

Generic Curriculum Assessment Blueprint

SHADED COMPETENCIES = Mandatory Level 1

UNSHADED = Level 2

Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	MRCP Part 1	MRCP Part 2 Written	MRCP PACES	Other
1.1i History Taking K	Identify and record risk factors for conditions relevant to mode of presentation	●	●			●				●	
S	Take a focused history in keeping with mode of presentation	●								●	
	Use skills to overcome barriers to communication e.g. use of interpreter and written information	●			●	●	●			●	
	Identify possible cultural or religious barriers to effective communication	●	●			●				●	
	Draw a close to a consultation appropriately	●								●	
	Manage alternative and conflicting views from family, carers and friends	●	●		●	●	●				
AB	Fully address patients concerns, ideas and expectations	●				●	●			●	
	Respect patient confidentiality		●		●		●			●	
	Maintain cultural awareness and identity	●				●	●			●	
	Value patient comprehension				●		●				
	Recognise importance of a collateral history in certain situations e.g. unreliable history	●	●			●				●	
1.1ii Examination K	Describe the pathophysiological and anatomical basis for clinical signs							●	●	●	
S	Perform an examination relevant to the presentation and risk factors that is valid, targeted and time efficient	●				●				●	
	Perform valid examination in more challenging situations (e.g. critical care setting, unconscious patient, distracting environment)	●				●					
	Assess mood and cognitive function as appropriate and apply this to interpretation of history	●				●				●	
AB	Respect a patient's dignity and cultural background and other beliefs				●	●	●			●	
	Recognise importance of patient consent in context of examination	●			●		●			●	
	Demonstrate willingness and ability to teach junior and health worker colleagues sound examination technique				●						
1.1iv Therapeutics and safe prescribing	Recall range of adverse drug reactions to commonly used drugs, including complementary medicines		●					●	●		

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UNSHADED = Level 2

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K	Recall drugs requiring therapeutic drug monitoring and interpret results					●		●	●		
	Outline tools to promote patient safety and prescribing, including IT systems	●	●								
S	Undertake regular review of long term medications	●	●		●	●					
	Predict and avoid drug interactions, including complementary medicines	●	●			●		●	●	●	
	Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)	●	●			●		●	●		
	Use IT prescribing tools to improve safety					●					
	Employ appropriate methods to improve patient concordance with medication	●	●			●					
	Provide effective explanation for the role of medicines	●	●				●			●	
	Recognise the benefit of minimising number of medications taken by a patient	●	●							●	
	Appreciate the role of non-medical prescribers				●					●	
	Remain open to advice from other health professionals on medication issues		●		●	●					
	Recognise the importance of resources when prescribing, including the role of a Drug Formulary		●		●						
	Ensure prescribing information is shared promptly and accurately between a patient's health providers, including between primary and secondary care				●	●					
	Remain up to date with therapeutic alerts, and respond appropriately		●		●			●	●	●	
1.1v Information Management	Outline the local process for clinical coding and the role of coding in health funding		●			●					
K	Outline the local systems for information retrieval, including IT systems		●			●					
	Define the provisions of the Data Protection Act and the Freedom of Information Act within the context of patient information	●	●						●		
S	Demonstrate good information management to others				●						
	Share written information of a patient's care appropriately by		●		●	●					

Generic Curriculum Assessment Blueprint

SHADED COMPETENCIES = Mandatory Level 1

UNSHADED = Level 2

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	following local procedure										
	Retrieve investigation results in a timely manner and act upon result appropriately	●			●	●					
	Use local IT systems appropriately within the context of the data protection act				●						
AB	Provide leadership for note keeping, referrals, letters and timely discharge summaries written by members of team				●	●					
	Recognise the patient safety and medico-legal impact of poor note keeping		●								
1.2i Time Management - K	Outline techniques for improving time management		●			●					
	Recall how time is of use in patient diagnosis and management	●	●			●					
S	Delegate appropriately to ensure critical situations are addressed promptly				●	●					
	Prioritise and re-prioritise own work load and that of members of healthcare team				●	●					
	Delegate work load of an acute take appropriately					●					
AB	Recognise when you or others are falling behind and take steps to rectify the situation					●					
1.2ii Decision making and clinical reasoning- K	List the drawbacks of commonly used guidelines		●					●	●		
	Define the steps of diagnostic reasoning: <ul style="list-style-type: none"> • Interpret history and clinical signs • Conceptualise clinical problem • Generate hypothesis within context of clinical likelihood • Test, refine and verify hypothesis • Develop problem list and action plan 	●	●			●		●	●		
	Define the concepts of disease natural history and assessment of risk		●			●		●	●	●	
	Recall methods and associated problems of quantifying risk e.g. cohort studies		●					●	●		
	Outline the concepts and drawbacks of quantitative assessment of risk or benefit e.g. numbers needed to treat		●					●	●		
	Describe commonly used statistical methodology							●			

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SHADED COMPETENCIES = Mandatory Level 1

UNSHADED = Level 2

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S	Interpret clinical features and interpret their reliability and relevance to clinical scenario	●	●							●	
	Generate plausible hypothesis(es) following patient assessment	●	●						●	●	
	Construct a concise and applicable problem list using available information	●	●			●				●	
	Define the relevance of an estimated risk of a future event to an individual patient	●					●			●	
	Use risk calculators appropriately	●	●					●	●		
	Apply quantitative data of risks and benefits of therapeutic intervention to an individual patient	●	●			●		●	●	●	
	Search and comprehend medical literature to guide reasoning		●		●						
AB	Recognise the difficulties in predicting occurrence of future events		●			●				●	
	Show willingness to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and benefit/risk balance of therapeutic intervention	●					●			●	
	Be willing to facilitate patient choice	●	●		●	●	●			●	
	Show willingness to search for evidence to support clinical decision making		●		●	●					
	Demonstrate ability to identify one's own biases and inconsistencies in clinical reasoning		●			●					
1.3 Patient as central focus of care- K	Outline health needs of particular populations e.g. ethnic minorities	●	●			●				●	
S	Give adequate time for patients to express ideas, concerns and expectations	●					●			●	
	Respond to questions honestly and seek advice if unable to answer	●					●			●	
	Encourage the health care team to respect the philosophy of patient focused care				●						
	Develop a self-management plan with the patient	●				●	●			●	
	Encourage patients to voice their preferences and personal choices about their care	●				●	●			●	
AB	Support patient self-management				●	●	●			●	
	Recognise the duty of the medical professional to act as patient advocate				●	●	●			●	
	Outline the features of a safe working environment		●								

Generic Curriculum Assessment Blueprint

SHADED COMPETENCIES = Mandatory Level 1

UNSHADED = Level 2

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	Recall the components of safe working practice defined in the Foundation Programme		●								
	Outline local procedures for optimal practice e.g. GI bleed protocol, safe prescribing	●	●							●	
	Recall principles of risk management	●	●					●			
	Recall side effects and contraindications of medications prescribed	●	●			●		●	●	●	
	Outline the hazards of medical equipment in common use	●	●								
S	Recognise when a patient is not responding to treatment, reassess the situation, and encourage others to do so	●			●	●				●	
	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	●			●	●				●	
	Sensitively counsel a colleague following a significant event, or near incident, to encourage improvement in practice of individual and unit				●						
	Improve patients' and colleagues' understanding of the side effects and contraindications of therapeutic intervention	●			●	●	●			●	
	Ensure the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately	●									
AB	Continue to maintain a high level of safety awareness and consciousness at all times				●	●					
	Encourage feedback from all members of the team on safety issues				●	●					
	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				●					●	
	Continue to be aware of one's own limitations, and operate within them competently				●	●				●	
1.3iii Teamworking and patient safety- K	Outline the components of effective collaboration		●			●					
	Describe the roles and responsibilities of members of the healthcare team	●	●			●				●	
	Outline factors adversely affecting a doctor's performance and methods to rectify these					●					

Generic Curriculum Assessment Blueprint

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S	Practise with attention to the important steps of providing good continuity of care <ul style="list-style-type: none"> ▣ Accurate attributable note-keeping ○ Preparation of patient lists with clarification of problems and ongoing care plan ○ Detailed hand over between shifts and areas of care 		●			●					
	Demonstrate leadership and management in the following areas: <ul style="list-style-type: none"> ● Education and training ● Deteriorating performance of colleagues (e.g. stress, fatigue) ● High quality care ● Effective handover of care between shifts and teams 				●	●					
	Participate in interdisciplinary team meetings				●						
	Provide appropriate supervision to less experienced colleagues				●	●					
AB	Encourage an open environment to foster concerns and issues about the functioning and safety of team working				●						
	Recognise and respect the request for a second opinion	●			●					●	
	Recognise the importance of induction for new members of a team										
	Recognise the importance of prompt and accurate information sharing with Primary Care team following hospital discharge		●		●	●					
1.3iv Quality and Safety improvement- K	Define local and national significant event reporting systems	●	●								
	Outline local health and safety protocols (fire, manual handling etc)					●					
	Outline the use of patient early warning systems to detect clinical deterioration		●			●		●	●		
	Keep abreast of national patient safety initiatives including National Patient Safety Agency				●						
S	Contribute to quality improvement processes (e.g. unit mortality meetings)				●						
AB	Show willingness to participate in safety improvement strategies				●						
1.4 Infection Control- K	Outline the principles of infection control defined by the GMC					●		●			
	Outline the principles of infection prevention in high risk groups		●			●		●	●		

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UNSHADED = Level 2

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	(e.g. antibiotic use and Clostridium difficile) including antibiotics prescribing policy										
	List the principle notifiable diseases in the UK							●	●		
	Outline the role of the Consultant in Communicative Disease Control (CCDC)		●							●	
S	Counsel patients on matters of infection control	●								●	
	Actively engage in local infection control methods	●		●		●					
	Prescribe antibiotics according to local antibiotic guidelines	●	●			●					
AB	Encourage other staff to observe infection control principles				●						
1.5 Health Promotion and Public Health- K	Outline current UK screening programmes							●	●		
	Cite the determinants of health, including psychological, biological, social, cultural and economic factors	●	●					●	●	●	
S	Utilise opportunities for health promotion and disease prevention in patients	●	●							●	
	Counsel patients on the benefits and risks of screening	●				●				●	
	Recognise the interaction between mental and physical health	●	●			●		●	●	●	
AB	Encourage appropriate screening to facilitate early intervention	●	●			●				●	
	Encourage effective team working in health promotion				●	●					
	Show willingness to remain well briefed in local or national outbreaks										
1.6i Medical Ethics and confidentiality- K	Demonstrate a knowledge of the principles of medical ethics		●					●	●	●	
	Outline and follow the guidance given by the GMC on confidentiality		●			●		●	●	●	
	Define the provisions of the Data Protection Act and Freedom of Information Act		●							●	
	Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research							●		●	
	Outline the procedures for seeking a patient's consent for disclosure of identifiable information							●		●	
	Outline situations where patient consent, while desirable, is not required for disclosure e.g. communicable diseases, public interest					●		●	●	●	

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UNSHADED = Level 2

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	Recall the obligations for confidentiality following a patient's death		●			●				●	
	Recognise the problems posed by disclosure in the public interest, without patient's consent		●							●	
	Recognise the factors influencing ethical decision making: religion, moral beliefs, cultural practices					●		●		●	
	Do not resuscitate: Define the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment	●	●			●		●		●	
S	Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team				●	●				●	
	Use and promote strategies to ensure confidentiality is maintained e.g. anonymisation		●								
	Counsel patients on the need for information distribution within members of the immediate healthcare team				●	●	●			●	
	Counsel patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment	●				●				●	
AB	Encourage ethical reflection in others				●						
	Show willingness to seek advice of peers, legal bodies, and the GMC in the event of ethical dilemmas over disclosure and confidentiality		●		●						
	Respect patients' requests for information not to be shared, unless this puts the patients or others at risk of harm				●					●	
	Show willingness to share information about their care with patients, unless they have expressed a wish not to receive such information				●	●	●				
	Show willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment	●	●		●	●					
1.6ii Valid Consent- K	Recall the principles of informed consent							●	●	●	
	Outline the guidance given by the GMC on consent							●	●	●	
	Outline the principles of who is able to obtain consent							●	●	●	
	Outline the situation of providing care without consent in an emergency					●		●		●	

Generic Curriculum Assessment Blueprint

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UNSHADED = Level 2

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	Recall the concept of capacity including: <ul style="list-style-type: none"> Principles of consent where capacity is fluctuating⁹ Proceeding with treatment in the event of mental incapacity, including the role of the courts and the relevant mental health legislation 					•		•		•	
	Outline the principles of advance directives							•		•	
	List the factors to be considered when acting in a patient's 'best interests', including previous expression of preferences by the patient and views of patient's wishes provided by a third party	•						•		•	
	List situations in which consent for treatment is not needed under common law	•				•		•		•	
	List the factors that must be considered when obtaining consent for screening	•						•		•	
S	Seek a formal assessment of decision making capacity when appropriate	•	•			•					
	Present all information to patients in a format they understand, allowing time for reflection on the decision to give consent				•		•			•	
	Provide a balanced view of care options	•								•	
	Obtain a second opinion on treatment options and explanations to patients when appropriate	•			•						
	Inform a patient and seek alternative care where personal, moral or religious belief prevents a usual professional action				•	•					
AB	Respect a patient's rights of autonomy, even in situations where their decision might put themselves at risk of harm	•			•					•	
	Avoid exceeding the scope of authority given by a patient				•						
	Avoid withholding information relevant to proposed care or treatment in a competent adult		•		•					•	
	Respect a patient's withdrawal of consent				•					•	
	Show willingness to seek advance directives	•			•	•				•	
	Show willingness to obtain a second opinion, senior opinion, and legal advice in difficult situations of consent or capacity	•	•			•					
1.6iii Legal framework for practice- K	Build on the knowledge gained during the Foundation Programme in the following medico-legal areas: <ul style="list-style-type: none"> Child protection relevant to adolescent and adult practice Mental health legislation: the powers to detain a patient and giving emergency treatment against patient's will under 					•		•	•	•	

Generic Curriculum Assessment Blueprint

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UNSHADED = Level 2

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	common law <ul style="list-style-type: none"> • Death certification and role of coroner / procurator fiscal • Advance directives and living wills • Withdrawing and withholding treatment • Decisions regarding resuscitation status of patients • Surrogate decision making such as Power of Attorney • Organ donation and retention and awareness of local procedures • Communicable disease notification • Medical risk and driving. Conditions to be reported by patients to the DVLA and responsibilities of doctors if patients do not • Data Protection and Freedom of Information Acts • Provision of continuing care and community nursing care by local authorities, including Section 47 National Assistance act 										
	Outline sources of medico-legal information							•			
	Outline the process of discipline in the event of medical malpractice							•			
	Outline the procedure to be followed when abuse is suspected		•			•		•			
S	Prepare a medico-legal statement for submission to the Coroner's Court and other legal proceedings										
	Incorporate legal principles into day to day practice	•	•		•	•					
	Practise and promote accurate documentation within clinical practice		•			•					
AB	Show willingness to seek advice from the Healthcare Trust, legal bodies (including defence unions), and the GMC on medico-legal matters				•	•					
	Promote reflection on legal issues by members of the team				•						
1.7 Ethical research- K	Outline the GMC guidance on good practice in research							•			
	Outline the differences between audit and research							•			
	Describe how clinical guidelines are produced							•			
	Demonstrate a knowledge of research principles							•			
	Outline the principles of formulating a research question and designing a project							•			

Generic Curriculum Assessment Blueprint

SHADED COMPETENCIES = Mandatory Level 1

UNSHADED = Level 2

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	Comprehend principal qualitative, quantitative, bio-statistical and epidemiological research methods							•	•		
	Outline sources of research funding										
S	Develop critical appraisal skills and apply these when reading literature										Evidence of presentation, abstract, or published paper
	Demonstrate the ability to write a scientific paper										
	Apply for appropriate ethical research approval										
	Demonstrate the use of literature databases										
	Demonstrate good verbal and written presentations skills									•	
AB	Show willingness to the promotion of involvement in research										
	Follow guidelines on ethical conduct in research and consent for research										
	Recognise the ethical responsibilities to conduct research with honesty and integrity, safeguarding the interests of the patient and obtaining ethical approval when appropriate				•						
1.8 Managing long-term conditions- K	Describe the natural history of diseases that run a chronic course							•	•		
	Define the role of rehabilitation services and the multi-disciplinary team to facilitate long-term care					•		•		•	
	Outline the concept of quality of life and how this can be measured							•	•	•	
	Outline the concept of patient self-care		•							•	
S	Develop and agree a management plan with the patient ensuring comprehension to maximise self-care	•				•				•	
	Develop and sustain supportive relationships with patients with whom care will be prolonged						•				
	Provide effective patient education, with support of the multi-disciplinary team				•	•	•			•	
	Promote and encourage involvement of patients in appropriate support networks, both to receive support and to give support to others	•				•				•	
	Encourage and support patients in accessing appropriate information <ul style="list-style-type: none"> Provide the relevant and evidence based information in an appropriate medium to enable sufficient choice, when possible 	•				•	•			•	

Generic Curriculum Assessment Blueprint

SHADED COMPETENCIES = Mandatory Level 1

UNSHADED = Level 2

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AB	Show willingness to act as a patient advocate									●	
	Recognise the impact of long term conditions on the patient, family and friends						●			●	
	Recognise and respect the role of family, friends and carers in the management of the patient with a long term condition		●			●				●	
	Show willingness to maintain a close working relationship with other members of the multi-disciplinary team, primary and community care				●	●				●	
	Show willingness to facilitate access to the appropriate training and skills in order to develop the patient's confidence and competence to self care						●				
	Ensure appropriate equipment and devices are discussed: <ul style="list-style-type: none"> Put patients in touch with the relevant agency from where they can procure the items as appropriate Provide the relevant tools and devices when possible 						●				
2.1 Learning- K	Outline the principles of adult learning theory										
	Define the principles of Continuing Professional Development										
S	Identify gaps in knowledge and plan actions to fill them										Evidence of reflective learning and PDP
	Translate knowledge and new learning into practice										
	Maintain a portfolio of Continuing Professional Development (CPD)										●
AB	Strive to enhance professional competence with active involvement in CPD activities										Evidence of reflective learning and PDP
	Recognise the moral and professional obligation to maintain competence and be accountable										
	Reflect on all aspects of practice										
2.2 Evidence and Guidelines- K	Outline the advantages and disadvantages of guidelines		●					●			
	Describe the principles of critical appraisal		●								
	Outline the advantages and disadvantages of different study							●	●		

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S	Contribute to the construction, review and updating of local (and national) guidelines of good practice using the principles of evidence based medicine				•						Evidence of contribution to guidelines
	Appraise retrieved evidence to address a clinical question		•			•					
	Apply conclusions from critical appraisal into clinical care		•			•					Evidence of presentation, abstract, or published paper
	Identify the limitations of research		•								Evidence of presentation, abstract, or published paper
AB	Keep up to date with national reviews and guidelines of practice (e.g. NICE and SIGN)		•					•	•	•	Evidence of presentation, abstract, or published paper
	Aim for best clinical practice (clinical effectiveness) at all times				•	•					
	Recognise the occasional need to practise outside clinical guidelines		•			•				•	
	Encourage discussion amongst colleagues on evidence-based practice				•						
2.3 Audit K	Recall the role of audit (developing patient care, risk management etc)							•			
	Recall the steps involved in completing the audit cycle							•			Evidence of audit presentation,

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UNSHADED = Level 2

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											or publication
AB	Design, implement and complete audit cycles										Evidence of audit presentation, or publication
	Contribute to local and national audit projects as appropriate (e.g. NCEPOD)										
	Support audit within the multi-disciplinary team				●						
AB	Recognise the need for audit in clinical practice										
3.1 Communication within a consultation K	Recall and build upon the competencies defined in the Foundation Curriculum: <ul style="list-style-type: none"> ☐ Interview structure ☐ Effective listening ☐ Clarify information given by patient ☐ Use comprehensible language tailored to patient ☐ Use open and closed questions appropriately ☐ Gauge patients' ideas, concerns, expectations and comprehension ☐ Appropriate use of written materials and interpreters ☐ Act in a courteous, polite and professional manner 	●					●			●	
S	Demonstrate good communication skills to others in the team				●					●	
	Identify and manage communication barriers while respecting confidentiality: language, cultural, hearing impairment, poor literacy etc	●			●					●	
	Accurately record details of discussions with the patient over care		●			●					
	Manage patient follow-up effectively					●					
AB	Show willingness to provide patients with a second opinion	●				●				●	
	Show willingness to identify other sources of information for patients (printed literature, support societies etc)	●				●				●	
	Ensure the patient is well informed and central to the decision making process					●	●			●	
	Be aware of significant others and recognise their role in the management of the patient with a long term condition	●	●			●				●	
3.2 Breaking Bad News K	Recall and build upon the competencies defined in the Foundation Curriculum: <ul style="list-style-type: none"> ● Interview structure ● Normal bereavement process ● Local transplant procedure ● Understand and respect cultural differences in end of life 	●				●		●		●	

Generic Curriculum Assessment Blueprint

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	care and bereavement <ul style="list-style-type: none"> Select appropriate setting Encourage questioning and ensure comprehension Avoid undue optimism or pessimism Act with empathy, honesty and sensitivity 										
	Outline the stages of bereavement							●		●	
S	Demonstrate to others good practice in breaking bad news	●			●					●	
	Counsel families on issues of <ul style="list-style-type: none"> Death and dying Withdrawing and withholding life-prolonging treatment Incapacity (such as follows disabling stroke) Transplantation 	●				●				●	
AB	Take leadership in breaking bad news				●	●					
	Respect the different ways people react to bad news				●					●	
3.3 Complaints and Medical Error- K	Recall and build upon the competencies defined in the Foundation Programme: <ul style="list-style-type: none"> Awareness of local complaints procedure Factors likely to lead to complaints (poor communication, dishonesty etc) Adopt behaviour likely to prevent complaints Deal 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 					●					
	Outline the principles of an effective apology					●					
	Define the local complaints procedure		●			●					
	Identify sources of help and support when a complaint is made about yourself or a colleague										
S	Contribute to processes whereby complaints are reviewed and learned from				●						
	Explain comprehensibly to the patient the events leading up to a medical error	●								●	
	Deliver an appropriate apology		●			●				●	
	Distinguish between system and individual errors							●			
AB	Take leadership over complaint issues					●					

Generic Curriculum Assessment Blueprint

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	MRCP Part 1	MRCP Part 2 Written	MRCP PACES	Other
	Recognise the impact of complaints and medical error on staff, patients, and the National Health Service		●								
	Contribute to a fair and transparent culture around complaints and errors				●		●				
	Recognise the rights of patients, family members and carers to make a complaint				●		●				
Focus Area 4 – Working with Colleagues -K	Outline the features of an effective comprehensive handover					●					
	Identify the important roles played by all members of a multi-disciplinary team		●		●	●					
	Outline features of good team dynamics										
	Outline the principles of effective inter-professional collaboration to optimise patient, or population, care					●				●	
S	Establish effective communication with relevant teams by means appropriate to the urgency of a situation e.g. accurate written consultation letter	●	●		●	●					
	Delegate to members of the medical team and members of the multi-disciplinary team whilst maintaining appropriate supervision				●	●					
	Participate in, and co-ordinate, an effective hospital at night team					●					
	Participate in, and co-ordinate, an effective hand over between shifts and the hospital at night team				●	●					
	Take responsibility for accurate and prompt information distribution to primary care and community care following an admission or hospital visit	●	●			●					
	Utilise the expertise of the multi-disciplinary team	●	●		●	●					
	Ensure confidentiality is maintained during information distribution to other health care teams following admission or hospital visit		●			●					
	Communicate effectively with administrative bodies and support organisations				●						
	Employ collaborative negotiation to prevent and resolve conflict	●									
AB	Foster a supportive and respectful environment where there is open and transparent communication				●						
	Respect opinions and encourage open communication with all members of the multi-disciplinary team to improve learning and				●						

Generic Curriculum Assessment Blueprint

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	patient care										
	Encourage an atmosphere of open communication within teams to improve patient care and learning				●						
	Show willingness to participate in multi-disciplinary and multi-specialty team meetings				●						
Focus Area 5 – Teaching and Training K	Outline adult learning principles relevant to medical education: <ul style="list-style-type: none"> • Identification of learning styles • Construction of educational objectives • Use of effective questioning techniques • Varying teaching format and stimulus 										
	Outline the structure of the effective appraisal interview										
	Differentiate between appraisal and assessment										
	Outline the workplace-based assessments in use										●
	Outline the appropriate local course of action to assist the failing trainee										
S	Recognise the failing trainee										
	Vary teaching format and stimulus, appropriate to situation and subject										Evaluation of Teaching sessions
	Provide effective feedback after teaching, and promote learner reflection										
	Conduct effective appraisal				●						
	Demonstrate effective lecture, presentation, small group and bedside teaching sessions										Evaluation of Teaching sessions
	Provide appropriate career advice, or refer trainee to an alternative effective source of career information				●						
	Participate in strategies aimed at improving patient education e.g. talking at support group meetings										Evaluation of Teaching sessions
AB	Recognise the importance of the role of the physician as an educator										Evaluation of Teaching sessions
	Demonstrate willingness to teach trainees and other health and social workers in a variety of clinical settings										
	Encourage discussions in the clinical settings to colleagues to share knowledge and understanding				●						

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	Show willingness to participate in workplace-based assessments				●						
	Maintain honesty and objectivity during appraisal and assessment				●						
	Show willingness to take up formal tuition in medical education				●						
	Recognise the importance of personal development as a role model to guide trainees in aspects of good professional behaviour										
Focus Area 6 – Professional Behaviour K	Recall and build upon the competencies defined in the Foundation Programme: <ul style="list-style-type: none"> Deal with inappropriate patient and family behaviour Respect the rights of children, elderly, people with physical, mental, learning or communication difficulties Adopt a non-discriminatory approach Place needs of patients above own convenience Behave with honesty and probity Act with honesty and sensitivity in a non-confrontational manner 				●					●	
	Define the concept of modern medical professionalism										
	Outline the relevance of professional bodies (Royal Colleges, JRCPTB, GMC, PMETB, Postgraduate Dean, BMA, specialist societies, medical defence organisations)										
S	Practise with: <ul style="list-style-type: none"> 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				●						
	Promote awareness of the doctor's role in utilising healthcare resources optimally										
	Recognise and respond appropriately to unprofessional behaviour in others				●						
AB	Recognise the need to use all healthcare resources prudently and appropriately							●	●		
	Recognise the need to improve clinical leadership and management skill										

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	Recognise situations when it is appropriate to involve professional bodies				●						
	Show willingness to act as a mentor and educator				●						
	Participate in professional regulation				●						
	Recognise the right for equity of access to healthcare for minority groups										
Focus Area 7 – Management and NHS Structure K	Outline the principles of: <ul style="list-style-type: none"> Clinical coding European Working Time Directive National Service Frameworks Health regulatory agencies (e.g. CHI, NICE, Scottish Executive) NHS Structure and relationships NHS finance and budgeting Consultant contract and the contracting process Resource allocation The potential role of the Independent sector as providers of healthcare 										
	Outline the guidance given on Management and Doctors by the GMC										
	Describe the structure and function of the healthcare system as it applies to your specialty										
	Outline the principles of appointment procedures and interview techniques										
S	Participate in managerial meetings				●						
	Take an active role in promoting the best use of healthcare resources				●						
	Employ new technologies appropriately, including information technology										
AB	Recognise the importance of just allocation of healthcare resources				●						
	Recognise the role of physicians as active participants in healthcare systems										
	Show willingness to improve managerial skills (e.g. management courses) and engage in management of the service										