

**SPECIALTY TRAINING CURRICULUM**

**FOR**

**CORE MEDICAL TRAINING**

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**Joint Royal Colleges of Physicians Training Board**

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## **1 Introduction**

Core Medical Training (CMT) forms the first stage of speciality training for most doctors training in physicianly specialties, i.e. those specialties managed by the Joint Royal College of Physicians Training Board (JRCPTB). The approved curriculum for CMT is a sub-set of both the curriculum for General Internal Medicine (GIM) and the curriculum for Acute Internal Medicine (AIM). This document has been created for the convenience of trainees, supervisors, tutors and programme directors. The body of the document has been extracted from the approved curricula but only includes the syllabus requirements for CMT and not the further requirements for acquiring a CCT in GIM or AIM.

## **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 successful completion of Core Medical Training;
- the successful completion of the Acute Internal Medicine component of Acute Care Common Stem training;

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

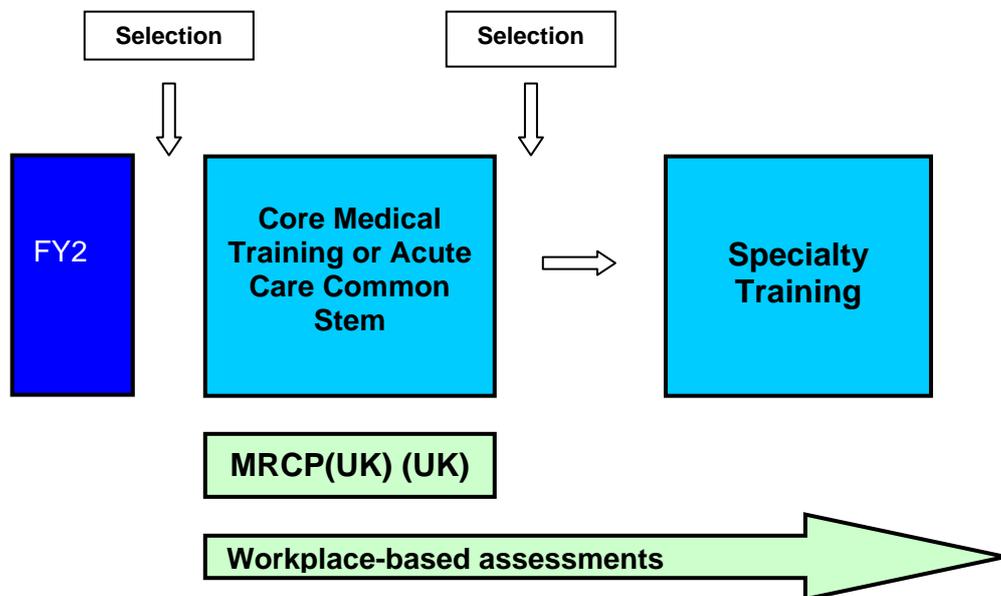
There is undoubtedly a need for physicians with the ability to investigate, treat and diagnose patients with acute and chronic medical symptoms, with the provision of high quality review skills for inpatients and outpatients fulfilling the requirement of consultant-led continuity of care. This curriculum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

### **2.2 Development**

This curriculum was developed by a development group of the Sub Committee responsible for Core Medical Training 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 lay persons as well as consultants who are actively involved in teaching and training.

## 2.3 Training Pathway

Entry into Core Medical Training is possible following successful completion of a Foundation Programme.



**Diagram 1.0**

### **The training pathway for achievement of Core Medical Training generally for two years**

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

The features of the CMT training programmes are:

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

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

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

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

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

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

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

## **2.4 Accreditation of Transferrable Competences**

When moving from one approved training programme to another, a trainee doctor who has gained relevant competences in core, specialty or general practice training should not have to repeat training already achieved. The Academy of Medical Royal Colleges (AoMRC) Accreditation of Transferable Competences Framework or ATCF ([www.aomrc.org.uk/publications/reports-a-guidance.html](http://www.aomrc.org.uk/publications/reports-a-guidance.html)) assists trainees in transferring competences achieved in one training programme, where appropriate and valid, to another. This could save time for trainee doctors who decide to change career path after completing a part of one training programme and transfer to a place in another training programme. The ATCF applies only to those moving between periods of GMC approved training. It is aimed at the early years of training. The time to be recognised within the ATCF is subject to review at the first Annual Review of Competence Progression (ARCP) in the new training programme.

The CMT programme accepts transferable competences from Acute Care Common Stem (ACCS) Anaesthesia [Anaes], ACCS Emergency Medicine [EM] and ACCS Intensive Care Medicine [ICM]. ATCF also applies for trainees who complete ST1-3 of the EM run through programme.

Details of the maximum duration and a mapping of transferrable competences are set out below.

### **Guidance for ACCS [Anaes, EM and ICM] and run through EM trainees transferring to CMT**

ATCF will only be available to doctors who have successfully completed at least one year of an ACCS [Anaes, EM and ICM] programme and have obtained ARCP outcome 1 or ST1-3 of a run through EM programme with an ARCP outcome 1. The maximum amount of time that can be credited for competences obtained during ACCS [Anaes, EM and ICM] or run through EM is 12 months towards training in CMT. Approval for the previous experience must be agreed by the relevant CMT training programme director and must be reviewed and confirmed at the first CMT ARCP.

The decision as to whether competencies achieved will transfer to the CMT programme will be made on an individual trainee basis.

The table below defines which components of other programmes will be recognised for CMT.

1st CCT Programme	Transferring to	Completed component	Expected counted time	Maximum counted time
ACCS [Anaes] [EM] [ICM]	CMT	EM, GIM, ICM	6 months GIM 3 months EM 3 months ICM	12 months
ST1-3 EM	CMT	EM, GIM, ICM	6 months GIM 3 months EM 3 months ICM	12 months

## 2.5 Enrolment with JRCPTB

Trainees are required to register for specialist training with JRCPTB at the start of their CMT training programme. 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. Trainees can enrol online at [www.jrcptb.org.uk](http://www.jrcptb.org.uk)

## 2.6 Duration of training

Core Medical Training from ST1 will usually be completed in 2 years in full time training. Duration of specialty training to CCT will vary by speciality.

## 2.7 Less Than Full Time Training

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

- LTFT shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities.
- The competent authorities shall ensure that the competencies achieved and the quality of part-time training are not less than those of full-time trainees.

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

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

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

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

### **3 Content of learning**

This section lists the specific knowledge, skills, and behaviours to be attained throughout training in Core Medical Training.

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

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 presentations" and "other important presentations". The top presentations are listed together to emphasise the frequency with which these problems are encountered in clinical practice, and are followed by the other important presentations; based on medical admissions unit audit data.

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 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](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.

### 3.2 Syllabus

In the following 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 5.3 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 GIM trainees will achieve competencies to level 4.

### History taking

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

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

Knowledge	Assessment Methods	GMP Domains
Recognise the importance of different elements of history	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, mini-CEX	1
Recognise the importance of clinical (particularly cognitive impairment), psychological, social, cultural and nutritional factors particularly those relating to ethnicity, race, cultural or religious beliefs and preferences, sexual orientation, gender and disability	mini-CEX	1
Recognise that patients do not present history in structured fashion and that the history may be influenced by the presence of acute and chronic medical conditions	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, mini-CEX	1, 3
Know likely causes and risk factors for conditions relevant to mode of presentation	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, mini-CEX	1
Recognise that history should inform examination, investigation and management	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, mini-CEX	1
Recognise normal adolescent biological, psychological and social development and its impact upon health and illness, particularly, key determinants of adolescent or young adult health such as deprivation and the importance of adolescent health for adult health	mini-CEX, CbD	1
Skills		
Identify and overcome possible barriers (eg cognitive impairment) to	PACES, mini-CEX	1, 3

effective communication		
Manage time and draw consultation to a close appropriately	PACES, mini-CEX	1, 3
Supplement history with standardised instruments or questionnaires when relevant	PACES, ACAT, mini-CEX	1
Manage alternative and conflicting views from family, carers and friends	PACES, ACAT, mini-CEX	1, 3
Assimilate history from the available information from patient and other sources	PACES, ACAT, mini-CEX	1, 3
Recognise and interpret the use of non verbal communication from patients and carers	PACES, mini-CEX	1, 3
Focus on relevant aspects of history	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, mini-CEX	1, 3
Identify and overcome possible barriers to effective communication with adolescents and young adults, enabling adolescents and young adults to be seen on their own without their parents/carers and explaining about confidentiality	mini-CEX	1, 3

### Behaviours

Show respect and behave in accordance with Good Medical Practice	PACES, ACAT, mini-CEX	3, 4
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### Level Descriptor

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

### Clinical examination

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

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

Knowledge	Assessment Methods	GMP Domains
Understand the need for a valid clinical examination	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-	1

		CEX	
Understand the basis for clinical signs and the relevance of positive and negative physical signs		MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recognise constraints to performing physical examination and strategies that may be used to overcome them		MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini- CEX	1
Recognise the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis		MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
<b>Skills</b>			
Perform an examination relevant to the presentation and risk factors that is valid, targeted and time efficient		PACES, ACAT, CbD, mini-CEX	1
Recognise the possibility of deliberate harm in vulnerable patients and report to appropriate agencies		ACAT, CbD, mini- CEX	1, 2
Interpret findings from the history, physical examination and mental state examination, appreciating the importance of clinical, psychological, religious, social and cultural factors		mini-CEX, CbD	1
Actively elicit important clinical findings		PACES, CbD, mini- CEX	1
Perform relevant adjunctive examinations including cognitive examination such as Mini Mental state Examination (MMSE) and Abbreviated Mental Test Score (AMTS)		PACES, CbD, mini- CEX	1
<b>Behaviours</b>			
Show respect and behaves in accordance with Good Medical Practice		PACES, CbD, mini- CEX, MSF	1, 4
<b>Level Descriptor</b>			
1	Performs, accurately records and describes findings from basic physical examination Elicits most important physical signs Uses and interprets findings adjuncts to basic examination e.g. internal examination, blood pressure measurement, pulse oximetry, peak flow		
2	Performs focussed clinical examination directed to presenting complaint e.g. cardiorespiratory, abdominal pain Actively seeks and elicits relevant positive and negative signs Uses and interprets findings adjuncts to basic examination e.g. electrocardiography, spirometry, ankle brachial pressure index, fundoscopy		
3	Performs and interprets relevance advanced focussed clinical examination e.g. assessment of less common joints, neurological examination Elicits subtle findings Uses and interprets findings of advanced adjuncts to basic examination e.g. sigmoidoscopy, FAST ultrasound, echocardiography		
4	Rapidly and accurately performs and interprets focussed clinical examination in challenging circumstances e.g. acute medical or surgical emergency		

## Therapeutics and safe prescribing

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

Knowledge	Assessment Methods	GMP Domains
Recall indications, contraindications, side effects, drug interactions and dosage of commonly used drugs	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall range of adverse drug reactions to commonly used drugs, including complementary medicines	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall drugs requiring therapeutic drug monitoring and interpret results	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Outline tools to promote patient safety and prescribing, including IT systems	ACAT, CbD, mini-CEX	1, 2
Define the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the trainees practice	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1, 2
Recognise the roles of regulatory agencies involved in drug use, monitoring and licensing (e.g. National Institute for Clinical Excellence (NICE), Committee on Safety of Medicines (CSM), and Healthcare Products Regulatory Agency and hospital formulary committees	ACAT, CbD, mini-CEX	1, 2
Skills		
Review the continuing need for long term medications relevant to the trainees clinical practice	PACES, ACAT, CbD, mini-CEX	1, 2
Anticipate and avoid defined drug interactions, including complementary medicines	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Advise patients (and carers) about important interactions and adverse drug effects	PACES, ACAT, CbD, mini-CEX	1, 3
Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Use IT prescribing tools where available to improve safety	ACAT, CbD, mini-CEX	1, 2
Employ validated methods to improve patient concordance with prescribed medication, and recognise when a pre-existing medical condition such as cognitive impairment affects compliance	ACAT, mini-CEX	1, 3
Provide comprehensible explanations to the patient, and carers when relevant, for the use of medicines	PACES, ACAT, CbD, mini-CEX	1, 3
Behaviours		
Recognise the benefit of minimising number of medications taken by	PACES, ACAT, CbD,	1

a patient	mini-CEX	
Appreciate the role of non-medical prescribers	ACAT, CbD, mini-CEX	1, 3
Remain open to advice from other health professionals on medication issues	ACAT, CbD, mini-CEX	1, 3
Recognise the importance of resources when prescribing, including the role of a Drug Formulary	ACAT, CbD, mini-CEX	1, 2
Ensure prescribing information is shared promptly and accurately between a patient's health providers, including between primary and secondary care	ACAT, CbD	1, 3
Remain up to date with therapeutic alerts, and respond appropriately	ACAT, CbD	1
<b>Level Descriptor</b>		
1	<p>Understands the importance of patient compliance with prescribed medication</p> <p>Outlines the adverse effects of commonly prescribed medicines</p> <p>Uses reference works to ensure accurate, precise prescribing</p>	
2	<p>Takes advice on the most appropriate medicine in all but the most common situations</p> <p>Makes sure an accurate record of prescribed medication is transmitted promptly to relevant others involved in an individual's care</p> <p>Knows indications for commonly used drugs that require monitoring to avoid adverse effects</p> <p>Modifies patient's prescriptions to ensure the most appropriate medicines are used for any specific condition</p> <p>Maximises patient compliance by minimising the number of medicines required that is compatible with optimal patient care</p> <p>Maximises patient compliance by providing full explanations of the need for the medicines prescribed</p> <p>Is aware of the precise indications, dosages, adverse effects and modes of administration of the drugs used commonly within their specialty</p> <p>Uses databases and other reference works to ensure knowledge of new therapies and adverse effects is up to date</p> <p>Knows how to report adverse effects and take part in this mechanism</p>	
3/4	<p>Is aware of the regulatory bodies relevant to prescribed medicines both locally and nationally</p> <p>Ensures that resources are used in the most effective way for patient benefit</p>	

This part of the generic competencies relate to direct clinical practice; 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**

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Understand that organisation is key to time management	ACAT, CbD	1
Understand that some tasks are more urgent or more important than others	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD	1
Understand the need to prioritise work according to urgency and importance	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD	1
Understand that some tasks may have to wait or be delegated to others	ACAT, CbD	1
Outline techniques for improving time management	ACAT, CbD	1
Understand the importance of prompt investigation, diagnosis and treatment in disease management	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1, 2
<b>Skills</b>		
Identify clinical and clerical tasks requiring attention or predicted to arise	ACAT, CbD, mini-CEX	1, 2
Estimate the time likely to be required for essential tasks and plan accordingly	ACAT, CbD, mini-CEX	1
Group together tasks when this will be the most effective way of working	ACAT, CbD, mini-CEX	1
Recognise the most urgent / important tasks and ensure that they are managed expediently	ACAT, CbD, mini-CEX	1
Regularly review and re-prioritise personal and team work load	ACAT, CbD, mini-CEX	1
Organise and manage workload effectively	ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Ability to work flexibly and deal with tasks in an effective fashion	ACAT, CbD, MSF	3
Recognise when you or others are falling behind and take steps to rectify the situation	ACAT, CbD, MSF	3
Communicate changes in priority to others	ACAT, MSF	1
Remain calm in stressful or high pressure situations and adopt a timely, rational approach	ACAT, MSF	1
<b>Level Descriptor</b>		
1	Recognises the need to identify work and compiles a list of tasks Works systematically through tasks with little attempt to prioritise Needs direction to identify most important tasks Sometimes slow to perform important work Does not use other members of the clinical team	

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

### Decision making and clinical reasoning

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

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

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

Knowledge	Assessment Methods	GMP Domains
Define the steps of diagnostic reasoning:	ACAT, CbD, mini-CEX	1
Interpret history and clinical signs	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Conceptualise clinical problem	PACES, ACAT, CbD, mini-CEX	1
Generate hypothesis within context of clinical likelihood	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Test, refine and verify hypotheses	PACES, ACAT, CbD, mini-CEX	1
Develop problem list and action plan	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recognise how to use expert advice, clinical guidelines and algorithms	PACES, ACAT, CbD, mini-CEX	1
Recognises the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1, 2
Define the concepts of disease natural history and assessment of	ACAT, CbD, mini-	1

risk	CEX	
Recall methods and associated problems of quantifying risk e.g. cohort studies	ACAT, CbD	1
Outline the concepts and drawbacks of quantitative assessment of risk or benefit e.g. numbers needed to treat	ACAT, CbD	1
Describe commonly used statistical methodology	CbD, mini-CEX	1
Know how relative and absolute risks are derived and the meaning of the terms predictive value, sensitivity and specificity in relation to diagnostic tests	MRCP(UK) Part 1, CbD, mini-CEX	1
Knows how to use expert advice, clinical guidelines and algorithms and is aware that patients may also use non-medical information sources	AA, CbD	1
<b>Skills</b>		
Interpret clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recognise critical illness and respond with due urgency	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Generate plausible hypothesis(es) following patient assessment	PACES, ACAT, CbD, mini-CEX	1
Construct a concise and applicable problem list using available information	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Construct an appropriate management plan and communicate this effectively to the patient, parents and carers where relevant	PACES, ACAT, CbD, mini-CEX	1, 3, 4
Define the relevance of an estimated risk of a future event to an individual patient	PACES, ACAT, CbD, mini-CEX	1
Use risk calculators appropriately	ACAT, CbD, mini-CEX	1
Apply quantitative data of risks and benefits of therapeutic intervention to an individual patient	ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Recognise the difficulties in predicting occurrence of future events	PACES, ACAT, CbD, mini-CEX	1
Show willingness to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and benefit/risk balance of therapeutic intervention	PACES, ACAT, CbD, mini-CEX	3
Be willing to facilitate patient choice	PACES, ACAT, CbD, mini-CEX	3
Show willingness to search for evidence to support clinical decision making	ACAT, CbD, mini-CEX	1, 4
Demonstrate ability to identify one's own biases and inconsistencies in clinical reasoning	ACAT, CbD, mini-CEX	1, 3
<b>Level Descriptor</b>		

1	<p>In a straightforward clinical case:</p> <ul style="list-style-type: none"> <li>Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence</li> <li>Institutes an appropriate investigative plan</li> <li>Institutes an appropriate therapeutic plan</li> <li>Seeks appropriate support from others</li> <li>Takes account of the patient's wishes</li> </ul>
2	<p>In a difficult clinical case:</p> <ul style="list-style-type: none"> <li>Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence</li> <li>Institutes an appropriate investigative plan</li> <li>Institutes an appropriate therapeutic plan</li> <li>Seeks appropriate support from others</li> <li>Takes account of the patient's wishes</li> </ul>
3	<p>In a complex, non-emergency case:</p> <ul style="list-style-type: none"> <li>Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence</li> <li>Institutes an appropriate investigative plan</li> <li>Institutes an appropriate therapeutic plan</li> <li>Seeks appropriate support from others</li> <li>Takes account of the patient's wishes</li> </ul>
4	<p>In a complex, non-emergency case:</p> <ul style="list-style-type: none"> <li>Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence</li> <li>Institutes an appropriate investigative plan</li> <li>Institutes an appropriate therapeutic plan</li> <li>Seeks appropriate support from others</li> <li>Takes account of the patient's wishes and records them accurately and succinctly</li> </ul>

### The patient as central focus of care

<b>Prioritises the patient's wishes encompassing their beliefs, concerns expectations and needs</b>		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
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	MRCP(UK) Part 2, ACAT, Cbd	1
<b>Skills</b>		
Give adequate time for patients to express ideas, concerns and expectations	PACES, ACAT, mini-CEX	1, 3, 4
Respond to questions honestly and seek advice if unable to answer	PACES, ACAT, Cbd, mini-CEX	3
Encourage the health care team to respect the philosophy of patient focussed care	ACAT, Cbd, mini-CEX, MSF	3
Develop a self-management plan including investigation, treatments and requests / instructions to other healthcare professionals, taking into account any previously expressed wishes in Advance Care Directives (or equivalent) in partnership with the patient and / or their advocate.	PACES, ACAT, Cbd, mini-CEX	1,3
Support patients, parents and carers where relevant to comply with management plans	PACES, ACAT, Cbd, mini-CEX, PS	3

Encourage patients to voice their preferences and personal choices about their care, actively exploring for example whether they have sought health information on line, have undertaken any form of 'direct to consumer' medical testing, or purchased pharmaceuticals on line.	PACES, ACAT, mini-CEX, PS	3
<b>Behaviours</b>		
Support patient self-management	ACAT, CbD, mini-CEX, PS	3
Recognise the duty of the medical professional to act as patient advocate	ACAT, CbD, mini-CEX, MSF, PS	3, 4
Be aware of attitudes and perceptions that oneself and others may have of adolescents	ACAT, CbD, mini-CEX, PS	3
<b>Level Descriptor</b>		
1	Responds honestly and promptly to patient questions but knows when to refer for senior help Recognises the need for disparate approaches to individual patients	
2	Recognises more complex situations of communication, accommodates disparate needs and develops strategies to cope	
3	Deals rapidly with more complex situations, promotes patients self care and ensures all opportunities are outlined	
4	Is able to deal with all cases to outline patient self care and to promote the provision of this when it is not readily available	

### Prioritisation of patient safety in clinical practice

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

**To never compromise patient safety**

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

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

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Outline the features of a safe working environment	ACAT, CbD, mini-CEX	1
Outline the hazards of medical equipment in common use	ACAT, CbD	1
Recall side effects and contraindications of medications prescribed	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recall principles of risk assessment and management	CbD	1
Recall the components of safe working practice in the personal, clinical and organisational settings, e.g. use of SBAR (Situation, Background, Assessment, Recommendations) and equivalent systems.	ACAT, CbD	1
Recall local procedures for optimal practice e.g. GI bleed protocol, safe prescribing	ACAT, CbD, mini-CEX	1
<b>Skills</b>		
Recognise when a patient is not responding to treatment, reassess	MRCP(UK) Part 1,	1

the situation, and encourage others to do so	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	
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	PACES, 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
<b>Behaviours</b>		
Continue to maintain a high level of safety awareness and consciousness at all times	ACAT, CbD, mini-CEX	2
Encourage feedback from all members of the team on safety issues and appropriately report errors, adverse events (including 'never events'), incidents and near misses, and participate fully in processes designed to learn from such matters, e.g. root cause analyses.	ACAT, CbD, mini-CEX, MSF	3
Show willingness to take action when concerns are raised about performance of members of the healthcare team, and act appropriately when these concerns are voiced to you by others, recognising the need for a blame free environment, the necessity to respond honestly in all circumstances, and the need to provide apology when this is appropriate	ACAT, CbD, mini-CEX, MSF	3
Continue to be aware of one's own limitations, and operate within them competently	ACAT, CbD, mini-CEX	1
<b>Level Descriptor</b>		
1	<p>Discusses risks of treatments with patients and is able to help patients make decisions about their treatment</p> <p>Does not hurry patients into decisions</p> <p>Promotes patients safety to more junior colleagues</p> <p>Always ensures the safe use of equipment. Follows guidelines unless there is a clear reason for doing otherwise</p> <p>Acts promptly when a patient's condition deteriorates</p> <p>Recognises untoward or significant events and always reports these</p> <p>Leads discussion of causes of clinical incidents with staff and enables them to reflect on the causes</p> <p>Able to participate in a root cause analysis</p>	
2	<p>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</p>	
3	<p>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</p> <p>Able to undertake a root cause analysis</p>	
4	<p>Shows support for junior colleagues who are involved in untoward events</p> <p>Is fastidious about following safety protocols and encourages junior colleagues to do the same</p>	

## 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**

	Assessment Methods	GMP Domains
<b>Knowledge</b>		
Outline the components of effective collaboration	ACAT, CbD	1
Describe the roles and responsibilities of members of the healthcare team	ACAT, CbD	1
Outline factors adversely affecting a doctor's performance and methods to rectify these	CbD	1
<b>Skills</b>		
Practise with attention to the important steps of providing good continuity of care	ACAT, CbD, mini-CEX	1,3,4
Accurate attributable note-keeping	ACAT, CbD, mini-CEX	1, 3
Preparation of patient lists with clarification of problems and ongoing care plan	ACAT, CbD, mini-CEX, MSF	1
Detailed hand over between shifts and areas of care	ACAT, CbD, mini-CEX , MSF	1, 3
Demonstrate leadership and management in the following areas: Education and training Deteriorating performance of colleagues (e.g. stress, fatigue) High quality care Effective handover of care between shifts and teams	ACAT, CbD, mini-CEX	1, 2, 3
Lead and participate in interdisciplinary team meetings	ACAT, CbD, mini-CEX	3
Provide appropriate supervision to less experienced colleagues	ACAT, CbD, MSF	3
<b>Behaviours</b>		
Encourage an open environment to foster concerns and issues about the functioning and safety of team working	ACAT, CbD, MSF	3
Recognise and respect the request for a second opinion	ACAT, CbD, MSF	3
Recognise the importance of induction for new members of a team	ACAT, CbD, MSF	3
Recognise the importance of prompt and accurate information sharing with Primary Care team following hospital discharge	ACAT, CbD, mini-CEX , MSF	3
<b>Level Descriptor</b>		
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	

	<p>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</p> <p>To develop the leadership skills necessary to lead teams so that they are more effective and able to deliver better safer care</p>
3	<p>Leads multidisciplinary team meetings but promotes contribution from all team members</p> <p>Recognises need for optimal team dynamics and promotes conflict resolution</p> <p>Demonstrates ability to convey to patients after a handover of care that although there is a different team, the care is continuous</p>
4	<p>Leads multi-disciplinary team meetings allowing all voices to be heard and considered. Fosters an atmosphere of collaboration</p> <p>Demonstrates ability to work with the virtual team</p> <p>Ensures that team functioning is maintained at all times</p> <p>Promotes rapid conflict resolution</p>

### Principles of quality and safety improvement

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

Knowledge	Assessment Methods	GMP Domains
Understand the elements of clinical governance	CbD, MSF	1
Recognise that governance safeguards high standards of care and facilitates the development of improved clinical services	CbD, MSF	1, 2
Define local and national significant event reporting systems relevant to specialty	ACAT, CbD, mini-CEX	1
Recognise importance of evidence-based practice in relation to clinical effectiveness	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD	1
Outline local health and safety protocols (fire, manual handling etc)	CbD	1
Understand risk associated with the trainee's specialty work including biohazards and mechanisms to reduce risk	CbD	1
Outline the use of patient early warning systems to detect clinical deterioration where relevant to the trainees clinical specialty	ACAT, CbD, mini-CEX	1
Keep abreast of national patient safety initiatives including National Patient Safety Agency , NCEPOD reports, NICE guidelines etc	ACAT, CbD, mini-CEX	1
Skills		
Adopt strategies to reduce risk e.g. surgical pause	ACAT, CbD	1, 2
Contribute to quality improvement processes e.g. Audit of personal and departmental performance	AA, CbD	2
Errors / discrepancy meetings		
Critical incident reporting		
Unit morbidity and mortality meetings		
Local and national databases		
Maintain a folder of information and evidence, drawn from your medical practice	CbD	2
Reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation	AA	1, 2, 3, 4

Behaviours		
Show willingness to participate in safety improvement strategies such as critical incident reporting	CbD, MSF	3
Engage with an open no blame culture	CbD, MSF	3
Respond positively to outcomes of audit and quality improvement	CbD, MSF	1, 3
Co-operate with changes necessary to improve service quality and safety	CbD, MSF	1, 2
Level Descriptor		
1	Understands that clinical governance is the over-arching framework that unites a range of quality improvement activities. This safeguards high standards of care and facilitates the development of improved clinical services Maintains personal portfolio	
2	Able to define key elements of clinical governance Engages in audit	
3	Demonstrates personal and service performance Designs audit protocols and completes audit loop	
4	Leads in review of patient safety issues Implements change to improve service Engages and guides others to embrace governance	

## Infection control

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

Knowledge	Assessment Methods	GMP Domains
Understand the principles of infection control as defined by the GMC	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Understand the principles of preventing infection in high risk groups (e.g. managing antibiotic use to prevent Clostridium difficile) including understanding the local antibiotic prescribing policy	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Understand the role of Notification within the UK and identify the principle notifiable diseases for UK and international purposes	ACAT, CbD, mini-CEX	1
Understand the role of the Health Protection Agency and Consultants in Health Protection (previously Consultants in Communicable Disease Control – CCDC)	CbD, ACAT	1
Understand the role of the local authority in relation to infection control	ACAT, CbD, mini-CEX	1
Skills		
Recognise the potential for infection within patients being cared for	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD	1, 2
Counsel patients on matters of infection risk, transmission and control	PACES, ACAT, CbD, mini-CEX, PS	2, 3

Actively engage in local infection control procedures, e.g. hand hygiene	ACAT, CbD	1
Actively engage in local infection control monitoring and reporting processes	ACAT, CbD	1, 2
Prescribe antibiotics according to local antibiotic guidelines	ACAT, CbD, mini-CEX	1
Recognise potential for cross-infection in clinical settings	PACES, ACAT, CbD, mini-CEX	1, 2
Practice aseptic technique whenever relevant	DOPS	1
<b>Behaviours</b>		
Encourage all staff, patients and relatives to observe infection control principles	PACES, ACAT, CbD, MSF	1, 3
<b>Level Descriptor</b>		
1	<p>Always follows local infection control protocols. Including washing hands before and after seeing all patients</p> <p>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</p> <p>Aware of infections of concern – including MRSA and C difficile</p> <p>Aware of the risks of nosocomial infections</p> <p>Understands the links between antibiotic prescription and the development of nosocomial infections</p> <p>Always discusses antibiotic use with a more senior colleague</p>	
2	<p>Demonstrate ability to perform simple clinical procedures utilising aseptic technique</p> <p>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</p> <p>Liaise with diagnostic departments in relation to appropriate investigations and tests</p>	
3	<p>Demonstrate an ability to perform more complex clinical procedures whilst maintaining aseptic technique throughout</p> <p>Identify potential for infection amongst high risk patients obtaining appropriate investigations and considering the use of second line therapies</p> <p>Communicate effectively to patients and their relatives with regard to the infection, the need for treatment and any associated risks of therapy</p> <p>Work effectively with diagnostic departments in relation to identifying appropriate investigations and monitoring therapy</p> <p>Working in collaboration with external agencies in relation to reporting common notifiable diseases, and collaborating over any appropriate investigation or management</p>	
4	<p>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</p> <p>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</p> <p>Work in collaboration with diagnostic departments to investigate and manage the most complex types of infection including those potentially requiring isolation facilities</p> <p>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</p>	

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

Knowledge	Assessment Methods	GMP Domains
Recall the natural history of diseases that run a chronic course	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Define the role of rehabilitation services and the multi-disciplinary team to facilitate long-term care	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Outline the concept of quality of life and how this can be measured	CbD	1
Outline the concept of patient self-care	CbD, mini-CEX	1
Know, understand and be able to compare medical and social models of disability	CbD	1
Understand the relationship between local health, educational and social service provision including the voluntary sector	CbD	1
Understand the experience of adolescents and young adults with long term conditions and/or 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 developmental stage may impact on self management	CbD, mini-CEX	1
Skills		
Develop and agree a management plan with the patient (and carers), ensuring comprehension to maximise self-care within care pathways when relevant	PACES, ACAT, CbD, mini-CEX	1, 3
Develop and sustain supportive relationships with patients with whom care will be prolonged	CbD, mini-CEX	1, 4
Provide effective patient education, with support of the multi-disciplinary team	PACES, ACAT, CbD, mini-CEX	1, 3, 4
Promote and encourage involvement of patients in appropriate support networks, both to receive support and to give support to others	PACES, CbD, PS	1, 3
Encourage and support patients in accessing appropriate information	PACES, CbD, PS	1, 3
Provide the relevant and evidence based information in an appropriate medium to enable sufficient choice, when possible	PACES, CbD, PS	1, 3
Contribute to the team working in partnership with adolescents and young adult and their parent/carers to facilitate transition from paediatric to adult care for adolescents and young adults with long term conditions and /or disability	PACES, CbD, PS	1, 3
Contribute to the team working in partnership with adolescents and young adults and their parent/carers to facilitate transition from paediatric to adult care for adolescents and young adults with long term conditions and/or disability	PACES,CbD, PS	1, 3
Behaviours		
Show willingness to act as a patient advocate	PACES, ACAT, CbD, mini-CEX	3, 4
Recognise the impact of long term conditions on the patient, family and friends	PACES, ACAT, CbD, mini-CEX	1

Ensure equipment and devices relevant to the patient's care are discussed	ACAT, CbD, mini-CEX	1
Put patients in touch with the relevant agency including the voluntary sector from where they can procure the items as appropriate	ACAT, CbD, mini-CEX	1, 3
Provide the relevant tools and devices when possible	ACAT, CbD, mini-CEX	1, 2
Show willingness to facilitate access to the appropriate training and skills in order to develop the patient's confidence and competence to self care	ACAT, CbD, mini-CEX, PS	1, 3,4
Show willingness to maintain a close working relationship with other members of the multi-disciplinary team, primary and community care	ACAT, CbD, mini-CEX, MSF	3
Recognise and respect the role of family, friends and carers in the management of the patient with a long term condition	ACAT, CbD, mini-CEX, PS	1,3

### Level Descriptor

1	<ul style="list-style-type: none"> <li>Describes relevant long term conditions</li> <li>Understands the meaning of quality of life</li> <li>Is aware of the need for promotion of patient self care</li> <li>Helps the patient with an understanding of their condition and how they can promote self management</li> </ul>
2	<ul style="list-style-type: none"> <li>Demonstrates awareness of management of relevant long term conditions</li> <li>Is aware of the tools and devices that can be used in long term conditions</li> <li>Is aware of external agencies that can improve patient care</li> <li>Teaches the patient and within the team to promote excellent patient care</li> </ul>
3	<ul style="list-style-type: none"> <li>Develops management plans in partnership with the patient that are pertinent to the patient's long term condition</li> <li>Can use relevant tools and devices in improving patient care</li> <li>Engages with relevant external agencies to promote patient care</li> </ul>
4	<ul style="list-style-type: none"> <li>Provides leadership within the multidisciplinary team that is responsible for management of patients with long term conditions</li> <li>Helps the patient networks develop and strengthen</li> </ul>

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

### Relationships with patients and communication within a consultation

Communicate effectively and sensitively with patients, relatives and carers		
Knowledge	Assessment Methods	GMP Domains
Structure an interview appropriately	PACES, ACAT, CbD, mini-CEX, PS	1
Understand the importance of the patient's background, culture, education and preconceptions (ideas, concerns, expectations) to the process	ACAT, CbD, mini-CEX, PS	1

Understand the importance of the developmental stage when communicating with adolescents and young adults	ACAT, CbD, mini-CEX, PS	1
<b>Skills</b>		
Establish a rapport with the patient and any relevant others (e.g. carers)	PACES, ACAT, CbD, mini-CEX, PS	1, 3
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	PACES, ACAT, mini-CEX, PS	1, 3
Identify and manage communication barriers (eg cognitive impairment, speech and hearing problems), tailoring language to the individual patient and using interpreters when indicated	PACES, ACAT, CbD, mini-CEX, PS	1, 3
Deliver information compassionately, being alert to and managing their and your emotional response (anxiety, antipathy etc)	PACES, ACAT, CbD, mini-CEX	1, 3,4
Use, and refer patients to, appropriate written and other information sources	PACES, ACAT, CbD, mini-CEX	1, 3
Check the patient's/carer's understanding, ensuring that all their concerns/questions have been covered	PACES, ACAT, CbD, mini-CEX	1, 3
Indicate when the interview is nearing its end and conclude with a summary	PACES, ACAT, CbD, mini-CEX	1, 3
Make accurate contemporaneous records of the discussion	ACAT, CbD, mini-CEX	1, 3
Manage follow-up effectively	ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Approach the situation with courtesy, empathy, compassion and professionalism, especially by appropriate body language - act as an equal not a superior	PACES, ACAT, CbD, mini-CEX, MSF, PS	1, 3, 4
Ensure that the approach is inclusive and patient centred and respect the diversity of values in patients, carers and colleagues	PACES, ACAT, CbD, mini-CEX, MSF, PS	1, 3
Be willing to provide patients with a second opinion	PACES, ACAT, CbD, mini-CEX, MSF, PS	1, 3
Use different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved	PACES, ACAT, CbD, mini-CEX, MSF	1, 3
Be confident and positive in one's own values	PACES, ACAT, CbD, mini-CEX	1, 3
<b>Level Descriptor</b>		
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**

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Recognise that the way in which bad news is delivered irretrievably affects the subsequent relationship with the patient	PACES, ACAT, CbD, mini-CEX, MSF, PS	1
Recognise that every patient may desire different levels of explanation and have different responses to bad news	PACES, ACAT, CbD, mini-CEX, PS	1, 4
Recognise that bad news is confidential but the patient may wish to be accompanied	PACES, ACAT, CbD, mini-CEX, PS	1
Recognise that breaking bad news can be extremely stressful for the doctor or professional involved	PACES, ACAT, CbD, mini-CEX	1, 3
Understand that the interview may be an educational opportunity	PACES, ACAT, CbD, mini-CEX	1
Recognise the importance of preparation when breaking bad news by: Setting aside sufficient uninterrupted time Choosing an appropriate private environment Having sufficient information regarding prognosis and treatment Structuring the interview Being honest, factual, realistic and empathic Being aware of relevant guidance documents	PACES, ACAT, CbD, mini-CEX	1, 3
Understand that "bad news" may be expected or unexpected	PACES, ACAT, CbD, mini-CEX	1
Recognise that sensitive communication of bad news is an essential part of professional practice	PACES, ACAT, CbD, mini-CEX	1
Understand that "bad news" has different connotations depending on the context, individual, social and cultural circumstances	PACES, ACAT, CbD, mini-CEX, PS	1
Recall that a post mortem examination may be required and understand what this involves	PACES, ACAT, CbD, mini-CEX, PS	1
Recall the local organ retrieval process	ACAT, CbD, mini-CEX	1
<b>Skills</b>		
Demonstrate to others good practice in breaking bad news	PACES, CbD, DOPS, MSF	1, 3
Involve patients and carers in decisions regarding their future management	PACES, CbD, DOPS, MSF	1, 3, 4
Encourage questioning and ensure comprehension	PACES, CbD, DOPS, MSF	1, 3
Respond to verbal and visual cues from patients and relatives	PACES, CbD, DOPS, MSF	1, 3
Act with empathy, honesty and sensitivity avoiding undue optimism or pessimism	PACES, CbD, DOPS, MSF	1, 3
Structure the interview e.g. Set the scene	PACES, CbD, DOPS, MSF	1, 3

Establish understanding Discuss; diagnosis, implications, treatment, prognosis and subsequent care			
<b>Behaviours</b>			
	Take leadership in breaking bad news	CbD, DOPS, MSF	1
	Respect the different ways people react to bad news	CbD, DOPS, MSF	1
<b>Level Descriptor</b>			
1	Recognises when bad news must be imparted Recognises the need to develop specific skills Requires guidance to deal with most cases		
2	Able to break bad news in planned settings Prepares well for interview Prepares patient to receive bad news Responsive to patient reactions		
3	Able to break bad news in unexpected and planned settings Clear structure to interview Establishes what patient wants to know and ensures understanding Able to conclude interview		
4	Skilfully delivers bad news in any circumstance including adverse events Arranges follow up as appropriate Able to teach others how to break bad news		

## Complaints and medical error

	<b>Assessment Methods</b>	<b>GMP Domains</b>
<b>Knowledge</b>		
Basic consultation techniques and skills described for Foundation programme and to include: Define the local complaints procedure Recognise factors likely to lead to complaints (poor communication, dishonesty etc) Adopt behaviour likely to prevent complaints Dealing with dissatisfied patients or relatives Recognise when something has gone wrong and identify appropriate staff to communicate this with Act with honesty and sensitivity in a non-confrontational manner	CbD, DOPS, MSF	1
Outline the principles of an effective apology	CbD, DOPS, MSF	1
Identify sources of help and support when a complaint is made about yourself or a colleague	CbD, DOPS, MSF	1
<b>Skills</b>		
Contribute to processes whereby complaints are reviewed and learned from	CbD, DOPS, MSF	1
Explain comprehensibly to the patient the events leading up to a medical error	CbD, DOPS, MSF	1, 3
Deliver an appropriate apology	CbD, DOPS, MSF	1, 3, 4
Distinguish between system and individual errors	CbD, DOPS, MSF	1

Show an ability to learn from previous error	CbD, DOPS, MSF	1
<b>Behaviours</b>		
Take leadership over complaint issues	CbD, DOPS, MSF	1
Recognise the impact of complaints and medical error on staff, patients, and the National Health Service	CbD, DOPS, MSF	1, 3
Contribute to a fair and transparent culture around complaints and errors	CbD, DOPS, MSF	1
Recognise the rights of patients, family members and carers to make a complaint	CbD, DOPS, MSF	1, 4
<b>Level Descriptor</b>		
1	Defines the local complaints procedure Recognises need for honesty in management of complaints Responds promptly to concerns that have been raised Understands the importance of an effective apology Learns from errors	
2	Manages conflict without confrontation Recognises and responds to the difference between system failure and individual error	
3	Recognises and manages the effects of any complaint within members of the team	
4	Provides timely accurate written responses to complaints when required Provides leadership in the management of complaints	

## Communication with colleagues and cooperation

<b>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</b>		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Understand the section in "Good Medical Practice" on Working with Colleagues, in particular:	CbD, MSF	1
The roles played by all members of a multi-disciplinary team	CbD, MSF	1
The features of good team dynamics	CbD, MSF	1
The principles of effective inter-professional collaboration to optimise patient, or population, care	CbD, MSF	1
<b>Skills</b>		
Communicate accurately, clearly, promptly and comprehensively with relevant colleagues by means appropriate to the urgency of a situation (telephone, email, letter etc), especially where responsibility for a patient's care is transferred	ACAT, CbD, mini-CEX	1, 3
Utilise the expertise of the whole multi-disciplinary team as appropriate, ensuring when delegating responsibility that appropriate supervision is maintained	ACAT, CbD, mini-CEX, MSF	1, 3
Participate in, and co-ordinate, an effective hospital at night team when relevant	ACAT, CbD, mini-CEX, MSF	1
Communicate effectively with administrative bodies and support organisations	CbD, mini-CEX, MSF	1, 3
Employ behavioural management skills with colleagues to prevent	ACAT, CbD, mini-	1, 3

and resolve conflict		CEX, MSF
<b>Behaviours</b>		
Be aware of the importance of, and take part in, multi-disciplinary work, including adoption of a leadership role when appropriate	ACAT, CbD, mini-CEX, MSF	3
Foster a supportive and respectful environment where there is open and transparent communication between all team members	ACAT, CbD, mini-CEX, MSF	1, 3
Ensure appropriate confidentiality is maintained during communication with any member of the team	ACAT, CbD, mini-CEX, MSF	1, 3
Recognise the need for a healthy work/life balance for the whole team, including yourself, but take any leave yourself only after giving appropriate notice to ensure that cover is in place	CbD, mini-CEX, MSF	1
Be prepared to accept additional duties in situations of unavoidable and unpredictable absence of colleagues	CbD, MSF	1
<b>Level Descriptor</b>		
1	Accepts his/her role in the healthcare team and communicates appropriately with all relevant members thereof	
2	Fully recognises the role of, and communicates appropriately with, all relevant potential team members (individual and corporate)	
3	Able to predict and manage conflict between members of the healthcare team	
4	Able to take a leadership role as appropriate, fully respecting the skills, responsibilities and viewpoints of all team members	

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

### Health promotion and public health

<b>To progressively develop the ability to work with individuals and communities to reduce levels of ill health, remove inequalities in healthcare provision and improve the general health of a community.</b>		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Understand the factors which influence the incidence of and prevalence of common conditions	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD, mini-CEX	1
Understand the factors which influence health – psychological, biological, social, cultural and economic especially work and poverty	CbD, mini-CEX	1
Understand the influence of lifestyle on health and the factors that influence an individual to change their lifestyle	CbD, mini-CEX	1
Understand the purpose of screening programmes and know in outline the common programmes available within the UK	CbD, mini-CEX	1
Understand the relationship between the health of an individual and that of a community	CbD, mini-CEX	1
Know the key local concerns about health of communities such as smoking and obesity	CbD, mini-CEX	1
Understand the role of other agencies and factors including the impact of globalisation in protecting and promoting health	CbD, mini-CEX	1

Demonstrate knowledge of the determinants of health worldwide and strategies to influence policy relating to health issues including the impact of the developed world strategies on the third world	CbD, mini-CEX	1
Outline the major causes of global morbidity and mortality and effective, affordable interventions to reduce these	CbD, mini-CEX	1
Recall the effect of addictive behaviours, especially substance misuse and gambling, on health and poverty	CbD, mini-CEX	1
Recognise the links between health and work, including the positive benefits of work on well-being, and develop skills to enable patients with illness to remain at work or return to work whenever appropriate	CbD, mini-CEX	1
Understand the relationship between adolescent exploratory and risk behaviours to adolescent development and the potential benefits of health promotion in adolescents and young adults for adult health	CbD, mini-CEX	1
<b>Skills</b>		
Identify opportunities to prevent ill health and disease in patients	PACES, CbD, mini-CEX, PS	1, 2
Identify the interaction between mental, physical and social wellbeing in relation to health	PACES, CbD, mini-CEX	1
Counsel patients appropriately on the benefits and risks of screening	PACES, CbD, mini-CEX, PS	1, 3
Identify opportunities to promote changes in lifestyle and other actions which will positively improve health, e.g. to encourage smoking cessation and / or weight reduction.	CbD, mini-CEX	1,3
Work collaboratively with other agencies, e.g. occupational health services, to improve the health of individual patients and communities, and help patients to remain at or return to work whenever appropriate.	CbD, mini-CEX	1,3
Encourage patients to remain at or return to work whenever appropriate	CbD, mini-CEX	1,3
Work collaboratively with others to encourage patients to safely reduce their weight if obese and increase their physical activity / exercise	CbD, mini-CEX	1,3
Provide information to an individual about mechanisms to support them remaining at work or returning to work, and offering encouragement that they should do so whenever possible	CbD, mini-CEX	1,3
Engage with local or regional initiatives to support patients remaining at or returning to work	CbD, mini-CEX	1,3
<b>Behaviours</b>		
Engage in effective team-working around the improvement of health	CbD, MSF	1, 3
Encourage where appropriate screening to facilitate early intervention	CbD	1
<b>Level Descriptor</b>		
1	Discuss with patients and others factors which could influence their personal health Maintains own health is aware of own responsibility as a doctor for promoting healthy approach to life	
2	Communicate to an individual, information about the factors which influence their personal health Support an individual in a simple health promotion activity (e.g. smoking cessation, weight reduction, increasing physical activity / exercise)	

3	<p>Communicate to an individual and their relatives, information about the factors which influence their personal health</p> <p>Support small groups in a simple health promotion activity (e.g. smoking cessation, weight reduction, increasing physical activity / exercise)</p> <p>Provide information to an individual about a screening programme and offer information about its risks and benefits</p>
4	<p>Discuss with small groups the factors that have an influence on their health and describe initiatives they can undertake to address these</p> <p>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</p> <p>Engage with local or regional initiatives to improve individual health and reduce inequalities in health between communities</p>

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

<b>To know, understand and apply appropriately the principles, guidance and laws regarding medical ethics and confidentiality</b>		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Demonstrate knowledge of the principles of medical ethics	PACES, ACAT, CbD, mini-CEX	1
Outline and follow the guidance given by the GMC on confidentiality	PACES, ACAT, CbD, mini-CEX	1
Define the provisions of the Data Protection Act and Freedom of Information Act	ACAT, CbD, mini-CEX	1
Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research	ACAT, CbD, mini-CEX	1, 4
Outline situations where patient consent, while desirable, is not required for disclosure e.g. communicable diseases, public interest	ACAT, CbD, mini-CEX	1, 4
Outline the procedures for seeking a patient's consent for disclosure of identifiable information	ACAT, CbD, mini-CEX	1
Recall the obligations for confidentiality following a patient's death	ACAT, CbD, mini-CEX	1, 4
Recognise the problems posed by disclosure in the public interest, without patient's consent	ACAT, CbD, mini-CEX	1, 4
Recognise the factors influencing ethical decision making: religion, moral beliefs, cultural practices	PACES, ACAT, CbD, mini-CEX	1
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders: define the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment	ACAT, CbD, mini-CEX	1
Outline the principles of the Mental Capacity Act	ACAT, CbD, mini-CEX	1
Demonstrate an understanding of adolescents' and young adults'	ACAT, CbD, mini-	1

right to confidentiality and the importance of safeguarding	CEX	
<b>Skills</b>		
Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team	ACAT, CbD, mini-CEX, MSF	1, 2,3
Use and promote strategies to ensure confidentiality is maintained e.g. anonymisation	CbD	1
Counsel patients on the need for information distribution within members of the immediate healthcare team	PACES, ACAT, CbD, MSF	1, 3
Counsel patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment	PACES, ACAT, CbD, mini-CEX, PS	1, 3
<b>Behaviours</b>		
Encourage ethical reflection in others	ACAT, CbD, MSF	1
Show willingness to seek advice of peers, legal bodies, and the GMC in the event of ethical dilemmas over disclosure and confidentiality	PACES, ACAT, CbD, mini-CEX, MSF	1
Respect patient's requests for information not to be shared, unless this puts the patient, or others, at risk of harm	PACES, ACAT, CbD, mini-CEX, PS	1, 4
Show willingness to share information about their care with patients, unless they have expressed a wish not to receive such information	ACAT, CbD, mini-CEX	1, 3
Show willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment	ACAT, CbD, mini-CEX, MSF	1, 3
<b>Level Descriptor</b>		
1	Use and share information with the highest regard for confidentiality adhering to the Data Protection Act and Freedom of Information Act in addition to guidance given by the GMC Familiarity with the principles of the Mental Capacity Act Participate in decisions about resuscitation status and withholding or withdrawing treatment	
2	Counsel patients on the need for information distribution within members of the immediate healthcare team and seek patients' consent for disclosure of identifiable information	
3	Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research	
4	Able to assume a full role in making and implementing decisions about resuscitation status and withholding or withdrawing treatment	

## Valid consent

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

<b>Skills</b>			
Present all information to patients (and carers) in a format they understand, allowing time for reflection on the decision to give consent	PACES, ACAT, CbD, mini-CEX, PS		1, 3
Provide a balanced view of all care options	PACES, ACAT, CbD, mini-CEX, PS		1, 3, 4
<b>Behaviours</b>			
Respect a patient's rights of autonomy even in situations where their decision might put them at risk of harm	PACES, 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	PACES, ACAT, CbD, mini-CEX		1, 3, 4
Show willingness to seek advance directives	PACES, 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	PACES, 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
<b>Level Descriptor</b>			
1	Obtains consent for straightforward treatments with appropriate regard for patient's autonomy		
2	Able to explain complex treatments meaningfully in layman's terms and thereby to obtain appropriate consent		
3	Obtains consent in "grey-area" situations where the best option for the patient is not clear		
4	Obtains consent in all situations even when there are problems of communication and capacity		

## Legal framework for practice

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

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
All decisions and actions must be in the best interests of the patient	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Understand the legislative framework within which healthcare is provided in the UK – in particular death certification and the role of the Coroner/Procurator Fiscal; child protection legislation; mental health legislation (including powers to detain a patient and giving emergency treatment against a patient's will under common law); advance care directives, advanced decision to refuse treatment and living wills; withdrawing and withholding treatment; decisions regarding resuscitation of patients; surrogate decision making; organ donation and retention; communicable disease notification; medical risk and driving; Data Protection and Freedom of Information Acts; provision of continuing care and community nursing care by a local authorities	ACAT, CbD, mini-CEX	1, 2
Understand the differences between legislation in the four countries	CbD	1

of the UK		
Understand sources of medical legal information	ACAT, CbD, mini-CEX	1
Understand disciplinary processes in relation to medical malpractice	ACAT, CbD, mini-CEX, MSF	1
Understand the role of the medical practitioner in relation to personal health and substance misuse, including understanding the procedure to be followed when such abuse is suspected	ACAT, CbD, mini-CEX, MSF	1
<b>Skills</b>		
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
<b>Behaviours</b>		
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
<b>Level Descriptor</b>		
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

<b>To ensure that research is undertaken using relevant ethical guidelines</b>		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Outline the GMC guidance on good practice in research	ACAT, CbD	1
Outline the differences between audit and research	Audit, Review, CbD, mini-CEX	1
Describe how clinical guidelines are produced	CbD	1
Demonstrate a knowledge of research principles	CbD, mini-CEX	1
Outline the principles of formulating a research question and designing a project	CbD, mini-CEX	1
Comprehend principal qualitative, quantitative, bio-statistical and epidemiological research methods	CbD	1
Outline sources of research funding	CbD	1
<b>Skills</b>		
Develop critical appraisal skills and apply these when reading literature	CbD	1
Demonstrate the ability to write a scientific paper	CbD	1
Apply for appropriate ethical research approval	CbD	1
Demonstrate the use of literature databases	CbD	1
Demonstrate good verbal and written presentations skills	CbD, DOPS	1
Understand the difference between population-based assessment and unit-based studies and be able to evaluate outcomes for epidemiological work	CbD	1
<b>Behaviours</b>		
Recognise the ethical responsibilities to conduct research with honesty and integrity, safeguarding the interests of the patient and obtaining ethical approval when appropriate	CbD, MSF	1
Follow guidelines on ethical conduct in research and consent for research	CbD	1
Show willingness to the promotion of involvement in research	CbD	1
<b>Level Descriptor</b>		
1	Defines ethical research and demonstrates awareness of GMC guidelines Differentiates audit and research Knows how to use databases	
2	Demonstrates critical appraisal skills Demonstrates good presentation and writing skills	
3	Demonstrates ability to apply for appropriate ethical research approval Demonstrates knowledge of research funding sources Demonstrates ability to write a scientific paper	
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

<b>To progressively develop the ability to make the optimal use of current best evidence in making decisions about the care of patients</b>		
<b>To progressively develop the ability to construct evidence based guidelines in relation to medical practise</b>		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Understands of the application of statistics in scientific medical practice	MRCP(UK) Part 1, CbD	1
Understand the advantages and disadvantages of different study methodologies (randomised control trials, case controlled cohort etc)	MRCP(UK) Part 1, CbD	1
Understand the principles of critical appraisal	CbD	1
Understand levels of evidence and quality of evidence	PACES, CbD	1
Understand the role and limitations of evidence in the development of clinical guidelines	MRCP(UK) Part 1, CbD	1
Understand the advantages and disadvantages of guidelines	CbD	1
Understand the processes that result in nationally applicable guidelines (e.g. NICE and SIGN)	CbD	1
<b>Skills</b>		
Ability to search the medical literature including use of PubMed, Medline, Cochrane reviews and the internet	CbD	1
Appraise retrieved evidence to address a clinical question	CbD	1
Apply conclusions from critical appraisal into clinical care	PACES, CbD	1
Identify the limitations of research	CbD	1
Contribute to the construction, review and updating of local (and national) guidelines of good practice using the principles of evidence based medicine	CbD	1
<b>Behaviours</b>		
Keep up to date with national reviews and guidelines of practice (e.g. NICE and SIGN)	PACES, CbD	1
Aim for best clinical practice (clinical effectiveness) at all times, responding to evidence based medicine	ACAT, CbD, mini-CEX	1
Recognise the occasional need to practise outside clinical guidelines	ACAT, CbD, mini-CEX	1
Encourage discussion amongst colleagues on evidence-based practice	ACAT, CbD, mini-CEX, MSF	1
<b>Level Descriptor</b>		
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

### Quality Improvement (including Audit)

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

Knowledge	Assessment Methods	GMP Domains
Understand the principles and fundamental concepts of improvement methodology and its implementation in healthcare	AA, QIPAT, CbD	1
Understands the differences between audit and quality improvement	AA, QIPAT, CbD	1
Understands steps involved in completing a quality improvement project (which may include audit)	AA, QIPAT, CbD	1
Understands steps involved in completing the audit cycle	AA, QIPAT, CbD	1
Understands working and uses of national and local databases used for audit such as specialty data collection systems, cancer registries.	AA, QIPAT, CbD	1
Understands working and uses of local and national systems available for reporting and learning from clinical incidents and near misses reporting in the UK	AA, QIPAT, CbD	1
Understands and demonstrates importance of safety, team work and human factors in clinical practice	AA, QIPAT, CbD	1
Skills		
Designs, implements and completes a quality improvement project (which may include audit)	AA, QIPAT, CbD	1, 2
Explains process mapping, goal and aim setting, implementing change and sustaining improvement	AA, QIPAT, CbD	1,2
Describes measurement for improvement	AA, QIPAT, CbD	1,2
Demonstrates the learning from the experience	AA, QIPAT, CbD	1,2
Support improvement projects by junior medical trainees and within the multi-disciplinary team	AA, QIPAT, CbD	1,2
Contributes to local and national audit projects as appropriate (e.g. NCEPOD, SASM)	AA, QIPAT, CbD	1, 2
Behaviours		
Recognises and commits to the culture of continuous improvement in clinical practice to promote safe and high quality care	AA, QIPAT, CbD	1, 2
Recognises and commits to the need for audit in clinical practice to promote standard setting and quality assurance	AA, QIPAT, CbD	1, 2
Level Descriptor		
1	Evidence of active participation in using improvement methodology in a quality improvement project (which may include audit)	

2	Personally led, using improvement methodology a quality improvement project (which may include audit) Presentation of a Quality Improvement project ( case study, oral or poster presentation) locally
3	Supervises, using improvement methodology, a Quality Improvement project (which may include audit) involving junior trainees Presentation of a Quality Improvement project ( case study, oral or poster presentation) at a regional, national or international meeting
4	Evidence of sustained change improvement Become improvement lead for an institution or organisation Authorship of a peer-reviewed quality improvement initiative (which may include audit)

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

### Teaching and training

<b>To progressively develop the ability to teach to a variety of different audiences in a variety of different ways</b>		
<b>To progressively be able to assess the quality of the teaching</b>		
<b>To progressively be able to train a variety of different trainees in a variety of different ways</b>		
<b>To progressively be able to plan and deliver a training programme with appropriate assessments</b>		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Outline adult learning principles relevant to medical education:	CbD, TO	1
Identification of learning methods and effective learning environments	CbD, TO	1
Construction of educational objectives	CbD, TO	1
Use of effective questioning techniques	CbD, TO	1
Varying teaching format and stimulus	CbD, TO	1
Demonstrate knowledge of relevant literature relevant to developments in medical education	CbD, TO	1
Outline the structure of the effective appraisal interview	CbD, TO	1
Define the roles to the various bodies involved in medical education	CbD, TO	1
Differentiate between appraisal and assessment and aware of the need for both	CbD, TO	1
Outline the workplace-based assessments in use and the appropriateness of each	CbD, TO	1
Demonstrate the definition of learning objectives and outcomes	CbD, TO	1
Outline the appropriate local course of action to assist the failing trainee	CbD, TO	1
<b>Skills</b>		
Vary teaching format and stimulus, appropriate to situation and subject	CbD, TO	1
Provide effective feedback after teaching, and promote learner reflection	CbD, MSF, TO	1

Conduct effective appraisal	CbD, MSF, TO	1
Demonstrate effective lecture, presentation, small group and bedside teaching sessions	CbD, MSF, TO	1, 3
Provide appropriate career advice, or refer trainee to an alternative effective source of career information	CbD, MSF, TO	1, 3
Participate in strategies aimed at improving patient education e.g. talking at support group meetings	CbD, MSF, TO	1
Be able to lead departmental teaching programmes including journal clubs	CbD, TO	1
Recognise the failing trainee	CbD, TO	1
<b>Behaviours</b>		
In discharging educational duties acts to maintain the dignity and safety of patients at all times	CbD, MSF, TO	1, 4
Recognise the importance of the role of the physician as an educator within the multi-professional healthcare team and uses medical education to enhance the care of patients	CbD, MSF, TO	1
Balances the needs of service delivery with the educational imperative	CbD, MSF, TO	1
Demonstrate willingness to teach trainees and other health and social workers in a variety of settings to maximise effective communication and practical skills	CbD, MSF, TO	1
Encourage discussions in the clinical settings to colleagues to share knowledge and understanding	CbD, MSF, TO	1, 3
Maintain honesty and objectivity during appraisal and assessment	CbD, MSF, TO	1
Show willingness to participate in workplace-based assessments	CbD, MSF, TO	1
Show willingness to take up formal tuition in medical education and respond to feedback obtained after teaching sessions	CbD, MSF, TO	1, 3
Demonstrates a willingness to become involved in the wider medical education activities and fosters an enthusiasm for medical education activity in others	CbD, MSF, TO	1
Recognise the importance of personal development as a role model to guide trainees in aspects of good professional behaviour	CbD, MSF, TO	1
Demonstrates consideration for learners including their emotional, physical and psychological well being with their development needs	CbD, MSF, TO	1
<b>Level Descriptor</b>		
1	Develops basic presentation materials 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 or supervised learning event including being able to give effective feedback	
3	Able to devise a variety of different assessments (e.g. multiple choice questions, workplace based assessments, supervised learning events) 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
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The individual practitioner has to have appropriate attitudes and behaviours that help deal with complex situations and to work effectively providing leadership and working as part of the healthcare team

## Personal behaviour

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

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

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

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

Knowledge	Assessment Methods	GMP Domains
Recall and build upon the competencies defined in the Foundation Programme:	ACAT, CbD, mini-CEX, MSF, PS	1, 2, 3, 4
Deal with inappropriate patient and family behaviour		
Respect the rights of children, elderly, people with physical, mental, learning or communication difficulties		
Adopt an approach to eliminate discrimination against patients from diverse backgrounds including age, gender, race, culture, disability, spirituality and sexuality		
Place needs of patients above own convenience		
Behave with honesty and probity		
Act with honesty and sensitivity in a non-confrontational manner		
The main methods of ethical reasoning: casuistry, ontology and consequentialist		
The overall approach of value based practice and how this relates to ethics, law and decision-making		
Define the concept of modern medical professionalism	CbD	1
Outline the relevance of professional bodies (Royal Colleges, JRCPTB, GMC, Postgraduate Dean or equivalent, BMA, specialist societies, medical defence organisations)	CbD	1
Skills		
Practise with:	ACAT, CbD, mini-CEX, MSF, PS	1, 2, 3, 4
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	ACAT, CbD, mini-CEX, MSF	3
Liaise with colleagues to plan and implement work rotas	ACAT, MSF	3
Promote awareness of the doctor's role in utilising healthcare resources optimally	ACAT, CbD, mini-CEX, MSF	1, 3
Recognise and respond appropriately to unprofessional behaviour in other	PACES, ACAT, CbD	1
Be able to provide specialist support to hospital and community based services	ACAT, CbD, MSF	1

Be able to handle enquiries from the press and other media effectively	CbD, DOPS	1, 3
<b>Behaviours</b>		
Recognise personal beliefs and biases and understand their impact on the delivery of health services	ACAT, CbD, mini-CEX, MSF	1
Recognise the need to use all healthcare resources prudently and appropriately	ACAT, CbD, mini-CEX	1, 2
Recognise the need to improve clinical leadership and management skill	ACAT, CbD, mini-CEX	1
Recognise situations when it is appropriate to involve professional and regulatory bodies	ACAT, CbD, mini-CEX	1
Show willingness to act as a mentor, educator and role model	ACAT, CbD, mini-CEX, MSF	1
Be willing to accept mentoring as a positive contribution to promote personal professional development	ACAT, CbD, mini-CEX	1
Participate in professional regulation and professional development	CbD, mini-CEX, MSF	1
Takes part in 360 degree feedback as part of appraisal	CbD, MSF	1, 2, 4
Recognise the right for equity of access to healthcare	ACAT, CbD, mini-CEX,	1
Recognise need for reliability and accessibility throughout the healthcare team	ACAT, CbD, mini-CEX, MSF	1
<b>Level Descriptor</b>		
1	Works work well within the context of multi-professional teams. Listens well to others and takes other view points into consideration. Supports patients and relatives at times of difficulty e.g. after receiving difficult news. Is polite and calm when called or asked to help	
2	Responds to criticism positively and seeks to understand its origins and works to improve. Praises staff when they have done well and where there are failings in delivery of care provides constructive feedback. To wherever possible involve patients in decision making	
3	Recognises when other staff are under stress and not performing as expected and provides appropriate support for them. Takes action necessary to ensure that patient safety is not compromised	
4	Helps patients who show anger or aggression with staff or with their care or situation and works with them to find an approach to manage their problem	
5	Is able to engender trust so that staff feel confident about sharing difficult problems and feel able to pointing out deficiencies in care at an early stage	

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

## Management and NHS structure

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

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Understand the guidance given on management and doctors by the GMC	CbD	1
Understand the local structure of NHS systems in your locality recognising the potential differences between the four countries of the UK	ACAT, CbD	1
Understand the structure and function of healthcare systems as they apply to your specialty	ACAT, CbD	1
Understand the consistent debates and changes that occur in the NHS including the political, social, technical, economic, organisational and professional aspects that can impact on provision of service	CbD	1
Understand the importance of local demographic, socio-economic and health data and the use to improve system performance	CbD	1
Understand the principles of: Clinical coding European Working Time Regulations National Service Frameworks Health regulatory agencies (e.g., NICE, Scottish Government) NHS Structure and relationships NHS finance and budgeting Consultant contract and the contracting process Resource allocation The role of the Independent sector as providers of healthcare	ACAT, CbD, mini-CEX	1
Understand the principles of recruitment and appointment procedures	CbD	1
<b>Skills</b>		
Participate in managerial meetings	ACAT, CbD	1
Take an active role in promoting the best use of healthcare resources	ACAT, CbD, mini-CEX	1
Work with stakeholders to create and sustain a patient-centred service	ACAT, CbD, mini-CEX	1
Employ new technologies appropriately, including information technology	ACAT, CbD, mini-CEX	1
Conduct an assessment of the community needs for specific health improvement measures	CbD, mini-CEX	1
<b>Behaviours</b>		
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	ACAT, CbD, mini-	1, 2

development of services	CEX	
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
<b>Level Descriptor</b>		
1	<p>Describes in outline the roles of primary care, including general practice, public health, community, mental health, secondary and tertiary care services within healthcare.</p> <p>Describes the roles of members of the clinical team and the relationships between those roles.</p> <p>Participates fully in clinical coding arrangements and other relevant local activities.</p>	
2	<p>Can describe in outline the roles of primary care, community and secondary care services within healthcare.</p> <p>Can describe the roles of members of the clinical team and the relationships between those roles.</p> <p>Participates fully in clinical coding arrangements and other relevant local activities.</p>	
3	<p>Can describe the relationship between local and national bodies entrusted with health commissioning, General Practice and Trusts including relationships with local authorities and social services.</p> <p>Participate in team and clinical directorate meetings including discussions around service development.</p> <p>Discuss the most recent guidance from the relevant health regulatory agencies in relation to the specialty.</p>	
4	<p>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.</p> <p>Participate fully in clinical directorate meetings and other appropriate local management structures in planning and delivering healthcare within the specialty.</p> <p>Participate as appropriate in staff recruitment processes in order to deliver an effective clinical team.</p> <p>Within the Directorate collaborate with other stake holders to ensure that their needs and views are considered in managing services.</p>	

# Symptom Based Competences

## Emergency Presentations

### Cardio-Respiratory Arrest

### CMT

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

Knowledge	Assessment Methods	GMP Domains
Demonstrate knowledge of causes of cardio-respiratory arrest	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recall the ALS algorithm for adult cardiac arrest	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Outline indication and safe delivery of drugs used as per ALS algorithm	ACAT, CbD, mini-CEX	1
Skills		
Rapidly assess the collapsed patient in terms of ABCDE, airway, breathing, circulation, disability and exposure	ACAT, CbD, mini-CEX	1
Perform Basic Life Support competently as defined by Resuscitation Council (UK): effective chest compressions, airway manoeuvres, bag and mask ventilation	ACAT, CbD, mini-CEX	1
Competently perform further steps in advanced life support: IV drugs; safe DC shocks when indicated; identification and rectification of reversible causes of cardiac arrest)	ACAT, CbD, mini-CEX	1
Break bad news appropriately (see generic curriculum)	PACES, ACAT, CbD, mini-CEX	3
Behaviours		
Recognise and intervene in critical illness promptly to prevent cardiac arrest such as peri-arrest arrhythmias, hypoxia	ACAT, CbD, mini-CEX	1
Maintain safety of environment for patient and health workers	ACAT, CbD, mini-CEX	2
Hold a valid ALS certificate (MANDATORY REQUIREMENT)	ACAT, CbD, mini-CEX	1
Succinctly present clinical details of situation to senior doctor	ACAT, CbD, mini-CEX	3
Consult senior and seek anaesthetic team support	ACAT, CbD, mini-CEX,	2
Recognise importance of sensitively breaking bad news to family	PACES, ACAT, CbD, mini-CEX	3

## Shocked Patient

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Identify physiological perturbations that define shock	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Identify principle categories of shock (i.e. cardiogenic, anaphylactic)	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Elucidate main causes of shock in each category (e.g. myocardial infarction, heart failure, pulmonary embolus, blood loss, sepsis)	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Demonstrate knowledge of sepsis syndromes	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Skills		
Recognise significance of major physiological perturbations	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Perform immediate (physical) assessment (A,B,C, D, E)	ACAT, CbD, mini-CEX	1
Institute immediate, simple resuscitation (oxygen, iv access, fluid resuscitation)	ACAT, CbD, mini-CEX	1
Arrange simple monitoring of relevant indices (oximetry, arterial gas analysis) and vital signs (BP, pulse & respiratory rate, temp, urine output)	ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: ECG, blood cultures, blood count, electrolytes	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Behaviours		
Exhibit calm and methodical approach to assessing critically ill patient	ACAT, CbD, mini-CEX	3
Adopt leadership role where appropriate	ACAT, CbD, mini-CEX	2,3
Involve senior and specialist (e.g. critical care outreach) services promptly	ACAT, CbD, mini-CEX	2

## Unconscious Patient

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Identify the principal causes of unconsciousness (metabolic, neurological)	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Recognise the principal sub causes (drugs, hypoglycaemia, hypoxia; trauma, infection, vascular, epilepsy, raised intra-cranial pressure, reduced cerebral blood flow, endocrine)	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
List appropriate investigations for each	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Outline immediate management options	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Skills		
Make a rapid and immediate assessment (A B C D E) including examination of coverings of nervous system (head, neck, spine) and coma scores (eg AVPU, GCS)	ACAT, CbD, mini-CEX	1
Initiate appropriate immediate management (eg cervical collar, administer glucose)	ACAT, CbD, mini-CEX	1
Take simple history from witnesses when patient has stabilised	PACES, ACAT, CbD, mini-CEX	1
Prioritise, order, interpret and act on simple investigations appropriately	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Initiate early (critical) management (e.g. control fits, manage poisoning) including requesting safe monitoring	ACAT, CbD, mini-CEX	1
Behaviours		
Recognise need for immediate assessment and resuscitation	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Assume leadership role where appropriate	ACAT, CbD, mini-CEX	2,3
Involve appropriate specialists to facilitate immediate assessment and management (e.g. imaging, intensive care, neurosurgeons)	ACAT, CbD, mini-CEX	3

## Anaphylaxis

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Identify physiological perturbations causing anaphylactic shock	MRCP(UK) Part 2, ACAT, CbD	1
Recognise clinical manifestations of anaphylactic shock	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD,	1
Elucidate causes of anaphylactic shock	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD,	1
Define follow-up pathways after acute resuscitation	ACAT, CbD,	1
Skills		
Recognise clinical consequences of acute anaphylaxis	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Perform immediate physical assessment (laryngeal oedema, bronchospasm, hypotension)	ACAT, CbD, mini-CEX	1
Institute resuscitation (adrenaline/epinephrine), oxygen, IV access, fluids)	ACAT, CbD, mini-CEX	1
Arrange monitoring of relevant indices	ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations (tryptase, C1 esterase inhibitor etc.)	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Be an ALS provider	ACAT, CbD, mini-CEX	1
Behaviours		
Exhibit a calm and methodical approach	ACAT, CbD, mini-CEX	3
Adopt leadership role where appropriate	ACAT, CbD, mini-CEX	2
Involve senior and specialist allergy services promptly	ACAT, CbD, mini-CEX	2, 3

## ‘The Top Presentations’ – Common Medical Presentations

### Abdominal Pain

### CMT

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

Knowledge	Assessment Methods	GMP Domains
Outline the different classes of abdominal pain and how the history and clinical findings differ between them	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Identify the possible causes of abdominal pain, depending on site, details of history, acute or chronic	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Define the situations in which urgent surgical, urological or gynaecological opinion should be sought	PACES, ACAT, CbD, mini-CEX	1
Determine which first line investigations are required, depending on the likely diagnoses following evaluation	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Define the indications for specialist investigation: ultrasound, CT, MRI, endoscopy	MRCP(UK) Part 2 ACAT, CbD, mini-CEX	1
Skills		
Elicit signs of tenderness, guarding, and rebound tenderness and interpret appropriately	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: blood tests; x-rays; ECG; microbiology investigations	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Initiate first line management: the diligent use of suitable analgesia; ‘nil by mouth’; IV fluids; resuscitation	ACAT, CbD, mini-CEX	1
Interpret gross pathology on CT abdo scans, including liver metastases and obstructed ureters with hydronephrosis	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Behaviours		
Exhibit timely intervention when abdominal pain is the manifestation of critical illness or is life-threatening, in conjunction with senior and appropriate specialists	ACAT, CbD, mini-CEX	1
Recognise the importance of a multi-disciplinary approach including early surgical assessment when appropriate	PACES, ACAT, CbD, mini-CEX	2, 3
Display sympathy to physical and mental responses to pain	PACES, ACAT, CbD, mini-CEX	3, 4
Involve other specialties promptly when required	PACES, ACAT,	2, 3

**Acute Back Pain****CMT**

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

Knowledge	Assessment Methods	GMP Domains
Recall the causes of acute back pain	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Specify abdominal pathology that may present with back pain	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Outline the features that raise concerns as to a sinister cause ('the red flags') and lead to consideration of a chronic cause ('the yellow flags')	MRCP(UK) Part 1, MRCP(UK) Part 2 PACES ACAT, CbD, mini-CEX	1
Recall the indications of an urgent MRI of spine	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1
Outline indications for hospital admission	PACES, ACAT, CbD, mini-CEX	1
Outline secondary prevention measures in osteoporosis	MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1
Skills		
Perform examination and elicit signs of spinal cord / cauda equina compromise	ACAT, CbD, mini-CEX	1
Practise safe prescribing of analgesics / anxiolytics to provide symptomatic relief	ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: blood tests and x-rays	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Behaviours		
Involve neurosurgical unit promptly in event of neurological symptoms or signs	PACES, ACAT, CbD, mini-CEX	2
Ask for senior help when critical abdominal pathology is suspected	PACES, ACAT, CbD, mini-CEX	2, 3
Recognise the socio-economic impact of chronic lower back pain	PACES, ACAT, CbD, mini-CEX	2, 3

Participate in multi-disciplinary approach: physio, OT	PACES, ACAT, CbD, mini-CEX	3, 4
Recognise impact of osteoporosis and encourage bone protection in all patients at risk	PACES, ACAT, CbD, mini-CEX	1

### Acute kidney injury and chronic kidney disease *CMT*

**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	Assessment Methods	GMP Domains
Describe the common conditions that cause acute kidney injury and chronic kidney disease	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Outline the clinical approach required to distinguish chronic kidney disease from acute kidney injury, and to diagnose different common causes of these conditions	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Describe the life-threatening complications of renal failure, in particular of hyperkalaemia, and the indications for emergency renal replacement therapy	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Describe the principles of maintaining fluid balance in the oliguric or polyuric patient	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Describe the effect of renal failure on handling of drugs	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Describe the principles of the methods of providing RRT	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Skills		
Identify the presence of significant hyperkalaemia and treat appropriately	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations, including blood tests and radiological imaging	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Assess fluid balance and prescribe fluids appropriately in the oliguric or polyuric patient	MRCP(UK) Part 2, CbD	1
Assess fluid balance in a patient on RRT who presents	MRCP(UK) Part 1,	1

acutely to hospital and interpret laboratory results appropriately, recognising which 'abnormal results' are to be expected	MRCP(UK) Part 2, PACES, ACAT, CbD, mini- CEX	
<b>Behaviours</b>		
Recognise the need for specialist renal input when appropriate	PACES, ACAT, CbD, mini-CEX	3
Recognise that patients on long term RRT may have valuable insight into the nature of their symptoms	PACES, ACAT, CbD, mini-CEX	3

## Blackout / Collapse

## CMT

<b>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')</b>		
<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Recall the causes for blackout and collapse	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Differentiate the causes depending on the situation of blackout +/- or collapse, associated symptoms and signs, and eye witness reports	MRCP(UK) Part 1, MRCP(UK) Part 2 PACES, ACAT, CbD, mini-CEX	1
Outline the indications for temporary and permanent pacing systems	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Define indications for investigations: ECHO, ambulatory ECG monitoring, orthostatic stress testing, neuroimaging	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
<b>Skills</b>		
Elucidate history to establish whether event was LOC, fall without LOC, vertigo (with eye witness account if possible)	PACES, ACAT, CbD, mini-CEX	1
Assess patient in terms of ABCDE and degree of consciousness and manage appropriately	PACES, ACAT, CbD, mini-CEX	1
Perform examination to elicit signs of cardiovascular or neurological disease and to distinguish epileptic disorder from other causes	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: ECG, blood tests inc. glucose	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Manage arrhythmias appropriately as per ALS guidelines	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1

Detect orthostatic hypotension	PACES, ACAT, CbD, mini-CEX	1
Institute external pacing systems when appropriate	ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Recognise impact episodes can have on lifestyle particularly in the elderly	PACES, ACAT, CbD, mini-CEX	2, 3
Recognise recommendations regarding fitness to drive in relation to undiagnosed blackouts	MRCP(UK) Part 2 PACES, ACAT, CbD, mini-CEX	2, 3

## Breathlessness

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall the common and/or important cardio-respiratory conditions that present with breathlessness	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Differentiate orthopnoea and paroxysmal nocturnal dyspnoea	PACES, ACAT, CbD, mini-CEX	1
Identify non cardio-respiratory factors that can contribute to or present with breathlessness e.g. acidosis	MRCP(UK) Part 1, MRCP(UK) Part 2 PACES, ACAT, CbD, mini-CEX	1
Define basic pathophysiology of breathlessness	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
List the causes of wheeze and stridor	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Outline indications for CT chest, CT pulmonary angiography, spirometry	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Interpret history and clinical signs to list appropriate differential diagnoses:	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Differentiate between stridor and wheeze	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: routine blood tests, oxygen saturation, arterial blood gases, chest x-rays, ECG, peak flow test, spirometry	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Initiate treatment in relation to diagnosis, including safe oxygen therapy, early antibiotics for pneumonia	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Perform chest aspiration and chest drain insertion	ACAT, CbD, DOPS, mini-CEX	1
Recognise disproportionate dyspnoea and hyperventilation	PACES, ACAT, CbD, mini-CEX	1

Practice appropriate management of wheeze and stridor	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Evaluate and advise on good inhaler technique	PACES, ACAT, CbD, mini-CEX	1
Recognise indications for ventilatory support, including intubation and non-invasive ventilation	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Exhibit timely assessment and treatment in the acute phase	ACAT, CbD, mini-CEX	1
Recognise the distress caused by breathlessness and discuss with patient and carers	PACES, ACAT, CbD, mini-CEX	2, 3
Recognise the impact of long term illness	PACES, ACAT, CbD, mini-CEX	2
Consult senior when respiratory distress is evident	PACES, ACAT, CbD, mini-CEX	2, 3
Involve critical care team promptly when indicated	ACAT, CbD, mini-CEX	2
Exhibit non-judgemental attitudes to patients with a smoking history	PACES, ACAT, CbD, mini-CEX	3, 4

## Chest Pain

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Characterise the different types of chest pain, and outline other symptoms that may be present	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
List and distinguish between the common causes for each category of chest pain and associated features: cardiorespiratory, musculoskeletal, upper GI	MRCP(UK) Part 1, MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Define the pathophysiology of acute coronary syndrome and pulmonary embolus	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Identify the indications for angioplasty and thrombolysis in ACS	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Identify the indications and limitations of cardiac biomarkers and dimer analysis	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD,	1

Outline emergency and longer term treatments for pulmonary embolus	mini-CEX MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Outline the indications for further investigation in chest pain syndromes: CT angiography and non-invasive stress tests	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
<b>Skills</b>		
Interpret history and clinical signs to list appropriate differential diagnoses: esp. for cardiac pain & pleuritic pain	MRCP(UK) Part 1, MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations in the context of chest pain appropriately: such as ECG, blood gas analysis, blood tests, chest radiograph, cardiac biomarkers	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Commence initial emergency treatment including coronary syndromes, pulmonary embolus and aortic dissection	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Select appropriate arena of care and degree of monitoring	ACAT, CbD, mini-CEX	2
Formulate initial discharge plan	PACES, ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Perform timely assessment and treatment of patients presenting with chest pain	ACAT, CbD, mini-CEX	1
Involve senior when chest pain heralds critical illness or when cause of chest pain is unclear	PACES, ACAT, CbD, mini-CEX	3
Recognise the contribution and expertise of specialist cardiology nurses and technicians	PACES, ACAT, CbD, mini-CEX	3
Recommend appropriate secondary prevention treatments and lifestyle changes on discharge	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	2, 3
Communicate in a timely and thoughtful way with patients and relatives	PACES, ACAT, CbD, mini-CEX	3

## Confusion, Acute / Delirium

## CMT

**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**

Knowledge	Assessment Methods	GMP Domains
List the common and serious causes for acute confusion / delirium	MRCP(UK) Part	1

	1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	
Outline important initial investigations, including electrolytes, cultures, full blood count, ECG, blood gases, thyroid function tests	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recognise the factors that can exacerbate acute confusion / delirium e.g. change in environment, infection,	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
List the pre-existing factors such as dementia that pre-dispose to acute confusion / delirium	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Outline indications for further investigation including head CT, lumbar puncture	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
<b>Skills</b>		
Examine to elicit cause of acute confusion / delirium	ACAT, CbD, mini-CEX	1
Perform mental state examinations (abbreviated mental test and mini-mental test) to assess severity and progress of cognitive impairment	ACAT, CbD, mini-CEX	1
Recognise pre-disposing factors: dementia, psychiatric disease	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Understand and act on the results of initial investigations e.g. CT head, LP	MRCP(UK) Part 1, MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Interpret and recognise gross abnormalities of CT head/MRI brain e.g. mid-line shift and intracerebral haematoma	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Recognise that the cause of acute confusion / delirium is often multi-factorial	PACES, ACAT, CbD, mini-CEX	2, 3
Contribute to multi-disciplinary team management	ACAT, CbD, mini-CEX	3, 4
Recognise effects of acutely confused / delirious patient on other patients and staff in the ward environment	ACAT, CbD, mini-CEX	2, 3

## Cough

## CMT

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

Knowledge	Assessment Methods	GMP Domains
List the common and serious causes of cough (for top examples refer to system specific competencies)	MRCP(UK) Part 1, PACES,	1

Identify risk factors relevant to each aetiology including precipitating drugs	ACAT, CbD, mini-CEX MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Outline the different classes of cough and how the history and clinical findings differ between them	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
State which first line investigations are required, depending on the likely diagnoses following evaluation	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
<b>Skills</b>		
Order, interpret and act on initial investigations appropriately: blood tests, chest x-rays and lung function tests	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Awareness of management for common causes of cough	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Contribute to patients understanding of their illness	ACAT, CbD, mini-CEX	3, 4
Exhibit non-judgmental attitudes to patients with a history of smoking	ACAT, CbD, mini-CEX	3, 4
Consult seniors promptly when indicated	ACAT, CbD, mini-CEX	2, 3
Recognise the importance of a multi-disciplinary approach	ACAT, CbD, mini-CEX	2

## Diarrhoea

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Specify the causes of diarrhoea (refer to system specific competencies)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Correlate presentation with other symptoms: such as abdominal pain, rectal bleeding, weight loss	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1

Recall the pathophysiology of diarrhoea for each aetiology	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Describe the investigations necessary to arrive at a diagnosis	MRCP(UK) Part 1, MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Identify the indications for urgent surgical review in patients presenting with diarrhoea	PACES, ACAT, CbD, mini-CEX	1
Recall the presentation, investigations, prevention and treatment of C. difficile, diarrhoea	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Demonstrate knowledge of infection control procedures	PACES, ACAT, CbD, mini-CEX	1
<b>Skills</b>		
Evaluate nutritional and hydration status of the patient	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Assess whether patient requires hospital admission	PACES, ACAT, CbD, mini-CEX	1
Perform rectal examination as part of physical examination	ACAT, CbD, mini-CEX	1
Initiate and interpret investigations: blood tests, stool examination, endoscopy and radiology as appropriate (AXR – intestinal obstruction, toxic dilatation)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Seek a surgical and senior opinion when required	ACAT, CbD, mini-CEX	3
Exhibit sympathy and empathy when considering the distress associated with diarrhoea and incontinence	PACES, ACAT, CbD, mini-CEX	3, 4

## Falls

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall causes of falls and risk factors for falls (refer to system specific competencies)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Knowledge of what is involved in the assessment of a patient with a fall and give a differential diagnosis	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD,	1

Recall the relationship between falls risk and fractures	mini-CEX PACES, ACAT, CbD, mini-CEX	1
Recall consequences of falls, such as loss of confidence, infection	PACES, ACAT, CbD, mini-CEX	1
State how to distinguish between syncope and fall	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
<b>Skills</b>		
Define the significance of a fall depending on circumstances, and whether recurrent, to distinguish when further investigation is necessary	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Identify awareness of implications of falls and secondary complications of falls	MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1
Commence appropriate treatment including pain relief	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Recognise the psychological impact to an older person and their carer after a fall	PACES, ACAT, CbD, mini-CEX	2, 3
Contribute to the patients understanding as to the reason for their fall	PACES, ACAT, CbD, mini-CEX	2, 3
Discuss with seniors promptly and appropriately	PACES, ACAT, CbD, mini-CEX	2, 3
Relate the possible reasons for the fall and the management plan to patient and carers	PACES, ACAT, CbD, mini-CEX	3, 4

## Fever

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall the pathophysiology of developing a fever and relevant use of anti-pyretics	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Recall the underlying causes of fever: infection, malignancy, inflammation (refer to the system specific competencies)	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall guidelines with regard to antibiotic prophylaxis	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1
Differentiate features of viral and bacterial infection	MRCP(UK) Part	1

	1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	
Outline indications and contraindications for LP in context of fever	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recognition and awareness of management of neutropenic sepsis	MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1
<b>Skills</b>		
Recognise the presence of septic shock in a patient, commence resuscitation and liaise with senior colleagues promptly	ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: blood tests, cultures, CXR	ACAT, CbD, mini-CEX	1
Perform a lumbar puncture and interpret, ensure appropriate investigation of and act on results.	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, DOPS, mini-CEX	1
Arrange appropriate investigation of CSF and interpret results	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	
Identify the risk factors in the history that may indicate an infectious disease e.g. travel, sexual history, IV drug use, animal contact, drug therapy	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Commence empirical antibiotics when an infective source of fever is deemed likely in accordance with local prescribing policy	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Commence anti-pyretics as indicated	ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Adhere to local antibiotic prescribing policies	ACAT, CbD, mini-CEX	2
Highlight importance of nosocomial infection and principles for infection control	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	2
Consult senior in event of septic syndrome	ACAT, CbD, mini-CEX	2, 3
Discuss with senior colleagues and follow local guidelines in the management of the immunosuppressed e.g. HIV, neutropenia	PACES, ACAT, CbD, mini-CEX	2, 3
Promote communicable disease prevention: e.g. immunisations, antimalarials, safe sexual practices	PACES, ACAT, CbD, mini-CEX	3, 4

## Fits / Seizure

## CMT

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

### Knowledge

### Assessment

### GMP

	Methods	Domains
Recall the causes for seizure (refer to the system specific competencies)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES , ACAT, Cbd, mini-CEX	1
Recall the common epileptic syndromes	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, Cbd, mini-CEX	1
Recall the essential initial investigations following a 'first fit'	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES , ACAT, Cbd, mini-CEX	1
Recall the indications for a CT or MRI of head	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES , ACAT, Cbd, mini-CEX	1
Describe the indications, contraindications and side effects of the commonly used anti-convulsants	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, Cbd, mini-CEX	1
Differentiate seizure from other causes of collapse	MRCP(UK) Part 2, PACES, ACAT, Cbd, mini-CEX	1
<b>Skills</b>		
Recognise and commence initial management of a patient presenting with status epilepticus	MRCP(UK) Part 2, PACES ACAT, Cbd, mini-CEX	1
Obtain collateral history from witness	PACES, ACAT, Cbd, mini-CEX	3
Promptly recognise and treat precipitating causes: metabolic, infective, malignancy	ACAT, Cbd, mini-CEX	4
Differentiate seizure from other causes of collapse using history and examination	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, Cbd, mini-CEX	1
<b>Behaviours</b>		
Recognise need for urgent referral in case of uncontrolled recurrent loss of consciousness or seizures	ACAT, Cbd, mini-CEX	1
Recognise the principles of safe discharge, after discussion with senior colleague	ACAT, Cbd, mini-CEX	1, 2, 3
Recognise importance of Epilepsy Nurse Specialist	ACAT, Cbd, mini-CEX	1
Recognise the psychological and social consequences of epilepsy	ACAT, Cbd,	1

**Haematemesis & Melaena****CMT**

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

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Specify the causes of upper GI bleeding, with associated risk factors including coagulopathy and use of NSAIDs/aspirin /anticoagulants	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall scoring systems used to assess the significance and prognosis of an upper GI bleed	MRCP(UK) Part 2, PACES , ACAT, CbD, mini-CEX	1
Recall the principles of choice of IV access including central line insertion, fluid choice and speed of fluid administration	PACES, ACAT, CbD, DOPS, mini-CEX	1
Recall common important measures to be carried out after endoscopy, including helicobacter eradication, acid suppression	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
<b>Skills</b>		
Recognise shock or impending shock and resuscitate rapidly and assess need for higher level of care	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Distinguish upper and lower GI bleeding	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Demonstrate ability to site large bore IV access	ACAT, CbD, DOPS, mini-CEX	1
Safely prescribe drugs indicated in event of an established upper GI bleed using the current evidence base	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	2
<b>Behaviours</b>		
Seek senior help and endoscopy or surgical input in event of significant GI bleed	PACES, ACAT, CbD, mini-CEX	3
Observe safe practices in the prescription of blood products	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	2

**Headache****CMT**

**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**

<b>Knowledge</b>	<b>Assessment</b>	<b>GMP</b>
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	Methods	Domains
Recall the common and life-threatening causes of acute new headache, and how the nature of the presentation classically varies between them (refer to system specific competencies)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Understand the pathophysiology of headache	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the indications for urgent CT/MRI scanning in the context of headache	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall clinical features of raised intra-cranial pressure	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Demonstrate knowledge of different treatments for suspected migraine	MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1
<b>Skills</b>		
Recognise important diagnostic features in history	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Perform a comprehensive neurological examination, including eliciting signs of papilloedema, temporal arteritis, meningism and head trauma	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	2
Perform a successful lumbar puncture when indicated with minimal discomfort to patient observing full aseptic technique	ACAT, CbD, DOPS, mini-CEX	1
Interpret basic CSF analysis: cell count, protein, bilirubin, gram stain and glucose	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	2
Initiate prompt treatment when indicated: appropriate analgesia; antibiotics; antivirals; corticosteroids	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Recognise the nature of headaches that may have a sinister cause and assess and treat urgently	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1

Liase with senior doctor promptly when sinister cause is suspected	PACES, ACAT, CbD, mini-CEX	3
Involve neurosurgical team promptly when appropriate	PACES, ACAT, CbD, mini-CEX	3

## Jaundice

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall the pathophysiology of jaundice in terms of pre-hepatic, hepatic, and post-hepatic causes.	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall causes for each category of jaundice with associated risk factors	MRCP(UK) Part 1, PACES ACAT, CbD, mini-CEX	1
Recall issues of prescribing in patients with significant liver disease	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall basic investigations to establish aetiology (see system specific competencies)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1
Demonstrate knowledge of common treatments of jaundice	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1
Skills		
Take a thorough history and examination to arrive at a valid differential diagnosis	PACES, ACAT, CbD, mini-CEX	1
Recognise the presence of chronic liver disease or fulminant liver failure	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Interpret results of basic investigations to establish aetiology; recognise complications of jaundice	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recognise complications of jaundice	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	
Recognise and initially manage complicating factors: coagulopathy, sepsis, GI bleed, alcohol withdrawal, electrolyte disturbance	MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1
Behaviours		

Exhibit non-judgmental attitudes to patients with a history of alcoholism or substance abuse	PACES, ACAT, CbD, mini-CEX	4
Consult seniors and gastroenterologists promptly when indicated	PACES, ACAT, CbD, mini-CEX	3
Contribute to the patient's understanding of their illness	PACES, ACAT, CbD, mini-CEX	4
Recognise the importance of a multi-disciplinary approach	PACES, ACAT, CbD, mini-CEX	3

## Limb Pain & Swelling

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall the causes of unilateral and bilateral limb swelling in terms of acute and chronic presentation	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall the different causes of limb pain and the pathophysiology of pitting oedema, non-pitting oedema and thrombosis	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall the risk factors for the development of thrombosis and recognised risk scoring systems	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the indications, contraindications and side effects of diuretics and anti-coagulants	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Demonstrate awareness of the longer term management of DVT	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Differentiate the features of limb pain and/or swelling pain due to cellulitis, varicose eczema and DVT	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Perform a full and relevant examination including assessment of viability and perfusion of limb and differentiate pitting oedema; cellulitis; venous thrombosis; compartment syndrome	PACES, ACAT, CbD, mini-CEX	1
Recognise compartment syndrome and critical ischaemia and take appropriate timely action	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	2
Order, interpret and act on initial investigations appropriately: blood tests, doppler studies, urine protein	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES,	2

Practise safe prescribing of initial treatment as appropriate (anti-coagulation therapy, antibiotics etc)	ACAT, CbD, mini-CEX	
	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	2
Prescribe appropriate analgesia	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	2
<b>Behaviours</b>		
Liaise promptly with surgical colleagues in event of circulatory compromise (e.g. compartment syndrome)	ACAT, CbD, mini-CEX	3
Recognise importance of thrombo-prophylaxis in high risk groups	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	2

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

**To be able to work and liaise with a multi-disciplinary team in the management of patients requiring palliative and end of life 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 be able to devise an appropriate management plan and facilitate advance care planning**

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Describe different disease trajectories and prognostic indicators and the signs that a patient is dying	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Know that specialist palliative care is appropriate for patients with other life threatening illnesses as well as those with cancer	ACAT, CbD, mini-CEX	1,3
Describe the pharmacology of major drug classes used in palliative care, including opioids, NSAIDs, agents for neuropathic pain, bisphosphonates, laxatives, anxiolytics, and antiemetics. Describe common side effects of drugs commonly used	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Describe the analgesic ladder, role of radiotherapy, surgery and other non-pharmacological treatments	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Describe advance care planning	CbD, mini-CEX	1
Knowledge of a spectrum of professional and complementary therapies available, e.g. palliative medicine, hospice and other community services, nutritional support, pain relief, psychology of dying.	CbD, mini-CEX, PACES	1,2
Know about End of Life Integrated Care Pathway documentation e.g. Liverpool ICP for the last days of life	ACAT, CbD, mini-CEX	1
Know about the use of syringe drivers	ACAT, CbD, mini-CEX	1

Outline spiritual care services & when to refer	CbD, mini-CEX	1
Describe the role of the coroner and when to refer to them	ACAT, CbD, mini-CEX	1
<b>Skills</b>		
Recognising when a patient may be in the last days / weeks of life	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Be able to assess the patient's physical, and social needs	ACAT, CbD, mini-CEX	1
Is able to take an accurate pain history, recognising that patients may have multiple pains and causes of pain	ACAT, CbD, mini-CEX	1
Is able to prescribe opioids correctly and safely using appropriate routes of administration	ACAT, CbD, mini-CEX	1, 2
Able to assess response to analgesia and recognise medication side effects or toxicity	ACAT, CbD, mini-CEX	1, 2
Is able to assess and manage other symptom control problems including nausea and vomiting, constipation, breathlessness, excess respiratory tract secretions, agitation, anxiety and depression	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recognise that the terminally ill often present with problems with multi-factorial causes some of which may be reversible	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Communicate honestly and sensitively with the patient (and family), about the benefits and disadvantages of treatment and appropriate management plan, allowing the patient to guide the conversation. Able to elicit understanding and concerns.	ACAT, CbD, mini-CEX	1,3,4
Is able to document discussion clearly, and communicates relevant parts to other involved carers appropriately.	CbD, mini-CEX	1,3
Practice safe use of syringe drivers	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1,2
Complete death certificates and cremation forms	ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Co-ordinates care within teams, between teams and between care settings	ACAT, CbD, mini-CEX	1,3
Active management and on-going assessment of symptoms	ACAT, CbD, mini-CEX	1
Refers to and liaises with specialist palliative care services when recognises that care is complex	ACAT, CbD, mini-CEX	1,2,3

## Palpitations

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall cardiac electrophysiology relevant to ECG interpretation	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Recall common causes of palpitations	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall the categories of arrhythmia	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall common arrhythmogenic factors including drugs	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the indications, contraindications and side effects of the commonly used anti-arrhythmic medications	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Demonstrate knowledge of the management of atrial fibrillation	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Elucidate nature of patient's complaint	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: ECG, blood tests	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recognise and commence initial treatment of arrhythmias being poorly tolerated by patient (peri-arrest arrhythmias)	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Ensure appropriate monitoring of patient on ward	ACAT, CbD, mini-CEX	2
Management of newly presented non compromised patients with arrhythmias	ACAT, CbD, mini-CEX	1
Behaviours		
Consult senior colleagues promptly when required	PACES, ACAT,	3

Advise on lifestyle measures to prevent palpitations when appropriate	CbD, mini-CEX ACAT, CbD, mini-CEX	3
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## Poisoning

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall indications for activated charcoal and whole bowel irrigation	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Recall indications for activated charcoal and whole bowel irrigation	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recognise importance of accessing trusted web-based information (e.g. TOXBASE and National Poisons Information Service) and the use of the information so obtained	ACAT, CbD, mini-CEX	1
Skills		
Recognise critically ill overdose patient and resuscitate as appropriate	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Take a full history of event, including a collateral history if possible	PACES, ACAT, CbD, mini-CEX	1
Examine to determine nature and effects of poisoning	ACAT, CbD, mini-CEX	1
Commence poison-specific treatments in accordance with information from TOXBASE/NPIS	ACAT, CbD, mini-CEX	2
Order, interpret and act on initial investigations appropriately: biochemistry, arterial blood gas, glucose, ECG, and drug concentrations	MRCP(UK) Part 1, MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Ensure appropriate monitoring in acute period of care	ACAT, CbD, mini-CEX	1
Perform mental state examination	ACAT, CbD, mini-CEX	
Behaviours		
Contact senior promptly in event of critical illness or patient refusing treatment	ACAT, CbD, mini-CEX	3
Recognise the details of poisoning event given by patient may be inaccurate	ACAT, CbD, mini-CEX	2
Show compassion and patience in the assessment and management of those who have self-harmed	PACES, ACAT, CbD, mini-CEX	4

## Rash

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall the characteristic lesions found in the acute presentation of common skin diseases	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall basic investigations to establish aetiology	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall risk factors, particularly drugs, infectious agents and allergens	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recall possible medical treatments	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Take a thorough focussed history & conduct a detailed examination, including the nails, scalp and mucosae to arrive at appropriate differential diagnoses	PACES, ACAT, CbD, mini-CEX	1
Recognise the importance of a detailed drug history	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recognise that anaphylaxis may be a cause of an acute skin rash	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately to establish aetiology	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Implement acute medical care when indicated by patient presentation / initial investigations	ACAT, CbD, mini-CEX	1
Behaviours		
Demonstrate sympathy and understanding of patients' concerns due to the cosmetic impact of skin disease	PACES, ACAT, CbD, mini-CEX	4
Engage the patient in the management of their condition particularly with regard to topical treatments	PACES, ACAT, CbD, mini-CEX	3, 4

Reassure the patient about the long term prognosis and lack of transmissibility of most skin diseases	PACES, ACAT, CbD, mini-CEX	3
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## Vomiting and Nausea

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall the causes and pathophysiology of nausea and vomiting	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Recall the use and adverse effects of commonly used anti-emetics and differentiate the indications for each	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recall alarm features that make a diagnosis of upper gastrointestinal malignancy possible	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Skills		
Elicit signs of dehydration and take steps to rectify	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recognise and treat suspected GI obstruction appropriately: nil by mouth, NG tube, IV fluids	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Practise safe prescribing of anti-emetics	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	2
Order, interpret and act on initial investigations appropriately: blood tests, x-rays	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Behaviours		
Involve surgical team promptly in event of GI obstruction	ACAT, CbD, mini-CEX	3
Respect the impact of nausea and vomiting in the terminally ill and involve palliative care services appropriately	PACES, ACAT, CbD, mini-CEX	4

## Weakness and Paralysis

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Broadly outline the physiology and neuroanatomy of the components of the motor system	MRCP(UK) Part 1, PACES, ACAT, Cbd, mini-CEX	1
Recall the myotomal distribution of nerve roots, peripheral nerves, and tendon reflexes	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, Cbd, mini-CEX	1
Recall the clinical features of upper and lower motor neurone, neuromuscular junction and muscle lesions	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, Cbd, mini-CEX	1
Recall the common and important causes for lesions at the sites listed above	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, Cbd, mini-CEX	1
Recall the Bamford classification of stroke, and its role in prognosis	MRCP(UK) Part 2, PACES, ACAT, Cbd, mini-CEX	1
Demonstrate knowledge of investigations for acute presentation, including indications for urgent head CT	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, Cbd, mini-CEX	1
Skills		
Elucidate speed of onset and risk factors for neurological dysfunction	PACES, ACAT, Cbd, mini-CEX	1
Perform full examination to elicit signs of systemic disease and neurological dysfunction and identify associated deficits	PACES, ACAT, Cbd, mini-CEX	1
Describe likely site of lesion in motor system and produce differential diagnosis	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, Cbd, mini-CEX	1
Order, interpret and act on initial investigations for motor weakness appropriately	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, Cbd, mini-CEX	1
Recognise when swallowing may be unsafe and manage appropriately	ACAT, Cbd, mini-CEX	1

Detect spinal cord compromise and investigate promptly	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Perform tests on respiratory function and inform senior appropriate	ACAT, ACAT, CbD, mini-CEX	1
Ensure appropriate care: thrombo-prophylaxis, pressure areas,	MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX	1

### Behaviours

Recognise importance of timely assessment and treatment of patients presenting with acute motor weakness	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	2
Consult senior and acute stroke service, if available, as appropriate	PACES, ACAT, CbD, mini-CEX	3
Recognise patient and carers distress when presenting with acute motor weakness	PACES, ACAT, CbD, mini-CEX	2
Consult senior when rapid progressive motor weakness or impaired consciousness is present	PACES, ACAT, CbD, mini-CEX	3
Involve speech and language therapists appropriately	PACES, ACAT, CbD, mini-CEX	3
Contribute to multi-disciplinary approach	PACES, ACAT, CbD, mini-CEX	3, 4

## Other Important Presentations

### Abdominal Mass / Hepatosplenomegaly

*CMT*

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

Knowledge	Assessment Methods	GMP Domains
Recall the different types of abdominal mass in terms of aetiology, site, and clinical characteristics (e.g. malignancy, inflammatory)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Recall relevant investigations related to clinical findings: radiological, surgical, endoscopy	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Recall the common causes of hepatomegaly and splenomegaly	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Skills		
Elicit associated symptoms and risk factors for the presence of diseases presenting with abdominal mass, hepatomegaly and splenomegaly	MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Elicit and interpret important clinical findings of mass to establish its likely nature	PACES, ACAT, CbD, mini-CEX	1
Order, and interpret following the results of initial investigations including blood tests and imaging	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD	1
Behaviours		
Recognise the anxiety that the finding of an abdominal mass may induce in a patient	PACES	3, 4
Participate in multi-disciplinary team approach	PACES, CbD	3, 4

### Abdominal Swelling & Constipation

*CMT*

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

Knowledge	Assessment Methods	GMP Domains
Recall the causes of abdominal swelling and their associated clinical findings	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Recall the common causes of constipation, including drugs	MRCP(UK) Part 1, CbD, mini-CEX, MSF	1
Recall the pathophysiology ascites, ileus and bowel obstruction	MRCP(UK) Part 1, CbD	1

Recall important steps in the diagnosis of the cause of ascites, including clinical findings, blood tests, imaging and the diagnosis of spontaneous bacterial peritonitis and malignancy	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD	1
Recall the alarm symptoms which raise suspicion of colorectal malignancy	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD	1
Recall the mode of action and side effects of the commonly used laxatives	MRCP(UK) Part 1, CbD	1
<b>Skills</b>		
Examine to identify the nature of the swelling, including a rectal examination, and elicit co-existing signs that may accompany ascites, intestinal obstruction and constipation	PACES, mini-CEX	1
Order and interpret the results of initial investigations	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, mini-CEX	
Perform a safe diagnostic ascitic tap with aseptic technique with minimal discomfort to the patient	DOPS, mini-CEX	1
Interpret results of diagnostic ascitic tap	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD	1
Institute initial management as appropriate to the type of swelling	MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
<b>Behaviours</b>		
Recognise the multi-factorial nature of constipation, particularly in the elderly	PACES, CbD	1
Recognise the importance of multi-disciplinary approach	PACES, CbD	1
Arrange referral to the appropriate multidisciplinary team if cancer is diagnosed	CbD	2, 3
Liaise with the Palliative care team as necessary	CbD	3
Respond sympathetically and with empathy to patient and relatives requests for information and advice when cancer is diagnosed	PACES, CbD	3, 4

### Abnormal Sensation (Paraesthesia and Numbness)

### CMT

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

Knowledge	Assessment Methods	GMP Domains
Broadly outline the physiology and neuroanatomy of the sensory components of the nervous system	MRCP(UK) Part 1, PACES	1
Recall the dermatomal distribution of nerve roots and peripheral nerves	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES	1
List common and important causes of abnormal sensation and likely site of lesion in nervous system (e.g. trauma, vascular)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES,	1

Outline the symptomatic treatments for neuropathic pain	CbD MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD	1
Outline indications for an urgent head CT or MRI	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD	1
Be aware of relevance of more specialised investigations: neuroimaging, screening blood tests for neuropathy, neurophysiology studies	MRCP(UK) Part 2, PACES, MRCP(UK), ACAT, CbD	1
<b>Skills</b>		
Take a full history, including drugs, lifestyle, trauma	PACES, ACAT, CbD, mini-CEX	1
Perform full examination including all modalities of sensation to elicit signs of nervous system dysfunction	PACES, ACAT, mini-CEX	1
Describe likely site of lesion: central, root, mononeuropathy, or polyneuropathy	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD	1
Identify early spinal cord or cauda equine compression and take appropriate action	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1, 2
<b>Behaviours</b>		
Recognise the distress chronic paraesthesia can cause	PACES, CbD, mini-CEX, MSF, PS	1
Consult senior and acute stroke service, if available, as appropriate	PACES, ACAT CbD, MSF	2, 3
Contribute to multi-disciplinary approach	PACES, ACAT CbD, MSF	3

## Aggressive / Disturbed Behaviour

## CMT

**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**

Knowledge	Assessment Methods	GMP Domains
Be aware of the factors that allow prediction of aggressive behaviour: personal history, alcohol and substance misuse, delirium, dementia	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Recall the definition of acute psychosis and list its predominant features and causes	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD, mini-CEX	1
Recall indications, contraindications and side effects of sedative medications	MRCP(UK) Part 1, MRCP(UK)	1

	Part 2, CbD, mini-CEX	
Outline the legal framework authorising interventions in the management of the disturbed or violent patient	CbD, mini-CEX	1
<b>Skills</b>		
Ensure appropriate arena for nursing patient with disturbed behaviour	CbD, mini-CEX	2
Ensure sufficient support is available to members of the MDT and to the patient	CbD, mini-CEX	2
Assess patient fully including mental state examination to produce a valid differential diagnosis, obtain collateral information about pre-existing conditions where possible	CbD, mini-CEX	1, 2
Order, interpret and act on initial investigations appropriately when possible	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD, mini-CEX	1, 2
Practise safe rapid sedation if indicated as defined in national guidelines e.g. NICE	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD, mini-CEX	2
Recognise warning signs of incipient violent behaviour	CbD, mini-CEX	1, 2
Ensure close monitoring following sedation	CbD, mini-CEX	2
<b>Behaviours</b>		
Involve senior colleague and mental health care team promptly	CbD, mini-CEX	3
Advocate practice outlined in national guidelines (e.g. NICE) on managing violence	CbD, mini-CEX	3, 4

## Alcohol and Substance Dependence

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall the medical, psychiatric and socio-economic consequences of alcohol and drug misuse, and the recommended limits on alcohol intake.	MRCP(UK) Part 1, CbD	1
Recall the medical, psychiatric and socio-economic consequences of alcohol and drug misuse	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Recall the potential harmful effects of alcohol and recreational drugs on the unborn child	MRCP(UK) Part 1 CbD	1
Recall the measures taken to correct features of malnutrition, including vitamin and mineral supplementation	MRCP(UK) Part 2, CbD	1
Recall the pathophysiology of withdrawal syndromes	PACES	1
Recall effects of alcohol and recreational drugs on cerebral function	MRCP(UK) Part 2, PACES, CbD	1
Recall different sedative regimes for detoxification	PACES, CbD	1

<b>Skills</b>		
Take a detailed medical and psychiatric history (including a collateral history) to identify physical or psychological dependence, being aware of both acute and longer term presentations (eg trauma, depression)	PACES, mini-CEX	1
Examine a patient to elicit complications of alcohol and substance misuse	PACES	1
Obtain collateral history if possible	PACES, mini-CEX	1
Initiate investigations on a patient with alcohol or substance dependence	MRCP(UK) Part 2, PACES, ACAT, CbD	1
Practise safe prescribing of sedatives for withdrawal symptoms	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD	2
Detect and address other health issues: liver disease, malnutrition, Wernicke's encephalopathy	MRCP(UK) Part 2, PACES, CbD	1
Cite local policy for in-patient and community alcohol and substance dependence services and refer where appropriate	CbD	3
<b>Behaviours</b>		
Recognise the aggressive patient and manage appropriately	MRCP(UK) Part 2, ACAT, CbD,	3
Seek specialist advice when appropriate e.g. gastroenterology, intensive care, psychiatry	PACES, ACAT, CbD, MSF	3
Work in a supportive, empathetic and non-judgemental manner without collusion	PACES, ACAT, CbD	3

## **Anxiety / Panic disorder**

## **CMT**

**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**

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Recall the main features of anxiety disorder	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Be familiar with national guidelines (e.g. NICE) on management of anxiety	MRCP(UK) Part 2, CbD	1
Elucidate the main categories of anxiety disorder: panic, generalised anxiety, stress disorders and phobias	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD	1
Recognise the role of depression in anxiety symptoms	MRCP(UK) Part 2, PACES, CbD	1
Recognise the manifestations in the older patient	MRCP(UK) Part 2, PACES, CbD	1
Recall organic disorders and medications that can mimic some features of anxiety disorder	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES,	1

Outline broad treatment strategies for anxiety disorders	CbD MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
<b>Skills</b>		
Assess a patient to detect organic illness	PACES, CbD	1
Evaluate patient's mental state to categorise cause of symptoms as per national guidelines (e.g. NICE) on anxiety	CbD	1
Develop a differential diagnosis	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
<b>Behaviours</b>		
Recognise the chronicity of anxiety syndromes and the distress and disability they cause	PACES, CbD	1

## Bruising and spontaneous bleeding

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall the different types of easy bruising	MRCP(UK) Part 2, PACES, CbD	1
Identify the possible causes of easy bruising, depending on the site, age of the patient and details of the history, particularly in relation to prescribed medication	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
State which first line investigations are required, depending on the likely diagnosis	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Identify the common clinical presentations of coagulation disorders	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Identify the pattern of bleeding associated with thrombocytopenia	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Identify the need for urgent investigations	MRCP(UK) Part 2, PACES	1
Identify differences in presentation between primary haematological causes of easy bruising and drug induced clotting disorders	MRCP(UK) Part 2, PACES, CbD	1
Skills		
Order, interpret and act on initial investigations appropriately including blood tests, X-rays, microbiology investigations	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Initiate first line management in consultation with senior clinicians	MRCP(UK) Part 2, CbD	1
Behaviours		
Recognise the importance of a multidisciplinary approach	PACES, CbD	3
Acknowledge anxiety caused by possible diagnosis of a serious blood condition	PACES, CbD	4
Consult senior if there is concern bruising is manifestation of critical illness	PACES, CbD	3
Recognise that trauma is an important cause of bruising and that bruising is a common problem in the elderly	PACES, CbD	1

## Dyspepsia

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Define dyspepsia and recall principle causes	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Recall the lifestyle factors that contribute to dyspepsia	MRCP(UK) Part 1, PACES, CbD	1
Recall the indications for endoscopy as stated in national guidelines (e.g. NICE)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Recall indications, contraindications and side effects of acid suppression and mucosal protective medications	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Recall the role of H Pylori and its detection and treatment	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Recall the alarm symptoms of upper GI malignancy	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Skills		
Identify alarm symptoms indicating urgent endoscopy and arrange referral	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Investigate as appropriate: H pylori testing, endoscopy	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Take a history to differentiate ulcer-like dyspepsia from gastro-oesophageal reflux disease and a full drug history	PACES, CbD, mini-CEX	1
Carry out an abdominal examination particularly looking for an abdominal mass.	PACES, mini-CEX	1
Behaviours		
Reflect findings of a previous endoscopy when patients have an exacerbation of symptoms	PACES, CbD	3

## Dysuria

## CMT

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

Knowledge	Assessment Methods	GMP Domains
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Recall anatomy of the genito-urinary tract	MRCP(UK) Part 1, ACAT, CbD, mini-CEX, PS	1
Be aware of the causes of dysuria in males and females	MRCP(UK) Part 2, PACES ACAT, CbD, mini-CEX, PS	1
Outline the pathophysiology of infective causes of urethritis	MRCP(UK) Part 1, ACAT, CbD, mini-CEX, PS	1
Outline the principles of management of dysuria	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX, PS	1
Outline general measures to prevent recurrent urinary tract infection	PACES, ACAT, CbD, mini-CEX, PS	1
<b>Skills</b>		
Take a full history, including features pertaining to sexual health	PACES, ACAT, CbD, mini-CEX, PS	1
Initiate appropriate treatment when appropriate	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX, PS	1
Order, interpret and act on initial investigations	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX, PS	1
Apply knowledge of local microbiological advice in commencing appropriate treatment	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX, PS	2, 3
<b>Behaviours</b>		
Recognise the need for specialist Genito-urinary/ID/renal input when appropriate	PACES, ACAT, CbD, mini-CEX, PS	3
Participate in sexual health promotion	PACES, ACAT, CbD, mini-CEX, PS	3
Use microbiology resources in the management of patients with dysuria when appropriate	ACAT, CbD, mini-CEX, PS	3

## Genital Discharge and Ulceration

## CMT

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

Knowledge	Assessment Methods	GMP Domains
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Recall the disorders that can present with genital discharge	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Recall the disorders that can present with genital ulceration	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Recall the investigations necessary: urinalysis; urethral smear and culture in men; high vaginal and endo-cervical swab in women, genital skin biopsy	MRCP(UK) Part 2, PACES, MRCP(UK), ACAT, CbD,	1
Recall the systemic modes of presentation of sexually transmitted diseases	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
<b>Skills</b>		
Take a full history that includes associated symptoms, sexual, menstrual and contraceptive history and details of previous STDs	PACES, ACAT, mini-CEX	1
Perform full examination including inguinal lymph nodes, scrotum, male urethra, rectal examination	ACAT, DOPS,	1
<b>Behaviours</b>		
Recognise the re-emergence of sexually transmitted diseases	PACES, MRCP(UK), ACAT, CbD	2
Recognise the importance of contact tracing	PACES, ACAT, MRCP(UK),	2
Promote safe sexual practices	PACES, ACAT, CbD	2
Advocate the presence of a chaperone during assessment	ACAT, DOPS, MSF	4

## Haematuria

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall the anatomy of the urinary tract	MRCP(UK) Part 1, ACAT, CbD, mini-CEX , PS	1
Outline the causes of microscopic and macroscopic haematuria	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES , ACAT, CbD, mini-CEX, PS	1
Determine whether glomerular cause is likely, and indications for a nephrology opinion	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX, PS	1

<b>Skills</b>		
Perform a focussed examination, including a rectal examination	PACES, ACAT, CbD, mini-CEX, PS	1
Demonstrate when a patient needs urological assessment and investigation	PACES, ACAT, CbD, mini-CEX, PS	1
Order, interpret and act on initial investigations such as: urine culture, cytology and microscopy; blood tests	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX PS	1
<b>Behaviours</b>		
Involve renal unit when rapidly progressive glomerulonephritis is suspected	PACES, MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX PS	3

## Haemoptysis

## CMT

**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**

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Identify the presenting features of haemoptysis	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD	1
Recognise the common and potentially life threatening causes of haemoptysis: bronchiectasis, tuberculosis pneumonia, pulmonary embolism and carcinoma	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Knowledge of non-respiratory causes (eg aorto-pulmonary fistula)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Describe initial treatment including fluids and oxygen management	MRCP(UK) Part 2, PACES, CbD	1
<b>Skills</b>		
Perform a detailed history and physical examination to determine an appropriate differential diagnosis	PACES, CbD	1
Order, interpret and act on initial investigations appropriately: routine bloods, clotting screen, chest radiograph and ECG, sputum tests	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Initiate treatment including indications for starting or withholding anticoagulants and antibiotics	MRCP(UK) Part 2, PACES, CbD	1
<b>Behaviours</b>		
Involve seniors and respiratory physicians as appropriate	PACES, CbD	3

## Head Injury

## CMT

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	Assessment Methods	GMP Domains
Recall the pathophysiology of concussion	MRCP(UK) Part 1, CbD, mini-CEX	1
Outline symptoms that may be present	MRCP(UK) Part 2, CbD, mini-CEX	1
Recall the commonly used coma scoring systems (eg Glasgow Coma Scale (GCS); AVPU (alert, vocalising, responding to pain, unconscious))	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Outline the indications for hospital admission following head injury	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Outline the indications for urgent head CT scan as per national guidelines (e.g. NICE)	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Recall short term complications of head injury	MRCP(UK) Part 2, CbD, mini-CEX	1
Skills		
Instigate initial management: ABCDE, cervical spine protection	mini-CEX	1
Assess and classify patient in terms of GCS and its derivative components (E,V,M)	MRCP(UK) Part 2, mini-CEX	1
Take a focussed history and a full examination to elicit signs of head injury and focal neurological deficit	PACES, CbD, mini-CEX	1
Manage short term complications, with senior assistance if required: seizures, airway compromise	MRCP(UK) Part 2, CbD, mini-CEX	1
Advise nurses on appropriate frequency and nature of observations	mini-CEX , MSF	3
Behaviours		
Recognise advice provided by national guidelines on head injury (e.g. NICE)	MRCP(UK) Part 2, CbD	1
Ask for senior and anaesthetic support promptly in event of decreased consciousness	CbD, MSF	3
Involve neurosurgical team promptly in event of CT scan showing structural lesion	CbD	3
Recommend indications for repeat medical assessment in event of discharge of patient from hospital	CbD	1
Participate in safe transfer procedures if referred to tertiary care	ACAT	3

## Hoarseness and Stridor

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Explain the mechanisms of hoarseness	MRCP(UK) Part 1, PACES	1
Explain the mechanisms of stridor	MRCP(UK) Part 1, PACES	1
List the common and serious causes for hoarseness and stridor	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES	1
Skills		
Differentiate hoarseness, stridor and wheeze	PACES	1
Assess severity: cyanosis, respiratory rate and effort	PACES	1
Perform full examination, eliciting signs that may co-exist with stridor or hoarseness e.g. bovine cough, Horner's syndrome, lymphadenopathy, thyroid enlargement, fever	PACES	1
Order, interpret and act on initial investigations appropriately: blood tests, blood gas analysis, chest radiograph, flow volume loops, FEV1/peak flow ratio	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES	1
Behaviours		
Involve senior and anaesthetic team promptly in event of significant airway compromise	PACES	3
Involve specialist team as appropriate: respiratory team, ENT or neurological team	PACES	3

## Hypothermia

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Define hypothermia and its diagnosis	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD	1
Recall perturbations caused by hypothermia, including ECG and blood test interpretation	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD	1
Recall the causes of hypothermia	MRCP(UK) Part 2, CbD	1
Recall the initial management of hypothermia	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD	1
Recall complications of hypothermia	MRCP(UK) Part 2, CbD	1
Skills		

Employ the emergency management of hypothermia as per ALS guidelines	MRCP(UK) Part 2, ACAT, CBD,	1
Correct any predisposing factors leading to hypothermia	MRCP(UK) Part 2, ACAT, CBD	1
Request appropriate monitoring of the patient	ACAT, CBD	1
<b>Behaviours</b>		
Recognise the often multi-factorial nature of hypothermia in the elderly and outline preventative approaches	MRCP(UK) Part 2, CBD	1
Recognise seriousness of hypothermia and act promptly to re-warm	ACAT, CBD	1
Recognise that death can only usually be certified after re-warming	ACAT, CBD	1

## Immobility

## CMT

**The trainee will be able to assess a patient with immobility (partial or complete) to produce a valid differential diagnosis, investigate appropriately, and produce a management plan**

Knowledge	Assessment Methods	GMP Domains
Recall the risk factors and causes of impaired mobility	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD	1
Define the roles in a multidisciplinary team	PACES, CbD	1
Define the basic principles of rehabilitation	PACES, CbD	1
Recall the conditions causing impaired mobility which may be improved by treatment and or rehabilitation	MRCP(UK) Part 2, PACES, CbD	1
<b>Skills</b>		
Take appropriate and focussed collateral history from carers/family/GP	PACES, ACAT, mini-CEX	1
Construct problem list following assessment	PACES, ACAT CbD	1
Be able to play a meaningful role in the multidisciplinary team in management of these patients	PACES, ACAT, MSF	3
Formulate appropriate management plan including medication, rehabilitation and goal setting	PACES, ACAT. CbD	1
Identify conditions leading to acute presentation to hospital	MRCP(UK) Part 2, PACES, ACAT	1
Order, interpret and act on relevant initial investigations appropriately to elucidate a differential diagnosis	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES ACAT, CbD	1
Perform evaluation of cognitive status	PACES, ACAT, DOPS	1
<b>Behaviours</b>		
Recognise the importance of a multidisciplinary approach and specialist referral as appropriate	PACES, CbD, MSF	1
Display ability to discuss plans with patients, family members and or carers	PACES, ACAT, MSF, PS	4
Recognise the anxiety and distress caused to patients, their families	PACES, ACAT,	4

and carers by underlying condition and admission to hospital

MSF, PS

## Incidental Findings

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall asymptomatic abnormal findings on examination or investigation that may precipitate further assessment: abnormal radiograph; abnormal CT or MRI images (e.g. incidentalomas); malignant or accelerated hypertension; deranged blood tests (anaemia, calcium, urea and electrolytes, full blood count, clotting, thyroid); proteinuria; non visible haematuria; abnormal ECG; abnormal echo findings; drug interactions and reactions; masses, skin changes, lymphadenopathy	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD	1
Awareness of the relevant asymptomatic findings that warrant immediate assessment, admission or management, including primary or secondary cancer	MRCP(UK) Part 2, ACAT, CbD	1
Able to appreciate chance (incidental) findings which have no clinical relevance	ACAT, CbD	1
Skills		
Elucidate finding and place it in context of particular patient	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Decide whether immediate assessment of patient is required, or whether outpatient or GP assessment is sufficient, after discussion with senior colleague if uncertain	PACES, ACAT, MSF	1
Formulate an appropriate management plan for each scenario	MRCP(UK) Part 2, PACES, ACAT, CbD	1
Order, interpret and act on further initial investigations appropriately	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT	1
Manage common metabolic presentations appropriately (hyper/hypokalaemia, hyper/hyponatraemia)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD	1
Explain the abnormal findings to the patient in a manner that s/he can understand	PACES, mini-CEX, MSF	3
Behaviours		
Refer non-urgent cases to either GP or appropriate specialist for outpatient review or investigation in a comprehensive and concise manner	PACES, ACAT	3
Recognise the non-specific modes by which serious illness may present	MRCP(UK) Part 2, PACES, ACAT, CbD	1
Seek specialist advice when appropriate	PACES, MSF	3

## Involuntary Movements

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Differentiate and outline the differential diagnoses of parkinsonism and tremor: be aware of myoclonus, and other less common movement disorders	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT	1
Recall the main drug groups used in the management of movement disorders	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Skills		
Assess including a full neurological examination to produce a valid differential diagnosis	PACES, mini-CEX	1
Behaviours		
Exhibit empathy when considering the impact of movement disorders on the quality of life of patients and their carers	PACES, ACAT, MSF, PS	1
Recognise the role of therapists in improving function and mobility	PACES, CbD, MSF	4
Recognise the importance of specialist referral	PACES, ACAT, CbD	1

## Joint Swelling

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall the generic anatomy of the different types of joint	MRCP(UK) Part 1, PACES	1
Differentiate between mono-, oligo-, and polyarthritis and recall principal causes for each	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES	1
Recall the importance of co-morbidities in the diagnosis of joint swelling	MRCP(UK) Part 2, PACES	1
Recall treatment options for acute arthritides e.g. analgesia, NSAIDs, steroids, physiotherapy etc	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Skills		
Recognise the importance of history for clues as to diagnosis	MRCP(UK) Part 2, PACES, mini-CEX	1
Perform a competent physical examination of the musculo-skeletal system	PACES, mini-CEX	1

Elicit and interpret extra-articular signs of joint disease	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, mini-CEX	1
Order, interpret and act on initial investigations appropriately: blood tests, radiographs, joint aspiration, cultures	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD	1
(Make) basic interpretation of plain radiographs of swollen joints	MRCP(UK) Part 2, PACES, ACAT	1
Practise safe prescribing of analgesics and NSAIDs for joint disease	MRCP(UK) Part 2, ACAT, CbD, MSF	1
Awareness of second-line therapy and its complications	MRCP(UK) Part 2, PACES, CbD	1
<b>Behaviours</b>		
Arranges timely joint aspiration when appropriate to rule out septic cause	MRCP(UK) Part 2, PACES, ACAT, CbD	1
Recognise appropriate situation where surgical intervention in septic arthritis should be considered	PACES, ACAT, CbD	3
Recognise importance of multi-disciplinary approach to joint disease: orthopaedic surgery, physio, OT, social services	PACES, ACAT, CBD, MSF	3

## Lymphadenopathy

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Outline the anatomy and physiology of the lymphatic system	MRCP(UK) Part 1, CbD, mini-CEX	1
Recall the causes of generalised and local lymphadenopathy in terms of infective, malignant, reactive and infiltrative	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Outline the initial investigations of lymphadenopathy and the indications for fine needle aspiration and lymph node biopsy	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Outline the investigations indicated when tuberculosis is considered	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
<b>Skills</b>		
Elicit associated symptoms and risk factors for the presence of diseases presenting with lymphadenopathy	PACES, CbD, mini-CEX	1
Examine to elicit the signs of lymphadenopathy and associated diseases	CbD, mini-CEX	1

Order, interpret and act on initial investigations appropriately	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Initiate treatment if appropriate	MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
<b>Behaviours</b>		
Recognise patient concerns regarding possible cause for lymphadenopathy	PACES, CbD, mini-CEX	3
Recognise the need for senior and specialist input	PACES, CbD, mini-CEX	3
Recognise the association of inguinal lymphadenopathy with STDs, assess and refer appropriately	CbD, mini-CEX	1

## Loin Pain

## CMT

**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**

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
List the common and serious causes of loin pain and renal colic	MRCP(UK) Part 1, PACES, ACAT, CbD, mini-CEX	1
Outline other symptoms that may classically accompany loin pain and renal colic	PACES, ACAT, CbD, mini-CEX	1
Outline indications and contraindications for an urgent IVU/CT KUB	PACES, ACAT, CbD, mini-CEX	1
<b>Skills</b>		
Elucidate risk factors for causes of loin pain	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Perform full examination to elicit signs of renal pathology	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: blood tests, urinalysis, urine culture and microscopy, radiographs, ultrasound	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Prescribe appropriate analgesia safely	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Commence appropriate antibiotics when infective cause is likely	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1

Recognise co-existing renal impairment promptly	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Involve senior and renal team if there is associated renal impairment	PACES, ACAT, CbD, mini-CEX	3
Involve urology team as appropriate	PACES, ACAT, CbD, mini-CEX	3
Recognise local guidelines in prescribing antibiotics	ACAT, CbD, mini-CEX	2
Recognise the importance of familial disorders in the origin of renal pain e.g. adult polycystic kidney disease	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1

### Medical Problems/Complications Following Surgical Procedures *CMT*

**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**

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Recall the common medical complications occurring in peri-operative patients and how they present	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD	1
Recall the reasons for atypical presentation of medical problems peri-operatively	PACES, CbD	1
Recall the investigations indicated in different scenarios: shortness of breath, chest pain, respiratory failure, drowsiness, fever, collapse, GI bleed	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD, mini-CEX	1
<b>Skills</b>		
Recognise the critically ill patient and instigate resuscitative measures	MRCP(UK) Part 2, ACAT, mini-CEX	1
Assess patient with history and examination to form differential diagnosis	MRCP(UK) Part 2, mini-CEX	1
Initiate treatment when appropriate in consultation with the surgical team	ACAT, CbD	1
Institute measures for thrombosis prophylaxis when appropriate.	MRCP(UK) Part 2, ACAT, CbD	1
Encourage preventative measures: thrombo-prophylaxis, physiotherapy, adequate analgesia	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD	1
<b>Behaviours</b>		
Recognise the importance of thrombo-embolic complications and prophylaxis during acute illness and in post-operative period	MRCP(UK) Part 2, CbD	1

Recognise the importance of measures to prevent complications: DVT prophylaxis, effective analgesia, nutrition, physiotherapy, gastric protection	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD	1
Call for senior help when appropriate	CbD	3
Respect opinion of referring surgical team	CbD	4

## Medical Problems in Pregnancy

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Demonstrate awareness of the possibility of pregnancy in women of reproductive years	MRCP Part 2, CbD, mini-CEX	1
Outline the normal physiological changes occurring during pregnancy	CbD, mini-CEX	1
Demonstrate awareness of the impact of chronic or long term conditions in relation to maternal and foetal health e.g. diabetes, hypertension and obesity	MRCP Part 2, PACES, CbD, mini-CEX	1
List the common medical conditions occurring in pregnancy either acutely or pre-existing; hypertension, pneumonia, asthma, abdominal pain, urinary tract infection	MRCP Part 1, MRCP Part 2, CbD, mini-CEX	1
Identify the unique challenges of diagnosing medical problems in pregnancy	PACES, CbD, mini-CEX	1
Recall safe prescribing practices in pregnancy	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1, 2
Demonstrate awareness of acute pregnancy related illness, e.g. venous thromboembolism, hyperemesis gravidum, peripartum cardiomyopathy, pre-eclampsia and its complications: eclampsia, HELLP, pulmonary oedema, AKI and cerebral haemorrhage	MRCP Part 2, CbD, mini-CEX	1
Skills		
Recognise the critically ill pregnant patient	PACES, CbD, mini-CEX	1
Initiate resuscitation measures and liaise promptly with senior colleagues and obstetrician	CbD, mini-CEX	1
Take a valid history from a pregnant patient	PACES, CbD, mini-CEX	1
Examine a pregnant patient competently	CbD, mini-CEX	1
Produce a valid list of differential diagnoses	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Initiate treatment if appropriate	CbD, mini-CEX	1
Behaviours		
Recognise interrelationships between maternal and foetal health	CbD, mini-CEX	2
Communicate with obstetric team throughout the diagnostic and management process	CbD, mini-CEX	3
Discuss case with senior promptly	CbD, mini-CEX	3
Seek timely specialist opinion in cases of new presentations in pregnancy e.g. pulmonary oedema jaundice, diabetes and seizure	CbD, mini-CEX	2
Recognise the importance of thrombo- embolism and sepsis in	MRCP Part 2,	1

pregnancy

PACES, CbD,  
mini-CEX

## Memory Loss (Progressive)

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall the clinical features of dementia that differentiate from focal brain disease, reversible encephalopathies, and pseudo-dementia	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD	1
Recall the principal reversible and irreversible causes of memory loss	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Recall factors that may exacerbate symptoms: drugs, infection, change of environment, biochemical abnormalities, constipation	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD	1
Skills		
Take an accurate collateral history wherever possible	PACES, ACAT, mini-CEX	1
Form a differential diagnosis	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD	1
Perform a full examination looking particularly for reversible causes of cognitive impairment and neurological disease	PACES, mini-CEX	1
Demonstrate ability to use tools measuring cognitive impairment at the bedside	Mini CEX	1
Order, interpret and act on initial investigations appropriately to determine reversible cause such as: blood tests, cranial imaging, EEG	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD	1
Detect and rectify exacerbating factors	MRCP(UK) Part 2, ACAT, CbD	1
Behaviours		
Demonstrate a patient sensitive approach to interacting with a confused patient and their carers	PACES, mini-CEX, PS	4
Recognise that a change of environment in hospital can exacerbate symptoms and cause distress	PACES, CbD	4
Recommend support networks to carers	PACES, CbD, mini-CEX, PS	3
Participate in multi-disciplinary approach to care: therapists, elderly care team, old age psychiatrists, social services	PACES, ACAT, CbD, MSF	3
Consider need for specialist involvement	PACES, CbD	3

## Micturition Difficulties

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Outline causes of difficulty in micturating in terms of oliguria and urinary tract obstruction	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, DOPS, mini-CEX	1
Recall techniques that allow oliguria and bladder outflow obstruction to be differentiated	MRCP(UK) Part 2, ACAT, CbD, DOPS, mini-CEX	1
Recall the investigation and management of prostatic cancer	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, DOPS, mini-CEX	1
Outline drugs commonly used for prostatic symptoms	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Examine to elicit signs of renal disease, bladder outflow obstruction and deduce volaemic status of patient	PACES, ACAT, CbD, DOPS, mini-CEX	1
Differentiate oliguric pre-renal failure; acute renal failure and post renal failure	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, DOPS, mini-CEX	1
Order, interpret and act on initial investigations appropriately: urinalysis, abdominal ultrasound, bladder scanning, urine culture and microscopy	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, DOPS, mini-CEX	1
Initiate treatment when indicated	ACAT, CbD, DOPS, mini-CEX	1
Perform catheterisation using aseptic technique with minimal discomfort to patient	ACAT, CbD, DOPS, mini-CEX	1
Recognise and manage complications of urinary catheterisation	ACAT, CbD, DOPS, mini-CEX	1
Recognise incipient shock and commence initial treatment	MRCP(UK) Part 2, ACAT, CbD, DOPS, mini-CEX	1
Behaviours		
Recognise the importance of recognising and preventing renal impairment in the context of bladder outflow obstruction	ACAT, CbD, DOPS, mini-CEX	1

Liase with senior in event of oliguria heralding incipient shock	ACAT, CbD, DOPS, mini-CEX	3
Liase promptly with appropriate team when oliguria from bladder outflow obstruction is suspected (urology, gynaecology)	ACAT, CbD, DOPS, mini-CEX	3

## Neck Pain

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall the common and serious causes of neck pain in terms of meningism; tender mass; musculoskeletal; vascular, intrinsic cord lesion	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Recall indications for lumbar puncture	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Take a full history, including recent trauma	PACES, CbD, mini-CEX	1
Perform a full examination to elicit signs that may accompany neck pain	PACES, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: blood tests, plain radiographs, thyroid function	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Recognise meningitis and promptly initiate appropriate investigations and treatment in consultation with senior	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX, MSF	1
Practise appropriate prescribing of analgesia	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX, MSF	1
Perform a lumbar puncture and interpret, ensure appropriate investigation of and act on results.	DOPS, CbD, mini-CEX	1
Behaviours		
Consult senior colleague promptly in the event of focal neurological signs or critical illness	PACES, ACAT, CbD, mini-CEX, MSF	3

## Physical Symptoms in Absence of organic Disease

## CMT

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

Knowledge	Assessment Methods	GMP Domains
List symptoms that commonly have a non-organic component	MRCP(UK) Part 1, PACES, CbD	1
<b>Skills</b>		
Take a full history, including associated symptoms of anxiety or depression and past medical assessments	MRCP(UK) Part 2, PACES, mini-CEX	1
Perform full examination including mental state	PACES, CbD, mini-CEX	1
Recognise the hyperventilation syndrome	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Adopt attitude that presentation has organic cause until otherwise proven, and assess and investigate as appropriate	PACES, mini-CEX	3
Consult senior promptly when appropriate	PACES, MSF	3
Strive to establish underlying precipitants to non-organic presentations: life stresses, hypochondriacism	PACES, CbD	4
Appreciate the implications of unnecessary tests in terms of cost and iatrogenic complications	MRCP(UK) Part 2, PACES, CbD	4

## Polydipsia

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Understand mechanisms of thirst	MRCP(UK) Part 1, MRCP(UK) Part 2, CbD	1
Identify common causes of polydipsia ( refer to the system specific competencies)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
<b>Skills</b>		
Identify other pertinent symptoms e.g. nocturia	MRCP(UK) Part 1, PACES, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1

Initiate adequate initial therapy	MRCP(UK) Part 2, PACES, mini-CEX	1
Maintain appropriate basic therapy and introduce advanced treatment when required	CbD, mini-CEX	1
<b>Behaviours</b>		
Sympathetically explain likely causes of polydipsia to patient	PACES, mini-CEX	3
Use appropriate aseptic techniques for invasive procedures and to minimise healthcare acquired infection	mini-CEX	1

## Polyuria

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Define true polyuria	PACES, ACAT, CbD, mini-CEX	1
Outline the causes of polyuria (in terms of osmotic diuresis, diabetes insipidus etc)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Outline the pathophysiology of diabetes insipidus	MRCP(UK) Part 1, ACAT, CbD, mini-CEX	1
Elucidate the principles of treating new onset diabetes mellitus, hypercalcaemia	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
<b>Skills</b>		
Identify other pertinent symptoms	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Perform full examination to assess volaemic status, and elicit associated signs	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Calculate and interpret serum and urine osmolarity	MRCP(UK) Part 1, MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Commence treatment as appropriate	MRCP(UK) Part 2, PACES, ACAT, CbD,	1

Manage fluid balance in polyuric chronic renal failure and polyuric phase of acute renal failure	mini-CEX ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
Consult senior colleague as appropriate	PACES, ACAT, CbD, mini-CEX	3

## Pruritus

## CMT

**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**

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Recall principle causes in terms of infestations, primary skin diseases, systemic diseases (e.g. lymphoma), liver disease, pregnancy	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Outline the principles of treating skin conditions	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Awareness of need to refer to specialist	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
<b>Skills</b>		
Examine to elicit signs of a cause for pruritus	PACES, mini-CEX	1
Describe accurately any associated rash	PACES, CbD	1
Formulate a list of differential diagnoses	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Order and interpret the results of initial investigations	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Recognise the presentation of skin cancer	MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
<b>Behaviours</b>		
Recognise the need for specialist dermatological input	PACES, CbD	1
Recognise the need for other specialists in pruritus heralding systemic disease	PACES, CbD	3

## Rectal Bleeding

## CMT

**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**

	<b>Assessment</b>	<b>GMP</b>
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Knowledge	Methods	Domains
Recall the causes of bleeding per rectum	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Recall the indications for surgical review	PACES, CbD	1
Recall the treatments of inflammatory bowel disease	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Skills		
Take a history and perform examination including rectal examination	PACES, DOPS, mini-CEX	1
Recognise and appropriately treat the shocked patient including consultation with surgical colleagues	MRCP(UK) Part 2, ACAT, mini-CEX	1
Order and interpret the results of initial investigations	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD	1
Attempt to clinically distinguish upper and lower GI bleeding	MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
Behaviours		
Liaise with seniors and surgical team when appropriate	PACES, CbD	1, 3
Recognise role of IBD nurse when patient with known IBD presents	PACES, CbD	1, 3

## Skin and Mouth Ulcers

## CMT

**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 Competences)**

Knowledge	Assessment Methods	GMP Domains
List the common and serious causes of skin (especially leg) or mouth ulceration	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Outline the classification of skin ulcers by cause	MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Outline the pathophysiology, investigation and management principles of diabetic ulcers	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Recognise association between mouth ulceration and immunobullous disease	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1

<b>Skills</b>		
Recognise likely skin and oral malignancy	MRCP(UK) Part 2, PACES, Cbd, mini-CEX	1
Recognise life threatening skin rashes presenting with ulcers, commence treatment and involve senior	MRCP(UK) Part 2, PACES, Cbd, mini-CEX	1
Assess and formulate immediate management plan for diabetic foot ulceration	PACES, Cbd, mini-CEX	1
Order, interpret and act on initial investigations appropriately	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, Cbd, mini-CEX	1
<b>Behaviours</b>		
Recognise the importance of prevention of pressure ulcers and diabetic ulcers	PACES, Cbd, mini-CEX	1
Participate in multi-disciplinary team: nurse specialists, podiatrist	PACES, Cbd, mini-CEX	3

## Speech Disturbance

## CMT

**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**

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Define and recall causes for dysphonia, dysarthria and dysphasia	PACES, Cbd	1
Recall the neuro-anatomy relevant to speech and language	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, Cbd	1
Differentiate between receptive and expressive dysphasia	PACES, Cbd, mini-CEX	1
<b>Skills</b>		
Take a history from a patient with speech disturbance	PACES, mini-CEX	1
Examine patient to define nature of speech disturbance and elicit other focal signs	PACES, mini-CEX	1
List differential diagnoses following assessment	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, Cbd	1
Order, interpret and act on initial investigations appropriately	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, Cbd	
<b>Behaviours</b>		
Recognise the role of speech and language therapy input	PACES, Cbd, MSF	1
Recognise the relationship between dysarthria and swallowing	PACES, Cbd,	1

difficulties and advise patients and carers accordingly  
Involve stroke team or neurology promptly as appropriate

mini-CEX, PS  
PACES, ACAT,     3  
CbD, MSF

## Suicidal Ideation

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Outline the risk factors for a suicidal attempt	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Outline the common co-existing psychiatric pathologies that may precipitate suicidal ideation	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Outline the indications, contraindications and side effects of the major groups of psychomotor medications	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Outline the powers that enable assessment and treatment of patients following self harm or self harm ideation as defined in the relevant Mental Health Act	PACES, CbD, mini-CEX	1, 2
Define the concept of mental capacity	PACES, CbD, mini-CEX	1
Skills		
Take a competent psychiatric history	PACES, mini-CEX	1
Be familiar with scoring tools to assess risk of further self harm (e.g. Beck's score)	CbD	1
Elicit symptoms of major psychiatric disturbance	PACES, mini-CEX	1
Obtain collateral history when possible	PACES, mini-CEX	1
Recognise and manage appropriately anxiety and aggression	MRCP(UK) Part 2, mini-CEX	1
Assess the patient's mental capacity	PACES, mini-CEX	1
Behaviours		
Liaise promptly with psychiatric services if in doubt or when high risk of repeat self harm is suspected	ACAT, mini-CEX	2, 3
Recognise the role of the self harm team (or equivalent service) prior to discharge	CbD, mini-CEX	2, 3
Ensure prompt communication is maintained with community care on discharge (GP, CPN)	mini-CEX	3

## Swallowing Difficulties

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall the physiology of swallowing	MRCP(UK) Part 1, CbD	1
Recall the causes of swallowing problems	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Differentiate between neurological and GI causes	PACES, CbD	1
Recall investigative options: contrast studies, endoscopy, manometry, CT	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Awareness of treatment options for oesophageal malignancy	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD	1
Awareness of the treatment of oesophageal strictures	MRCP(UK) Part 2, PACES, CbD	1
Skills		
Elicit history, detecting associations that indicate a cause: weight loss, aspiration, heartburn	PACES, ACAT, mini-CEX	1
Examine a patient to elicit signs of neurological disease and malignancy .be able to evaluate whether patient is safe to eat or drink by mouth	PACES, ACAT, mini-CEX	1
Behaviours		
Recognise importance of multi-disciplinary approach to management	PACES, CbD	3

## Syncope & Pre-syncope

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Define syncope	MRCP(UK) Part 1, PACES, CbD	1
Recall cause of syncope	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Outline the pathophysiology of syncope depending on situation (vaso-vagal, cough, effort, micturition, carotid sinus hypersensitivity)	MRCP(UK) Part 1, PACES, CbD	1
Differentiate from other causes of collapse in terms of associated symptoms and signs and eye witness reports	MRCP(UK) Part 1, MRCP(UK)	1

Outline the indications for hospital admission	Part 2, PACES, CbD, mini-CEX MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Outline the indications for cardiac monitoring	MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Define the recommendations concerning fitness to drive	MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
<b>Skills</b>		
Take thorough history from patient and witness to elucidate episode	PACES, mini-CEX	1
Differentiate pre-syncope from other causes of 'dizziness'	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Assess patient in terms of ABCDE and degree of consciousness and manage appropriately	CbD, mini-CEX	1
Perform examination to elicit signs of cardiovascular disease	PACES, mini-CEX	1
Order, interpret and act on initial investigations appropriately: blood tests, ECG	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
<b>Behaviours</b>		
Recognise impact episodes can have on lifestyle particularly in the elderly	PACES, CbD	1, 3
Recognise recommendations regarding fitness to drive in relation to syncope - is able to look up the current national guidelines (eg DVLA)	PACES, CbD	2, 3, 4

## Unsteadiness / Balance Disturbance

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Outline the neuro-anatomy and physiology relevant to balance, coordination and movement	MRCP(UK) Part 1, PACES, CbD, mini-CEX	1
Define and differentiate types of vertigo and list causes	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Define and differentiate sensory and cerebellar ataxia and list causes	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1

Recognise the importance of environmental hazards	PACES, CbD, mini-CEX	1
Recognise the psychosocial aspects of care for the patient	PACES, CbD, mini-CEX	1
List the potential drugs or drug interactions contributing to unsteadiness	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
<b>Skills</b>		
Take history from patient and attempt to define complaint as either pre-syncope, vertigo or unsteadiness	PACES, CbD, mini-CEX	1
Perform full physical examination to elicit signs of neurological, inner ear or cardiovascular disease including orthostatic hypotension	PACES, CbD, mini-CEX	1
Elucidate signs of vitamin deficiency	PACES, CbD, mini-CEX	1
Describe an abnormal gait accurately	PACES, CbD, mini-CEX	1
Recognise drug toxicity, intoxication and recreational drug abuse	CbD, mini-CEX	1
Initiate basic investigations and urgent treatment including vitamin supplementation	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Withdraw potentially causative drugs	CbD, mini-CEX	2
<b>Behaviours</b>		
Recognise the importance of multi-disciplinary approach: physio, OT	PACES, CbD, mini-CEX	3

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

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

<b>Knowledge</b>	<b>Assessment Methods</b>	<b>GMP Domains</b>
Broadly recall the basic anatomy and physiology of the eye and the visual pathways	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Recall the different types of visual field defect and list common causes	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Define diplopia and recall common causes	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Recall common causes for reduced visual acuity	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1

Recall implications for driving of visual field loss	MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
<b>Skills</b>		
Perform full examination including acuity, eye movements, visual fields, fundoscopy, related cranial nerves and structures of head & neck	PACES, CbD, mini-CEX	3
Formulate differential diagnosis	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	3
Order, interpret and act on initial investigations appropriately	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX	1
<b>Behaviours</b>		
In case of acute visual loss recognise early requirement for review by Ophthalmology team	PACES, ACAT, CbD, mini-CEX	1
Recognise rapidly progressive symptoms and consult senior promptly	PACES, ACAT, CbD, mini-CEX, MSF	1
Recognise anxiety acute visual symptoms invoke in patients	PACES, CbD, mini-CEX, PS	1

## Weight Loss

## CMT

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

Knowledge	Assessment Methods	GMP Domains
Recall the common causes for weight loss (in terms of psychosocial, neoplasia, gastroenterological etc)	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
Recall the indications and complications for nutritional supplements, and enteral feeding including PEG/NG feeding	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, CbD, mini-CEX	1
<b>Skills</b>		
Take a valid history highlighting any risk factors for specific disorders presenting with weight loss, and a thorough social history	PACES, ACAT, CbD, mini-CEX	1
Examine fully to elucidate signs of disorders presenting with weight loss, and assess degree of malnutrition	PACES, CbD, mini-CEX	1
Order, interpret and act on initial screening investigations	MRCP(UK) Part 1, MRCP(UK) Part 2, PACES, ACAT, CbD, mini-CEX,	1

Initiate nutritional measures including enteral preparations when appropriate	MRCP(UK) Part 2, ACAT, CbD, mini-CEX	1
Pass a fine bore NG feeding tube and ensure correct positioning	CbD, DOPS, mini-CEX	1
<b>Behaviours</b>		
Recognise multi-factorial aspect of weight loss, especially in the elderly	PACES, CbD, mini-CEX	3, 4
Liaise with nutritional services appropriately	PACES, CbD, mini-CEX, MSF	3, 4

## System Specific Competencies

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

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

### Common and / or Important Problems

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

A framework for the knowledge required for specific conditions is set out below, and should continue to improve with time in line with the principles of a spiral curriculum:

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

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

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

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

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

## Allergy

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

Competences	Degree of Knowledge	Assessment Methods	GMP
Recognise when specialist allergy opinion is required		PACES ACAT CbD mini-CEX	1
Be aware of the management and subsequent investigation of patients presenting with immune mediated medical emergencies:		PACES ACAT CbD mini-CEX	1
<ul style="list-style-type: none"> <li>Anaphylaxis</li> </ul>		PACES ACAT CbD mini-CEX	1
<ul style="list-style-type: none"> <li>Laryngoedema</li> </ul>		PACES ACAT CbD mini-CEX	1
<ul style="list-style-type: none"> <li>Urticaria</li> </ul>		PACES ACAT CbD mini-CEX	1
<ul style="list-style-type: none"> <li>Angioedema</li> </ul>		PACES ACAT CbD mini-CEX	1
Common Problems			
Anaphylaxis	C	MRCP(UK) Part 1 MRCP(UK) Part 2	1

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

## Oncology

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

Competences	Degree of Knowledge	Assessment Methods	GMP
Recognise the terminally ill often present with problems with multi-factorial causes		MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Recognise associated psychological and social problems		MRCP(UK) Part 2 PACES ACAT CbD	1

Investigate appropriately		mini-CEX MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Recognise when specialist oncology or palliative care opinion is needed		PACES ACAT CbD mini-CEX	1
Outline treatment principles with drawbacks: surgery, chemotherapy and radiotherapy		MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Break bad news to patient and family with cancer in sensitive and appropriate manner		PACES ACAT CbD mini-CEX	1,3
Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount		PACES ACAT CbD mini-CEX	1,3,4
Recognise the dying phase of terminal illness		MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
<b>Common Problems</b>			
Hypercalcaemia	B C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
SVC obstruction	A B	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Spinal cord compression	B	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Neutropenic sepsis	C	MRCP(UK) Part 2	1

Common cancers (presentation, diagnosis, staging, treatment principles): lung, bowel, breast, prostate, stomach, oesophagus, bladder, skin, haematological, testicular and ovarian	B C	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Premalignant conditions eg familial polyposis coli	A C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Paraneoplastic conditions eg ectopic ACTH	A C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
<b>Clinical Science</b>			
Principles of oncogenesis and metastatic spread		MRCP(UK) Part 1	1
Apoptosis		MRCP(UK) Part 1	1
Principles of staging		MRCP(UK) Part 1 MRCP(UK) Part 2	1
Principles of screening		MRCP(UK) Part 1 MRCP(UK) Part 2	1
Pharmacology of major drug classes in palliative care: anti-emetics, opioids, NSAIDS, agents for neuropathic pain, bisphosphonates, laxatives, anxiolytics		MRCP(UK) Part 1 MRCP(UK) Part 2	1

### Palliative Care and End of Life Care

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

Competences	Degree of Knowledge	Assessment Methods	GMP
Take an accurate pain history		PACES ACAT CbD mini-CEX	1
Recognise that the terminally ill often present with problems with multi-factorial causes		MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1

Recognise associated psychological and social problems			MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	
Recognise when palliative care opinion is needed			PACES ACAT CbD mini-CEX	1
Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount			PACES ACAT CbD mini-CEX	1,3,4
Recognise the dying phase of terminal illness			PACES ACAT CbD mini-CEX	1
Manage symptoms in dying patients appropriately			MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Practice safe use of syringes drivers			ACAT CbD mini-CEX	1,2
Recognise importance of hospital and community Palliative Care teams			PACES ACAT CbD mini-CEX	1
Recognise that referral to specialist palliative care is appropriate for patients with other life threatening illnesses as well as those with cancer			PACES ACAT CbD mini-CEX	1

### Common Problems – Palliative Care

Pain:

• appropriate use	B	MRCP(UK)	1
	C	Part 1 MRCP(UK) Part 2	
• analgesic ladder	C	MRCP(UK)	1
		Part 1 MRCP(UK) Part 2	

• side effects	C	MRCP(UK) Part 1 MRCP(UK) Part 2	1
• role of Radiotherapy	A	MRCP(UK) Part 2	1
Constipation	B C	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Breathlessness	B C	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Nausea and vomiting	B C	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Anxiety and depressed mood	B C	MRCP(UK) Part 1 MRCP(UK) Part 2	1
<b>Clinical Science</b>			
Pharmacology of major drug classes in palliative care: anti-emetics, opioids, NSAIDS, agents for neuropathic pain, bisphosphonates, laxatives, anxiolytics		MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1

## Cardiology

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

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

Outline methods of smoking cessation of proven efficacy (see below)		CbD mini-CEX PACES ACAT CbD mini-CEX	1
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### Common Problems

#### Arrhythmias:

heart block, resistant arrhythmia	B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
SVT, AF, VT, VF	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Cardiac arrest	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Pacemaker rhythms	C	MRCP(UK) Part 2 PACES	1
Misplacement of ECG leads	B	MRCP(UK) Part 2	1
Ischaemic Heart Disease: acute coronary syndromes, stable angina, atherosclerosis	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Heart Failure (medical management and interventional therapy)	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Hypertension - including investigation and management of accelerated hypertension in pregnancy	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Valvular Heart Disease	A B B	MRCP(UK) Part 1 MRCP(UK) Part	1

Endocarditis	C	PACES MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Aortic dissection	A B B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Congenital heart disease eg ASD	A B B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Pericarditis	A C	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Cardiomyopathies	A C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Orthostatic hypotension	B C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Syncope	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Dyslipidaemia	B	MRCP(UK) Part 2 PACES	1
<b>Clinical Science</b>			
Anatomy and function of cardiovascular system		MRCP(UK) Part 1 PACES	1
Physiological principles of cardiac cycle and cardiac conduction		MRCP(UK) Part 1 PACES	1
Homeostasis of the circulation		MRCP(UK) Part 1 PACES	1

Atherosclerosis	MRCP(UK) Part 1 PACES	1
Pharmacology of major drug classes: beta adrenoceptor blockers, alpha adrenoceptor blockers, ACE inhibitors, ARBs, anti-platelet agents, thrombolysis, inotropes, calcium channel antagonists, potassium channel activators, diuretics, anti-arrhythmics, anti-coagulants, lipid modifying drugs, nitrates, centrally acting anti-hypertensives	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1

## Clinical Genetics

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

Competences	Degree of Knowledge	Assessment Methods	GMP
Recognise the organisation and role of clinical genetics and when to seek specialist advice		MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Take and interpret a complete family history		MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Recognise the anxiety caused to an individual and their family when investigating genetic susceptibility to disease		PACES ACAT CbD mini-CEX	1
Recognise the importance of skilled counselling in the investigation of genetic susceptibility to disease		PACES ACAT CbD mini-CEX	1,3
Recognise basic patterns of inheritance		MRCP(UK) Part 1 MRCP(UK) Part 2 ACAT CbD mini-CEX	1
Understand the ethical implications of molecular testing and screening: confidentiality, screening children, pre-symptomatic testing		PACES ACAT CbD mini-CEX	1
Estimate risk for relatives of patients with Mendelian disease		MRCP(UK) Part 1	1

		MRCP(UK) Part 2 ACAT CbD mini-CEX	
Recognise the differing attitudes and beliefs towards inheritance		PACES ACAT CbD mini-CEX	1
<b>Common Problems</b>			
Cystic Fibrosis	A B B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Down's syndrome	A	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Familial cancer syndromes	A	MRCP(UK) Part 2	1
Familial cardiovascular disorders	A	MRCP(UK) Part 2	1
Haemochromatosis	A C	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Haemophilia	B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Huntington's disease	A	MRCP(UK) Part 2	1
Klinefelter syndrome	A	MRCP(UK) Part 2	1
Marfan's syndrome	B	MRCP(UK) Part 2 PACES	1
Polycystic kidney disease	B C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Sickle Cell disease	A C	MRCP(UK) Part 1 MRCP(UK) Part 2	1

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

## Clinical Pharmacology

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

Competences	Degree of Knowledge	Assessment Methods	GMP
Practise safe prescribing: <ul style="list-style-type: none"> <li>Effects of: renal or liver impairment; old age; pregnancy</li> </ul>		MRCP(UK)	1,2
		Part 1 MRCP(UK) Part 2 ACAT CbD mini-CEX	
<ul style="list-style-type: none"> <li>Outline importance of drug interactions and role</li> </ul>		MRCP(UK)	1,2

CYP450 isoenzymes	Part 1 MRCP(UK) Part 2 ACAT CbD mini-CEX	
• Outline drugs requiring therapeutic monitoring	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1,2
Use national and local guidelines on appropriate and safe prescribing (BNF, NICE)	MRCP(UK) Part MRCP(UK) Part 2 ACAT CbD mini-CEX	1,2
Write a clear, accurate and unambiguous prescription	PACES ACAT CbD mini-CEX	1
Engage patients in discussions on drug choice, and side effects	PACES ACAT CbD mini-CEX	1,3
Recognise range of adverse drug reactions to commonly used drugs	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Use national reporting schemes (eg Yellow Card report scheme) for adverse drug reactions	ACAT CbD mini-CEX	1
Liaise effectively with pharmacists	ACAT CbD mini-CEX	1
Discuss therapeutic changes with patient and discuss with GP promptly and comprehensively	ACAT CbD mini-CEX	1
Competently formulate management plan for poisoning and adverse drug reactions	MRCP(UK) Part 2	1

Demonstrate appropriate use of a toxicology database (eg Toxbase)		ACAT CbD mini-CEX PACES	1
		ACAT CbD mini-CEX	

### Common Problems

Corticosteroid treatment:			
• short and long-term complications	C	MRCP(UK) Part 1	1
		MRCP(UK) Part 2	
• bone protection	B C	MRCP(UK) Part 1	1
		MRCP(UK) Part 2	
• safe withdrawal of corticosteroids	B	MRCP(UK) Part 2	1
• patient counselling regarding avoidance of adrenal crises	C	PACES	1
Specific treatment of poisoning with:			
Aspirin	A C	MRCP(UK) Part 1	1
		MRCP(UK) Part 2	
Alcohol	C	MRCP(UK) Part 1	1
		MRCP(UK) Part 2	
Calcium channel blockers	A C	MRCP(UK) Part 1	1
		MRCP(UK) Part 2	
Anticoagulants	B C	MRCP(UK) Part 1	1
		MRCP(UK) Part 2	
Amphetamines	A C	MRCP(UK) Part 1	1
		MRCP(UK) Part 2	
Drugs of misuse	A C	MRCP(UK) Part 1	1
		MRCP(UK) Part 2	
Paracetamol	A C	MRCP(UK) Part 1	1

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

## Dermatology

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

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

**Common Problems**

Psoriasis	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Eczema	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Skin tumours (see competencies column)	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK) Part 2 PACES	
Skin failure: eg erythroderma, toxic epidermal necrolysis	B	PACES	1
Urticaria and angio-oedema	C	MRCP(UK)	1
		Part 1	
		MRCP(UK) Part 2 PACES	
Cutaneous vasculitis	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Dermatomyositis	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK) Part 2 PACES	
Scleroderma	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK) Part 2 PACES	
Cellulitis	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Viral infections eg Herpes Zoster and Herpes Simplex infections	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2	

		PACES	
Bacterial infections eg impetigo	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK)	
		Part 2	
		PACES	
Fungal infections eg tinea	A	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK)	
		Part 2	
		PACES	
Ulcers	A	MRCP(UK)	1
	C	Part 1	
		MRCP(UK)	
		Part 2	
		PACES	
Bullous disorders	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK)	
		Part 2	
		PACES	
Skin infestations	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK)	
		Part 2	
		PACES	
Cutaneous drug reactions	B	MRCP(UK)	1
		Part 2	
		PACES	
Lymphoedema	B	MRCP(UK)	1
		Part 2	
		PACES	
Skin manifestations of systematic disorder	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK)	
		Part 2	
		PACES	
<b>Clinical Science</b>			
Structure and function of skin, hair and nails		MRCP(UK)	1
		Part 1	
		PACES	
Pharmacology of major drug classes: topical corticosteroids, immunosuppressants		MRCP(UK)	1
		Part 1	

## Endocrinology and Diabetes

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

Degree of Knowledge	Assessment Methods	GMP
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## Competences

Elucidate a full diabetic medical history	PACES ACAT CbD mini-CEX	1
Recall diagnostic criteria for diabetes mellitus	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Assess diabetic patient to detect long term complications	PACES ACAT CbD mini-CEX	1
Formulate and appropriate management plan, including newly diagnosed and established diabetic patients to prevent short and long term complications	MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Outline common insulin regimens for type 1 diabetes mellitus	MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Outline drug management of type 2 diabetes mellitus: oral hypoglycaemics, glitazones, primary and secondary vascular preventative agents	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Recognise vital importance of patient education and a multidisciplinary approach for the successful long-term care of diabetes	PACES ACAT CbD mini-CEX	1
Recognise when specialist endocrine or diabetes opinion is indicated	PACES ACAT CbD mini-CEX	1

## Common Problems

Diabetic ketoacidosis	B	MRCP(UK)	1
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	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Non-acidotic hyperosmolar coma / severe hyperglycaemia	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Hypoglycaemia	C	MRCP(UK)	1
		Part 1	
		MRCP(UK) Part 2 PACES	
Care of the acutely ill diabetic	B	MRCP(UK)	1
	C	Part 1	
		MRCP(UK) Part 2	
Peri-operative diabetes care	B	MRCP(UK)	1
		Part 2 PACES	
Hyper/Hypocalcaemia	B	MRCP(UK)	1
	C	Part 1	
		MRCP(UK) Part 2 PACES	
Adrenocortical insufficiency	A	MRCP(UK)	1
	B	Part 1	
		MRCP(UK) Part 2	
Hyper/Hyponatraemia	A	MRCP(UK)	1
	C	Part 1	
		MRCP(UK) Part 2	
Thyroid dysfunction	B	MRCP(UK)	1
	C	Part 1	
		MRCP(UK) Part 2 PACES	
Dyslipidaemia	A	MRCP(UK)	1
	C	Part 1	
		MRCP(UK) Part 2 PACES	
Endocrine emergencies: myxoedema coma, thyrotoxic crisis, Addisonian crisis, hypopituitary coma, pheochromocytoma crisis	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK) Part 2 PACES	

Polycystic ovarian syndrome	A	MRCP(UK)	1
	B	Part 1 MRCP(UK) Part 2	
Amenorrhoea	A	MRCP(UK)	1
	B	Part 1 MRCP(UK) Part 2	
Diabetes insipidus	A	MRCP(UK)	1
	C	Part 1 MRCP(UK) Part 2	
Cushing's syndrome	A	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Pituitary tumours eg prolactinoma, acromegaly and their complications eg SIADH	A	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Turner's syndrome	A	MRCP(UK)	1
		Part 1 MRCP(UK) Part 2	
Bone disease: osteoporosis and osteomalacia	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
<b>Clinical Science</b>			
Structure and function of hypothalamus, pituitary, thyroid, adrenals, gonads, parathyroids, pancreas		MRCP(UK)	1
		Part 1 PACES	
Outline the structure and function of hormones		MRCP(UK)	1
		Part 1 PACES	
Principles of hormone receptors, action, secondary messengers and feedback		MRCP(UK)	1
		Part 1 PACES	
Pharmacology of major drug classes: insulin, oral antidiabetics, thyroxine, anti-thyroid drugs, corticosteroids, sex hormones, drugs affecting bone metabolism		MRCP(UK)	1
		Part 1	
		MRCP(UK) Part 2 PACES	

## 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**

<b>Competences</b>	<b>Degree of Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Understand the role of specialised diagnostic and therapeutic endoscopic procedures		ACAT CbD mini-CEX	1
Recognise when specialist gastroenterology or hepatology opinion is indicated		ACAT CbD mini-CEX	1
Recognise when a patient's presentation heralds a surgical cause and refer appropriately		ACAT CbD mini-CEX	1
Perform a nutritional assessment and address nutritional requirements in management plan		ACAT CbD mini-CEX	1
Outline role of specialist multi-disciplinary nutrition team		ACAT CbD mini-CEX	1
<b>Common Problems</b>			
Peptic ulceration and gastritis	B C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Gastroenteritis	B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
GI malignancy (oesophagus, gastric, hepatic, pancreatic, colonic)	A B B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Inflammatory bowel disease	B C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Iron deficiency anaemia	B B C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Acute GI bleeding	B C C	MRCP(UK) Part 1 MRCP(UK)	1

		Part 2	
		PACES	
Acute abdominal pathologies: pancreatitis, cholecystitis, appendicitis, leaking abdominal aortic aneurysm	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK)	
		Part 2	
		PACES	
Functional disease: irritable bowel syndrome, non-ulcer dyspepsia	A	MRCP(UK)	1
	B	Part 1	
		MRCP(UK)	
		Part 2	
Coeliac disease	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK)	
		Part 2	
		PACES	
Alcoholic liver disease	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK)	
		Part 2	
		PACES	
Alcohol withdrawal syndrome	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK)	
		Part 2	
		PACES	
Acute liver dysfunction: jaundice, ascites, encephalopathy	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK)	
		Part 2	
		PACES	
Liver cirrhosis	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK)	
		Part 2	
		PACES	
Gastro-oesophageal reflux disease	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK)	
		Part 2	
		PACES	
Nutrition: indications, contraindications and ethical dilemmas of nasogastric feeding and PEG tubes, IV nutrition, re-feeding syndrome	A	MRCP(UK)	1
		Part 2	
		PACES	
Parenteral feeding	A	MRCP(UK)	1
		Part 2	
		PACES	
Gall stones	B	MRCP(UK)	1
		Part 1	

		MRCP(UK) Part 2 PACES	
Viral hepatitis	B C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Auto-immune liver disease	A B B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Pancreatic cancer	A B B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Malabsorption	B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1

### Clinical Science

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

### Haematology

**Within the training programme the trainee will acquire the defined knowledge base of clinical**

**science and common problems with applied competencies in Haematology**

<b>Competences</b>	<b>Degree of Knowledge</b>	<b>Assessment Methods</b>	<b>GMP</b>
Recognise when specialist haematology opinion is indicated		PACES ACAT CbD mini-CEX	1
Practise safe prescribing of blood products, including appropriate patient counselling		MRCP(UK) Part 2 ACAT CbD mini-CEX	1,2
Outline indications, contraindications, side effects and therapeutic monitoring of anticoagulant medications		MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
<b>Common Problems</b>			
Bone marrow failure: causes and complications	A B B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Bleeding disorders: DIC, haemophilia	B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Thrombocytopenia	A B B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Anticoagulation treatment: indications, monitoring, management of over-treatment	B C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Transfusion reactions	A B B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Anaemia: iron deficient, megaloblastic, haemolysis, sickle cell	C	MRCP(UK) Part 1 MRCP(UK) Part 2	1

		PACES	
Thrombophilia: classification; indications and implications of screening	A	MRCP(UK)	1
	B	Part 1	
	C	MRCP(UK)	
		Part 2	
		PACES	
Haemolytic disease	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK)	
		Part 2	
		PACES	
Myelodysplastic syndromes	A	MRCP(UK)	1
		Part 1	
		MRCP(UK)	
		Part 2	
		PACES	
Leukaemia	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK)	
		Part 2	
		PACES	
Lymphoma	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK)	
		Part 2	
		PACES	
Myeloma	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK)	
		Part 2	
		PACES	
Myeloproliferative disease	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK)	
		Part 2	
		PACES	
Inherited disorders of haemoglobin (sickle cell disease, thalassaemias)	A	MRCP(UK)	1
	C	Part 1	
		MRCP(UK)	
		Part 2	
Amyloid	A	MRCP(UK)	1
		Part 1	
		MRCP(UK)	
		Part 2	
		PACES	
Principles of haematopoietic stem cell transplantation	A	MRCP(UK)	1
		Part 2	
		PACES	

## Clinical Science

Structure and function of blood, reticuloendothelial system, erythropoietic tissues	MRCP(UK) Part 1 PACES	1
Haemoglobin structure and function	MRCP(UK) Part 1	1
Haemopoiesis	MRCP(UK) Part 1	1
Metabolism of iron, B12 and folate	MRCP(UK) Part 1	1
Coagulation	MRCP(UK) Part 1	1

## Immunology

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

Competences	Degree of Knowledge	Assessment Methods	GMP
Recognise the role of the clinical immunologist		ACAT CbD mini-CEX	1
<b>Common Problems</b>			
Anaphylaxis (see also "Allergy")	C	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Immunodeficiencies e.g. hypogammaglobulinaemia, common variable immune deficiency	B	MRCP(UK) Part 2	1
<b>Clinical Science</b>			
Structure and function of reticuloendothelial system		MRCP(UK) Part 1 PACES	1
Innate and adaptive immune responses		MRCP(UK) Part 1 PACES	1
The complement system: structure and function		MRCP(UK) Part 1 PACES	1
Principles of hypersensitivity		MRCP(UK) Part 1 PACES	1
Principles of transplantation		PACES MRCP(UK) Part 2	1

## Infectious Diseases

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

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

		Part 2 PACES	
Complications of sepsis: shock, DIC, ARDSB	A C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Common community acquired infection: LRTI, UTI, skin and soft tissue infections, viral Cexanthema, gastroenteritis	B C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
CNS infection: meningitis, encephalitis, brain abscess	B C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Fever in the returning traveller	A	MRCP(UK) Part 2 PACES	1
HIV and AIDS including ethical considerations of testing	A B B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Infections in immuno-compromised host	A C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Tuberculosis	A C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Anti-microbial drug monitoring	B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Endocarditis	A B	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Common genito-urinary conditions: non-gonococcal urethritis, gonorrhoea, syphilis	A B	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Fungal infections e.g. aspergillus, pneumocystis jirovecii	A	MRCP(UK)	1

infection	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Lyme disease	A	MRCP(UK) Part 1	1
	C	MRCP(UK) Part 2	
Viral infections e.g. erythrovirus, infectious mononucleosis, erythrovirus infection, herpes virus infections	B	MRCP(UK) Part 1	1
	C	MRCP(UK) Part 2 PACES	
<b>Clinical Science</b>			
Mechanisms of organism pathogenesis		MRCP(UK) Part 1	1
Host response to infection		MRCP(UK) Part 1 PACES	1
Principles of vaccination		MRCP(UK) Part 1 PACES	1
Pharmacology of major drug classes: penicillins, cephalosporins, tetracyclines, aminoglycosides, macrolides, sulphonamides, quinolones, metronidazole, anti-tuberculous drugs, anti-fungals, anti-malarials, anti-helminthics, anti-virals		MRCP(UK) Part 1 PACES	1

### Geriatric Medicine

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

Competences	Degree of Knowledge	Assessment Methods	GMP
Elucidate in older patients co-morbidities, activities of daily living, social support, drug history and living environment		PACES ACAT CbD mini-CEX	1
Assess mental state and tests of cognitive function		PACES ACAT CbD mini-CEX	1
Recognise when specialist geriatric medicine opinion is indicated		PACES ACAT CbD mini-CEX	1
Recognise importance of multi-disciplinary assessment		PACES ACAT CbD	1,3

Contribute to effective multi-disciplinary discharge planning		mini-CEX ACAT CbD mini-CEX	1,3
Perform a nutritional assessment and address nutritional requirements in management plan		MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1,3
Set realistic rehabilitation targets		PACES ACAT CbD mini-CEX	1
Rationalise individual drug regimens to avoid unnecessary poly-pharmacy		PACES ACAT CbD mini-CEX	1
Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately, and sensitively ensuring patients interests are paramount		PACES ACAT CbD mini-CEX	1,3
Recognise the role of Intermediate Care, and practise prompt effective communication with these facilities		ACAT CbD mini-CEX	1
Recognise the often multi-factorial causes for clinical presentation in the elderly and outline preventative approaches		MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Recognise that older patients often present with multiple problems (e.g. falls and confusion, immobility and incontinence)		MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
<b>Common Problems</b>			
Deterioration in mobility	B	MRCP(UK) Part 2 PACES	1
Acute confusion	A B	MRCP(UK) Part 1 MRCP(UK) Part 2	1

Stroke and transient ischaemic attack	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Falls	A B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Age related pharmacology	A B B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Hypothermia	B	MRCP(UK) Part 2 PACES	1
Continence problems	A	MRCP(UK) Part 2 PACES	1
Dementia	A B	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Movement diseases including Parkinson's disease	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Depression in the elderly	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Osteoporosis	B C C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Malnutrition	A B B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Osteoarthritis	A B B	MRCP(UK) Part 1 MRCP(UK)	1

Ulcers: leg and pressure areas	A C C	Part 2 PACES MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
<b>Clinical Science</b>			
Effects of ageing on the major organ systems		MRCP(UK) Part 1	1
Normal laboratory values in older people		MRCP(UK) Part 1 PACES	1

## Musculoskeletal

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

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

**Common Problems**

Septic arthritis	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Rheumatoid arthritis	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Osteoarthritis	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK) Part 2 PACES	
Seronegative arthritides	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK) Part 2 PACES	
Crystal arthropathy	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK) Part 2 PACES	
Osteoporosis – risk factors, and primary and secondary prevention of complications of osteoporosis	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Polymyalgia and temporal arteritis	C	MRCP(UK)	1
		Part 1	
		MRCP(UK) Part 2 PACES	
Acute connective tissue disease: systemic lupus erythematosus, scleroderma, poly- and dermatomyositis, Sjogren's syndrome, vasculitides	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK) Part 2 PACES	
Paget's disease	A	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2 PACES	

Osteomyelitis	A C	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Avascular necrosis	B	MRCP(UK) Part 2	1
<b>Clinical Science</b>			
Structure and function of muscle, bone, joints, synovium		MRCP(UK) Part 1 PACES	1
Bone metabolism		MRCP(UK) Part 1 PACES	1
Pharmacology of major drug classes: NSAIDS, corticosteroids, immunosuppressants, colchicines, allopurinol, bisphosphonates		MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1

## Neurology

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

Competences	Degree of Knowledge	Assessment Methods	GMP
Define the likely site of a lesion within the nervous system following full assessment		PACES ACAT CbD mini-CEX	1
Recognise when specialist neurology opinion is indicated		PACES ACAT CbD mini-CEX	1
Recognise when a patient's presentation heralds a neurosurgical emergency and refer appropriately		PACES ACAT CbD mini-CEX	1
Common Problems			
Acute new headache	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Stroke and transient ischaemic attack	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Sub-arachnoid haemorrhage	B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Coma	B	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Central nervous system infection: encephalitis, meningitis, brain abscess	C	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Raised intra-cranial pressure	B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Sudden loss of consciousness including seizure disorders (see	B	MRCP(UK)	1

also syncope)	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Acute paralysis: Guillian-Barre syndrome, myasthenia gravis, spinal cord lesion	A	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Multiple sclerosis	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Motor neurone disease	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK) Part 2 PACES	
Confusional states: Wernicke's encephalopathy	B	MRCP(UK)	1
	C	Part 1 MRCP(UK) Part 2	
Dementia	A	MRCP(UK)	1
	B	Part 1 MRCP(UK) Part 2	
Movement disorders: Parkinson's disease, essential tremor	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Myoclonus	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK) Part 2 PACES	
Vertigo	B	MRCP(UK)	1
	C	Part 1	
	C	MRCP(UK) Part 2 PACES	
Sleep disorders	A	MRCP(UK)	1
	B	Part 1	
	B	MRCP(UK) Part 2 PACES	
Neuropathies: peripheral and cranial	A	MRCP(UK) Part 1	1

	B	MRCP(UK) Part 2	
	B	PACES	
CNS tumours: cerebral metastases, pituitary tumours	A	MRCP(UK) Part 1	1
	C	MRCP(UK) Part 2	
	C	PACES	
Retinopathy: diabetes mellitus , retinitis pigmentosa, retinal ischaemia or haemorrhage	C	MRCP(UK) Part 2	1
		PACES	
Visual disturbance	A	MRCP(UK) Part 1	1
	B	MRCP(UK) Part 2	
	B	PACES	
<b>Clinical Science</b>			
Structure and function of the central, peripheral and sympathetic nervous systems		MRCP(UK) Part 1	1
		PACES	
Physiology of nerve conduction		MRCP(UK) Part 1	1
Principles of neurotransmitters		MRCP(UK) Part 1	1
Structure and physiology of visual, auditory, and balance systems		MRCP(UK) Part 1	1
		PACES	
Cerebral automaticity		MRCP(UK) Part 1	1
		PACES	
Anatomy or cerebral blood supply		MRCP(UK) Part 1	1
		PACES	
Brain death		MRCP(UK) Part 1	1
		PACES	
Pathophysiology of pain		MRCP(UK) Part 1	1
		PACES	
Speech and language		MRCP(UK) Part 1	1
		PACES	
Pharmacology of major drug classes: anxiolytics, hypnotics inc. benzodiazepines, anti-epileptics, anti-Parkinson drugs (anti-muscarinics, dopaminergics)		MRCP(UK) Part 1	1
		MRCP(UK) Part 2	
		PACES	

## Psychiatry

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

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

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

## Renal Medicine

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

Competences	Degree of Knowledge	Assessment Methods	GMP
Formulate a differential diagnosis for the patient following assessment		PACES ACAT CbD mini-CEX	1
Formulate an appropriate management plan		MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Discuss with patient likely outcomes and prognosis of condition and requirement for long term review		PACES ACAT CbD mini-CEX	1,3

Differentiate pre-renal failure, renal failure and urinary obstruction		MRCP(UK) Part 1 MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Recognise when specialist Nephrology or Urology opinion is indicated		ACAT CbD mini-CEX	1
Identify patients who are at high risk of renal dysfunction in event of illness or surgery, and institute preventative measures		PACES ACAT CbD mini-CEX	1
<b>Common Problems</b>			
Acute kidney injury	B	MRCP(UK) Part 1	1
	C	MRCP(UK) Part 2	
	C	PACES	
Chronic kidney disease	B	MRCP(UK) Part 1	1
	C	MRCP(UK) Part 2	
	C	PACES	
Glomerulonephritis	A	MRCP(UK) Part 1	1
	B	MRCP(UK) Part 2	
	B	PACES	
Nephrotic syndrome	A	MRCP(UK) Part 1	1
	C	MRCP(UK) Part 2	
	C	PACES	
Urinary tract infections	C	MRCP(UK) Part 1 MRCP(UK) Part 2	1
Urinary calculus	A	MRCP(UK) Part 1	1
	B	MRCP(UK) Part 2	
	B	PACES	
Renal replacement therapy	A B C	MRCP(UK) Part 1 MRCP(UK) Part 2	1

Disturbances of potassium, acid/base, and fluid balance (and appropriate acute interventions)	B	PACES MRCP(UK) Part 1	1
		MRCP(UK) Part 2	
		PACES	
Polycystic kidney disease	B	MRCP(UK) Part 1	1
	C	MRCP(UK) Part 2	
	C	PACES	
<b>Clinical Science</b>			
Structure and function of the renal and urinary tract		MRCP(UK) Part 1	1
		PACES	
Homeostasis of fluid, electrolytes and acid base		MRCP(UK) Part 1	1
		PACES	
Urine composition		MRCP(UK) Part 1	1
Measurement of renal function		MRCP(UK) Part 1	1
		PACES	
Metabolic perturbations of acute, chronic, and end-stage renal failure and associated treatments		MRCP(UK) Part 1	1

## Respiratory Medicine

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

Competences	Degree of Knowledge	Assessment Methods	GMP
Recognise when specialist respiratory opinion is indicated		PACES ACAT CbD mini-CEX	1
Safe oxygen prescribing		MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Principles of short and long term oxygen therapy		MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1

Outline the different delivery systems for respiratory medications		PACES ACAT CbD mini-CEX	1
Outline methods of smoking cessation of proven efficacy		PACES ACAT CbD mini-CEX	1
Counsel patients in smoking cessation appropriately		PACES ACAT CbD mini-CEX	1,3
Take a thorough occupational history to identify risk factors for lung disease		PACES ACAT CbD mini-CEX	1
<b>Common Problems</b>			
COPD	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Asthma	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Pneumonia	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Pleural disease: pneumothorax, pleural effusion, mesothelioma	C	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Lung cancer	B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Respiratory failure and methods of respiratory support	A B B	MRCP(UK) Part 1 MRCP(UK) Part 2 PACES	1
Pulmonary embolism and DVT	B	MRCP(UK)	1

	C	Part 1	
	C	MRCP(UK) Part 2	
		PACES	
Tuberculosis	C	MRCP(UK) Part 1	1
		MRCP(UK) Part 2	
		PACES	
Interstitial lung disease	A	MRCP(UK) Part 1	1
	B	MRCP(UK) Part 2	
		PACES	
Obstructive sleep apnoea	A	MRCP(UK) Part 1	1
	B	MRCP(UK) Part 2	
		PACES	
Cystic fibrosis	A	MRCP(UK) Part 1	1
	B	MRCP(UK) Part 2	
		PACES	
Bronchiectasis	A	MRCP(UK) Part 1	1
	B	MRCP(UK) Part 2	
		PACES	
Respiratory failure and core pulmonale	A	MRCP(UK) Part 1	1
	B	MRCP(UK) Part 2	
		PACES	
Pulmonary hypertension	A	MRCP(UK) Part 1	1
	B	MRCP(UK) Part 2	
		PACES	
<b>Clinical Science</b>			
Anatomy and function of respiratory system (airways, lungs, chest wall)		MRCP(UK) Part 1	1
		PACES	
Physiology of gas exchange: ventilation, perfusion, ventilation and perfusion matching		MRCP(UK) Part 1	1
		MRCP(UK) Part 2	
		PACES	
Acid-base homeostasis		MRCP(UK)	1

	Part 1	
	MRCP(UK)	
	Part 2	
	PACES	
Principles of lung function measurement	MRCP(UK) Part 1	1
	MRCP(UK) Part 2	
	PACES	
Pharmacology of major drug classes: bronchodilators, inhaled corticosteroids, leukotriene receptor antagonists, immunosuppressants	MRCP(UK) Part 1	1

### Public Health & Health Promotion

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

Competences	Assessment Methods	GMP
<b>Smoking</b>		
Outline the effects of smoking on health	PACES ACAT CbD mini-CEX	1
Promote smoking cessation	PACES ACAT CbD mini-CEX	1
Recognise the need for support during cessation attempts	PACES ACAT CbD mini-CEX	1
Recognise and utilise specific Smoking Cessation health professionals	PACES ACAT CbD mini-CEX	1
<b>Alcohol</b>		
Recall safe drinking levels	PACES ACAT CbD mini-CEX	1
Recognise the health and psychosocial effects of alcohol	MRCP(UK) Part 1	1

	MRCP(UK) Part 2	
	PACES	
	ACAT	
	CbD	
	mini-CEX	
Recommend support networks for problem drinkers	PACES	1
	ACAT	
	CbD	
	mini-CEX	
Outline appropriate detoxification programme and methods to retain abstinence	PACES	1
	ACAT	
	CbD	
	mini-CEX	
<b>Obesity</b>		
Recognise medical impact of obesity	MRCP(UK) Part 2	1
	PACES	
	ACAT	
	CbD	
	mini-CEX	
Outline good dietary practices	PACES	1
	ACAT	
	CbD	
	mini-CEX	
Promote regular exercise	PACES	1
	ACAT	
	CbD	
	mini-CEX	
Recommend specialist dietician input as appropriate	PACES	1
	ACAT	
	CbD	
	mini-CEX	
Define principles of therapeutic interventions in morbid obesity	MRCP(UK) Part 2	1
	PACES	
	ACAT	
	CbD	
	mini-CEX	
<b>Nutrition</b>		
Recognise the public health problem of poor nutrition	ACAT	1
	CbD	
	mini-CEX	
Perform basic nutritional assessment	PACES	1
	ACAT	

Identify patients with malnutrition and instigate appropriate management	CbD mini-CEX MRCP(UK) Part 1 MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Recognise importance of dietician input and follow-up	PACES ACAT CbD mini-CEX	1
Define principles of enteral and parenteral feeding	PACES ACAT CbD mini-CEX	1
Outline the ethical issues associated with nutrition	PACES ACAT CbD mini-CEX	1
<b>Sexual behaviour</b>		
Promote safe sexual practices	PACES ACAT CbD mini-CEX	1
<b>Substance abuse</b>		
Recognise the health and psychosocial effects of substance abuse	ACAT CbD mini-CEX	1
Recommend support networks	ACAT CbD mini-CEX	1
<b>Social Deprivation</b>		
Be able to define the levels of social deprivation in the community	ACAT CbD mini-CEX	1
Recognise the impact of social deprivation on health	ACAT CbD mini-CEX	1
<b>Occupation</b>		
Recognise the impact of occupation on health	MRCP(UK) Part 2	1

	PACES ACAT CbD mini-CEX	
Outline the role of Occupational Health consultants	PACES ACAT CbD mini-CEX	1
<b>Exercise</b>		
Define the health benefits of regular exercise	PACES ACAT CbD mini-CEX	1
Promote regular exercise	PACES ACAT CbD mini-CEX	1
<b>Mental Health</b>		
Recognise the interaction of mental and physical health	MRCP(UK) Part 2 PACES ACAT CbD mini-CEX	1
Recommend appropriate treatment and support facilities	ACAT CbD mini-CEX	1

## Investigation Competencies

Listed below are the investigations that the trainee is expected to be able to outline the indications for and interpret by the end of Core Medical Training. The subsequent list states the investigations that the trainee should know the indications for, and how the investigation is carried out. A detailed interpretation is not expected by trainees in core programmes, as these investigations usually require specialist interpretation (eg histology, radiology). However, the trainee in the latter stages of training in specialty training (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, theophylline

### 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
- Tumour markers

### 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 CMT

As a minimum, the StR must be able to outline the indications for these procedures, recognise the importance of valid consent; aseptic technique; safe use of analgesia and local anaesthetics; minimisation of patient discomfort and when to request help. It is good medical practice to obtain training in procedural skills in a clinical skills lab before performing these procedures clinically.

The procedural competencies for the CMT framework are divided into three sections:

### **Essential CMT procedures (part A, clinical independence essential)**

CMT StRs must be able to undertake the following procedures before completion of CMT:

- advanced cardiopulmonary resuscitation (including external pacing)
- ascitic tap
- lumbar puncture
- nasogastric tube placement and checking
- pleural aspiration or insertion intercostal drain for pneumothorax

### **Essential CMT procedures (part B, clinical independence desirable)\***

CMT StRs must have some experience\* of these procedures before completion of CMT

- central venous cannulation (by neck or femoral) with U/S guidance where appropriate
- DC cardioversion
- intercostal drain insertion using Seldinger technique with U/S guidance (excepting pneumothorax)

*\* Trainees considering progression into an acute medical specialty are expected to develop clinical independence in these procedures where possible. 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'*

### **Desirable CMT procedures**

CMT StRs should try to gain at least some experience\*\*, and independent competency if possible, in these procedures. However, it is recognised that it may be difficult to gain experience in these procedures because of reduced opportunities due to changed clinical practice and patient safety issues. The ability to undertake these procedures will be dependent on the training opportunities within a particular programme.

- abdominal paracentesis
- knee aspiration

*\*\*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'*

### **Foundation procedural competencies**

The CMT StR is expected to be competent, and maintain competency, in the following practical procedures in the Foundation curriculum during Core Medical Training:

- Arterial blood gas sampling
- Cannula insertion, including large bore
- Electrocardiogram
- Peak Flow measurement
- Urethral catheterisation
- Venepuncture

## **4 Learning and Teaching**

### **4.1 The training programme**

The organisation and delivery of postgraduate training is the statutory responsibility of the General Medical Council which devolves responsibility for the local organisation and delivery of training to the deaneries. Each deanery oversees a "School of Medicine" which is responsible for the organisation and delivery of CMT in each deanery. Each deanery has a CMT Training Programme Director who coordinates the training programme.

Progression through the programme will be determined by using the decision grid (see section 5.5 ARCP Decision Aid). The final award of a certificate in CMT 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.

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 syllabus 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 CMT 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.

### **4.2 Teaching and learning methods**

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

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

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

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

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

The competent doctor will, without recourse to the usual acute care support services and team, be able to:

- assess the reason for the clinic review from referral letters, notes, patient / carer etc
  - be able to focus on the issue(s) and any other important issues arising during the consultation in the allotted time
  - explore the patient's ideas, expectations and concerns
  - undertake focussed examination as required
  - review investigation results and need for further investigations and / or referrals, and make secure arrangements for these
  - explain the outcomes of the review to the patient (and any accompanying persons) in a clear fashion, such that the patient can take forward any changes in the management plan, clarifying these as required before the consultation ends
  - make relevant notes in appropriate health care records
  - communicate the salient facts of the consultation to the referring clinician and other involved health care workers
  - be prepared to undertake further actions outside of the scheduled care setting eg obtain results and act on them, further communications etc.
- 
- Specialty-specific takes
  - Post-take consultant ward-rounds
  - Personal ward rounds and provision of ongoing clinical care on specialist medical ward attachments. Every patient seen, on the ward or in out-patients, provides a learning opportunity, which will be enhanced by following the patient through the course of their illness: the experience of the evolution of patients' problems over time is a critical part both of the diagnostic process as well as management. Patients seen should provide the basis for critical reading and reflection of clinical problems.
  - Consultant-led ward rounds. Every time a trainee observes another doctor, consultant or fellow trainee, seeing a patient or their relatives there is an opportunity for learning. Ward rounds, including those post-take, should be led by a consultant and include feedback on clinical and decision-making skills.
  - Multi-disciplinary team meetings. There are many situations where clinical problems are discussed with clinicians in other disciplines. These provide excellent opportunities for observation of clinical reasoning.

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

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

Suggested activities include:

- a programme of formal bleep-free regular teaching sessions to cohorts of trainees (e.g. a weekly core training hour of teaching within a Trust)
- case presentations
- journal clubs
- research, audit and quality improvement 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 such as e-Learning for Healthcare (e-LfH)
- maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- audit, quality improvement 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.

## 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. Assessment tools will be both formative and summative and have been selected on the basis of their fitness for purpose.

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

## 5.2 Assessment Blueprint

In the syllabus (3.2) the "Assessment Methods" shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used.

## 5.3 Assessment methods

The following methods are used in the integrated assessment system:

### Examinations and certificates

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

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

[www.MRCP\(UK\)uk.org](http://www.MRCP(UK)uk.org)

### Workplace-based assessments (Supervised Learning Events)

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

- Quality Improvement Project Assessment Tool (QIPAT)
- Teaching Observation (TO)

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

### **Multi-source feedback (MSF)**

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

### **mini-Clinical Evaluation Exercise (mini-CEX)**

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

### **Direct Observation of Procedural Skills (DOPS)**

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

### **Case-based Discussion (CbD)**

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

### **Acute Care Assessment Tool (ACAT)**

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

### **Patient Survey (PS)**

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

### **Audit Assessment (AA)**

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

#### **Quality Improvement Project Assessment Tool (QIPAT)**

The **Quality Improvement Project Assessment tool** is designed to assess a trainee's competence in completing a quality improvement project. The Quality Improvement Project Assessment can be based on review of quality improvement project documentation OR on a presentation of the quality improvement project at a meeting. If possible the trainee should be assessed on the same quality improvement project by more than one assessor.

#### **Teaching Observation (TO)**

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

### **5.4 Decisions on progress (ARCP)**

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

## 5.5 CMT 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.

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 workplace-based assessments, reflections on clinical cases or events or personal performance, reflection on teaching attended or other learning events undertaken e.g. e learning modules, reflection on significant publications, audit or quality improvement project reports (structured abstracts recommended) and / or assessments, feedback on teaching delivered and examination pass communications. Summaries of clinical activity and teaching attendance should be recorded in the logbook facility in the e portfolio

It is recognised that there is a hierarchy of competencies within the curriculum. It is expected that the breadth and depth of evidence presented for the emergency presentations, top symptom presentations and procedures will be greater than that for the common competencies and the other important presentations which may be sampled to a lesser extent ie 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.

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

The Interim Review stage no longer features on the Decision Aid, because it is not required as part of the ARCP. However, it is very strongly recommended that an Interim Review takes place 3 – 4 months (or at other times as determined locally) before the ARCP, and recorded on the appropriate form. Progress should be assessed pro-rata, and appropriate advice given if progress does not appear to be adequate. Further Interim reviews can be undertaken as necessary if progress is not being made.

### Core Medical Training ARCP Decision Aid - standards for recognising satisfactory progress

Curriculum domain		CMT year 1	CMT year 2	Comments
Educational Supervisor report(s)		Satisfactory with no concerns	Satisfactory with no concerns	To cover the whole training year since last ARCP
MRCP(UK)		Part 1 passed Outcome 2 if not passed**	MRCP(UK) passed***	
ALS		Valid	Valid	
Workplace Based Assessments (WPBAs)	WPBAs should be performed proportionately throughout each training year and performed by a number of different assessors It is expected that a range of assessments will be used and structured feedback given to aid the trainee's personal development.			
	Minimum number of Consultant WPBAs per year	10 (with at least 4 ACATs)	10 (with at least 4 ACATs)	
	MSF	1	1	Replies should be received within a 3 month time window from a minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non medical) for a valid MSF. If significant concerns are raised then arrangements should be made for a repeat MSF(s)
Quality Improvement Project or Audit		1	1	Ideally a Quality Improvement assessment (QIPAT) or Audit assessment should be performed
Common Competencies		Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum	Confirmation by educational supervisor that level of performance in this area of the curriculum is satisfactory for CMT completion i.e. level 2.	The ARCP panel will expect to see evidence of engagement with this section of the curriculum
Emergency Presentations	Cardio-respiratory arrest	Signed off with supporting evidence of performance		It is expected that ACATs, mini-CEXs

	Shocked patient	Signed off with supporting evidence of performance		and CbDs will be used to assess workplace performance of these competencies
	Unconscious patient	Signed off with supporting evidence of performance		
	Anaphylaxis / severe Drug reaction	Signed by educational supervisor after a satisfactory assessment of clinical performance or after discussion of management if no clinical cases encountered		
Top Presentations		Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum	Each individually signed off with supporting evidence of performance	
Other Important Presentations		Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum	Confirmation by educational supervisor that level of performance in this area is satisfactory for CMT completion	The ARCP panel will expect to see evidence of engagement with at least 75% of this section of the curriculum by the completion of CMT
Procedures	Advanced CPR (including external pacing)	Skills lab training completed or satisfactory supervised practice	Clinically independent	Foundation procedural skills must be maintained
	Ascitic tap	Skills lab training completed or satisfactory supervised practice	Clinically independent	Procedures should be evidenced by DOPS (initially training / formative and then assessment / summative to confirm competence where required).
	Lumbar puncture	Skills lab training completed or satisfactory supervised practice	Clinically independent	
	Nasogastric tube placement and checking	Skills lab training completed or satisfactory supervised practice	Clinically independent	DOPS to be repeated until clinical independence (where required) is confirmed by assessor
	Pleural aspiration for fluid or air	Skills lab training completed or satisfactory supervised practice	Clinically independent	*For potentially life-threatening procedures, at least 2 DOPS confirming competence are required

	Central venous cannulation (by internal jugular, subclavian or femoral approach) with U/S guidance where appropriate *		Skills lab training completed or satisfactory supervised practice	from different assessors
	DC cardioversion		Skills lab training completed or satisfactory supervised practice	
	Intercostal drain insertion using Seldinger technique with ultrasound guidance (excepting pneumothorax where ultrasound guidance is not normally required) *		Skills lab training completed or satisfactory supervised practice	
Clinics (or equivalents)			Satisfactory performance in 24 clinics by completion of CMT	It is expected that performance in outpatients will be assessed using Mini CEX and CbD. Reflective practice and patient survey are also recommended for use in outpatients
Overall teaching attendance		Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	The requirements to attend teaching attendance should be specified on commencement of training

\*\* Failure to achieve MRCP(UK) Part 1 by the end of CT1 should lead to an ARCP 2 outcome at the month 11 ARCP even if other aspects of training are satisfactory. The JRCPTB would not recommend an ARCP 3 at this time for exam failure alone.

\*\*\*Failure to achieve MRCP(UK) after 24 months in CMT will probably result in an outcome 3 if all other aspects of progress are satisfactory.

## 5.6 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 Postgraduate Dean (or deputy).

## 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.

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. However, it is preferred that a single Educational Supervisor is associated with the same trainee for a full training year, thus the Clinical Supervisor is likely to be a separate consultant during subsequent rotations.

The responsibilities of supervisors have been defined by the GMC in the document "Quality Framework Operational Guide". 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.

## **6.2 Appraisal**

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

### **Induction Appraisal**

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

### **Mid-point Review**

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

### **End of Attachment Appraisal**

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

## 7 Managing curriculum implementation

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

The organisation of training programs for CMT is the responsibility of the postgraduate deaneries.

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

- oversee recruitment and induction of trainees from Foundation to core training - CMT or ACCS(M)), and from core training into Specialty Training
- allocate trainees into particular rotations for core training appropriate to their training needs and wishes
- oversee the quality of training posts provided locally
- interface with other Deanery Specialty Training faculties (General Practice, Anaesthesia etc)
- ensure adequate provision of appropriate educational events
- ensure curricula implementation across training programmes
- oversee the workplace-based assessment process within programmes
- coordinate the ARCP process for trainees
- provide adequate and appropriate career advice
- provide systems to identify and assist doctors with training difficulties
- provide flexible training
- recognise the potential of specific trainees to progress into an academic career

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

Implementation of the curriculum is the responsibility of the JRCPTB via its Sub – Committee responsible for CMT. The committee is formally constituted with representatives from each health region in England, from the devolved nations and has trainee and lay representation.

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

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

The introduction of the ePortfolio allows members of the Sub-Committee 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](http://www.jrcptb.org.uk).

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

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

## **7.2 Recording progress in the ePortfolio**

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

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

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

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

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

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

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

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

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

## 8 Equality and diversity

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

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

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

Compliance with anti-discriminatory practice will be assured through:

- monitoring of recruitment processes;
- ensuring all College representatives and Programme Directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post;
- deaneries must ensure that educational supervisors have had equality and diversity training (at least as an e learning module) every 3 years
- deaneries must ensure that any specialist participating in trainee interview/appointments committees or processes has had equality and diversity training (at least as an e module) every 3 years.
- ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature. Deaneries and Programme Directors must ensure that on appointment trainees are made aware of the route in which inappropriate or discriminatory behaviour can be reported and supplied with contact names and numbers. Deaneries must also ensure contingency mechanisms are in place if trainees feel unhappy with the response or uncomfortable with the contact individual.
- 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.