MRCP Part 1</td>
<td>PACES</td>
</tr>
<tr>
<td>Pharmacology of major drug classes: insulin, oral antidiabetics, thyroxine, anti-thyroid drugs, corticosteroids, sex hormones, drugs affecting bone metabolism</td>
<td>MRCP Part 1</td>
<td>PACES</td>
</tr>
</tbody>
</table>

### Gastroenterology and Hepatology

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

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

### Common Problems

<table>
<thead>
<tr>
<th>Topic</th>
<th>Level</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peptic Ulceration and Gastritis</td>
<td>B</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>PACES</td>
</tr>
<tr>
<td>Topic</td>
<td>Level</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>B</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>GI malignancy (oesophagus, gastric, hepatic, pancreatic, colonic)</td>
<td>A</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Inflammatory bowel disease</td>
<td>B</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Iron Deficiency anaemia</td>
<td>B</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Acute GI bleeding</td>
<td>B</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Acute abdominal pathologies: pancreatitis, cholecystitis, appendicitis, leaking abdominal Baortic aneurysm</td>
<td>A</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Functional disease: irritable bowel syndrome, non-ulcer dyspepsia</td>
<td>A</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Coeliac disease</td>
<td>B</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Alcoholic liver disease</td>
<td>A</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Alcohol withdrawal syndrome</td>
<td>A</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Acute liver dysfunction: jaundice, ascites, encephalopathy</td>
<td>B</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Liver cirrhosis</td>
<td>A</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Gastro-oesophageal reflux disease</td>
<td>B</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Nutrition: indications, contraindications and ethical dilemmas of nasogastric feeding and PEG tubes, IV nutrition, re-feeding syndrome</td>
<td>A</td>
<td>MRCP Part 2</td>
</tr>
<tr>
<td>Parenteral feeding</td>
<td>A</td>
<td>MRCP Part 2</td>
</tr>
<tr>
<td>Gall stones</td>
<td>B</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Viral hepatitis</td>
<td>B</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Auto-immune liver disease</td>
<td>A</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td>A</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td>Malabsorption</td>
<td>B</td>
<td>MRCP Part 1</td>
</tr>
</tbody>
</table>

### Clinical Science

| Structure and function of salivary glands, oesophagus, stomach, small bowel, colon, rectum, liver, biliary system, pancreas | MRCP Part 1 | 1 | PACES |
| Principles of the physiology of alimentary tract: motility, secretion, digestion, absorption | MRCP Part 1 | 1 | PACES |
| Bile metabolism | MRCP Part 1 | 1 | PACES |
| Principles of action of liver | MRCP Part 1 | 1 | PACES |
| Laboratory markers of liver, pancreas and gut dysfunction | MRCP Part 1 | 1 | MRCP Part 2 | PACES |
| Pharmacology of major drug classes: acid suppressants, anti-spasmodics, laxatives, anti-diarrhoea drugs, aminosalicylates, corticosteroids, immunosuppressants, infliximab, pancreatic enzyme supplements | MRCP Part 1 | 1 | MRCP Part 2 | PACES |

### Haematology

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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise when specialist Haematology opinion is indicated</td>
<td>PACES</td>
<td>ACAT, Cbd, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Practise safe prescribing of blood products, including appropriate patient counselling</td>
<td>MRCP Part 2</td>
<td>ACAT, Cbd, mini-CEX</td>
<td>1,2</td>
</tr>
<tr>
<td>Outline indications, contraindications, side effects and therapeutic monitoring of anticoagulant medications</td>
<td>MRCP Part 2</td>
<td>PACES, ACAT, Cbd</td>
<td>1</td>
</tr>
<tr>
<td>Common Problems</td>
<td>MRCP Part 1</td>
<td>MRCP Part 2</td>
<td>PACES</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------</td>
</tr>
<tr>
<td>Bone marrow failure: causes and complications</td>
<td>A</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Bleeding disorders: DIC, haemophilia</td>
<td>B</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>A</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Anticoagulation treatment: indications, monitoring, management of over-treatment</td>
<td>B</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Transfusion reactions</td>
<td>A</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Anaemia: iron deficient, megaloblastic, haemolysis, sickle cell</td>
<td>C</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Thrombophilia: classification; indications and implications of screening</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
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<tr>
<td>Haemolytic disease</td>
<td>A</td>
<td>B</td>
<td>B</td>
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<tr>
<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
<td></td>
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<tr>
<td>Myelodysplastic syndromes</td>
<td>A</td>
<td>B</td>
<td>B</td>
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<tr>
<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
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<tr>
<td>Leukaemia</td>
<td>A</td>
<td>B</td>
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<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
<td></td>
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<tr>
<td>Lymphoma</td>
<td>A</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Myeloma</td>
<td>A</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
<td></td>
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<tr>
<td>Myeloproliferative disease</td>
<td>A</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Inherited disorders of haemoglobin (sickle cell disease, thalassaemias)</td>
<td>A</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Amyloid</td>
<td>A</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>MRCP Part 2</td>
<td>PACES</td>
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</tbody>
</table>
### Immunology

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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the role of the Clinical Immunologist</td>
<td></td>
<td>ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

**Common Problems**

| Anaphylaxis (see also “Allergy”)                                           | C                   | MRCP Part 1 1      |
|-----------------------------------------------------------------------------|---------------------|--------------------|-----|
| Immunodeficiencies e.g. hypogammaglobulinaemia, common variable immune deficiency | B                   | MRCP Part 2 1      |

**Clinical Science**

| Structure and function of reticuloendothelial system                       |                     | MRCP Part 1 1      |
|----------------------------------------------------------------------------|---------------------|--------------------|-----|
| Innate and adaptive immune responses                                      |                     | MRCP Part 1 1      |
| The Complement System: structure and function                             |                     | MRCP Part 1 1      |
| Principles of Hypersensitivity                                             |                     | MRCP Part 1 1      |
| Principles of transplantation                                              |                     | PACES 1            |

### Principles of haematopoietic stem cell transplantation

| A PACES MRCP Part 2 1 |

### Clinical Science

<table>
<thead>
<tr>
<th>Structure and function of blood, reticuloendothelial system, erythropoietic tissues</th>
<th>MRCP Part 1 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemoglobin structure and function</td>
<td>MRCP Part 1 1</td>
</tr>
<tr>
<td>Haemopoiesis</td>
<td>MRCP Part 1 1</td>
</tr>
<tr>
<td>Metabolism of iron, B12 and folate</td>
<td>MRCP Part 1 1</td>
</tr>
<tr>
<td>Coagulation</td>
<td>MRCP Part 1 1</td>
</tr>
</tbody>
</table>
Infectious Diseases

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

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

<table>
<thead>
<tr>
<th>Common Problems</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever of unknown origin</td>
<td>B</td>
<td>MRCP Part 1, MRCP Part 2 PACES</td>
<td>1</td>
</tr>
<tr>
<td>Complications of sepsis: shock, DIC, ARDS</td>
<td>A</td>
<td>MRCP Part 1, MRCP Part 2 PACES</td>
<td>1</td>
</tr>
<tr>
<td>Common community acquired infection: LRTI, UTI, skin and soft tissue infections, viral Cexanthema, gastroenteritis</td>
<td>B</td>
<td>MRCP Part 1, MRCP Part 2 PACES</td>
<td>1</td>
</tr>
<tr>
<td>CNS infection: meningitis, encephalitis, brain abscess</td>
<td>B</td>
<td>MRCP Part 1, MRCP Part 2 PACES</td>
<td>1</td>
</tr>
<tr>
<td>Topic</td>
<td>Level</td>
<td>Requirements</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Fever in the returning traveller</td>
<td>A</td>
<td>MRCP Part 2 1</td>
<td></td>
</tr>
<tr>
<td>HIV and AIDS including ethical considerations of testing</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Infections in immuno-compromised host</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td></td>
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<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Anti-microbial drug monitoring</td>
<td>B</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Endocarditis</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td>Common genito-urinary conditions: non-gonococcal urethritis, gonorrhoea, syphilis</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td>Fungal infections e.g. aspergillus, pneumocystis jirovecii infection</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Lyme disease</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td>Viral infections e.g. erythrovirus, infectious mononucleosis, erythrovirus infection, herpes virus infections</td>
<td>B</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Science**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Level</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanisms of organism pathogenesis</td>
<td></td>
<td>MRCP Part 1 1</td>
</tr>
<tr>
<td>Host response to infection</td>
<td></td>
<td>MRCP Part 1 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PACES</td>
</tr>
<tr>
<td>Principles of vaccination</td>
<td></td>
<td>MRCP Part 1 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PACES</td>
</tr>
<tr>
<td>Pharmacology of major drug classes: penicillins, cephalosporins, tetracyclines, aminoglycosides, macrolides, sulfonamides, quinolones, metronidazole, anti-tuberculous drugs, anti-fungals, anti-malarials, anti-helmintics, anti-virals</td>
<td></td>
<td>MRCP Part 1 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PACES</td>
</tr>
</tbody>
</table>
**Elderly**

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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elucidate in older patients co-morbidities, activities of daily living, social support, drug history and living environment</td>
<td>PACES, ACAT, Cbd, mini-CEX</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Assess mental state and tests of cognitive function</td>
<td>PACES, ACAT, Cbd, mini-CEX</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Recognise when specialist Medicine in the Elderly opinion is indicated</td>
<td>PACES, ACAT, Cbd, mini-CEX</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Recognise importance of multi-disciplinary assessment</td>
<td>PACES, ACAT, Cbd, mini-CEX</td>
<td>1,3</td>
<td></td>
</tr>
<tr>
<td>Contribute to effective multi-disciplinary discharge planning</td>
<td>ACAT, Cbd, mini-CEX</td>
<td>1,3</td>
<td></td>
</tr>
<tr>
<td>Perform a nutritional assessment and address nutritional requirements in management plan</td>
<td>MRCP Part 2, PACES, ACAT, Cbd, mini-CEX</td>
<td>1,3</td>
<td></td>
</tr>
<tr>
<td>Set realistic rehabilitation targets</td>
<td>PACES, ACAT, Cbd, mini-CEX</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Rationalise individual drug regimens to avoid unnecessary poly-pharmacy</td>
<td>PACES, ACAT, Cbd, mini-CEX</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately, and sensitively ensuring patients interests are paramount</td>
<td>PACES, ACAT, Cbd, mini-CEX</td>
<td>1,3</td>
<td></td>
</tr>
<tr>
<td>Recognise the role of Intermediate Care, and practise prompt effective communication with these facilities</td>
<td>ACAT, Cbd, mini-CEX</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Recognise the often multi-factorial causes for clinical presentation in the elderly and outline preventative approaches</td>
<td>MRCP Part 2, PACES, ACAT, Cbd, mini-CEX</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Recognise that older patients often present with multiple problems (e.g. falls and confusion, immobility and incontinence)</td>
<td>MRCP Part 2, PACES, ACAT, Cbd, mini-CEX</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Common Problems</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Deterioration in mobility</td>
<td></td>
<td>MRCP Part 2</td>
<td>1</td>
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<tr>
<td></td>
<td></td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Acute confusion</td>
<td>A</td>
<td>MRCP Part 1</td>
<td>1</td>
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</table>

2009 Acute Internal Medicine Curriculum (Amendments August 2012)
<table>
<thead>
<tr>
<th>Topic</th>
<th>MRCP Part 1</th>
<th>MRCP Part 2</th>
<th>PACES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke and transient ischaemic attack</td>
<td>A</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Falls</td>
<td>A</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>Age related pharmacology</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>Hypothermia</td>
<td>B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continence problems</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td>A</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>Movement diseases including Parkinson’s disease</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression in the elderly</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>B</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Malnutrition</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>A</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>Ulcers: leg and pressure areas</td>
<td>A</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Clinical Science</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effects of ageing on the major organ systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal laboratory values in older people</td>
<td></td>
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</tbody>
</table>
**Musculoskeletal**

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

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

<table>
<thead>
<tr>
<th>Common Problems</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
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</thead>
<tbody>
<tr>
<td>Septic arthritis</td>
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<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>B</td>
<td>MRCP Part 1</td>
<td>1</td>
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<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
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<td></td>
<td>C</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>A</td>
<td>MRCP Part 1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>MRCP Part 2</td>
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</tr>
<tr>
<td></td>
<td>B</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Seronegative arthritides</td>
<td>A</td>
<td>MRCP Part 1</td>
<td>1</td>
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<tr>
<td></td>
<td>B</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Crystal arthropathy</td>
<td>A</td>
<td>MRCP Part 1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Osteoporosis – risk factors, and primary and secondary prevention of complications of osteoporosis</td>
<td>B</td>
<td>MRCP Part 1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Polymyalgia and temporal arteritis</td>
<td>C</td>
<td>MRCP Part 1</td>
<td>1</td>
</tr>
</tbody>
</table>
### Acute connective tissue disease
- Systemic lupus erythematosus (A)
- Scleroderma (B)
- Polymyositis (B)
- Dermatomyositis (B)
- Sjogren’s syndrome (A)
- Vasculitides (B)

### Paget’s disease
- Commonly causes osteoporosis (A)

### Osteomyelitis
- Avascular necrosis (B)

### Clinical Science
- Structure and function of muscle, bone, joints, synovium (MRCP Part 1)
- Bone metabolism (MRCP Part 1)
- Pharmacology of major drug classes: NSAIDS, corticosteroids, immunosuppressants, colchicines, allopurinol, bisphosphonates (MRCP Part 1, PACES)

### Neurology

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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define the likely site of a lesion within the nervous system following full assessment</td>
<td>PACES, ACAT, CbD, mini-CEX</td>
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<tr>
<td>Recognise when specialist Neurology opinion is indicated</td>
<td>PACES, ACAT, CbD, mini-CEX</td>
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<tr>
<td>Recognise when a patient’s presentation heralds a neurosurgical emergency and refer appropriately</td>
<td>PACES, ACAT, CbD, mini-CEX</td>
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</table>

#### Common Problems

<table>
<thead>
<tr>
<th>Common Problems</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute new headache</td>
<td>C</td>
<td>MRCP Part 1, MRCP Part 2, PACES</td>
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</tr>
<tr>
<td>Stroke and transient ischaemic attack</td>
<td>C</td>
<td>MRCP Part 1, MRCP Part 2, PACES</td>
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<tr>
<td>Sub-arachnoid haemorrhage</td>
<td>B</td>
<td>MRCP Part 1, MRCP Part 2, PACES</td>
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<tr>
<td>Coma</td>
<td>B</td>
<td>MRCP Part 1, MRCP Part 2, PACES</td>
<td>1</td>
</tr>
<tr>
<td>Central Nervous System infection: encephalitis, meningitis, brain abscess</td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td>Raised intra-cranial pressure</td>
<td>B</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td>Sudden loss of consciousness including seizure disorders (see also syncope)</td>
<td>B</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Acute paralysis: Guillain Barre, myasthenia gravis, spinal cord lesion</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>C</td>
<td>MRCP Part 1 1</td>
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<td>MRCP Part 2</td>
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<td>Motor neurone disease</td>
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<tr>
<td></td>
<td>B</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Confusional states: Wernicke's encephalophy</td>
<td>B</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td>Movement disorders: Parkinson's disease, essential tremor</td>
<td>C</td>
<td>MRCP Part 1 1</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>MRCP Part 2</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>PACES</td>
<td></td>
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<tr>
<td>Myoclonus</td>
<td>A</td>
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<td>B</td>
<td>MRCP Part 2</td>
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</tr>
<tr>
<td></td>
<td>B</td>
<td>PACES</td>
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<tr>
<td>Vertigo</td>
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<td>MRCP Part 2</td>
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<tr>
<td></td>
<td>C</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Sleep disorders</td>
<td>A</td>
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<td>B</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Neuropathies: peripheral and cranial</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>CNS tumours: cerebral metastases, pituitary tumours</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Retinopathy: diabetes mellitus, retinitis pigmentosa, retinal ischaemia or haemorrhage</td>
<td>C</td>
<td>MRCP Part 2 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Visual disturbance</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
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</table>
### Clinical Science

<table>
<thead>
<tr>
<th>Topic</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
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</thead>
<tbody>
<tr>
<td>Structure and function of the central, peripheral and sympathetic nervous systems</td>
<td>MRCP Part 1 1</td>
<td>PACES</td>
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<tr>
<td>Physiology of nerve conduction</td>
<td>MRCP Part 1 1</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Principles of neurotransmitters</td>
<td>MRCP Part 1 1</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Structure and physiology of visual, auditory, and balance systems</td>
<td>MRCP Part 1 1</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Cerebral automaticity</td>
<td>MRCP Part 1 1</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Anatomy or cerebral blood supply</td>
<td>MRCP Part 1 1</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Brain death</td>
<td>MRCP Part 1 1</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Pathophysiology of pain</td>
<td>MRCP Part 1 1</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Speech and language</td>
<td>MRCP Part 1 1</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacology of major drug classes: anxiolytics, hypnotics inc.</td>
<td>MRCP Part 1 1</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>benzodiazepines, anti-epileptics, anti-parkinson drugs (anti-muscarinics, dopaminergics)</td>
<td>MRCP Part 2</td>
<td>PACES</td>
<td>1</td>
</tr>
</tbody>
</table>

### Psychiatry

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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be able to take a full medical and relevant psychiatric history</td>
<td>PACES, ACAT, Cbd, mini-CEX</td>
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<tr>
<td>Be able to perform a mental state examination</td>
<td>ACAT, Cbd, mini-CEX</td>
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<td></td>
</tr>
<tr>
<td>Recognise when specialist Psychiatric opinion is indicated</td>
<td>ACAT, Cbd, mini-CEX</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Recognise when a patient’s presentation heralds organic illness and manage appropriately</td>
<td>PACES, ACAT, Cbd, mini-CEX</td>
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</tr>
<tr>
<td>Recognise role of community mental health care teams</td>
<td>ACAT, Cbd, mini-CEX</td>
<td>1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Common Problems</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide and parasuicide</td>
<td>A</td>
<td>MRCP Part 1 1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>MRCP Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td>Acute psychosis</td>
<td>A</td>
<td>MRCP Part 1 1</td>
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</tr>
<tr>
<td></td>
<td>B</td>
<td>MRCP Part 2</td>
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</tr>
</tbody>
</table>
### Substance dependence
- A: MRCP Part 1
- B: MRCP Part 2
- B: PACES

### Depression
- A: MRCP Part 1
- B: MRCP Part 2
- B: PACES

### Delirium
- A: MRCP Part 1
- B: MRCP Part 2

### Alcohol syndromes: alcohol dependence, alcohol withdrawal
- C: MRCP Part 1
- MRCP Part 2

### Anxiety and panic disorders
- A: MRCP Part 1
- C: MRCP Part 2

### Phobias
- A: MRCP Part 1
- B: MRCP Part 2

### Stress disorders
- A: MRCP Part 1
- B: MRCP Part 2

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

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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise predisposing factors that precipitate acute kidney injury and develop management plans to avoid it’s further development</td>
<td>PACES, ACAT, CbD, mini-CEX</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Formulate a differential diagnosis of renal pathology for the patient following assessment</td>
<td>PACES, ACAT, CbD, mini-CEX</td>
<td>1</td>
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</tr>
<tr>
<td>Formulate an appropriate management plan</td>
<td>MRCP Part 2, PACES, ACAT, CbD, mini-CEX</td>
<td>1</td>
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</tr>
<tr>
<td>Discuss with patient likely outcomes and prognosis of condition and requirement for long term review</td>
<td>PACES, ACAT, CbD, mini-CEX</td>
<td>1,3</td>
<td></td>
</tr>
<tr>
<td>Differentiate pre-renal failure, renal failure and urinary</td>
<td>MRCP Part 1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Common Problems</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Acute kidney injury</td>
<td>B</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
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<tr>
<td></td>
<td>C</td>
<td>PACES</td>
</tr>
<tr>
<td>Chronic renal failure</td>
<td>B</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>C</td>
<td>PACES</td>
</tr>
<tr>
<td>Glomerulonephritis</td>
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<td>MRCP Part 2</td>
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<tr>
<td></td>
<td>B</td>
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</tr>
<tr>
<td>Nephrotic syndrome</td>
<td>A</td>
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<td>PACES</td>
</tr>
<tr>
<td>Urinary tract infections</td>
<td>C</td>
<td>MRCP Part 1</td>
</tr>
<tr>
<td></td>
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<td>MRCP Part 2</td>
</tr>
<tr>
<td>Urinary Calculus</td>
<td>A</td>
<td>MRCP Part 1</td>
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<tr>
<td></td>
<td>B</td>
<td>MRCP Part 2</td>
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<tr>
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<td>B</td>
<td>PACES</td>
</tr>
<tr>
<td>Renal replacement therapy</td>
<td>A</td>
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<tr>
<td></td>
<td>B</td>
<td>MRCP Part 2</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>PACES</td>
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<tr>
<td>Disturbances of potassium, acid/base, and fluid balance (and appropriate acute interventions)</td>
<td>B</td>
<td>MRCP Part 1</td>
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<tr>
<td></td>
<td></td>
<td>MRCP Part 2</td>
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<tr>
<td></td>
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<td>PACES</td>
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<tr>
<td>Polycystic kidney diseases</td>
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<td>MRCP Part 1</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>MRCP Part 2</td>
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<tr>
<td></td>
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<td>PACES</td>
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<table>
<thead>
<tr>
<th>Clinical Science</th>
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</thead>
<tbody>
<tr>
<td>Structure and function of the renal and urinary tract</td>
<td>MRCP Part 1</td>
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<tr>
<td></td>
<td></td>
<td>PACES</td>
</tr>
<tr>
<td>Homeostasis of fluid, electrolytes and acid base</td>
<td>MRCP Part 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PACES</td>
</tr>
<tr>
<td>Urine composition</td>
<td>MRCP Part 1</td>
<td></td>
</tr>
<tr>
<td>Measurement of renal function</td>
<td>MRCP Part 1</td>
<td></td>
</tr>
<tr>
<td>Metabolic perturbations of acute, chronic, and end-stage renal</td>
<td>MRCP Part 1</td>
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</tbody>
</table>
Respiratory Medicine

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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise when specialist Respiratory opinion is indicated</td>
<td></td>
<td>PACES, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Safe oxygen prescribing</td>
<td></td>
<td>MRCP Part 2</td>
<td>1</td>
</tr>
<tr>
<td>Principles of short and long term oxygen therapy</td>
<td></td>
<td>PACES, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Outline the different delivery systems for respiratory medications</td>
<td></td>
<td>PACES, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Outline methods of smoking cessation of proven efficacy</td>
<td></td>
<td>PACES, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Counsel patients in smoking cessation appropriately</td>
<td></td>
<td>PACES, ACAT, CbD, mini-CEX</td>
<td>1,3</td>
</tr>
<tr>
<td>Take a thorough Occupational History to identify risk factors for lung disease</td>
<td></td>
<td>PACES, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
</tbody>
</table>

Common Problems

<table>
<thead>
<tr>
<th>Common Problems</th>
<th>Degree of Knowledge</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
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<td>MRCP Part 1, 2 PACE</td>
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<tr>
<td>Asthma</td>
<td>C</td>
<td>MRCP Part 1, 2 PACE</td>
<td>1</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>C</td>
<td>MRCP Part 1, 2 PACE</td>
<td>1</td>
</tr>
<tr>
<td>Pleural disease: Pneumothorax, pleural effusion, mesothelioma</td>
<td>C</td>
<td>MRCP Part 1, 2 PACE</td>
<td>1</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>B</td>
<td>MRCP Part 1, 2 PACE</td>
<td>1</td>
</tr>
<tr>
<td>Respiratory failure and methods of respiratory support</td>
<td>A</td>
<td>MRCP Part 1</td>
<td>1</td>
</tr>
<tr>
<td>Topic</td>
<td>B</td>
<td>C</td>
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<tr>
<td>--------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Pulmonary embolism and DVT</td>
<td></td>
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<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interstitial lung disease</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstructive sleep apnoea</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cystic fibrosis</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchiectasis</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory failure and cor pulmonale</td>
<td>A</td>
<td></td>
<td></td>
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<tr>
<td>Pulmonary hypertension</td>
<td>A</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Science</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and function of respiratory system (airways, lungs, chest wall)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physiology of gas exchange: ventilation, perfusion, ventilation and perfusion matching</td>
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</tr>
<tr>
<td>Acid-base homeostasis</td>
<td></td>
<td></td>
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<tr>
<td>Principles of lung function measurement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacology of major drug classes: bronchodilators, inhaled corticosteroids, leukotriene receptor antagonists, immunosuppressants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Public Health & Health Promotion

Acute Internal Medicine must be recognise the public health issues that can impact on an individual patient's well being and often contribute to the patient's acute presentation. Opportunities must be taken for health promotion with patients population that present acutely to hospital and the acute physician must be part of the team that takes this opportunity..

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Assessment Methods</th>
<th>GMP</th>
</tr>
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<tbody>
<tr>
<td><strong>Smoking</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outline the effects of smoking on health</td>
<td>PACES, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Promote smoking cessation</td>
<td>PACES, ACAT, CbD, mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise the need for support during cessation attempts</td>
<td>PACES ACAT CbD mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recognise and utilise specific Smoking Cessation health professionals</td>
<td>PACES ACAT CbD mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
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<td></td>
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<tr>
<td>Recall safe drinking levels</td>
<td>PACES, ACAT, CbD, mini-CEX</td>
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</tr>
<tr>
<td>Recognise the health and psychosocial effects of alcohol</td>
<td>MRCP Part 1 MRCP Part 2 PACES ACAT CbD mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Recommend support networks for problem drinkers</td>
<td>PACES ACAT CbD mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td>Outline appropriate detoxification programme and methods to retain abstinence</td>
<td>PACES ACAT CbD mini-CEX</td>
<td>1</td>
</tr>
<tr>
<td><strong>Obesity</strong></td>
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<td></td>
</tr>
<tr>
<td>Recognise medical impact of obesity</td>
<td>MRCP Part 2</td>
<td>1</td>
</tr>
<tr>
<td>Nutrition</td>
<td>PACES</td>
<td>ACAT</td>
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<tr>
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</tr>
<tr>
<td>Outline good dietary practices</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Promote regular exercise</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Recommend specialist dietician input as appropriate</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Define principles of therapeutic interventions in morbid obesity</td>
<td>MRCP Part 2</td>
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<tr>
<td>Nutrition</td>
<td>PACES</td>
<td>ACAT</td>
</tr>
<tr>
<td>Recognise the public health problem of poor nutrition</td>
<td>ACAT</td>
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<tr>
<td>Perform basic nutritional assessment</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Identify patients with malnutrition and instigate appropriate management</td>
<td>MRCP Part 1</td>
<td>1</td>
</tr>
<tr>
<td>Recognise importance of dietician input and follow-up</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Define principles of enteral and parenteral feeding</td>
<td>PACES</td>
<td>1</td>
</tr>
<tr>
<td>Outline the ethical issues associated with nutrition</td>
<td>PACES</td>
<td>1</td>
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<tr>
<td>Topic</td>
<td>Details</td>
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<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Sexual behaviour</strong></td>
<td>Promote safe sexual practices</td>
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<tr>
<td></td>
<td>PACES 1</td>
<td></td>
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<tr>
<td></td>
<td>ACAT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CbD mini-CEX</td>
<td></td>
</tr>
<tr>
<td><strong>Substance abuse</strong></td>
<td>Recognise the health and psychosocial effects of substance abuse</td>
<td></td>
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<tr>
<td></td>
<td>ACAT 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CbD mini-CEX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recommend support networks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACAT 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CbD mini-CEX</td>
<td></td>
</tr>
<tr>
<td><strong>Social Deprivation</strong></td>
<td>Be able to define the levels of social deprivation in the community</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACAT 1</td>
<td></td>
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<tr>
<td></td>
<td>CbD mini-CEX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recognise the impact of social deprivation on health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACAT 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CbD mini-CEX</td>
<td></td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td>Recognise the impact of occupation on health</td>
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<td></td>
<td>MRCP Part 2 1</td>
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<tr>
<td></td>
<td>PACES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACAT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CbD mini-CEX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outline the role of Occupational Health consultants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PACES 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACAT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CbD mini-CEX</td>
<td></td>
</tr>
<tr>
<td><strong>Exercise</strong></td>
<td>Define the health benefits of regular exercise</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PACES 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACAT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CbD mini-CEX</td>
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<tr>
<td></td>
<td>Promote regular exercise</td>
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</tr>
<tr>
<td></td>
<td>PACES 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACAT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CbD mini-CEX</td>
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<tr>
<td><strong>Mental Health</strong></td>
<td>Recognise the interaction of mental and physical health</td>
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<tr>
<td></td>
<td>MRCP Part 2 1</td>
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<table>
<thead>
<tr>
<th>Recommend appropriate treatment and support facilities</th>
<th>PACES</th>
<th>ACAT</th>
<th>CbD</th>
<th>mini-CEX</th>
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<tbody>
<tr>
<td></td>
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<td>ACAT</td>
<td>CbD</td>
<td>mini-CEX</td>
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</table>
**Synthesis of Competencies that must be acquired**

This section outlines competencies that shall be used in the clinical environment most commonly encountered by the acute physician and the most commonly associated disease processes. These competencies are most easily tested by the more common workplace-based assessments especially the ACAT, mini-CEX, case based discussion. It should be recognised by the trainee in Acute Internal Medicine that the process of competence acquisition should be led by them throughout the training period and evidence presented to the Annual Review of Competence Progression (ARCP) meeting.

**Assessing the Acutely unwell medical patient**

<table>
<thead>
<tr>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate extensive knowledge of common medical illnesses that present acutely</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform an accurate A to E assessment</td>
</tr>
<tr>
<td>Take an accurate history from all relevant parties including patient and carer.</td>
</tr>
<tr>
<td>Perform full physical examination</td>
</tr>
<tr>
<td>Review the patient's current and previous investigations including radiology imaging</td>
</tr>
<tr>
<td>Review the patient’s medication (chart and drugs taken prior to admission) and modify when appropriate</td>
</tr>
<tr>
<td>Review and interpret the patient’s observation charts</td>
</tr>
<tr>
<td>Review patients case notes in a systematic manner</td>
</tr>
<tr>
<td>Produce a comprehensive management plan and instigate the plan</td>
</tr>
<tr>
<td>Arrange any further investigations as required appropriately</td>
</tr>
<tr>
<td>Identify patients who are at high risk and requires a higher level of care than a ward area</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate the details of the plan to the patient, carers and other members of the ward team.</td>
</tr>
<tr>
<td>Outline treatment principles with drawbacks</td>
</tr>
<tr>
<td>Recognise when specialist care or opinion is needed</td>
</tr>
<tr>
<td>Break bad news to patient and family in a sensitive and appropriate manner</td>
</tr>
<tr>
<td>Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patient’s interests are paramount</td>
</tr>
<tr>
<td>Recognise the dying phase of terminal illness</td>
</tr>
<tr>
<td>Manage symptoms in dying patients appropriately</td>
</tr>
<tr>
<td>Assess the likely success or futility of cardiopulmonary resuscitation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Common or Important Medical Inpatient Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital acquired pneumonia</td>
</tr>
<tr>
<td>Pulmonary oedema</td>
</tr>
<tr>
<td>Acute coronary syndrome</td>
</tr>
<tr>
<td>Arrhythmias</td>
</tr>
<tr>
<td>Acute Kidney Injury</td>
</tr>
<tr>
<td>Delirium or acute confusional state</td>
</tr>
</tbody>
</table>
Sepsis and septic shock
Acute oncological emergencies including neutropenic sepsis
Thromboembolic disease – DVT or pulmonary embolus
Pyrexia
Electrolyte disturbances
Hypoglycaemia or hyperglycaemia
Hypoxia
Hypotension/Haemorrhage
Drug adverse reactions
Stroke

### Assessing the Acutely Unwell Postoperative Surgical Inpatient

The trainee will be able to assess, investigate, diagnose and treat patients presenting with acute medical illness in the post operative phase

#### Knowledge

Demonstrate knowledge of commonly occurring medical illnesses that affect surgical patients in the postoperative period

#### Skills

- Perform an accurate A to E assessment
- Take an accurate history from all relevant parties including patient and carer
- Perform full physical examination
- Review the patient’s current and previous investigations including radiology imaging
- Review the patient’s medication (chart and drugs taken prior to admission) and modify when appropriate
- Review and interpret the patient’s observation charts
- Review patients case notes in a systematic manner
- Produce a comprehensive management plan and instigate the plan
- Arrange any further investigations as required appropriately
- Identify patients who are at high risk and requires a higher level of care than a ward area

#### Behaviours

- Communicate the details of the plan to the patient, carers and other members of the clinical team with emphasis on adequate communication with the team primarily responsible for the patient’s care.
- Outline treatment principles with drawbacks
- Recognise when specialist care or opinion is needed
- Break bad news to patient and family in a sensitive and appropriate manner
- Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patient’s interests are paramount
- Recognise the dying phase of terminal illness
- Manage symptoms in dying patients appropriately
- Assess the likely success or futility of cardiopulmonary resuscitation and complete do not actively resuscitate forms when necessary and appropriate

### Common or Important Medical Problems in the Surgical Inpatient

- Hospital acquired pneumonia
- Pulmonary oedema
Assessing the Acutely Unwell Pre-operative Surgical Inpatient

The trainee will be able to assess, investigate, diagnose and treat patients presenting with acute medical illness in the pre-operative phase. It is acknowledged that medical fitness for surgery should be assessed by the anaesthetist and surgeon not the acute physician. The physician can, however, give a view of the patient’s physiological status.

Knowledge

- Demonstrate knowledge of conditions that could affect the patient’s fitness to undergo a surgical procedure
- Demonstrate knowledge of the effects of differing modes of anaesthesia on pre-existing medical conditions
- Demonstrate knowledge of methods to improve physiological reserves prior to surgery
- Demonstrate knowledge of ASA score

Common or Important Medical Problems in the Pre-operative Surgical Inpatient

- Pulmonary oedema
- Acute coronary syndrome
- Tachyarrhythmias/Bradyarrhythmias
- Chronic kidney disease
- Acute Kidney Injury (poor urine output)
- Delirium or acute confusional state
- Sepsis and septic shock
- Electrolyte disturbances
- Hyperglycaemia
- Hypotension
- Drug adverse reactions
- Chronic lung disease
- Asthma
Ambulatory Care

Within the training programme the trainee will acquire the defined knowledge base that defines ambulatory care including the conditions that may be safely treated in this manner

Knowledge

Demonstrate knowledge of what is meant by ambulatory care
Demonstrate knowledge of the various ambulatory care models
Demonstrate knowledge of which conditions are suitable for ambulatory care
Demonstrate knowledge of the criteria for discharge from the AMU for such conditions
Demonstrate knowledge of the various risk stratification models which enable the acute physician to risk stratify the patient into low, medium and high risk.
Demonstrate knowledge of the relevant investigations or treatments that facilitate ambulatory care.
Demonstrate knowledge of the criteria for admission after treatment failure for conditions suitable for ambulatory care
Describe the resources required to set up an ambulatory care service in a given hospital e.g. radiology requirements, clinical rooms etc.
Demonstrate knowledge of the measures that should be used to assess the effectiveness of the service

Skills

Demonstrate the need for ambulatory care services for each relevant condition by reviewing local data that illustrates the potential number of patients suitable for ambulatory care
Demonstrates ability to run ambulatory care service
Produce a comprehensive management plan for patient, GP and other healthcare professionals to ensure that there are no errors in care or communication which would result in unnecessary admission.
Monitor patient progress and identify when ambulatory care treatment is no longer appropriate
Provide adequate information for patients and carers about conditions that are suitable for ambulatory care
Successfully negotiate with other healthcare professionals to promote ambulatory care

Behaviours

Ensure that adequate patient information is available for each condition in the service
Outline how information would be feedback to the GP or other referring clinician
Reviews the effectiveness of ambulatory care services

The Management and Leadership of the Acute Medical Unit (AMU)

The trainee will acquire necessary competencies to provide clinical leadership within the acute medical unit ensuring that the multi-professional aspects of care are maximised for optimal patient care.

Knowledge

Demonstrate knowledge of the major links between the Acute Medical Unit and other parts of the healthcare team including:
  - Critical care
  - Emergency medicine
  - Primary care
  - Specialist teams
Demonstrate knowledge of disparate patterns of consultant working to maximise effectiveness of the
AMU including
- Consultant of the day or consultant of the week
- Twice daily ward rounds or continuous patient assessment and review

Demonstrate knowledge of disparate patterns of junior doctor working to maximise effectiveness of the AMU including:
- Sessional on-call
- Blocks of placement
- Mixture of the two

Demonstrate knowledge of how to match capacity to demand with the various junior doctor and consultant rotas.

Demonstrate knowledge and effectiveness of the various models for specialist input including:
- Sessional commitment as part of the Acute Physician team
- Visiting physician usually daily

Demonstrate knowledge of the relative effectiveness of specialist care as opposed to care by the acute physician for common acute medical conditions.

Demonstrate knowledge of the role and importance of the other members of the healthcare team in the acute medical unit in promoting optimal patient care including:
- Nursing staff
- Physiotherapists
- Occupational therapists
- Pharmacists

Demonstrates knowledge of relevant performance and quality indicators to monitor the effectiveness of an acute medical unit.

Demonstrates knowledge of how data may be acquired including the following quality of care indicators:
- Time to be seen by nurse and doctor
- Time to delivery of first dose of antibiotics or analgesia
- Proportion of patients given DVT prophylaxis
- Proportion patients who have an early warning score performed and proportion in who it was calculated correctly
- The whole patient journey in the form arrival to discharge or arrival to admission to a bed

Patient feedback – surveys

Skills

Demonstrate leadership skills to maximise effectiveness of the acute medical unit including promoting education of the multidisciplinary team.

Demonstrate innovation to develop new services.

Maximise patient safety within the AMU.

Interaction with critical care to develop and review facilities to manage level 1a/2 patients (Medical HDU). This may include the safe use of:
- Cardiac monitors
- CVP monitors
- Arterial line monitors
- CPAP and NIV or BiPAP
- Dobutamine or noradrenaline

Development and review of:
Criteria for admission and in reaching from medical ward
Interaction with critical care outreach
Criteria for transfer to a higher level of care (level 3 area)
Criteria for step down from higher levels of care

Staffing resources
Involvement in training of healthcare staff to manage patients requiring higher levels of care
Interaction with the local emergency department to ensure optimal patient pathways including:
- Joint pathways of care and referral criteria

Co-operation in the development of patient documentation
Interaction with local specialty services to ensure optimal patients pathways including:
- Specialties that require daily input e.g. cardiology, respiratory, psychiatry
- Specialties that require regular input but not necessarily daily e.g. elderly, gastroenterology, diabetes

Organisation of disparate speciality input to the AMU in the most appropriate way e.g.pre Acute Internal Medicine ward round on all patients of that speciality or post Acute Internal Medicine ward round on preselected patients

Interactions with primary care to ensure optimal patient pathway including:
- Development of robust system for receiving GP calls
- Development and communication of Direct access clinics

Development of robust communication links for the benefit of patient care both pre and post admission to the AMU

Reviewing and updating operational policies

**Behaviours**

Demonstrates willingness to ensure that the acute medical unit is as effective as possible by leading regular audits of performance including:
- Demand in the AMU in terms of patient numbers and conditions
- Patient length of stay – 0 days, 1 day, 2-5 days and >7 days
- Number and proportion of direct discharges from the AMU
- Readmissions rates at 7 and 28 days

Patient mortality – 24 hour, 28 day and hospital

Demonstrate willingness to review the quality of care provided to patients in the AMU

Demonstrate willingness to co-operate with other departments and healthcare workers to promote optimal patient care.

**Interaction with Critical Care**

The trainee will acquire necessary competencies to ensure that clinical communication with members of the critical care team are optimised in the interest of effective and safe patient care.

**Knowledge**

Outlines critical aspects of patient assessment that dictate need for higher levels of care
Outlines criteria that exist that aid selection of patients for critical care

**Skills**

Assesses patients with acute medical illness accurately and effectively
Commences airway and inotrop support when appropriate
Implements care bundles when defined prior to patient transfer
<table>
<thead>
<tr>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liaises with colleagues in critical care departments to promote better patient care</td>
</tr>
<tr>
<td>Considers opinions of others</td>
</tr>
<tr>
<td>Acts as patient and carer advocate in consideration of the need for higher levels of care</td>
</tr>
</tbody>
</table>
Investigation Competencies

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

Outline the Indications for, and interpret the following Investigations:

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

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

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

Radiology
- Chest radiograph
- Abdominal radiograph
- Joint radiographs (knee, hip, hands, shoulder, elbow, dorsal spine, ankle)

**Physiological**
- ECG
- Peak flow tests
- Full lung function tests

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

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

**Microbiology / Immunology**
- Coeliac serology screening
- Viral hepatitis serology
- Myeloma screen
- Stool testing
- HIV testing

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

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

**Medical Physics**
- Bone scan
- Bone densitometry
- Scintigraphy in endocrinology
- V/Q scanning

**Endoscopic Examinations**
- Bronchoscopy
- Upper and lower GI endoscopy
- ERCP

**Pathology**
- Liver biopsy
- Renal biopsy
- Bone marrow and lymph node biopsy
- Cytology: pleural fluid, ascitic fluid, cerebro-spinal fluid, sputum
Procedural Competencies for AIM

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

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

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

- central venous cannulation (by neck or femoral) with U/S guidance where appropriate
- DC cardioversion
- knee aspiration
- abdominal paracentesis
- Pleural aspiration or insertion intercostal drain for pneumothorax

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

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

- intercostal drain insertion using Seldinger technique with U/S guidance (excepting pneumothorax where ultrasound guidance is not normally required)
- arterial lines

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

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

- temporary cardiac pacing via transvenous route
- Sengstaken-Blakemore Tube insertion (Skills lab competent by CCT)

* If not able to gain clinical independence, then one or more of the following are acceptable: skills lab competent with certification, course competent with certification, some clinical experience with DOPS indicating, at a minimum, ‘able to perform the procedure under direct supervision / assistance’
Acute Internal Medicine Specialist Skills
This section outlines the types of specialist skills that should be acquired by trainees as part of their training in Acute Internal medicine. The list that is attached is not intended to be exhaustive but any trainee considering which specialist skill to develop should consider how the acquisition of the skill may benefit the delivery of the Acute Medicine service overall. Choice of skill should take place as early in Acute Internal Medicine training as is possible. The skill should be one that can be used and developed throughout the physician’s career. By promoting acquisition of differing skills by disparate trainees it is anticipated that Acute Medicine departments will have senior medical staff with a variety of skills that supplement the core acute medical competences to the benefit of overall patient care.

Trainees in Acute Internal Medicine are required to acquire a specialist skill before the date of their CCT. This skill may be a procedural skill, an additional relevant qualification, a defined interest in specific aspects of a related acute medical specialty, or evidence of involvement in research.

It is recommended that a trainee should choose only ONE specialist skill in which to achieve competence. It is not anticipated that any trainee should be trying to adopt extensive experience in multiple skills during the training programme and, indeed, although some may develop more than one this is not something that would be encouraged by the JRCPTB.

Implementation for deaneries
It is not expected that every deanery will be able to provide training for every skill. Trainees are therefore advised to discuss with the training programme directors which particular skills training will be available in that deanery, and ideally before accepting a training post.

These section details examples of the procedural skills, qualifications, specialty interests and level of research involvement that a trainee may wish to acquire. This may be obtained during the training period but for some may follow appointment at a competitive interview to another post/specialty or indeed may be part of one of the range of Out Of Programme Experiences. Trainees should be aware that approval for Out of Programme experiences must be obtained prospectively via the Deanery.

Whichever specialist skill the trainee chooses there must be robust arrangements for training, assessment of competence, and maintenance of competence as defined by the relevant authority for each skill (e.g. JAG for endoscopy).

This list is not intended to be exhaustive and if trainees wish to pursue another specialist skill they should apply to the JRCPTB as early as possible in their training programme for this to be approved.
**Procedural Skill**

It is important that an individual trainee recognises that continued exposure to, and practise of a procedural skill is the only way to sustain competence in that skill. The choice of procedural skill should therefore be made whilst taking into account which is most likely to be required by the health service after training is complete. Discussion with the programme director or Educational Supervisor is recommended when making this decision.

<table>
<thead>
<tr>
<th>Procedural Skill</th>
<th>Assessment Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic upper GI endoscopy</td>
<td><a href="http://www.thejag.org.uk/Portals/0/General%20Forms/Generic%20Guidance/Accreditation%20in%20Upper%20GI%202017.06.09%20PDF.pdf">http://www.thejag.org.uk/Portals/0/General%20Forms/Generic%20Guidance/Accreditation%20in%20Upper%20GI%202017.06.09%20PDF.pdf</a> for curriculum. DOPS forms and log from JAG website <a href="http://www.thejag.org.uk/Forms/tabid/72/Default.aspx">http://www.thejag.org.uk/Forms/tabid/72/Default.aspx</a></td>
</tr>
</tbody>
</table>

**Additional Qualification**

These qualifications are only to be regarded as valid if the assessment process is subject to a validated quality assurance process. For UK universities this is very likely to be the case. In cases of uncertainty the trainee should check with the institution and/or JRCPTB.

<table>
<thead>
<tr>
<th>Additional Qualification</th>
<th>Assessment Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Education</td>
<td>Diploma/Masters Degree from a UK institution</td>
</tr>
<tr>
<td>Healthcare Management</td>
<td>Diploma/Masters Degree from a UK institution</td>
</tr>
<tr>
<td>Leadership</td>
<td>Diploma/Masters Degree from a UK institution</td>
</tr>
<tr>
<td>Toxicology</td>
<td>Diploma/Masters Degree from a UK institution</td>
</tr>
<tr>
<td>Infectious Diseases/Tropical Medicine</td>
<td>Diploma/Masters Degree from a UK institution</td>
</tr>
</tbody>
</table>

**Specialty Interest**

<table>
<thead>
<tr>
<th>Specialty Interest</th>
<th>Assessment Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive Care Medicine</td>
<td>Diploma/CCT in Intensive Care Medicine</td>
</tr>
<tr>
<td>Remote/Rural Medicine</td>
<td>Following a defined training pathway with appropriate competence acquisition. Such a training and assessment pathway must be approved prospectively by the JRCPTB</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>In-patient Diabetic care</td>
<td>Training should follow a training and assessment pathway agreed by both endocrine &amp; DM SAC and AIM SAC. Trainees should be assessed in the competencies by specialists in that field. The relevant parts of the Endocrine &amp; DM curriculum are specified below (pp10-19) <a href="http://www.jrcptb.org.uk/specialties/ST3-SpR/Documents/2010%20Endo%20Diabetes%20Curriculum.pdf">http://www.jrcptb.org.uk/specialties/ST3-SpR/Documents/2010%20Endo%20Diabetes%20Curriculum.pdf</a></td>
</tr>
</tbody>
</table>

**Research**

While the evidence base of the effectiveness of Acute Medicine in promoting better patient care continues to grow there is still a great need for this evidence base to be expanded. Therefore evidence of a trainees’ involvement in research to the required assessment standard set below will be recognised as a trainee’s specialist skill for CCT.

<table>
<thead>
<tr>
<th>Research</th>
<th>Assessment Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement in Research</td>
<td>Demonstrates extensive involvement in research including the acquisition of research grants and over five research publications in peer reviewed journals during their training period</td>
</tr>
</tbody>
</table>
4 Learning and Teaching

4.1 The training programme

The specialist training programme is a minimum four-year programme that builds on a trainee’s ability to provide acute medical care in the hospital setting. Competences are symptom based, and so concentrate on the provision of appropriate medical care in the acute and inpatient and outpatient settings.

The training programme for Acute Internal Medicine should be constructed with experience of Acute Internal Medicine in the first year preferably in a District General type of hospital. Although it may not be possible for the clinical supervisors during this year to be an Acute Physician it is mandated that anybody taking on this role will have an active role in the acute medical take. All trainees should have an educational supervisor appointed at the start of their first year of specialty training and who will mentor the trainee for the whole of their training programme. This supervisor ideally will be an Acute Physician.

In the second and third year of training the trainee should gain experience in a number of relevant medical and other specialties.

It is anticipated that all trainees will have at least four months experience of the following specialties during their training programme:

- Cardiology including CCU
- Respiratory medicine
- Acute care in medicine for the elderly

Furthermore, experience should be obtained in critical care medicine. This may be obtained as part of an ACCS core programme and supplemented in the specialty training period or simply obtained in the specialty training years. Experience in other medical specialties should be encouraged where there is a distinct acute presentation of patients. These include: infectious diseases, gastroenterology, renal medicine, stroke medicine, and rheumatology. Experience in other specialties may be relevant but approval must be obtained from the Training Programme Director and the SAC.

Experience in other specialties should include a minimum of four months in a critical care setting. This is mandatory unless the trainee completed such experience in ACCS training. Even in this circumstance this experience is still recommended. Other experience may be obtained in an emergency medicine department where the majority of their experience should be in the management of patients with acute medical problems rather than the ‘minor’ patient pathways.

The final year of training should include at least 6 months experience within an Acute Medical Unit that is led by an Acute Physician. This should include training in management and leadership skills as well as taking a more senior, but supervised, role within the running of the acute medical take.

Throughout training the trainee should be aware of the need to acquire special competencies that are defined in the section ‘special skills’. These skills are specifically relevant to acute medicine but it would be impossible for all trainees to acquire adequate expertise in all of these competencies. Trainees should review
with their educational supervisor which of these would be most relevant for their career development. Acquisition of one of these competencies is a mandatory part of training.

Testing of the acquisition of knowledge within Acute Internal Medicine will be tested by a Specialty Certificate Examination developed by the MRCP department of the Federation of the Royal Colleges of Physicians. This examination will be a multiple choice best of 5 answers format and should be attempted by the trainee in years 4 or 5 of specialty training.

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

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

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

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

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

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

It is expected that trainees in AIM training (i.e. after Core training) will construct a portfolio containing “anonymised” evidence that they have had direct care of a minimum of 1250 acutely ill patients with AIM problems and have managed at least 450 new outpatients with conditions that provide AIM training.
Acting up as a consultant (AUC)

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

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

4.2 Requirements of AIM training programme

1) A portfolio containing the required workplace-based assessments as defined in the G(I)M ARCP Decision Aid, i.e. a minimum of 3 ACATs (aiming for 6), 4 mini-CEX and 4 CbD per year; DOPS until independence in procedures demonstrated; MSF

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

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

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

Experience of the management of outpatients can be obtained in specialist clinics, direct access clinics or ambulatory care clinics. To satisfy the regulations for award of a CCT in AIM there must be experience of at least one clinic a week for an indicative 3 years during which the trainee will build up experience and competence in managing the “Top 20” and “Other Presentations”. During this time, competence will be acquired by seeing and managing about 450 new patients and 1500 follow up patients. This must be ratified by the Educational Supervisor and countersigned by the relevant Deanery STC Chair and/or TPD.
4.3 Teaching and learning methods

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

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

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

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

Work-based Experiential Learning - The content of work-based experiential learning is decided by the local faculty for education but includes active participation in:
- Medical clinics including specialty clinics. After initial induction, trainees will review patients in outpatient clinics, under direct supervision. The degree of responsibility taken by the trainee will increase as competency increases. As experience and clinical competence increase trainees will assess ‘new’ and ‘review’ patients and present their findings to their clinical supervisor.
- Specialty-specific takes
- Post-take consultant ward-rounds
- Personal ward rounds and provision of ongoing clinical care on specialist medical ward attachments. Every patient seen, on the ward or in out-patients, provides a learning opportunity, which will be enhanced by following the patient through the course of their illness: the experience of the evolution of patients’ problems over time is a critical part both of the diagnostic process as well as management. Patients seen should provide the basis for critical reading and reflection of clinical problems.
- Consultant-led ward rounds. Every time a trainee observes another doctor, consultant or fellow trainee, seeing a patient or their relatives there is an opportunity for learning. Ward rounds, including those post-take, should be led by a consultant and include feedback on clinical and decision-making skills.
- Multi-disciplinary team meetings. There are many situations where clinical problems are discussed with clinicians in other disciplines. These provide excellent opportunities for observation of clinical reasoning.

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

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

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

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

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

### 4.4 Research

Trainees, who wish to acquire extensive research competencies, in addition to those specified in this curriculum, may undertake a research project as an ideal way of obtaining those competencies. Options to be considered include taking time out of programme to complete a specified project or research degree. Applications to research bodies, the deanery (via an OOPE form), and JRCPTB (via a Research Application Form) will need to be done by the trainee. The JRCPTB Research Application Form can be accessed via the JRCPTB website. Once completed, it should be returned to JRCPTB together with a job description and an up to date CV. JRCPTB will submit applications to the relevant SACs for review of the research content. On approval of the research content by the SAC, JRCPTB will advise the trainee and the deanery of the decision. The deanery will make an application to PMETB for approval of the out of programme research. All applications for out of programme research must be prospectively approved.

Funding will need to be identified for the duration of the research period. A maximum period of 3 years out of programme is allowed and the SAC will recognise up to 12 months towards the minimum training times.
5 Assessment

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

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

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

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

The ePortfolio provides mechanisms for the recording of workplace based assessments and the processing of MSFs (completion by raters, collation, and release to trainees). Documentation and guidelines for assessments is available on the JRCPTB website and in the ePortfolio.

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

5.3 Assessment methods
The following methods are used in the integrated assessment system:
Examinations and certificates

- The MRCP(UK) Examination: Part 1, Part 2 Written and Part 2 Clinical (PACES)
- The Specialty Certificate Examination in Acute Internal Medicine (SCE)
- Advanced Life Support Certificate (ALS)

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

The Specialty Certificate Examination is being developed by the Federation of Royal Colleges of Physicians in conjunction with the Society for Acute Internal Medicine. This examination is designed to be undertaken by the trainee in the fourth or fifth year of training prior to the year of CCT. It takes the form of a multiple choice best of five examination in which the MRCP department of the Royal Colleges has specific expertise. The examination tests the extra knowledge base that the trainees have acquired since taking the MRCP(UK) diploma. The knowledge base itself must be associated with adequate use of such knowledge and passing this examination must be combined with satisfactory progress in workplace based assessments for the trainee to successfully reach the end of training and be awarded the CCT in Acute Internal Medicine.

Workplace-based assessments

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

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

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

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

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

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

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

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

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

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

### 5.4 Decisions on progress (ARCP)

The Annual Review of Competence Progression (ARCP) is the formal method by which a trainee’s progression through her/his training programme is monitored and recorded. ARCP is not an assessment – it is the review of evidence of training and assessment. The ARCP process is described in A Reference Guide for Postgraduate Specialty Training in the UK (the “Gold Guide” – available from [www.mmc.nhs.uk](http://www.mmc.nhs.uk)).

Deaneries are responsible for organising and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee’s ePortfolio.

As a precursor to ARCPs, JRCPTB strongly recommend that trainees have an informal ePortfolio review either with their educational supervisor or arranged by the local school of medicine. These provide opportunities for early detection of trainees who are failing to gather the required evidence for ARCP.
The ARCP Decision Aid is included in section 5.5, giving details of the evidence required of trainees for submission to the ARCP panels.
5.5 AIM ARCP Decision Aid

The table that follows includes a column for each training year which documents the targets that have to be achieved for a Satisfactory ARCP outcome at the end of the training year.

An educational supervisor report covering the whole training year is required before the ARCP. Great emphasis is placed on the educational supervisor confirming that satisfactory progress in the curriculum is being made compared to the level expected of a trainee at that stage of their training. This report should bring to the attention of the panel events that are causing concern e.g. patient safety issues, professional behaviour issues, poor performance in work-place based assessments, poor MSF report, issues reported by other clinicians. It is expected that serious events would trigger a deanery review even if an ARCP was not due.

It is recognised that there is a hierarchy of competencies within the curriculum. It is expected that the breadth and depth of evidence presented for the emergency presentations, top symptom presentations and procedures will be greater than that for the common competencies and the other important presentations which should be sampled to a lesser extent i.e. work place assessment evidence is not required for all of these competencies. However, there must be evidence of engagement with that section of the curriculum.

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

Summaries of clinical activity and teaching attendance should be recorded in the logbook facility in the e portfolio.
<table>
<thead>
<tr>
<th>Curriculum domain</th>
<th>Overall report</th>
<th>ST3</th>
<th>AIM year 2</th>
<th>AIM year 3</th>
<th>CCT</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and leadership</td>
<td>Demonstrate acquisition of leadership skills in supervising the work of Foundation and Core Medical trainees during the acute medical take</td>
<td>Satisfactory with no concerns</td>
<td>Satisfactory with no concerns</td>
<td>Satisfactory with no concerns</td>
<td>Satisfactory with no concerns</td>
<td>To cover whole training year since last ARCP</td>
</tr>
<tr>
<td></td>
<td>Demonstrate implementation of evidence based medicine whenever possible with the use of common guidelines.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Demonstrate good practice in team working, and contributing to multi-disciplinary teams.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Has senior level management skills for all medical presentations including complex cases. Reviews patients in ambulatory care and as newly presenting patient or in the inpatient setting. Supervises more junior doctors and communicates well with members of other professions and disparate specialties within the acute medical unit. Provides input into organisational structures e.g. rota management, attendance at management meetings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Creation of management and investigation pathways; instigates safe patient treatment. Liaises effectively with other specialties. Implements local clinical governance policies. Involvement in management within directorates, as an observer or trainee representative. Direct involvement in the organisation and managerial structure of the acute medical unit.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workplace Based Assessments (WPBAs)</td>
<td>AIM SCE taken</td>
<td>AIM SCE passed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WPBAs should be performed proportionately throughout each training year and performed by a number of different assessors. It is expected that a range of assessments will be used and structured feedback given to aid the trainees personal development.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum number of Consultant WPBAs per year</td>
<td>10 (with at least 6 ACATs)</td>
<td>10 (with at least 6 ACATs)</td>
<td>10 (with at least 6 ACATs)</td>
<td>10 (with at least 6 ACATs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSF</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit assessment</td>
<td>1 before CCT</td>
<td>Feedback should be primarily about the audit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching Observation</td>
<td>1 before PYA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIM Audit or AIM Quality Improvement projects</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common Competencies</td>
<td>Group sign off by educational supervisor that satisfactory progress</td>
<td>Group sign off by educational supervisor that satisfactory progress</td>
<td>Group sign off by educational supervisor that satisfactory progress</td>
<td>Satisfactory performance at curriculum level 3 or 4, signed off by</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The ARCP panel will expect to see evidence of engagement with this section of the curriculum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALS</td>
<td>Valid</td>
<td>Valid</td>
<td>Valid</td>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Presentations</td>
<td>is being made</td>
<td>is being made</td>
<td>is being made</td>
<td>educational supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------------------------------------</td>
<td>----------------------------------------------------</td>
<td>----------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardio-respiratory arrest</td>
<td>Signed off with supporting evidence of performance</td>
<td></td>
<td></td>
<td>It is expected that ACATs, mini-CEXs and CbDs will be used to assess workplace performance of these competences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shocked patient</td>
<td>GIM level of competence should be achieved</td>
<td>GIM level of competence should be achieved</td>
<td>GIM level of competence should be achieved</td>
<td>Signed off with supporting evidence of performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unconscious patient</td>
<td>GIM level of competence should be achieved</td>
<td>GIM level of competence should be achieved</td>
<td></td>
<td>Signed off with supporting evidence of performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis / severe adverse drug reaction</td>
<td>Signed by educational supervisor after a satisfactory assessment of clinical performance or after discussion of management if no clinical cases encountered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Top Presentations               | Group sign off by educational supervisor that satisfactory progress is being made | Group sign off by educational supervisor that satisfactory progress is being made | Each presentation individually signed off with supporting evidence of performance |                                                                                         |

<p>| Other Important Presentations   | Confirmation by educational supervisor that satisfactory progress is being made | Confirmation by educational supervisor that satisfactory progress is being made | Confirmation by educational supervisor that level of performance in this area is satisfactory for AIM completion | The ARCP panel will expect to see evidence of engagement with this section of the curriculum |</p>
<table>
<thead>
<tr>
<th>Procedures</th>
<th>Clinically independent</th>
<th></th>
<th></th>
<th>Foundation and Core medical Training procedural skills to be maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central venous cannulation (by internal jugular, subclavian or femoral approach) with U/S guidance where appropriate</td>
<td>Clinically independent</td>
<td></td>
<td></td>
<td>Procedures should be evidenced by DOPS (initially training / formative) and then assessment / summative to confirm competence where required</td>
</tr>
<tr>
<td>DC cardioversion</td>
<td>Clinically independent</td>
<td></td>
<td></td>
<td>DOPS to be repeated until clinical independence (where required) is confirmed</td>
</tr>
<tr>
<td>Knee aspiration</td>
<td>Clinically independent</td>
<td></td>
<td></td>
<td>For potentially life-threatening procedures, at least 2 DOPS confirming competence are required from different assessors</td>
</tr>
<tr>
<td>Abdominal paracentesis</td>
<td>Clinically independent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercostal drainage</td>
<td>Clinically independent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Pneumothorax insertion using Seldinger technique</td>
<td>Clinically independent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Pleural Effusion using Seldinger technique with ultrasound guidance</td>
<td>Clinically independent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arterial line</td>
<td>Clinically independent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary cardiac pacing via transvenous route</td>
<td>Competent in skills lab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sengstaken-Blakemore Tube insertion</td>
<td>Competent in skills lab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical activity</td>
<td>Acute Take</td>
<td></td>
<td></td>
<td>1250 patients seen before CCT</td>
</tr>
<tr>
<td>Clinical activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory care</td>
<td></td>
<td></td>
<td></td>
<td>300 new patients seen before CCT</td>
</tr>
<tr>
<td>Clinical experience</td>
<td>Acute Medical Unit</td>
<td></td>
<td></td>
<td>Completed before CCT</td>
</tr>
<tr>
<td>Cardiovascular Medicine</td>
<td></td>
<td></td>
<td></td>
<td>Completed before CCT</td>
</tr>
<tr>
<td>Respiratory Medicine</td>
<td></td>
<td></td>
<td></td>
<td>Completed before CCT</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td></td>
<td></td>
<td></td>
<td>Completed before CCT</td>
</tr>
<tr>
<td>Intensive Care Medicine</td>
<td></td>
<td></td>
<td></td>
<td>Completed before CCT</td>
</tr>
<tr>
<td>Specialist Skill training</td>
<td></td>
<td></td>
<td></td>
<td>Completed before CCT</td>
</tr>
<tr>
<td>Teaching</td>
<td>Overall teaching attendance</td>
<td>Satisfactory record of teaching attendance</td>
<td>Satisfactory record of teaching attendance</td>
<td>Satisfactory record of teaching attendance</td>
</tr>
<tr>
<td>Teaching</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>External AIM</td>
<td></td>
<td></td>
<td></td>
<td>100 hours before CCT</td>
</tr>
</tbody>
</table>
5.6 Penultimate Year Assessment (PYA)
The penultimate ARCP prior to the anticipated CCT date will include an external assessor from outside the training programme. JRCPTB and the deanery will coordinate the appointment of this assessor. This is known as “PYA”. Whilst the ARCP will be a review of evidence, the PYA will include a face to face component.

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

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

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

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

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

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

Deaneries and LEPs must ensure that trainees have access to online learning facilities and libraries.

Trainees will at all times have a named Educational Supervisor and Clinical Supervisor, responsible for overseeing their education. Depending on local arrangements these roles may be combined into a single role of Educational Supervisor.
The responsibilities of supervisors have been defined by PMETB in the document “Operational Guide for the PMETB Quality Framework”. These definitions have been agreed with the National Association of Clinical Tutors, the Academy of Medical Royal Colleges and the Gold Guide team at MMC, and are reproduced below:

**Educational supervisor**

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

**Clinical supervisor**

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

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

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

### 6.2 Appraisal

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

**Induction Appraisal**

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

**Mid-point Review**

This meeting is not mandatory, but is encouraged particularly if either the trainee or educational supervisor has training concerns. At this meeting trainees should review
their PDP with their supervisor using evidence from the e-portfolio. Workplace-based assessments and progress through the curriculum can be reviewed to ensure trainees are proceeding satisfactorily, and attendance at educational events should also be reviewed. The PDP can be amended at this review.

**End of Attachment Appraisal**

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

7 **Managing curriculum implementation**

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

The organisation of training programmes for Core/ACCS training and specialist training in G(I)M is the responsibility of the postgraduate deaneries.

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

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

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

Implementation of the curriculum is the responsibility of the JRCPTB via its speciality advisory committee (SAC) for G(I)M. The SAC is formally constituted with representatives from each SHA in England, from the devolved nations and has trainee and lay representation. This committee supervises and reviews all training posts in G(I)M and provides external representatives at Penultimate Year Assessments. Between them, members of the SAC usually attend PYAs for between
500 and 1000 G(I)M trainees each year, thus ensuring the committee has wide
department of the committee Chair and Secretary to ensure that curriculum
developments are communicated to Heads of Specialty Schools, Deanery Specialty
Training Committees and TPDs. The SAC also produces and administers the
regulations which govern the curriculum.

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

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

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

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

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

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

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

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

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

This Federation committee will consist of representatives from the SAC for G(I)M and
the sub-committee of JRCPTB responsible for CMT, lay persons and trainees.
Formal evaluation will take place during the “pilot” stage of curriculum implementation and during the first year of full implementation. Evaluation will continue (as indicated from the early evaluations) during the first five years of AIM Training. Evaluation will continue periodically thereafter, probably every 3 years.

Evaluation of the curriculum will seek to ascertain:

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

Evaluation methods will include:

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

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

Trainee involvement in curriculum review will be facilitated through:

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

9 Equality and diversity

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

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

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

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

Compliance with anti-discriminatory practice will be assured through:
• monitoring of recruitment processes;
• ensuring all College representatives and Programme Directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post;
• ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature;
• monitoring of College Examinations;
• ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly disadvantage trainees because of gender, ethnicity, sexual orientation or disability (other than that which would make it impossible to practise safely as a physician). All efforts shall be made to ensure the participation of people with a disability in training.

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

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

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

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