SPECIALTY TRAINING CURRICULUM

FOR

ACUTE INTERNAL MEDICINE

AUGUST 2009

Joint Royal Colleges of Physicians Training Board

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1 Introduction

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

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

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

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

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

- the prompt practical management of acute presentation of medical illness,
- the management of medical patients in an in-patient setting,
- the development of new patient pathways to maximise safe, effective care in the community where feasible,
- the provision of leadership skills within an acute medical unit,

- the development of multi-professional systems to promote optimal patient care,
- the care of patients requiring more intensive levels of care than would be generally managed in a medical ward. These competencies are generally acquired from experience within a critical care unit.

2 Rationale

2.1 Purposes of the curriculum

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

- the successful completion of Core Medical Training;
- the successful completion of the Acute Internal Medicine component of Acute Care Common Stem training;
- the award of a certificate of completion of training (CCT) in Acute Internal Medicine.

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

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

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

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

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

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

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

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

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

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

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

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

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

2.2 Development

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

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

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

2.3 Training Pathway

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

The training in Acute Internal Medicine is divided as follows;

Core Medical Training (CMT) or Acute Care Common Stem (Medicine) ACCS –both of which are core training programmes

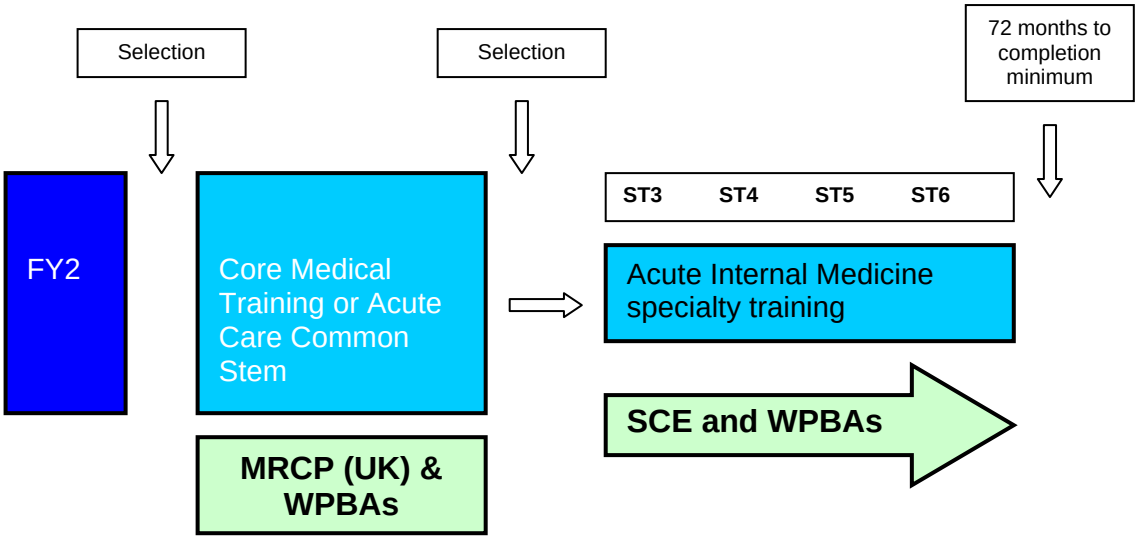

Diagram 1.0 shows the training pathway for Acute Internal Medicine

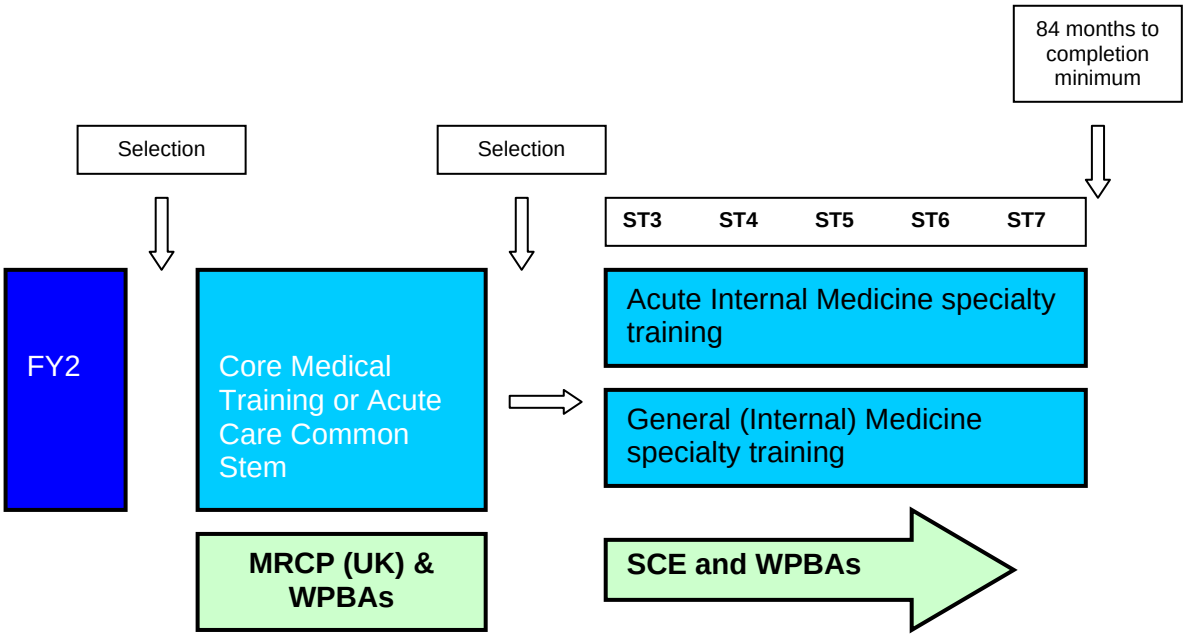

Diagram 2.0 shows the training pathway for Dual CCT with G(I)M

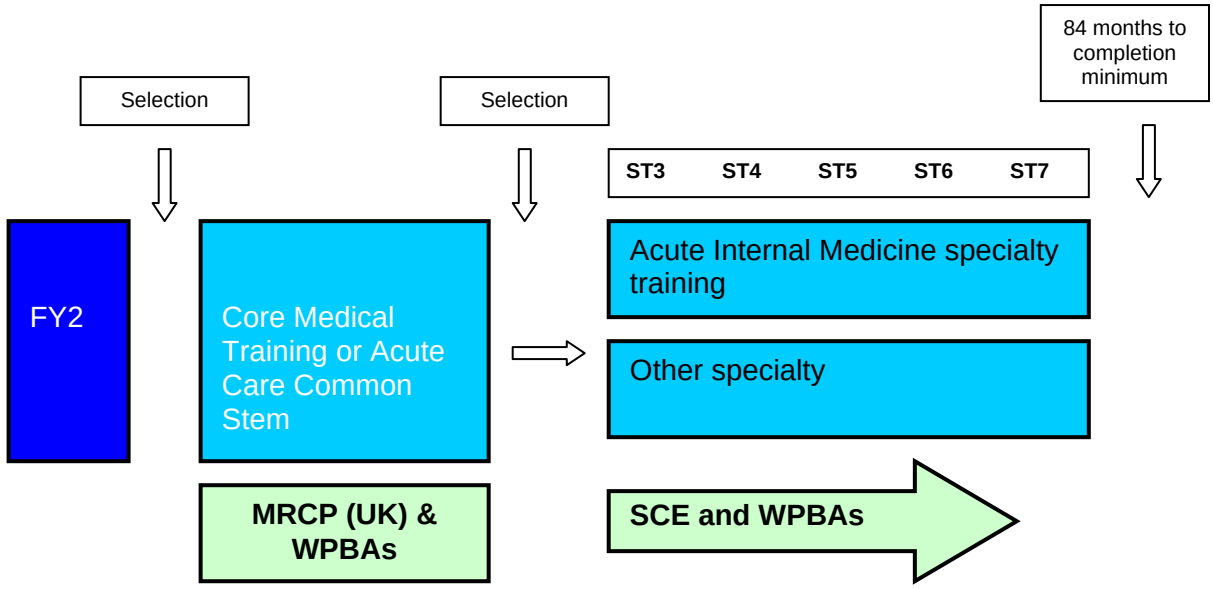

Diagram 3.0 shows the training pathway for Dual CCT with another Acute training specialty

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

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

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

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

ACCS is a three year programme covering the following specialities:

- Acute Internal Medicine
- Emergency Medicine
- Anaesthetics
- Critical Care

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

experienced all four specialties in the first two years. Acquisition of MRCP (UK) will be required for all trainees who wish to follow training in Acute Internal Medicine.

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

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

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

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

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

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

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

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

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

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

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

have an educational supervisor appointed at the start of their first year of specialty training and who will mentor the trainee for the whole of their training programme. This supervisor ideally should be an Acute Physician.

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

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

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

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

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

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

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

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

Upon successful attainment of these competencies and progression through the ARCP process and penultimate year assessment (PYA), the trainee will be recommended to PMETB for a CCT by Joint Royal Colleges of Physicians Training Board (JRCPTB).

2.4 Enrolment with JRCPTB

Trainees are required to register for specialist training with JRCPTB at the start of their training programmes. Enrolment with JRCPTB, including the complete payment of enrolment fees, is required before JRCPTB will be able to recommend trainees for a Certificate of Completion of CMT/ACCS or a CCT. Trainees can enrol online at www.jrcptb.org.uk

2.5 Duration of training

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

2.6 Flexible training

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

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

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

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

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

2.7 Dual CCT

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

3 Content of learning

This section lists the specific knowledge, skills, and behaviours to be attained throughout training in Acute Internal Medicine.

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

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

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

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

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

3.1 Programme content and objectives

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

3.2 Good Medical Practice

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

The Framework for Appraisal and Assessment covers the following domains:
Domain 1 – Knowledge, Skills and Performance
Domain 2 – Safety and Quality
Domain 3 – Communication, Partnership and Teamwork
Domain 4 – Maintaining Trust

The “GMP” column in the syllabus defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. Most parts of the syllabus relate to “Knowledge, Skills and Performance” but some parts will also relate to other domains.

3.3 Syllabus

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

“GMP” defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. See section 3.2 for more details.

Common Competencies

The common competencies are those that should be acquired by all physicians during their training period starting within the undergraduate career and developed throughout the postgraduate career.

Assessment of acquisition of the common competencies

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

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

History taking

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

Knowledge	Assessment Methods	GMP Domains
Recognise the importance of different elements of history	MRCP Part 1, MRCP Part 2, PACES, mini-CEX	1
Recognise the importance of clinical, psychological, social, cultural and nutritional factors particularly those relating to ethnicity, race, cultural or religious beliefs and preferences, sexual orientation, gender and disability	mini-CEX	1
Recognise that patients do not present history in structured fashion	MRCP Part 1, MRCP Part 2, PACES, ACAT, mini-CEX	1, 3
Know likely causes and risk factors for conditions relevant to mode of presentation	MRCP Part 1, MRCP Part 2, PACES, mini-CEX	1
Recognise that history should inform examination, investigation and management	MRCP Part 1, MRCP Part 2, PACES, mini-CEX	1
Skills		
Identify and overcome possible barriers to effective communication	PACES, mini-CEX	1, 3
Manage time and draw consultation to a close appropriately	PACES, mini-CEX	1, 3

Supplement history with standardised instruments or questionnaires when relevant	PACES, ACAT, mini-CEX	1
Manage alternative and conflicting views from family, carers and friends	PACES, ACAT, mini-CEX	1, 3
Assimilate history from the available information from patient and other sources	PACES, ACAT, mini-CEX	1, 3
Recognise and interpret the use of non verbal communication from patients and carers	PACES, mini-CEX	1, 3
Focus on relevant aspects of history	MRCP Part 1, MRCP Part 2, PACES, ACAT, mini-CEX	1, 3
Behaviours		
Show respect and behave in accordance with Good Medical Practice	PACES, ACAT, mini-CEX	3, 4
Level Descriptor		
1	Obtains, records and presents accurate clinical history relevant to the clinical presentation Elicits most important positive and negative indicators of diagnosis Starts to ignore irrelevant information	
2	Demonstrates ability to obtain relevant focussed clinical history in the context of limited time e.g. outpatients, ward referral Demonstrates ability to target history to discriminate between likely clinical diagnoses Records information in most informative fashion	
3	Demonstrates ability to rapidly obtain relevant history in context of severely ill patients Demonstrates ability to obtain history in difficult circumstances e.g. from angry or distressed patient / relatives Demonstrates ability to keep interview focussed on most important clinical issues	
4	Able to quickly focus questioning to establish working diagnosis and relate to relevant examination, investigation and management plan in most acute and common chronic conditions in almost any environment	

Clinical examination

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

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

Knowledge	Assessment Methods	GMP Domains
Understand the need for a valid clinical examination	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Understand the basis for clinical signs and the relevance of positive and negative physical signs	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recognise constraints to performing physical examination and strategies that may be used to overcome them	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1

Recognise the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Perform an examination relevant to the presentation and risk factors that is valid, targeted and time efficient	PACES, ACAT, CbD, mini-CEX	1
Recognise the possibility of deliberate harm in vulnerable patients and report to appropriate agencies	ACAT, CbD, mini-CEX	1, 2
Interpret findings from the history, physical examination and mental state examination, appreciating the importance of clinical, psychological, religious, social and cultural factors	mini-CEX, CbD	1
Actively elicit important clinical findings	PACES, CbD, mini-CEX	1
Perform relevant adjunctive examinations	PACES, CbD, mini-CEX	1
Behaviours		
Show respect and behaves in accordance with Good Medical Practice	PACES, CbD, mini-CEX, MSF	1, 4

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

Therapeutics and safe prescribing

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

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

	CEX	
Remain open to advice from other health professionals on medication issues	ACAT, CbD, mini-CEX	1, 3
Recognise the importance of resources when prescribing, including the role of a Drug Formulary	ACAT, CbD, mini-CEX	1, 2
Ensure prescribing information is shared promptly and accurately between a patient's health providers, including between primary and secondary care	ACAT, CbD	1, 3
Remain up to date with therapeutic alerts, and respond appropriately	ACAT, CbD	1

Level Descriptor	
1	Understands the importance of patient compliance with prescribed medication Outlines the adverse effects of commonly prescribed medicines Uses reference works to ensure accurate, precise prescribing
2	Takes advice on the most appropriate medicine in all but the most common situations Makes sure an accurate record of prescribed medication is transmitted promptly to relevant others involved in an individuals care Knows indications for commonly used drugs that require monitoring to avoid adverse effects Modifies patient's prescriptions to ensure the most appropriate medicines are used for any specific condition Maximises patient compliance by minimising the number of medicines required that is compatible with optimal patient care Maximises patient compliance by providing full explanations of the need for the medicines prescribed Is aware of the precise indications, dosages, adverse effects and modes of administration of the drugs used commonly within their specialty Uses databases and other reference works to ensure knowledge of new therapies and adverse effects is up to date Knows how to report adverse effects and take part in this mechanism
3/4	Is aware of the regulatory bodies relevant to prescribed medicines both locally and nationally Ensures that resources are used in the most effective way for patient benefit

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

Time management and decision making

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

Knowledge	Assessment Methods	GMP Domains
Understand that organisation is key to time management	ACAT, CbD	1
Understand that some tasks are more urgent or more important than others	MRCP Part 1, MRCP Part 2, ACAT, CbD	1
Understand the need to prioritise work according to urgency and importance	MRCP Part 1, MRCP Part 2, ACAT, CbD	1
Understand that some tasks may have to wait or be delegated to others	ACAT, CbD	1
Outline techniques for improving time management	ACAT, CbD	1
Understand the importance of prompt investigation, diagnosis and treatment in disease management	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1, 2
Skills		
Identify clinical and clerical tasks requiring attention or predicted to arise	ACAT, CbD, mini-CEX	1, 2
Estimate the time likely to be required for essential tasks and plan accordingly	ACAT, CbD, mini-CEX	1
Group together tasks when this will be the most effective way of working	ACAT, CbD, mini-CEX	1
Recognise the most urgent / important tasks and ensure that they are managed expediently	ACAT, CbD, mini-CEX	1
Regularly review and re-prioritise personal and team work load	ACAT, CbD, mini-CEX	1
Organise and manage workload effectively	ACAT, CbD, mini-CEX	1
Behaviours		
Ability to work flexibly and deal with tasks in an effective fashion	ACAT, CbD, MSF	3
Recognise when you or others are falling behind and take steps to rectify the situation	ACAT, CbD, MSF	3
Communicate changes in priority to others	ACAT, MSF	1
Remain calm in stressful or high pressure situations and adopt a timely, rational approach	ACAT, MSF	1

Level	Descriptor
1	Recognises the need to identify work and compiles a list of tasks Works systematically through tasks with little attempt to prioritise Needs direction to identify most important tasks Sometimes slow to perform important work Does not use other members of the clinical team Finds high workload very stressful
2	Organises work appropriately but does not always respond to or anticipate when priorities should

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

Decision making and clinical reasoning

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

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

To be able to communicate the diagnostic and therapeutic plan appropriately

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

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

Level Descriptor	
1	In a straightforward clinical case: Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence Institutes an appropriate investigative plan Institutes an appropriate therapeutic plan Seeks appropriate support from others

	Takes account of the patients wishes
2	In a difficult clinical case: Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence Institutes an appropriate investigative plan Institutes an appropriate therapeutic plan Seeks appropriate support from others Takes account of the patients wishes
3	In a complex, non-emergency case: Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence Institutes an appropriate investigative plan Institutes an appropriate therapeutic plan Seeks appropriate support from others Takes account of the patients wishes
4	In a complex, non-emergency case: Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence Institutes an appropriate investigative plan Institutes an appropriate therapeutic plan Seeks appropriate support from others Takes account of the patients wishes and records them accurately and succinctly

The patient as central focus of care

Prioritises the patient's wishes encompassing their beliefs, concerns expectations and needs		
Knowledge	**Assessment Methods**	**GMP Domains**
Recall health needs of particular populations e.g. ethnic minorities and recognise the impact of culture and ethnicity in presentations of physical and psychological conditions	MRCP Part 2, ACAT, CbD	1
Skills		
Give adequate time for patients to express ideas, concerns and expectations	PACES, ACAT, mini-CEX	1, 3, 4
Respond to questions honestly and seek advice if unable to answer	PACES, ACAT, CbD, mini-CEX	3
Encourage the health care team to respect the philosophy of patient focussed care	ACAT, CbD, mini-CEX, MSF	3
Develop a self-management plan including investigation, treatments and requests/instructions to other healthcare professionals, in partnership with the patient	PACES, ACAT, CbD, mini-CEX	1,3
Support patients, parents and carers where relevant to comply with management plans	PACES, ACAT, CbD, mini-CEX, PS	3
Encourage patients to voice their preferences and personal choices about their care	PACES, ACAT, mini-CEX, PS	3
Behaviours		
Support patient self-management	ACAT, CbD, mini-CEX, PS	3
Recognise the duty of the medical professional to act as patient advocate	ACAT, CbD, mini-CEX, MSF, PS	3, 4

Level Descriptor	
1	Responds honestly and promptly to patient questions but knows when to refer for senior help Recognises the need for disparate approaches to individual patients
2	Recognises more complex situations of communication, accommodates disparate needs and develops strategies to cope
3	Deals rapidly with more complex situations, promotes patients self care and ensures all opportunities are outlined
4	Is able to deal with all cases to outline patient self care and to promote the provision of this when it is not readily available

Prioritisation of patient safety in clinical practice

To understand that patient safety depends on the organisation of care and health care staff working well together

To never compromise patient safety

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

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

Knowledge	Assessment Methods	GMP Domains
Outline the features of a safe working environment	ACAT, CbD, mini-CEX	1
Outline the hazards of medical equipment in common use	ACAT, CbD	1
Recall side effects and contraindications of medications prescribed	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1
Recall principles of risk assessment and management	CbD	1
Recall the components of safe working practice in the personal, clinical and organisational settings	ACAT, CbD	1
Recall local procedures for optimal practice e.g. GI bleed protocol, safe prescribing	ACAT, CbD, mini-CEX	1
Skills		
Recognise when a patient is not responding to treatment, reassess the situation, and encourage others to do so	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Ensure the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately	ACAT, CbD, mini-CEX	1
Improve patients' and colleagues' understanding of the side effects and contraindications of therapeutic intervention	PACES, ACAT, CbD, mini-CEX	1, 3
Sensitively counsel a colleague following a significant event, or near incident, to encourage improvement in practice of individual and unit	ACAT, CbD	3
Recognise and respond to the manifestations of a patient's deterioration (symptoms, signs, observations, and laboratory results) and support other members of the team to act similarly	ACAT, CbD, mini-CEX, MSF	1
Behaviours		
Continue to maintain a high level of safety awareness and consciousness at all times	ACAT, CbD, mini-CEX	2

Encourage feedback from all members of the team on safety issues	ACAT, CbD, mini-CEX, MSF	3
Show willingness to take action when concerns are raised about performance of members of the healthcare team, and act appropriately when these concerns are voiced to you by others	ACAT, CbD, mini-CEX, MSF	3
Continue to be aware of one's own limitations, and operate within them competently	ACAT, CbD, mini-CEX	1

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

Team working and patient safety

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

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

Knowledge	Assessment Methods	GMP Domains
Outline the components of effective collaboration	ACAT, CbD	1
Describe the roles and responsibilities of members of the healthcare team	ACAT, CbD	1
Outline factors adversely affecting a doctor's performance and methods to rectify these	CbD	1
Skills		
Practise with attention to the important steps of providing good continuity of care	ACAT, CbD, mini-CEX	1,3.4
Accurate attributable note-keeping	ACAT, CbD, mini-CEX	1, 3
Preparation of patient lists with clarification of problems and ongoing care plan	ACAT, CbD, mini-CEX, MSF	1
Detailed hand over between shifts and areas of care	ACAT, CbD, mini-	1, 3

	CEX , MSF	
Demonstrate leadership and management in the following areas: • Education and training • Deteriorating performance of colleagues (e.g. stress, fatigue) • High quality care • Effective handover of care between shifts and teams	ACAT, CbD, mini-CEX	1, 2, 3
Lead and participate in interdisciplinary team meetings	ACAT, CbD, mini-CEX	3
Provide appropriate supervision to less experienced colleagues	ACAT, CbD, MSF	3
Behaviours		
Encourage an open environment to foster concerns and issues about the functioning and safety of team working	ACAT, CbD, MSF	3
Recognise and respect the request for a second opinion	ACAT, CbD, MSF	3
Recognise the importance of induction for new members of a team	ACAT, CbD, MSF	3
Recognise the importance of prompt and accurate information sharing with Primary Care team following hospital discharge	ACAT, CbD, mini-CEX , MSF	3

Level Descriptor	
1	Works well within the multidisciplinary team and recognises when assistance is required from the relevant team member Demonstrates awareness of own contribution to patient safety within a team and is able to outline the roles of other team members Keeps records up-to-date and legible and relevant to the safe progress of the patient Hands over care in a precise, timely and effective manner
2	Demonstrates ability to discuss problems within a team to senior colleagues. Provides an analysis and plan for change Demonstrates ability to work with the virtual team to develop the ability to work well in a variety of different teams – for example the ward team and the infection control team - and to contribute to discussion on the team's role in patient safety To develop the leadership skills necessary to lead teams so that they are more effective and able to deliver better safer care
3	Leads multidisciplinary team meetings but promotes contribution from all team members Recognises need for optimal team dynamics and promotes conflict resolution Demonstrates ability to convey to patients after a handover of care that although there is a different team, the care is continuous
4	Leads multi-disciplinary team meetings allowing all voices to be heard and considered. Fosters an atmosphere of collaboration Demonstrates ability to work with the virtual team Ensures that team functioning is maintained at all times Promotes rapid conflict resolution

Principles of quality and safety improvement

To recognise the desirability of monitoring performance, learning from mistakes and adopting no blame culture in order to ensure high standards of care and optimise patient safety		
Knowledge	**Assessment Methods**	**GMP Domains**
Understand the elements of clinical governance	CbD, MSF	1
Recognise that governance safeguards high standards of care and facilitates the development of improved clinical services	CbD, MSF	1, 2
Define local and national significant event reporting systems relevant to specialty	ACAT, CbD, mini-CEX	1
Recognise importance of evidence-based practice in relation to clinical effectiveness	MRCP Part 1, MRCP Part 2, CbD	1
Outline local health and safety protocols (fire, manual handling etc)	CbD	1
Understand risk associated with the trainee's specialty work including biohazards and mechanisms to reduce risk	CbD	1
Outline the use of patient early warning systems to detect clinical deterioration where relevant to the trainees clinical specialty	ACAT, CbD, mini-CEX	1
Keep abreast of national patient safety initiatives including National Patient Safety Agency , NCEPOD reports, NICE guidelines etc	ACAT, CbD, mini-CEX	1
Skills		
Adopt strategies to reduce risk e.g. surgical pause	ACAT, CbD	1, 2
Contribute to quality improvement processes e.g. • Audit of personal and departmental performance • Errors / discrepancy meetings • Critical incident reporting • Unit morbidity and mortality meetings • Local and national databases	AA, CbD	2
Maintain a folder of information and evidence, drawn from your medical practice	CbD	2
Reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation	AA	1, 2, 3, 4
Behaviours		
Show willingness to participate in safety improvement strategies such as critical incident reporting	CbD, MSF	3
Engage with an open no blame culture	CbD, MSF	3
Respond positively to outcomes of audit and quality improvement	CbD, MSF	1, 3
Co-operate with changes necessary to improve service quality and safety	CbD, MSF	1, 2
Level Descriptor		
1	Understands that clinical governance is the over-arching framework that unites a range of quality improvement activities. This safeguards high standards of care and facilitates the development of improved clinical services Maintains personal portfolio	
2	Able to define key elements of clinical governance	

	Engages in audit
3	Demonstrates personal and service performance Designs audit protocols and completes audit loop
4	Leads in review of patient safety issues Implements change to improve service Engages and guides others to embrace governance

Infection control

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

Knowledge	Assessment Methods	GMP Domains
Understand the principles of infection control as defined by the GMC	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1
Understand the principles of preventing infection in high risk groups (e.g. managing antibiotic use to prevent Clostridium difficile) including understanding the local antibiotic prescribing policy	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1
Understand the role of Notification within the UK and identify the principle notifiable diseases for UK and international purposes	ACAT, CbD, mini-CEX	1
Understand the role of the Health Protection Agency and Consultants in Health Protection (previously Consultants in Communicable Disease Control – CCDC)	CbD, ACAT	1
Understand the role of the local authority in relation to infection control	ACAT, CbD, mini-CEX	1
Skills		
Recognise the potential for infection within patients being cared for	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD	1, 2
Counsel patients on matters of infection risk, transmission and control	PACES, ACAT, CbD, mini-CEX, PS	2, 3
Actively engage in local infection control procedures	ACAT, CbD	1
Actively engage in local infection control monitoring and reporting processes	ACAT, CbD	1, 2
Prescribe antibiotics according to local antibiotic guidelines	ACAT, CbD, mini-CEX	1
Recognise potential for cross-infection in clinical settings	PACES, ACAT, CbD, mini-CEX	1, 2
Practice aseptic technique whenever relevant	DOPS	1
Behaviours		
Encourage all staff, patients and relatives to observe infection control principles	PACES, ACAT, CbD, MSF	1, 3
Level Descriptor		
1	Always follows local infection control protocols. Including washing hands before and after seeing all patients	

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

Managing long term conditions and promoting patient self-care

Knowledge	Assessment Methods	GMP Domains
Recall the natural history of diseases that run a chronic course	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Define the role of rehabilitation services and the multi-disciplinary team to facilitate long-term care	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Outline the concept of quality of life and how this can be measured	CbD	1
Outline the concept of patient self-care	CbD, mini-CEX	1
Know, understand and be able to compare medical and social models of disability	CbD	1
Understand the relationship between local health, educational and social service provision including the voluntary sector	CbD	1

Skills		
Develop and agree a management plan with the patient (and carers), ensuring comprehension to maximise self-care within care pathways when relevant	PACES, ACAT, CbD, mini-CEX	1, 3
Develop and sustain supportive relationships with patients with whom care will be prolonged	CbD, mini-CEX	1, 4
Provide effective patient education, with support of the multi-disciplinary team	PACES, ACAT, CbD, mini-CEX	1, 3, 4
Promote and encourage involvement of patients in appropriate support networks, both to receive support and to give support to others	PACES, CbD, PS	1, 3
Encourage and support patients in accessing appropriate information	PACES, CbD, PS	1, 3
Provide the relevant and evidence based information in an appropriate medium to enable sufficient choice, when possible	PACES, CbD, PS	1, 3
Behaviours		
Show willingness to act as a patient advocate	PACES, ACAT, CbD, mini-CEX	3, 4
Recognise the impact of long term conditions on the patient, family and friends	PACES, ACAT, CbD, mini-CEX	1
Ensure equipment and devices relevant to the patient's care are discussed	ACAT, CbD, mini-CEX	1
Put patients in touch with the relevant agency including the voluntary sector from where they can procure the items as appropriate	ACAT, CbD, mini-CEX	1, 3
Provide the relevant tools and devices when possible	ACAT, CbD, mini-CEX	1, 2
Show willingness to facilitate access to the appropriate training and skills in order to develop the patient's confidence and competence to self care	ACAT, CbD, mini-CEX, PS	1, 3,4
Show willingness to maintain a close working relationship with other members of the multi-disciplinary team, primary and community care	ACAT, CbD, mini-CEX, MSF	3
Recognise and respect the role of family, friends and carers in the management of the patient with a long term condition	ACAT, CbD, mini-CEX, PS	1,3

Level Descriptor	
1	Describes relevant long term conditions Understands the meaning of quality of life Is aware of the need for promotion of patient self care Helps the patient with an understanding of their condition and how they can promote self management
2	Demonstrates awareness of management of relevant long term conditions Is aware of the tools and devices that can be used in long term conditions Is aware of external agencies that can improve patient care Teaches the patient and within the team to promote excellent patient care
3	Develops management plans in partnership with the patient that are pertinent to the patients long term condition

	Can use relevant tools and devices in improving patient care Engages with relevant external agencies to promote patient care
4	Provides leadership within the multidisciplinary team that is responsible for management of patients with long term conditions Helps the patient networks develop and strengthen

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

Relationships with patients and communication within a consultation

Communicate effectively and sensitively with patients, relatives and carers		
Knowledge	**Assessment Methods**	**GMP Domains**
Structure an interview appropriately	PACES, ACAT, CbD, mini-CEX, PS	1
Understand the importance of the patient's background, culture, education and preconceptions (ideas, concerns, expectations) to the process	ACAT, CbD, mini-CEX, PS	1
Skills		
Establish a rapport with the patient and any relevant others (e.g. carers)	PACES, ACAT, CbD, mini-CEX, PS	1, 3
Listen actively and question sensitively to guide the patient and to clarify information	PACES, ACAT, mini-CEX, PS	1, 3
Identify and manage communication barriers, tailoring language to the individual patient and using interpreters when indicated	PACES, ACAT, CbD, mini-CEX, PS	1, 3
Deliver information compassionately, being alert to and managing their and your emotional response (anxiety, antipathy etc)	PACES, ACAT, CbD, mini-CEX	1, 3,4
Use, and refer patients to, appropriate written and other information sources	PACES, ACAT, CbD, mini-CEX	1, 3
Check the patient's/carer's understanding, ensuring that all their concerns/questions have been covered	PACES, ACAT, CbD, mini-CEX	1, 3
Indicate when the interview is nearing its end and conclude with a summary	PACES, ACAT, CbD, mini-CEX	1, 3
Make accurate contemporaneous records of the discussion	ACAT, CbD, mini-CEX	1, 3
Manage follow-up effectively	ACAT, CbD, mini-CEX	1
Behaviours		
Approach the situation with courtesy, empathy, compassion and professionalism, especially by appropriate body language - act as an equal not a superior	PACES, ACAT, CbD, mini-CEX, MSF, PS	1, 3, 4
Ensure that the approach is inclusive and patient centred and respect the diversity of values in patients, carers and colleagues	PACES, ACAT, CbD, mini-CEX, MSF, PS	1, 3
Be willing to provide patients with a second opinion	PACES, ACAT, CbD, mini-CEX, MSF, PS	1, 3

Use different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved	PACES, ACAT, CbD, mini-CEX, MSF	1, 3
Be confident and positive in one's own values	PACES, ACAT, CbD, mini-CEX	1, 3

Level Descriptor	
1	Conducts simple interviews with due empathy and sensitivity and writes accurate records thereof
2	Conducts interviews on complex concepts satisfactorily, confirming that accurate two-way communication has occurred
3	Handles communication difficulties appropriately, involving others as necessary; establishes excellent rapport
4	Shows mastery of patient communication in all situations, anticipating and managing any difficulties which may occur

Breaking bad news

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

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

	CEX	
Skills		
Demonstrate to others good practice in breaking bad news	PACES, CbD, DOPS, MSF	1, 3
Involve patients and carers in decisions regarding their future management	PACES, CbD, DOPS, MSF	1, 3, 4
Encourage questioning and ensure comprehension	PACES, CbD, DOPS, MSF	1, 3
Respond to verbal and visual cues from patients and relatives	PACES, CbD, DOPS, MSF	1, 3
Act with empathy, honesty and sensitivity avoiding undue optimism or pessimism	PACES, CbD, DOPS, MSF	1, 3
Structure the interview e.g. • Set the scene • Establish understanding • Discuss; diagnosis, implications, treatment, prognosis and subsequent care	PACES, CbD, DOPS, MSF	1, 3
Behaviours		
Take leadership in breaking bad news	CbD, DOPS, MSF	1
Respect the different ways people react to bad news	CbD, DOPS, MSF	1
Level Descriptor		
1	Recognises when bad news must be imparted Recognises the need to develop specific skills Requires guidance to deal with most cases	
2	Able to break bad news in planned settings Prepares well for interview Prepares patient to receive bad news Responsive to patient reactions	
3	Able to break bad news in unexpected and planned settings Clear structure to interview Establishes what patient wants to know and ensures understanding Able to conclude interview	
4	Skilfully delivers bad news in any circumstance including adverse events Arranges follow up as appropriate Able to teach others how to break bad news	

Complaints and medical error

Knowledge	Assessment Methods	GMP Domains
Basic consultation techniques and skills described for Foundation programme and to include: • Define the local complaints procedure • Recognise factors likely to lead to complaints (poor communication, dishonesty etc) • Adopt behaviour likely to prevent complaints • Dealing with dissatisfied patients or relatives • Recognise when something has gone wrong and identify appropriate staff to communicate this with • Act with honesty and sensitivity in a non-confrontational manner	CbD, DOPS, MSF	1
Outline the principles of an effective apology	CbD, DOPS, MSF	1
Identify sources of help and support when a complaint is made about yourself or a colleague	CbD, DOPS, MSF	1
Skills		
Contribute to processes whereby complaints are reviewed and learned from	CbD, DOPS, MSF	1
Explain comprehensibly to the patient the events leading up to a medical error	CbD, DOPS, MSF	1, 3
Deliver an appropriate apology	CbD, DOPS, MSF	1, 3, 4
Distinguish between system and individual errors	CbD, DOPS, MSF	1
Show an ability to learn from previous error	CbD, DOPS, MSF	1
Behaviours		
Take leadership over complaint issues	CbD, DOPS, MSF	1
Recognise the impact of complaints and medical error on staff, patients, and the National Health Service	CbD, DOPS, MSF	1, 3
Contribute to a fair and transparent culture around complaints and errors	CbD, DOPS, MSF	1
Recognise the rights of patients, family members and carers to make a complaint	CbD, DOPS, MSF	1, 4

Level Descriptor	
1	Defines the local complaints procedure Recognises need for honesty in management of complaints Responds promptly to concerns that have been raised Understands the importance of an effective apology Learns from errors
2	Manages conflict without confrontation Recognises and responds to the difference between system failure and individual error
3	Recognises and manages the effects of any complaint within members of the team
4	Provides timely accurate written responses to complaints when required Provides leadership in the management of complaints

Communication with colleagues and cooperation

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

Knowledge	Assessment Methods	GMP Domains
Understand the section in "Good Medical Practice" on Working with Colleagues, in particular:	CbD, MSF	1
The roles played by all members of a multi-disciplinary team	CbD, MSF	1
The features of good team dynamics	CbD, MSF	1
The principles of effective inter-professional collaboration to optimise patient, or population, care	CbD, MSF	1
Skills		
Communicate accurately, clearly, promptly and comprehensively with relevant colleagues by means appropriate to the urgency of a situation (telephone, email, letter etc), especially where responsibility for a patient's care is transferred	ACAT, CbD, mini-CEX	1, 3
Utilise the expertise of the whole multi-disciplinary team as appropriate, ensuring when delegating responsibility that appropriate supervision is maintained	ACAT, CbD, mini-CEX, MSF	1, 3
Participate in, and co-ordinate, an effective hospital at night team when relevant	ACAT, CbD, mini-CEX, MSF	1
Communicate effectively with administrative bodies and support organisations	CbD, mini-CEX, MSF	1, 3
Employ behavioural management skills with colleagues to prevent and resolve conflict	ACAT, CbD, mini-CEX, MSF	1, 3
Behaviours		
Be aware of the importance of, and take part in, multi-disciplinary work, including adoption of a leadership role when appropriate	ACAT, CbD, mini-CEX, MSF	3
Foster a supportive and respectful environment where there is open and transparent communication between all team members	ACAT, CbD, mini-CEX, MSF	1, 3
Ensure appropriate confidentiality is maintained during communication with any member of the team	ACAT, CbD, mini-CEX, MSF	1, 3
Recognise the need for a healthy work/life balance for the whole team, including yourself, but take any leave yourself only after giving appropriate notice to ensure that cover is in place	CbD, mini-CEX, MSF	1
Be prepared to accept additional duties in situations of unavoidable and unpredictable absence of colleagues	CbD, MSF	1

Level Descriptor	
1	Accepts his/her role in the healthcare team and communicates appropriately with all relevant members thereof
2	Fully recognises the role of, and communicates appropriately with, all relevant potential team members (individual and corporate)
3	Able to predict and manage conflict between members of the healthcare team
4	Able to take a leadership role as appropriate, fully respecting the skills, responsibilities and viewpoints of all team members

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

Health promotion and public health

To progressively develop the ability to work with individuals and communities to reduce levels of ill health, remove inequalities in healthcare provision and improve the general health of a community.

Knowledge	Assessment Methods	GMP Domains
Understand the factors which influence the incidence of and prevalence of common conditions	MRCP Part 1, MRCP Part 2, CbD, mini-CEX	1
Understand the factors which influence health – psychological, biological, social, cultural and economic especially poverty	CbD, mini-CEX	1
Understand the influence of lifestyle on health and the factors that influence an individual to change their lifestyle	CbD, mini-CEX	1
Understand the purpose of screening programmes and know in outline the common programmes available within the UK	CbD, mini-CEX	1
Understand the relationship between the health of an individual and that of a community	CbD, mini-CEX	1
Know the key local concerns about health of communities such as smoking and obesity	CbD, mini-CEX	1
Understand the role of other agencies and factors including the impact of globalisation in protecting and promoting health	CbD, mini-CEX	1
Demonstrate knowledge of the determinants of health worldwide and strategies to influence policy relating to health issues including the impact of the developed world strategies on the third world	CbD, mini-CEX	1
Outline the major causes of global morbidity and mortality and effective, affordable interventions to reduce these	CbD, mini-CEX	1
Recall the effect of addictive behaviours, especially substance misuse and gambling, on health and poverty	CbD, mini-CEX	1
Skills		
Identify opportunities to prevent ill health and disease in patients	PACES, CbD, mini-CEX, PS	1, 2
Identify opportunities to promote changes in lifestyle and other actions which will positively improve health	PACES, CbD, mini-CEX	1, 2
Identify the interaction between mental, physical and social wellbeing in relation to health	PACES, CbD, mini-CEX	1
Counsel patients appropriately on the benefits and risks of screening	PACES, CbD, mini-CEX, PS	1, 3
Work collaboratively with other agencies to improve the health of communities	CbD, mini-CEX	1
Behaviours		
Engage in effective team-working around the improvement of health	CbD, MSF	1, 3
Encourage where appropriate screening to facilitate early intervention	CbD	1

Level Descriptor	
1	Discuss with patients and others factors which could influence their personal health Maintains own health is aware of own responsibility as a doctor for promoting healthy approach to life
2	Communicate to an individual, information about the factors which influence their personal health Support an individual in a simple health promotion activity (e.g. smoking cessation)
3	Communicate to an individual and their relatives, information about the factors which influence their personal health Support small groups in a simple health promotion activity (e.g. smoking cessation) Provide information to an individual about a screening programme and offer information about its risks and benefits
4	Discuss with small groups the factors that have an influence on their health and describe initiatives they can undertake to address these Provide information to an individual about a screening programme offering specific guidance in relation to their personal health and circumstances concerning the factors that would affect the risks and benefits of screening to them as an individual Engage with local or regional initiatives to improve individual health and reduce inequalities in health between communities

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

Principles of medical ethics and confidentiality

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

Knowledge	Assessment Methods	GMP Domains
Demonstrate knowledge of the principles of medical ethics	PACES, ACAT, CbD, mini-CEX	1
Outline and follow the guidance given by the GMC on confidentiality	PACES, ACAT, CbD, mini-CEX	1
Define the provisions of the Data Protection Act and Freedom of Information Act	ACAT, CbD, mini-CEX	1
Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research	ACAT, CbD, mini-CEX	1, 4
Outline situations where patient consent, while desirable, is not required for disclosure e.g. communicable diseases, public interest	ACAT, CbD, mini-CEX	1, 4
Outline the procedures for seeking a patient's consent for disclosure of identifiable information	ACAT, CbD, mini-CEX	1
Recall the obligations for confidentiality following a patient's death	ACAT, CbD, mini-CEX	1, 4
Recognise the problems posed by disclosure in the public interest, without patient's consent	ACAT, CbD, mini-CEX	1, 4
Recognise the factors influencing ethical decision making: religion, moral beliefs, cultural practices	PACES, ACAT, CbD, mini-CEX	1

Do not resuscitate: Define the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment	ACAT, CbD, mini-CEX	1
Outline the principles of the Mental Capacity Act	ACAT, CbD, mini-CEX	1
Skills		
Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team	ACAT, CbD, mini-CEX, MSF	1, 2,3
Use and promote strategies to ensure confidentiality is maintained e.g. anonymisation	CbD	1
Counsel patients on the need for information distribution within members of the immediate healthcare team	PACES, ACAT, CbD, MSF	1, 3
Counsel patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment	PACES, ACAT, CbD, mini-CEX, PS	1, 3
Behaviours		
Encourage ethical reflection in others	ACAT, CbD, MSF	1
Show willingness to seek advice of peers, legal bodies, and the GMC in the event of ethical dilemmas over disclosure and confidentiality	PACES, ACAT, CbD, mini-CEX, MSF	1
Respect patient's requests for information not to be shared, unless this puts the patient, or others, at risk of harm	PACES, ACAT, CbD, mini-CEX, PS	1, 4
Show willingness to share information about their care with patients, unless they have expressed a wish not to receive such information	ACAT, CbD, mini-CEX	1, 3
Show willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment	ACAT, CbD, mini-CEX, MSF	1, 3

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

Valid consent

To obtain valid consent from the patient		
Knowledge	**Assessment Methods**	**GMP Domains**
Outline the guidance given by the GMC on consent, in particular: • Understand that consent is a process that may culminate in, but is not limited to, the completion of a consent form • Understand the particular importance of considering the patient's level of understanding and mental state (and also that of the parents, relatives or carers when appropriate) and how this may impair their capacity for informed consent	CbD, DOPS, MSF	1
Skills		
Present all information to patients (and carers) in a format they understand, allowing time for reflection on the decision to give consent	PACES, ACAT, CbD, mini-CEX, PS	1, 3
Provide a balanced view of all care options	PACES, ACAT, CbD, mini-CEX, PS	1, 3, 4
Behaviours		
Respect a patient's rights of autonomy even in situations where their decision might put them at risk of harm	PACES, ACAT, CbD, mini-CEX, PS	1
Avoid exceeding the scope of authority given by a patient	ACAT, CbD, mini-CEX, PS	1
Avoid withholding information relevant to proposed care or treatment in a competent adult	PACES, ACAT, CbD, mini-CEX	1, 3, 4
Show willingness to seek advance directives	PACES, ACAT, CbD, mini-CEX	1, 3
Show willingness to obtain a second opinion, senior opinion, and legal advice in difficult situations of consent or capacity	PACES, ACAT, CbD, mini-CEX, MSF	1, 3
Inform a patient and seek alternative care where personal, moral or religious belief prevents a usual professional action	ACAT, CbD, mini-CEX, PS	1, 3, 4
Level Descriptor		
1	Obtains consent for straightforward treatments with appropriate regard for patient's autonomy	
2	Able to explain complex treatments meaningfully in layman's terms and thereby to obtain appropriate consent	
3	Obtains consent in "grey-area" situations where the best option for the patient is not clear	
4	Obtains consent in all situations even when there are problems of communication and capacity	

Legal framework for practice

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

Knowledge	Assessment Methods	GMP Domains
All decisions and actions must be in the best interests of the patient	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1
Understand the legislative framework within which healthcare is provided in the UK – in particular death certification and the role of the Coroner/Procurator Fiscal; child protection legislation; mental health legislation (including powers to detain a patient and giving emergency treatment against a patient's will under common law); advanced directives and living Wills; withdrawing and withholding treatment; decisions regarding resuscitation of patients; surrogate decision making; organ donation and retention; communicable disease notification; medical risk and driving; Data Protection and Freedom of Information Acts; provision of continuing care and community nursing care by a local authorities	ACAT, CbD, mini-CEX	1, 2
Understand the differences between legislation in the four countries of the UK	CbD	1
Understand sources of medical legal information	ACAT, CbD, mini-CEX	1
Understand disciplinary processes in relation to medical malpractice	ACAT, CbD, mini-CEX, MSF	1
Understand the role of the medical practitioner in relation to personal health and substance misuse, including understanding the procedure to be followed when such abuse is suspected	ACAT, CbD, mini-CEX, MSF	1
Skills		
Ability to cooperate with other agencies with regard to legal requirements – including reporting to the Coroner's Officer or the proper officer of the local authority in relevant circumstances	ACAT, CbD, mini-CEX	1
Ability to prepare appropriate medical legal statements for submission to the Coroner's Court, Procurator Fiscal, Fatal Accident Inquiry and other legal proceedings	CbD, MSF	1
Be prepared to present such material in Court	CbD, mini-CEX	1
Incorporate legal principles into day to day practice	ACAT, CbD, mini-CEX	1
Practice and promote accurate documentation within clinical practice	ACAT, CbD, mini-CEX	1, 3
Behaviours		
Show willingness to seek advice from the Healthcare Trust, legal bodies (including defence unions), and the GMC on medico-legal matters	ACAT, CbD, mini-CEX, MSF	1
Promote reflection on legal issues by members of the team	ACAT, CbD, mini-CEX, MSF	1, 3
Level Descriptor		
1	Demonstrates knowledge of the legal framework associated with medical qualification and	

	medical practice and the responsibilities of registration with the GMC. Demonstrates knowledge of the limits to professional capabilities - particularly those of pre-registration doctors.
2	Identify with Senior Team Members cases which should be reported to external bodies and where appropriate and initiate that report. Identify with Senior Members of the Clinical Team situations where you feel consideration of medical legal matters may be of benefit. Be aware of local Trust procedures around substance abuse and clinical malpractice.
3	Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases preparing brief statements and reports as required. Actively promote discussion on medical legal aspects of cases within the clinical environment. Participate in decision making with regard to resuscitation decisions and around decisions related to driving discussing the issues openly but sensitively with patients and relatives
4	Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases providing full medical legal statements as required and present material in Court where necessary Lead the clinical team in ensuring that medical legal factors are considered openly and consistently wherever appropriate in the care of a patient. Ensuring that patients and relatives are involved openly in all such decisions.

Ethical research

To ensure that research is undertaken using relevant ethical guidelines		
Knowledge	**Assessment Methods**	**GMP Domains**
Outline the GMC guidance on good practice in research	ACAT, CbD	1
Outline the differences between audit and research	Audit, Review, CbD, mini-CEX	1
Describe how clinical guidelines are produced	CbD	1
Demonstrate a knowledge of research principles	CbD, mini-CEX	1
Outline the principles of formulating a research question and designing a project	CbD, mini-CEX	1
Comprehend principal qualitative, quantitative, bio-statistical and epidemiological research methods	CbD	1
Outline sources of research funding	CbD	1
Skills		
Develop critical appraisal skills and apply these when reading literature	CbD	1
Demonstrate the ability to write a scientific paper	CbD	1
Apply for appropriate ethical research approval	CbD	1
Demonstrate the use of literature databases	CbD	1
Demonstrate good verbal and written presentations skills	CbD, DOPS	1
Understand the difference between population-based assessment and unit-based studies and be able to evaluate outcomes for epidemiological work	CbD	1
Behaviours		
Recognise the ethical responsibilities to conduct research with	CbD, MSF	1

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

Level Descriptor	
1	Defines ethical research and demonstrates awareness of GMC guidelines Differentiates audit and research Knows how to use databases
2	Demonstrates ability to write a scientific paper Demonstrates critical appraisal skills
3	Demonstrates ability to apply for appropriate ethical research approval Demonstrates knowledge of research funding sources Demonstrates good presentation and writing skills
4	Provides leadership in research Promotes research activity Formulates and develops research pathways

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

Evidence and guidelines

To progressively develop the ability to make the optimal use of current best evidence in making decisions about the care of patients

To progressively develop the ability to construct evidence based guidelines in relation to medical practise

Knowledge	Assessment Methods	GMP Domains
Understands of the application of statistics in scientific medical practice	MRCP Part 1, CbD	1
Understand the advantages and disadvantages of different study methodologies (randomised control trials, case controlled cohort etc)	MRCP Part 1, CbD	1
Understand the principles of critical appraisal	CbD	1
Understand levels of evidence and quality of evidence	PACES, CbD	1
Understand the role and limitations of evidence in the development of clinical guidelines	MRCP Part 1, CbD	1
Understand the advantages and disadvantages of guidelines	CbD	1
Understand the processes that result in nationally applicable guidelines (e.g. NICE and SIGN)	CbD	1
Skills		
Ability to search the medical literature including use of PubMed, Medline, Cochrane reviews and the internet	CbD	1

Appraise retrieved evidence to address a clinical question	CbD	1
Apply conclusions from critical appraisal into clinical care	PACES, CbD	1
Identify the limitations of research	CbD	1
Contribute to the construction, review and updating of local (and national) guidelines of good practice using the principles of evidence based medicine	CbD	1
Behaviours		
Keep up to date with national reviews and guidelines of practice (e.g. NICE and SIGN)	PACES, CbD	1
Aim for best clinical practice (clinical effectiveness) at all times, responding to evidence based medicine	ACAT, CbD, mini-CEX	1
Recognise the occasional need to practise outside clinical guidelines	ACAT, CbD, mini-CEX	1
Encourage discussion amongst colleagues on evidence-based practice	ACAT, CbD, mini-CEX, MSF	1

Level Descriptor	
1	Participate in departmental or other local journal club Critically review an article to identify the level of evidence
2	Lead in a departmental or other local journal club Undertake a literature review in relation to a clinical problem or topic
3	Produce a review article on a clinical topic, having reviewed and appraised the relevant literature
4	Perform a systematic review of the medical literature Contribute to the development of local or national clinical guidelines

Audit

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

Knowledge	Assessment Methods	GMP Domains
Understand the different methods of obtaining data for audit including patient feedback questionnaires, hospital sources and national reference data	AA, CbD	1
Understand the role of audit (developing patient care, risk management etc)	AA, CbD	1
Understand the steps involved in completing the audit cycle	AA, CbD	1
Understands the working and uses of national and local databases used for audit such as specialty data collection systems, cancer registries etc. The working and uses of local and national systems available for reporting and learning from clinical incidents and near misses in the UK	AA, CbD	1
Skills		
Design, implement and complete audit cycles	AA, CbD	1, 2
Contribute to local and national audit projects as appropriate (e.g. NCEPOD, SASM)	AA, CbD	1, 2
Support audit by junior medical trainees and within the multi-	AA, CbD	1, 2

disciplinary team		
Behaviours		
Recognise the need for audit in clinical practice to promote standard setting and quality assurance	AA, CbD	1, 2
Level Descriptor		
1	Attendance at departmental audit meetings Contribute data to a local or national audit	
2	Identify a problem and develop standards for a local audit	
3	Compare the results of an audit with criteria or standards to reach conclusions Use the findings of an audit to develop and implement change Organise or lead a departmental audit meeting	
4	Lead a complete clinical audit cycle including development of conclusions, implementation of findings and re-audit to assess the effectiveness of the changes Become audit lead for an institution or organisation	

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

Teaching and training

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

To progressively be able to assess the quality of the teaching

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

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

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

Skills		
Vary teaching format and stimulus, appropriate to situation and subject	CbD	1
Provide effective feedback after teaching, and promote learner reflection	CbD, MSF, TO	1
Conduct effective appraisal	CbD, MSF	1
Demonstrate effective lecture, presentation, small group and bed side teaching sessions	CbD, MSF,	1, 3
Provide appropriate career advice, or refer trainee to an alternative effective source of career information	CbD, MSF, TO	1, 3
Participate in strategies aimed at improving patient education e.g. talking at support group meetings	CbD, MSF, TO	1
Be able to lead departmental teaching programmes including journal clubs	CbD, TO	1
Recognise the failing trainee	CbD	1
Behaviours		
In discharging educational duties acts to maintain the dignity and safety of patients at all times	CbD, MSF, TO	1, 4
Recognise the importance of the role of the physician as an educator within the multi-professional healthcare team and uses medical education to enhance the care of patients	CbD, MSF	1
Balances the needs of service delivery with the educational imperative	CbD, MSF, TO	1
Demonstrate willingness to teach trainees and other health and social workers in a variety of settings to maximise effective communication and practical skills	CbD, MSF, TO	1
Encourage discussions in the clinical settings to colleagues to share knowledge and understanding	CbD, MSF, TO	1, 3
Maintain honesty and objectivity during appraisal and assessment	CbD, MSF	1
Show willingness to participate in workplace-based assessments	CbD, MSF	1
Show willingness to take up formal tuition in medical education and respond to feedback obtained after teaching sessions	CbD, MSF, TO	1, 3
Demonstrates a willingness to become involved in the wider medical education activities and fosters an enthusiasm for medical education activity in others	CbD, MSF, TO	1
Recognise the importance of personal development as a role model to guide trainees in aspects of good professional behaviour	CbD, MSF	1
Demonstrates consideration for learners including their emotional, physical and psychological well being with their development needs	CbD, MSF, TO	1

Level Descriptor	
1	Develops basic PowerPoint presentation to support educational activity Delivers small group teaching to medical students, nurses or colleagues Able to seek and interpret simple feedback following teaching
2	Able to supervise a medical student, nurse or colleague through a procedure Able to perform a workplace based assessment including being able to give effective feedback
3	Able to devise a variety of different assessments (e.g. multiple choice questions, work place

	based assessments) Able to appraise a medical student, nurse or colleague Able to act as a mentor to a medical student, nurses or colleague
4	Able to plan, develop and deliver educational activities with clear objectives and outcomes Able to plan, develop and deliver an assessment programme to support educational activities

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

Personal behaviour

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

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

Work in partnership with members of the wider healthcare team	ACAT, CbD, mini-CEX, MSF	3
Liaise with colleagues to plan and implement work rotas	ACAT, MSF	3
Promote awareness of the doctor's role in utilising healthcare resources optimally	ACAT, CbD, mini-CEX, MSF	1, 3
Recognise and respond appropriately to unprofessional behaviour in other	PACES, ACAT, CbD	1
Be able to provide specialist support to hospital and community based services	ACAT, CbD, MSF	1
Be able to handle enquiries from the press and other media effectively	CbD, DOPS	1, 3
Behaviours		
Recognise personal beliefs and biases and understand their impact on the delivery of health services	ACAT, CbD, mini-CEX, MSF	1
Recognise the need to use all healthcare resources prudently and appropriately	ACAT, CbD, mini-CEX	1, 2
Recognise the need to improve clinical leadership and management skill	ACAT, CbD, mini-CEX	1
Recognise situations when it is appropriate to involve professional and regulatory bodies	ACAT, CbD, mini-CEX	1
Show willingness to act as a mentor, educator and role model	ACAT, CbD, mini-CEX, MSF	1
Be willing to accept mentoring as a positive contribution to promote personal professional development	ACAT, CbD, mini-CEX	1
Participate in professional regulation and professional development	CbD, mini-CEX, MSF	1
Takes part in 360 degree feedback as part of appraisal	CbD, MSF	1, 2, 4
Recognise the right for equity of access to healthcare	ACAT, CbD, mini-CEX,	1
Recognise need for reliability and accessibility throughout the healthcare team	ACAT, CbD, mini-CEX, MSF	1

Level Descriptor	
1	Works work well within the context of multi-professional teams. Listens well to others and takes other view points into consideration. Supports patients and relatives at times of difficulty e.g. after receiving difficult news. Is polite and calm when called or asked to help
2	Responds to criticism positively and seeks to understand its origins and works to improve. Praises staff when they have done well and where there are failings in delivery of care provides constructive feedback. To wherever possible involve patients in decision making
3	Recognises when other staff are under stress and not performing as expected and provides appropriate support for them. Takes action necessary to ensure that patient safety is not compromised
4/5	Helps patients who show anger or aggression with staff or with their care or situation and works with them to find an approach to manage their problem. Is able to engender trust so that staff feel confident about sharing difficult problems and feel able to pointing out deficiencies in care at an early stage

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

Management and NHS structure

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

Recognise the importance of just allocation of healthcare resources	CbD	1, 2
Recognise the role of doctors as active participants in healthcare systems	ACAT, CbD, mini-CEX	1, 2
Respond appropriately to health service targets and take part in the development of services	ACAT, CbD, mini-CEX	1, 2
Recognise the role of patients and carers as active participants in healthcare systems and service planning	ACAT, CbD, mini-CEX, PS	1, 2, 3
Show willingness to improve managerial skills (e.g. management courses) and engage in management of the service	CbD, MSF	1

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

Symptom Based Competencies - CMT

Emergency Presentations - CMT

Cardio-Respiratory Arrest *Core Medical Training*

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

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

Shocked Patient *Core Medical Training*

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

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

Unconscious Patient — *Core Medical Training*

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

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

Anaphylaxis *Core Medical Training*

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

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

‘The Top 20’ – Common Medical Presentations - CMT

Abdominal Pain *Core Medical Training*

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

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

Acute Back Pain *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the causes of acute back pain	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Specify abdominal pathology that may present with back pain	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Outline the features that raise concerns as to a sinister cause ('the red flags') and lead to consideration of a chronic cause ('the yellow flags')	MRCP Part 1, MRCP Part 2 PACES ACAT, CbD, mini-CEX	1
Recall the indications of an urgent MRI of spine	MRCP Part 1, MRCP Part 2, PACES ACAT, CbD, mini-CEX	1
Outline indications for hospital admission	PACES, ACAT, CbD, mini-CEX	1
Outline secondary prevention measures in osteoporosis	MRCP Part 2, PACES ACAT, CbD, mini-CEX	1
Skills		
Perform examination and elicit signs of spinal cord / cauda equina compromise	ACAT, CbD, mini-CEX	1
Practise safe prescribing of analgesics / anxiolytics to provide symptomatic relief	ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: blood tests and x-rays	MRCP Part 1, MRCP Part 2, PACES , ACAT, CbD, mini-CEX	1
Behaviours		
Involve neurosurgical unit promptly in event of neurological symptoms or signs	PACES, ACAT,CbD, mini-CEX	2
Ask for senior help when critical abdominal pathology is suspected	PACES, ACAT, CbD, mini-CEX	2, 3
Recognise the socio-economic impact of chronic lower back pain	PACES, ACAT, CbD, mini-CEX	2, 3
Participate in multi-disciplinary approach: physio, OT	PACES, ACAT, CbD, mini-CEX	3, 4

Recognise impact of osteoporosis and encourage bone protection in all patients at risk	PACES, ACAT, CbD, mini-CEX	1

Blackout / Collapse *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the causes for blackout and collapse	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Differentiate the causes depending on the situation of blackout +/or collapse, associated symptoms and signs, and eye witness reports	MRCP Part 1, MRCP Part 2 PACES, ACAT, CbD, mini-CEX	1
Outline the indications for temporary and permanent pacing systems	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Define indications for investigations: ECHO, ambulatory ECG monitoring, neuroimaging	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Elucidate history to establish whether event was LOC, fall without LOC, vertigo (with eye witness account if possible)	PACES, ACAT, CbD, mini-CEX	1
Assess patient in terms of ABC and degree of consciousness and manage appropriately	PACES, ACAT, CbD, mini-CEX	1
Perform examination to elicit signs of cardiovascular or neurological disease and to distinguish epileptic disorder from other causes	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: ECG, blood tests inc. glucose	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Manage arrhythmias appropriately as per ALS guidelines	MRCP Part 2, ACAT, CbD, mini-CEX	1
Detect orthostatic hypotension	PACES, ACAT, CbD, mini-CEX	1
Institute external pacing systems when appropriate	ACAT, CbD, mini-CEX	1
Behaviours		
Recognise impact episodes can have on lifestyle particularly in the elderly	PACES, ACAT, CbD, mini-CEX	2, 3
Recognise recommendations regarding fitness to drive in relation to	MRCP Part 2	2, 3

undiagnosed blackouts	PACES, ACAT, CbD, mini-CEX

Breathlessness *Core Medical Training*

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

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

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

Chest Pain *Core Medical Training*

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

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

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

Confusion, Acute / Delirium — *Core Medical Training*

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

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

Cough — *Core Medical Training*

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

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

Diarrhoea *Core Medical Training*

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

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

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

Knowledge	Assessment Methods	GMP Domains
Recall causes of falls and risk factors for falls, refer to SSC	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Knowledge of what's involved in the assessment of a patient with a fall and give a differential diagnosis	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the relationship between falls risk and fractures	PACES, ACAT, CbD, mini-CEX	1
Recall consequences of falls, such as loss of confidence, infection	PACES, ACAT, CbD, mini-CEX	1
State how to distinguish between syncope and fall	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Define the significance of a fall depending on circumstances, and whether recurrent, to distinguish when further investigation is necessary	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Identify awareness of implications of falls and secondary complications of falls	MRCP Part 2, PACES ACAT, CbD, mini-CEX	1
Commence appropriate treatment including pain relief	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Behaviours		
Recognise the psychological impact to an older person and their carer after a fall	PACES, ACAT, CbD, mini-CEX	2, 3
Contribute to the patients understanding as to the reason for their fall	PACES, ACAT, CbD, mini-CEX	2, 3
Discuss with seniors promptly and appropriately	PACES, ACAT, CbD, mini-CEX	2, 3
Relate the possible reasons for the fall and the management plan to patient and carers	PACES, ACAT, CbD, mini-CEX	3, 4

Fever — *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the pathophysiology of developing a fever and relevant use of anti-pyretics	MRCP Part 1, ACAT, CbD, mini-CEX	1
Recall the underlying causes of fever: infection, malignancy, inflammation (refer SSC)	MRCP Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall guidelines with regard to antibiotic prophylaxis	MRCP Part 1, MRCP Part 2, PACES ACAT, CbD, mini-CEX	1
Differentiate features of viral and bacterial infection	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1
Outline indications and contraindications for LP in context of fever	MRCP Part 2, ACAT, CbD, mini-CEX	1
Recognition and awareness of management of neutropenic sepsis	MRCP Part 2, PACES ACAT, CbD, mini-CEX	1
Skills		
Recognise the presence of septic shock in a patient, commence resuscitation and liaise with senior colleagues promptly	ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: blood tests, cultures, CXR	ACAT, CbD, mini-CEX	1
Perform a Lumbar puncture and interpret, ensure appropriate investigation of and act on results.	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, DOPS, mini-CEX	1
Arrange appropriate investigation of CSF and interpret results	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	
Identify the risk factors in the history that may indicate an infectious disease e.g. travel, sexual history, IV drug use, animal contact, drug therapy	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Commence empirical antibiotics when an infective source of fever is deemed likely in accordance with local prescribing policy	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1

Commence anti-pyretics as indicated	ACAT, CbD, mini-CEX	1
Behaviours		
Adhere to local antibiotic prescribing policies	ACAT, CbD, mini-CEX	2
Highlight importance of nosocomial infection and principles for infection control	MRCP Part 1, ACAT, CbD, mini-CEX	2
Consult senior in event of septic syndrome	ACAT, CbD, mini-CEX	2, 3
Discuss with senior colleagues and follow local guidelines in the management of the immunosuppressed e.g. HIV, neutropenia	PACES, ACAT, CbD, mini-CEX	2, 3
Promote communicable disease prevention: e.g. immunisations, antimalarials, safe sexual practices	PACES, ACAT, CbD, mini-CEX	3, 4

Fits / Seizure *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the causes for seizure (refer SSC)	MRCP Part 1, MRCP Part 2, PACES , ACAT, CbD, mini-CEX	1
Recall the common epileptic syndromes	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the essential initial investigations following a 'first fit'	MRCP Part 1, MRCP Part 2, PACES , ACAT, CbD, mini-CEX	1
Recall the indications for a CT head	MRCP Part 1, MRCP Part 2, PACES , ACAT, CbD, mini-CEX	1
Describe the indications, contraindications and side effects of the commonly used anti-convulsants	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Differentiate seizure from other causes of collapse	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Recognise and commence initial management of a patient presenting with status epilepticus	MRCP Part 2, PACES ACAT, CbD, mini-CEX	1

Obtain collateral history from witness	PACES, ACAT, CbD, mini-CEX	3
Promptly recognise and treat precipitating causes: metabolic, infective, malignancy	ACAT, CbD, mini-CEX	4
Differentiate seizure from other causes of collapse using history and examination	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Behaviours		
Recognise need for urgent referral in case of uncontrolled recurrent loss of consciousness or seizures	ACAT, CbD, mini-CEX	1
Recognise the principles of safe discharge, after discussion with senior colleague	ACAT, CbD, mini-CEX	1, 2, 3
Recognise importance of Epilepsy Nurse Specialist	ACAT, CbD, mini-CEX	1
Recognise the psychological and social consequences of epilepsy	ACAT, CbD, mini-CEX	1

Haematemesis & Melaena *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Specify the causes of upper GI bleeding, with associated risk factors including coagulopathy and use of NSAIDs/Aspirin /anticoagulants	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall scoring systems used to assess the significance and prognosis of an upper GI bleed	MRCP Part 2, PACES , ACAT, CbD, mini-CEX	1
Recall the principles of choice of IV access including central line insertion, fluid choice and speed of fluid administration	PACES, ACAT, CbD, DOPS, mini-CEX	1
Recall common important measures to be carried out after endoscopy, including helicobacter eradication, acid suppression	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Recognise shock or impending shock and resuscitate rapidly and assess need for higher level of care Distinguish upper and lower GI bleeding	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Distinguish upper and lower GI bleeding	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Demonstrate ability to site large bore IV access	ACAT, CbD, DOPS, mini-CEX	1
Safely prescribe drugs indicated in event of an established upper GI	MRCP Part 1,	2

bleed using the current evidence base	MRCP Part 2, ACAT, CbD, mini-CEX	
Behaviours		
Seek senior help and endoscopy or surgical input in event of significant GI bleed	PACES, ACAT, CbD, mini-CEX	3
Observe safe practices in the prescription of blood products	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	2

Headache *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the common and life-threatening causes of acute new headache, and how the nature of the presentation classically varies between them (see SSC)	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Understand the pathophysiology of headache	MRCP Part 1, MRCP Part 2, PACES , ACAT, CbD, mini-CEX	1
Recall the indications for urgent CT/MRI scanning in the context of headache	MRCP Part 1, MRCP Part 2, PACES , ACAT, CbD, mini-CEX	1
Recall clinical features of raised intra-cranial pressure	MRCP Part 1, MRCP Part 2, PACES , ACAT, CbD, mini-CEX	1
Demonstrate knowledge of different treatments for suspected migraine	MRCP Part 2, PACES ACAT, CbD, mini-CEX	1
Skills		
Recognise important diagnostic features in history	MRCP Part 1, MRCP Part 2, PACES , ACAT, CbD, mini-CEX	1
Perform a comprehensive neurological examination, including eliciting signs of papilloedema, temporal arteritis, meningism and head trauma	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	2
Perform a successful lumbar puncture when indicated with minimal discomfort to patient observing full aseptic technique	ACAT, CbD, DOPS, mini-CEX	1

Interpret basic CSF analysis: cell count, protein, bilirubin, gram stain and glucose	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	2
Initiate prompt treatment when indicated: appropriate analgesia; antibiotics; antivirals; corticosteroids	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Behaviours		
Recognise the nature of headaches that may have a sinister cause and assess and treat urgently	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Liaise with senior doctor promptly when sinister cause is suspected	PACES, ACAT, CbD, mini-CEX	3
Involve neurosurgical team promptly when appropriate	PACES, ACAT, CbD, mini-CEX	3

Jaundice *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the pathophysiology of jaundice in terms of pre-hepatic, hepatic, and post-hepatic causes.	MRCP Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall causes for each category of jaundice with associated risk factors	MRCP Part 1, PACES ACAT, CbD, mini-CEX	1
Recall issues of prescribing in patients with significant liver disease	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall basic investigations to establish aetiology (See SCC)	MRCP Part 1, MRCP Part 2, PACES ACAT, CbD, mini-CEX	1
Demonstrate knowledge of common treatments of jaundice	MRCP Part 1, MRCP Part 2, PACES ACAT, CbD, mini-CEX	1
Skills		
Take a thorough history and examination to arrive at a valid differential diagnosis	PACES, ACAT, CbD, mini-CEX	1
Recognise the presence of chronic liver disease or fulminant liver failure	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1

Interpret results of basic investigations to establish aetiology; recognise complications of jaundice	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1
Recognise complications of jaundice	MRCP Part 2, ACAT, CbD, mini-CEX	
Recognise and initially manage complicating factors: coagulopathy, sepsis, GI bleed, alcohol withdrawal, electrolyte disturbance	MRCP Part 2, PACES ACAT, CbD, mini-CEX	1
Behaviours		
Exhibit non-judgmental attitudes to patients with a history of alcoholism or substance abuse	PACES, ACAT, CbD, mini-CEX	4
Consult seniors and gastroenterologists promptly when indicated	PACES, ACAT, CbD, mini-CEX	3
Contribute to the patient's understanding of their illness	PACES, ACAT, CbD, mini-CEX	4
Recognise the importance of a multi-disciplinary approach	PACES, ACAT, CbD, mini-CEX	3

Limb Pain & Swelling *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the causes of unilateral and bilateral limb swelling in terms of acute and chronic presentation	MRCP Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall the different causes of limb pain and the pathophysiology of pitting oedema, non-pitting oedema and thrombosis	MRCP Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall the risk factors for the development of thrombosis and recognised risk scoring systems	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the indications, contraindications and side effects of diuretics and anti-coagulants	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Demonstrate awareness of the longer term management of DVT	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Differentiate the features of limb pain and/or swelling pain due to cellulitis, varicose eczema and DVT	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		

Perform a full and relevant examination including assessment of viability and perfusion of limb and differentiate pitting oedema; cellulitis; venous thrombosis; compartment syndrome	PACES, ACAT, CbD, mini-CEX	1
Recognise compartment syndrome and critical ischaemia and take appropriate timely action	MRCP Part 2, ACAT, CbD, mini-CEX	2
Order, interpret and act on initial investigations appropriately: blood tests, doppler studies, urine protein	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	2
Practise safe prescribing of initial treatment as appropriate (anti-coagulation therapy, antibiotics etc)	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	2
Prescribe appropriate analgesia	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	2
Behaviours		
Liaise promptly with surgical colleagues in event of circulatory compromise (e.g. compartment syndrome)	ACAT, CbD, mini-CEX	3
Recognise importance of thrombo-prophylaxis in high risk groups	MRCP Part 2, ACAT, CbD, mini-CEX	2

Palpitations *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall cardiac electrophysiology relevant to ECG interpretation	MRCP Part 1, ACAT, CbD, mini-CEX	1
Recall common causes of palpitations	MRCP Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall the categories of arrhythmia	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall common arrhythmogenic factors including drugs	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the indications, contraindications and side effects of the commonly used anti-arrhythmic medications	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1

Demonstrate knowledge of the management of Atrial Fibrillation	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Elucidate nature of patient's complaint	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately: ECG, blood tests	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recognise and commence initial treatment of arrhythmias being poorly tolerated by patient (peri-arrest arrhythmias)	MRCP Part 2, ACAT, CbD, mini-CEX	1
Ensure appropriate monitoring of patient on ward	ACAT, CbD, mini-CEX	2
Management of newly presented non compromised patients with arrhythmias	ACAT, CbD, mini-CEX	1
Behaviours		
Consult senior colleagues promptly when required	PACES, ACAT, CbD, mini-CEX	3
Advise on lifestyle measures to prevent palpitations when appropriate	ACAT, CbD, mini-CEX	3

Poisoning *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall indications for activated charcoal and whole bowel irrigation	MRCP Part 1, ACAT, CbD, mini-CEX	1
Recall indications for activated charcoal and whole bowel irrigation	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1
Recognise importance of accessing TOXBASE and National Poisons Information Service and the use of the information so obtained	ACAT, CbD, mini-CEX	1
Skills		
Recognise critically ill overdose patient and resuscitate as appropriate	MRCP Part 2, ACAT, CbD, mini-CEX	1
Take a full history of event, including a collateral history if possible	PACES, ACAT,	1

	CbD, mini-CEX	
Examine to determine nature and effects of poisoning	ACAT, CbD, mini-CEX	1
Commence poison-specific treatments in accordance with information from TOXBASE/NPIS	ACAT, CbD, mini-CEX	2
Order, interpret and act on initial investigations appropriately: biochemistry, arterial blood gas, glucose, ECG, and drug concentrations	MRCP Part 1, MRCP Part 1, ACAT, CbD, mini-CEX	1
Ensure appropriate monitoring in acute period of care (Toxbase)	ACAT, CbD, mini-CEX	1
Perform mental state examination	ACAT, CbD, mini-CEX	
Behaviours		
Contact senior promptly in event of critical illness or patient refusing treatment	ACAT, CbD, mini-CEX	3
Recognise the details of poisoning event given by patient may be inaccurate	ACAT, CbD, mini-CEX	2
Show compassion and patience in the assessment and management of those who have self-harmed	PACES, ACAT, CbD, mini-CEX	4

Rash *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the characteristic lesions found in the acute presentation of common skin diseases	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall basic investigations to establish aetiology	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall risk factors, particularly drugs, infectious agents and allergens	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1
Recall possible medical treatments	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		

Take a thorough focussed history & conduct a detailed examination, including the nails, scalp and mucosae to arrive at appropriate differential diagnoses	PACES, ACAT, CbD, mini-CEX	1
Recognise the importance of a detailed drug history	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recognise that anaphylaxis may be a cause of an acute skin rash	MRCP Part 2, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately to establish aetiology	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Implement acute medical care when indicated by patient presentation / initial investigations	ACAT, CbD, mini-CEX	1
Behaviours		
Demonstrate sympathy and understanding of patients' concerns due to the cosmetic impact of skin disease	PACES, ACAT, CbD, mini-CEX	4
Engage the patient in the management of their condition particularly with regard to topical treatments	PACES, ACAT, CbD, mini-CEX	3, 4
Reassure the patient about the long term prognosis and lack of transmissibility of most skin diseases	PACES, ACAT, CbD, mini-CEX	3

Vomiting and Nausea *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the causes and pathophysiology of nausea and vomiting	MRCP Part 1, ACAT, CbD, mini-CEX	1
Recall the use and adverse effects of commonly used anti-emetics and differentiate the indications for each	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1
Recall alarm features that make a diagnosis of upper Gastro Intestinal malignancy possible	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1
Skills		
Elicit signs of dehydration and take steps to rectify	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1

Recognise and treat suspected GI obstruction appropriately: nil by mouth, NG tube, IV fluids	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1
Practise safe prescribing of anti-emetics	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	2
Order, interpret and act on initial investigations appropriately: blood tests, x-rays	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1
Behaviours		
Involve surgical team promptly in event of GI obstruction	ACAT, CbD, mini-CEX	3
Respect the impact of nausea and vomiting in the terminally ill and involve palliative care services appropriately	PACES, ACAT, CbD, mini-CEX	4

Weakness and Paralysis *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Broadly outline the physiology and neuroanatomy of the components of the motor system	MRCP Part 1, PACES, ACAT, CbD, mini-CEX	1
Recall the myotomal distribution of nerve roots, peripheral nerves, and tendon reflexes	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the clinical features of upper and lower motor neurone, neuromuscular junction and muscle lesions	MRCP Part 1, MRCP Part 2, PACES , ACAT, CbD, mini-CEX	1
Recall the common and important causes for lesions at the sites listed above	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recall the Bamford classification of stroke, and its role in prognosis	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Demonstrate knowledge of investigations for acute presentation, including indications for urgent head CT	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Elucidate speed of onset and risk factors for neurological dysfunction	PACES, ACAT,	1

	CbD, mini-CEX	
Perform full examination to elicit signs of systemic disease and neurological dysfunction and identify associated deficits	PACES, ACAT, CbD, mini-CEX	1
Describe likely site of lesion in motor system and produce differential diagnosis	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations for motor weakness appropriately	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recognise when swallowing may be unsafe and manage appropriately	ACAT, CbD, mini-CEX	1
Detect spinal cord compromise and investigate promptly	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Perform tests on respiratory function and inform senior appropriate	ACAT, ACAT, CbD, mini-CEX	1
Ensure appropriate care: thrombo-prophylaxis, pressure areas,	MRCP Part 2, PACES ACAT, CbD, mini-CEX	1
Behaviours		
Recognise importance of timely assessment and treatment of patients presenting with acute motor weakness	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	2
Consult senior and acute stroke service, if available, as appropriate	PACES, ACAT, CbD, mini-CEX	3
Recognise patient and carers distress when presenting with acute motor weakness	PACES, ACAT, CbD, mini-CEX	2
Consult senior when rapid progressive motor weakness or impaired consciousness is present	PACES, ACAT, CbD, mini-CEX	3
Involve speech and language therapists appropriately	PACES, ACAT, CbD, mini-CEX	3
Contribute to multi-disciplinary approach	PACES, ACAT, CbD, mini-CEX	3, 4

Other Important Presentations - CMT

Abdominal Mass/ Hepatosplenomegaly *Core Medical Training*

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

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

Abdominal Swelling & Constipation *Core Medical Training*

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

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

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

Abnormal Sensation (Paraesthesia and Numbness) *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Broadly outline the physiology and neuroanatomy of the sensory components of the nervous system	MRCP Part 1, PACES	1
Recall the dermatomal distribution of nerve roots and peripheral nerves	MRCP Part 1, MRCP Part 2, PACES	1

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

Aggressive / Disturbed Behaviour *Core Medical Training*

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

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

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

Alcohol and Substance Dependence *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the pathophysiology of withdrawal syndromes	MRCP Part 1, CbD	1
Recall the medical, psychiatric and socio-economic consequences of alcohol and drug misuse	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Recall the measures taken to correct features of malnutrition, including vitamin and mineral supplementation	MRCP Part 2, CbD	1
Recall effects of alcohol and recreational drugs on cerebral function	MRCP Part 2, PACES, CbD	1
Recall different sedative regimes for detoxification	PACES, CbD	1
Skills		
Take a detailed medical and psychiatric history to identify physical or psychological dependence	PACES, mini-CEX	1
Examine a patient to elicit complications of alcohol and substance misuse	PACES	1
Obtain collateral history if possible	PACES, mini-	1

	CEX	
Initiate investigations on a patient with alcohol or substance dependence	MRCP Part 2, PACES, ACAT, CbD	1
Practise safe prescribing of sedatives for withdrawal symptoms	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD	2
Detect and address other health issues: liver disease, malnutrition, Wernicke's encephalopathy	MRCP Part 2, PACES, CbD	1
Cite local policy on service provision for in-patient and community detoxification	CbD	3
Behaviours		
Recognise the aggressive patient and manage appropriately	MRCP Part 2, ACAT, CbD,	3
Seek specialist advice when appropriate e.g. gastroenterology, intensive care, psychiatry	PACES, ACAT, CbD, MSF	3

Anxiety / Panic disorder *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the main features of anxiety disorder	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Be familiar with national guidelines (e.g. NICE) on management of anxiety	MRCP Part 2, CbD	1
Elucidate the main categories of anxiety disorder: panic, generalised anxiety, stress disorders and phobias	MRCP Part 1, MRCP Part 2, CbD	1
Recognise the role of depression in anxiety symptoms	MRCP Part 2, PACES, CbD	1
Recognise the manifestations in the older patient	MRCP Part 2, PACES, CbD	1
Recall organic disorders and medications that can mimic some features of anxiety disorder	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Outline broad treatment strategies for anxiety disorders	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Skills		
Assess a patient to detect organic illness	PACES, CbD	1
Evaluate patient's mental state to categorise cause of symptoms as per national guidelines (e.g. NICE) on Anxiety	CbD	1

Develop a differential diagnosis	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Behaviours		
Recognise the chronicity of anxiety syndromes and the distress and disability they cause	PACES, CbD	1

Bruising and spontaneous bleeding *Core Medical Training*

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

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

Dialysis *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Outline the methods of renal replacement therapy (RRT)	PACES, ACAT, CbD, DOPS, mini-CEX	1
Be aware of the common complications of long term haemodialysis	MRCP Part 2, PACES, ACAT, CbD, DOPS, mini-CEX	1
Recall the importance of sepsis in patients on RRT	MRCP Part 2, ACAT, CbD, DOPS, mini-CEX	
Skills		
Demonstrate awareness of effects of long term dialysis and be able to assess a dialysis patient who presents acutely to hospital Interpret and act on initial investigations appropriately, recognising where abnormal results may not be unusual for the dialysis patient	PACES, ACAT, CbD, DOPS, mini-CEX	1
Interpret and act on initial investigations appropriately recognising where abnormal results may not be unusual for the dialysis patient	MRCP Part 1, MRCP Part 2, ACAT, CbD, DOPS, mini-CEX	
Commence initial management of patient when appropriate	MRCP Part 2, ACAT, CbD, DOPS, mini-CEX	1
Behaviours		
Recognise importance of prompt senior and Renal Unit input in the management of patients on RRT	PACES, ACAT, CbD, DOPS, mini-CEX	3
Recognise the valuable insight patients on long term RRT have into the nature of their symptoms	PACES, ACAT, CbD, DOPS, mini-CEX	4

Dyspepsia *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Define dyspepsia and recall principle causes	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Recall the lifestyle factors that contribute to dyspepsia	MRCP Part 1, PACES, CbD	1
Recall the indications for endoscopy as stated in national guidelines e.g. NICE)	MRCP Part 1, MRCP Part 2,	1

	PACES, CbD	
Recall indications, contraindications and side effects of acid suppression and mucosal protective medications	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Recall the role of H Pylori and its detection and treatment	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Recall the alarm symptoms of upper GI malignancy	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Skills		
Identify alarm symptoms indicating urgent endoscopy and arrange referral	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Investigate as appropriate: H pylori testing, endoscopy	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Take a history to differentiate ulcer-like dyspepsia from Gastro-oesophageal reflux disease and a full drug history	PACES, CbD, mini-CEX	1
Carry out an abdominal examination particularly looking for an abdominal mass.	PACES, mini-CEX	1
Behaviours		
Reflect findings of a previous endoscopy when patients have an exacerbation of symptoms	PACES, CbD	3

Dysuria *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall anatomy of the genito-urinary tract	MRCP Part 1, ACAT, CbD, mini-CEX	1
Be aware of the causes of dysuria in males and females	MRCP Part 2, PACES ACAT, CbD, mini-CEX	1
Outline the pathophysiology of infective causes of urethritis	MRCP Part 1, ACAT, CbD, mini-CEX	1
Outline the principles of management of dysuria	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Outline general measures to prevent recurrent urinary tract infection	PACES, ACAT, CbD, mini-CEX	1
Skills		
Take a full history, including features pertaining to sexual heath	PACES, ACAT, CbD, mini-CEX	1

Initiate appropriate treatment when appropriate	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Apply knowledge of local microbiological advice in commencing appropriate treatment	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	2, 3
Behaviours		
Recognise the need for specialist Genito-urinary/ID/renal input when appropriate	PACES, ACAT, CbD, mini-CEX	3
Participate in sexual health promotion	PACES, ACAT, CbD, mini-CEX	3
Use microbiology resources in the management of patients with dysuria when appropriate	ACAT, CbD, mini-CEX	3

Genital Discharge and Ulceration *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the disorders that can present with genital discharge	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Recall the disorders that can present with genital ulceration	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Recall the investigations necessary: urinalysis; urethral smear and culture in men; high vaginal and endo-cervical swab in women, genital skin biopsy	MRCP Part 2, PACES, MRCP, ACAT, CbD,	1
Recall the systemic modes of presentation of sexually transmitted diseases	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Skills		
Take a full history that includes associated symptoms, sexual, menstrual and contraceptive history and details of previous STDs	PACES, ACAT, mini-CEX	1
Perform full examination including inguinal lymph nodes, scrotum, male urethra, rectal examination	ACAT, DOPS,	1
Be able to pass a speculum competently and sensitively without discomfort to the patient	ACAT, DOPS, MSF	1
Behaviours		
Recognise the re-emergence of sexually transmitted diseases	PACES, MRCP, ACAT, CbD	2

Recognise the importance of contact tracing	PACES, ACAT, MRCP,	2
Promote safe sexual practices	PACES, ACAT, CbD	2
Advocate the presence of a chaperone during assessment	ACAT, DOPS, MSF	4

Haematuria *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the anatomy of the urinary tract	MRCP Part 1, ACAT, CbD, mini-CEX	1
Outline the causes of microscopic and macroscopic haematuria	MRCP Part 1, MRCP Part 2, PACES , ACAT, CbD, mini-CEX	1
Determine whether glomerular cause is likely, and indications for a nephrology opinion	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Skills		
Perform a focussed examination, including a rectal examination	PACES, ACAT, CbD, mini-CEX	1
Demonstrate when a patient needs urological assessment and investigation	PACES, ACAT, CbD, mini-CEX	1
Order, interpret and act on initial investigations such as: urine culture, cytology and microscopy; blood tests	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Behaviours		
Involve renal unit when rapidly progressive glomerulonephritis is suspected	PACES, MRCP Part 1, MRCP Part 2, PACES ACAT, CbD, mini-CEX	3

Haemoptysis *Core Medical Training*

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

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

Head Injury *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the pathophysiology of concussion	MRCP Part 1, CbD, mini-CEX	1
Outline symptoms that may be present	MRCP Part 2, CbD, mini-CEX	1
Recall the Glasgow Coma Scale (GCS)	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Outline the indications for hospital admission following head injury	MRCP Part 2, ACAT, CbD, mini-CEX	1
Outline the indications for urgent head CT scan as per national	MRCP Part 2,	1

guidelines (e.g. NICE)	ACAT, CbD, mini-CEX	
Recall short term complications of head injury	MRCP Part 2, CbD, mini-CEX	1
Skills		
Instigate initial management: ABC, cervical spine protection	mini-CEX	1
Assess and classify patient in terms of GCS and its derivative components (E,V,M)	MRCP Part 2, mini-CEX	1
Take a focussed history and a full examination to elicit signs of head injury and focal neurological deficit	PACES, CbD, mini-CEX	1
Manage short term complications, with senior assistance if required: seizures, airway compromise	MRCP Part 2, CbD, mini-CEX	1
Advise nurses on appropriate frequency and nature of observations	mini-CEX , MSF	3
Behaviours		
Recognise advice provided by national guidelines on head injury (e.g. NICE)	MRCP Part 2, CbD	1
Ask for senior and anaesthetic support promptly in event of decreased consciousness	CbD, MSF	3
Involve neurosurgical team promptly in event of CT scan showing structural lesion	CbD	3
Recommend indications for repeat medical assessment in event of discharge of patient from hospital	CbD	1
Participate in safe transfer procedures if referred to tertiary care	ACAT	3

Hoarseness and Stridor *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Explain the mechanisms of hoarseness	MRCP Part 1, PACES	1
Explain the mechanisms of stridor	MRCP Part 1, PACES	1
List the common and serious causes for hoarseness and stridor	MRCP Part 1, MRCP Part 2, PACES	1
Skills		
Differentiate hoarseness, stridor and wheeze	PACES	1
Assess severity: cyanosis, respiratory rate and effort	PACES	1
Perform full examination, eliciting signs that may co-exist with stridor or hoarseness e.g. bovine cough, Horner's syndrome,	PACES	1

lymphadenopathy, thyroid enlargement, fever		
Order, interpret and act on initial investigations appropriately: blood tests, blood gas analysis, chest radiograph, flow volume loops, FEV_1/peak flow ratio	MRCP Part 1, MRCP Part 2, PACES	1
Behaviours		
Involve senior and anaesthetic team promptly in event of significant airway compromise	PACES	3
Involve specialist team as appropriate: respiratory team, ENT or neurological team	PACES	3

Hypothermia *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Define hypothermia and its diagnosis	MRCP Part 1, MRCP Part 2, CbD	1
Recall perturbations caused by hypothermia, including ECG and blood test interpretation	MRCP Part 1, MRCP Part 2, CbD	1
Recall the causes of hypothermia	MRCP Part 2, CbD	1
Recall the initial management of hypothermia	MRCP Part 1, MRCP Part 2, CbD	1
Recall complications of hypothermia	MRCP Part 2, CbD	1
Skills		
Employ the emergency management of hypothermia as per ALS guidelines	MRCP Part 2, ACAT, CBD,	1
Correct any predisposing factors leading to hypothermia	MRCP Part 2, ACAT, CBD	1
Request appropriate monitoring of the patient	ACAT, CBD	1
Behaviours		
Recognise the often multi-factorial nature of hypothermia in the elderly and outline preventative approaches	MRCP Part 2, CBD	1
Recognise seriousness of hypothermia and act promptly to re-warm	ACAT, CBD	1
Recognise that death can only usually be certified after re-warming	ACAT, CBD	1

Immobility *Core Medical Training*

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

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

Incidental Findings *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall asymptomatic abnormal findings on examination or investigation that may precipitate further assessment: abnormal	MRCP Part 1, MRCP Part ,	1

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

Involuntary Movements *Core Medical Training*

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

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

Joint Swelling *Core Medical Training*

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

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

Elicit and interpret extra-articular signs of joint disease	MRCP Part 1, MRCP Part 2, PACES, mini-CEX	1
Order, interpret and act on initial investigations appropriately: blood tests, radiographs, joint aspiration, cultures	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD	1
Perform knee aspiration using aseptic technique causing minimal distress to patient	DOPS	1
(Make) basic interpretation of plain radiographs of swollen joints	MRCP Part 2, PACES, ACAT	1
Practise safe prescribing of analgesics and NSAIDs for joint disease	MRCP Part 2, ACAT, CbD, MSF	1
Awareness of 2nd line therapy and its complications	MRCP Part 2, PACES, CbD	1
Behaviours		
Recognise that monoarthritis calls for timely joint aspiration to rule out septic cause	MRCP Part 2, PACES, ACAT, CbD	1
Recognise appropriate situation where surgical intervention in septic arthritis should be considered	PACES, ACAT, CbD	3
Recognise importance of multi-disciplinary approach to joint disease: orthopaedic surgery, physio, OT, social services	PACES, ACAT, CBD, MSF	3

Lymphadenopathy *Core Medical Training*

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

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

diseases presenting with lymphadenopathy	mini-CEX	
Examine to elicit the signs of lymphadenopathy and associated diseases	CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Initiate treatment if appropriate	MRCP Part 2, PACES, CbD, mini-CEX	1
Behaviours		
Recognise patient concerns regarding possible cause for lymphadenopathy	PACES, CbD, mini-CEX	3
Recognise the need for senior and specialist input	PACES, CbD, mini-CEX	3
Recognise the association of inguinal lymphadenopathy with STDs, assess and refer appropriately	CbD, mini-CEX	1

Loin Pain *Core Medical Training*

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

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

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

Medical Problems/Complications Following Surgical Procedures

Core Medical Training

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

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

Recognise the importance of thrombo-embolic complications and prophylaxis during acute illness and in post-operative period	MRCP Part 2, CbD	1
Recognise the importance of measures to prevent complications: DVT prophylaxis, effective analgesia, nutrition, physiotherapy, gastric protection	MRCP Part 1, MRCP Part 2, CbD	1
Call for senior help when appropriate	CbD	3
Respect opinion of referring surgical team	CbD	4

Medical Problems in Pregnancy *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Demonstrate awareness of the possibility of pregnancy in women of reproductive years	MRCP Part 2, CbD, mini-CEX	1
Outline the normal physiological changes occurring during pregnancy	CbD, mini-CEX	1
Demonstrate awareness of the impact of long term conditions in relation to maternal and foetal health e.g. diabetes	MRCP Part 2, PACES, CbD, mini-CEX	1
List the common medical problems occurring in pregnancy	MRCP Part 1, MRCP Part 2, CbD, mini-CEX	1
Identify the unique challenges of diagnosing medical problems in pregnancy	PACES, CbD, mini-CEX	1
Recall safe prescribing practices in pregnancy	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1, 2
Demonstrate awareness of pregnancy related illness, e.g. eclampsia	MRCP Part 2, CbD, mini-CEX	1
Skills		
Recognise the critically ill pregnant patient	PACES, CbD, mini-CEX	1
Initiate resuscitation measures and liaise promptly with senior colleagues and obstetrician	CbD, mini-CEX	1
Take a valid history from a pregnant patient	PACES, CbD, mini-CEX	1
Examine a pregnant patient competently	CbD, mini-CEX	1
Produce a valid list of differential diagnoses	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1

Initiate treatment if appropriate	CbD, mini-CEX	1
Behaviours		
Recognise interrelationships between maternal and foetal health	CbD, mini-CEX	2
Communicate with obstetric team throughout the diagnostic and management process	CbD, mini-CEX	3
Discuss case with senior promptly	CbD, mini-CEX	3
Seek timely specialist opinion in cases of new presentations in pregnancy e.g. jaundice, diabetes	CbD, mini-CEX	2
Recognise the importance of thrombo-embolic complication of pregnancy	MRCP Part 2, PACES, CbD, mini-CEX	1

Memory Loss (Progressive) *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the clinical features of dementia that differentiate from focal brain disease, reversible encephalopathies, and pseudo-dementia	MRCP Part 1, MRCP Part 2, CbD	1
Recall the principal reversible and irreversible causes of memory loss	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Recall factors that may exacerbate symptoms: drugs, infection, change of environment, biochemical abnormalities, constipation	MRCP Part 1, MRCP Part 2, CbD	1
Skills		
Take an accurate collateral history wherever possible	PACES, ACAT, mini-CEX	1
Form a differential diagnosis	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD	1
Perform a full examination looking particularly for reversible causes of cognitive impairment and neurological disease	PACES, mini-CEX	1
Demonstrate ability to use tools measuring cognitive impairment at the bedside	Mini CEX	1
Order, interpret and act on initial investigations appropriately to determine reversible cause such as: blood tests, cranial imaging, EEG	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD	1
Detect and rectify exacerbating factors	MRCP Part 2, ACAT, CbD	1
Behaviours		

Demonstrate a patient sensitive approach to interacting with a confused patient and their carers	PACES, mini-CEX , PS	4
Recognise that a change of environment in hospital can exacerbate symptoms and cause distress	PACES, CbD	4
Recommend support networks to carers	PACES, CbD, mini-CEX , PS	3
Participate in multi-disciplinary approach to care: therapists, elderly care team, old age psychiatrists, social services	PACES, ACAT, CbD, MSF	3
Consider need for specialist involvement	PACES, CbD	3

Micturition Difficulties *Core Medical Training*

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

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

	DOPS, mini-CEX	
Recognise incipient shock and commence initial treatment	MRCP Part 2, ACAT, CbD, DOPS, mini-CEX	1
Behaviours		
Recognise the importance of recognising and preventing renal impairment in the context of bladder outflow obstruction	ACAT, CbD, DOPS, mini-CEX	1
Liaise with senior in event of oliguria heralding incipient shock	ACAT, CbD, DOPS, mini-CEX	3
Liaise promptly with appropriate team when oliguria from bladder outflow obstruction is suspected (urology, gynaecology)	ACAT, CbD, DOPS, mini-CEX	3

Neck Pain *Core Medical Training*

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

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

Consult senior colleague promptly in the event of focal neurological signs or critical illness	PACES, ACAT, CbD, mini-CEX, MSF	3

Physical Symptoms in Absence of Organic Disease

Core Medical Training

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

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

Polydipsia

Core Medical Training

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

Knowledge	Assessment Methods	GMP Domains
Understand mechanisms of thirst	MRCP Part 1, MRCP Part 2, CbD	1
Identify common causes of polydipsia (refer SSC)	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Skills		

Identify other pertinent symptoms e.g. nocturia	MRCP Part 1, PACES, CbD, mini-CEX	1
Order, interpret and act on initial investigations appropriately	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Initiate adequate initial therapy	MRCP Part 2, PACES,mini-CEX	1
Maintain appropriate basic therapy and introduce advanced treatment when required	CbD, mini-CEX	1
Behaviours		
Sympathetically explain likely causes of polydipsia to patient	PACES, mini-CEX	3
Use appropriate aseptic techniques for invasive procedures and to minimise healthcare acquired infection	mini-CEX	1

Polyuria *Core Medical Training*

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

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

Calculate and interpret serum and urine osmolarity	MRCP Part 1, MRCP Part 2, ACAT, CbD, mini-CEX	1
Commence treatment as appropriate	MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Manage fluid balance in polyuric chronic renal failure and polyuric phase of acute renal failure	ACAT, CbD, mini-CEX	1
Behaviours		
Consult senior colleague as appropriate	PACES, ACAT, CbD, mini-CEX	3

Pruritus *Core Medical Training*

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

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

Rectal Bleeding *Core Medical Training*

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

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

Skin and Mouth Ulcers *Core Medical Training*

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

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

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

Speech Disturbance *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Define and recall causes for dysphonia, dysarthria and dysphasia	PACES, CbD	1
Recall the neuro-anatomy relevant to speech and language	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Differentiate between receptive and expressive dysphasia	PACES, CbD, mini-CEX	1
Skills		
Take a history from a patient with speech disturbance	PACES, mini-CEX	1
Examine patient to define nature of speech disturbance and elicit other focal signs	PACES, mini-CEX	1
List differential diagnoses following assessment	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD	1
Order, interpret and act on initial investigations appropriately	MRCP Part 1, MRCP Part 2, PACES, ACAT,	

	CbD	
Behaviours		
Recognise the role of speech and language therapy input	PACES, CbD, MSF	1
Recognise the relationship between dysarthria and swallowing difficulties and advise patients and carers accordingly	PACES, CbD, mini-CEX, PS	1
Involve stroke team or neurology promptly as appropriate	PACES, ACAT, CbD, MSF	3

Suicidal Ideation *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Outline the risk factors for a suicidal attempt	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Outline the common co-existing psychiatric pathologies that may precipitate suicidal ideation	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Outline the indications, contraindications and side effects of the major groups of psychomotor medications	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Outline the powers that enable assessment and treatment of patients following self harm or self harm ideation as defined in the relevant Mental Health Act	PACES, CbD, mini-CEX	1, 2
Define the concept of mental capacity	PACES, CbD, mini-CEX	1
Skills		
Take a competent psychiatric history	PACES, mini-CEX	1
Be familiar with scoring tools to assess risk of further self harm (e.g. Beck's score)	CbD	1
Elicit symptoms of major psychiatric disturbance	PACES, mini-CEX	1
Obtain collateral history when possible	PACES,mini-CEX	1
Recognise and manage appropriately anxiety and aggression	MRCP Part 2, mini-CEX	1
Assess the patient's mental capacity	PACES, mini-CEX	1

Behaviours		
Liaise promptly with psychiatric services if in doubt or when high risk of repeat self harm is suspected	ACAT, mini-CEX	2, 3
Recognise the role of the Self Harm Team prior to discharge	CbD, mini-CEX	2, 3
Ensure prompt communication is maintained with community care on discharge (GP, CPN)	mini-CEX	3

Swallowing Difficulties *Core Medical Training*

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

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

Syncope & Pre-syncope *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Define syncope	MRCP Part 1, PACES, CbD	1
Recall cause of syncope	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Outline the pathophysiology of syncope depending on situation (vaso-vagal, cough, effort, micturition, carotid sinus hypersensitivity)	MRCP Part 1, PACES, CbD	1
Differentiate from other causes of collapse in terms of associated symptoms and signs and eye witness reports	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Outline the indications for hospital admission	MRCP Part 2, PACES, CbD, mini-CEX	1
Outline the indications for cardiac monitoring	MRCP Part 2, PACES, CbD, mini-CEX	1
Define the recommendations concerning fitness to drive	MRCP Part 2, PACES, CbD, mini-CEX	1
Skills		
Take thorough history from patient and witness to elucidate episode	PACES, mini-CEX	1
Differentiate pre-syncope from other causes of 'dizziness'	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Assess patient in terms of ABC and degree of consciousness and manage appropriately	CbD, mini-CEX	1
Perform examination to elicit signs of cardiovascular disease	PACES, mini-CEX	1
Order, interpret and act on initial investigations appropriately: blood tests ECG	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Behaviours		
Recognise impact episodes can have on lifestyle particularly in the elderly	PACES, CbD	1, 3

Recognise recommendations regarding fitness to drive in relation to syncope	PACES, CbD	2, 3, 4

Unsteadiness / Balance Disturbance *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Outline the neuro-anatomy and physiology relevant to balance, coordination and movement	MRCP Part 1, PACES, CbD, mini-CEX	1
Define and differentiate types of vertigo and list causes	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Define and differentiate sensory and cerebellar ataxia and list causes	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Recognise the importance of environmental hazards	PACES, CbD, mini-CEX	1
Recognise the psychosocial aspects of care for the patient	PACES, CbD, mini-CEX	1
List the potential drugs or drug interactions contributing to unsteadiness	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Skills		
Take history from patient and attempt to define complaint as either pre-syncope, vertigo or unsteadiness	PACES, CbD, mini-CEX	1
Perform full physical examination to elicit signs of neurological, inner ear or cardiovascular disease including orthostatic hypotension	PACES, CbD, mini-CEX	1
Elucidate signs of vitamin deficiency	PACES, CbD, mini-CEX	1
Describe an abnormal gait accurately	PACES, CbD, mini-CEX	1
Recognise drug toxicity, intoxication and recreational drug abuse	CbD, mini-CEX	1
Initiate basic investigations and urgent treatment including vitamin supplementation	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Withdraw potentially causative drugs	CbD, mini-CEX	2
Behaviours		
Recognise the importance of multi-disciplinary approach: physio, OT	PACES, CbD,	3

	mini-CEX

Visual Disturbance (diplopia, visual field deficit, reduced acuity) *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Broadly recall the basic anatomy and physiology of the eye and the visual pathways	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Recall the different types of visual field defect and list common causes	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Define diplopia and recall common causes	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Recall common causes for reduced visual acuity	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Recall implications for driving of visual field loss	MRCP Part 2, PACES, CbD, mini-CEX	1
Skills		
Perform full examination including acuity, eye movements, visual fields, fundoscopy, related cranial nerves and structures of head & neck	PACES, CbD, mini-CEX	3
Formulate differential diagnosis	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	3
Order, interpret and act on initial investigations appropriately	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Behaviours		
In case of acute visual loss recognise early requirement for review by Ophthalmology team	PACES, ACAT, CbD, mini-CEX	1
Recognise rapidly progressive symptoms and consult senior promptly	PACES, ACAT, CbD, mini-CEX, MSF	1
Recognise anxiety acute visual symptoms invoke in patients	PACES, CbD, mini-CEX, PS	1

Weight Loss *Core Medical Training*

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

Knowledge	Assessment Methods	GMP Domains
Recall the common causes for weight loss (in terms of psychosocial, neoplasia, gastroenterological etc)	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Recall the indications and complications for nutritional supplements, and enteral feeding including PEG/NG feeding	MRCP Part 1, MRCP Part 2, PACES, CbD, mini-CEX	1
Skills		
Take a valid history highlighting any risk factors for specific disorders presenting with weight loss, and a thorough social history	PACES, ACAT, CbD, mini-CEX	1
Examine fully to elucidate signs of disorders presenting with weight loss, and assess degree of malnutrition	PACES, CbD, mini-CEX	1
Order, interpret and act on initial screening investigations	MRCP Part 1, MRCP Part 2, PACES, ACAT, CbD, mini-CEX,	1
Initiate nutritional measures including enteral preparations when appropriate	MRCP Part 2, ACAT, CbD, mini-CEX	1
Pass a fine bore NG feeding tube and ensure correct positioning	CbD, DOPS, mini-CEX	1
Behaviours		
Recognise multi-factorial aspect of weight loss, especially in the elderly	PACES, CbD, mini-CEX	3, 4
Liaise with nutritional services appropriately	PACES, CbD, mini-CEX, MSF	3, 4

General AIM Competencies

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

Knowledge	Assessment Methods	GMP
Outline parameters influencing the need for in patient care and the appropriate dependency setting within the hospital	SCE	
Outline parameters for high quality ambulatory care	SCE	
Cite evidence base for best practice	SCE	
Skills		
Co-ordinate acute medical take as part of multidisciplinary team		
Recognise and actively manage patient in relation to illness severity including monitoring response to intervention		
Teach evidence based best practice patient management within the acute setting		
Develop safe out patient protocols and procedures		
Co-ordinate care at home when appropriate		
Provide back up for colleagues during practical procedures (e.g. failed central venous access)		
Establish, maintain and secure a patent airway		
Teach and supervise procedural skills within the acute setting		
Recognise atypical presentations of common disease, and typical presentations of uncommon disease		
Behaviours		
Maintain highest standards of care through leadership, training and management throughout Acute Care service in organisation		
Promote active acute intervention when appropriate		
Promote multidisciplinary management of common medical problems including liaison with other specialties		
Promote alternatives to hospital admission when appropriate, such as out-patient care		
Adopt proactive role in identifying potential risk of infection to others		
Promote excellent use of investigative resources		
Recognise active role in healthcare resource management		
Show willingness to set up services from the acute setting (e.g. falls, DVT)		

Symptom Based Competencies - AIM

Emergency Presentations - AIM

Cardio-Respiratory Arrest *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Demonstrate knowledge of when advanced life support should be discontinued, in consultation with colleagues assisting with case	ACAT, CbD, mini-CEX, SCE	1
Demonstrate knowledge of safe transfer to ITU if required.	SCE	
Demonstrate knowledge of evidence base for best practice	SCE	
Skills		
Competently lead a cardiac arrest team	ACAT, CbD, mini-CEX	1
Delegate tasks to colleagues equipped with appropriate competencies	ACAT, CbD, mini-CEX	3
Debrief team after arrest	ACAT, CbD, mini-CEX	3
Transfer the patient safely to ITU	ACAT,	2,3
Teach evidence based best practice patient management	ACAT, TO	2,3
Debrief the resuscitation officer or department after the cardiac arrest and discuss issues for concern and improvement	ACAT, CbD, mini-CEX	3
Behaviours		
Demonstrate willingness to undergo UK Resuscitation Council ALS course re-certification every three years (MANDATORY REQUIREMENT)	ACAT, CbD, mini-CEX	1
Communicate with critical care team re transfer to critical care unit.	mini-CEX, ACAT	1
Communicate with resuscitation department		

Shocked Patient *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recognise rarer forms of shock (e.g. spinal, Addisonian crisis)	ACAT, CbD, mini-CEX SCE,	1
Outline the indications for, and limitations of, central venous access and pressure monitoring	ACAT, CbD, mini-CEX, SCE	1
Outline the legal framework for organ donation	CbD, ACAT, SCE	1
Demonstrate a detailed knowledge of the Surviving Sepsis 2008 International Guidelines for the management of severe sepsis and	CbD, ACAT, SCE	1

septic shock		
Demonstrate a knowledge of non-invasive measurements of cardiovascular haemodynamics	CbD, ACAT,SCE	1
Demonstrate the knowledge for intra-aortic balloon pumping	CbD, AcAT, SCE	1
Demonstrate the knowledge of safe transfer of the critically ill patient.	CbD, ACAT,SCE	1
Skills		
Leads major (non-traumatic) resuscitation	ACAT, CbD, mini-CEX	2
Identify incipient organ failure	ACAT, CbD, mini-CEX	1
Order, interpret and act on more specialist tests appropriately based on initial investigations	ACAT, CbD, mini-CEX	1
Insert central line safely when indicated	ACAT, CbD, mini-CEX	1
Implement protocols and care bundles appropriately e.g. septic bundles	ACAT, CbD, mini-CEX	1
Expert assessment of neurological status of acutely unwell patient, including diagnosis of brainstem death	CbD, SCE	1
Co-ordinate and manage care within a HDU/Level 2 setting	ACAT, SCE	1,3
Implement surviving sepsis guidelines appropriately	ACAT, SCE	1,2
Adjust therapy to non-invasive measurements of cardiovascular haemodynamics	ACAT, SCE	1,2
Insert an arterial line safely when indicated.	DOPS	1,2
Adopt a leadership role to perform of safe transfer of the critically ill patient.	ACAT, CbD	1
Behaviours		
Adopt leadership role	ACAT, CbD, mini-CEX	2/3
Arrange transfer of patient to specialist team (cardiac, ICU) when appropriate	ACAT, CbD, mini-CEX	2
Discuss prognosis with patient/carer	ACAT, CbD, mini-CEX	3
Discuss issues of donation appropriately with transplant coordinators, and family/carers of patient	ACAT, mini-CEX	

Unconscious Patient *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Identify rarer causes of coma and relevant investigations, NB previous ones defined in CMT	ACAT, CbD, mini-CEX, SCE	1
Outline more complex management options	ACAT, CbD, mini-CEX, SCE	1

Detail the legal framework for organ donation	ACAT, CbD, SCE	1
Skills		
Provide robust airways support for the unconscious patient including the use of tracheal masks and endotracheal intubation when appropriate	DOPS	1
Order, interpret and act on more specialist tests based on initial investigations	ACAT, CbD, mini-CEX, SCE	1
Manage transfer of patient to appropriate arena of care	ACAT, CbD, mini-CEX	2
Perform tests for brain stem death	ACAT	1
Behaviours		
Assume leadership role	ACAT, CbD, mini-CEX	2,3
Involve carer/next-of-kin in decision- making process where appropriate	ACAT, CbD, mini-CEX	4
Make difficult ethical choices (DNR) appropriately and sensitively	ACAT, CbD, mini-CEX	2,3
Discuss issues of donation appropriately with transplant co-ordinators, and family/carers of patient	ACAT, mini-CEX	2,3

Anaphylaxis *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Be aware of the full range of allergies and other provoking stimuli causing anaphylactic shock	ACAT, CbD, mini-CEX,SCE	1
Elucidate the management of individual patients at risk of anaphylactic shock from any cause	ACAT, CbD, mini-CEX, SCE	1
Recall evidence base for best practice in management of acute anaphylaxis (UK Resuscitation Council)	ACAT, CbD, SCE	1
Skills		
As ALS team leader, lead major resuscitation	ACAT, CbD, mini-CEX,	2, 3
Identify and manage all clinical manifestations and associations of anaphylactic shock (laryngoedema, urticaria / angioedema, hypotension and cardiac arrest)	ACAT, CbD, mini-CEX, SCE	1
Institute more specialised tests based on suspected aetiology	ACAT, CbD, mini-CEX, SCE	1
Maintain and secure a patient airway in patients with laryngoedema	DOPS	1,2
Behaviours		
Adopt leadership and teaching role	ACAT, CbD, mini-CEX	2, 3
Arrange transfer of patient to a specialist team when appropriate	ACAT, CbD, mini-CEX	1

Discuss prognosis with patient/carer	ACAT, CbD, mini-CEX	3, 4
Ensure appropriate further investigation and management	ACAT, CbD, mini-CEX	1

‘The Top 20’ – Common Medical Presentations - AIM

Abdominal Pain *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Identify differences in presentation between functional symptoms and organic disease	ACAT, CbD, mini-CEX, SCE	1
Demonstrate a knowledge of focussed ultrasound scanning of the abdomen	CbD, SCE	
Skills		
Communicate with patients with functional symptoms in a comprehensible and sensitive manner	ACAT, CbD, mini-CEX	3
Ensure a FAST scan is performed in patients who present with abdominal pain.	CbD, DOPS	1
Behaviours		
Recognise the prominence of the potential for non-organic illness in abdominal pain	ACAT, CbD, mini-CEX,SCE	1
Recognise role of specialist pain clinics and mental health services in chronic pain	ACAT, CbD, mini-CEX,SCE	1
Report results of USS with radiology and discuss findings	ACAT, CbD, SCE	1

Acute Back Pain *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall the pathophysiology of acute back pain	ACAT, CbD, mini-CEX,SCE	1
Outline the difference between vertebral osteomyelitis and epidural abscess	CbD, SCE	1
Outline the indications for surgery in vertebral osteomyelitis and epidural abscess	CbD, SCE	1
Skills		
Order, interpret and act on urgent MRI of spine, including urgent treatment when indicated	ACAT, CbD, mini-CEX, SCE	1
Investigate and refer appropriately when abdominal pathology is suspected	ACAT, CbD, mini-CEX	1
Order and Interpret radiology imaging to differentiate between osteomyelitis and epidural abscess.	CbD	1
Manage medically as appropriate and refer for surgery when	ACAT, CbD	1,3

indicated.		
Behaviours		
Involve orthopaedics / rheumatologists / physiotherapists when indicated	ACAT, CbD, mini-CEX	3

Blackout / Collapse *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Define the recommendations concerning fitness to drive	ACAT, CbD, mini-CEX, SCE	1
Define indications for detailed investigations: tilt table testing, ambulatory ECG monitoring, neuroimaging	ACAT, CbD, mini-CEX, SCE	1
Demonstrates knowledge of the workings of the temporary pacing system i.e. gain, threshold, capture	CbD, SCE	
Skills		
correct causes of orthostatic hypotension when possible	ACAT, CbD, mini-CEX, SCE	1
Develop a management plan for acute period of care	ACAT, CbD, mini-CEX,	2, 3
Act on results of tilt table testing	ACAT, CbD, mini-CEX	3
OPTIONAL: Insert internal temporary pacing wire using aseptic technique with minimal discomfort to patient	DOPS	1,2
Be able to adjust the temporary pacing wire to maintain adequate pacing	DOPS	1,2
Behaviours		
Recognise problems specific to the elderly and address social needs	ACAT, CbD, mini-CEX	2, 3
Involve other specialists as appropriate: cardiology, neurology, care of the elderly	ACAT, CbD, mini-CEX	2

Breathlessness *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Specify rarer causes of breathlessness	ACAT, CbD, mini-CEX,SCE	1
Outline indications for bronchoscopy, chest ultrasound, cardiac investigations and pulmonary function tests	ACAT, CbD, mini-CEX,SCE	1
Outline the physiological effects of BiPAP and CPAP	CbD, SCE	1
Draw the pressure waves of the various ventilatory modes.	CbD, SCE	1
Outline the indications for BiPAP or CPAP in pulmonary oedema and	CbD, SCE	1

COPD		
Outline the evidence base for non-invasive ventilation for causes of breathlessness.	CbD, SCE	1
Skills		
Formulate a management plan for acute period of care, including in the event of normal or inconclusive investigations	ACAT, CbD, mini-CEX	1
Interpret and act on results of echocardiography	ACAT, CbD, mini-CEX	1
Prescribe non-invasive ventilation safely when appropriate	ACAT, CbD, mini-CEX	1
Initiate appropriate palliative management of the breathless patient when appropriate	ACAT, CbD, mini-CEX	1
Maintain and secure a patent airway	DOPS	1,2
Modify non-invasive ventilation parameters appropriately	DOPS, CbD, SCE	1
Manage patients with breathlessness who require non-invasive ventilation in a level 2 area.	ACAT, CbD, SCE	1
Behaviours		
Recognise and relate immediate prognosis to patient and carers	ACAT, CbD, mini-CEX	2
Recognise patients who would benefit from pulmonary rehabilitation	ACAT, CbD, mini-CEX	2
Involve other specialty teams promptly as appropriate, e.g. Intensive Care, Cardiology, Respiratory, Palliative Care	ACAT, CbD,, mini-CEX	2
Engage patients regarding risk factor modification, e.g. smoking, diet	ACAT, CbD, mini-CEX	3, 4
Liaise with the critical care team re levels of care and safe transfer to level 3 facility (critical acre unit).	CbD, mini-CEX	2,3

Chest Pain *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Outline the indications for further investigation in chest pain syndromes:, radio nucleotide scanning, angiography, stress echo	ACAT, CbD, mini-CEX, SCE	1
Outline complications of acute coronary syndromes	ACAT, CbD, mini-CEX, SCE	1
Outline indications for thrombolysis for severe PE	ACAT, CbD, mini-CEX, SCE	1
List less common but life threatening causes of chest pain	ACAT, CbD, mini-CEX, SCE	1
Skills		
Practise risk stratification and safe discharge planning including a management plan post-discharge	ACAT, CbD, mini-CEX	2, 3

Arrange appropriate out-patient investigation and follow-up	ACAT, CbD, mini-CEX	2, 3
Identify complicated acute coronary syndrome cases and discuss with cardiologist	ACAT, CbD, mini-CEX, SCE	1,3
Co-ordinate expert management for life-threatening causes of chest pain	mini-CEX, ACAT	3
Interpret exercise tolerance tests (ETT).	CbD, mini-CEX, ACAT, SCE	1
Interpret CT pulmonary angiograms in patients with large central pulmonary embolus.	CbD, mini-CEX, ACAT, SCE	1
Run follow up clinic for patients found not to have an acute cause for their chest pain	CbD, mini-CEX	2
Behaviours		
Involve specialist colleagues as indicated: cardiology, chest medicine	ACAT, CbD, mini-CEX	2, 3
Recommend assessment in specialist chest pain clinics when appropriate	ACAT, CbD, mini-CEX	2, 3
Explain to the patient the result of ETT	mini-CEX, ACAT	2

Confusion, Acute / Delirium *AIM*

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

Skills	Assessment Methods	GMP Domains
Employ non-pharmacological methods of calming patient e.g. quieter environment	ACAT, CbD, mini-CEX	2, 4
Practise safe and minimal sedation when necessary	ACAT, CbD, mini-CEX	1
Recognise pathology on CT head / MRI Brain and act on results	ACAT, CbD, mini-CEX	1
Outline pharmacological management of confused patient and associated risks	ACAT, CbD, mini-CEX	1
Behaviours		
Involve other specialist teams when appropriate	ACAT, CbD, mini-CEX	2
Recognise the role of specialised health workers and wards for the management of the acutely confused elderly	ACAT, CbD, mini-CEX	2

Diarrhoea *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall functional disorders of the bowel	ACAT, CbD, mini-CEX,SCE	1
List the principle and serious infectious causes of diarrhoea and Public Health implications	ACAT, CbD, mini-CEX, SCE	1
Recall less common and unpredictable pharmacological causes of diarrhoea	ACAT, CbD, mini-CEX, SCE	1
List rarer causes of diarrhoea particularly in the foreign traveller.	CbD, SCE	1
Demonstrate knowledge for the indications for a sigmiodoscopy.	CbD, mini-CEX,SCE	1
Skills		
Interpret relevant features of pathology on a plain abdominal x-ray e.g. colonic mucosal islands	ACAT, CbD, mini-CEX,SCE	1
Prescribe appropriate specific symptomatic treatments safely	ACAT, CbD, mini-CEX,SCE	1
Notify Public Health authorities when appropriate	ACAT, CbD, mini-CEX	3
Treat the rare causes of diarrhoea e.g. giardasis	ACAT, CbD	1
Perform a rigid sigmoidoscopy (+ rectal biopsy) safely and interpret the findings	DOPS	1
Behaviours		
Recognise the indication for further specialist opinion and endoscopy	ACAT, CbD, mini-CEX	2, 3
Recognise the role of specialist staff in management: lower GI nurse, IBD nurse	ACAT, CbD, mini-CEX	2, 3
Discuss with patient likely outcomes and prognosis of condition and requirement for long term review	ACAT, CbD, mini-CEX	3, 4
Communicate with the infectious Diseases specialists re the management of such patients.	ACAT, CbD	3
Communicate with the Gastroenterologists re ongoing management of such patients	ACAT, CbD	3

Falls *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Define when a single fall needs a falls risk assessment approach	ACAT, CbD, mini-CEX	1
Explain the interventions to prevent falls in the community and acute	ACAT, CbD,	1

hospital setting	mini-CEX	
Act upon the pharmacological causes of falls	ACAT, CbD, mini-CEX	1
Skills		
Initiate appropriate bone prophylaxis	ACAT, CbD, mini-CEX	1
Communicate with patients on falls risk and prevention	ACAT, CbD, mini-CEX ,	3
Demonstrate a health promotion approach	ACAT, CbD, mini-CEX	3, 4
Demonstrate ability to decide on how far to investigate an individual	ACAT, CbD, mini-CEX	2, 3
Risk stratification of patients who present acutely with falls re admission or discharge	ACAT, CbD, SCE	1,2
Co-ordinate multidisciplinary management of falls i.e. falls clinic	ACAT, CbD	1,2
Behaviours		
Recognise associated psychological problems associated with patients who fall	ACAT, CbD, mini-CEX	3, 4
Involve other specialists as necessary	ACAT, CbD, mini-CEX	2, 3
Contribute to the multidisciplinary team discussion and management appropriately, including community services	ACAT, CbD, mini-CEX	3, 4
Formulate realistic rehabilitation goals	ACAT, CbD, mini-CEX	3, 4
Liaise with primary care team and other community services to establish an effective falls prevention programme	ACAT, CbD	3,4

Fever *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall the investigations in the event of a PUO which are relevant when initial investigations fail to identify cause of fever	ACAT, CbD, mini-CEX, SCE	1
Recall the main causes of immunodeficiency (infective, pharmacological and acquired and inherited)	ACAT, CbD, mini-CEX, SCE	1
Outline the principles of prophylactic antibiotics	ACAT, CbD, mini-CEX,SCE	1
List causes of fever in a recent foreign traveller	CbD, mini-CEX, SCE	1
Skills		
Establish the likelihood of a non-infective cause for fever and investigate appropriately	ACAT, CbD, mini-CEX, SCE	1
Management of neutropenic sepsis	ACAT, CbD, mini-CEX, SCE	1,2
Conduct investigations and apply initial management in cases of	ACAT, CbD,	1

tropical disease	mini-CEX, SCE	
Conduct appropriate investigations in cases of fever in a recent traveller	ACAT, CbD, mini-CEX	1
Behaviours		
Seek specialist advice when appropriate particularly when there is risk of transmission of highly infectious and life threatening disease	ACAT, CbD, mini-CEX	2, 3
In event of PUO involve appropriate specialist	ACAT, CbD, mini-CEX	2, 3
Follow local and national guidance on notification of communicable diseases	ACAT, CbD, mini-CEX	2
Liaise with tertiary infectious diseases centre as appropriate	ACAT, CbD	3
Keep up to date with recent public health guidance in event of pandemic / epidemic	CbD, SCE	1

Fits / Seizure *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Outline the principles and indications for EEG and other imaging when initial investigations are inconclusive	ACAT, CbD, mini-CEX, SCE	1
Implement appropriate epilepsy management	ACAT, CbD, mini-CEX, SCE	1
Outline indications for artificial ventilation	CbD, SCE	1
Recall the indication for EEG in patients with status epilepticus who are paralysed and ventilated.	CbD, SCE	1
Skills		
Order, interpret and act on results of CT head/MRI brain following liaison with radiology	ACAT, CbD, mini-CEX, SCE	1
Recognise patient requiring airway management and Critical Care involvement and organise this	ACAT, CbD, mini-CEX, SCE	1
Practise safe prescribing of anti-convulsants	ACAT, CbD, mini-CEX, SCE	1, 2
Discuss the need for anti-convulsant medication and the best choice with patient	ACAT, CbD, mini-CEX	3
Recognise and manage pseudo-seizures	ACAT, CbD, mini-CEX	2
Recognise and actively manage all forms of status epilepticus	ACAT, CbD, SCE	1
Manage a patient in status epilepticus requiring artificial ventilation appropriately	ACAT, CbD	1
Interpret and manage the findings of an EEG appropriately with respect to the patient.	CbD, SCE	1
Behaviours		
Advise patient on driving, pregnancy, employment, alcohol use	ACAT, CbD, mini-CEX	1

Seek prompt involvement of Critical Care team when required	ACAT, CbD	3
Liaise with neurologists in the management of the patient with status epilepticus	ACAT, CbD	3

Haematemesis & Melaena *AIM*

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

Knowledge		
Recall the indications for insertion of a Sengstaken-Blakemore tube	ACAT, CbD, mini-CEX, SCE	1
Outline the indications for, and limitations of, central venous access and pressure monitoring	ACAT, CbD, mini-CEX SCE	1
Recall the less common drugs implicated as causes of GI bleeding	ACAT, CbD, mini-CEX SCE	1
Skills	**Assessment Methods**	**GMP Domains**
Safely insert central line when indicated	DOPS	1, 2
Maintain adequate fluid balance with appropriate fluid replacement	ACAT, CbD, mini-CEX, SCE	1
Recognise the need for specialist liver unit referral in uncontrollable variceal bleeding	ACAT, CbD, mini-CEX SCE	1
Act on results and implement a management plan following an endoscopy, including continuing bleeding/rebleed	ACAT, CbD, mini-CEX	2
Formulate a management plan for high risk patients or patients with significant comorbidity with GI bleeds	ACAT, CbD, mini-CEX SCE	1
Optional: Place a Sengstaken-Blakemore tube safely and ensure safe set up and monitoring	CbD, DOPS	1
Behaviours		
Recognise importance of gastroenterological and / or surgical input in management and follow up	ACAT, CbD, mini-CEX	1
Recognise importance of prevention of upper GI bleeding in high risk groups: elderly, critically ill, corticosteroid therapy	ACAT, CbD, mini-CEX SCE	1

Headache *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall the importance of the functional component to chronic headache	ACAT, CbD, mini-CEX SCE	1
Recall the causes of drug induced headache	ACAT, CbD, mini-CEX SCE	1
Outline presentation of life threatening causes of headache	ACAT, CbD, mini-CEX SCE	1
Outline the management of the rarer causes of headache e.g. benign intracranial hypertension	ACAT, CbD SCE	

Skills		
Practise safe discharge planning in a patient with headache	ACAT, CbD, mini-CEX	2
Recognise situations when Lumbar Puncture can proceed prior to CT scan of head	ACAT, CbD, mini-CEX SCE	1
Initiate treatment for less common causes of headache	ACAT, CbD, SCE mini-CEX	1
Active intervention for life threatening headache	ACAT, CbD, mini-CEX	1
Differentiate between a subdural and extradural bleed reliably on a CT scan.	CbD, ACAT, SCE	1
Identify features of a subarachnoid haemorrhage on a CT scan.	CbD, SCE	1
Follow up and the management of patients with non life threatening and/or chronic headaches	CbD	1
Behaviours		
Seek expert opinion when treatment or diagnosis unclear	ACAT, CbD, mini-CEX	3
Ensure appropriate and rapid investigation of acute headache	ACAT, CbD, mini-CEX	2
Explain (pain management) to patient with chronic headaches.	ACAT, mini-CEX	3

Jaundice *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Outline the indications for liver transplantation in liver failure (including criteria for transplantation in fulminant liver failure)	ACAT, CbD, mini-CEX SCE	1
Explain the indications for specialist investigations: liver biopsy, MRI, CT, ERCP	ACAT, CbD, mini-CEX SCE	1
Practise safe prescribing in jaundice/liver failure	ACAT, CbD, mini-CEX	1, 2
Recall the supportive treatment for acute liver failure e.g. indications for antibiotics, management of cerebral oedema	CbD, SCE	1
Skills		
Management of less common causes of jaundice and initiation of further investigations when initial investigations have been inconclusive	ACAT, CbD, mini-CEX SCE	1
The coordination of management of complicating factors including specialist input: sepsis, malnutrition, renal failure, coagulopathy, GI bleed, alcohol withdrawal syndrome, electrolyte derangement	ACAT, CbD, mini-CEX	2,3
Ensure appropriate area of care and monitoring	ACAT, CbD, mini-CEX	1
Co-ordinate expert management of fulminant liver failure	ACAT, CbD	3
Behaviours		
Recognise the need for urgent specialist opinion	ACAT, CbD,	3

	mini-CEX	
Engage patients in dialogue regarding risk factor modification: alcohol, substance abuse	ACAT, CbD, mini-CEX	3
Relate to patient likely outcomes and prognosis of condition and requirement for long term review	ACAT, CbD, mini-CEX	3
Seek prompt involvement of Critical Care team when required	ACAT, CbD	3

Limb Pain & Swelling *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall the management options for thrombosis in complicated situations (e.g. malignancy)	ACAT, CbD, mini-CEX SCE	1
Define and list less common causes of acute and chronic limb pain and the relevant investigations	ACAT, CbD, mini-CEX SCE	1
Outline the importance of follow up of patients with proven DVT	CbD, SCE	1
Skills		
Employ preventative measures in patients at risk of developing limb swelling of any cause	ACAT, CbD, mini-CEX	1
Order, interpret and act on further investigations which are indicated after initial investigation e.g. angiography, CT, ECHO	ACAT, CbD, mini-CEX SCE	1
Management of thrombosis in high risk groups	ACAT, CbD, mini-CEX	1
Run a Venous Thromboembolic (VTE) follow up clinic	ACAT, CbD	3
Behaviours		
Liaise with other specialities as appropriate	ACAT, CbD, mini-CEX	3
Advise patient on the risks and benefits of anti-coagulation therapy	ACAT, CbD, mini-CEX	3
Explain to the patient the long term sequelae of VTE	ACAT, CbD, mini-CEX	3

Palpitations *AIM*

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

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

Interpret reports of ECHO and ambulatory ECG monitoring	ACAT, CbD, mini-CEX SCE	1
Practise safe discharge decisions	ACAT, CbD, mini-CEX	2
Management of arrhythmias in the patient with comorbidity	ACAT, CbD, mini-CEX SCE	1
Behaviours		
Seek specialist advice when indicated	ACAT, CbD, mini-CEX	3

Poisoning *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Outline the principles of the relevant mental health legislation and Common Law that pertain to treatment against patients' will	ACAT, CbD, mini-CEX SCE	1,2
Demonstrate knowledge of the role of analytical toxicology	ACAT, CbD, mini-CEX SCE	1
Define parameters prompting consideration of liver transplantation in paracetamol poisoning	ACAT, CbD, mini-CEX SCE	1
Demonstrate knowledge of the management of the rarer poisons e.g. beta blockers, ACE Inhibitors, calcium channel blockers	ACAT, CbD, SCE	1
Demonstrate evidence based knowledge for the management of poisons.	ACAT, CbD SCE	1
Skills		
Use scoring tools to assess risk of further self harm (e.g. Beck's score)	ACAT, CbD, mini-CEX SCE	1,2
Formulate management plan for acute period of care and liaison with appropriate colleagues and agencies	ACAT, CbD, mini-CEX	1
Recognise and treat complications of poisoning (e.g. aspiration), including any delayed effects	ACAT, CbD, mini-CEX SCE	1
Manage cases of the rarer poisons that present to hospital	ACAT, CbD, SCE	1
Behaviours		
Recognise importance of psychiatric review pre-discharge in deliberate self-poisoning	ACAT, CbD, mini-CEX	1
Involve critical care promptly when indicated	ACAT, CbD, mini-CEX	3
Co-ordinate multiple specialty management of patient (ITU, Renal etc)	ACAT, CbD	3

Rash *AIM*

The trainee will be able assess a patient presenting with an acute-onset skin rash and common skin problems to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan		
Knowledge		
Recall less common causes of acute skin rashes, particularly infective, drug induced, haematological	ACAT, CbD, mini-CEX SCE	1
Recall the indications for specialist investigations including skin biopsy	ACAT, CbD, mini-CEX SCE	1
Skills	**Assessment Methods**	**GMP Domains**
Management of severe skin disease in consultation with specialist	ACAT, CbD, mini-CEX	1,3
Apply measures to maintain fluid balance and to prevent and/or treat skin infection	ACAT, CbD, mini-CEX SCE	1
Implement appropriate management plan in cases of 'skin failure'	ACAT, CbD, SCE	1
Behaviours		
Recognise the need for an early specialist opinion	ACAT, CbD, mini-CEX	2
Recognise the social/psychological problems caused by acute skin disease	ACAT, CbD, mini-CEX	3, 4

Weakness and Paralysis *AIM*

The trainee will be able to assess a patient presenting with motor weakness to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also 'Speech Disturbance' and Abnormal Sensation		
Knowledge	**Assessment Methods**	**GMP Domains**
Outline role of more detailed investigations depending on differential diagnosis: neuroimaging, nerve conduction studies, EMG, muscle biopsy	ACAT, CbD, mini-CEX SCE	1
Define severity markers in rapidly progressing motor weakness	ACAT, CbD, mini-CEX SCE	1
Practise appropriate use of drugs in patients with weakness and paralysis	ACAT, CbD, mini-CEX SCE	1, 2
Recall potentially reversible life threatening causes of weakness	ACAT, CbD, SCE	1
Outline the indications for hemicraniectomy in stroke.	CbD, SCE	1
OPTIONAL: Recall the NIHSS and Rankin scale	CbD, SCE	1
Skills		
Ensure appropriate care: nutrition, toileting, monitoring of progress including coordination of multidisciplinary care	ACAT, CbD, mini-CEX	2. 3
Formulate management plan for acute period of care including impaired swallowing and respiratory failure	ACAT, CbD, mini-CEX	1
Intervene promptly in life threatening causes of weakness	CbD, SCE	1,2
Maintain and secure a patent airway	DOPS	1

Be part of a Stroke Thrombolysis team and perform safe stroke thrombolysis	ACAT, CbD	1,2
Behaviours		
Involve critical care appropriately with concerns over consciousness and rapidly progressive motor weakness	ACAT, CbD, mini-CEX	3
Involve specialist teams as appropriate: neurology, stroke team, nurse specialists	ACAT, CbD, mini-CEX	3
Sensitively relay prognosis to patient and carers, and contribute to appropriate resuscitation decisions	ACAT, CbD, mini-CEX	3, 4
Refer to neurosurgical services appropriately	ACAT, CbD	3
Obtain consent as appropriate from a patient for stroke thrombolysis	ACAT, CbD	3

Other Important Presentations - AIM

Abdominal Mass/Hepatosplenomegaly *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Understand the relative benefits of ultrasound and CT scanning	ACAT, CbD SCE	1
Consider the likelihood of an abdominal cancer as a cause of the mass	ACAT, CbD	1
Demonstrate awareness of potential acute complications of hepatomegaly and spienomegaly	ACAT, CbD SCE	1
Skills		
Formulate a management plan for acute period of care of a patient presenting with a mass or hepatomegaly and/or splenomegaly and act on the results of investigations.	CbD, mini-CEX SCE	1
Integrate the actions which may result following a diagnosis of intrabdominal cancer with the care of a patient's other chronic diseases where appropriate	ACAT, CbD	1,3
Behaviours		
Involve specialist teams as appropriate, particularly multidisciplinary teams, where a cancer is diagnosed	CbD	3
Organise investigations within the target timescales when cancer is suspected.	CbD	3
Communicate bad news in a sensitive and thoughtful manner	mini-CEX	3

Abdominal Swelling & Constipation *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall the management of ascites and intestinal obstruction.	ACAT, CbD SCE	1
Recall the preponderance of functional causes of constipation including constipation with overflow and the investigation and management of faecal incontinence	CbD SCE	1, 2
Recall abdominal wall pathology as possible causes of distension, including divarication of the recti	mini-CEX SCE	1
Skills		
Practise safe management of ascites: and intestinal obstruction, including the use of diuretics, fluid and salt restriction and haemofiltration	CbD, mini-CEX SCE	1, 2

Select appropriate second line investigations of constipation when indicated: including blood tests imaging and endoscopy	ACAT, CbD SCE	1,2
Following diagnosis of the cause of constipation prescribe bulk or osmotic laxatives or motility stimulants as necessary	CbD, mini-CEX SCE	1
Provide review of medications in patients with constipation in the context of multisystem disease.	ACAT, CbD SCE	1
Behaviours		
Involve specialists promptly when appropriate: surgery, gastroenterology, radiology, palliative care	ACAT, CbD	3
Discuss with patient likely outcomes and prognosis of condition	ACAT, mini-CEX	3

Abnormal Sensation (Paraesthesia and Numbness) *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Demonstrate knowledge of appropriate and potential complications of invasive investigations e.g. nerve biopsy	ACAT, CbD SCE	1
Skills		
Initiation and interpretation of the results of more specialised investigations: neuroimaging, screening blood tests for neuropathy, neurophysiology studies	ACAT, CbD SCE	1
Produce a comprehensive differential diagnosis	ACAT, CbD SCE	1
Initiate effective urgent symptomatic and remedial treatments	ACAT, CbD, MSF SCE	1
Behaviours		
Involve specialist team as appropriate	ACAT, CbD	3

Aggressive / Disturbed Behaviour *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Outline de-escalation techniques that can be taken to prevent violent behaviour	CbD, mini-CEX SCE	1
Skills		
Determine whether disturbed behaviour is a result of organic or psychiatric disease	CbD, mini-CEX SCE	2
Formulate a management plan for the acute period of care	CbD, mini-CEX	1, 2
Behaviours		
Encourage review of violent incident soon after it has occurred	CbD, mini-CEX	3, 4
Involve mental health care team in patient management	CbD, mini-CEX	3, 4

Alcohol and Substance Dependence *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall the occult presentation alcoholism and substance misuse and appropriate investigations	CbD, mini-CEX SCE	1
Recall less common causes of substance misuse	CbD, mini-CEX SCE	1
Outline the indications for inpatient and outpatient alcohol withdrawal	CbD SCE	1
Skills		
Recognise the co-existence of psychiatric disease	CbD, mini-CEX SCE	1
Formulate a management plan of co-existing medical problems for the acute and ongoing period of care	ACAT, CbD	1
Run an outpatient alcohol withdrawal service	ACAT, CbD	1
Behaviours		
Identify need to counsel patient with regard of maintaining abstinence	ACAT, CBD, mini-CEX	3
Liaise with psychiatric, GP and substance misuse teams as appropriate for ongoing community care	ACAT, CbD, MSF	3

Anxiety / Panic disorder *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recognise the role of psychological and self help therapy in management	ACAT, CbD, mini-CEX SCE	1
Elucidate the principles of pharmacotherapy in the treatment of anxiety disorders	ACAT, CbD, mini-CEX SCE	1
Skills		
Recognise that atypical physical symptoms may herald an underlying anxiety disorder	ACAT, CbD, mini-CEX SCE	1
Recognise treatment goals	ACAT, CbD, mini-CEX	3
Involve primary care or mental health services as appropriate	CbD, mini-CEX	3
Behaviours		
Recommend initial treatment be undertaken in primary care setting	CbD, mini-CEX	2
Discuss with patient that the condition is treatable and aims of treatment	ACAT, CbD, mini-CEX	3, 4
Advise patient on self-help strategies and support groups	ACAT, CbD, mini-CEX, Patient Survey	3, 4
Share decision making with patient	ACAT, CbD,	3

	mini-CEX, Patient Survey	

Bruising and spontaneous bleeding *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall the clinical presentation of the less common bleeding disorders	ACAT, CbD, mini-CEX SCE	1
Recall the patterns of bleeding associated with anticoagulant therapy and its management	ACAT, CbD, mini-CEX SCE	1
Skills		
Define a management plan for patients with acute coagulation disorders for the acute period of care	ACAT, CbD, mini-CEX	1
Communicate with patients in whom easy bruising does not require admission	ACAT, CbD, mini-CEX	3
Behaviours		
Demonstrate awareness of the serious consequences of a diagnosis of leukaemia	ACAT, CbD, mini-CEX	1
Liaise closely with the haematology department in the early stages of the patient's care pathway	ACAT, CbD, mini-CEX, MSF	3

Dialysis *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Identify the importance of co-morbidities in patients on RRT	ACAT, CbD, DOPS, mini-CEX SCE	1
Outline indications for haemfiltration as a temporary measure	ACAT, CbD SCE	
Skills		
Place central venous dialysis catheter with meticulous aseptic technique	DOPS,	1
Behaviours		
Involve Renal Unit for specialist input	ACAT, CbD, DOPS, mini-CEX	3

Dyspepsia *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall the frequency of non-ulcer dyspepsia	CbD SCE	1
Recall the indications for oesophageal pH monitoring and manometry	CbD SCE	1
Recall surgical procedures to control acid reflux	CbD SCE	1
Recall Barrett's oesophagus, the diagnosis, the principles of management	CbD SCE	1
Skills		
Formulate management plan for peptic ulceration and non-ulcer dyspepsia for acute period of care	ACAT, CbD SCE	1
Institute appropriate management: lifestyle advice; test and treat; endoscopy referral	ACAT CbD SCE	1
Act on the results of gastroscopy and arrange further investigations including imaging in patients with non-responsive dyspepsia	CbD SCE	1
Review medication particularly in patient's with multisystem disease	CbD SCE	1
Behaviours		
Encourage patient to follow lifestyle advice, and use minimal effective doses of acid suppression medication	CbD	3
Recognise National Guidelines on dyspepsia e.g. NICE	CbD SCE	1

Dysuria *AIM*

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

Skills	Assessment Methods	GMP Domains
Provide patient with detailed information on prevention of recurrent urinary tract infections	ACAT, CbD, mini-CEX	3
Behaviours		
Recognise the need for Urological input in appropriate cases of Urinary Tract Infection	ACAT, CbD, mini-CEX SCE	1

Genital Discharge and Ulceration *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall the complications of untreated STDs	CbD SCE	1
Recall the causes of non-infective urethritis	CbD SCE	1
Recall and recognise genital skin diseases including squamous cell carcinoma and lichen sclerosus	CbD, mini-CEX SCE	1

Skills		
Formulate a management plan	ACAT, CbD	1
Prescribe appropriate anti-microbials after consultation with microbiology or genito-urinary medical team	ACAT, CbD, MSF	1,2
Behaviours		
Involve genito-urinary medical team as appropriate	ACAT, CbD, MSF	3
Recognise importance of offering screening of other sexually transmitted diseases following counselling: HIV, hepatitis, syphilis	CbD	1

Haematuria *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Broadly outline the pathophysiology of glomerulonephritis	ACAT, CbD, mini-CEX SCE	1
Outline the indications for renal biopsy	ACAT, CbD, mini-CEX SCE	1
Skills		
Undertake appropriate investigations when glomerulonephritis is suspected	ACAT, CbD, mini-CEX SCE	1
Choose appropriate mode of imaging: USS, CT, IVP	ACAT, CbD, mini-CEX SCE	1
Behaviours		
Involve appropriate specialist colleagues when indicated	ACAT, CbD, mini-CEX, MSF	3
Discuss with patient likely outcomes and prognosis of condition and requirement for long term review	ACAT, CbD, mini-CEX	3

Haemoptysis *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Elucidate unusual causes of haemoptysis as indicated by presentation	ACAT, CbD, mini-CEX SCE	1
Define need for specialist investigations	ACAT, CbD, mini-CEX SCE	1
Identify indications for specialist investigations, e.g. bronchoscopy, CT chest, CT pulmonary angiography, angiography	ACAT, CbD, mini-CEX SCE	1
Skills		
Formulate a thorough differential diagnosis, including systemic causes	ACAT, CbD, mini-CEX SCE	1
Recognise the importance of co-morbidities in relation to presentation and treatment	ACAT, CbD, mini-CEX SCE	1

Behaviours		
Recognise need for timely specialist opinion including Respiratory, Renal and Rheumatology when appropriate	ACAT, CbD, mini-CEX, MSF	2
Promote outpatient management under care of respiratory team when appropriate	ACAT, CbD, mini-CEX, MSF	3

Head Injury *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Outline the indications for MR imaging (e.g. presence of neurological signs and symptoms referable to the cervical spine and if there is suspicion of vascular injury	ACAT, CbD SCE	1
Outline the indications for transfer from secondary settings to a neuroscience unit	ACAT, CbD, mini-CEX SCE	1
Recall the long term complications of head injury	ACAT, CbD, mini-CEX SCE	1
Outline the indication and the duration of anticonvulsant therapy in posttraumatic seizure.	CbD SCE	1
Outline the indication for intravenous mannitol.	CbD SCE	1
Skills		
Decide on appropriate venue of care: discharge, ward, HDU	ACAT, CbD, mini-CEX	1
Practise safe discharge decisions	ACAT, CbD, mini-CEX	2
Perform safe transfer from secondary settings to a neuroscience unit	ACAT, CbD	3
Outline how to perform safe transfer from secondary settings to a neuroscience unit	ACAT, CbD	3
Outline indications for intubation and ventilation for transfer from secondary settings to a neuroscience unit	ACAT, CbD SCE	1
Behaviours		
Recognise importance of multi-disciplinary rehabilitation following head injury	ACAT, CbD, mini-CEX	1
Advise patient on possible chronic symptoms following head injury	ACAT, CbD, mini-CEX	3
Advise indications for intubation and ventilation as per national guidelines (e.g. NICE)	ACAT, CbD, mini-CEX	3
Recommend GP follow up routinely at one week following discharge from hospital	ACAT, CbD, mini-CEX	3
Communicate with the neuroscience units to facilitate safe transfer of patients.		

Hoarseness and Stridor *AIM*

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

management plan (see also 'wheeze')		
Knowledge	**Assessment Methods**	**GMP Domains**
Outline the significance of the timing of the stridor within the respiratory cycle	ACAT, CbD, mini-CEX, SCE	1
Outline the indications for further investigations: bronchoscopy, CT of upper and lower airways, laryngoscopy, MRI, lung function testing	ACAT, CbD, mini-CEX SCE	1
Outline use of helium/oxygen mixture for critical stridor	ACAT, CbD, mini-CEX SCE	1
Skills		
Initiate appropriate anti-microbial therapy if infective cause is suspected	ACAT, CbD, mini-CEX	1
Discontinue or alter management plan e.g. inhaled steriods	ACAT, CbD, mini-CEX SCE	1
Formulate management plan for acute period of care	ACAT, CbD, mini-CEX	1
Recognise potential need for urgent tracheostomy and liaise with appropriately skilled colleague promptly	ACAT, CbD, mini-CEX SCE	1, 3
Behaviours		
Involve specialist teams as appropriate	ACAT, CbD, mini-CEX, MSF	3

Hypothermia *AIM*

The trainee will be able to assess a patient presenting with hypothermia to establish the cause, investigate appropriately, formulate and implement a management plan		
Knowledge	**Assessment Methods**	**GMP Domains**
Differentiate between submersion and immersion and outline the management of each	CbD SCE	1
Recall methods of rewarming in severe hypothermia	CbD SCE	1
Skills		
Recognise and treat the complications of hypothermia	ACAT, CbD SCE	1
Prevent complications of hypothermia	ACAT, CbD SCE	1
Behaviours		
Anticipate problems on discharge to prevent recurrence in consultation with multi-disciplinary team	ACAT, CbD, MSF	2,3

Immobility *AIM*

The trainee will be able to assess a patient with immobility to produce a valid differential diagnosis, investigate appropriately, and produce a management plan		
Knowledge	**Assessment Methods**	**GMP Domains**
Recall the resources available for improving mobility in hospital and community	ACAT, CbD SCE	1
Recall the local mechanisms available for managing patients with reduced mobility between primary and secondary care e.g. rapid	ACAT, CbD SCE	1

response teams, day hospital, hospital at home, long term care, respite care, step down/step up facilities and home rehabilitation		
Skills		
Perform evaluation of functional status including ADL, mobility including gait and balance	ACAT, DOPS	1
Identify key features in history and examination which may indicate an unusual or remediable cause for the immobility	CbD, mini-CEX SCE	1
Discharge planning understanding of the resources available for older people within the community	ACAT, CbD, MSF	3
Behaviours		
Chair team meetings with goal setting and communicate with patients and relatives sensitively	mini-CEX, MSF, PS	3
Demonstrate willingness to liaise with primary care and community services	MSF	3
Demonstrate empathy when discussing long term goals including disability services and residential care with patients, their relatives and carers	mini-CEX, MSF, PS	4

Incidental Findings *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Outline acute management for malignant or accelerated hypertension, including investigations into a secondary cause	ACAT, CbD, mini-CEX SCE	1
Distinguish between hypertensive emergencies and hypertensive urgencies	ACAT, CbD, mini-CEX SCE	1
Outline the investigation and management of incidental pulmonary hypertension found on echo	CbD, mini-CEX SCE	1
Outline the investigation and management of incidentalomas (e.g. pituitary, adrenal) found on CT or MRI	CbD, mini-CEX SCE	1
Skills		
Manage malignant or accelerated hypertension appropriately	CbD, mini-CEX SCE	1
Manage pulmonary hypertension appropriately	CbD, mini-CEX SCE	1
Manage incidentalomas (e.g. pituitary, adrenal) found on CT or MRI appropriately	CbD, mini-CEX SCE	1
Practise safe discharge planning	CbD, MSF, mini-CEX	2
Behaviours		
Coordinate with GP and specialist colleagues the most appropriate method of ongoing care	CbD, MSF, mini-CEX	3

Involuntary Movements *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall the investigations indicated to reach a diagnosis	CbD, mini-CEX SCE	1
Skills		
Recognise more uncommon types of involuntary movements e.g. spinal myoclonus, athetosis	ACAT, mini-CEX SCE	1
Formulate a management plan for acute period of care: social support, drugs, OT, physiotherapy	ACAT, CbD SCE	1
Behaviours		
Recommend support services and patient organisations	ACAT, CbD	1,3
Involve specialist nurse / neurologist when appropriate	ACAT, CbD, MSF	3

Joint Swelling *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall the clinically pertinent complications of diseases of the musculoskeletal system and their treatments	ACAT, CbD SCE	1
Demonstrate awareness of risks of drugs used in rheumatic diseases in relation to comorbidities	ACAT, CbD, MSF SCE	1, 2
Demonstrate understanding of serological tests in diagnosis and management	CbD SCE	1
Skills		
Recognise when joint swelling heralds the presentation of a systemic disease and treat appropriately	ACAT, CbD, mini-CEX	1
Employ appropriate use of other imaging techniques in diagnosis	ACAT, CbD SCE	1
Employ appropriate use of serological tests in diagnosis and treatment decisions	ACAT, CbD SCE	1
Behaviours		
Demonstrate awareness of need for specialist radiological advice	ACAT, MSF	3
Involve rheumatology or orthopaedic team when indicated	ACAT, MSF	3

Lymphadenopathy *AIM*

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

Knowledge	Assessment Methods	GMP Domains

Outline more specialised investigations as appropriate	ACAT, CbD, mini-CEX SCE	1
Differentiate methods for obtaining lymphoid tissue	ACAT, CbD, mini-CEX	1
Skills		
Perform a fine needle aspiration using aseptic technique with minimal discomfort to patient	DOPS	1
Formulate a management plan for acute period of care	ACAT, CbD, mini-CEX	1
Behaviours		
Follow local and national guidance on notification of communicable diseases	ACAT, CbD, mini-CEX	2
Break bad news to patient and family sensitively in event of serious diagnosis	ACAT, CbD, mini-CEX	3
Recognise importance of a multi-disciplinary team in assessment and management of patients presenting with lymphadenopathy	ACAT, CbD, mini-CEX, MSF	3

Loin Pain *AIM*

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

Knowledge	Assessment Methods	GMP Domains
List causes for acute papillary necrosis	ACAT, CbD, mini-CEX SCE	1
Outline indications for more specialised investigations: CT, abdomen/pelvis, urine cytology	ACAT, CbD, mini-CEX SCE	1
Skills		
Interpret more detailed investigations: IVU, abdominal ultrasound, CT KUB	ACAT, CbD, mini-CEX SCE	1
Identify scenarios in which referred pain is likely	ACAT, CbD, mini-CEX SCE	1
Formulate management plan for acute period of care	ACAT, CbD, mini-CEX SCE	1
Behaviours		
Involve other specialists as appropriate	ACAT, CbD, mini-CEX	3

Medical Complications during acute Illness and following Surgical Procedures *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Identify factors which put patients at increased risk of developing medical complications of surgery	CbD SCE	1

Recall anaesthetic and analgesic complications	CbD SCE	1
Recall comorbidities such as Diabetes, Ischaemic heart disease, hypertension, obesity, COPD in the context of post-operative complications	CbD SCE	1
Outline pre-operative assessments which risk stratify surgical risk	CbD SCE	1
Skills		
Formulate diagnosis and a management plan for the acute period of care	CbD SCE	1
Initiate treatment, when appropriate, in consultation with the surgical team	CbD SCE	1
Consider the role of prescribed medication in patients with post-operative complications by carefully reviewing the full medical record	CbD SCE	1
Perform inreaching of appropriate surgical patients to the AMU/medical HDU for stabilisation		
Behaviours		
Involve surgical team in decision making processes	CbD	3
Liaise closely with the critical outreach team	CbD	3

Medical Problems in Pregnancy *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Understand the role of diagnostic imaging including the use of radiographs, CT and radio nucleotide scanning	ACAT, CbD, mini-CEX SCE	1
Drug prescribing in pregnancy and post partum	ACAT, CbD, mini-CEX SCE	1, 2
Skills		
Formulate a management for acute period of care: pre-eclampsia, eclampsia, suspected pulmonary embolism , infection, heart failure, diabetes mellitus, asthma, epilepsy	ACAT, CbD, mini-CEX SCE	1
Behaviours		
Recognise the importance of respiratory medicine and haematology input in the management of thrombo-embolic disease	ACAT, CbD, mini-CEX SCE	1
Recognise that patients with long-term conditions need specialist medical input before and throughout the pregnancy	ACAT, CbD, mini-CEX, MSF	1
Discuss with patient likely outcomes and prognosis of condition	ACAT, CbD, mini-CEX SCE	1
Seek expert advice when prescribing in pregnancy	ACAT, CbD, mini-CEX, MSF	3

Memory Loss (Progressive) *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall causes for young onset chronic confusion or memory loss	CbD SCE	1
Recall the commonly used pharmacological treatments for dementia and their indications for use	CbD SCE	1
Skills		
Interpret assessment and investigations to make appropriate diagnosis of dementia	ACAT, CbD SCE	1
Behaviours		
Involve neurologists or psychiatrists in elderly care when appropriate	ACAT, CbD, MSF	3
Recognise the legal implications of dementia	CbD SCE	1
Identify and anticipate the ethical and capacity issues that arise in patients with memory loss	CbD SCE	1

Micturition Difficulties *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Outlines management of patient to minimise risk of acute kidney injury	ACAT, CbD, DOPS , mini-CEX, SCE	1
Outline indications for more detailed investigation: abdominal and pelvic ultrasound, CT, urine cytology, urodynamics	ACAT, CbD, , mini-CEX SCE	1
Skills		
Recognise indications for supra-pubic catheterisation and refer appropriately	ACAT, CbD, DOPS, mini-CEX SCE	1
Formulate management plan for acute period of care	ACAT, CbD, mini-CEX	1
Behaviours		
Involve specialist teams appropriately	ACAT, CbD, mini-CEX	3
Participate in multi-disciplinary approach to care of patients with long term or intermittent catheterisation	ACAT, CbD, mini-CEX	3

Neck Pain *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall indications for more specialised tests: CT, MRI	ACAT, CbD SCE	1
Skills		
Formulate a management plan for the acute period of care for critically ill patient	ACAT, CbD, mini-CEX	1
Demonstrate the ability to recognise complex neurological features which may aid diagnosis and management	CbD, mini-CEX	1
Behaviours		
Involve other specialist teams as appropriate	CbD, MSF	3

Physical Symptoms in Absence of Organic Disease *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Define and differentiate from each other: somatisation disorders, malingering, dissociative disorders, hypochondriasis, psychogenic (or somatoform) pain disorders and factitious disorders	CbD, mini-CEX SCE	1
Recognise the phenomenon of excessive symptoms in the context of established disease e.g. breathlessness in well controlled asthma	CbD, mini-CEX SCE	1
Recall the reattribution approach	CbD SCE	
Skills		
Safely determine after appropriate work up that a patient is likely to have a non-organic cause for their presentation	CbD, mini-CEX	2
Identify underlying psychiatric disease: psychosis, depression, or anxiety	CbD, mini-CEX SCE	1
Formulate a management plan for acute period of care	CbD, mini-CEX	1
Use the reattribution approach: 1) Feeling understood – engage the patient and gather information 2) Broadening the agenda – to include social and psychological factors 3) Making the link – between physical symptoms, psychological distress, and social problem	CbD, mini-CEX, ACAT, SCE	1
Behaviours		
Recognise the pattern of repetition that non-organic presentations can have	CbD, SCE	1
Respect the distress the mode of presentation may be causing	mini-CEX, CbD	4
Adopt a non-judgemental sensitive attitude when engaging in counselling a patient over the likelihood of non-organic disease	mini-CEX, CbD	4
Involve psychiatric services when appropriate	CbD	3
Address security issues where necessary	CbD	2, 3, 4
Recognise the importance of the Primary Care team in assessment and management	CbD	2

Recognise the cultural differences in somatoform disorders	CbD	2
Communicate with primary Care and other local EDs where possible	CbD	3

Polydipsia *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Detailed knowledge of homeostatic mechanisms for fluid balance and defects that occur e.g. hypernatraemia, hyponatraemia	CbD, mini-CEX, SCE	1
Recall the subsequent investigations required to provide a definitive cause of polyuria	CbD, mini-CEX, SCE	1
Knowledge of the causes of diabetes insipidus	CbD, mini-CEX, SCE	1
Recall the mechanisms of altered water metabolism in patients with psychogenic polydipsia	CbD, mini-CEX, SCE	1
Recall how to correct disturbance of sodium balance if required	CbD, mini-CEX, SCE	1
Recall the indications for hypertonic saline in patients with psychogenic polydipsia	CbD, SCE	1
Skills		
Interpret the subsequent investigations required to provide a definitive cause of polyuria	CbD, mini-CEX, SCE	1
Start long term treatment for the cause of hyponatraemia e.g. desmopressin, bisphosphonates	CbD, mini-CEX	1
Monitor and alter fluid replacement regime according to electrolyte results	CbD, mini-CEX, SCE	1
Behaviours		
Seek specialist opinion from relevant specialist after cause for polydipsia determined when appropriate	CbD, mini-CEX	3
Communicate bad news sensitively and thoughtfully	mini-CEX	3

Polyuria *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Outline investigation and treatment of diabetes insipidus	ACAT, CbD, mini-CEX, SCE	1
Skills		
Formulate a management plan for acute period of care	ACAT, CbD, mini-CEX	1
Behaviours		
Involve specialist teams as appropriate	ACAT, CbD, mini-CEX	3

Pruritus *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Outline the indications for a skin biopsy	CbD, mini-CEX, SCE	1
Outline the indications of and side effects of topical steroids and differentiate their different potencies	CbD, SCE	1
Liaise closely with specialist dermatologists in managing the patient	CbD	1, 3
Skills		
Formulate a management plan for acute period of care	ACAT, CbD	1
Prescribe symptomatic remedies	CbD, SCE	1
Act on the results of initial investigations	CbD, SCE	1
Be aware of appropriate investigations for staging skin cancer	CbD, SCE	1
Review current and previously prescribed medication as possible causes for itch	CbD	1
Consider infective causes of itch	CbD, SCE	
Behaviours		
Advise on lifestyle measures to prevent dermatological disease	CbD	3
Sympathetically discus the impact of the patient's symptoms on their lifestyle	CbD	4

Rectal Bleeding *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall indications for sigmoidoscopy / colonoscopy	ACAT, CbD, SCE	1
Recall possible imaging modalities: contrast studies, CT, angiography, capsule endoscopy	ACAT, CbD, SCE	1
Recall the principal infective causes of rectal bleeding, their treatments	ACAT, CbD, SCE	1
Recall coagulopathy as a cause of rectal bleeding	ACAT, CbD, SCE	1
Recall the leading risk factors for colorectal cancer, family history, panulcerative colitis, previous history of colorectal polyps	CbD, SCE	
Skills		
Act on the results of initial investigations	ACAT, CbD, mini-CEX	1
Institute first line treatment when it is likely bleeding heralds an exacerbation of ulcerative colitis: aminosalicylates, corticosteroids, thrombosis prophylaxis	ACAT, CbD, mini-CEX, SCE	1
Ask for urgent review by specialist gastroenterologist	ACAT, CbD	3
Monitor vital signs, initiate blood transfusion where necessary	ACAT, mini-CEX	1

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

Skin and Mouth Ulcers *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Outline the indications for biopsy and immunofluorescence studies	ACAT, CbD, mini-CEX, SCE	1
Skills		
Construct a comprehensive list of differential diagnoses	ACAT, CbD, mini-CEX, SCE	1
Formulate a management plan for acute period of care	ACAT, CbD, mini-CEX	1
Behaviours		
Involve specialist team as appropriate	ACAT, CbD, mini-CEX, MSF	3

Speech Disturbance *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Outline more detailed investigations: neurophysiology, neuroimaging	ACAT, CbD, SCE	1
Skills		
Formulate a management plan for acute period of care	ACAT, CbD	1
Behaviours		
Discuss with patient likely outcomes and prognosis of condition and requirement for long term review	mini-CEX, PS	3, 4

Suicidal Ideation *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Outline the principles of the relevant Mental Health Act (e.g. sections 2, 3, 4 and 5) and common law in detail.	CbD, mini-CEX, SCE	1
Skills		
Risk stratify patients according to risk	CbD, mini-CEX, SCE	1,2
Discharge to appropriate setting patients who have been deemed to be at low risk of repeat suicidal attempt	ACAT, CbD, mini-CEX	2

Formulate a management plan for patients with co-existing psychiatric disease: medications, counselling	mini-CEX	2
Behaviours		
Recognise the importance of ongoing input by health services following discharge	CbD, mini-CEX	3
Liaise with psychiatric services re the use of the Mental health Act	CbD, mini-CEX	3

Swallowing Difficulties *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall the pathophysiology, staging, and therapeutic options of oesophageal malignancy	CbD, SCE	1
Identify curative and palliative treatment options for oesophageal malignancy	CbD, SCE	1
Outline treatment options in achalasia	CbD, SCE	1
Define odynophagia and list causes	CbD, SCE	1
Aware of the symptoms of pharyngeal pouch	CbD, SCE	1
Awareness of the complications of oesophageal stricture	CbD, SCE	1
Skills		
Select appropriate initial mode of investigation	CbD, SCE	1
Act on the results of investigations	CbD, SCE	1
Liaise with gastroenterologists and radiologists	CbD	3
Prescribe acid suppressants when a benign oesophageal stricture is found	CbD, SCE	1
Liaise with nutrition team in patients with malnutrition	CbD	3
Liaise with ENT specialists in patients with 'high' dysphagia	CbD	3
Behaviours		
Liaise with gastroenterologist, neurologist or palliative care promptly as appropriate	CbD	3
Consider the lifestyle advice needed for patients with chronic reflux	CbD	3

Syncope & Pre-syncope *AIM*

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

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

Outline the protocol for head up tilt testing.	CbD, SCE	1
Interpret the head up tilt test and classify the types of positive responses.	CbD, SCE	1
Understand the pathophysiological response to carotid sinus massage.	CbD, SCE	1
Outline the protocol for carotid sinus massage.	CbD, SCE	1
Interpret the positive response to carotid sinus massage.	CbD, SCE	1
Outline the indications for cardiac loop recorder	CbD, SCE	1
Skills		
Risk stratify patients who present with syncope	CbD, mini-CEX, SCE	1
Develop a management plan for acute period of care	ACAT, CbD, mini-CEX	1
Perform carotid sinus massage appropriately.	DOPS	1
Behaviours		
Recognise the need for specialised input e.g. falls and syncope specialist	ACAT, CbD, mini-CEX	3
Recognise problems specific to the elderly and address social needs	CbD, mini-CEX	3

Unsteadiness / Balance Disturbance *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Outline more complex investigations: neuroimaging, neurophysiology, audiometry	ACAT, CbD, SCE	1
Skills		
Perform bedside tests for vertigo: the Hallpike manoeuvre	DOPS	1
Formulate a management plan for acute period of care	ACAT, CbD	1
Behaviours		
Involve appropriate specialists as indicated	CbD	3
Engage multi-professional team including physiotherapy and occupational therapy as indicated	CbD	3

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

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

Knowledge	Assessment Methods	GMP Domains
Outline indications for more specialised investigation: neuroimaging, visual evoked potentials, lumbar puncture, optometry assessment	CbD, SCE	1
Outline implications for driving of visual field loss	CbD, SCE	1
Skills		

Produce comprehensive differential diagnosis	ACAT, CbD, SCE	1
Formulate management plan for acute and ongoing period of care	ACAT, CbD	1
Behaviours		
Involve specialists appropriately: ophthalmology, neurology, neurosurgery, stroke team	ACAT, CbD, MSF	3

Weight Loss *AIM*

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

Knowledge	Assessment Methods	GMP Domains
Recall more detailed investigations depending on context e.g. coeliac serology	CbD, SCE	1
Recall indications and complications of parenteral feeding	CbD, SCE	1
Skills		
Order, interpret and act on serological tests as a guide of degree of malnutrition in severe weight loss: e.g. phosphate, trace elements, albumin, iron studies	ACAT, CbD, SCE	1
Recognise and treat re-feeding syndrome	ACAT, CbD, SCE	1
Behaviours		
Involve specialist teams appropriately: gastroenterology, elderly care, psychiatry	ACAT, CbD, MSF	3
Recommend nutritional advice with the support of nutritional services, including adequate social support	CbD, mini-CEX , PS	3

System Specific Competencies

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

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

Common and / or Important Problems

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

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

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

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

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

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

Allergy

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

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise when specialist allergy opinion is required		PACES ACAT CbD mini-CEX	1
Be aware of the management and subsequent investigation of patients presenting with immune mediated medical emergencies:		PACES ACAT CbD mini-CEX	1
Anaphylaxis		PACES ACAT CbD mini-CEX	1
Laryngoedema		PACES ACAT CbD mini-CEX	1
Urticaria		PACES ACAT CbD mini-CEX	1
Angioedema		PACES ACAT CbD mini-CEX	1
Common Problems			
Anaphylaxis	C	MRCP Part 1 MRCP Part 2 PACES	1
Recognition of common allergies; introducing occupation	B	MRCP Part 1	1

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

Oncology

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

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise the terminally ill often present with problems with multi-factorial causes		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recognise that patients with oncological illness may present with co-exist illness separate from the primary disease and/or complicating the illness		MRCP part 2, PACES mini-CEX	
Recognise associated psychological and social problems		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Investigate appropriately		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recognise when specialist oncology or palliative care opinion is needed		PACES ACAT CbD	1

		mini-CEX	
Outline treatment principles with drawbacks: surgery, chemotherapy and radiotherapy		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Break bad news to patient and family with cancer in sensitive and appropriate manner		PACES ACAT CbD mini-CEX	1,3
Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount		PACES ACAT CbD mini-CEX	1,3,4
Recognise the dying phase of terminal illness		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Common Problems			
For the acute physician active liaison with local oncology services is vital to ensure management of complications of oncological disease is prompt effective and based on agreed protocols.	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Hypercalcaemia			
SVC obstruction	A B	MRCP Part 1 MRCP Part 2	1
Spinal cord compression	B	MRCP Part 1 MRCP Part 2	1
Neutropenic sepsis	C	MRCP Part 2	1
Common cancers (presentation, diagnosis, staging, treatment principles): lung, bowel, breast, prostate, stomach, oesophagus, bladder, skin, haematological, testicular and ovarian	B C	MRCP Part 1 MRCP Part 2	1
Premalignant conditions e.g. familial polyposis coli	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Paraneoplastic conditions e.g. ectopic ACTH	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Clinical Science			
Principles of oncogenesis and metastatic spread		MRCP Part 1	1
Apoptosis		MRCP Part 1	1
Principles of staging		MRCP Part 1 MRCP Part 2	1
Principles of screening		MRCP Part 1	1

	MRCP Part 2	
Pharmacology of major drug classes in palliative care: anti-emetics, opiods, NSAIDS, agents for neuropathic pain, bisphosphonates, laxatives, anxolytics	MRCP Part 1 MRCP Part 2	1

Palliative and End of Life Care

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

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

Care teams		ACAT CbD mini-CEX	
Recognise that referral to specialist palliative care is appropriate for patients with other life threatening illnesses as well as those with cancer		PACES ACAT CbD mini-CEX	1
Common Problems – Palliative Care			
Pain:			
appropriate use	B C	MRCP Part 1 MRCP Part 2	1
analgesic ladder	C	MRCP Part 1 MRCP Part 2	1
side effects	C	MRCP Part 1 MRCP Part 2	1
role of Radiotherapy	A	MRCP Part 2	1
Constipation	B C	MRCP Part 1 MRCP Part 2	1
Breathlessness	B C	MRCP Part 1 MRCP Part 2	1
Nausea and vomiting	B C	MRCP Part 1 MRCP Part 2	1
Anxiety and depressed mood	B C	MRCP Part 1 MRCP Part 2	1
Clinical Science			
Pharmacology of major drug classes in palliative care: anti-emetics, opioids, NSAIDS, agents for neuropathic pain, bisphosphonates, laxatives, anxiolytics		MRCP Part 1 MRCP Part 2 PACES	1

Cardiovascular Medicine

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

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise when specialist Cardiology opinion is indicated		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Outline risk factors for cardiovascular disease		MRCP Part 2 PACES ACAT CbD mini-CEX	1

Counsel patients on risk factors for cardiovascular disease		PACES ACAT CbD mini-CEX	1
Outline methods of smoking cessation of proven efficacy (see below)		PACES ACAT CbD mini-CEX	1
Common Problems			
Arrhythmias:			
heart block, resistant arrhythmia	B	MRCP Part 1 MRCP Part 2 PACES	1
SVT, AF, VT, VF	C	MRCP Part 1 MRCP Part 2 PACES	1
Cardiac arrest	C	MRCP Part 1 MRCP Part 2 PACES	1
Pacemaker rhythms	C	MRCP Part 2 PACES	1
Misplacement of ECG leads	B	MRCP Part 2	1
Ischaemic Heart Disease: acute coronary syndromes, stable angina, atherosclerosis	C	MRCP Part 1 MRCP Part 2 PACES	1
Heart Failure (medical management and interventional therapy)	C	MRCP Part 1 MRCP Part 2 PACES	1
Hypertension - including investigation and management of accelerated hypertension in pregnancy	C	MRCP Part 1 MRCP Part 2 PACES	1
Valvular Heart Disease	A B B	MRCP Part 1 MRCP Part PACES	1
Endocarditis	C	MRCP Part 1 MRCP Part 2 PACES	1
Aortic dissection	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Congenital heart disease e.g. ASD	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Pericarditis	A	MRCP Part 1	1

	C	MRCP Part 2	
Cardiomyopathies	A	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Orthostatic hypotension	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Syncope	C	MRCP Part 1	1
		MRCP Part 2	
		PACES	
Dyslipidaemia	B	MRCP Part 2	1
		PACES	
Clinical Science			
Anatomy and function of cardiovascular system		MRCP Part 1	1
		PACES	
Physiological principles of cardiac cycle and cardiac conduction		MRCP Part 1	1
		PACES	
Homeostasis of the circulation		MRCP Part 1	1
		PACES	
Atherosclerosis		MRCP Part 1	1
		PACES	
Pharmacology of major drug classes: beta adrenoceptor blockers, alpha adrenoceptor blockers, ACE inhibitors, ARBs, anti-platelet agents, thrombolysis, inotropes, calcium channel antagonists, potassium channel activators, diuretics, anti-arrhythmics, anti-coagulants, lipid modifying drugs, nitrates, centrally acting anti-hypertensives		MRCP Part 1	1
		MRCP Part 2	
		PACES	

Clinical Genetics

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

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise the organisation and role of Clinical Genetics and when to seek specialist advice		MRCP Part 2	1
		PACES	
		ACAT	
		CbD	
		mini-CEX	
Take and interpret a complete family history		MRCP Part 2	1
		PACES	
		ACAT	
		CbD	
		mini-CEX	
Recognise the anxiety caused to an individual and their family when investigating genetic susceptibility to disease		PACES	1
		ACAT	
		CbD	

		mini-CEX	
Recognise the importance of skilled counselling in the investigation of genetic susceptibility to disease		PACES ACAT CbD mini-CEX	1,3
Recognise basic patterns of inheritance		MRCP Part 1 MRCP Part 2 ACAT CbD mini-CEX	1
Understand the ethical implications of molecular testing and screening: confidentiality, screening children, pre-symptomatic testing		PACES ACAT CbD mini-CEX	1
Estimate risk for relatives of patients with Mendelian disease		MRCP Part 1 MRCP Part 2 ACAT CbD mini-CEX	1
Recognise the differing attitudes and beliefs towards inheritance		PACES ACAT CbD mini-CEX	1
Common Problems			
Cystic Fibrosis	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Down's syndrome	A	MRCP Part 1 MRCP Part 2	1
Familial cancer syndromes	A	MRCP Part 2	1
Familial cardiovascular disorders	A	MRCP Part 2	1
Haemochromatosis	A C	MRCP Part 1 MRCP Part 2	1
Haemophilia	B	MRCP Part 1 MRCP Part 2 PACES	1
Huntington's disease	A	MRCP Part 2	1
Klinefelter syndrome	A	MRCP Part 2	1
Marfan's syndrome	B	MRCP Part 2 PACES	1
Polycystic kidney disease	B	MRCP Part 1	1

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

Clinical Pharmacology

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

Competencies	Degree of Knowledge	Assessment Methods	GMP
Practise safe prescribing: Effects of: renal or liver impairment; old age; pregnancy		MRCP Part 1 MRCP Part 2 ACAT CbD mini-CEX	1,2
Outline importance of drug interactions and role CYP450 isoenzymes		MRCP Part 1 MRCP Part 2 ACAT CbD mini-CEX	1,2
Outline drugs requiring therapeutic monitoring		MRCP Part 1 MRCP Part 2 PACES ACAT CbD mini-CEX	1,2

Use national and local guidelines on appropriate and safe prescribing (BNF, NICE)		MRCP Part MRCP Part 2 ACAT CbD mini-CEX	1,2
Write a clear and unambiguous prescription		PACES ACAT CbD mini-CEX	1
Engage patients in discussions on drug choice, and side effects		PACES ACAT CbD mini-CEX	1,3
Recognise range of adverse drug reactions to commonly used drugs		MRCP Part 1 MRCP Part 2 PACES ACAT CbD mini-CEX	1
Use Yellow Card report scheme for adverse drug reactions		ACAT CbD mini-CEX	1
Liaise effectively with pharmacists		ACAT CbD mini-CEX	1
Discuss therapeutic changes with patient and discuss with GP promptly and comprehensively		ACAT CbD mini-CEX	1
Competently formulate management plan for poisoning and adverse drug reactions		MRCP Part 2 ACAT CbD mini-CEX	1
Demonstrate appropriate use of a toxicology database (eg Toxbase)		PACES ACAT CbD mini-CEX	1
Common Problems			
Corticosteroid treatment: short and long-term complications	C	MRCP Part 1 MRCP Part 2	1
bone protection	B C	MRCP Part 1 MRCP Part 2	1
safe withdrawal of corticosteroids	B	MRCP Part 2	1
patient counselling regarding avoidance of adrenal crises	C	PACES	1
Specific treatment of poisoning with:			

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

Dermatology

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

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

Common Problems			
Psoriasis	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Eczema	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Skin tumours (see competencies column)	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Skin failure: eg erthryoderma, toxic epidermal necrolysis	B	PACES	1
Urticaria and angio-oedema	C	MRCP Part 1	1
		MRCP Part 2	
		PACES	
Cutaneous vasculitis	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Dermatomyositis	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Scleroderma	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Cellulitis	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Viral infections eg Herpes Zoster and Herpes Simplex infections	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Bacterial infections eg impetigo	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Fungal infections eg tinea	A	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Ulcers	A	MRCP Part 1	1
	C	MRCP Part 2	
		PACES	
Bullous disorders	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Skin infestations	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	

Cutaneous drug reactions	B	MRCP Part 2 PACES	1
Lymphoedema	B	MRCP Part 2 PACES	1
Skin manifestations of systematic disorder	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Clinical Science			
Structure and function of skin, hair and nails		MRCP Part 1 PACES	1
Pharmacology of major drug classes: topical corticosteroids, immunosuppressants		MRCP Part 1	1

Diabetes and Endocrinology

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

Competencies	Degree of Knowledge	Assessment Methods	GMP
Elucidate a full diabetic medical history		PACES ACAT CbD mini-CEX	1
Recall diagnostic criteria for diabetes mellitus		MRCP Part 1 MRCP Part 2 PACES ACAT CbD mini-CEX	1
Assess diabetic patient to detect long term complications		PACES ACAT CbD mini-CEX	1
Formulate and appropriate management plan, including newly diagnosed and established diabetic patients to prevent short and long term complications		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Outline common insulin regimens for type 1 diabetes mellitus		MRCP Part 2 PACES ACAT CbD mini-CEX	1
Outline drug management of type 2 diabetes mellitus: oral hypoglycaemics, glitazones, primary and secondary vascular preventative agents		MRCP Part 1 MRCP Part 2 PACES	1

		ACAT CbD mini-CEX	
Recognise vital importance of patient education and a multidisciplinary approach for the successful long-term care of diabetes		PACES ACAT CbD mini-CEX	1
Recognise when specialist Endocrine or Diabetes opinion is indicated		PACES ACAT CbD mini-CEX	1
Common Problems			
Diabetic ketoacidosis	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Non-acidotic hyperosmolar coma / severe hyperglycaemia	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Hypoglycaemia	C	MRCP Part 1 MRCP Part 2 PACES	1
Care of the acutely ill diabetic	B C	MRCP Part 1 MRCP Part 2	1
Peri-operative diabetes care	B	MRCP Part 2 PACES	1
Hyper/Hypocalcaemia	B C	MRCP Part 1 MRCP Part 2 PACES	1
Adrenocortical insufficiency	A B	MRCP Part 1 MRCP Part 2	1
Hyper/Hyponatraemia	A C	MRCP Part 1 MRCP Part 2	1
Thyroid dysfunction	B C	MRCP Part 1 MRCP Part 2 PACES	1
Dyslipidaemia	A C	MRCP Part 1 MRCP Part 2 PACES	1
Endocrine emergencies: myxoedema coma, thyrotoxic crisis, Addisonian crisis, hypopituitary coma, phaeochromocytoma crisis	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Polycystic ovarian syndrome	A B	MRCP Part 1 MRCP Part 2	1
Amenorrhoea	A	MRCP Part 1	1

	B	MRCP Part 2	
Diabetes insipidus	A	MRCP Part 1	1
	C	MRCP Part 2	
Cushing's syndrome	A	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Pituitary tumours egprolactinoma, acromegaly and their complications eg SIADH	A	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Turner's syndrome	A	MRCP Part 1	1
		MRCP Part 2	
Bone diease: oeteoporosis and osteomalcia	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Clinical Science			
Structure and function of hypothalamus, pituitary, thyroid, adrenals, gonads, parathyroids, pancreas		MRCP Part 1	1
		PACES	
Outline the structure and function of hormones		MRCP Part 1	1
		PACES	
Principles of hormone receptors, action, secondary messengers and feedback		MRCP Part 1	1
		PACES	
Pharmacology of major drug classes: insulin, oral antidiabetics, thyroxine, anti-thyroid drugs, corticosteroids, sex hormones, drugs affecting bone metabolism		MRCP Part 1	1
		MRCP Part 2	
		PACES	

Gastroenterology and Hepatology

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

Competencies	Degree of Knowledge	Assessment Methods	GMP
Understand the role of specialised diagnostic and therapeutic endoscopic procedures		ACAT, CbD, mini-CEX	1
Recognise when specialist Gastroenterology or Hepatology opinion is indicated		ACAT, CbD, mini-CEX	1
Recognise when a patient's presentation heralds a surgical cause and refer appropriately		ACAT, CbD, mini-CEX	1
Perform a nutritional assessment and address nutritional requirements in management plan		ACAT, CbD, mini-CEX	1
Outline role of specialist multi-disciplinary nutrition team		ACAT, CbD, mini-CEX	1
Common Problems			
Peptic Ulceration and Gastritis	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	

Gastroenteritis	B	MRCP Part 1 MRCP Part 2 PACES	1
GI malignancy (oesophagus, gastric, hepatic, pancreatic, colonic)	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Inflammatory bowel disease	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Iron Deficiency anaemia	B B C	MRCP Part 1 MRCP Part 2 PACES	1
Acute GI bleeding	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Acute abdominal pathologies: pancreatitis, cholecystitis, appendicitis, leaking abdominal Baortic aneurysm	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Functional disease: irritable bowel syndrome, non-ulcer dyspepsia	A B	MRCP Part 1 MRCP Part 2	1
Coeliac disease	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Alcoholic liver disease	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Alcohol withdrawal syndrome	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Acute liver dysfunction: jaundice, ascites, encephalopathy	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Liver cirrhosis	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Gastro-oesophageal reflux disease	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Nutrition: indications, contraindications and ethical dilemmas of nasogastric feeding and PEG tubes, IV nutrition, re-feeding syndrome	A	MRCP Part 2 PACES	1
Parenteral feeding	A	MRCP Part 2 PACES	1
Gall stones	B	MRCP Part 1 MRCP Part 2	1

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

Haematology

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

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise when specialist Haematology opinion is indicated		PACES, ACAT, CbD, mini-CEX	1
Practise safe prescribing of blood products, including appropriate patient counselling		MRCP Part 2, ACAT, CbD, mini-CEX	1,2
Outline indications, contraindications, side effects and therapeutic monitoring of anticoagulant medications		MRCP Part 2, PACES, ACAT, CbD mini-CEX	1

Common Problems			
Bone marrow failure: causes and complications	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Bleeding disorders: DIC, haemophilia	B	MRCP Part 1	1
		MRCP Part 2	
		PACES	
Thrombocytopaenia	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Anticoagulation treatment: indications, monitoring, management of over-treatment	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Transfusion reactions	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Anaemia: iron deficient, megaloblastic, haemolysis, sickle cell	C	MRCP Part 1	1
		MRCP Part 2	
		PACES	
Thrombophilia: classification; indications and implications of screening	A	MRCP Part 1	1
	B	MRCP Part 2	
	C	PACES	
Haemolytic disease	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Myelodysplastic syndromes	A	MRCP Part 1	1
		MRCP Part 2	
		PACES	
Leukaemia	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Lymphoma	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Myeloma	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Myeloproliferative diseas	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Inherited disorders of haemoglobin (sickle cell disease, thalassaemias)	A	MRCP Part 1	1
	C	MRCP Part 2	
Amyloid	A	MRCP Part 1	1
		MRCP Part 2	

		PACES	
Principles of haematopoietic stem cell transplantation	A	MRCP Part 2 PACES	1
Clinical Science			
Structure and function of blood, reticuloendothelial system, erythropoietic tissues		MRCP Part 1 PACES	1
Haemoglobin structure and function		MRCP Part 1	1
Haemopoiesis		MRCP Part 1	1
Metabolism of iron, B12 and folate		MRCP Part 1	1
Coagulation		MRCP Part 1	1
Level Descriptor			

Immunology

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

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise the role of the Clinical Immunologist		ACAT, CbD, mini-CEX	1
Common Problems			
Anaphylaxis (see also “Allergy”)	C	MRCP Part 1 MRCP Part 2	1
Immunodeficiencies e.g. hypogammaglobulinaemia, common variable immune deficiency	B	MRCP Part 2	1
Clinical Science			
Structure and function of reticuloendothelial system		MRCP Part 1 PACES	1
Innate and adaptive immune responses		MRCP Part 1 PACES	1
The Complement System: structure and function		MRCP Part 1 PACES	1
Principles of Hypersensitivity		MRCP Part 1 PACES	1
Principles of transplantation		PACES MRCP Part 2	1

Infectious Diseases

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

Competencies	Degree of Knowledge	Assessment Methods	GMP
Elucidate risk factors for the development of an infectious disease including contacts, travel, animal contact and sexual history		MRCP Part 2, PACES, ACAT, CbD mini-CEX	1
Recognise when specialist Microbiology or Infectious Diseases opinions are indicated		PACES, ACAT, CbD, mini-CEX	1
Recognise when a patient is critically ill with sepsis, promptly initiate treatment and liaise with critical care and senior colleagues		MRCP Part 2 ACAT, CbD, mini-CEX	1
Outline spectrum of cover of common anti-microbials, recognising complications of inappropriate use		MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Use local anti-microbial prescribing guidelines, including therapeutic drug monitoring when indicated		MRCP Part 2, ACAT, CbD, mini-CEX	1
Recognise importance of immunisation and Public Health in infection control, including reporting notifiable diseases		MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Outline principles of prophylaxis eg anti-malarials		MRCP Part 1 MRCP Part 2 PACES, ACAT, CbD, mini-CEX	1
Common Problems			
Fever of unknown origin	B	MRCP Part 1 MRCP Part 2 PACES	1
Complications of sepsis: shock, DIC, ARDSB	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Common community acquired infection: LRTI, UTI, skin and soft tissue infections, viral Cexanthema, gastroenteritis	B C C	MRCP Part 1 MRCP Part 2 PACES	1
CNS infection: meningitis, encephalitis, brain abscess	B C C	MRCP Part 1 MRCP Part 2 PACES	1

Fever in the returning traveller	A	MRCP Part 2 PACES	1
HIV and AIDS including ethical considerations of testing	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Infections in immuno-compromised host	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Tuberculosis	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Anti-microbial drug monitoring	B	MRCP Part 1 MRCP Part 2 PACES	1
Endocarditis	A B	MRCP Part 1 MRCP Part 2	1
Common genito-urinary conditions: non-gonococcal urethritis, gonorrhoea, syphilis	A B	MRCP Part 1 MRCP Part 2	1
Fungal infections e.g. aspergillus, pneumocystis jirovecii infection	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Lyme disease	A C	MRCP Part 1 MRCP Part 2	1
Viral infections e.g. erythrovirus, infectious mononucleosis, erythrovirus infection, herpes virus infections	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Clinical Science			
Mechanisms of organism pathogenesis		MRCP Part 1	1
Host response to infection		MRCP Part 1 PACES	1
Principles of vaccination		MRCP Part 1 PACES	1
Pharmacology of major drug classes: penicillins, cephalosporins, tetracyclines, aminoglycosides, macrolides, sulphonamides, quinolones, metronidazole, anti-tuberculous drugs, anti-fungals, anti-malarials, anti-helmintics, anti-virals		MRCP Part 1 PACES	1

Elderly

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

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

	B	MRCP Part 2	
Stroke and transient ischaemic attack	C	MRCP Part 1 MRCP Part 2 PACES	1
Falls	A B	MRCP Part 1 MRCP Part 2 PACES	1
Age related pharmacology	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Hypothermia	B	MRCP Part 2 PACES	1
Continence problems	A	MRCP Part 2 PACES	1
Dementia	A B	MRCP Part 1 MRCP Part 2	1
Movement diseases including Parkinson's disease	C	MRCP Part 1 MRCP Part 2 PACES	1
Depression in the elderly	C	MRCP Part 1 MRCP Part 2 PACES	1
Osteoporosis	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Malnutrition	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Osteoarthritis	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Ulcers: leg and pressure areas	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Clinical Science			
Effects of ageing on the major organ systems		MRCP Part 1	1
Normal laboratory values in older people		MRCP Part 1 PACES	1

Musculoskeletal

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

Competencies	Degree of Knowledge	Assessment Methods	GMP
Accurately describe the examination features of musculoskeletal disease following full assessment		PACES, ACAT, CbD, mini-CEX	1
Recognise when specialist Rheumatology opinion is indicated		PACES, ACAT, CbD, mini-CEX	1
Outline the indications, contraindications and side effects of the major immunosuppressive drugs used in rheumatology including corticosteroids		MRCP Part 2, PACES, ACAT, CbD, mini-CEX	1
Recognise the need for long term review in many cases of rheumatological disease and their treatments		PACES, ACAT, CbD, mini-CEX	1
Recognise importance of e.g. multidisciplinary approach to rheumatological disease including physio, OT		PACES, ACAT, CbD, mini-CEX	1,3
Use local / national guidelines appropriately e.g. osteoporosis		MRCP Part 1 MRCP Part 2 PACES, ACAT, CbD, mini-CEX	1
Common Problems			
Septic arthritis	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Rheumatoid arthritis	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Osteoarthritis	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Seronegative arthritides	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Crystal arthropathy	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Osteoporosis – risk factors, and primary and secondary prevention of complications of osteoporosis	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Polymyalgia and temporal arteritis	C	MRCP Part 1	1

		MRCP Part 2 PACES	
Acute connective tissue disease: systemic lupus erythematosus, scleroderma, poly- and dermatomyositis, Sjogren's syndrome, vasculitides	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Paget's disease	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Osteomyelitis	A C	MRCP Part 1 MRCP Part 2	1
Avascular necrosis	B	MRCP Part 2	1
Clinical Science			
Structure and function of muscle, bone, joints, synovium		MRCP Part 1 PACES	1
Bone metabolism		MRCP Part 1 PACES	1
Pharmacology of major drug classes: NSAIDS, corticosteroids, immunosuppressants, colchicines, allopurinol, bisphosphonates		MRCP Part 1 MRCP Part 2 PACES	1

Neurology

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

Competencies	Degree of Knowledge	Assessment Methods	GMP
Define the likely site of a lesion within the nervous system following full assessment		PACES, ACAT, CbD, mini-CEX	1
Recognise when specialist Neurology opinion is indicated		PACES, ACAT, CbD, mini-CEX	1
Recognise when a patient's presentation heralds a neurosurgical emergency and refer appropriately		PACES, ACAT, CbD, mini-CEX	1
Common Problems			
Acute new headache	C	MRCP Part 1 MRCP Part 2 PACES	1
Stroke and transient ischaemic attack	C	MRCP Part 1 MRCP Part 2 PACES	1
Sub-arachnoid haemorrhage	B	MRCP Part 1 MRCP Part 2 PACES	1
Coma	B	MRCP Part 1	1

		MRCP Part 2	
Central Nervous System infection: encephalitis, meningitis, brain abscess	C	MRCP Part 1 MRCP Part 2	1
Raised intra-cranial pressure	B	MRCP Part 1 MRCP Part 2 PACES	1
Sudden loss of consciousness including seizure disorders (see also syncope)	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Acute paralysis: Guilian Barre, myasthenia gravis, spinal cord lesion	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Multiple sclerosis	C	MRCP Part 1 MRCP Part 2 PACES	1
Motor neurone disease	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Confusional states: Wernicke’s encephalophy	B C	MRCP Part 1 MRCP Part 2	1
Dementia	A B	MRCP Part 1 MRCP Part 2	1
Movement disorders: Parkinson;s disease, essential tremor	C	MRCP Part 1 MRCP Part 2 PACES	1
Myoclonus	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Vertigo	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Sleep disorders	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Neuropathies: peripheral an cranual	A B B	MRCP Part 1 MRCP Part 2 PACES	1
CNS tumours: cerebral metastases, pituitary tumours	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Retinopathy: diabetes mellitus , retinitis pigmentosa, retinal ischaemia or haemorrhage	C	MRCP Part 2 PACES	1
Visual disturbance	A B	MRCP Part 1 MRCP Part 2	1

	B	PACES	
Clinical Science			
Structure and function of the central, peripheral and sympathetic nervous systems		MRCP Part 1 PACES	1
Physiology of nerve conduction		MRCP Part 1	1
Principles of neurotransmitters		MRCP Part 1	1
Structure and physiology of visual, auditory, and balance systems		MRCP Part 1 PACES	1
Cerebral automaticity		MRCP Part 1 PACES	1
Anatomy or cerebral blood supply		MRCP Part 1 PACES	1
Brain death		MRCP Part 1 PACES	1
Pathophysiology of pain		MRCP Part 1 PACES	1
Speech and language		MRCP Part 1 PACES	1
Pharmacology of major drug classes: anxiolytics, hypnotics inc. benzodiazepines, anti-epileptics, anti-parkinson drugs (anti-muscarinics, dopaminergics)		MRCP Part 1 MRCP Part 2 PACES	1

Psychiatry

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

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

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

Renal Medicine

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

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

obstruction		MRCP Part 2 PACES, ACAT, CbD, mini-CEX	
Recognise when specialist Nephrology or Urology opinion is indicated		ACAT, CbD, mini-CEX	1
Identify patients who are at high risk of renal dysfunction in event of illness or surgery, and institute preventative measures		PACES, ACAT, CbD, mini-CEX	1
Common Problems			
Acute kidney injury	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Chronic renal failure	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Glomerulonephritis	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Nephrotic syndrome	A C C	MRCP Part 1 MRCP Part 2 PACES	1
Urinary tract infections	C	MRCP Part 1 MRCP Part 2	1
Urinary Calculus	A B B	MRCP Part 1 MRCP Part 2 PACES	1
Renal replacement therapy	A B C	MRCP Part 1 MRCP Part 2 PACES	1
Disturbances of potassium, acid/base, and fluid balance (and appropriate acute interventions)	B	MRCP Part 1 MRCP Part 2 PACES	1
Polycystic kidney diseas	B C C	MRCP Part 1 MRCP Part 2 PACES	1
Clinical Science			
Structure and function of the renal and urinary tract		MRCP Part 1 PACES	1
Homeostasis of fluid, electrolytes and acid base		MRCP Part 1 PACES	1
Urine composition		MRCP Part 1	1
Measurement of renal function		MRCP Part 1 PACES	1
Metabolic perturbations of acute, chronic, and end-stage renal		MRCP Part 1	1

failure and associated treatments

Respiratory Medicine

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

Competencies	Degree of Knowledge	Assessment Methods	GMP
Recognise when specialist Respiratory opinion is indicated		PACES, ACAT, CbD, mini-CEX	1
Safe oxygen prescribing		MRCP Part 2 PACES, ACAT, CbD, mini-CEX	1
Principles of short and long term oxygen therapy		MRCP Part 2 PACES, ACAT, CbD, mini-CEX	1
Outline the different delivery systems for respiratory medications		PACES, ACAT, CbD, mini-CEX	1
Outline methods of smoking cessation of proven efficacy		PACES, ACAT, CbD, mini-CEX	1
Counsel patients in smoking cessation appropriately		PACES, ACAT, CbD, mini-CEX	1,3
Take a thorough Occupational History to identify risk factors for lung disease		PACES, ACAT, CbD, mini-CEX	1
Common Problems			
COPD	C	MRCP Part 1 MRCP Part 2 PACES	1
Asthma	C	MRCP Part 1 MRCP Part 2 PACES	1
Pneumonia	C	MRCP Part 1 MRCP Part 2 PACES	1
Pleural disease: Pneumothorax, pleural effusion, mesothelioma	C	MRCP Part 1 MRCP Part 2 PACES	1
Lung cancer	B	MRCP Part 1 MRCP Part 2 PACES	1
Respiratory failure and methods of respiratory support	A	MRCP Part 1	1

	B	MRCP Part 2	
	B	PACES	
Pulmonary embolism and DVT	B	MRCP Part 1	1
	C	MRCP Part 2	
	C	PACES	
Tuberculosis	C	MRCP Part 1	1
		MRCP Part 2	
		PACES	
Interstitial lung disease	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Obstructive sleep apnoea	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Cystic fibrosis	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Bronchiectasis	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Respiratory failure and cor pulmonale	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Pulmonary hypertension	A	MRCP Part 1	1
	B	MRCP Part 2	
	B	PACES	
Clinical Science			
Anatomy and function of respiratory system (airways, lungs, chest wall)		MRCP Part 1	1
		PACES	
Physiology of gas exchange: ventilation, perfusion, ventilation and perfusion matching		MRCP Part 1	1
		MRCP Part 2	
		PACES	
Acid-base homeostasis		MRCP Part 1	1
		MRCP Part 2	
		PACES	
Principles of lung function measurement		MRCP Part 1	1
		MRCP Part 2	
		PACES	
Pharmacology of major drug classes: bronchodilators, inhaled corticosteroids, leukotriene receptor antagonists, immunosuppressants		MRCP Part 1	1

Public Health & Health Promotion

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

Competencies	Assessment Methods	GMP
Smoking		
Outline the effects of smoking on health	PACES, ACAT, CbD, mini-CEX	1
Promote smoking cessation	PACES, ACAT, CbD, mini-CEX	1
Recognise the need for support during cessation attempts	PACES ACAT CbD mini-CEX	1
Recognise and utilise specific Smoking Cessation health professionals	PACES ACAT CbD mini-CEX	1
Alcohol		
Recall safe drinking levels	PACES ACAT CbD mini-CEX	1
Recognise the health and psychosocial effects of alcohol	MRCP Part 1 MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recommend support networks for problem drinkers	PACES ACAT CbD mini-CEX	1
Outline appropriate detoxification programme and methods to retain abstinence	PACES ACAT CbD mini-CEX	1
Obesity		
Recognise medical impact of obesity	MRCP Part 2	1

	PACES ACAT CbD mini-CEX	
Outline good dietary practices	PACES ACAT CbD mini-CEX	1
Promote regular exercise	PACES ACAT CbD mini-CEX	1
Recommend specialist dietician input as appropriate	PACES ACAT CbD mini-CEX	1
Define principles of therapeutic interventions in morbid obesity	MRCP Part 2 PACES ACAT CbD mini-CEX	1
Nutrition		
Recognise the public health problem of poor nutrition	ACAT CbD mini-CEX	1
Perform basic nutritional assessment	PACES ACAT CbD mini-CEX	1
Identify patients with malnutrition and instigate appropriate management	MRCP Part 1 MRCP Part 2 PACES ACAT CbD mini-CEX	1
Recognise importance of dietician input and follow-up	PACES ACAT CbD mini-CEX	1
Define principles of enteral and parenteral feeding	PACES ACAT CbD mini-CEX	1
Outline the ethical issues associated with nutrition	PACES ACAT	1

	CbD mini-CEX	
Sexual behaviour		
Promote safe sexual practices	PACES ACAT CbD mini-CEX	1
Substance abuse		
Recognise the health and psychosocial effects of substance abuse	ACAT CbD mini-CEX	1
Recommend support networks	ACAT CbD mini-CEX	1
Social Deprivation		
Be able to define the levels of social deprivation in the community	ACAT CbD mini-CEX	1
Recognise the impact of social deprivation on health	ACAT CbD mini-CEX	1
Occupation		
Recognise the impact of occupation on health	MRCP Part 2 PACES ACAT CbD mini-CEX	1
Outline the role of Occupational Health consultants	PACES ACAT CbD mini-CEX	1
Exercise		
Define the health benefits of regular exercise	PACES ACAT CbD mini-CEX	1
Promote regular exercise	PACES ACAT CbD mini-CEX	1
Mental Health		
Recognise the interaction of mental and physical health	MRCP Part 2	1

	PACES ACAT CbD mini-CEX	
Recommend appropriate treatment and support facilities	ACAT CbD mini-CEX	1

Synthesis of Competencies that must be acquired

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

Assessing the Acutely unwell medical patient

Knowledge
Demonstrate extensive knowledge of common medical illnesses that present acutely
Skills
Perform an accurate A to E assessment
Take an accurate history from all relevant parties including patient and carer.
Perform full physical examination
Review the patient's current and previous investigations including radiology imaging
Review the patient's medication (chart and drugs taken prior to admission) and modify when appropriate
Review and interpret the patient's observation charts
Review patients case notes in a systematic manner
Produce a comprehensive management plan and instigate the plan
Arrange any further investigations as required appropriately
Identify patients who are at high risk and requires a higher level of care than a ward area
Behaviours
Communicate the details of the plan to the patient, carers and other members of the ward team.
Outline treatment principles with drawbacks
Recognise when specialist care or opinion is needed
Break bad news to patient and family in a sensitive and appropriate manner
Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patient's interests are paramount
Recognise the dying phase of terminal illness
Manage symptoms in dying patients appropriately
Assess the likely success or futility of cardiopulmonary resuscitation
Common or Important Medical Inpatient Problems
Hospital acquired pneumonia Pulmonary oedema Acute coronary syndrome Arrhythmias Acute Kidney Injury Delirium or acute confusional state

Sepsis and septic shock
Acute oncological emergencies including neutropenic sepsis
Thromboembolic disease – DVT or pulmonary embolus
Pyrexia
Electrolyte disturbances
Hypoglycaemia or hyperglycaemia
Hypoxia
Hypotension/Haemorrhage
Drug adverse reactions
Stroke

Assessing the Acutely Unwell Postoperative Surgical Inpatient

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

Knowledge

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

Skills

Perform an accurate A to E assessment

Take an accurate history from all relevant parties including patient and carer

Perform full physical examination

Review the patient's current and previous investigations including radiology imaging

Review the patient's medication (chart and drugs taken prior to admission) and modify when appropriate

Review and interpret the patient's observation charts

Review patients case notes in a systematic manner

Produce a comprehensive management plan and instigate the plan

Arrange any further investigations as required appropriately

Identify patients who are at high risk and requires a higher level of care than a ward area

Behaviours

Communicate the details of the plan to the patient, carers and other members of the clinical team with emphasis on adequate communication with the team primarily responsible for the patient's care.

Outline treatment principles with drawbacks

Recognise when specialist care or opinion is needed

Break bad news to patient and family in a sensitive and appropriate manner

Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patient's interests are paramount

Recognise the dying phase of terminal illnes

Manage symptoms in dying patients appropriately

Assess the likely success or futility of cardiopulmonary resuscitation and complete do not actively resuscitate forms when necessary and appropriate

Common or Important Medical Problems in the Surgical Inpatient

Hospital acquired pneumonia
Pulmonary oedema

Acute coronary syndrome
Arrhythmias
Acute Kidney Injury
Delirium or acute confusional state
Sepsis and septic shock
Thromboembolic disease – DVT or pulmonary embolus
Pyrexia
Electrolyte disturbances
Hypoglycaemia or hyperglycaemia
Hypoxia
Hypotension/Haemorrhage
Drug adverse reactions
Stroke

Assessing the Acutely Unwell Pre-operative Surgical Inpatient

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

Knowledge

Demonstrate knowledge of conditions that could affect the patient's fitness to undergo a surgical procedure

Demonstrate knowledge of the effects of differing modes of anaesthesia on pre- existing medical conditions

Demonstrate knowledge of methods to improve physiological reserves prior to surgery

Demonstrate knowledge of ASA score

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

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

Ambulatory Care

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

Knowledge

Demonstrate knowledge of what is meant by ambulatory care

Demonstrate knowledge of the various ambulatory care models

Demkonstrate knowledge of which conditions are suitable for ambulatory care

Demonstrate knowledge of the criteria for discharge from the AMU for such conditions

Demonstrate knowledge of the various risk stratification models which enable the acute physician to risk stratify the patient into low, medium and high risk.

Demonstrate knowledge of the relevant investigations or treatments that facilitate ambulatory care.

Demonstrate knowledge of the criteria for admission after treatment failure for conditions suitable for ambulatory care

Describe the resources required to set up an ambulatory care service in a given hospital e.g. radiology requirements, clinical rooms etc.

Demonstrate knowledge of the measures that should be used to assess the effectiveness of the service

Skills

Demonstrate the need for ambulatory care services for each relevant condition by reviewing local data that illustrates the potential number of patients suitable for ambulatory care

Demonstrates ability to run ambulatory care service

Produce a comprehensive management plan for patient, GP and other healthcare professionals to ensure that there are no errors in care or communication which would result in unnecessary admission.

Monitor patient progress and identify when ambulatory care treatment is no longer appropriate

Provide adequate information for patients and carers about conditions that are suitable for ambulatory care

Successfully negotiate with other healthcare professionals to promote ambulatory care

Behaviours

Ensure that adequate patient information is available for each condition in the service

Outline how information would be fedback to the GP or other referring clinician

Reviews the effectiveness of ambulatory care services

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

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

Knowledge

Demonstrate knowledge of the major links between the Acute Medical Unit and other parts of the healthcare team including:

- Critical care
- Emergency medicine
- Primary care

Specialist teams

Demonstrate knowledge of disparate patterns of consultant working to maximise effectiveness of the

AMU including

- Consultant of the day or consultant of the week

Twice daily ward rounds or continuous patient assessment and review

Demonstrate knowledge of disparate patterns of junior doctor working to maximise effectiveness of the AMU including:

- Sessional on-call
- Blocks of placement

Mixture of the two

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

Demonstrate knowledge and effectiveness of the various models for specialist input includng:

- Sessional commitment as part of the Acute Physician team

Visiting physician usually daily

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

Demonstrate knowledge of the role and importance the other members of the healthcare team in the acute medical unit in promoting optimal patient care including:

- Nursing staff
- Physiotherapists
- Occupational therapists

Pharmacists

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

Demonstrates knowledge of how data may be acquired including thje following quality of care indicators:

- Time to be seen by nurse and doctor
- Time to delivery of first dose of antibiotics or analgesia
- Proportion of patients given DVT prophylaxis
- Proportion patients who have an early warning score performed and proportion in who it was calculated correctly
- The whole patient journey in the from arrival to discharge or arrival to admission to a bed

Patient feedback – surveys

Skills

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

Demonstrate innovation to develop new services

Maximise patient safety within the AMU

Interaction with critical care to develop and review facilities to manage level 1a/2 patients (Medical HDU). This may include the safe use of:

- Cardiac monitors
- CVP monitors
- Arterial line monitors
- CPAP and NIV or BiPAP

Dobutamine or noradrenaline

Development and review of:

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

Staffing resources

Involvement in training of healthcare staff to manage patients requiring higher levels of care

Interaction with the local emergency department to ensure optimal patient pathways including:

- Joint pathways of care and referral criteria

Co-operation in the development of patient documentation

Interaction with local specialty services to ensure optimal patients pathways including:

- Specialities that require daily input e.g. cardiology, respiratory, psychiatry
- Specialties that require regular input but not necessarily daily e.g. elderly, gastroenterology, diabetes

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

Interactions with primary care to ensure optimal patient pathway including:

- Development of robust system for receiving GP calls
- Development and communication of Direct access clinics

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

Reviewing and updating operational policies

Behaviours

Demonstrates willingness to ensure that the acute medical unit is as effective as possible by leading regular audits of performance including:

- Demand in the AMU in terms of patient numbers and conditions
- Patientlength of stay – 0 days, 1 day, 2-5 days and >7days
- Number and proportion of direct discharges from the AMU
- Readmissions ratesat – 7 and 28 days

Patient mortality – 24 hour, 28 day and hospital

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

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

Interaction with Critical Care

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

Knowledge

Outlines critical aspects of patient assessment that dictate need for higher levels of care

Outlines criteria that exist that aid selection of patients for critical care

Skills

Assesses patients with acute medical illness accurately and effectively

Commences airway and inotrpic support when appropriate

Implements care bundles when defined prior to patient transfer

Behaviours
Liaises with colleagues in critical care departments to promote better patient care
Considers opinions of others
Acts as patient and carer advocate in consideration of the need for higher levels of care

Investigation Competencies

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

Outline the Indications for, and interpret the following Investigations:

Biochemistry

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

Haematology

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

Microbiology / Immunology

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

Radiology

- Chest radiograph

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

Physiological

- ECG
- Peak flow tests
- Full lung function tests

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

Biochemistry

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

Microbiology / Immunology

- Coeliac serology screening
- Viral hepatitis serology
- Myeloma screen
- Stool testing
- HIV testing

Radiology

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

Physiological

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

Medical Physics

- Bone scan

- Bone densitometry
- Scintigraphy in endocrinology
- V/Q scanning

Endoscopic Examinations

- Bronchoscopy
- Upper and lower GI endoscopy
- ERCP

Pathology

- Liver biopsy
- Renal biopsy
- Bone marrow and lymph node biopsy
- Cytology: pleural fluid, ascitic fluid, cerebro-spinal fluid, sputem

Procedural Competencies

The trainee is expected to be competent in outlining the indications for, and performing, the following procedures by the end of CMT. For invasive procedures, the trainee must also define the importance of valid consent, aseptic technique, safe use of local anaesthetics and minimisation of patient discomfort. During Specialist Acute Internal Medicine Training the trainee should be competent at the instruction, appraisal and assessment of other members of the multiprofessional team including more junior doctors in the performance of these procedures.

- Venepuncture
- Cannula insertion, including large bore
- Arterial blood gas sampling
- Lumbar Puncture
- Pleural tap and aspiration
- Intercostal drain insertion: Seldinger technique
- Ascitic tap
- Abdominal paracentesis
- Central venous cannulation
- Initial airway protection: chin lift, guedel airway, nasal airway, laryngeal mask
- Basic and, subsequently, advanced cardiorespiratory resuscitation
- DC cardioversion
- Urethral catheterisation
- Nasogastric tube placement
- Electrocardiogram
- Knee aspiration
- Temporary cardiac pacing by internal wire or external pacemaker
- Skin Biopsy (this is not mandated for all trainees but opportunities to become competent in this technique should be available especially for trainees who subsequently wish to undertake specialist dermatology training)
- Endo-tracheal Intubation and safe airway protection
- Sengstaken-Blakemore Tube insertion

Acquisition of the last two competencies may prove difficult in the Acute Medical unit. Competence in endotracheal intubation should be achieved during attachment to a critical care unit or during anaesthesia training. Insertion of Sengstaken Blakmore tubes can be taught by simulation and this competence should be sought by this method by all Acute Internal medicine trainees.

Acute Internal Medicine Specialist Skills

This section outlines the types of specialist skills that should be acquired by trainees as part of their training in Acute Internal medicine. The list that is attached is not intended to be exhaustive but any trainee considering which specialist skill to develop should consider how the acquisition of the skill may benefit the delivery of the Acute Medicine service overall. Choice of skill should take place as early in Acute Internal Medicine training as is possible. The skill should be one that can be used and developed throughout the physician's career. By promoting acquisition of differing skills by disparate trainees it is anticipated that Acute Medicine departments will have senior medical staff with a variety of skills that supplement the core acute medical competences to the benefit of overall patient care.

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

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

Implementation for deaneries

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

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

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

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

Procedural Skill

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

Procedural Skill	Assessment Standard
Echocardiography	Cardiology curriculum p53 bottom explanation is good http://www.jrcptb.org.uk/Specialty/Documents/Cardiology%20Specialty%20Training%20Curriculum%20May%202007.pdf.
Diagnostic upper GI endoscopy	http://www.thejag.org.uk/Portals/0/General%20Forms/General%20Guidance/Accreditation%20in%20Upper%20GI%2017.06.09%20PDF.pdf for curriculum. DOPS forms and log from JAG website http://www.thejag.org.uk/Forms/tabid/72/Default.aspx
Bronchoscopy	http://www.jrcptb.org.uk/Specialty/Documents/Respiratory%20Medicine%20Specialty%20Training%20Curriculum%202007.pdf - Resp curriculum p66
Ultrasound	http://www.rcr.ac.uk/docs/radiology/pdf/ultrasoundtraining.pdf overall statement though a little out of date now. http://www.rcr.ac.uk/docs/radiology/pdf/ultrasound.pdf for GI, Throacic and emergency US curricula - ?more uptodate document

Additional Qualification

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

Additional Qualification	Assessment Standard
Medical Education	Diploma/Masters Degree from a UK institution
Healthcare Management	Diploma/Masters Degree from a UK institution
Leadership	Diploma/Masters Degree from a UK institution
Toxicology	Diploma/Masters Degree from a UK institution
Infectious Diseases/Tropical Medicine	Diploma/Masters Degree from a UK institution

Specialty Interest

Specialty Interest	Assessment Standard
Intensive Care Medicine	Diploma/CCT in Intensive Care Medicine
Stroke Medicine	Stroke curriculum http://www.jrcptb.org.uk/Specialty/Documents/Stroke%20Medicine%20Specialty%20Training%20Curriculum%20May%202007.pdf has 3 areas – acute stroke, stroke rehabilitation, and prevention of stroke – need all 3 for

	CCT but ?2 (i.e. not rehab bit) enough for AIM specialist skill
Remote/Rural Medicine	Following a defined training pathway with appropriate competence acquisition. Such a training and assessment pathway must be approved prospectively by the JRCPTB
In-patient Diabetic care	Training should follow a traiing and assessment pathway agreed by both endocrine & DM SAC and AIM SAC. Trainees should be assessed in the competencies by specialists in that field. The relevant parts of the Endocrine & DM curriculum are specified below (pp10-19) http://www.jrcptb.org.uk/Specialty/Documents/Endocrinology%20Diabetes%20Mellitus%20Specialty%20Training%20Curriculum%20May%202007.pdf

Research

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

Research	Assessment Standard
Involvement in Research	Demonstrates extensive involvement in research including the acquisition of research grants and over five research publications in peer reviewed journals during their training period

4 Learning and Teaching

4.1 The training programme

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

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

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

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

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

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

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

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

Throughout training the trainee should be aware of the need to acquire special competencies that are defined in the section 'special skills'. These skills are specifically relevant to acute medicine but it would be impossible for all trainees to acquire adequate expertise in all of these competencies. Trainees should review

with their educational supervisor which of these would be most relevant for their career development. Acquisition of one of these competencies is a mandatory part of training.

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

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

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

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

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

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

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

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

4.2 Recognition for pre-2009 Trainees

Trainees enrolled in single CCT training who would have been applying for a CCT in G(I)M(General (Internal) Medicine) may wish to transfer to the new G(I)M and AIM dual CCT (because AIM is not currently a recognised European specialty), and may do so by providing the following evidence:

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

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

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

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

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

4.3 Teaching and learning methods

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

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

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

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

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

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

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

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

Suggested activities include:

- A programme of formal bleep-free regular teaching sessions to cohorts of trainees (e.g. a weekly core training hour of teaching within a Trust)
- Case presentations
- Journal clubs
- Research and audit projects
- Lectures and small group teaching
- Grand Rounds
- Clinical skills demonstrations and teaching

- Critical appraisal and evidence based medicine and journal clubs
- Joint specialty meetings
- Attendance at training programmes organised on a deanery or regional basis, which are designed to cover aspects of the training programme outlined in this curriculum.

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

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

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

4.4 Research

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

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

5 Assessment

5.1 The assessment system

The purpose of the assessment system is to:

- enhance learning by providing formative assessment, enabling trainees to receive immediate feedback, measure their own performance and identify areas for development;
- drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience;
- provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme;
- ensure trainees are acquiring competencies within the domains of Good Medical Practice*;*
- assess trainees' actual performance in the workplace;

- ensure that trainees possess the essential underlying knowledge required for their specialty;
- inform the Annual Review of Competence Progression (ARCP), identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme;
- identify trainees who should be advised to consider changes of career direction.

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

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

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

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

5.2 Assessment Blueprint

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

5.3 Assessment methods

The following methods are used in the integrated assessment system:

Examinations and certificates

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

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

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

trainee to successfully reach the end of training and be awarded the CCT in Acute Internal Medicine.

Workplace-based assessments

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

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

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

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

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

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

Acute Care Assessment Tool (ACAT)
The ACAT is designed to assess and facilitate feedback on a doctor's performance during their practice on the Acute Medical Take. Any doctor who has been

responsible for the supervision of the Acute Medical Take can be the assessor for an ACAT.

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

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

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

5.4 Decisions on progress (ARCP)

The Annual Review of Competence Progression (ARCP) is the formal method by which a trainee's progression through her/his training programme is monitored and recorded. ARCP is not an assessment – it is the review of evidence of training and assessment. The ARCP process is described in A Reference Guide for Postgraduate Specialty Training in the UK (the "Gold Guide" – available from www.mmc.nhs.uk). Deaneries are responsible for organising and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee's ePortfolio.

As a precursor to ARCPs, JRCPTB strongly recommend that trainees have an informal ePortfolio review either with their educational supervisor or arranged by the local school of medicine. These provide opportunities for early detection of trainees who are failing to gather the required evidence for ARCP.

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

5.5 ARCP Decision Aid

Core Medical Training ARCP Decision Aid – standards for recognising satisfactory progress					
	CMT Year 1		**CMT Year 2**		
	Month 8/9 **ePortfolio review (locally)**	**ARCP at month 11 or12**	**Month 16** **ePortfolio review (locally)**	**Month 22/ 23** **ePortfolio review (locally)**	**ARCP at month 23 or24**
Common Competences (25)	Competent in minimum of a third at level 1 or 2 descriptor (ACAT/ CbD/ mini-CEX/ MSF)	**Review progress against month 8/9 targets**	Competent in minimum half of areas at level 1 and half of level 2 descriptors (ACAT/ CbD/ mini-CEX/ MSF) Year 1 MSF completed and satisfactory.	Competent in all to level 2 descriptor (ACAT/ CbD/ mini-CEX/ MSF)	**Review progress against month 22/23 targets**
Emergency Presentations (4)	Some experience of all (ACAT/ CbD/ mini-CEX)		Competent in all (ACAT/CbD/ mini-CEX)	Competent in all (ACAT/ CbD/ mini-CEX)	
Top 20 Presentations (20)	Some experience of half (ACAT/ CbD/ mini-CEX)		Competent in half (ACAT/ CbD/ mini-CEX)	Competent in all (ACAT/ CbD/ mini-CEX)	
Other Presentations (40)	Competent in a quarter (ACAT/ CbD/ mini-CEX)		Competent in half (ACAT/ CbD/ mini-CEX)	Competent in minimum of 34/40 (ACAT/ CbD/ mini-CEX)	
Procedures (17)	Independent in at least half (DOPS)		Independent in at least two thirds (DOPS)	Independent in 15/17 (DOPS)	

Examinations	Review MRCP Pt1/Pt2 progress Enables achievement of competencies		Review MRCP Pt1/ Pt2 /PACES progress Enables achievement of competencies	Ensure MRCP(UK) diploma acquired Enables achievement of competencies	
ALS	Valid		Valid	Valid	
Minimum number of workplace assessments by Consultant Assessor in each 8 month Block	3 X ACAT 3 X CbD 3 X mini-CEX	3 X ACAT 3 X CbD 3 X mini-CEX		3 X ACAT 3 X CbD 3 X mini-CEX	
Annually Required	1 X MSF DOPs until independence in procedures demonstrated		1 X MSF DOPs until independence in procedures demonstrated		
Events giving concern	The following events occurring at any time may trigger review of trainee's progress and possible remedial training: issues of professional behaviour; poor performance in work-place based assessments; poor MSF performance; issues arising from supervisor report; issues of patient safety				

ST3 to CCT ARCP Decision Aid – standards for recognising satisfactory progress				
	1st Year AIM	**2nd Year AIM**	**3rd year AIM**	**4th Year AIM**
Common Competences	Competent at level 3/4 descriptors in minimum of 1/3 (assessed by ACAT/CbD/Patient Survey/mini-CEX /Teaching Observation and to include satisfactory MSF)	Competent at level 3/4 descriptors in minimum of 2/3 (assessed by ACAT/CbD/Patient Survey/mini-CEX /Teaching Observation)	Competent at level 3/4 descriptors in over 90% (assessed by ACAT/CbD/Patient Survey/mini-CEX /Teaching Observation)	Competent at level 3/4 descriptors (assessed by ACAT/CbD/Patient Survey/mini-CEX /Teaching Observation and to include completed and satisfactory MSF
Management and leadership	Demonstrate acquisition of leadership skills in supervising the work of Foundation and Core Medical trainees during the acute medical take	Demonstrate implementation of evidence based medicine whenever possible with the use of common guidelines Demonstrate good practice in team working, and contributing to multi-disciplinary teams. Trainees of this level must also demonstrate completion of at least 2 audits relevant to the practice of Acute Internal Medicine	Have senior level management skills for all medical presentations including complex cases. Reviews patients in ambulatory care and as newly presenting patient or in the inpatient setting Supervises more junior doctors and communicates well with members of other professions and disparate specialties within the acute medical unit Provides input organisational structures e.g. rota management attendance at managerial meetings	Demonstrate adequate creation of management and investigation pathways and instigation of safe patient treatment Able to supervise more junior trainees and to liaise with other specialties. Awareness and implementation of local clinical governance policies and involvement in a local management role within directorates, as an observer or trainee representative Direct involvement in the organisation and managerial structure of the acute medical unit

Acute Medical Presentations (Symptom Based Competences)	Demonstrate senior clinical management skills for Top 20 presentations and knowledge of at least half of the 40 Other Presentations	Competent in the senior-level clinical management of all Top 20 and the 40 Other Presentations including some complex cases involving inpatients and acute take patients Successful completion of at least 2 G(I)M audits (1 per year)	Have senior level management skills for all medical presentations including complex cases. Reviews patients in ambulatory care and as newly presenting patient or in the inpatient setting	Building on 3rd Year AIM, be able to supervise and lead a complete medical take of at least 20 patients including management of complex patients both as emergencies and in patients. Remains competent in all practical procedures
Examination	MRCP(UK) held (except during period of transition until 2010 during which MRCP must be achieved by the end of this year)\	None	Has completed relevant SCE in Acute Internal Medicine	None
ALS	Valid	Valid	Valid	Valid
Annually Required	1 satisfactory MSF, 1 Patient Survey			1 satisfactory MSF, 1 Patient Survey
Logbook		Minimum of 1250 patients as seen on acute take during the period of training with evidence of individual activity to be provided. A minimum of 300 new patients seen in ambulatory care Evidence must be provided of a minimum of 100 hours external AIM training during the period of training. Evidence of experience in outpatients is not necessary unless G(I)M dual CCT is being undertaken but when experience of out patient activity is obtained in medical specialties this should be recorded in the logbook.		
Supervisors report		A structured educational supervisors report should be completed annually supplemented by a clinical supervisor report provided at the end of each attachment		

Minimum number of work place assessments by Consultant Assessors per year		6 x ACATs; 4 x CBDs; 4 x mini-CEX; Audit Assessment where relevant All assessments must be completed satisfactorily or evidence of greater numbers undertaken should be provided by the trainee and satisfactory progress demonstrated throughout each year of training. For 50% of mini-CEX and CbD assessment the trainee should chose the area of interest for the other half the assessor should choose the topic to be reviewed. Overall 50% of assessments must be performed by a senior doctor in a substantive post, this includes consultants and associate specialists but not locum doctors DOPS to standards recommended by National Specialty Guidelines until independence in procedures demonstrated
Events giving concern		The following events occurring at any time may trigger review of trainee's progress and possible remedial training: issues of professional behaviour; poor performance in work-place based assessments; poor MSF performance; issues arising from supervisor report; issues of patient safety

5.6 Penultimate Year Assessment (PYA)

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

5.7 Complaints and Appeals

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

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

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

6 Supervision and feedback

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

6.1 Supervision

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

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

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

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

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

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

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

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

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

6.2 Appraisal

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

Induction Appraisal

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

Mid-point Review

This meeting is not mandatory, but is encouraged particularly if either the trainee or educational supervisor has training concerns. At this meeting trainees should review

their PDP with their supervisor using evidence from the e-portfolio. Workplace-based assessments and progress through the curriculum can be reviewed to ensure trainees are proceeding satisfactorily, and attendance at educational events should also be reviewed. The PDP can be amended at this review.

End of Attachment Appraisal

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

7 Managing curriculum implementation

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

The organisation of training programmes for Core/ACCS training and specialist training in G(I)M is the responsibility of the postgraduate deaneries.

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

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

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

Implementation of the curriculum is the responsibility of the JRCPTB via its speciality advisory committee (SAC) for G(I)M. The SAC is formally constituted with representatives from each SHA in England, from the devolved nations and has trainee and lay representation. This committee supervises and reviews all training posts in G(I)M and provides external representatives at Penultimate Year Assessments. Between them, members of the SAC usually attend PYAs for between

500 and 1000 G(I)M trainees each year, thus ensuring the committee has wide experience of how the curriculum is being implemented in training centres.

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

The SAC and STCs all have trainee representation. Trainee representatives on the SAC provide feedback on the curriculum at each of the SAC committee meetings.

The introduction of the e-portfolio allows members of the SAC to remotely monitor progress of trainees ensuring that they are under proper supervision and are progressing satisfactorily.

7.1 Intended use of curriculum by trainers and trainees

This curriculum and ePortfolio are web-based documents which are available from the Joint Royal Colleges of Physicians Training Board (JRCPTB) website www.jrcptb.org.uk.

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

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

7.2 Recording progress

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

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

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

8 Curriculum review and updating

The Federation of Royal Colleges of Physicians Curriculum Review Committee will oversee evaluation of this curriculum and the portfolio. The curriculum should be regarded as a living document, and the committee will ensure that it will be able to respond swiftly to new developments. The outcome of these evaluations will inform the future development of the curricula.

This Federation committee will consist of representatives from the SAC for G(I)M and the sub-committee of JRCPTB responsible for CMT, lay persons and trainees.

Formal evaluation will take place during the “pilot” stage of curriculum implementation and during the first year of full implementation. Evaluation will continue (as indicated from the early evaluations) during the first five years of AIM Training. Evaluation will continue periodically thereafter, probably every 3 years.

Evaluation of the curriculum will seek to ascertain:

- Learner response to the curriculum
- Modification of attitudes and perceptions
- Learner acquisition of knowledge and skills
- Learner’s behavioural change
- Change in organisational practice

Evaluation methods will include:

- Trainee questionnaire
- College representative and Programme Director questionnaire
- Focused discussions with Educational Supervisors, trainees and, Programme Directors and Postgraduate Deans

Monitoring will be the responsibility of the Programme Directors within the local faculties for education.

Trainee involvement in curriculum review will be facilitated through:

- Involvement of trainees in local faculties of education
- Trainees involvement in the Federation of Royal Colleges of Physicians Curriculum Committee
- Informal feedback during appraisal, ARCP, College meetings

9 Equality and diversity

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

- Race Relations (Amendment) Act 2000
- Disability Discrimination Act 1995
- Special Educational Needs and Disabilities Act 2001
- Data Protection Acts 1984 and 1998

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

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

Compliance with anti-discriminatory practice will be assured through:

- monitoring of recruitment processes;
- ensuring all College representatives and Programme Directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post;
- ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature;
- monitoring of College Examinations;
- ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly disadvantage trainees because of gender, ethnicity, sexual orientation or disability (other than that which would make it impossible to practise safely as a physician). All efforts shall be made to ensure the participation of people with a disability in training.

In order to meet its obligations under the relevant equal opportunities legislation, such as the Race Relations (Amendment) Act 2000, the MRCP (UK) Central Office, the Colleges' Examinations Departments and the panel of Examiners have adopted an Examination Race Equality Action Plan. This ensures that all staff involved in examination delivery will have received appropriate briefing on the implications of race equality in the treatment of candidates.

All Examiner nominees are required to sign up to the following statement in the Examiner application form "I have read and accept the conditions with regard to the UK Race Relations Act 1976, as amended by the Race Relations (Amendment) Act 2000, and the Disabilities Discrimination Acts of 1995 and 2005 as documented above."

In order to meet its obligations under the relevant equal opportunities legislation such as the Disability Discrimination Acts 1995 and 2005, the MRCP (UK) Management Board is formulating an Equality Discrimination Plan to deal with issues of disability. This will complement procedures on the consideration of special needs which have been in existence since 1999 and were last updated by the MRCP (UK) Management Board in January 2005. MRCP(UK) has introduced standard operating procedures to deal with the common problems e.g. Dyslexia/Learning disability; Mobility difficulties; Chronic progressive condition; Blind/Partially sighted; Upper limb or back problem; Repetitive Strain Injury (RSI); Chronic recurrent condition (e.g. asthma, epilepsy); Deaf/Hearing loss; Mental Health difficulty; Autism Spectrum Disorder (including Asperger Syndrome); and others as appropriate. The Academic Committee would be responsible for policy and regulations in respect of decisions on accommodations to be offered to candidates with disabilities.

The Regulations introduced to update the Disability Discrimination Acts and to ensure that they are in line with EU Directives have been considered by the MRCP (UK) Management Board. External advice was sought in the preparation of the updated Equality Discrimination Plan, which has now been published.