

**JRCPTB**

Joint Royal Colleges of Physicians Training Board

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# **Curriculum for Specialty Training in Infectious Diseases**

**Incorporating Combined Infection Training,  
developed in conjunction with the Royal College  
of Pathologists**

**Approved 6 May 2014**



The Royal College of **Pathologists**

Pathology: the science behind the cure

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# 1 Introduction

The specialty of Infectious Diseases provides the opportunity of a career ranging from challenging and constantly varied clinical management to intellectually stimulating frontier research into diseases of worldwide importance. The specialty encompasses the requirements of a clearly objective-based training curriculum and offers training programmes ranging from pure Infectious Diseases to combined training in Infectious Diseases and General Internal Medicine, Infectious Diseases and Medical Microbiology or Infectious Diseases and Medical Virology.

Trainees will progress through the Combined Infection Training (CIT) Curriculum and then onto the Higher Infectious Diseases Training (HIDT) Curriculum in order to gain a certificate of completion of training (CCT) in Infectious Diseases. (Please see separate curriculum for training in Tropical Medicine, [www.jrcptb.org.uk](http://www.jrcptb.org.uk)).

The Combined Infection Training (CIT) Curriculum has been designed to provide trainees with basic but comprehensive training in Medical Microbiology, Medical Virology, Infection Prevention & Control and Infectious Diseases over a two year training period. It combines key components of the Royal College of Pathologist's 2010 Curricula for Medical Microbiology and Medical Virology and the Royal College of Physician's 2010 Curriculum for Infectious Diseases, to facilitate combined training in the diagnosis and clinical management of infection. The CIT curriculum has been designed to reflect the modernisation of UK microbiology laboratory services and the need to train infection specialists with a sound knowledge of both clinical and laboratory practice.

The Higher Infectious Diseases Training (HIDT) Curriculum has been designed to build upon the foundation provided by CIT, and expand training and competencies in the assessment, diagnosis, investigation and management of patients with infections to consultant level.

## 2 Rationale

### 2.1 Purpose of the curriculum

The purpose of this curriculum is to define the process of training and the competencies needed for the award of a certificate of completion of training (CCT) in Infectious Diseases.

The curriculum covers training for all four nations of the UK.

### 2.2 Development

This curriculum was developed by the Specialty Advisory Committee for Infectious Diseases under the direction of the Joint Royal Colleges of Physicians Training Board (JRCPTB). It replaces the previous version of the curriculum dated 2010 (Amendments 2012), with changes to ensure the curriculum meets GMC's standards for Curricula and Assessment, and to incorporate revisions to the content and delivery of the training programme.

The Combined Infection Training component was developed by the Joint Colleges Infection Training Curriculum Sub-Group in 2013. All members of the committee have

specific interest and experience in both the supervision and organisation of training. The committee has a permanent trainee member elected by and representing the trainee body. Trainee and Lay representation have also been present at curriculum meetings and directly involved in the formulation of this curriculum.

The Higher Infectious Diseases Training component was developed by representatives for the Specialty Advisory Committee for Infectious Diseases in 2013, to complement and progress the foundation of training and competence provided by the Combined Infections Training component. The Infectious Diseases curriculum overall has developed from an objective-based curriculum agreed by the specialty and published in 2003, with adaptations as a consequence of changes in training methodologies and as a response to changes in planned workforce, and to the evolution of Infectious Diseases and other infection-related specialities. All members of the committee have specific interest and experience in both the supervision and organisation of training. The committee has a permanent trainee member elected by and representing the trainee body and Lay representation.

### **2.3 Training Pathway**

Specialty training in Infectious Diseases consists of core and higher speciality training. Core training provides physicians with: the ability to investigate, treat and diagnose patients with acute and chronic medical symptoms; and with high quality review skills for managing inpatients and outpatients. Higher speciality training then builds on these core skills to develop the specific competencies required to practise independently as a consultant in Infectious Diseases.

Core training may be completed in either a Core Medical Training (CMT) or Acute Care Common Stem (ACCS) programme. The full curriculum for specialty training in Infectious Diseases therefore consists of the curriculum for either CMT or ACCS plus this specialty training curriculum for Infectious Diseases which includes the components for Combined Infection Training (CIT) and Higher Infectious Diseases training (HIDT).

Core Medical Training programmes are designed to deliver core training for specialty training by acquisition of knowledge and skills as assessed by the workplace 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 are asked to document their record of workplace based assessments in an ePortfolio which will then be continued to document assessments in specialty training. Trainees completing core training will have a solid platform of common knowledge and skills from which to continue into Specialty Training at ST3, where these skills will be developed and combined with specialty knowledge and skills in order to award the trainee with a certificate of completion of training (CCT).

There are common competencies that should be acquired by all physicians during their training period starting within the undergraduate career and developed throughout the postgraduate career, for example communication, examination and history taking skills. These are initially defined for CMT or ACCS and then developed further in the specialty. This curriculum supports the spiral nature of learning that underpins a trainee's continual development. It recognises that for many of the competences outlined there is a maturation process whereby practitioners become more adept and skilled as their career and experience progresses. It is intended that doctors should recognise that the acquisition of basic competences is often followed

by an increasing sophistication and complexity of that competence throughout their career. This is reflected by increasing expertise in their chosen career pathway.

Entrants to specialist training in Infectious Diseases must have successfully completed Core Medical Training or Acute Care Common Stem training.

## 2.4 Enrolment with JRCPTB

Trainees are required to register for specialist training with JRCPTB at the start of their training programmes. Enrolment with JRCPTB, including the complete payment of enrolment fees, is required before JRCPTB will be able to recommend trainees for a CCT. Trainees can enrol online at [www.jrcptb.org.uk](http://www.jrcptb.org.uk)

## 2.5 Duration of training

Although this curriculum is competency based, the duration of training must meet the European minimum of four years for full time specialty training adjusted accordingly for flexible training (EU directive 2005/36/EC). The SAC has advised that training in Infectious Diseases from ST1 will usually be completed in six years in full time training (2 years core plus 2 years Combined Infection Training plus 2 years Higher Infectious Diseases Training). Combined Training will usually extend training as demonstrated in the Diagram 1.0.

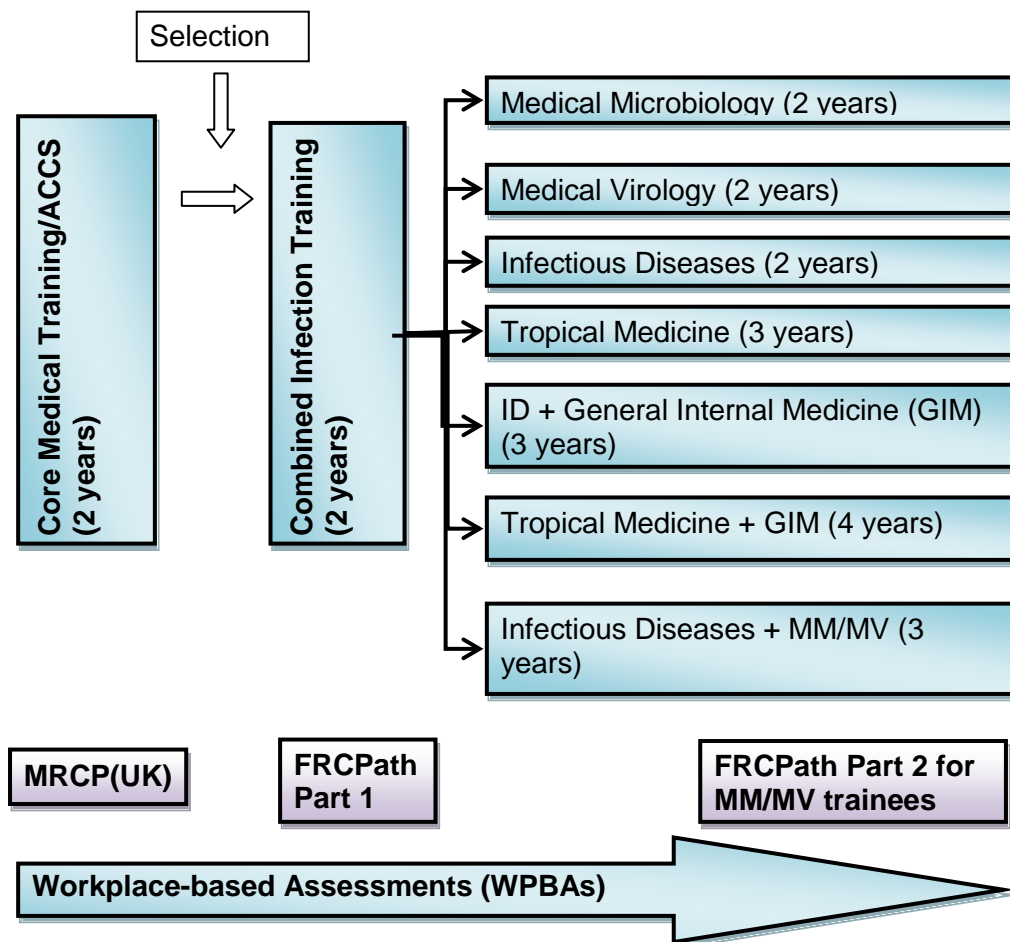


Diagram 1.0: Pathway for Infection Trainees

## **2.6 Less Than Full Time Training (LTFT)**

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 Deanery Associate Dean 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.

## **2.7 Dual CCT**

Trainees who wish to achieve a CCT in General Internal Medicine (GIM) as well as Infectious Diseases must have applied for and successfully entered a training programme which was advertised openly as a dual training programme. Trainees will need to achieve the competencies, with assessment evidence, as described in both the Infectious Diseases and GIM curricula. Individual assessments may provide evidence towards competencies from both curricula. The same applies for those wishing to dual train in Infectious Diseases and Medical Microbiology or Virology. Postgraduate Deans wishing to advertise such programmes should ensure that they meet the requirements of relevant colleges. There are currently no plans for triple accreditation in MM/MV, ID and GIM.

### 3 Content of learning

#### 3.1 Programme content and objectives

The Training Programme in Infectious Diseases aims to produce practitioners who:

- exhibit appropriate attitudes and communication skills in dealing with colleagues and patients.
- have effective team working and leadership skills
- by appropriate use of history, clinical examination and investigation can perform the core assessment required for all physicians practising in Infectious Diseases
- are able to establish a differential diagnosis of patients presenting with clinical features of Infectious Diseases
- are able to apply sufficient knowledge and skill in diagnosis and management to ensure safe independent practice in Infectious Diseases
- can apply knowledge of the appropriate basic sciences relevant to Infectious Diseases
- can develop management plans for the “whole patient” and have a sound knowledge of appropriate treatments including health promotion, disease prevention and long term management
- fully appreciate and know how to use the multi-disciplinary team approach to management of infection within the hospital and community, including a recognition and understanding of application of public health management
- have achieved a firm grasp of basic research methodology and are able to participate in and initiate research activity
- can use skills of lifelong learning to keep up-to-date with developments in Infectious Diseases
- can be an effective teacher
- are able to manage time and resources to the benefit of their patients and colleagues.

Specialty specific objectives are:

- To obtain clinical competence at consultant level in the assessment, investigation, control, diagnosis and management of community acquired infection, healthcare associated infection, and nosocomial infection
- To obtain clinical competence at consultant level in the management of immune-compromised patients including those with HIV/AIDS
- To achieve competence at consultant level in the diagnosis, investigation and management of imported infection and in the provision of advice in relation to travel medicine
- To achieve competence at consultant level in the diagnosis, investigation and management of chronic infections such as tuberculosis and viral hepatitis (B & C)
- To obtain an understanding of microbiological techniques and their interpretation in Infectious Diseases and to understand the process and constraints around the microbiological report
- To become competent in all aspects of the management of antibiotic use
- To obtain an understanding of prevention of spread of infection in both community and healthcare settings
- To obtain an understanding of research methodology and to critically appraise evidence and studies

- To have the opportunity, if desired and appropriate, to participate in clinical or laboratory based research related to Infectious Diseases by taking time out of programme if prospectively agreed by training authorities

### 3.2 Good Medical Practice

To obtain and maintain a licence to practice the principles and values set out in Good Medical Practice ([www.gmc-uk.org/gmp2013](http://www.gmc-uk.org/gmp2013)) must be followed. Good medical Practice is set out to cover 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 curriculum defines which of the four domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. Most parts of the syllabus relate to “Knowledge, Skills and Performance” but some parts will also relate to other domains.

### 3.3 Syllabus

In the tables below, 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 four domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. See section 3.2 for more details.



# Syllabus Content

## Common Competencies

### 1. Good Clinical Care

Objective: To demonstrate adequate knowledge and skills and appropriate attitudes in routine clinical work

|  |    |
|--|----|
| History taking   | 12 |
| Examination  | 13 |
| Investigations including imaging                                 | 14 |
| Decision making and clinical reasoning                           | 14 |
| Treatment (therapeutics)   | 17 |
| Note-keeping, letters, etc.                                      | 18 |
| Management of chronic disease                                    | 19 |
| Patient safety   | 20 |
| Management of patients requiring palliative and end of life care | 21 |

### 2. Maintaining good medical practice

Objective: To keep knowledge and skills and appropriate attitudes up to date

|   |    |
|---|----|
| Lifelong learning                                     | 22 |
| Self-development                                      | 23 |
| Principles of quality and safety improvement          | 23 |
| Clinical audit  | 25 |
| Evidence and guidelines                               | 26 |
| Structure of the NHS and the principles of management | 27 |
| Time management and decision making                   | 29 |
| Teaching and training                                 | 31 |
| Ethical research projects                             | 32 |
| Policy, research and change management                | 33 |
| Health promotion and public health                    | 34 |

### 3. Relationship with patients

Objective: To ensure that the trainee has the knowledge, skills and attitudes to act in a professional manner at all times.

|   |    |
|---|----|
| The patient as central focus of care                                | 37 |
| Continuity of care  | 38 |
| valid consent   | 39 |
| Principles of medical ethics and confidentiality                    | 40 |
| Relationships with patients and communication within a consultation | 41 |
| Complaints  | 43 |

### 4. Working with colleagues

Objective: To demonstrate good working relationships with colleagues and appropriate communication skills.

|   |    |
|---|----|
| Communication with colleagues and cooperation | 44 |
| Acting with integrity                         | 45 |

### 5. Personal Behaviour

Objective: To understand the importance of the personal behaviour of the doctor

|                    |    |
|--------------------|----|
| Personal behaviour | 46 |
|--------------------|----|

## Specialty specific competencies for combined infection training

### 6. Basic biology of bacteria, viruses, fungi and parasites: host-pathogen relationships

Objective: To understand the basic biology of micro-organisms that may cause disease in humans and how they cause disease

48

### 7. Microbiology/virology laboratory practice

Objective: To be competent in the use of the laboratory in the investigation, management and prevention of infection.

|   |    |
|---|----|
| Pre-analytical phase                        | 49 |
| Analytical phase                            | 49 |
| Post analytical phase                       | 50 |
| Laboratory management and quality assurance | 51 |

|   |    |
|---|----|
| <b>8. Health and safety</b>   |    |
| Objective: To obtain an in-depth understanding of health and safety issues both locally and nationally in order to practise safely in a laboratory and in a clinical or other setting, and to advise on safe practice.    |    |
| Objective: To obtain an understanding of risk assessment for dealing with category 3 and 4 pathogens and be familiar with the requirements for handling of such pathogens and of patients potentially affected with them. | 52 |
| <b>9. Principles of public health in relation to communicable disease</b>   |    |
| Objective: To understand the importance of control of communicable diseases and be able to evaluate effectiveness of services to prevent, diagnose and treat infection  | 53 |
| <b>10. Infection prevention and control</b>   |    |
| Objective: To understand the principles of infection prevention and control in order to reduce risk of acquiring infection and to control its spread.   |    |
| Organisation of infection prevention and control responsibilities   | 54 |
| Principles of infection prevention and control  | 55 |
| Management and reporting health-care associated infections (HCAIs)  | 56 |
| Outbreak and surveillance   | 57 |
| <b>11. Important clinical syndromes</b>   |    |
| Objective: To be able to diagnose and manage important clinical syndromes where infection is in the differential diagnosis  | 58 |
| <b>12. Understanding use of antimicrobial agents</b>  |    |
| Objective:  |    |
| Properties of antimicrobial agents  | 60 |
| Use of antimicrobials agents in clinical management   | 61 |
| Safe use of antimicrobial agents  | 61 |
| Antimicrobial stewardship and control   | 62 |
| <b>13. Vaccination</b>  |    |
| Objective:  |    |
| To advise on vaccination against infectious diseases  | 63 |
| <b>14. The management of HIV infection</b>  |    |
| Objective: To be able to recognise and manage infection including opportunistic infections in the HIV positive patient, and to manage infection risk  | 64 |
| Specific HIV diagnostics  | 65 |
| Specific Therapies in HIV-infected patients   | 65 |
| <b>15. Travel and geographical health</b>   |    |
| Objective: To be competent in the recognition and management of imported infection and the recognition of problems of non-communicable disease in immigrants from resource poor settings.                                 |    |
| Objective: To be competent in giving advice about pre-travel precautions including vaccination.   |    |
| Recognition and treatment of imported infections  | 67 |
| Provision of health advice to travellers  | 68 |
| Infection related problems of immigrants  | 68 |
| <b>Specialty specific competencies for infectious diseases</b>  |    |
| <b>16. Diagnosis and management of community acquired infections</b>  |    |
| Objective: To be able to achieve an appropriate specific or differential diagnosis and initiate appropriate management in community-associated infection scenarios  |    |
| Management of longer-term conditions  | 71 |
| Healthcare-associated and nosocomial infections   | 72 |
| Specific infections related to post-operative sepsis  | 72 |
| Multi-resistant organisms   | 74 |
| Personal protective equipment for infection scenarios   | 74 |
| Antimicrobial Therapy   | 74 |
| <b>17. HIV infected and other immune-compromised patients</b>   |    |
| Objective:  |    |
| Immune deficiency   | 76 |

|  |    |
|--|----|
| Infection in the immune-compromised patient  | 76 |
| Counselling  | 77 |
| Specific therapies in non-HIV immune-compromised patients  | 77 |
| Specific therapies in HIV-positive patients  | 77 |
| <b>18. Diagnosis, investigation and management of imported infection and the provision of pre-travel health advice</b> |    |
| Objective:   |    |
| Imported infections  | 79 |
| Health advice for travellers   | 79 |

# COMMON COMPETENCIES

## 1. GOOD CLINICAL CARE

**Objective:** To demonstrate adequate knowledge and skills and appropriate attitudes in routine clinical work.

Specialty trainees will:

- have the breadth of knowledge and skills to take responsibility for safe clinical decisions
- have the self-awareness to acknowledge where the limits of their competence lie and when it is appropriate to refer to senior colleagues for advice
- have the potential (or the ability) to take responsibility for clinical governance activities, risk management and audit in order to improve the quality of service provision

### History taking

**To develop the ability to elicit a relevant focused history from patients with increasingly complex issues and in increasingly challenging circumstances**  
**To record the history accurately and synthesise this with relevant clinical examination, establish a problem list increasingly based on pattern recognition including differential diagnosis(es) and formulate a management plan that takes account of likely clinical evolution**

| Knowledge   | Assessment Methods       | GMP   |
|---|--------------------------|-------|
| Define the patterns of symptoms found in patients presenting with infection   | CbD, KBA                 | 1,2   |
| Outline the issues around capacity and competence, and the Mental Capacity Act  | CbD, KBA                 | 1,2,4 |
| Describe the appropriate content of clinical records  | CbD                      | 1     |
| Explain the problems faced by people for whom English is not a first language   | CbD, mini-CEX            | 1,2   |
| Explain the problems faced by people with educational and/or physical disabilities                                      | CbD, min-CEX             | 1,2   |
| Describe the relevance of data protection pertaining to patient confidentiality   | CbD, KBA                 | 1     |
| Skills  |                          |       |
| Take and analyse a clinical history in a relevant, succinct and logical manner  | CbD, mini-CEX, ACAT      | 1     |
| Communicate promptly and accurately with clinicians and patients and their relatives/carers                             | MSF                      | 1,3   |
| Communicate effectively with people with language difficulties associated with physical and mental impairment, and with | CbD, mini-CEX, ACAT, MSF | 1,3   |

those suffering from stigmatising conditions, discrimination and severe anxiety

|  |                    |   |
|--|--------------------|---|
| Use interpreters and advocates appropriately | CbD, mini-CEX, MSF | 1 |
|--|--------------------|---|

### Behaviours

|                            |     |       |
|----------------------------|-----|-------|
| Show empathy with patients | MSF | 1,3,4 |
|----------------------------|-----|-------|

|   |          |     |
|---|----------|-----|
| Recognise the importance of psychological factors for patients and relatives/carers | CbD, MSF | 1,3 |
|---|----------|-----|

|   |          |     |
|---|----------|-----|
| Recognise the interaction of social factors and the patient's illness | CbD, MSF | 1,3 |
|---|----------|-----|

|  |          |     |
|--|----------|-----|
| Use medical secretaries and electronic communication to communicate in an appropriate manner | MSF, CbD | 1,3 |
|--|----------|-----|

|   |     |     |
|---|-----|-----|
| Show respect towards colleagues in a multidisciplinary team | MSF | 1,3 |
|---|-----|-----|

## Examination

**To develop the ability to perform focused, relevant and accurate clinical examination in patients with increasingly complex issues and in increasingly challenging circumstances**  
**To relate physical findings to history in order to establish diagnosis(es) and formulate a management plan**

| Knowledge | Assessment Methods | GMP |
|-----------|--------------------|-----|
|-----------|--------------------|-----|

|   |                    |   |
|---|--------------------|---|
| Define the pathophysiological basis of physical signs | CbD, mini-CEX, KBA | 1 |
|---|--------------------|---|

|  |               |   |
|--|---------------|---|
| Define the clinical signs found in infection | CbD, mini-CEX | 1 |
|--|---------------|---|

### Skills

|   |                     |     |
|---|---------------------|-----|
| Perform a reliable and appropriate clinical examination | ACAT, CbD, mini-CEX | 1,2 |
|---|---------------------|-----|

|  |                     |       |
|--|---------------------|-------|
| Perform a rapid physical assessment in a patient who is acutely unwell | ACAT, CbD, mini-CEX | 1,2,3 |
|--|---------------------|-------|

### Behaviours

|   |                    |       |
|---|--------------------|-------|
| Respect patients' dignity and confidentiality | CbD, mini-CEX, MSF | 1,3,4 |
|---|--------------------|-------|

|                             |                    |     |
|-----------------------------|--------------------|-----|
| Acknowledge cultural issues | CbD, mini-CEX, MSF | 1,3 |
|-----------------------------|--------------------|-----|

|  |                    |       |
|--|--------------------|-------|
| Appropriately involve relatives/carers | CbD, mini-CEX, MSF | 1,3,4 |
|--|--------------------|-------|

|  |                    |     |
|--|--------------------|-----|
| Recognise situations where there is the need for a chaperone | CbD, mini-CEX, MSF | 1,3 |
|--|--------------------|-----|

## Investigations including imaging

| <b>To develop the ability to request focussed and relevant investigations (including imaging, to balance their risks and potential benefits and correctly interpret the results</b> |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Define the pathophysiological basis of investigations   | CbD, mini-CEX, ACAT, KBA  | 1          |
| Define the indications for investigations   | CbD, mini-CEX, ACAT, KBA  | 1          |
| Define the risks and benefits of investigations   | CbD, mini-CEX, ACAT       | 1          |
| Identify the clinical and cost effectiveness of individual investigations   | CbD, mini-CEX, ACAT       | 1          |
| <b>Skills</b>   |                           |            |
| Request and organise appropriate investigations   | CbD, mini-CEX, ACAT       | 1,3        |
| Interpret the results of investigations   | CbD, mini-CEX, ACAT, DOPS | 1          |
| Perform appropriate clinical investigations competently where relevant  | CbD, mini-CEX, ACAT       | 1,2        |
| Discuss investigations with colleagues and advise them appropriately  | CbD, mini-CEX, ACAT, MSF  | 1,2,3      |
| <b>Behaviours</b>   |                           |            |
| Explain the importance of working with other healthcare professionals and team working  | MSF                       | 1,3        |
| Explain to patients the rationale for investigations, and possible unwanted effects   | MSF, mini-CEX             | 1,3        |

## Decision Making and Clinical Reasoning

| <b>To develop the ability to formulate a diagnostic and therapeutic plan for a patient according to the clinical information available</b>   |                           |            |
|--|---------------------------|------------|
| <b>To develop the ability to prioritise the diagnostic and therapeutic plan</b>  |                           |            |
| <b>To be able to communicate a diagnostic and therapeutic plan appropriately</b>   |                           |            |
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Define the steps of diagnostic reasoning: <ul style="list-style-type: none"> <li>interpret history and clinical signs</li> <li>conceptualise clinical problems in a medical and social context</li> <li>describe the psychological component of disease and illness presentation</li> <li>generate hypothesis(es) within context of clinical likelihood</li> <li>test, refine and verify hypotheses</li> <li>develop problem list and action plan</li> </ul> | ACAT, CbD, mini-CEX       | 1          |
| Recognise how to use expert advice, clinical guidelines and  | ACAT, CbD, mini-          | 1          |

|   |                     |       |
|---|---------------------|-------|
| algorithms  | CEX                 |       |
| Recognise and appropriately respond to sources of information accessed by patients  | ACAT, CbD, mini-CEX | 1     |
| Recognise the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort  | ACAT, CbD, mini-CEX | 1,2   |
| Define the concepts of disease, natural history and assessment of risk  | ACAT, CbD, mini-CEX | 1     |
| Recall methods and associated problems of quantifying risk e.g. cohort studies  | ACAT, CbD           | 1     |
| Describe 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     |
| Describe how relative and absolute risks are derived and the meaning of the terms' predictive value, sensitivity and specificity in relation to diagnostic tests  | CbD, mini-CEX       | 1     |
| Demonstrate appropriate knowledge of clinical disease, and associated biochemical and haematological changes, to enable integration of clinical and laboratory findings for patient management            | CbD, mini-CEX       | 1     |
| Demonstrate clinical acumen and knowledge of advances and changes in clinical practice  | CbD, mini-CEX       | 1     |
| <b>Skills</b>   |                     |       |
| Interpret clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders   | ACAT, CbD, mini-CEX | 1     |
| Incorporate an understanding of the psychological and social elements of clinical scenarios into decision making through a robust process of clinical reasoning   | ACAT, CbD, mini-CEX | 1     |
| Recognise critical illness and responds with due urgency  | ACAT, CbD, mini-CEX | 1     |
| Generate plausible hypothesis(es) following patient assessment  | ACAT, CbD, mini-CEX | 1     |
| Construct a concise and applicable problem list using available information   | ACAT, CbD, mini-CEX | 1     |
| Construct an appropriate management plan in conjunction with the patient, carers and other members of the clinical team and communicates this effectively to the patient, relatives/carers where relevant | ACAT, CbD, mini-CEX | 1,3,4 |

|   |                     |     |
|---|---------------------|-----|
| Define the relevance of an estimated risk of a future event to an individual patient  | 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   |
| Search and select appropriate medical literature to guide reasoning   | AA, CbD             | 1   |
| Interpret correctly test results and the patient's clinical condition in the context of available clinical information                              |                     |     |
| <b>Behaviours</b>   |                     |     |
| Discuss effectively with a patient the notion and difficulties of prediction of future events, and benefit/risk balance of therapeutic intervention | ACAT, CbD, mini-CEX | 3   |
| Adapt and adjust approaches according to the beliefs and preferences of the patient and/or carers   | ACAT, CbD, mini-CEX | 3   |
| Facilitate patient choice appropriately within the content of their clinical care   | ACAT, CbD, mini-CEX | 3   |
| Select appropriate evidence to support clinical decision making   | ACAT, CbD, mini-CEX | 1,4 |
| Identify one's own biases and inconsistencies in clinical reasoning   | ACAT, CbD, mini-CEX | 1,3 |



## Treatment (therapeutics)

| <b>To progressively develop your ability to prescribe, review and monitor appropriate medication relevant to clinical practice including therapeutic and preventative indications</b> |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Outline scientific theory relating to pharmacology and the pathophysiology of therapeutic interventions   | ACAT, CbD, mini-CEX, KBA  | 1,3        |
| <b>Skills</b>   |                           |            |
| Assess accurately the patient's needs   | ACAT, CbD, mini-CEX       | 1,2,3      |
| Correctly prescribe and administer therapeutics   | ACAT, mini-CEX            | 1,2        |
| Explain to patients (and relatives/carers) about important interactions and adverse drug effects  | ACAT, mini-CEX            | 1,2,3,4    |
| Use IT prescribing tools where available to improve safety  | ACAT, mini-CEX            | 1,2        |
| Explain to the patient, and relatives/carers when relevant, for the use of medicines  | ACAT, mini-CEX            | 1,2,3      |
| Explain treatments clearly and openly, the side effects of drugs, and the risks and benefits of alternative treatment options (including no treatment)                                | ACAT, mini-CEX            | 1,3        |
| <b>Behaviours</b>   |                           |            |
| 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        |
| Share prescribing information promptly and accurately between a patient's health providers, including between primary and secondary care  | ACAT, CbD                 | 1,3        |
| Demonstrate knowledge of up to date therapeutic alerts, and respond appropriately   | ACAT, CbD                 | 1          |

## Note-keeping, letters, etc.

| <b>To understand the importance of optimal record-keeping and correspondence, and the issues around information governance</b>   |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe how to correctly write summaries, letters, medico-legal reports   | CbD, mini-CEX             | 1,2        |
| Define the structure, function and legal implications of medical records and medico-legal reports  | CbD, mini-CEX             | 1,2        |
| Describe the principles of how to retrieve and utilise data recorded in clinical systems   | CbD, mini-CEX             | 1          |
| Demonstrate the principles of literature searching using medical databases   | CbD, mini-CEX             | 1          |
| Explain the range of possible uses for clinical data and information and appreciate the dangers and benefits of aggregating clinical data  | CbD, mini-CEX             | 1,2        |
| Describe the legal and good practice basis of Information Governance, including the Data Protection Act, the Freedom of Information Act and Caldicott Principles                     | CbD, mini-CEX             | 1          |
| <b>Skills</b>  |                           |            |
| Record concisely, accurately, confidentially and legibly the appropriate elements of the history, examination, results of investigations, differential diagnosis and management plan | CbD, mini-CEX             | 1,2,3      |
| Write summaries, letters, medico-legal reports   | CbD, mini-CEX             | 1,2,3      |
| Demonstrate competent use of database, word processing and statistics programmes   | CbD, mini-CEX             | 1          |
| Perform searches (including literature searches) and access websites and health related databases  | CbD, mini-CEX             | 1          |
| Apply the principles of confidentiality in the context of IT   | CbD, mini-CEX             | 1,3,4      |
| <b>Behaviours</b>  |                           |            |
| Explain the importance of timely dictation, cost effective use of medical secretaries and electronic communication   | CbD, mini-CEX, MSF        | 1,3        |
| Demonstrate the need for prompt and accurate communication with primary care and other agencies and patients or their relatives/carers   | CbD, mini-CEX, MSF        | 1,3        |
| Demonstrate respect towards medical secretaries and clerical staff   | CbD, mini-CEX, MSF        | 1,3        |
| Demonstrate optimal use of IT in clinical practice maximum use of IT   | CbD, mini-CEX, MSF        | 1,3,4      |

|  |                    |     |
|--|--------------------|-----|
| Be able to share information on computer with the patient in a constructive manner | CbD, mini-CEX      | 1,3 |
| Demonstrate proactive and enquiring attitude to new technology                     | CbD, mini-CEX, MSF | 1,3 |

## Management of chronic disease

| <b>To understand chronic diseases and their impact on patients and carers</b>  |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Define the clinical presentation and natural history of chronic diseases   | CbD, KBA                  | 1          |
| Demonstrate knowledge of: the epidemiology, natural history and clinical management of TB and hepatitis B and C including drug resistant strains             | KBA, CbD, mini-CEX        | 1,2        |
| <b>Skills</b>  |                           |            |
| Develop long-term management plans for control/treatment of chronic disease  | CbD                       | 1,3,4      |
| Diagnose illness including atypical presentations using clinical and epidemiological skills  | mini-CEX, CbD             | 1,3        |
| Select suitable hepatitis patients for treatment   | mini-CEX, CbD             | 1          |
| Monitor therapy and ensuring compliance with treatment   | mini-CEX, CbD             | 1          |
| Counsel patients on matters of infection risk, transmission and control  | mini-CEX, CbD             | 1,3,4      |
| Develop and agree a holistic management plan with the patient and relatives/carers, ensuring awareness of alternative therapies and means of patient support | mini-CEX, CbD             | 1,4        |
| <b>Behaviours</b>  |                           |            |
| Treat each patient as an individual  | MSF                       | 1,2,3      |
| Explain the effects of chronic disease states on patients and their relatives/carers   | CbD, MSF                  | 1,3        |
| Explain the importance of co-operation with primary care   | CbD, MSF                  | 1,3        |
| Explain the importance of multi-disciplinary working   | CbD, mini-CEX             | 1          |
| Demonstrate awareness of patient support groups  | CbD, mini-CEX             | 1          |

## Patient safety

| <b>To understand that patient safety depends on the effective and efficient organisation of care, and health care staff working well together</b>  |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Outline the features of a safe working environment and the hazards of medical equipment in common use  | ACAT, CbD, mini-CEX       | 1          |
| Recall side effects and contraindications of medications prescribed  | ACAT, CbD, mini-CEX       | 1          |
| Recall the components of safe working practice in the personal, clinical and organisational settings including local procedures for reporting, investigating and learning from clinical errors | ACAT, CbD                 | 1          |
| Describe the investigation of significant events, serious untoward incidents and near misses   | ACAT, CbD, mini-CEX       | 1          |
| Outline factors adversely affecting a doctor's and team performance and methods to rectify these   | CbD                       | 1          |
| Describe the elements of clinical governance   | CbD, MSF                  | 1          |
| Outline the use of patient early warning systems to detect clinical deterioration where relevant to the trainee's clinical specialty   | ACAT, CbD, mini-CEX       | 1          |
| <b>Skills</b>  |                           |            |
| Recognise when a patient is not responding to treatment and reassesses the situation; encourage others to do the same  | ACAT, CbD, mini-CEX       | 1          |
| Demonstrate a high level of safety awareness and consciousness at all times  | ACAT, CbD, mini-CEX       | 1,2        |
| Demonstrate encouragement of feedback from all members of the team on safety issues  | ACAT, CbD, mini-CEX, MSF  | 1,2,3      |
| Demonstrate encouragement of an open environment to foster and explore concerns and issues about the functioning and safety of team working  | ACAT, CbD, MSF            | 2,3        |
| <b>Behaviours</b>  |                           |            |
| Demonstrate awareness of one's own limitations, and operates within them competently   | ACAT, CbD, mini-CEX       | 1          |
| Demonstrates personal commitment to improving one's own performance in the light of feedback and assessment  | CbD, MSF                  | 3          |
| Demonstrate engagement with an open no blame culture   | CbD, MSF                  | 3          |

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

| <b>To be able to work and liaise with a multi-disciplinary team in the management of patients requiring palliative and terminal care</b><br><b>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</b><br><b>To facilitate advance care planning, the establishment of aims of care</b> |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe spectrum of professional and complementary therapies available, e.g. palliative medicine, community services, nutritional support, pain relief, psychology of dying  | CbD                       | 1,2        |
| Describe different disease trajectories and prognostic indicators and the signs that a patient is dying   | ACAT, CbD, mini-CEX       | 1          |
| Describe Advance Care Planning documentation and End of Life Integrated Care Pathway documentation  | CbD, mini-CEX             | 1          |
| Describe the major cultural & religious practices relevant to the care of dying people  | CbD, mini-CEX             | 1          |
| Describe the role of the coroner and when to refer to them and how to complete death certificates and cremation forms   | CbD, mini-CEX             | 1          |
| <b>Skills</b>   |                           |            |
| Demonstrate delivery of effective pain relief, symptom control (including for agitation, excessive respiratory secretions, nausea & vomiting, breathlessness), spiritual, social and psychological management   | MSF, CbD, mini-CEX        | 1          |
| Communicate honestly and sensitively with the patient (and relatives/carers), about the benefits and disadvantages of treatment allowing the patient to guide the conversation  | ACAT, CbD, mini-CEX       | 1,3,4      |
| Lead a discussion about cardiopulmonary resuscitation with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount   | ACAT, mini-CEX            | 1,3,4      |
| Discuss and agree a clear and appropriate management plan with the patient such as hospice care   | ACAT, CbD, mini-CEX       | 1,3,4      |
| <b>Behaviours</b>   |                           |            |
| Refer to specialist palliative care services when recognising that care is complex  | ACAT, CbD, mini-CEX       | 1,2,3      |
| Recognise the needs of the relatives/carers and provide support appropriately   | ACAT, CbD, mini-CEX       | 1,3        |
| Demonstrate commitment to continuity of care from physical illness to death   | MSF, CbD, mini-CEX        | 1          |

## 2. MAINTAINING GOOD MEDICAL PRACTICE

**Objective:** To keep knowledge and skills and appropriate attitudes up to date.

Specialty Trainees will:

- take responsibility for and keep up-to-date in their own relevant professional and self-development, and facilitate that of others
- acknowledge that the balance of their skills and expertise will change as their careers progress and they specialise in certain areas of clinical practice

### Lifelong learning

| <b>To recognise the importance of, and develop systems for, lifelong learning</b>                             |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Demonstrate the importance of continuing professional development   | CbD, mini-CEX             | 1          |
| <b>Skills</b>   |                           |            |
| Recognise and use learning opportunities  | CbD, mini-CEX             | 1          |
| Use the potential of study leave to keep up to date   | CbD, mini-CEX             | 1          |
| Produce and keep up to date a professional portfolio  | CbD, mini-CEX             | 1          |
| Select information efficiently from a range of sources including paper-based, computer-based and audio-visual | CbD, mini-CEX             | 1,3        |
| Monitor own performance through audit and feedback  | CbD, mini-CEX             | 1,2        |
| <b>Behaviours</b>   |                           |            |
| Demonstrate self-motivated and eager to learn   | CbD, mini-CEX, MSF        | 1,2,3      |
| Demonstrate willingness to learn from colleagues and to accept constructive feedback                          | CbD, mini-CEX, MSF        | 1,2,3      |

## Self – Development

| <b>To recognise the importance of self-development, reflection and a commitment to continual improvement</b>   |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe the local processes for dealing with and learning from clinical errors  | CbD, mini-CEX             | 1,2        |
| Explain the importance of best practice, transparency and consistency  | CbD, mini-CEX             | 1,2        |
| <b>Skills</b>  |                           |            |
| Use a reflective approach to practice with an ability to learn from previous experience  | CbD, mini-CEX             | 1          |
| Use assessment, appraisal, complaints and other feedback to discuss and develop an understanding of own development needs  | CbD, mini-CEX             | 1,3,4      |
| <b>Behaviours</b>  |                           |            |
| Demonstrate acceptance of responsibility   | CbD, mini-CEX, MSF        | 1,2,4      |
| Demonstrate commitment to continuing professional development which involves seeking training and self-development opportunities, learning from colleagues and accept constructive criticism | CbD, mini-CEX, MSF        | 1,2,3,4    |

## Principles of Quality and Safety Improvement

| <b>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</b> |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain the elements of clinical governance  | CbD                       | 1          |
| Recognise that governance safeguards high standards of care and facilitates the development of improved clinical services  | CbD                       | 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  | CbD                       | 1          |
| Outline local health and safety protocols (fire, manual handling etc.)   | CbD                       | 1          |
| Explain Understands risk associated with specialty work including biohazards and mechanisms to reduce risk   | CbD                       | 1          |
| Outline the use of patient early warning systems to detect   | ACAT, CbD, mini-          | 1          |

|   |                     |         |
|---|---------------------|---------|
| clinical deterioration where relevant to the clinical specialty   | CEX                 |         |
| Demonstrate awareness of national patient safety initiatives including NPSA, NCEPOD reports, NICE guidelines etc  | ACAT, CbD, mini-CEX | 1       |
| <b>Skills</b>   |                     |         |
| Demonstrate adoption of strategies to reduce risk   | ACAT, CbD           | 1, 2    |
| Demonstrate contribution to quality improvement processes e.g. <ul style="list-style-type: none"> <li>• audit of personal and departmental/directorate/practice performance</li> <li>• errors/discrepancy meetings</li> <li>• critical incident and near miss reporting</li> <li>• unit morbidity and mortality meetings</li> <li>• local and national databases</li> </ul> | CbD                 | 2       |
| Produce a portfolio of information and evidence, drawn from own medical practice  | CbD                 | 2       |
| Reflect regularly on own standards of medical practice in accordance with GMC guidance on licensing and revalidation  | CbD                 | 1,2,3,4 |
| <b>Behaviours</b>   |                     |         |
| Participate in safety improvement strategies such as critical incident reporting  | CbD, MSF            | 3       |
| Develop reflection in order to achieve insight into own professional practice   | CbD, MSF            | 3       |
| Demonstrate personal commitment to improve own performance in the light of feedback and assessment  | CbD, MSF            | 3       |
| Demonstrate engagement with an open no blame culture  | CbD, MSF            | 3       |
| Demonstrate positive response to outcomes of audit and quality improvement  | CbD, MSF            | 1,3     |
| Demonstrate co-operation with changes necessary to improve service quality and safety   | CbD, MSF            | 1,2     |



## Clinical audit

| <b>To develop a detailed understanding of the process of audit, undertake clinical audits, and appreciate the benefits obtainable</b> |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe the process of clinical audit  | ECE                       | 1          |
| Explain the audit process (including how to register an audit)  |                           |            |
| <b>Skills</b>   |                           |            |
| Demonstrate audit and evaluate; personal and departmental activities, existing and new tests, techniques or clinical services         | ECE                       | 1          |
| Use clinical audit with the purpose of highlighting resources required  |                           | 1,2        |
| Demonstrate experience in designing, registering, data collection analysing and implementing an audit                                 |                           |            |
| <b>Behaviours</b>   |                           |            |
| Demonstrate a close rapport and understanding with laboratory staff   | ECE                       | 1,3        |
| Demonstrate constructive response to change   | ECE, Cbd                  | 1,2,4      |
| Demonstrate appropriate behaviours in multidisciplinary team working  | ECE, MSF                  | 1,3        |
| Demonstrate leadership qualities  | ECE, MSF                  | 1,3        |
| Demonstrate prompt and relevant decision making with clear communication  | ECE, MSF                  | 1,3        |
| Recognise the need for change, and principles involved  | ECE, MSF                  | 1,3        |
| Demonstrate open mindedness   | ECE, MSF                  | 1,2        |

## Evidence and Guidelines

| <b>To develop the ability to make the optimal use of current best evidence in making decisions about the care of patients</b><br><b>To develop the ability to construct evidence based guidelines and protocols in relation to medical practise</b> |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe the application of statistics in scientific medical practice   | CbD                       | 1          |
| Describe the advantages and disadvantages of different study methodologies (randomised control trials, case control, cohort etc.)   | CbD                       | 1          |
| Explain the relative strengths and limitations of both quantitative and qualitative studies, and the different types of each  | CbD                       | 1          |
| Explain the principles of critical appraisal  | CbD                       | 1          |
| Explain levels of evidence and quality of evidence  | CbD                       | 1          |
| Explain the role and limitations of evidence in the development of clinical guidelines and protocols  | CbD                       | 1          |
| Explain the advantages and disadvantages of guidelines and protocols  | CbD                       | 1          |
| Explain the processes that result in nationally applicable guidelines (e.g. NICE and SIGN)  | CbD                       | 1          |
| <b>Skills</b>   |                           |            |
| Select appropriately the medical literature including use of PubMed, Medline, Cochrane reviews  | CbD                       | 1          |
| Apply conclusions from critical appraisal to clinical care  | CbD                       | 1          |
| Identify the limitations of research  | CbD                       | 1          |
| Demonstrate contribution 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>   |                           |            |
| Keeps up to date with national reviews and guidelines of practice (e.g. NICE and SIGN)  | CbD                       | 1,2        |
| Demonstrate commitment to best clinical practice (clinical effectiveness) at all times, responding to evidence-based medicine   | ACAT, CbD, mini-CEX       | 1,2        |
| Recognise the occasional need to practise outside clinical guidelines   | ACAT, CbD, mini-CEX       | 1,2        |
| Demonstrate encouragement of discussion amongst colleagues on evidence-based practice   | ACAT, CbD, mini-CEX, MSF  | 1,2        |

## Structure of the NHS and the principles of management

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

| Knowledge   | Assessment Methods  | GMP |
|---|---------------------|-----|
| Describe the structure of the NHS in the relevant jurisdiction of the UK  | ACAT, CbD           | 1   |
| Describe about finance issues in general in the NHS, especially budgetary management and commissioning  | ACAT, CbD, mini-CEX | 1   |
| Describe the importance of a health service for the population  | ACAT, CbD, mini-CEX | 1   |
| Explain commissioning, funding and contracting arrangements relevant to the specialty   | CbD                 | 1   |
| Explain the principles of: <ul style="list-style-type: none"> <li>• clinical coding</li> <li>• European Working Time Regulations including rest provisions</li> <li>• National Service Frameworks</li> <li>• Health regulatory agencies (e.g., NICE, Scottish Government)</li> <li>• NHS Structure and relationships</li> <li>• NHS finance and budgeting</li> <li>• consultant contract and the contracting process</li> <li>• resource allocation</li> <li>• the role of the Independent sector as providers of healthcare</li> <li>• patient and public involvement processes and role</li> <li>•</li> </ul> | ACAT, CbD, mini-CEX | 1   |
| Skills  |                     |     |
| Demonstrate developing skills in managing change and managing people  | ACAT, CbD, mini-CEX | 1,3 |
| Demonstrate developing interviewing techniques including those required for performance reviews   | ACAT, CbD, mini-CEX | 1,3 |

|  |                     |         |
|--|---------------------|---------|
| Demonstrate contribution to the writing of a business plan   | ACAT, CbD, mini-CEX | 1       |
| <b>Behaviours</b>  |                     |         |
| Demonstrate awareness of equity in healthcare access and delivery  | CbD                 |         |
| Demonstrate appropriate response to health service objectives and targets and take part in the development of services                                   | ACAT, CbD, mini-CEX | 1, 2    |
| Demonstrate recognising the role of patients and relatives/carers as active participants in healthcare systems and service planning                      | ACAT, CbD, mini-CEX | 1, 2, 3 |
| Demonstrate willingness to improve managerial skills (e.g. management courses) and engage in management of the service                                   | CbD, MSF            | 1       |
| Demonstrate commitment to the proper use of public money and take action when resources are not used efficiently or effectively                          | CbD, MSF            | 1, 2,3  |
| Demonstrate awareness that in addition to patient specific clinical records, clinical staff also have responsibilities for other records (e.g. research) | CbD, MSF            | 1,2,3   |

## Time management

| <b>To demonstrate increasing ability to prioritise and organise clinical and clerical duties in order to optimise patient care</b> |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain that effective organisation is key to time management  | ACAT, CbD                 | 1          |
| Explain how some tasks are more urgent and/or more important than others   | ACAT, CbD                 | 1          |
| Explain the need to prioritise work according to urgency and importance  | ACAT, CbD                 | 1          |
| Demonstrate focus on individual patient needs whilst balancing multiple competing pressures  | ACAT, CbD                 | 1          |
| Explain that some tasks may have to wait or be delegated to others   | ACAT, CbD                 | 1          |
| Explain the roles, competences and capabilities of other professionals and support workers   | ACAT, CbD                 | 1          |
| Outline techniques for improving time management   | ACAT, CbD                 | 1          |
| Explain the importance of prompt investigation, diagnosis and treatment in disease and illness management                          | 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 ensures that they managed expediently  | ACAT, CbD, mini-CEX       | 1          |
| Review and re-prioritise personal and team work load regularly   | ACAT, CbD, mini-CEX       | 1          |
| Organise and manage workload effectively and flexibly  | ACAT, CbD, mini-CEX       | 1          |
| Demonstrate appropriate use of other professionals and support workers   | ACAT, CbD, mini-CEX       | 1          |
| <b>Behaviours</b>  |                           |            |
| Demonstrate ability to work flexibly and deal with tasks in an effective and efficient fashion                                     | ACAT, CbD, MSF            | 3          |
| Recognises when you or others are falling behind and take  | ACAT, CbD, MSF            | 3          |

steps to rectify the situation

|  |           |   |
|--|-----------|---|
| Demonstrate communication of changes in priority to others                                       | ACAT, MSF | 1 |
| Demonstrate calm in stressful or high pressure situations and adopts a timely, rational approach | ACAT, MSF | 1 |
| Recognises and handles uncertainty appropriately within the consultation                         | ACAT, MSF | 1 |

## Teaching and Training

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

**To be able to assess the quality of the teaching**

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

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

| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
|--|---------------------------|------------|
| Describe how to identify adult learning principles             | CbD                       | 1          |
| Describe how to identify learner needs                         | CbD                       | 1          |
| Outline how to structure a teaching activity                   | CbD                       | 1          |
| Explain varied teaching strategies                             | CbD                       | 1          |
| Describe how to identify learning styles                       | CbD                       | 1          |
| Describe principles of evaluation                              | CbD                       | 1          |
| <b>Skills</b>  |                           |            |
| Demonstrate facilitation of learning process                   | CbD, ECE                  | 1          |
| Identify learning outcomes                                     | CbD, ECE                  | 1          |
| Construct educational objectives                               | CbD, ECE                  | 1          |
| Design and deliver an effective teaching event                 | CbD, ECE                  | 1          |
| Communicate effectively with the learners                      | CbD, ECE, MSF             | 1          |
| Use effective questioning techniques                           | CbD, ECE                  | 1          |
| Teach large and small groups effectively                       | CbD, ECE, MSF             | 1          |
| Select and use appropriate teaching resources                  | CbD, ECE                  | 1          |
| Demonstrate constructive effective feedback                    | CbD, ECE, MSF             | 1,3        |
| Evaluate programmes and events                                 | CbD, ECE                  | 1,3        |
| Use teaching media that is appropriate to the teaching setting | CbD, ECE                  | 1,3        |
| <b>Behaviours</b>  |                           |            |
| Demonstrate a willingness and enthusiasm to teach              | CbD, ECE, MSF             | 1,3        |
| Demonstrate respect for the learner                            | CbD, ECE, MSF             | 1,3        |
| Demonstrate a professional attitude towards teaching           | CbD, ECE, MSF             | 1,3        |
| Demonstrate commitment to teaching                             | CbD, ECE, MSF             | 1,3        |
| Demonstrate a learner centred approach to teaching             | CbD, ECE, MSF             | 1,3        |

## Ethical Research projects

| <b>To be able to plan and analyse a research project<br/>To ensure that research is undertaken using relevant ethical guidelines</b> |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Outline the GMC guidance on good practice in research  | ACAT, CbD                 | 1          |
| Explain the principles of research governance  | AA, CbD, mini-CEX         | 1          |
| Explain the differences between audit and research   | 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          |
| Explain the difference between population-based assessment and unit-based studies and evaluate outcomes for epidemiological work     | CbD                       | 1          |
| <b>Skills</b>  |                           |            |
| Develop critical appraisal skills and apply these when reading literature  | CbD                       | 1          |
| Describe the method for applying 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          |
| <b>Behaviour</b>   |                           |            |
| Demonstrate adherence to guidelines on ethical conduct in research and consent for research  | CbD                       | 1          |
| Demonstrate willingness to promote research  | CbD                       | 1          |



## Policy, research and change management

| <b>To understand the principles behind policy, research and change management</b>   |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe current UK screening, immunisation and reporting programmes that relate to infection   | ACAT, CbD, mini-CEX       | 1          |
| Describe the current guidance for the clinical care of infection patients   | ACAT, CbD, mini-CEX       | 1          |
| Demonstrate awareness and maintenance of an up to date knowledge of research evidence relating to infection   | ACAT, CbD, mini-CEX, ECE  | 1          |
| Apply a variety of methodologies for developing creative strategies for improving services  | ACAT, CbD, mini-CEX       | 1          |
| Explain how to access and use local health data   | ACAT, CbD, mini-CEX       | 1          |
| Explain how to access resources for action and advocacy (e.g. resources, legislation, policy documents)   | ACAT, CbD, mini-CEX       | 1          |
| Explain the function and responsibilities of national bodies such as DH, CQC, NICE, NPSA, NCAS; Royal Colleges and Faculties, specialty specific bodies, representative bodies; regulatory bodies; educational and training organisations relevant to the particular developed administration in which practising | ACAT, CbD, mini-CEX       | 1          |
| <b>Skills</b>   |                           |            |
| Demonstrate access and make use of appropriate population, demographic, socio-economic and health data  | ACAT, CbD, mini-CEX       | 1          |
| Show adjustment to central policy and guidance for local circumstances and conditions   | ACAT, CbD, mini-CEX       | 1,2        |
| Demonstrate implementation of policy and directives applicable to local and global practice   | ACAT, CbD, mini-CEX       | 1          |
| Discuss the local, national and UK health priorities and how they impact on the delivery of health care relevant to the specialty   | ACAT, CbD, mini-CEX       | 1          |
| Identify trends, future options and strategy relevant to the specialty and delivering patient services  | ACAT, CbD, mini-CEX       | 1          |
| Question existing practice in order to improve services   | ACAT, CbD, mini-CEX       | 1,2        |
| Apply creative thinking approaches (or methodologies or techniques) in order to propose solutions to service issues   | ACAT, CbD, mini-CEX       | 1,2        |
| <b>Behaviours</b>   |                           |            |
| Demonstrate openness to directives, policy and advice from government, specialist society, local management and others  | CbD, mini-CEX             | 1          |

|  |               |   |
|--|---------------|---|
| Comply with national guidelines that influence healthcare provision                            | CbD, mini-CEX | 1 |
| Demonstrate strategic ideas willing and use effective influencing skills                       | CbD, mini-CEX | 1 |
| Demonstrate a commitment to implementing proven improvements in clinical practice and services | CbD, mini-CEX | 1 |

## Health Promotion and Public Health

| <b>To 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</b> |
| Describe the factors which influence the incidence and prevalence of common conditions   | ACAT, CbD, mini-CEX       | 1          |
| Describe the links between health and work, including the benefits of work on well-being   | CbD, mini-CEX             | 1          |
| Describe the factors which influence health and illness – psychological, biological, social, cultural and economic especially poverty and unemployment   | ACAT, CbD, mini-CEX       | 1          |
| Describe the influence of lifestyle on health and the factors that influence an individual to change their lifestyle   | ACAT, CbD, mini-CEX       | 1          |
| Describe the influence of culture and beliefs on patient's perceptions of health   | ACAT, CbD, mini-CEX       | 1          |
| Describe the purpose of screening programmes and knows in outline the common programmes available within the UK  | CbD, mini-CEX             | 1          |
| Describe the positive and negative effects of screening on the individual  | CbD, mini-CEX             | 1          |
| Describe the possible positive and negative implications of health promotion activities (e.g. immunisation)  | CbD, mini-CEX             | 1          |
| Describe the relationship between the health of an individual and that of a community and vice versa   | CbD, mini-CEX             | 1          |
| Describe the key local concerns about health of communities such as smoking and obesity and the potential determinants   | ACAT, CbD, mini-CEX       | 1          |
| Describe the role of other agencies and factors, including the impact of globalisation in increasing disease and in protecting and promoting health  | ACAT, CbD, mini-CEX       | 1          |
| Describe the determinants of health worldwide and strategies   | ACAT, CbD, mini-          | 1          |

|   |                     |      |
|---|---------------------|------|
| to influence policy relating to health issues, including the impact of the developed world strategies on the third world  | CEX                 |      |
| Outline the major causes of global morbidity and mortality and effective, affordable interventions to reduce these  | ACAT, CbD, mini-CEX | 1    |
| Recall the effect of addictive and self-harming behaviours, especially substance misuse and gambling, on personal and community health and poverty  | ACAT, CbD, mini-CEX | 1    |
| Explain any existing indicators or potential health risks related to overweight/obesity including clinical indicators, medication, lifestyle factors and family history                     | ACAT, CbD, mini-CEX | 1    |
| Describe and explain national and local obesity prevalence and probable future trends   | ACAT, CbD, mini-CEX | 1    |
| <b>Skills</b>   |                     |      |
| Identify opportunities to prevent ill health and disease in patients  | ACAT, CbD, mini-CEX | 1, 2 |
| Identify the interaction between mental, physical and social wellbeing in relation to health  | ACAT, CbD, mini-CEX | 1    |
| Counsel patients appropriately on the benefits and risks of screening and health promotion activities   | ACAT, CbD, mini-CEX | 1, 3 |
| Identify patient's ideas, concerns and health beliefs regarding screening and health promotions programmes and is capable of appropriately responding to these                              | CbD, mini-CEX,      | 1, 3 |
| Demonstrate working with other agencies, e.g. occupational health services, to improve the health of individual patients, and help them to remain at or return to work whenever appropriate | CbD, mini-CEX       | 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  |
| Encourage patients to remain at or return to work whenever appropriate  | 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  |
| <b>Behaviours</b>   |                     |      |
| Demonstrate engagement in effective team-working around the improvement of health   | ACAT, CbD, MSF      | 1, 3 |
| Demonstrate appropriate encouragement of screening to facilitate early intervention   | CbD                 | 1    |

Proactively use opportunities for health promotion and disease prevention      CbD

1

### 3. RELATIONSHIPS WITH PATIENTS

**Objective:** to ensure that the trainee has the knowledge, skills and attitudes to act in a professional manner at all times.

New specialists will:

- be skilled in building relationships of trust with patients and their families, through effective interpersonal skills, a courteous and compassionate approach, and respect for their privacy and dignity, and cultural and religious beliefs
- follow the principles and legal aspects of consent and confidentiality
- be able to manage difficult and complex situations with patients and their families, to advise them appropriately and to manage complaints effectively

#### The Patient as Central Focus of Care

| <b>To develop the ability to prioritise the patient's agenda encompassing their beliefs, concerns expectations and needs</b>   |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Outline health needs of particular populations e.g. adolescents/young adults. ethnic minorities and recognises the impact of health beliefs, culture and ethnicity in presentations of physical and psychological conditions | ACAT, CbD                 | 1          |
| <b>Skills</b>  |                           |            |
| Demonstrate provision of adequate time for patients and relatives/carers to express their beliefs ideas, concerns and expectations   | ACAT, mini-CEX            | 1, 3, 4    |
| Respond to questions honestly and seek advice if unable to answer  | ACAT, CbD, mini-CEX       | 3          |
| Demonstrate encouragement of the health care team to respect the philosophy of patient focussed care   | ACAT, CbD, mini-CEX, MSF  | 3          |
| Develop a self-management plan with the patient  | ACAT, CbD, mini-CEX       | 1, 3       |
| Demonstrate support of patients, relatives/carers where relevant to comply with management plans   | ACAT, CbD, mini-CEX,      | 3          |
| Demonstrate encouragement of patients to voice their preferences and personal choices about their care   | ACAT, mini-CEX            | 3          |
| Respond to people in an ethical, honest and non-judgmental manner  | CbD                       | 1,3,4      |
| Demonstrate skills in dealing with patients who seek alternative sources of health information (e.g. via the internet) and who take alternative or unprescribed therapies  | CbD, Mini-CEX             | 1, 2, 4    |
| <b>Behaviours</b>  |                           |            |
| Demonstrate support of patient self-management when appropriate  | ACAT, CbD, mini-CEX       | 3          |

|   |                          |      |
|---|--------------------------|------|
| Respond to questions honestly and seek advice if unable to answer                                       | ACAT, CbD, mini-CEX      | 3    |
| Recognise the duty of the medical professional to act as patient advocate                               | ACAT, CbD, mini-CEX, MSF | 3, 4 |
| Demonstrate that all decisions and actions are in the best interests of the patient and the public good | CbD                      | 1    |

### Continuity of care

| <b>To understand and proactively encourage continuity of care</b>   |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain the relevance of continuity of care   | ACAT, CbD, mini-CEX       | 1          |
| <b>Skills</b>   |                           |            |
| Demonstrate satisfactory completion of reasonable tasks at the end of the shift/day with appropriate handover | ACAT, CbD, mini-CEX       | 1,2        |
| Produce appropriate documentation for handover  | ACAT, CbD, mini-CEX       | 1,2,3      |
| Prepare adequately to cover leave   | ACAT, CbD, mini-CEX       | 1,2,3      |
| <b>Behaviours</b>   |                           |            |
| Demonstrate the importance of punctuality and attention to detail   | ACAT, CbD, mini-CEX, MSF  | 1,3        |
| Demonstrate importance of communication with patients/carers  | ACAT, CbD, mini-CEX, MSF  | 1,3        |

## Valid consent

| <b>To understand the necessity of obtaining valid consent from the patient and how to obtain it</b>   |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe the process for gaining informed consent, in particular: <ul style="list-style-type: none"> <li>demonstrate understanding that consent is a process that may culminate in, but is not limited to, the completion of a consent form</li> <li>demonstrate understanding 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</li> </ul> | CbD, DOPS, MSF            | 1          |
| Describe the legal aspects of consent in respect to adolescents and young adults and how this differs across the countries in the UK  | CbD, MSF                  | 1          |
| <b>Skills</b>   |                           |            |
| Present all information to patients (and relatives/carers) in a format they understand, checking understanding and allowing time for reflection on the decision to give consent   | ACAT, CbD, mini-CEX       | 1, 3       |
| Demonstrate understanding of the social and cultural issues that might affect consent   | CbD                       | 1,3,4      |
| Provide a balanced view of all care options   | ACAT, CbD, mini-CEX       | 1, 3, 4    |
| <b>Behaviours</b>   |                           |            |
| Respects a patient's rights of autonomy, even in situations where their decision might put them at risk of harm   | ACAT, CbD, mini-CEX       | 1          |
| Does not exceed the scope of authority given by a competent patient   | ACAT, CbD, mini-CEX       | 1          |
| Does not withhold information relevant to proposed care or treatment in a competent patient   | ACAT, CbD, mini-CEX       | 1, 3, 4    |
| Only seek to obtain consent for procedure for which they are competent to perform, in accordance with GMC/regulatory bodies   | ACAT, CbD, mini-CEX       | 1, 3       |

## 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</b> |
| Demonstrates knowledge of the principles of medical ethics  | CbD, mini-CEX             | 1          |
| Outline and follow the guidance given by the GMC on confidentiality   | CbD, mini-CEX             | 1          |
| Define the provisions of the Data Protection Act and Freedom of Information Act   | CbD, mini-CEX             | 1          |
| Define the principles of Information Governance   | CbD, mini-CEX             | 1          |
| Define the role of the Caldicott Guardian and Information Governance lead within an institution, and outlines the process of attaining Caldicott approval for audit or research | CbD, mini-CEX             | 1, 4       |
| Outline situations where patient consent, while desirable, is not required for disclosure e.g. serious communicable diseases, public interest                                   | CbD, mini-CEX             | 1, 4       |
| Outline the procedures for seeking a patient's consent for disclosure of identifiable information   | CbD, mini-CEX             | 1          |
| Recall the obligations for confidentiality following a patient's death  | CbD, mini-CEX             | 1, 4       |
| Recognise the problems posed by disclosure in the public interest, without patient's consent  | CbD, mini-CEX             | 1, 4       |
| Recognise the factors influencing ethical decision making, including religion, personal and moral beliefs, cultural practices   | CbD, mini-CEX             | 1          |
| Do not resuscitate – defines the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment                                       | CbD, mini-CEX             | 1          |
| Recognise the role and legal standing of advance directives   | CbD, mini-CEX             | 1          |
| Outline the principles of the Mental Capacity Act   | CbD, mini-CEX             | 1          |
| Demonstrate an understanding of adolescents' and young adults' right to confidentiality and the importance of safeguarding  | CbD, mini-CEX             | 1          |
| <b>Skills</b>   |                           |            |
| Use and shares information with the highest regard for confidentiality, and encourages such behaviour in other members of the team  | CbD, mini-CEX, MSF        | 1, 2, 3    |
| Use and promote strategies to ensure confidentiality is   | CbD                       | 1          |



|   |                          |      |
|---|--------------------------|------|
| maintained e.g. anonymisation   |                          |      |
| Counsel patients on the need for information distribution within members of the immediate healthcare team   | CbD, MSF                 | 1, 3 |
| Counsel patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment | CbD, mini-CEX            | 1, 3 |
| <b>Behaviours</b>   |                          |      |
| Encouragement of informed ethical reflection in others  | ACAT, CbD, MSF           | 1    |
| Demonstrate willingness to seek advice of peers, legal bodies, and the GMC in the event of ethical dilemmas over disclosure and confidentiality                     | ACAT, CbD, mini-CEX, MSF | 1    |
| Demonstrate patient's requests for information not to be shared, unless this puts the patient, or others, at risk of harm   | ACAT, CbD, mini-CEX      | 1, 4 |
| Demonstrate willingness to share information regarding care with patients, unless they have expressed a wish not to receive such information                        | ACAT, CbD, mini-CEX      | 1, 3 |
| Demonstrate 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 |

## Relationships with Patients and Communication within a Consultation

| <b>To recognise the need, and develop the abilities, to communicate effectively and sensitively with patients, relatives and carers</b>   |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Structure a consultation appropriately  | ACAT, CbD, mini-CEX       | 1          |
| Recognise the importance of the patient's background, culture, education and preconceptions (beliefs, ideas, concerns, expectations) to the process   | ACAT, CbD, mini-CEX       | 1          |
| 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 | mini-CEX                  | 1, 3       |
| Recognise that the needs and issues of adolescents, young adults and those in transition to adult services may differ from others   | ACAT, CbD, mini-CEX       | 1,3        |
| <b>Skills</b>   |                           |            |
| Establish a rapport with the patient and any relevant others (e.g. relatives/carers)  | ACAT, CbD, mini-CEX       | 1, 3       |
| Utilise open and closed questioning appropriately   | CbD, mini-CEX             | 1,3        |

|  |                          |         |
|--|--------------------------|---------|
| Listens actively and questions sensitively to guide the patient and to clarify information   | ACAT, mini-CEX           | 1, 3    |
| Identify and manages communication barriers, tailoring language to the individual patient and others, and using interpreters when indicated  | ACAT, CbD, mini-CEX      | 1, 3    |
| Deliver information compassionately, being alert to and managing their and your emotional response (anxiety, antipathy etc.)   | ACAT, CbD, mini-CEX      | 1, 3, 4 |
| Use, and refers patients to, appropriate written and other evidence based information sources  | ACAT, CbD, mini-CEX      | 1, 3    |
| Checks the patient's/relative's/carer's understanding, ensuring that all their concerns/questions have been covered  | ACAT, CbD, mini-CEX      | 1, 3    |
| Indicate when the consultation is nearing its end and concludes with a summary and appropriate action plan; asks the patient to summarise back to check his/her understanding  | ACAT, CbD, mini-CEX      | 1, 3    |
| Produce accurate contemporaneous records of the discussion   | ACAT, CbD, mini-CEX      | 1, 3    |
| Demonstrate follow-up effective and safe, utilising a variety of methods (e.g. phone call, email, letter)  | ACAT, CbD, mini-CEX      | 1       |
| Demonstrate appropriate referral and communications with other healthcare professional resulting from the consultation are made accurately and in a timely manner  | CbD                      | 1,3     |
| <b>Behaviours</b>  |                          |         |
| Approach the situation with courtesy, empathy, compassion and professionalism, especially by appropriate body language and endeavouring to ensure an appropriate physical environment - act as an equal not a superior | ACAT, CbD, mini-CEX, MSF | 1, 3, 4 |
| Demonstrate appropriate personal language and behaviour  | CbD                      | 1,3     |
| Demonstrate inclusive and patient-centred, and respects the diversity of values in patients, carers and colleagues   | ACAT, CbD, mini-CEX, MSF | 1, 3    |
| Demonstrate wiliness to provide patients with a second opinion   | ACAT, CbD, mini-CEX, MSF | 1, 3    |
| Use different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved  | ACAT, CbD, mini-CEX, MSF | 1, 3    |
| Demonstrate confidence and positive values   | ACAT, CbD, mini-CEX      | 1, 3    |

## Complaints

| <b>To recognise the causes of error and to learn from them; to realise the importance of honesty and effective apology and to take a leadership role in the handling of complaints</b> |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe the local complaints procedure  | CbD, MSF                  | 1          |
| Recognise factors likely to lead to complaints (poor communication, dishonesty, clinical errors, adverse clinical outcomes etc.)   | CbD, MSF                  | 1          |
| Demonstrate behaviour likely to prevent causes for complaints  | CbD, MSF                  | 1          |
| Demonstrate appropriately with concerned or dissatisfied patients or relatives   | CbD, MSF                  | 1          |
| Recognise when something has gone wrong and identifies appropriate staff to communicate this to  | CbD, MSF                  | 1          |
| Demonstrate honesty and sensitivity in a non-confrontational manner  | CbD, MSF                  | 1          |
| Describe systems of independent review   | CbD, MSF                  | 1          |
| <b>Skills</b>  |                           |            |
| Demonstrate basic consultation techniques and skills   | CbD, MSF                  | 1          |
| Demonstrate contribution to the patient the events leading up to a medical error or serious untoward incident, and sources of support for patients and their relatives                 | CbD, MSF                  | 1, 3       |
| Deliver an appropriate apology and explanation (either of error or for process of investigation of potential error and reporting of the same)  | CbD, MSF                  | 1, 3, 4    |
| <b>Behaviours</b>  |                           |            |
| Contribute to a fair and transparent culture around complaints and errors  | CbD, MSF                  | 1          |
| Recognise the rights of patients, family members and relatives/carers to make a complaint  | CbD, MSF                  | 1, 4       |

## 4. WORKING WITH COLLEAGUES

**Objective:** To demonstrate good working relationships with colleagues and appropriate communication skills.

New specialists will:

- strive for continuing improvement in all aspects of their work and that of colleagues while mindful of priorities and high standards
- have effective interpersonal skills which enable them to bring out the best in colleagues, to resolve conflicts when they arise and to develop working relationships within the team
- support teams that bring together different professions and disciplines and other agencies, to provide high quality healthcare
- develops an understanding of leadership by drawing on values, strengths and abilities to deliver high standards of care

### Communication with Colleagues and Cooperation

| <b>To recognise and accept the responsibilities and role of the doctor in relation to other healthcare professionals</b>   |                           |            |
|--|---------------------------|------------|
| <b>To communicate succinctly and effectively with other professionals as appropriate</b>   |                           |            |
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe and explain the section in 'Good Medical Practice' on Working with Colleagues, in particular: <ul style="list-style-type: none"> <li>• the roles played by all members of a multi-disciplinary team</li> <li>• the features of good team dynamics</li> <li>• the principles of effective inter-professional collaboration to optimise patient, or population, care</li> </ul> | CbD, MSF                  | 1          |
| Describe and explain the principles of confidentiality that provide boundaries to communication  | CbD, MSF                  | 1          |
| <b>Skills</b>  |                           |            |
| Demonstrate accurate, clear, prompt 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       |
| Demonstrate appropriate out of hours hospital learning   |                           |            |
| Demonstrate participation in and co-ordination of an effective hospital-at-night or hospital out-of-hours team where relevant  | ACAT, CbD, mini-CEX, MSF  | 1          |
| Demonstrate effective with administrative bodies and support organisations   | CbD, mini-CEX, MSF        | 1, 3       |

|  |                          |      |
|--|--------------------------|------|
| Demonstrate behavioural management skills with colleagues to prevent and resolve conflict and enhance collaboration  | ACAT, CbD, mini-CEX, MSF | 1, 3 |
| <b>Behaviours</b>  |                          |      |
| Demonstrate awareness of the importance of and takes part in multi-disciplinary teamwork, including adoption of a leadership role when appropriate but also recognising where others are better equipped to lead | 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 |
| Demonstrate maintenance of appropriate confidence 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 self, but takes any leave only after giving appropriate notice to ensure that cover is in place                                 | CbD, mini-CEX, MSF       | 1    |
| Demonstrate acceptance additional duties in situations of unavoidable and unpredictable absence of colleagues, ensuring that the best interests of the patient are paramount                                     | CbD, MSF                 | 1    |

### Acting with integrity

| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
|---|---------------------------|------------|
| Describe the professional, legal and ethical codes of the GMC, e.g. Fitness to Practice and any other codes pertaining to the trainee's specialty | ACAT, CbD, mini-CEX       | 1          |
| Summarise the key issues of prejudice and preferences within self, others, society and cultures   | ACAT, CbD, mini-CEX       | 1          |
| <b>Skills</b>   |                           |            |
| Recognise, analyse and appropriately deal with unprofessional behaviours in clinical practice, taking into account local and national regulations | ACAT, CbD, mini-CEX       | 1,4        |
| Create open and non-discriminatory professional working relationships with colleagues   | ACAT, CbD, mini-CEX       | 1,3,4      |
| Demonstrate awareness of the need to prevent bullying and harassment  | ACAT, CbD, mini-CEX       | 1,3,4      |
| <b>Behaviours</b>   |                           |            |
| Accept professional regulation  | CbD, mini-CEX, MSF        | 1,2        |
| Demonstrate promotion of professional attitudes and values  | ACAT, CbD, mini-CEX, MSF  | 1,2,3,4    |
| Act with probity and the willingness to be truthful and to admit errors   | ACAT, CbD, mini-CEX, MSF  | 1,2,3,4    |

## 5. PERSONAL BEHAVIOUR

**Objective:** To understand the importance of the personal behaviour of the doctor.

- act quickly and effectively if there is reason to believe that their own or a colleague's conduct, performance or health may put patients at risk

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

| Knowledge  | Assessment Methods       | GMP        |
|--|--------------------------|------------|
| <p>Recalls and builds upon the competencies defined in the Core Medical Training Curriculum:</p> <ul style="list-style-type: none"> <li>• deals with inappropriate patient and family behaviour</li> <li>• respects the rights of children, elderly, people with physical, mental, learning or communication difficulties</li> <li>• adopts an approach to eliminate discrimination against patients from diverse backgrounds including age, gender, race, culture, disability and sexuality</li> <li>• places needs of patients above own convenience</li> <li>• behaves with honesty and probity</li> <li>• acts with honesty and sensitivity in a non-confrontational manner</li> <li>• knows the main methods of ethical reasoning: casuistry, ontology and consequential</li> <li>• understands the overall approach of value-based practice and how this relates to ethics, law and decision-making</li> </ul> | ACAT, CbD, mini-CEX, MSF | 1,2,3,4    |
| <p>Outline the relevance of professional bodies (Royal Colleges, JRCPTB, GMC, Postgraduate Deans, BMA, specialist societies, medical defence societies)</p>  | CbD                      | 1          |
| Skills   |                          |            |
| <p>Practise with professionalism including:</p> <ul style="list-style-type: none"> <li>• integrity</li> <li>• compassion</li> <li>• altruism</li> <li>• continuous improvement</li> <li>• aspiration to excellence</li> <li>• respect for cultural and ethnic diversity</li> <li>• regard to the principles of equity</li> </ul>   | ACAT, CbD, mini-CEX, MSF | 1, 2, 3, 4 |
| <p>Demonstrate promotion of awareness of the doctor's role in utilising healthcare resources optimally and within defined resource constraints</p>   | ACAT, CbD, mini-CEX, MSF | 1, 3       |

|  |                          |         |
|--|--------------------------|---------|
| Recognise and respond appropriately to unprofessional behaviour in others  | ACAT, CbD                | 1       |
| Demonstrate an understanding of the need to work with the Press Office in dealing with enquires from the press and other media | CbD, DOPS                | 1, 3    |
| Demonstrate ability to prepare rotas, delegate, organise and lead teams  | CbD                      | 1, 3    |
| Demonstrate ability to contribute to the recruitment and selection of staff  | CbD                      | 1, 3    |
| <b>Behaviours</b>  |                          |         |
| Recognise the need to use all healthcare resources prudently and appropriate   | ACAT, CbD, mini-CEX      | 1, 2    |
| Recognise situations when it is appropriate to involve professional and regulatory bodies                                      | ACAT, CbD, mini-CEX      | 1       |
| Demonstrate willingness to act as a leader, mentor, educator and role model  | ACAT, CbD, mini-CEX, MSF | 1       |
| Take part in 360 degree feedback as part of appraisal  | CbD, MSF                 | 1, 2, 4 |
| Recognise need for reliability and accessibility throughout the healthcare team  | ACAT, CbD, mini-CEX, MSF | 1       |

## **SPECIALTY SPECIFIC COMPETENCIES FOR COMBINED INFECTION TRAINING**

This section outlines the core scientific and clinical training in infection which underpins and prepares trainees for specialist training in medical microbiology, medical virology and infectious diseases, and the competencies acquired in relation to the practice of these specialties. This section will be complemented by training and courses organised by the local Deanery holding the trainee's NTN. It is the responsibility of the educational supervisor to liaise with the local Programme Director and the Postgraduate Dean to ensure that the trainee has access to the necessary training opportunities, including attendance at courses, to enable them to acquire the competencies as outlined in this curriculum.

### **6. BASIC BIOLOGY OF BACTERIA, VIRUSES, FUNGI AND PARASITES; HOST-PATHOGEN RELATIONSHIPS**

| <b>To understand the basic biology of micro-organisms that may cause disease in humans, and how they cause disease</b>   |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain basic biology, including structure, function, genetics, and pathogenesis, of major bacterial, viral, fungal and parasitic agents                         | KBA, CbD, mini-CEX        | 1          |
| Explain the principles of microbiological and clinical classification of microorganisms  | KBA, CbD, mini-CEX        | 1          |
| Explain local and global epidemiology of major infectious agents and their disease associations  | KBA, CbD, mini-CEX        | 1          |
| Explain the principles of the immune response to infection and the role of innate and adaptive immunity  | KBA, CbD, mini-CEX        | 1          |
| Explain the basis of different types of host-parasite relationships, e.g. the importance and evolution of normal flora, viral latency and quasispecies evolution | KBA, CbD, mini-CEX        | 1          |
| Explain the principles of active and passive immunisation  | KBA, CbD, mini-CEX        | 1          |
| <b>Skills</b>  |                           |            |
| Demonstrate application of knowledge of basic biology and host-pathogen relationship to inform clinical management of infection                                  | KBA, CbD, mini-CEX        | 1,2        |
| <b>Behaviours</b>  |                           |            |
| Enthusiastic approach to learning  | MSF                       | 1,4        |
| Appropriately involve appropriate multi-disciplinary specialties, in the management of infection   | MSF                       | 1,3        |



## 7. MICROBIOLOGY/VIROLOGY LABORATORY PRACTICE

### Objective:

- to be competent in the use of the laboratory in the investigation, management and prevention of infection

### Pre analytical phase

| <b>To appreciate the range of investigation and diagnostics available in different clinical scenarios, the optimal samples to send and the conditions in which to send them</b> |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe the repertoire of investigations available for a given clinical scenario, and understand their merits and limitations  | KBA, CbD, mini-CEX        | 1          |
| Refer to the local laboratory standard operating procedures (SOPs) for guidance on the nature of the sample and the tests performed   | KBA                       | 1          |
| Explain the correct sample type, volume (where relevant) and optimal conditions for storage and transport that are required for the individual test                             | KBA                       | 1          |
| <b>Skills</b>   |                           |            |
| Select the most appropriate investigations for the individual patient   | KBA, CbD, mini-CEX        | 1          |
| <b>Behaviours</b>   |                           |            |
| Demonstrate ability to liaise closely with laboratory staff   | MSF                       | 3          |
| Demonstrate willingness to communicate with, guide, inform and educate other clinicians   | MSF                       | 3          |

### Analytical Phase

| <b>To understand and appreciate the advantages, limitations and use of investigations and diagnostics, and the role and use of reference laboratories</b>   |                           |            |
|---|---------------------------|------------|
| <b>To appreciate the methods and risks of routine laboratory diagnostics</b>  |                           |            |
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe health and safety aspects of laboratory diagnostic procedures and bio-safety level classification when dealing with pathogens (See Health and Safety section)  | KBA, CbD, mini-CEX        | 1          |
| Explain the principles, uses and limitations of laboratory diagnostic procedures (manual, automated and Point-of-Care) – including microscopy, culture, protein/nucleic acid-based, serological/other assays of host-response, and more novel diagnostics | KBA, CbD, mini-CEX        | 1          |

|   |                    |     |
|---|--------------------|-----|
| Explain the repertoire and use of reference laboratories when dealing with pathogens  | KBA, CbD, mini-CEX | 1   |
| <b>Skills</b>   |                    |     |
| Demonstrate the ability to follow an SOP/examination procedure and use time effectively and efficiently to achieve an optimal turnaround time | MSF, mini-CEX      | 1,2 |
| <b>Behaviours</b>   |                    |     |
| Demonstrate a close rapport and understanding with laboratory staff and reference centres   | MSF, mini-CEX      | 3   |
| Observe good laboratory practice  | MSF                | 1,2 |
| Demonstrate willingness to learn from members of a multi-disciplinary team and to accept constructive feedback                                | MSF                | 3   |

## Post-analytical Phase

| <b>To understand and appreciate the importance of correctly recording, interpreting and relaying the results of laboratory investigations and diagnostics</b> |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain the importance of keeping concise, accurate, confidential, and legible records of laboratory investigations   | CbD, mini-CEX             | 1,2        |
| Interpret laboratory investigations and their results accurately  | CbD, mini-CEX<br>KBA      | 1,1        |
| Explain the results comprehensively with results from other specimens and other investigations such as radiology, biochemistry and haematology                | CbD, mini-CEX<br>KBA      | 1          |
| <b>Skills</b>   |                           |            |
| Demonstrate producing a laboratory report containing correct results and appropriate interpretative comments using appropriate IT systems                     | MSF, CbD                  | 1,2        |
| <b>Behaviours</b>   |                           |            |
| Communicate promptly and accurately with clinician  | MSF                       | 3          |
| Ensure patient confidentiality  | MSF                       | 3          |
| Demonstrate ability to place the patient and the clinical condition at the centre of all deliberations and interpret laboratory results accordingly           | MSF                       | 3          |

## Laboratory Management and Quality assurance

| <b>To appreciate the requirements for laboratory quality assurance and accreditation, and the methods used to assess the adequacy of the laboratory processes</b> |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain the principles of internal and external quality assurance, and laboratory accreditation   | KBA, CbD, mini-CEX        | 1,2        |
| Explain the importance of good record keeping   | KBA, CbD, mini-CEX        | 1,2        |
| <b>Skills</b>   |                           |            |
| Demonstrate performing horizontal, vertical, and examination audits, as appropriate to level of training  | KBA, CbD, mini-CEX        | 1,2        |
| <b>Behaviours</b>   |                           |            |
| Demonstrate commitment to maintaining high standards of laboratory practice   | CbD                       | 1,2        |
| Establish a close rapport with and mutual respect for laboratory staff  | MSF                       | 3          |

## 8. HEALTH AND SAFETY

### Health & Safety

**To obtain an in-depth understanding of health and safety issues both locally and nationally in order to practise safely in a laboratory and in a clinical or other setting, and to advise on safe practice**  
**To obtain an understanding of risk assessment for dealing with category 3 and 4 pathogens and be familiar with the requirements for handling of such pathogens and of patients potentially infected with them**

| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
|---|---------------------------|------------|
| Outline current legislative framework underpinning Health & Safety (H&S) at work  | KBA                       | 1,2,3      |
| Explain basic laboratory hazards and precautions against them   | KBA, DOPS                 | 1          |
| Explain principles of universal precautions, hazard groups and containment levels   | KBA, ECE, DOPS, CbD       | 1          |
| <b>Skills</b>   |                           |            |
| Explain infection-prevention and control risk assessment procedures   | .KBA, CbD, ECE            | 1,2        |
| Work safely in a laboratory at appropriate Advisory Committee on Dangerous Pathogens (ACDP) level, including the use of appropriate sterilisation, disinfection and waste disposal techniques | KBA, DOPS                 | 1          |
| <b>Behaviours</b>   |                           |            |
| Demonstrate awareness of the principles of Good Medical Practice  | MSF                       | 1,2,3,4    |

## 9. PRINCIPLES OF PUBLIC HEALTH IN RELATION TO COMMUNICABLE DISEASES

### Principles of Public Health in relation to Infection

| <b>To understand the importance of control of communicable diseases and be able to evaluate effectiveness of services to prevent, diagnose and treat infection</b>   |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe public health issues related to infectious diseases, including identifying and describing the key communicable disease threats: aetiology; how these diseases spread; how they are prevented                  | mini-CEX, ACAT, CbD ; KBA | 1,3        |
| Outline modes of transmission, incubation period, period of communicability of common agents with public health importance   | mini-CEX, ACAT, CbD ; KBA | 1,3        |
| Describe basic epidemiological methods   | mini-CEX, ACAT, CbD ; KBA | 1,3        |
| Describe the requirements for statutory and 'good practice' notification of infectious disease   | mini-CEX, ACAT, CbD       | 1,3        |
| Explain the function of the health protection and environmental health officers (or their equivalents), and their relationship with key infection control personnel in the hospital and community                      | mini-CEX, ACAT, CbD       | 1,3        |
| Outline the role of the UK's health protection agencies and other NHS and governmental organisations at local, national and international levels in the control of, and emergency planning for, outbreaks of infection | CbD, KBA                  | 1,3        |
| Explain the role of vaccination in vaccine preventable communicable diseases   | CbD, KBA                  | 1,3        |
| <b>Skills</b>  |                           |            |
| Notify with infectious disease (statutory requirements and 'good practice' notifications) when required  | mini-CEX, ACAT, CbD       | 1,3        |
| Demonstrate provision of appropriate vaccine advice  | mini-CEX, ACAT, CbD       | 1,3        |
| <b>Behaviours</b>  |                           |            |
| Demonstrate good working relationships with Consultants in Communicable Disease Control (CsCDC) and environmental health officers (or equivalents) and other colleagues who provide health protection functions        | CbD                       | 1,3        |

## 10. INFECTION PREVENTION AND CONTROL

**Objective:** To understand the principles of infection prevention and control in order to reduce risk of acquiring infection and to control its spread.

### Organisation of Infection Prevention & Control responsibilities

| <b>To understand the legislative and organisational frameworks of infection prevention and control</b>   |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain the responsibilities of healthcare institutions for IPC under relevant legislations and guidelines   | ECE, CbD                  | 1,2        |
| Describe the roles and responsibilities of individual members of healthcare institutions in monitoring, responding to, and resourcing IPC needs                              | ECE, CbD                  | 1,2        |
| Explain the role of public health bodies as well as reference laboratories in relation to the management of healthcare associated infections (HCAIs)                         | ECE, CbD                  | 1,3        |
| Recognise the benefits of adhering to scientifically sound practices of IPC to patients and staff as well as the adverse outcomes resulting from failure to comply with them | ECE, CbD                  | 1,2,3      |
| <b>Skills</b>  |                           |            |
| Demonstrate complying with current national legislation and guidance on IPC  | ECE, CbD, KBA             | 1          |
| <b>Behaviours</b>  |                           |            |
| Demonstrate willingness to learn   | ECE, CbD, MSF             | 1          |
| Demonstrate appreciation of the nature of the Multi-Disciplinary team working in infection prevention and control  | ECE, MSF                  | 3          |

## Principles of Infection Prevention and Control

| <b>To understand the principles underpinning the principles and practices of infection prevention and control</b>  |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain the basic biology of common agents implicated in HCAs and their pathogenesis   | CbD, mini-CEX, KBA        | 1          |
| Explain the mode of spread and optimum prevention and control strategies of HCAs   | CbD, mini-CEX, KBA        | 1          |
| Explain the concept of "The Chain of Infection":<br>Pathogen or infectious agent;<br>Reservoir (patient, healthcare worker, environment);<br>Portal of exit;<br>Portal of entry;<br>Mode of transmission;<br>Susceptible host risk factors   | CbD, mini-CEX, KBA        | 1          |
| Explain the concepts of colonisation, infection and disease  | CbD, mini-CEX, KBA        | 1          |
| Explain the mechanisms by which organisms acquire antimicrobial resistance and how to use this knowledge to inform appropriate antimicrobial prescribing   | CbD, mini-CEX, KBA        | 1          |
| Explain the concepts of: <ul style="list-style-type: none"> <li>• universal precautions</li> <li>• protecting Healthcare workers from infection in the work place; including prevention of sharps/splash incidents</li> <li>• source and protective isolation</li> <li>• antibiotic stewardship</li> <li>• aseptic non-touch technique (ANTT)</li> <li>• single use items</li> </ul> | ACAT, ECE, CbD, mini-CEX  | 1          |
| Describe specific control measures employed to prevent transmission of infection to include hand hygiene, Personal Protective Equipment (PPE) and Isolation and Cohorting Strategies   | ACAT, ECE, CbD, mini-CEX  | 1          |
| Explain the basic principles of environmental control measures to include cleaning, disinfection, sterilization of patient care equipment and environmental cleaning (housekeeping)  | ACAT, CbD, mini-CEX       | 1          |
| Explain the role of the local authority in relation to infection control   | ECE, CbD, mini-CEX        | 1,3        |
| <b>Skills</b>  |                           |            |
| Recognise potential for transmission of infection in clinical settings   | ACAT, ECE, CbD, mini-CEX  | 1, 2       |
| Demonstrate counselling patients on matters of infection risk, transmission, and control   | ACAT, mini-CEX, CbD       | 2,3,4      |

|  |                     |         |
|--|---------------------|---------|
| Demonstrate following local infection prevention and control procedures  | ACAT, mini-CEX      | 1,2     |
| Demonstrate performing practical clinical procedures using aseptic technique   | DOPs                | 1,2     |
| Demonstrate prescribing antibiotics according to local antibiotic guideline  | ACAT, CbD, mini-CEX | 1,2     |
| Demonstrate undertaking s of infection prevention and control practices  | ECE, CbD            | 1, 2    |
| <b>Behaviours</b>  |                     |         |
| Demonstrate leading by example for all staff, patients, students and relatives to observe infection control principles | ACAT, ECE, MSF      | 1,2,3,4 |

### Management and reporting health-care associated infections (HCAIs)

| <b>To understand the epidemiological and clinical aspects of healthcare-associated infections (HCAIs)</b>   |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe the important clinical syndromes of HCAIs, risk factors, organisms involved, clinical presentation, diagnosis, treatment, prevention and control | ACAT, CbD, mini-CEX, KBA  | 1          |
| Explain the principles of Root Cause Analysis (RCA) and reporting infection-related adverse events including 'serious untoward incidents' (SUI)           | ECE, CbD                  | 1,2        |
| Explain the principles of infection control audits and their importance to maintaining good medical practice  | ECE, CbD                  | 1,2        |
| <b>Skills</b>   |                           |            |
| Report and interpret IPC surveillance data accurately   | ECE, CbD, MSF             | 1,2,3,4    |
| Demonstrate undertaking an IPC related audit  | ECE, MSF                  | 1,2,3      |
| <b>Behaviours</b>   |                           |            |
| Demonstrate conforming with good infection control practice   | ACAT, ECE, MSF            | 1,2,4      |
| Demonstrate appreciation of the nature of the Multi-Disciplinary team working in infection prevention and control   | ACAT, ECE, MSF            | 3          |



## Outbreaks and Surveillance

| <b>To understand the principles of diseases outbreak management</b>                     |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe the role of the laboratory in investigating disease outbreaks                  | ACAT, ECE, CbD, mini-CEX  | 1,3        |
| Describe the key principles underpinning outbreak investigation, control, and reporting | ACAT, ECE, CbD, mini-CEX  | 1,3        |
| <b>Skills</b>   |                           |            |
| Demonstrate utilising laboratory resources appropriately when investigating an outbreak | ACAT, ECE, CbD, mini-CEX  | 1          |
| <b>Behaviours</b>   |                           |            |
| Demonstrate effectively working within a team   | ACAT, ECE, MSF            | 3          |
| Demonstrate appreciation of roles of other health professionals                         | ACAT, ECE, MSF            | 3          |
| Demonstrate an alert and vigilant mind  | ACAT, ECE, MSF            | 1,2        |

# 11.IMPORTANT CLINICAL SYNDROMES

## Important clinical syndromes

**To be able to diagnose and manage important clinical syndromes where infection is in the differential diagnosis**

| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
|---|---------------------------|------------|
| <p>Demonstrate a detailed knowledge (incorporating epidemiology, pre-disposition, presentation, clinical features, investigations, differential diagnosis, management and prognosis) of key clinical syndromes including community-acquired and healthcare-associated infections such as:</p> <ul style="list-style-type: none"> <li>• sepsis and systemic inflammatory response syndrome (SIRS)</li> <li>• pyrexia of unknown origin</li> <li>• blood borne virus infections (e.g. HIV, viral hepatitis)</li> <li>• tuberculosis and other mycobacterial infections</li> <li>• multisystem infections</li> <li>• cardiovascular infections</li> <li>• skin and soft tissue infections</li> <li>• bone and joint infections</li> <li>• upper and lower respiratory tract infections</li> <li>• gastro-intestinal, hepatic, pancreatic and biliary infections</li> <li>• urinary tract and genital infections including Sexually Transmitted Infections (STIs)</li> <li>• neurological infections</li> <li>• ocular infections</li> <li>• device-associated infections</li> <li>• zoonotic infections</li> <li>• exanthemata</li> <li>• Pregnancy-associated infections</li> </ul> | KBA, CbD                  | 1,2        |
| <p>Explain how to assess infection risk and recommend appropriate prophylactic or pre-emptive therapy</p>   | KBA, CbD                  | 1,2        |
| <p>Explain the nature of infection in special populations including the complexities associated with their management e.g. excessive alcohol and drug users, the elderly, pregnant and postpartum women, neonates, primary and secondary immunodeficiency</p>   | KBA, CbD                  | 1,2        |
| <p>Explain the types of immunodeficiency, how they affect susceptibility to and control of infections, and the infections specifically related to primary or secondary immunodeficiencies</p>   | KBA, CbD                  | 1,2        |
| <b>Skills</b>   |                           |            |
| <p>Take relevant clinical/infection history, perform clinical examination, and use relevant investigations (including imaging) to establish a differential diagnosis</p>  | CbD, mini-CEX             | 1,2        |

|   |                    |     |
|---|--------------------|-----|
| Select appropriate investigations and subsequently interpret the results to guide the management of infection   | KBA, CbD, mini-CEX | 1,2 |
| Use relevant local, regional, national guidelines especially those from specialty societies to manage infection | KBA, CbD, mini-CEX | 1,2 |
| Able to adjust management plan depending on progress and developments   | KBA, CbD, mini-CEX | 1,2 |
| <b>Behaviours</b>   |                    |     |
| Establish rapport with other clinical staff   | MSF                | 3   |
| Interpret and explain results and treatments simply and effectively to both clinicians and patients             | MSF, mini-CEX      | 3   |
| Appreciate the importance of being adaptable and open in the face of new or changing information                | MSF                | 3,4 |
| Maintain confidentiality  | MSF                | 3,4 |
| Maintain non-judgemental attitude to disease and its acquisition  | MSF                | 3,4 |

## 12.UNDERSTANDING USE OF ANTIMICROBIAL AGENTS

### Properties of antimicrobial agents

| <b>Acquire a basic understanding of the use of antimicrobial agents for treatment and prophylaxis and their use in clinical settings</b>   |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain the concept of broad and narrow spectrum antibiotics   | KBA, CbD                  | 1          |
| Explain the key properties of the classes of antimicrobial agents active against bacteria, fungi, parasites and viruses, including: <ul style="list-style-type: none"> <li>• mechanism of action</li> <li>• spectrum of activity</li> <li>• route of administration</li> <li>• dosing regimen</li> <li>• penetration</li> <li>• side-effects</li> <li>• resistance patterns</li> <li>• cost</li> </ul> | KBA, CbD                  | 1          |
| Explain mechanisms of resistance to antimicrobial agents   | KBA, CbD                  | 1          |
| Explain the mechanism of action and role of monoclonal antibodies, antitoxins, and immunoglobulins in prophylaxis and treatment of infections  | KBA, CbD                  | 1          |
| Describe the pharmacodynamic and pharmacokinetics of antimicrobials, and how these affect choice and dosing of antimicrobials  | KBA, CbD                  | 1          |
| Explain in vitro methods used to detect antimicrobial resistance and their limitations   | KBA, CbD                  | 1          |
| <b>Skills</b>  |                           |            |
| Demonstrate appropriate prescribing of antimicrobial drugs   | KBA, CbD, mini-CEX        | 1          |
| Demonstrate adherence to evidence based guidance   | KBA, CbD, mini-CEX        | 1,2        |
| <b>Behaviours</b>  |                           |            |
| Demonstrate seeking expert advice when necessary   | CbD, MSF                  | 1,3        |
| Demonstrate awareness of new developments and knowledge and apply this to clinical practice  | CbD, MSF                  | 1          |

## Use of antimicrobials agents in Clinical Management

| <b>To be able to use antimicrobial agents rationally based on evidence and existing policies</b>   |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain the principles of empirical use of antimicrobials for common infections and syndromic presentations, before laboratory results are available   | KBA, CbD, mini-CEX        | 1          |
| Explain the selection of optimal antimicrobials, including combination therapy, for treatment of infection based on susceptibility report, the clinical scenario and results of other investigations | KBA, CbD, mini-CEX        | 1          |
| Explain the optimal duration of appropriate therapy and when to escalate/ de-escalate  | KBA, CbD, mini-CEX        | 1          |
| Explain the importance of measuring blood levels of certain antimicrobial agents to ensure clinical efficacy and reduce toxicity   | KBA, CbD                  | 1          |
| Explain contraindications to antimicrobial use   | KBA, CbD                  | 1          |
| <b>Skills</b>  |                           |            |
| Demonstrate appropriate use of antimicrobial drugs   | KBA, CbD, mini-CEX        | 1,2        |
| Demonstrate appropriate use of local antibiotic policies and national guidelines   | CbD, mini-CEX             | 1,2        |
| <b>Behaviours</b>  |                           |            |
| Demonstrate establishing a rapport and understanding with both laboratory and clinical staff   | MSF                       | 1,3        |
| Keep accurate and legible records  | MSF                       | 1,2        |
| Demonstrate ability to apply theoretical knowledge to practical situations   | MSF, CbD                  | 1          |

## Safe use of antimicrobial agents

| <b>To be able to use antimicrobial agents safely and competently</b>  |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain the importance of the safe use of antimicrobial agents  | KBA, CbD                  | 1          |
| Explain symptoms and signs of antimicrobial toxicity  | KBA, CbD, mini-CEX        | 1          |
| Explain the adverse consequences of antimicrobials, including effects on normal microbial flora, toxicity and interactions with other drugs | KBA, CbD                  | 1          |
| Describe the importance of measuring blood levels of certain  | KBA, CbD                  | 1          |

antimicrobial agents to avoid toxicity

### Skills

|   |                    |     |
|---|--------------------|-----|
| Use the most effective and non-toxic antimicrobial regimes  | KBA, CbD, mini-CEX | 1,2 |
| Demonstrate caution for potential side effects and monitor appropriately  | KBA, CbD, mini-CEX | 1,2 |
| Demonstrate prescribing inpatients particularly in relation to allergy, in pregnancy, in children and in individuals with deranged liver or kidney function | KBA, CbD, mini-CEX | 1,2 |

### Behaviours

|  |          |   |
|--|----------|---|
| Demonstrate enthusiastic approach to learning                              | MSF      | 3 |
| Demonstrate establishing a rapport with both laboratory and clinical staff | MSF, CbD | 3 |
| Demonstrate ability to seek expert advice when necessary                   | MSF      | 3 |

## Antimicrobial stewardship and control

### To understand the evidence that underpins policy development and stewardship

| Knowledge   | Assessment Methods | GMP   |
|---|--------------------|-------|
| Describe and explain Department of Health and other regulatory bodies' requirements for antimicrobial stewardship         | KBA, CbD           | 1     |
| Explain the importance of antimicrobial formularies, and prescribing control policies and processes                       | CbD                | 1     |
| Explain how local antimicrobial resistance patterns should be used to direct antimicrobial usage                          | CbD                | 1     |
| Explain the role of the Medicines Management Committees (or equivalent) and antimicrobial pharmacist                      | CbD                | 1     |
| Skills  |                    |       |
| Demonstrate communicating effectively on antibiotic policy and stewardship with antimicrobial pharmacist                  | Mini-CEX, MSF      | 3     |
| Behaviours  |                    |       |
| Demonstrate enthusiastic approach to learning   | MSF                | 3     |
| Demonstrate appreciation of roles of other healthcare professionals especially the antimicrobial pharmacist or equivalent | MSF                | 3     |
| Demonstrate theoretical knowledge to practical situations   | MSF, CbD           | 1,2,3 |
| Demonstrate liaising and supporting other healthcare professionals  | MSF                | 3     |

## 13.VACCINATION

| <b>Ability to advise on vaccination against infectious diseases</b>   |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| <b>Explain:</b>   |                           |            |
| <ul style="list-style-type: none"> <li>• the advantages and disadvantages of live attenuated, inactivated and recombinant vaccines and conjugate vaccines</li> </ul>                        | KBA                       | 1          |
| <ul style="list-style-type: none"> <li>• the use of licensed vaccines in prevention of disease caused by viral infection, bacterial infection and bacterial toxins</li> </ul>               | KBA, CbD, mini-CEX        | 1          |
| <ul style="list-style-type: none"> <li>• the UK and the WHO schedules for immunisation against infectious diseases,</li> </ul>  | KBA, ECE                  | 1          |
| <ul style="list-style-type: none"> <li>• recommendations for immunisation of healthcare workers</li> </ul>  | KBA, CbD, ECE             | 1          |
| <ul style="list-style-type: none"> <li>• the immunisation protocols for patients with reduced splenic function</li> </ul>   | KBA, CbD, mini-CEX        | 1          |
| <ul style="list-style-type: none"> <li>• the use of vaccines in postexposure prophylaxis e.g. rabies, hepatitis A, hepatitis B, tetanus</li> </ul>  | KBA, CbD, MSF, ECE        | 1          |
| <ul style="list-style-type: none"> <li>• the use of vaccines to boost pre-existing immunity e.g. VZ</li> </ul>  | KBA, CbD                  | 1          |
| <ul style="list-style-type: none"> <li>• the safety of vaccines and their adverse effects</li> </ul>  | KBA, CbD                  | 1,2        |
| <ul style="list-style-type: none"> <li>• testing for immunity pre- and post-vaccination, the methods available for measuring this and their limitations</li> </ul>                          | KBA, CbD, DOPS            | 1          |
| <ul style="list-style-type: none"> <li>• the effects of vaccination on a population e.g. herd immunity, age shifts in natural infection</li> </ul>  | KBA, ECE                  | 1          |
| <ul style="list-style-type: none"> <li>• how diseases can be eradicated by vaccination</li> </ul>   | KBA                       | 1          |
| <b>Skills</b>   |                           |            |
| <b>Demonstrate ability to:</b>  |                           |            |
| <ul style="list-style-type: none"> <li>• select and interpret laboratory tests for immunity</li> </ul>  | CbD, DOPS                 | 1          |
| <ul style="list-style-type: none"> <li>• explain clearly the advantages and disadvantages of vaccination including assessment of safety profiles</li> </ul>                                 | CbD, ECE, mini-CEX        | 1,2        |
| <ul style="list-style-type: none"> <li>• advise appropriately on the use of active and passive immunisation in prevention of infection, including in the management of outbreaks</li> </ul> | CbD, KBA, ECE, MSF        | 1,3        |
| <ul style="list-style-type: none"> <li>• apply national guidance on vaccination relevant to common clinical scenarios</li> </ul>  | CbD, KBA, CbD             | 1          |
| <b>Behaviours</b>   |                           |            |
| Enthusiastic approach to learning   | MSF                       | 3          |
| Enthusiastic in promoting increased uptake of vaccination   | MSF                       | 1,3        |
| Respect for and ability to work with immunisation coordinators, nursing staff, public health colleagues and others responsible for vaccine policy and delivery                              | MSF                       | 3          |

## 14. THE MANAGEMENT OF HIV INFECTION

| <b>Ability to recognise and manage infection including opportunistic infections in the HIV positive patient, and to manage infection risk</b>                           |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain the function of the intact immune system  | KBA, mini-CEX, CbD        | 1,2        |
| Explain pathophysiology of HIV infection  | KBA, mini-CEX, CbD        | 1,2        |
| Explain epidemiology and natural history of HIV   | KBA, mini-CEX, CbD        | 1,2        |
| Demonstrate providing relevant counselling to patients, carers and relatives, and to individuals potentially exposed to HIV   | KBA, mini-CEX, CbD        | 1,2        |
| Demonstrate knowledge of therapeutic options in HIV management  | KBA, mini-CEX, CbD        | 1,2        |
| Explain risk/benefit analysis of therapies for HIV and for prophylaxis against HIV and opportunistic infections   | KBA, mini-CEX, CbD        | 1,2        |
| Recognise the clinical features of infections and other disease processes in the HIV infected host  | KBA, mini-CEX, CbD        | 1,2        |
| Recognise the relevance of specific aspects of history and specific physical signs (and their absence)  | KBA, mini-CEX, CbD        | 1          |
| Explain the utility of appropriate laboratory investigations  | KBA, mini-CEX, CbD        | 1          |
| <b>Skills</b>   |                           |            |
| Demonstrate recognising clinical and laboratory manifestations of immune deficiency   | mini-CEX                  | 1,3        |
| Demonstrate interpreting test results relating to the direct management of HIV infection and explain their significance to the patient                                  | mini-CEX                  | 1,3        |
| Demonstrate advising regarding risk reduction for opportunistic infections in the HIV-infected individual, through behavioural change, chemoprophylaxis and vaccination | mini-CEX, CbD, KBA        | 1,3        |
| Demonstration communication skills that allow patients, relatives/carers and others, including those at HIV risk, to participate in management decisions                | mini-CEX, CbD, KBA        | 1,3        |
| Demonstrate providing information on HIV transmission and strategies for risk reduction   | mini-CEX, CbD, KBA        | 1,3        |
| <b>Behaviours</b>   |                           |            |
| Demonstrate a consideration of the interaction of psychological and social well being on physical symptoms  | mini-CEX, CbD             | 1          |
| Demonstrate empathy and appreciation of patient anxieties   | mini-CEX, MSF, CbD        | 1,3        |



|   |                           |     |
|---|---------------------------|-----|
| Demonstrate awareness of patient's rights (including confidentiality) and responsibilities  | mini-CEX, CbD             | 1,4 |
| Demonstrate non-judgemental attitude to risk activities of the patient  | mini-CEX, CbD<br>CbD, MSF | 1   |
| Demonstrate the ability to work as part of a multidisciplinary team for the benefit of the patient with colleagues in, for example, sexual health, oncology, hepatology |                           | 1,3 |
| Recognise social, cultural, sexual and religious factors that may impact on HIV management  | MSF                       | 1   |

### Specific HIV Diagnostics

| <b>Competence in the use of specific HIV diagnostics</b>                                  |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain current diagnostic techniques   | KBA, mini-CEX, CbD        | 1,2        |
| <b>Skills</b>   |                           |            |
| Demonstrate appropriate use of current diagnostic techniques                              | mini-CEX, CbD, KBA        | 1,3        |
| <b>Behaviours</b>   |                           |            |
| Recognise and appreciate patient wishes and concerns                                      | mini-CEX, CbD             | 1          |
| Demonstrate communicating effectively with regard to the infection and need for treatment | mini-CEX, CbD             | 3          |

### Specific Therapies in HIV-infected Patients

| <b>Ability to institute and manage specific therapies in immune compromised patients</b>   |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain antiretroviral drugs including: <ul style="list-style-type: none"> <li>• pharmacokinetics, modes of action, interactions, side effects of the commonly used agents</li> <li>• indications for and use of antiretroviral drugs in treating HIV infection</li> <li>• laboratory tests used in monitoring response and in informing use of certain drugs</li> <li>• mechanisms of resistance and cross resistance</li> <li>• awareness of current treatment guidelines</li> <li>• post-exposure prophylaxis of HIV</li> <li>• anti-retroviral agents in the prevention of mother-to-child transmission</li> </ul> | CbD, mini-CEX             | 1,2        |
| <b>Skills</b>  |                           |            |
| Demonstrate applying guidelines and recommend appropriate treatment and interventions  | CbD, mini-CEX             | 1,3        |
| Recognise and monitor side effects and drug interactions   | CbD, mini-CEX             | 1,2        |

|   |               |     |
|---|---------------|-----|
| Demonstrate engaging patients to support adherence and facilitate treatment decisions | CbD, mini-CEX | 1,3 |
|---|---------------|-----|

|                   |  |  |
|-------------------|--|--|
| <b>Behaviours</b> |  |  |
|-------------------|--|--|

|  |                    |   |
|--|--------------------|---|
| Demonstrate appropriate application of knowledge to the clinical situation | CbD, mini-CEX, MSF | 1 |
|--|--------------------|---|

## 15. TRAVEL AND GEOGRAPHICAL HEALTH

### Objectives:

- To be competent in the recognition and management of imported infection and the recognition of problems of non communicable disease in immigrants from resource poor settings
- to be competent in giving advice about pre travel precautions including vaccination

| <b>Recognition and treatment of imported infections</b>  |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Explain clinical and epidemiological features of imported diseases, including severe communicable diseases such as viral haemorrhagic fevers | mini-CEX, CbD             | 1,2        |
| Describe availability and limitations of specialised diagnostic tests  | CbD                       | 1,2        |
| Describe management of malaria and other imported infections   | CbD                       | 1          |
| Demonstrate familiarity with current guidelines and availability of tertiary care and information resources                                  | mini-CEX, CbD             | 1          |
| <b>Skills</b>  |                           |            |
| Elicit and record appropriate travel history, and develop a differential diagnosis   | mini-CEX, CbD             | 1,3        |
| Select and interpret appropriate diagnostic tests  | mini-CEX, CbD             | 1          |
| Demonstrate managing malaria and other common imported infection   | mini-CEX, CBD             | 1          |
| Recognise when tertiary level care/advice is needed and to seek it   | mini-CEX, CbD             | 1          |
| Demonstrate dealing with severe communicable diseases (e.g. viral haemorrhagic fevers) and their infection control issues                    | mini-CEX, CBD, KBA        | 1          |
| <b>Behaviours</b>  |                           |            |
| Demonstrate limitations and know when to seek advice from senior colleagues  | mini-CEX, CbD             | 1          |

| <b>Provision of health advice for travellers</b>  |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe and explain the geographical patterns of disease, risk factors for their acquisition, and the availability of paper, electronic and other resources (e.g. vaccination guides, websites, NaTHNaC) | KBA, mini-CEX, CbD        | 1,2        |
| Use, availability, efficacy and safety of vaccines  | KBA, mini-CEX, CbD        | 1,2        |
| Use, efficacy and safety of antimalarial prevention measure   | KBA, mini-CEX, CbD        | 1,2        |
| Explain principles of organising a travel clinic, and the medico-legal issues involved  | KBA CbD                   | 1          |
| <b>Skills</b>   |                           |            |
| Demonstrate recording accurate pre-travel medical and travel history  | mini-CEX, CbD             | 1,3        |
| Demonstrate performing risk assessment appropriate to the traveller, including consideration of specific groups (e.g. the elderly, immunosuppressed) and the hazards of specific types of travel          | mini-CEX, CbD             | 1,4        |
| Demonstrate formulating and communicating appropriately verbal and written advice for traveller, and to motivate them to apply the advice   | mini-CEX, CBD             | 1,3,4      |
| Demonstrate prescribing and administering immunisations as appropriate  | mini-CEX, CbD, DOPS       | 1          |
| Demonstrate ability to prescribe antimalarials as appropriate   | mini-CEX, CbD             | 1          |
| <b>Behaviours</b>   |                           |            |
| Demonstrate commitment to maintaining up to date information  | CbD                       | 1          |
| Demonstrate insight to determine when to seek further advice  | CbD, MSF                  | 1          |

| <b>Infection related problems of immigrants</b>   |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Outline health needs of particular populations, e.g. ethnic minorities, and recognise the impact of health beliefs, culture and ethnicity in presentations of physical and psychological conditions | KBA, mini-CEX, CbD        | 1,2        |
| Explain epidemiological and clinical features of imported infection in immigrant groups   | KBA, mini-CEX, CbD        | 1          |
| <b>Skills</b>   |                           |            |
| Demonstrate working with interpreters and patient support   | mini-CEX, CbD             | 1,3        |

groups

|   |                    |   |
|---|--------------------|---|
| Recognise both acute and chronic infections, including those that are asymptomatic, in immigrants | KBA, mini-CEX, CbD | 1 |
|---|--------------------|---|

**Behaviours**

|  |                     |   |
|--|---------------------|---|
| Recognise the indications for use of a chaperone | mini-CEX , MSF, CbD | 1 |
|--|---------------------|---|

|   |                    |     |
|---|--------------------|-----|
| Recognise the duty of the medical professional to act as patient advocate | mini-CEX, MSF, CbD | 1,4 |
|---|--------------------|-----|

## COMMON COMPETENCIES

### SPECIALTY SPECIFIC COMPETENCIES FOR HIGHER INFECTIOUS DISEASES TRAINING

#### 16. DIAGNOSIS AND MANAGEMENT OF COMMUNITY- & HEALTHCARE- ACQUIRED INFECTIONS

**Ability to achieve an appropriate specific or differential diagnosis and initiate appropriate management in community-associated infection scenarios (further building on knowledge, skills and behaviour gained in Combined Infection Training)**

| Knowledge  | Assessment Methods  | GMP |
|--|---------------------|-----|
| Demonstrate a comprehensive and extensive knowledge of the clinical presentations of infectious diseases that affect the: <ul style="list-style-type: none"> <li>• Nervous system</li> <li>• Cardiovascular system</li> <li>• Pulmonary system and airways (including ears and nose)</li> <li>• Skin, soft tissue, bone, joint and other musculoskeletal systems</li> <li>• Gastro-intestinal, hepatic, pancreatic and biliary systems</li> <li>• Urinary and genital systems</li> </ul> Including rare, atypical and unusual infections/presentations | CbD, mini-CEX, ACAT | 1   |
| Demonstrate a comprehensive and extensive knowledge of syndromes and conditions in infectious diseases such as: <ul style="list-style-type: none"> <li>• Pyrexia of unknown origin,</li> <li>• Fever in the returning traveller</li> <li>• Multi-system infections</li> <li>• Sepsis syndrome and shock</li> <li>• Infections in injecting and other drug users</li> </ul>   | CbD, mini-CEX, ACAT | 1   |
| Explain the features, investigations, treatments and prophylaxes for rarer but important syndromes and scenarios including: <ul style="list-style-type: none"> <li>• Envenomation and bites</li> <li>• Bioterrorism and deliberate release of biological agents</li> </ul>   | CbD, Mini-CEX       | 1,2 |
| Demonstrate a knowledge of optimum evidence-based management of infections   | CbD                 | 1,2 |
| Explain how to access up-to-date information and guidelines including those produced by agencies such as the public health/health protection organisations, BHIVA, infection societies, NICE   | CbD                 | 1,2 |
| Skills   |                     |     |
| Ability to assimilate clinical, laboratory and epidemiological information and to use this to differentiate between infections and other conditions  | CbD, mini-CEX, ACAT | 1,3 |

|   |                          |       |
|---|--------------------------|-------|
| Construct a problem list in scenarios where there are a number of issues that need to be considered   | CbD, mini-CEX, ACAT      | 1     |
| Demonstrate continuing competence in core diagnostic, therapeutic and monitoring procedures including arterial blood gases, central venous cannulation, lumbar puncture, joint, pleural and ascitic aspiration, basic airway management and advanced life support (ALS) | DOPS                     | 1,2   |
| Commence a comprehensive, rational and adaptable clinical management plan   | KBA, CbD, Mini-CEX, ACAT | 1     |
| <b>Behaviours</b>   |                          |       |
| Consideration of diagnostic issues in relation to fears of patient  | CbD, PS                  | 1,4   |
| Willingness to review, adjust and rationalise plans in the light of new information, progress and investigations  | CbD, MSF, ACAT           | 1,3,4 |

## Management of Longer-Term Conditions

### Obtain competence in the management of longer-term conditions - including tuberculosis (TB) and hepatitis B and C (building on knowledge, skills and behaviour gained in Combined Infection Training)

| Knowledge   | Assessment Methods | GMP     |
|---|--------------------|---------|
| Demonstrate extensive knowledge of the epidemiology, natural history and clinical management of chronic infections, including TB and hepatitis B and C (including drug-resistant strains) | CbD, mini-CEX      | 1,2     |
| Outline the importance and advantages of multi-disciplinary working   | CbD, mini-CEX      | 1,3     |
| Explain the roles and support available from allied healthcare workers, patient-support groups and other agencies   | CbD, mini-CEX      | 1,3     |
| Understand the impact of chronic and longer-term conditions on the physical, mental, psychological and social health of the individual, their relatives, friends and carers               | CbD, mini-CEX      | 1,4     |
| <b>Skills</b>   |                    |         |
| Ability to diagnose illness (including atypical presentations) using clinical and epidemiological skills  | mini-CEX, CbD      | 1       |
| Be able to select those patients suitable for treatment and those more suitable for monitoring  | mini-CEX, CbD      | 1       |
| Be able to safely monitor therapy and response, and to act accordingly in the event of adverse events or poor response  | mini-CEX, CbD      | 1,2     |
| Counsel and support patients on matters of infection risk, transmission and control   | mini-CEX, CbD      | 1,3,4   |
| Be able to support the patient and carers to encourage compliance, and to act appropriately when non-compliance suspected or recognised   | mini-CEX, CbD      | 1,2,3,4 |
| Develop and agree a holistic management plan with the patient and carers, ensuring awareness of alternative therapies and means of patient support.                                       | mini-CEX, CbD      | 1,4     |
| <b>Behaviours</b>   |                    |         |
| Non-judgmental approach particularly regarding disease, race, gender, life style, sexuality and religion  | PS, MSF, CbD       | 1,3,4   |

|  |              |       |
|--|--------------|-------|
| Participate in collaborative multidisciplinary team working  | MSF          | 1,3   |
| Work with patients, their family, friends and carers and use their expertise to manage their condition collaboratively | PS, MSF, CbD | 1,3,4 |
| Acknowledge the potential impact of long-term conditions on the patient, family and friends                            | PS, MSF, CbD | 1,3,4 |

## Healthcare-Associated and Nosocomial Infections

**Extend ability to recognise and manage healthcare-associated infections (HcAI) and nosocomial infections (including intensive care unit (ICU)-related) (building on knowledge, skills and behaviour gained in Combined Infection Training)**

| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
|--|---------------------------|------------|
| Demonstrate a broad and extensive understanding of the presentation, pathophysiology and management strategies for healthcare-associated and nosocomial infections (including ICU-related) | CbD, mini-CEX             | 1,2        |
| Describe the utility and limitations of diagnostics and other investigations in HcAI and nosocomial infections   | CbD                       | 1,2        |
| Outline the preventable and non-preventable predisposing factors for HcAI and nosocomial infections  | CbD                       | 1,2        |
| Understand the regulatory requirements associated with HcAI  | CbD                       | 1          |
| Appreciate confidentiality and consent issues in the unconscious patient.  | CbD, mini-CEX             | 1,2        |
| <b>Skills</b>  |                           |            |
| Ability to acquire relevant information pertinent to the specific clinical scenario.   | mini-CEX, CbD, SCE        | 1,3        |
| Ability to determine origin of infection and develop a strategy for its containment and treatment  | CbD, mini-CEX             | 1,2        |
| <b>Behaviours</b>  |                           |            |
| Sensitivity to patients, carers and relative's anxieties with counselling where appropriate.   | MSF, PS                   | 1          |
| Recognition of the need to involve the patient regardless of the level of comprehension or consciousness   | MSF, PS                   | 1,3        |
| Evidence-based approach to the management of such infections   | MSF, CbD                  | 1,2        |

## Specific Infections Related to Post-Operative Sepsis

**Broaden abilities to recognise, investigate and treat specific infections related to post-operative sepsis**

| <b>Knowledge</b> | <b>Assessment Methods</b> | <b>GMP</b> |
|------------------|---------------------------|------------|
|------------------|---------------------------|------------|



|   |               |       |
|---|---------------|-------|
| Demonstrate and understanding of common infections associated with particular surgical procedures | CbD, mini-CEX | 1,2   |
| Describe local/national anti-microbial resistance patterns  | CbD, mini-CEX | 1     |
| <b>Skills</b>   |               |       |
| Ability to differentiate between colonisation and infection                                       | CbD           | 1,2,3 |
| <b>Behaviours</b>   |               |       |
| Establish and maintain good working relationship with surgical colleagues                         | MSF           | 3,4   |

## Multi-Resistant Organisms

| <b>Identification and management of infection and colonisation by multi-resistant organisms (building on knowledge, skills and behaviour gained in Combined Infection Training)</b> |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Local/ national/ international antibiotic resistance patterns, clinical standards, guidelines and protocols   | CbD                       | 1,2        |
| <b>Skills</b>   |                           |            |
| Discernment of situations giving rise to antibiotic resistance  | mini-CEX, CbD             | 1,3        |
| Awareness of the therapeutic options available for the treatment of multi-resistant organisms.  | mini-CEX, CbD             | 1          |
| Interventions to prevent the development and spread of multi-resistant organisms.   | mini-CEX                  | 1          |
| <b>Behaviours</b>   |                           |            |
| Multidisciplinary team working  | MSF, CbD                  | 1          |

## Personal Protective Equipment for Infection Scenarios

| <b>Ability to advise on and choose appropriate personal protective equipment for infection scenarios</b>                                      |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Understand the specific categories of personal protective equipment   | CbD, mini-CEX             | 1,2        |
| <b>Skills</b>   |                           |            |
| Ability to correctly don/remove, and instruct in the application of specific personal protective equipment, for differing infection scenarios | DOPS                      | 1,3        |
| <b>Behaviours</b>   |                           |            |
| Demonstrate commitment and leadership in the application of principles of hospital infection control  | CbD, MSF                  | 1,2,3,4    |

## Antimicrobial Therapy

| <b>Extend knowledge of antimicrobial options including Out-patient Parenteral Antimicrobial Therapy (OPAT)</b>  |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Describe second- and third-line antimicrobial options in patients with multi-resistant organisms or contraindications to more standard therapies (including new and unlicensed medications) | CbD                       | 1,2        |
| Understand the appropriate use, advantages and potential complications of OPAT  | CbD                       | 1,2        |
| <b>Skills</b>   |                           |            |
| Ability to correctly prescribe unusual or complex antimicrobial   | Mini-CEX, CbD             | 1,3        |

|   |               |         |
|---|---------------|---------|
| regimens, and to source information to aid safe and effective use   |               |         |
| Ability to optimally utilise OPAT – including assessment of patient suitability & parenteral access options; safe prescribing & monitoring; and subsequent escalation, de-escalation or discontinuation | Mini-CEX, CbD | 1,2,3   |
| <b>Behaviours</b>   |               |         |
| Multidisciplinary team working  | CbD, MSF      | 1,2,3,4 |
| Evidence-based approach   | CbD, MSF      | 1,2,4   |

## 17. HIV INFECTED AND OTHER IMMUNE-COMPROMISED PATIENTS

### Immune Deficiency

| <b>Ability to understand the causes and risk factors leading to immune deficiency (building on knowledge, skills and behaviour gained in Combined Infection Training)</b> |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Outline the biological and iatrogenic aetiologies of immune deficiency, and the resulting immune deficits and predispositions to infection                                | CbD                       | 1,2        |
| <b>Skills</b>   |                           |            |
| Ability to advise regarding risk reduction for opportunistic infections relevant to the underlying condition  | mini-CEX, CbD             | 1,2,3      |
| Ability to recognise clinical and laboratory manifestations of immune deficiency  | mini-CEX, CbD             | 1          |
| <b>Behaviours</b>   |                           |            |
| Demonstrate a non-judgemental attitude to risk activities   | mini-CEX, MSF, PS         | 1          |
| Close liaison with other relevant medical teams (e.g. haematology, oncology, renal, paediatrics, immunology)  | CbD, MSF                  | 1,3        |
| Supportive and empathic approach to patients, carers and relatives  | MSF, PS                   | 1,3,4      |

### Infection in the Immune-Compromised Patient

| <b>Ability to recognise infection in the immune-compromised patient</b>   |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Knowledge of pathophysiology and clinical features of infection in the immune-compromised host                          | mini-CEX, CbD             | 1,2        |
| Relevance of specific aspects of history and specific physical signs (and their absence) in immune-compromised patients | mini-CEX, CbD             | 1          |
| Understand the utility and limitations of laboratory investigations in immune-compromised patients                      | mini-CEX, CbD             | 1,2        |
| <b>Skills</b>   |                           |            |
| Ability to interpret test results and explain their relevance to patient  | mini-CEX, PS              | 1,3        |
| Ability to develop a rational, comprehensive and adaptable clinical management plan                                     | CbD, mini-CEX, ACAT       | 1,2        |
| <b>Behaviours</b>   |                           |            |
| Consider interaction of psychological and social well-being on physical symptoms.                                       | mini-CEX, CbD, PS         | 1,4        |
| Demonstrate empathy and appreciation of patient and carer anxieties   | mini-CEX, MSF, CbD, PS    | 1,3,4      |
| Awareness of patient's rights and responsibilities.   | mini-CEX, CbD             | 1,4        |

## Counselling

| <b>Ability to provide relevant counselling to patients, carers and relatives.</b>   |                           |            |
|---|---------------------------|------------|
| <b>Knowledge</b>  | <b>Assessment Methods</b> | <b>GMP</b> |
| Awareness of relevant epidemiology, natural history and therapeutic options for immune-compromising conditions  | CbD, mini-CEX             | 1,2        |
| Understanding of data that informs prognosis and sources of such information  | CbD, mini-CEX             | 1          |
| Knowledge of rates of transmission of HIV via sexual and non-sexual routes and guidance on post-exposure prophylaxis provision, counselling and follow-up | CbD, mini-CEX             | 1          |
| <b>Skills</b>   |                           |            |
| Communication skills that allow patients, carers and other to participate in management decisions   | mini-CEX, MSF, PS         | 1,3,4      |
| Ability to relay information and answer questions on risk, prognosis and options in an understandable manner  | mini-CEX, MSF, PS         | 1,3,4      |
| Provision of information regarding HIV transmission and strategies for its reduction for patient and partner(s).  | mini-CEX, SCE, CbD        | 1,2,3      |
| <b>Behaviours</b>   |                           |            |
| Recognition of significant interplay of psychological, social, cultural, sexual and religious factors   | MSF, PS                   | 1          |
| Ability to be non-judgemental, empathic and supportive  | MSF, PS                   | 1,3,4      |
| Ability to utilise optimal communication skills   | mini-CEX, MSF, PS         | 1,3,4      |

## Specific Therapies in Non-HIV Immune-Compromised Patients

| <b>Ability to institute and manage specific therapies in non-HIV immune-compromised patients.</b>  |                           |            |
|--|---------------------------|------------|
| <b>Knowledge</b>   | <b>Assessment Methods</b> | <b>GMP</b> |
| Awareness of therapies and other interventions in non-HIV immunocompromised individuals - including prophylactic antimicrobials, vaccinations and, where available, ameliorative or definitive therapies | CbD, mini-CEX             | 1          |
| Knowledge of guidelines and protocols, and where to source them  | CbD                       | 1,2        |
| <b>Skills</b>  |                           |            |
| Ability to apply guidelines and recommend appropriate interventions  | CbD, mini-CEX             | 1,3        |
| Capable of engaging patients to support adherence and facilitate treatment decisions.  | CbD, PS, mini-CEX         | 1,3,4      |
| <b>Behaviours</b>  |                           |            |
| Sympathetic and appropriate application of knowledge to the clinical situation.  | CbD, mini-CEX, MSF, PS    | 1,4        |

## Specific Therapies in HIV-Positive Patients

### Ability to institute and manage specific therapies in HIV-infected patients (building on knowledge, skills and behaviour gained in Combined Infection Training)

| Knowledge   | Assessment Methods     | GMP   |
|---|------------------------|-------|
| Define the indications for therapies and other interventions including prophylactic antimicrobials and vaccinations   | CbD, mini-CEX          | 1     |
| Demonstrate an extensive knowledge of the data supporting and the uses of anti-retroviral therapy in HIV infection including: <ul style="list-style-type: none"> <li>indications, contraindications and relative merits</li> <li>pharmacokinetics, modes of action, interactions and mechanisms and relevance of resistance and cross resistance</li> <li>detailed awareness of current guidelines and other available resources</li> <li>evidence supporting, and indications for, post-exposure and pre-exposure prophylaxis, anti-retroviral therapy for the prevention of mother-to-child transmission, and treatment as prevention.</li> </ul> | CbD, mini-CEX          | 1,2   |
| Skills  |                        |       |
| Ability to apply guidelines and recommend appropriate interventions, drug regimens and strategies   | CbD, mini-CEX          | 1,3   |
| Ability to recognise and act on side effects, drug interactions and potential lack of efficacy  | CbD, mini-CEX          | 1,2   |
| Capable of engaging patients to support adherence and facilitate treatment decisions  | CbD, PS, mini-CEX      | 1,3,4 |
| Behaviours  |                        |       |
| Demonstrate a sympathetic and appropriate application of knowledge to the clinical situation.   | CbD, mini-CEX, MSF, PS | 1,3   |
| Ability to utilise optimal communication skills   | MSF, PS, mini-CEX      | 1,3   |

## 18. DIAGNOSIS, INVESTIGATION AND MANAGEMENT OF IMPORTED INFECTION AND THE PROVISION OF PRE-TRAVEL HEALTH ADVICE

### Imported Infections

#### Recognition and treatment of imported infections (building on knowledge, skills and behaviour gained in Combined Infection Training)

| Knowledge  | Assessment Methods | GMP |
|--|--------------------|-----|
| Understand the detailed clinical and epidemiological features of imported diseases, including severe communicable diseases such as viral haemorrhagic fevers | mini-CEX, CbD      | 1,2 |
| Appreciate the availability and limitations of specialised diagnostic tests  | CbD                | 1,2 |
| Demonstrate a detailed understanding of the management of malaria – including severe, potentially drug-resistant and complicated disease                     | CbD                | 1   |
| Demonstrate a detailed understanding of the investigation and management of other imported infections  | mini-CEX, CbD      | 1,2 |
| Describe those infections acquired abroad that may be asymptomatic but lead to pathology, and the protocols behind screening for these infections            | mini-CEX, CbD      | 1,2 |
| Skills   |                    |     |
| Ability to elicit and record detailed travel history, and develop a concise but comprehensive differential diagnosis   | mini-CEX, CbD      | 1,3 |
| Ability to select and interpret appropriate diagnostic tests, include those available through the reference laboratories.                                    | mini-CEX, CbD      | 1   |
| Ability to manage severe and complicated malaria and other imported infections   | mini-CEX, CBD      | 1,2 |
| Ability to rationalise and organise screening for relevant infections in those that have spent time in the tropics   | mini-CEX, CbD      | 1,2 |
| Ability to triage and manage those with potential severe communicable diseases (e.g. viral haemorrhagic fevers) including infection control issues           | mini-CEX, CBD, KBA | 1,2 |
| Behaviours   |                    |     |
| Demonstrate flexibility of thinking to allow review and revision of the differential diagnosis   | mini-CEX, CbD      | 1,4 |

### Health Advice for Travellers

#### Provision of detailed health advice for travellers

| Knowledge  | Assessment Methods | GMP |
|--|--------------------|-----|
| Exhibit an extensive knowledge of the geographical patterns of disease and risk factors for their acquisition, and explain the availability of paper, electronic and other resources (e.g. vaccination | mini-CEX, CbD      | 1,2 |

|  |                     |       |
|--|---------------------|-------|
| guides, websites, NaTHNaC)   |                     |       |
| Explain the specific issues faced in travel by those with co-morbidities, the elderly, those with immunosuppression, and women who are pregnant, and when it is recommended to advise against travel in specific circumstances     | mini-CEX, CbD       | 1,2   |
| Demonstrate a detailed knowledge of antimalarials, their indications and contraindications, advantages and disadvantages   | mini-CEX, CbD       | 1,2   |
| Demonstrate a detailed understanding of the indications and contraindications, advantages and disadvantages, of vaccinations   | CbD                 | 1,2   |
| Understand the international regulations and requirements related to travel, and the certification requirements necessary for specific travel  | CbD                 | 1     |
| <b>Skills</b>  |                     |       |
| Ability to take and record accurately pre-travel medical history and travel plans  | mini-CEX, CbD       | 1,3   |
| Ability to perform complex risk assessments appropriate to the traveller, including consideration of specific groups (e.g. the elderly, immunosuppressed) and the hazards of specific types of travel, and seek advice as required | mini-CEX, CbD       | 1,4   |
| Ability to provide comprehensive, tailored advice on actions required in event of illness whilst abroad  | mini-CEX, CbD       | 1,3,4 |
| Ability to formulate and communicate appropriate verbal and written advice for the traveller, and to motivate them to apply the advice   | mini-CEX, CBD, PS   | 1,3,4 |
| Ability to prescribe and administer immunisations, and to prescribe antimalarials, as appropriate  | mini-CEX, CbD, DOPS | 1,2   |
| Ability to consider alternative options in those unwilling to comply with standard advice  | mini-CEX, CbD       | 1,4   |
| <b>Behaviours</b>  |                     |       |
| Exhibit a commitment to maintaining up to date knowledge and skills  | MSF, CbD,           | 1,2   |
| Demonstrate the ability to work with the individual to determine an effective regimen that they can comply with  | MSF, PS             | 1,3,4 |
| Insight to determine when to seek further advice   | CbD, MSF            | 1     |



## 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 (GMC) which devolves responsibility for the local organisation and delivery of training to the deaneries. Each deanery oversees a “School of Medicine” which is comprised of the regional Specialty Training Committees (STCs) in each medical specialty. Responsibility for the organisation and delivery of specialty training in Infectious Diseases in each deanery is, therefore, the remit of the regional Infectious Diseases STC. Each STC has a Training Programme Director who coordinates the training programme in the specialty.

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

It is recognised that different training programmes may allow trainees to acquire the appropriate competencies within different settings according to local availability of experiences and teaching.

The aim of Combined Infection Training (CIT) is to produce a doctor who is familiar with laboratory practice in the diagnosis and management of infection as well as familiar with the clinical presentations and management of infections. Therefore in order to acquire the requisite competencies, the distribution of clinical and learning experiences over the 2 years of CIT should be as follows:

- 6 months of clinical microbiology and virology training associated with a diagnostic laboratory to diagnose and manage infection. Two months of this period (whole time equivalent) should be spent under the clinical supervision of a consultant virologist, where possible working in a specialist virology centre or unit.
- 6 months of clinical infection consult duties
- 6 months of appropriate infection related clinics where the major focus of the clinic is managing patients with infection. A combination of clinics could include:
  - HIV clinic
  - Viral hepatitis clinic
  - General Infectious Disease (ID) clinic
  - Travel clinic (pre-travel advice and/or returning traveller clinic)
  - TB clinic (supervised by ID or chest physician)
  - GUM clinic
  - Chronic Fatigue Syndrome clinic
- 6 months of clinical inpatient care of patients with infection. During this period the trainee should have continuity of care of patients with infection and should be under the clinical supervision of an Infectious Disease consultant who is taking clinical responsibility for the patients (up to 2 months of this experience could be obtained at a specialised inpatient HIV unit).

It is appreciated that it would be very artificial to insist on any of these 6 months' experiences in isolation and most programmes will seek to combine the outpatient and inpatient work or the consult and inpatient work to provide a 12 month module. Such innovative approaches will be managed locally by TPDs and approved by the RCPATH and JRCPTB and GMC.

For Higher Infectious Diseases Training (HIDT) the same principles apply.

- For at least 12 months of Higher Infectious Diseases Training the trainee should have continuity of care of patients with infection and should be under the clinical supervision of an Infectious Diseases consultant who is taking clinical responsibility for the patients (up to 4 months of this experience could be obtained at a specialised inpatient HIV unit)
- Clinical experience is expected to be obtained in a variety of outpatient settings. These clinics must be under the direct supervision of a specialist in the disease area, who therefore may not necessarily be an Infectious Diseases accredited physician. Examples include:
  - HIV clinic (may be supervised by Infectious Diseases or competent HIV/GUM physicians)
  - Viral hepatitis clinic (may be supervised by Infectious Diseases or Hepatology/Gastroenterology physicians)
  - General Infectious Diseases (ID) clinic
  - Travel clinic (pre-travel advice and returning traveller clinic)
  - TB clinic (may be supervised by Infectious Diseases or Respiratory physicians)
  - GUM clinic

### **Acting up as a consultant (AUC)**

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

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

[www.jrcptb.org.uk/trainingandcert/Pages/Out-of-Programme](http://www.jrcptb.org.uk/trainingandcert/Pages/Out-of-Programme).

## **4.2 Teaching and learning methods**

Throughout training there is an essential link between the process of learning and the ongoing practice of medicine such that through this ongoing process of apprenticeship the trainee gains both practical skills and develops increasing skill in the art of medical practice as a specialist.

The “learning experiences” recommended for the optimum achievement of the curriculum objectives are detailed below and comprise a balance of self directed and peer related learning coupled with both general and specialised periods of

attachment to experts in different aspects of the specialty. There are in addition recommendations for participation in educational multidisciplinary activities. The curriculum objectives will be both delivered and achieved predominantly by clinical apprenticeship but this can only occur in accredited programmes consisting of designated approved posts.

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:

- Secondments to specialist unit/specialist clinics e.g. travel clinics. After initial induction, trainees will review patients in outpatient clinics, under direct supervision. The degree of responsibility taken by the trainee will increase as competency increases. As experience and clinical competence increase trainees will assess 'new' and 'review' patients and present their findings to their clinical supervisor.
- Specialty-specific takes: Trainees will have the opportunity to contribute to specialty-specific take. Their degree of responsibility will increase as competency increases. Out-of-hours experiences provide trainees with excellent opportunities to enhance their clinical leadership skills.
- Post-take consultant ward-rounds present trainees with excellent learning opportunities and give them a chance to receive constructive feedback on their performance while managing an acute specialty-specific take.
- Involvement with the hospital antibiotic policy process
- Personal ward rounds and provision of on-going 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.
- Laboratory practice: Following initial induction, trainees will be able to observe scientific and medical staff and learn to select diagnostic procedures appropriate to specific clinical scenarios. In addition, they will be able to appreciate the utility and limitations of diagnostic procedures and learn how to use laboratory resources in an optimal manner.

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 and audit projects
- Lectures and small group teaching
- Grand Rounds
- Clinical skills demonstrations and teaching
- Critical appraisal and evidence based medicine and journal clubs
- Joint specialty meetings
- Attendance at Hospital / District Infection Control Meetings or attachment to Infection Control Officer
- Opportunistic attendance at outbreak control meetings
- Involvement in specialist consultation services e.g. for surgical infection, bone and joint infection, infection in the ITU, haematology/oncology rounds
- Attendance at training programmes organised on a deanery or regional basis, which are designed to cover aspects of the training programme outlined in this curriculum.

**Independent Self-Directed Learning** -Trainees will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:

- Reading, including web-based material
- Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- Audit and research projects
- Reading journals
- Achieving personal learning goals beyond the essential, core curriculum

**Formal Study Courses** - Time to be made available for formal courses is encouraged, subject to local conditions of service. Attendance is encouraged at approved courses and Regional/National specialist meetings (includes courses approved for postgraduate training by the deanery and regional, national or international specialist societies - these would usually require postgraduate approval prior to attending.) Examples include:

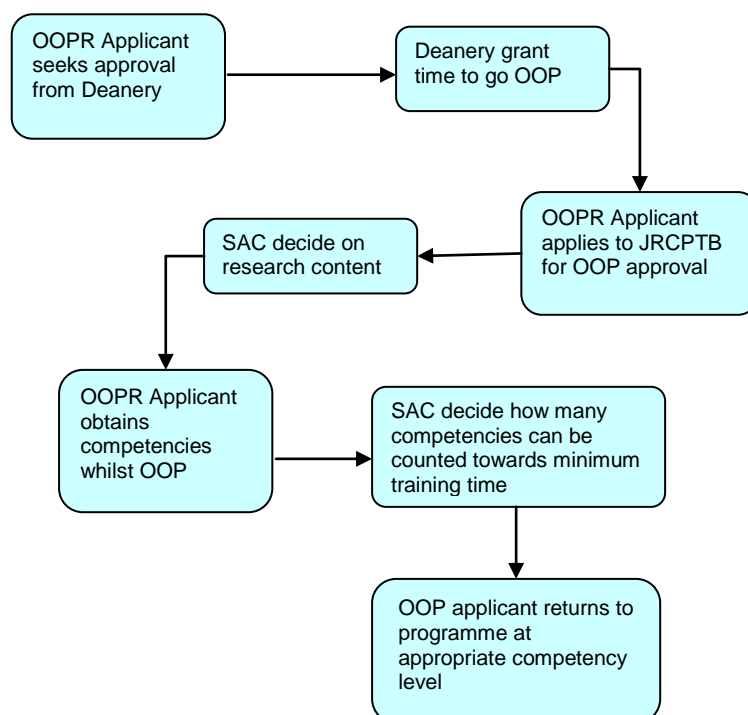
- British Infection Association meetings and trainee days
- Federation of Infection Societies' annual meeting
- British HIV Association Meetings
- Viral Resistance Workshop
- Updates in TB, viral hepatitis and tropical medicine/travel medicine

### 4.3 Research

Trainees who wish to acquire research competencies, in addition to those specified in their specialty curriculum, may undertake a research project as an ideal way of obtaining those competencies. For those in specialty training, one option to be considered is that of taking time out of programme to complete a specified project or research degree. Applications to research bodies, the deanery (via an OOPR form) and the JRCPTB (via a Research Application Form) are necessary steps, which are the responsibility of the trainee. The JRCPTB Research Application Form can be accessed via the JRCPTB website. It requires an estimate of the competencies that will be achieved and, once completed, it should be returned to JRCPTB together with a job description and an up to date CV. The JRCPTB will submit applications to the relevant SACs for review of the research content including an indicative assessment of the amount of clinical credit (competence acquisition) which might be achieved. This is likely to be influenced by the nature of the research (e.g. entirely laboratory-based or strong clinical commitment), as well as duration (e.g. 12 month Masters, 2-year MD, 3-Year PhD). On approval by the SAC, the JRCPTB will advise the trainee and the deanery of the decision. The deanery will make an application to the GMC for approval of the out of programme research. All applications for out of programme research must be prospectively approved.

Upon completion of the research period the competencies achieved will be agreed by the OOP Supervisor, Educational Supervisor and communicated to the SAC, accessing the facilities available on the JRCPTB ePortfolio. The competencies achieved will determine the trainee's position on return to programme; for example if an ST3 trainee obtains all ST4 competencies then 12 months will be recognised towards the minimum training time and the trainee will return to the programme at ST5. This would be corroborated by the subsequent ARCP.

This process is shown in the diagram below:



Funding will need to be identified for the duration of the research period. Trainees need not count research experience or its clinical component towards a CCT

programme but must decide whether or not they wish it to be counted on application to the deanery and the JRCPTB.

A maximum period of 3 years out of programme is generally allowed and the SACs will recognise up to 12 months towards the minimum training times.

#### **4.4 Academic Training**

Academic Training plays a significant role in the development of Infectious Diseases in the UK. A vigorous and complete clinical training programme is an essential part of this process and it is essential that this standard is maintained for academic trainees. This must remain a core objective of clinical training.

The following points should be considered when considering academic training.

##### **Recognition of the need for different structures to ensure parity of clinical training**

There are clearly important differences between academic trainees and their non-academic colleagues. It is vital that both attain the same level of clinical competency. However since the academic trainees must also fit in blocks of research time, grant applications and additional training modules for research it is important that academic trainees have the opportunity to acquire their clinical competencies using a variety of different models. This might allow some aspects of training to be designed individually to maximise the educational exposure. These programmes should be carefully drawn up by local educational supervisors in consultation with the regional Postgraduate Deans to ensure stringency but also the individual's needs.

Academic integrated pathways to CCT are a) considered fulltime CCTs as the default position and b) are run through in nature. The academic programmes are CCT programmes and the indicative time for academic trainees to achieve the CCT is the same as the time set for non-academic trainees. If a trainee fails to achieve all the required competencies within the notional time period for the programme, this would be considered at the ARCP, and recommendations to allow completion of clinical training would be made (assuming other progress to be satisfactory). An academic trainee working in an entirely laboratory-based project would be likely to require additional clinical training, whereas a trainee whose project is strongly clinically oriented may complete within the "normal" time (see the guidelines for monitoring training and progress

<http://www.academicmedicine.ac.uk/careersacademicmedicine.aspx>). Extension of a CCT date will be in proportion depending upon the nature of the research and will ensure full capture of the specialty outcomes set down by the Royal College and approved by the GMC.

All applications for research must be prospectively approved by the SAC and the regulator, see [www.jrcptb.org.uk](http://www.jrcptb.org.uk) for details of the process.

##### **Flexibility**

It is acknowledged that some trainees may wish to enter academic tracks at stages outside the currently designated entry points, eg following experience gained abroad. It is also recognised that there needs to be the capacity for trainees to move both in and out of the academic and non-academic tracks. This would take account the variable rates of maturation of trainees and the variable intensity of academic or non-academic exposure they may have had during their formative training. Such movement would have to be considered on an individual case and only where openings are available in one or other track. They would occur if, after a period of

reflection, trainees, their educational and/or research supervisors and the post-graduate dean considers this a suitable option.

## 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, 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 of workplace-based assessments and knowledge based assessments. Individual assessment methods are described in more detail below.

Workplace-based assessments will take place throughout the training programme to allow trainees to continually gather evidence of learning and to provide trainees with 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 (3.3), the "Assessment Methods" shown are those that are appropriate as **possible** methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used.

### 5.3 Assessment methods

The following assessment methods are used in the integrated assessment system:

#### Examinations and certificates

##### For Combined Infection Training

- FRCPATH part 1 examination

##### For Infectious Diseases

- The Diploma of Tropical Medicine and Hygiene is strongly recommended, but is not a mandatory requirement of training.

- The Diploma of HIV Medicine is strongly recommended, but is not a mandatory requirement of training.
- Advanced Life Support Certificate (ALS)

Information about FRCPath haematology, including guidance for candidates, is available on the Royal College of Pathologists' website [www.rcpath.org](http://www.rcpath.org).

The Diploma in Tropical Medicine and Hygiene is offered by the London School of Hygiene and Tropical Medicine and the Liverpool School of Tropical Medicine. Information about the Diploma, including guidance for candidates, is available on the following websites; [www.lshtm.ac.uk](http://www.lshtm.ac.uk) and [www.liv.ac.uk](http://www.liv.ac.uk)

The Diploma in HIV Medicine is offered by the Worshipful Society of Apothecaries of London. Information about Dip HIV including guidance for candidates, is available on the Worshipful Society of the Apothecaries website; <http://www.apothecaries.org/>

### **Assessment in CIT**

Trainees will have to undertake at least 6 per year from the following:

- Case-based discussion (CbD)
- Evaluation of Clinical/Management Events (ECE)
- Acute Care Assessment Tool (ACAT)
- Mini-Clinical Evaluation Exercise (mini-CEX)

During CIT, trainees must also undertake a minimum of 6 laboratory Directly Observed Procedural Skills (DOPS) as required during their medical microbiology and virology six-month training period.

Trainees are required to obtain a minimum of four and up to six multiple consultant reports (MCR) per year. Each MCR form is completed by one consultant and the feedback is automatically collated into a MCR Year Summary Sheet for the Educational Supervisor. Guidance on the use of the MCR and up to date specialty requirements are available on the [JRCPTB website](#).

Trainees are also required to undertake one Multi Source Feedback (MSF) in CIT.

In total during CIT, trainees will complete a minimum of 27 workplace-based assessments.

### **Workplace-based assessments (WPBAs)**

- Multi-Source Feedback (MSF)
- mini-Clinical Evaluation Exercise (mini-CEX)
- Direct Observation of Procedural Skills (DOPS)
- Case-Based Discussion (CbD)
- Acute Care Assessment Tool (ACAT)
- Patient Survey (PS)
- Evaluation of Clinical Events (ECE)
- Multiple Consultant Report (MCR)

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.



**Multisource 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.

**Multiple Consultant Report (MCR)**

The Multiple Consultant Report (MCR) captures the views of consultant supervisors on a trainee's clinical performance. The MCR Year Summary Sheet summarises the feedback received, outcomes for clinical areas and comments which will give valuable insight to how well the trainee is performing, highlighting areas of excellence and areas of support required. MCR feedback will be available to the trainee and included in the educational supervisor's report.

**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 mini-CEX 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 assess 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 include discussion about 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.

**Evaluation of Clinical Events (ECE)**

Provides a method of assessing the trainee in the performance of their duties in complex tasks, often involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings.

#### **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.

The ARCP Decision Aid is included in section 5.5, giving details of the evidence required of trainees for submission to the ARCP panels.

## 5.5 ARCP Decision Aids

### Combined Infection Training ARCP Decision Aid

|   | <b>Combined Infection Training Year 1<br/>(Usually end of ST3)</b>                                 | <b>Combined Infection Training Year 2<br/>(Usually end of ST4)</b>                                       |
|---|--|--|
| <b>Expected competence for year of training</b> | Satisfactory progress in the diagnosis, treatment , prevention and control of important infections | Trainees should be competent in the diagnosis, treatment, prevention and control of important infections |
| <b>FRCPATH Part 1</b>                           | Attempt/pass FRCPATH Part 1  | Attempt/pass FRCPATH Part 1  |
| <b>MSF</b>                                      | Satisfactory*<br>*1x MSF completed in ST3 or ST4   | Satisfactory*<br>*1x MSF completed in ST3 or ST4   |
| <b>DOPS</b>                                     | Have demonstrated competence in 6 laboratory based DOPS  |  |
| <b>mini-CEX,CbD, ECE, ACAT</b>                  | Total 6 per year using each tool at least once   | Total 6 per year using each tool at least once   |
| <b>ALS</b>                                      | Must have valid ALS  | Must have valid ALS  |
| <b>Audit</b>                                    | Evidence of participation in 2 audits as specified in the curriculum                               |  |
| <b>Educational Supervisor Report</b>            | Satisfactory (to include evidence of teaching, research and management and summary of MCR)         | Satisfactory (to include evidence of teaching, research and management and summary of MCR)               |
| <b>Multiple Consultant Report (MCR)</b>         | 4  | 4  |
| <b>Personal Development Plan</b>                | Evidence in place  | Evidence in place  |

## Higher Infectious Diseases Training ARCP Decision Aid

|   | <b>Higher Infectious Diseases Training Year 1<br/>(Usually end of ST5)</b>   | <b>Higher Infectious Diseases Training Year 2<br/>(Usually end of ST6)</b>   |
|---|--|--|
| <b>Expected competence for year of training</b> | Satisfactory progress in the diagnosis, treatment, prevention and control of infections  | Trainees should be competent in the diagnosis, treatment, prevention and control of infections at consultant level   |
| <b>FRCPATH Part 1</b>                           | Attempt/pass FRCPATH Part 1  | Pass FRCPATH Part 1  |
| <b>MSF</b>                                      | Satisfactory 1x MSF completed in ST5 or ST6  |  |
| <b>mini-CEX, Cbd, ACAT</b>                      | Total 6 per year using each tool at least once   | Total 6 per year using each tool at least once   |
| <b>ALS</b>                                      | Must have valid ALS  | Must have valid ALS  |
| <b>Audit</b>                                    | Evidence of participation in 2 audits  |  |
| <b>Patient Survey</b>                           | Satisfactory 1x PS completed in ST5 or ST6   |  |
| <b>Research</b>                                 | Evidence of developing research awareness and competence – may include participation in research studies, critical reviews, presentation at relevant research meetings or participation in (assessed) courses. | Satisfactory academic portfolio with evidence of research awareness and competence. Evidence might include a completed study with presentations /publication, a completed higher degree with research component (e.g. Masters), in some cases a research degree (MD or PhD), or evidence of significant competence in critical appraisal of evidence and |

|   | <b>Higher Infectious Diseases Training Year 1<br/>(Usually end of ST5)</b>   | <b>Higher Infectious Diseases Training Year 2<br/>(Usually end of ST6)</b>  |
|---|--|---|
|   |  | guideline development   |
| <b>Teaching</b>                         | Evidence of participation in teaching with results of students' evaluation of that teaching<br>Evidence of understanding of the principles of adult education  | Portfolio evidence of on-going evaluated participation in teaching<br>Evidence of implementation of the principles of adult education                   |
| <b>Management</b>                       | Evidence of awareness of managerial structures and functions within the NHS. Such evidence might include attendance at relevant courses, participation in relevant local management meetings with defined responsibilities | Evidence of experience in and understanding of management and leadership e.g. by reflective portfolio entries around relevant NHS management activities |
| <b>Educational Supervisor Report</b>    | Satisfactory (to include evidence of teaching, research and management and summary of MCR)   | Satisfactory (to include evidence of teaching, research and management and summary of MCR)  |
| <b>Multiple Consultant Report (MCR)</b> | 4  | 4   |
| <b>Educational Supervisor Report</b>    | Satisfactory (to include evidence of teaching, research and management)  | Satisfactory (to include evidence of teaching, research and management)   |
| <b>Personal Development Plan</b>        | Evidence in place  | Evidence in place   |

Where trainees are dual training in GIM, supervisors will have to adjust the detail of requirements to allow for the extra training time, depending on the structure of individual programmes.

## **5.6 Penultimate Year Assessment (PYA)**

The penultimate ARCP prior to the anticipated CCT date will include an external assessor from outside the training programme. JRCPTB and the deanery will coordinate the appointment of this assessor. This is known as "PYA". Whilst the ARCP will be a review of evidence, the PYA will include a face to face component.

## **5.7 Complaints and Appeals**

The RCPATH has complaints procedures and appeals regulations documented on its website which apply to all examinations run by the Royal College of Pathologists including the FRCPath part 1.

The Worshipful Society of Apothecaries has complaints procedures and appeals regulations documented on its website, <http://www.apothecaries.org/index.php?page=22>, which apply to the Diploma of HIV.

The London School of Tropical Medicine and Hygiene and the Liverpool School of Tropical Medicine have complaints' procedures and appeals' regulations documented on their respective websites, [www.lshtm.ac.uk](http://www.lshtm.ac.uk) and [www.liv.ac.uk](http://www.liv.ac.uk)

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

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

# **6 Supervision and Feedback**

## **6.1 Supervision**

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

Trainees will at all times have a named Educational Supervisor and Clinical Supervisor, responsible for overseeing their education. Depending on local arrangements these roles may be combined into a single role of Educational Supervisor.

The responsibilities of supervisors have been defined by GMC in the document "Operational Guide for the PMETB Quality Framework". These definitions have been agreed with the National Association of Clinical Tutors, the Academy of Medical Royal Colleges and the Gold Guide team at MMC, and are reproduced below:

### **Educational supervisor**

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

### **Clinical supervisor**

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

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

Opportunities for feedback to trainees about their performance will arise through the use of the workplace-based assessments, regular appraisal meetings with supervisors, other meetings and discussions with supervisors and colleagues, and feedback from ARCP.

## **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 should have an appraisal meeting with the clinical and educational supervisor 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 supervisors 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 clinical and educational supervisors 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**

Deaneries are responsible for quality management, GMC will quality assure the deaneries and educational providers are responsible for local quality control, to be managed by the deaneries. The role of the Colleges in quality management remains important and will be delivered in partnership with the deaneries. The College role is one of quality review of deanery processes and this will take place within the SACs on a regular basis.

The Head of Specialist Training (HoST) from each Region is represented at the Specialist Advisory Committee and will have responsibility for ensuring that local supervisors and assessors are familiar with the content of the curriculum and oversee its implementation.

### **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**

On enrolling with JRCPTB trainees will be given access to the ePortfolio for Infectious Diseases. 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.

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

## **8 Curriculum review and updating**

The specialty curriculum will be reviewed and updated if required on an annual basis. The curriculum should be regarded as a fluid, living document and the SAC will ensure to respond swiftly to new clinical and service developments. This will be informed by curriculum evaluation and monitoring. The SAC will have available:

- The trainees' survey, which will include questions pertaining to their specialty (GMC to provide)
- Specialty-specific questionnaires (if applicable)
- Reports from other sources such as educational supervisors, programme directors, specialty deans, service providers and patients.
- Trainee representation on the Deanery STC and the SAC of the JRCPTB
- Informal trainee feedback during appraisal.

Evaluation will address:

- The relevance of the learning outcomes to clinical practice
- The balance of work-based and off-the-job learning
- Quality of training in individual posts
- Feasibility and appropriateness of on-the-job assessments in the course of training programmes
- Availability and quality of research opportunities
- Current training affecting the service

Evaluation will be the responsibility of the JRCPTB and GMC. These bodies must approve any significant changes to the curriculum.

Interaction with the NHS will be particularly important to understand the performance of specialists within the NHS and feedback will be required as to the continuing needs for that specialty as defined by the curriculum. It is likely that the NHS will have a view as to the balance between generalist and specialist skills, the development of generic competencies and, looking to the future, the need for additional specialist competencies and curricula. In establishing specialty issues which could have implications for training, the SAC will produce a summary report to discuss with the NHS employers and ensure that conclusions are reflected in curriculum reviews.

Trainee contribution to curriculum review will be facilitated through the involvement of trainees in local faculties of education and through informal feedback during appraisal and College meetings.

The SAC will respond rapidly to changes in service delivery. Regular review will ensure the coming together of all the stakeholders needed to deliver an up-to-date, modern specialty curriculum. The curriculum will indicate the last date of formal review monitoring and document revision.

## 9 Equality and diversity

The Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of equality and diversity legislation set out in the Equality Act 2010.

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.

LETB 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;
- LETBs must ensure that educational supervisors have had equality and diversity training (for example, an e learning module) every 3 years
- LETBs 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. LETBs 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. LETBs 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.