

Geriatric Medicine with General Internal Medicine (GIM)

Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Geriatric Medicine. This guidance is for doctors choosing to apply in Geriatric Medicine where the capabilities for General Internal Medicine will also be demonstrated by meeting all the requirements set out below. You will also need to read the [curricula for the specialty and General Internal Medicine](#)

An application has been made to change the name of General Internal Medicine to Internal Medicine

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Introduction

This document is designed to provide helpful information and guidance to enable you to make an application for a Certificate of Eligibility for Specialist Registration (CESR) in Geriatric Medicine with General Internal Medicine. This is not a standalone document and should be read in conjunction with the [curricula](#) – please see the [specialty page](#) on the Joint Royal Colleges of Physicians Training Board (JRCPTB) website for more details. You can [contact us](#) and ask for advice before you apply.

It is worth noting that it is sometimes more difficult to make a successful CESR application if you have not worked in the NHS. This is because key features of training and practice in the NHS are not always covered in the same way outside it. This might include, for example, multidisciplinary team meetings, appraisal, multisource feedback and patient feedback, safety and quality activity especially in clinical audit and quality improvement projects and other areas. You must look at the curriculum and this guidance carefully to make sure that you can demonstrate equivalence to all the requirements. If you are or have recently been practising in an environment that is not comparable to practice in an NHS Geriatric Medicine department you might find it useful to consolidate your experience elsewhere before applying.

What is the indicative period of training for a Certificate of Completion of Training (CCT) in Geriatric Medicine and GIM?

The indicative period of training for a CCT in Geriatric Medicine is four years and it is unlikely that you would achieve all the learning outcomes required for a CCT in a shorter period of time.

The structure of the training programme (in indicative timescales) is as follows:

- Three years of Internal Medicine (stage 1) or four years of Acute Care Common Stem – Internal Medicine (ACCS-IM) including MRCP(UK)
- Four years of specialty training in Geriatric Medicine and GIM

Applicants need to demonstrate that they have achieved the learning outcomes required for all stages of the curriculum.

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Curriculum Framework

The curriculum is structured into high-level learning outcomes, known as Capabilities in Practice (CiPs). The CiPs are split into generic, clinical and specialty specific capabilities, as outlined below. Acquiring a CESR depends upon you providing evidence that you're working at the level of being entrusted to perform safely and independently for each CiP.

The first six CiPs are generic and shared across all physician specialties, covering the universal requirements of [Good Medical Practice](#) and the [Generic Professional Capabilities \(GPC\) framework](#).

The eight clinical CiPs describe the clinical tasks or activities which are essential to the practice of Internal Medicine and the seven specialty CiPs describe the specialty-specific clinical tasks or activities which are essential to the practice of Geriatric Medicine. Geriatric Medicine consultants must also demonstrate competence in one of five additional specialty specific CiPs, known as 'themed for service'. The CiPs have been mapped to the GPC domains to reflect the professional generic capabilities required to undertake the clinical tasks.

The range of experience needed to achieve the CiPs is outlined in the curriculum – this covers different settings, contexts, clinical problems, conditions and stages of a person's life and illness.

Generic CiPs

1. Able to function successfully within NHS organisational and management systems
2. Able to deal with ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Is focussed on patient safety and delivers effective quality improvement in patient care
5. Carries out research and manages data appropriately
6. Acts as a clinical teacher and clinical supervisor

Clinical CiPs

1. Managing an acute unselected take
2. Managing the acute care of patients within a medical specialty service

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3. Providing continuity of care to medical inpatients, including management of comorbidities and cognitive impairment
4. Managing patients in an outpatient clinic, ambulatory or community setting, including management of long term conditions
5. Managing medical problems in patients in other specialties and special cases
6. Managing a multi-disciplinary team including effective discharge planning
7. Delivering effective resuscitation and managing the acutely deteriorating patient
8. Managing end of life and applying palliative care skills

Specialty Specific CiPs

1. Performing a comprehensive assessment of an older person, including mood and cognition, gait, nutrition and fitness for surgery in an in-patient, out-patient and community setting
2. Managing complex common presentations in older people, including falls, delirium, dementia, movement disorders, incontinence, immobility, tissue viability, and stroke in an in-patient, out-patient and community setting
3. Managing older people living with frailty in a hyper-acute (front door), in-patient, out-patient and community setting
4. Managing and leading rehabilitation services for older people, including stroke
5. Managing community liaison and practice
6. Managing liaison with other specialties, such as surgery, orthopaedics, critical care, oncology, old age psychiatry
7. Evaluating performance and developing and leading services with special reference to older people

Themed for service CiPs

1. Able to manage older patients presenting with fracture and is able to provide a comprehensive orthogeriatric and bone health service
2. Able to assess patients with urinary and faecal incontinence and is able to provide a continence service for a specific patient group in conjunction with specialist nursing, therapy and surgical colleagues
3. Able to manage ill or disabled older people in a hospital at home, intermediate care and community setting and is able to provide a comprehensive community geriatric medicine service
4. Able to manage patients with a wide range of movement disorders at any stage and is able to develop a movement disorders service for older people

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5. Able to assess patients presenting acutely with stroke and TIA including suitability for cerebral reperfusion treatments and their subsequent ongoing medical management within an organised stroke service

Submitting your evidence

Please keep the following in mind when gathering your evidence:

- The evaluators want to see quality, relevant evidence to demonstrate the required CiPs. It's more important to carefully select your evidence and present it in an organised way, than provide large volumes of minimally relevant evidence
- Triangulated evidence will make a stronger application
- Evidence of your recent practice (i.e. less than 5 years old) will be given more weight, as it reflects current capabilities
- Your evidence must be legible

All your evidence, other than qualifications you're getting authenticated, **must** be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do this in our [important notice about evidence](#).

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

Your evidence **must** be accurate and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You **must** remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted

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This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

The following details **don't** need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](#).

How much evidence to submit

As a general guide, most applications are expected to include around 100 electronically uploaded documents. You must ensure that you follow our guidance on how to present and group your evidence in the online application.

The total number of documents and assessments presented is less important than the quality of the documents, and the breadth of cases covered. This allows the evaluators to form reliable judgements of performance and capabilities.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated capabilities. We recognise that you may not have all the evidence that is required but it will help us process your application

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more quickly if you ensure that you only submit evidence that is directly relevant. Triangulation of evidence will strengthen an application, and we recommend that you delay submitting an application until you have achieved this.

Your evidence **must** cover the knowledge, skills and experience to demonstrate the required CiPs in all areas of the curriculum. You should focus on providing **good quality** evidence, rather than quantity. You are advised to review the curriculum and ARCP decision aid to see what is expected from doctors in training in the UK.

You should bear in mind the following points:

- Evidence should show that you are able to assess and offer a first opinion in any setting and for any age
- Don't duplicate evidence that is relevant to more than one CiP – you should include one copy and list it under each relevant CiP (cross referencing)
- Evidence should only be cross referenced where it adds significant support to a CiP
- Evidence should be provided from a variety of clinical settings.

Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.

Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You need to gather your evidence by CiP and then attach this under the relevant section in your online application.

Please refer to our [user guide](#) for information on grouping and uploading your evidence.

Your evidence must be mapped to the curriculum by providing primary evidence for knowledge, skills and qualifications to demonstrate the required CiPs for all areas of the curriculum. If evidence is missing from any area of the curriculum, your application may be unsuccessful.

You will not be able to compensate for shortfalls in your evidence of training and experience in a particular area, by providing extra evidence in other areas.

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Tips for a successful application

In our experience, CESR applications fail because they provide inadequate or poor evidence of current capability covering the entire curriculum. Below are some tips for you to consider when making an application:

- Before submitting an application, you should review the current CCT curriculum in conjunction with this document. A strong CESR application will provide evidence to demonstrate that knowledge, skills and experience are equivalent in both the breadth and level of capability, to that set out in the curriculum
- Provide evidence of your **current capability** in all areas of the curriculum. This includes the maintenance of CiPs and key skills over the last five years – all evidence should be clearly linked to the CiPs
- Provide evidence demonstrating core medical knowledge and application of this knowledge in practice to the level of completion of Internal Medicine stage 1 training. This can be demonstrated through the generic and clinical CiPs of the curriculum. Applicants will need MRCP (UK) or equivalent.
- Present your evidence in a clear, logical manner. You should refer to our user guide for advice on how to group, title and upload your evidence
- Ensure your referees can provide detailed support for your key skills across all (or most) areas of the curriculum and understand the requirements for specialist training and registration in the UK
- Provide evidence of managing a broad range of patients, as seen daily by Geriatric Medicine doctors in the UK
- Provide evidence of your clinical capability across the range of experience, ages and settings
- Ensure your evidence demonstrates you are entrusted to act at consultant level across all of the specialty CiPs

We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.

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How your evidence can be used to demonstrate key capabilities in different CiPs

You will notice that some of the suggested evidence is listed more than once. This is because these documents are relevant to more than one CiP. For example, MSF can be used to demonstrate competence in most CiPs – therefore, you can use the same MSF to demonstrate the required capability across several CiPs

If you have a document that is relevant to more than one CiP, don't include multiple copies of it. Instead, provide one copy and list it in your application under each relevant CiP, stating that the document is located elsewhere, and you'd like to cross reference it.

Below is a list of evidence that are relevant to most CiPs – it is by no means exhaustive, and you are encouraged to submit a variety of evidence.

A description of the assessments below, together with template forms, can be found on the [JRCPTB website](#)

Evidence / requirement	About	Minimum expectation
Supervised Learning Events (SLEs)		
Acute Care Assessment Tool (ACAT)	These should have been undertaken with a consultant. Each ACAT must include a minimum of 5 cases and should be used for global assessment of an applicant's performance on take, or on presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team)	12 ACATS
Case-based discussion and/or mini-clinical evaluation	These should have been undertaken with a consultant. CbDs and Mini-CEXs should cover different aspects of the specialty and Internal Medicine.	20 more SLEs, including 8 for Geriatric Medicine

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exercise (mini-CEX)

Workplace Based Assessments (WPBAs)

Direct Observation of Procedural Skills (DOPS)	Evidence of procedural competence as specified in the table below. One summative DOPS <u>must be</u> provided for each procedure for which an applicant must be competent to perform unsupervised	8 DOPS
Quality Improvement Project Assessment Tool (QIPAT)	Can be used to demonstrate active involvement in service audit or development projects.	1 completed in last 12 months
Patient Survey (PS)	<p>Formal patient feedback is strong evidence as it's an anonymous feedback exercise. It should include approximately 15 patients. The JRCPTB has a template available on their website. A reflective entry reflecting on the survey must be made.</p> <p>If it is not possible to provide a formal patient survey an applicant could provide alternative evidence. However, this must provide equivalent details and breadth of information.</p> <p>Alternative evidence could include:</p> <ul style="list-style-type: none">▪ Thank you letters/cards from patients▪ Statements from referees▪ Testimonial letters from colleagues▪ Feedback from patients/colleagues	1 completed in last 12 months

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Teaching observation (TO)	At least one should be completed by a consultant in the specialty.	1 completed in last 12 months
Multi Source Feedback (MSF)	<p>MSF is a strong piece of evidence as it is an anonymous feedback exercise.</p> <p>Minimum of one in the year before the application has been submitted – any available from the last 5 years should also be submitted.</p> <p>MSF should include approximately 12 colleagues, including medical and non-medical sources.</p>	1 completed in last 12 months
Other evidence		
To be included in the portfolio of evidence	<ul style="list-style-type: none"> ▪ Appraisal is good evidence of engaging with systems, processes and mandatory requirements and demonstrates performance (clinical and non-clinical) ▪ Reflective diaries/ evidence of self-reflection ▪ Supervisor report reports from trainers and supervisors are important evidence to affirm and support capabilities and performance in both clinical and non-clinical activities. JRCPTB provides a Multiple Consultant Report (MCR) template for the purpose of these reports of which there should be 4 in the last 12 months. ▪ Logbooks must cover the last 5 years and show the type of procedures you performed and your role in the procedure ▪ Training events (courses, study days, meetings) over the last five years ▪ Evidence of seeing patients over the last five years covering a range of settings, referral contexts, conditions, stages of illness, ages ▪ Academic activities ▪ Management activities 	4 completed in the last 12 months (e.g. MCRs)

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▪ **Structured reports**

Continuing Professional Development (CPD)

CPD represents the acquisition and maintenance of knowledge, skills and key skills.

Courses you may want to provide evidence of include:

- Life support
- Teaching
- Simulation
- Management
- Research methodology
- Business
- Communication
- Education

Examples of evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended.

Evidence of training and qualifications

Substantial primary evidence for any previous training towards a medical qualification should **only** be submitted if the training is directly relevant to your CESR capabilities **and** dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

Primary medical qualification (PMQ)

If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.

If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise.

You can find out more about [primary source verification](#) on our website.

You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with [our guidance](#).

Specialist medical qualification(s)

Please provide an **authenticated copy** of any specialist medical qualifications you hold.

Evidence of completion of full **MRCP(UK)** or equivalent.

The MRCP(UK) is comprised of three tests, designed to assess acquisition of the full range of knowledge, skills and behaviour, as well as clinical understanding and execution, as detailed in the UK curriculum for Core Medical/Internal Medicine Training. For further information on the MRCP(UK), [click here](#).

Evidence of completion of a Specialty Certificate Examination (SCE) in Geriatric Medicine or equivalent.

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	<p>There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.</p> <p>If your specialist medical qualification is from outside the UK, please ensure that you provide the following evidence in addition to your qualification:</p> <ul style="list-style-type: none"> ○ Training curriculum or examination syllabus ○ Formal period assessments completed during training (these may be older than 5 years)
<p>Recent specialist training</p>	<p>If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an authenticated copy of the curriculum or syllabus that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.</p> <p>If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.</p> <p>If you have undertaken approved specialty training towards a CCT or CESR(CP) in this specialty in the UK in the past five years, you should provide a copy of your ARCPs.</p>
<p>Specialist registration outside the UK</p>	<p>Please provide an authenticated copy of details of the registration requirements of that authority.</p>

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Other relevant qualifications and certificates

You may include postgraduate qualifications if they are relevant to associated capabilities e.g. teaching, management, research methodology. Please provide **copies** of certificates.

Evidence of employment in posts and duties (including training posts)

Employment letters and contracts of employment

The information in these letters and contracts **must** match your CV. They will confirm the following:

- dates you were in post
- post title, grade, training
- type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)

Job descriptions

These **must** match the information in your CV. They will confirm the following:

- your position within the structure of your department
- your post title
- your clinical and non-clinical commitment
- your involvement in teaching or training.

Rotas

You must provide samples of your rotas from the last three years. These should demonstrate your weekly clinical and non-clinical activities. For example, if you worked a 1:8 rota, you should submit eight consecutive weeks' rota to represent that placement.

Departmental/ Unit annual caseload statistics	You should provide departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from the last three years.
Appraisal	<p>Those working in an NHS or managed environment should submit evidence of annual appraisals. A revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).</p> <p>For non-training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).</p> <p>For those applicants working in independent practice it is recommended that at least one employer. Appraisal is undertaken and summary documentation of this submitted with the application.</p> <p>Where an applicant is not based in the UK alternative forms of appraisal are strongly advised. Alternative evidence may include letters (written at the time) commenting on your performance. In addition, where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression.</p>

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Practical Procedures

Below details the practical procedures and the level of competency you will be expected to evidence. You can provide evidence for these procedures using logbooks and DOPS.

Internal Medicine Procedures

Procedure	Level of competence required
Advanced cardiopulmonary resuscitation (CPR)	Leadership of CPR team
Direct current (DC) cardioversion	Competent to perform unsupervised
Temporary cardiac pacing using an external device	Skills lab or satisfactory supervised practice
Central venous cannulation (internal jugular or subclavian)	Skills lab or satisfactory supervised practice
Access to circulation for resuscitation (femoral vein or intraosseous) ^a	Skills lab or satisfactory supervised practice
Pleural aspiration for fluid (diagnostic) ^{b, c}	Competent to perform unsupervised
Pleural aspiration (pneumothorax) ^c	Competent to perform unsupervised
Intercostal drain for pneumothorax	Skills lab or satisfactory supervised practice
Intercostal drain for effusion ^b	Skills lab or satisfactory supervised practice
Nasogastric (NG) tube	Competent to perform unsupervised
Ascitic tap	Competent to perform unsupervised
Abdominal paracentesis	Skills lab or satisfactory supervised practice
Lumbar puncture	Competent to perform unsupervised

Specialty Procedures

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Procedure	Level of competence required
Bedside ultrasound bladder scanning	Competent to perform unsupervised
Dix-Hallpike test and Epley manoeuvre	Competent to perform unsupervised

Generic CiPs

The suggested documentation is given below each CiP and the overall numbers expected are given in the section above. Each piece of evidence can support more than one CiP and you should cross reference

CiP 1: Able to function successfully within NHS organisational and management systems

Key skills:

- Aware of, and adheres to, the GMC professional requirements
- Aware of public health issues including population health, social determinants of health and global health perspectives
- Demonstrates effective clinical leadership
- Demonstrates promotion of an open and transparent culture
- Keeps up to date through learning and teaching
- Demonstrates engagement in career planning
- Demonstrates capabilities in dealing with complexity and uncertainty
- Aware of the role and processes for commissioning
- Aware of the need to use resources wisely

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)

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- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of taking an active role in governance structures, including service development. This may, for example, include the minutes of meetings for governance and unit management in which the applicant has been involved, MDT meetings, and any documented service development initiatives such as QIPAT.
- Evidence of attendance at an NHS / health service management course

CiP 2: Able to deal with ethical and legal issues related to clinical practice

Key skills:

- Aware of national legislation and legal responsibilities, including safeguarding vulnerable groups
- Behaves in accordance with ethical and legal requirements
- Demonstrates ability to offer apology or explanation when appropriate
- Demonstrate ability to lead the clinical team in ensuring that ethical and legal factors are considered openly and consistently

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of ability to assess the mental capacity of patients to make healthcare decisions.
 - Evidence must include Mini CEX or CbD detailing capacity assessment
 Evidence could also include:
 - Reflections on cases where you had to assess a patient's mental capacity
- ALS certificate

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- Evidence of involvement in making 'best interests' decisions, such as:
 - Notes
 - Letters
 - Meeting minutes
- Awareness of relevant legislation, including mental capacity legislation by completion of an online training course, for example:
 - eLfh Mental Capacity Act: <https://www.e-afh.org.uk/programmes/mental-capacity-act/>
 - CPD Online Mental Capacity Act: <https://cpdonline.co.uk/course/mental-capacity-act/>
 - SCIE Mental Capacity Act: <https://www.scie.org.uk/e-learning/mca>

CiP 3: Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement

Key skills:

- Communicates clearly with patients and carers in a variety of settings
- Communicates effectively with clinical and other professional colleagues
- Identifies and manages barriers to communication (e.g. cognitive impairment, speech and hearing problems, capacity issues)
- Demonstrates effective consultation skills including effective verbal and non-verbal interpersonal skills
- Shares decision making by informing the patient, prioritising the patient's goals and wishes, and respecting the patient's beliefs, concerns and expectations
- Shares decision making with children and young people
- Applies management and team working skills appropriately, including influencing, negotiating, re-assessing priorities and effectively managing complex, dynamic situations

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Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of your ability to analyse a patient's communication difficulties:
 - Reflective diaries
- Feedback from patients, such as a patient survey
- Reflective practice entries about patients or families who posed difficulties
- **Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX**

CiP 4: Is focused on patient safety and delivers effective quality improvement in patient care

Key skills:

- Makes patient safety a priority in clinical practice
- Raises and escalates concerns where there is an issue with patient safety or quality of care
- Demonstrates commitment to learning from patient safety investigations and complaints
- Shares good practice appropriately
- Contributes to and delivers quality improvement
- Understands basic Human Factors principles and practice at individual, team, organisational and system levels
- Understands the importance of non-technical skills and crisis resource management
- Recognises and works within limit of personal competence
- Avoids organising unnecessary investigations or prescribing poorly evidenced treatments

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Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reflective practice entries about patients or families who posed difficulties
- Evidence that you have arranged and attended meetings about a patient with Social Services or other non-health organisations. For example:
 - Meeting minutes, demonstrating your attendance and participation
 - Invites sent from you demonstrating arranging meetings
- Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
- Documented evidence of development of procedures to improve inter-service and inter-agency communication, you will need to demonstrate your involvement in the new procedure and its effectiveness
- Evidence of specific quality improvement activity, such as a EVIDENCE OF SPECIFIC QUALITY IMPROVEMENT ACTIVITY, SUCH AS A QIPAT
- Copies of letters you have written to NHS and non-NHS services involved with patients

CiP 5: Carries out research and manages data appropriately

Key skills:

- Manages clinical information / data appropriately
- Understands principles of research and academic writing
- Demonstrates ability to carry out critical appraisal of the literature

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- Understands the role of evidence in clinical practice and demonstrates shared decision making with patients
- Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry
- Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice
- Follows guidelines on ethical conduct in research and consent for research
- Understands public health epidemiology and global health patterns
- Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate

Suggested documentation:

<ul style="list-style-type: none"> ▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
<ul style="list-style-type: none"> ▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
<ul style="list-style-type: none"> ▪ Evidence of completion of Good Clinical Practice (GCP) training: <ul style="list-style-type: none"> • www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice
<ul style="list-style-type: none"> ▪ Documented evidence of research activity. This may include evidence of: <ul style="list-style-type: none"> • Helping in a project • Reviewing research papers / grants • Writing and co-authoring research papers • Contributing to research projects • Performing a literature search and critical appraisal of research
<ul style="list-style-type: none"> ▪ Presentations – either lectures (podium presentations) or poster presentations
<ul style="list-style-type: none"> ▪ Documented evidence of development of procedures to improve quality of care beyond personal practice, e.g. QIPAT or evidence of performing an audit
<ul style="list-style-type: none"> ▪ Publications

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CiP 6: Acts as a clinical teacher and clinical supervisor

Key skills:

- Delivers effective teaching and training to medical students, junior doctors and other healthcare professionals
- Delivers effective feedback with action plan
- Able to supervise less experienced trainees in their clinical assessment and management of patients
- Able to supervise less experienced trainees in carrying out appropriate practical procedures
- Able to act as a clinical supervisor to doctors in earlier stages of training

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Completion of relevant training course(s), such as a Train the Trainer course
- Feedback from formal teaching sessions to medical and non-medical staff:
 - Teaching Observation (TO) or other observational assessment of teaching

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Internal Medicine Clinical CiPs

Applicants must demonstrate that they are currently practising at the level of 'entrusted to act independently' in all clinical CiPs. Further detail regarding the descriptors for the key skills in each clinical CiP can be found in the [curriculum](#).

CiP 1: Managing an acute unselected take

Key skills:

- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient centred care including shared decision making
- Takes a relevant patient history including patient symptoms, concerns, priorities and preferences
- Performs accurate clinical examinations
- Shows appropriate clinical reasoning by analysing physical and psychological findings
- Formulates an appropriate differential diagnosis
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
- Appropriately selects, manages and interprets investigations
- Recognises need to liaise with specialty services and refers where appropriate

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Logbook of cases
- Evidence of simulation

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- Assessment of acute care such as ACATs
- Evidence of discussing or reflecting on your professional judgement in a clinical case, such as a CbD

CiP 2: Managing the acute care of patients within a medical specialty service

Key skills:

- Able to manage patients who have been referred acutely to a specialised medical service as opposed to the acute unselected take (e.g. cardiology and respiratory medicine acute admissions)
- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient centred care including shared decision making
- Takes a relevant patient history including patient symptoms, concerns, priorities and preferences
- Performs accurate clinical examinations
- Shows appropriate clinical reasoning by analysing physical and psychological findings
- Formulates an appropriate differential diagnosis
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
- Appropriately selects, manages and interprets investigations
- Demonstrates appropriate continuing management of acute medical illness in a medical specialty setting
- Refers patients appropriately to other specialties as required

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Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Minimum of one of each of the below: <ul style="list-style-type: none">• Evidence of discussing or reflecting on your professional judgement in a clinical case, such as a CbD Assessments of acute care such as an ACAT
▪ Logbook of cases
▪ Evidence of simulation training and assessment

CiP 3: Providing continuity of care to medical inpatients, including management of comorbidities and cognitive impairment

Key skills:

- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient centred care including shared decision making
- Demonstrates effective consultation skills
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues

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- Demonstrates appropriate continuing management of acute medical illness inpatients admitted to hospital on an acute unselected take or selected take
- Recognises need to liaise with specialty services and refers where appropriate
- Appropriately manages comorbidities in medical inpatients (unselected take, selected acute take or specialty admissions)
- Demonstrates awareness of the quality of patient experience

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Assessments of acute care such as ACATs
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ Direct observation of procedural skills such as DOPS

CiP 4: Managing patients in an outpatient clinic, ambulatory or community setting (including management of long term conditions)

Key skills:

- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient centred care including shared decision making
- Demonstrates effective consultation skills
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues

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- Appropriately manages comorbidities in outpatient clinic, ambulatory or community setting
- Demonstrates awareness of the quality of patient experience

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Assessments of acute care such as ACATs
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ Feedback from patients such as a Patient Survey
▪ Letters generated at outpatient clinics

CiP 5: Managing medical problems in patients in other specialties and special cases

Key skills:

- Demonstrates effective consultation skills (including when in challenging circumstances)
- Demonstrates management of medical problems in inpatients under the care of other specialties
- Demonstrates appropriate and timely liaison with other medical specialty services when required

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Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Assessments of acute care such as ACATs
- Evidence of a case-based discussion with a consultant to assess professional judgement, such as a Cbd

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CiP 6: Managing a multi-disciplinary team including effective discharge planning

Key skills:

- Applies management and team working skills appropriately, including influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations
- Ensures continuity and coordination of patient care through the appropriate transfer of information demonstrating safe and effective handover
- Effectively estimates length of stay
- Delivers patient centred care including shared decision making
- Identifies appropriate discharge plan
Recognises the importance of prompt and accurate information sharing with primary care team following hospital discharge

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Assessments of acute care such as ACATs
- Discharge summaries, including reason for admission, findings, treatment plan and patient health on discharge

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CiP 7: Delivering effective resuscitation and managing the acutely deteriorating patient

Key skills:

- Demonstrates prompt assessment of the acutely deteriorating patient, including those who are shocked or unconscious
- Demonstrates the professional requirements and knowledge of legal processes associated with consent for resuscitation
- Participates effectively in decision making with regard to resuscitation decisions, including decisions not to attempt CPR, and involves patients and their families
- Demonstrates competence in carrying out resuscitation

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Direct observation of procedural skills such as DOPS
▪ Assessments of acute care such as ACATs
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of learning advanced life support techniques such as an ALS certificate
▪ Record of procedures and clinics undertaken such as a logbook
▪ Written reflections on learning and experience
▪ Evidence of simulation

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CiP 8: Managing end of life and applying palliative care skills

Key skills:

- Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs
- Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing at end of life
- Demonstrates safe and effective use of syringe pumps in the palliative care population
- Able to manage non complex symptom control including pain
- Facilitates referrals to specialist palliative care across all settings
- Demonstrates effective consultation skills in challenging circumstances
- Demonstrates compassionate professional behaviour and clinical judgement

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Evidence of a case-based discussion with a consultant to assess professional judgement, such as a CbD
- Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of regional teaching
- Written reflections on learning and experience

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Specialty Specific CiPs

Applicants must demonstrate that they are currently practising at the level of 'entrusted to act independently' in all specialty CiPs, as well as one elected 'themed for service' Specialty CiP, selected by the applicant from five options. Further detail regarding the descriptors for the key skills in each specialty specific CiP can be found in the [curriculum](#).

Specialty CiP 1: Performing a comprehensive assessment of an older person, including mood and cognition, gait, nutrition and fitness for surgery in an in-patient, out-patient and community setting

Key skills:

- Performs a comprehensive assessment which includes physical, functional, social, environmental, psychological and spiritual concerns
- Performs an assessment of cognition (including acute, chronic and rapidly deteriorating) and mental capacity
- Performs an assessment of nutritional state
- Demonstrates appropriate continuing management of acute medical illness and appropriately manages comorbidities
- Performs a risk assessment of peri-operative morbidity
- Performs a medication review and is able to optimise and manage medicines in patients living with multi-morbidity and frailty
- Formulates an appropriate differential diagnosis and develops a problem list
- Evidence should be provided for each setting – in-patient, out-patient and community

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Feedback from patients, such as a patient survey

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▪ Evidence of discussing or reflecting on your professional judgement in a clinical case, such as a CbD
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ Assessments of acute care such as ACATs
▪ Specialty examination (e.g., SCE)
▪ Reflection on clinical cases
▪ Letters generated in out-patient clinics/discharge summaries
▪ End of placement reports

Specialty CiP 2: Managing complex common presentations in older people, including falls, delirium, dementia, movement disorders, incontinence, immobility, tissue viability, and stroke in an in-patient, out-patient and community setting

Key skills:

- Assesses and manages older patients presenting with falls (with or without fracture)
- Assesses and manages older patients presenting with syncope
- Recognises, diagnoses and manages a state of delirium presenting both acutely or sub-acutely and identifies those who require follow up
- Assesses, diagnoses and manages older people who present with dementia
- Assesses and manages patients with dementia who present with other illnesses
- Recognises and manages older people with common movement disorders
- Assesses and manages older people with urinary and faecal incontinence
- Assesses and manages older people who present with immobility and declining mobility
- Assesses and manages common types of leg and pressure ulceration, surgical and other wounds in older patients

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- Assesses, diagnoses and manages patients who present with acute stroke and contributes to a comprehensive service for patients with chronic stroke-related disability
- Demonstrates advanced diagnostic and communication skills, develops a problem list, appropriately selects, manages and interprets investigations (and knows when investigation is not appropriate) and formulates an individualised management plan, taking into account patient preferences
- Identifies patients with limited reversibility of their medical condition, is able to discuss end of life, undertake advance care planning conversations and determine palliative care needs
- Evidence should be provided for each setting – in-patient, out-patient and community

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of discussing or reflecting on your professional judgement in a clinical case, such as a CbD
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ Assessments of acute care such as ACATs
▪ Specialty examination (e.g., SCE)
▪ Direct observation of procedural skills such as DOPS
▪ Reflection on clinical cases
▪ Letters generated in out-patient clinics/discharge summaries
▪ End of placement reports
▪ Relevant training courses

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Specialty CiP 3: Managing older people living with frailty in a hyper-acute (front door), in-patient, out-patient and community setting

Key skills:

- Demonstrates the ability to screen for and assess patients presenting with a frailty syndrome
- Assesses and manages clinical presentations in older people with moderate and severe frailty, and appropriately manages comorbidities
- Demonstrates the ability to recognise non-specific acute presentations seen in older people, and secondary complications of acute illness with strategies to prevent this
- Intervenes to improve outcomes for frail older people in a variety of settings (including acute services, care homes, day hospitals, community)
- Performs a medication review and is able to optimise and manage medicines in patients living with multi-morbidity and frailty
- Recognises the impact of frailty on the management and prognosis of patients living with chronic conditions (e.g., heart failure)
- Identifies patients with limited reversibility of their medical condition or uncertain prognosis, is able to discuss treatment escalation and DNACPR decisions, and undertake advance care planning conversations
- Demonstrates the ability to advocate for frail older people
- Evidence should be provided for each setting – in-patient, out-patient and community

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of discussing or reflecting on your professional judgement in a clinical case, such as a CbD
- Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
- Assessments of acute care such as ACATs

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<ul style="list-style-type: none"> ▪ Specialty examination (e.g., SCE)
<ul style="list-style-type: none"> ▪ Reflection on clinical cases
<ul style="list-style-type: none"> ▪ Letters generated in out-patient clinics/discharge summaries
<ul style="list-style-type: none"> ▪ End of placement reports

Specialty CiP 4: Managing and leading rehabilitation services for older people, including stroke

Key skills:

- Demonstrates the ability to assess physical function, mood and cognition using appropriate scales in hospital, in the community and in other settings
- Appropriately manages co-morbidities, including frailty and dementia
- Identifies and manages barriers to communication (e.g., cognitive impairment, speech and hearing problems, capacity issues) and demonstrates effective consultation skills
- Appropriately assesses patients for rehabilitation in medical, orthopaedic, and surgical wards, and identifies those suitable for community rehabilitation
- Applies management and team working skills appropriately, including influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations and promotes a rehabilitation ethos
- Leads a multidisciplinary team meeting, facilitates discussion, builds rapport, and resolves conflicts as they arise
- Applies the principles of specialist rehabilitation services (including orthogeriatric and stroke)
- Effectively estimates length of stay, identifies an appropriate discharge plan, and ensures prompt and accurate information sharing with primary care team following hospital discharge
- Identifies patients with limited reversibility of their medical condition
- Able to discuss end of life and advance care planning to enable patients to make preferences known and ensure end of life care needs are appropriately identified and met.

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Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of discussing or reflecting on your professional judgement in a clinical case, such as a CbD
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ Specialty examination (e.g., SCE)
▪ Reflective practice
▪ End of placement reports

Specialty CiP 5: Managing community liaison and practice

Key skills:

- Performs a comprehensive assessment (which includes physical, functional, social, environmental, psychological and spiritual concerns) of older people in community settings
- Manages acute illness, comorbidities (including dementia) and other problems safely in community settings, including in patient's homes and care homes (with or without a hospital at home service)
- Able to discuss uncertainty and balance benefits/burdens of hospital versus home treatment
- Manages rehabilitation in community settings, including patient's homes, care homes and community inpatient rehabilitation.
- Performs an assessment of mental capacity
- Performs a medication review

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- Formulates an appropriate differential diagnosis, problem list, and individualised management plan taking into account patient preferences
- Understands the various agencies involved in community care, (including voluntary, social prescribing and third sector)

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Feedback from patients, such as a patient survey
▪ Evidence of discussing or reflecting on your professional judgement in a clinical case, such as a CbD
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ Specialty examination (e.g., SCE)
▪ Reflective practice
▪ Letters generated in out-patient clinics/discharge summaries
▪ End of placement reports

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Specialty CiP 6: Managing liaison with other specialties, such as surgery, orthopaedics, critical care, oncology, old age psychiatry

Key skills:

- Contributes to peri-operative management of common co-morbid conditions
- Demonstrates understanding of surgical and anaesthetic issues, postoperative care, and complications (including pain control and tissue viability)
- Demonstrates the ability to clinically assess hip fracture patients, including pre-operative assessment and management, acute post-operative care, post-surgical rehabilitation, and discharge planning
- Demonstrates the ability to contribute to older people's physiological management in multiple settings (including acute medicine, trauma, post-surgical)
- Contributes to the assessment and management of patients in critical care areas including discussion of uncertain prognosis, limited reversibility, and treatment escalation
- Works collaboratively with orthopaedic surgeons, anaesthetists, cardiologists, and other professionals including physiotherapy (PT), occupational therapy (OT), dietetics
- Promotes multidisciplinary team working
- Appropriately assesses bone health and manages osteoporosis
- Demonstrates the ability to assess patients for rehabilitation in medical, orthopaedic, and surgical wards
- Appropriately assesses and manages older people with acute and chronic medical problems in psychiatry wards and other settings
- Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)

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▪ Evidence of discussing or reflecting on your professional judgement in a clinical case, such as a CbD
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ Assessments of acute care such as ACATs
▪ Specialty examination (e.g., SCE)
▪ Reflection on clinical cases
▪ End of placement reports

Specialty CiP 7: Evaluating performance and developing and leading services with special reference to older people

Key skills:

- Ensures patient safety is a priority in clinical practice and raises and escalates concerns where there is an issue with patient safety or quality of care especially pertaining to older people's services
- Demonstrates commitment to learning from patient safety investigations and complaints, shares good practice appropriately and develops services accordingly
- Contributes to, and delivers, quality improvement with a particular focus on services for older people and those living with frailty. Demonstrates a positive attitude to improvement and change
- Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice
- Demonstrates ability to carry out critical appraisal of the literature and understands the role of evidence in clinical practice and its limitations in an older population under-represented in clinical trials
- Understands public health epidemiology and global health patterns
- Delivers effective teaching and training, with specific reference to older people, to medical students, junior doctors and other health care professionals

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- Demonstrates leadership and management skills, including working with others to effect change, the ability to articulate strategic ideas and provision of medical expertise
- Acts as an advocate for older people and is able to challenge ageist practices
- Understands management of services, including performance measures, and principles of commissioning where appropriate
- Understands local, national and UK health priorities and how they impact on services for older people living with frailty
- Understands the principles of partnership working between health and social care

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of specific quality improvement activity, such as a QIPAT
▪ Specialty examination (e.g., SCE)
▪ Reflective practice
▪ End of placement reports
▪ Relevant training courses such as Management and Leadership

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Specialty CiPs (themed for service)

NHS services require consultants to have capabilities in selected areas of specialist practice at the time of appointment to a consultant post, and all applicants are required to provide evidence of sufficient time in one of these themed areas to be able to demonstrate more advanced skills. The indicative time to complete one of these modules is 3 months whole time equivalent. Linking previous evidence will not necessarily be sufficient here as there is a requirement to provide evidence to support more advanced practice.

Specialty themed for service CiP 1: Able to manage older patients presenting with fracture and is able to provide a comprehensive orthogeriatric and bone health service

Key skills:

- Demonstrates the ability to manage older people with fractures, including hip fractures, other fractures, polytrauma
- Demonstrates the ability to manage the effects and risks of surgery and anaesthesia in older people, including the use of tools to risk assess for perioperative morbidity and mortality
- Demonstrates the ability to clinically assess and manage older people with fractures and multi-morbidity peri-operatively, including e.g., anticoagulation, diabetes, COPD
- Demonstrates awareness of different anaesthetic options for patients with complex co-morbidity
- Demonstrates greater knowledge and ability to manage surgical complications, e.g., wound management (including options and timings for intervention), indications for repeat X-ray, non-union
- Demonstrates ability to manage patients with osteoporosis treatment failure
- Demonstrates greater ability to manage patients requiring parenteral osteoporosis therapy

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Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of specific quality improvement activity, such as a QIPAT
▪ Evidence of discussing or reflecting on your professional judgement in a clinical case, such as a CbD
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ Reflective practice
▪ Relevant training courses
▪ End of placement reports

Specialty themed for service CiP 2: Able to assess patients with urinary and faecal incontinence and is able to provide a continence service for a specific patient group in conjunction with specialist nursing, therapy and surgical colleagues

Key skills:

- Demonstrates the ability to perform a detailed assessment of patients presenting with urinary or faecal incontinence
- Demonstrates the ability to perform bladder scans and understand urodynamic testing
- Demonstrates the ability to interpret the results of investigations (including multichannel cystometry and anal ultrasound and manometry)

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- Selects treatment options for patients with bowel and bladder problems, including knowledge of behavioural treatments and when to refer for consideration of botox or surgery, taking into account patient preferences
- Performs a detailed medication review
- Demonstrates the ability to collaborate with specialist nursing, therapy and surgical colleagues
- Possesses the knowledge and skills required to develop an integrated continence service for older people

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of specific quality improvement activity, such as a QIPAT
▪ Evidence of discussing or reflecting on your professional judgement in a clinical case, such as a CbD
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ Direct observation of procedural skills such as DOPS
▪ Reflective practice
▪ Relevant training courses
▪ End of placement reports

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Specialty themed for service CiP 3: Able to manage ill or disabled older people in a hospital at home, intermediate care and community setting and is able to provide a comprehensive community geriatric medicine service

Key skills:

- Demonstrates advanced skills in undertaking a comprehensive assessment (which includes physical, functional, social, environmental, psychological and spiritual concerns) of older people in community settings including the patient's own home and care homes. Performs an assessment of mental capacity, including in challenging circumstances
- Manages acute illness, comorbidities (including dementia) and other problems safely in community settings. Appropriately selects, manages and interprets investigations with special regard to what matters most to the patient. Performs an extended medication review
- Demonstrates excellent risk assessment and management skills in identifying the most appropriate place of care, recognising patient autonomy
- Appropriately manages patients with pre-existing learning disability in a community setting
- Leads rehabilitation in a community setting, and demonstrates advanced skills in managing and contributing to community MDT working
- Understands the various agencies involved in community care, (including voluntary, social prescribing and third sector)
- Delivers a flexible approach to care which crosses the traditional division between primary and secondary care
- Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs
- Demonstrates advanced skills in care home medicine
- Demonstrates skills in education and management of community staff
- Possesses the knowledge and skills required to develop a community geriatric medicine service for older people

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)

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▪ Evidence of specific quality improvement activity, such as a QIPAT
▪ Evidence of discussing on reflecting on your professional judgement in a clinical case, such as a CbD
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ Reflective practice
▪ Relevant training courses
▪ End of placement reports

Specialty themed for service CiP 4: Able to manage patients with a wide range of movement disorders at any stage and is able to develop a movement disorders service for older people

Key skills:

- Demonstrates the ability to clinically assess, diagnose and manage patients presenting with a wide variety of movement disorders, including the role for further tests (e.g., Dopamine transporter (DaT) scan)
- Demonstrates the ability to manage patients presenting with Parkinson’s Disease (PD) at any stage (including motor and non-motor symptoms, complex and palliative phases and options for advanced therapies)
- Recognises and appropriately manages patients with Dementia with Lewy Bodies, PD related dementia, impulse control disorders, dopamine dysregulation syndrome and Dopamine agonist withdrawal syndrome
- Demonstrates the ability to work collaboratively with neurologists, old age psychiatrists and other professionals including physiotherapy (PT), occupational therapy (OT), speech and language therapy (SLT), dietetics

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- Performs an assessment of mental capacity, including in challenging circumstances
- Demonstrates appropriate continuing management of acute medical illness and appropriately manages comorbidities
- Performs a medication review including acute management of patients with impaired swallow or absorption
- Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs
- Possesses the knowledge and skills required to develop a comprehensive movement disorder service for older people

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of specific quality improvement activity, such as a QIPAT
▪ Evidence of discussing or reflecting on your professional judgement in a clinical case, such as a CbD
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ Reflective practice
▪ Advanced movement disorders course or masterclass
▪ End of placement reports

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Specialty themed for service CiP 5: Able to assess patients presenting acutely with stroke and TIA including suitability for cerebral reperfusion treatments and their subsequent ongoing medical management within an organised stroke service

Key skills:

- Demonstrates ability to conduct an urgent acute clinical evaluation and prioritise safely: initiating appropriate, timely and effective investigations and interpret and communicate the results.
- Able to provide an accurate diagnosis and appropriate comprehensive management of patients with suspected TIA or minor stroke including identification of vascular risk factors and lifestyle modification.
- Demonstrates recognition of conditions that mimic TIA and stroke in the context of systemic disease and how to effectively manage these or make an appropriate referral
- Awareness of up to date primary and secondary prevention treatment strategies for TIA and minor stroke (including knowledge and application of national guidance)
- Ability to prioritise referrals received through different mechanisms (e.g., electronic, virtual, telephone, in person) and by all healthcare professionals
- Provides appropriate driving, vocational and social advice for patients with TIA or stroke working in partnership where necessary (e.g., with occupational therapy, driving centre assessment etc)
- Appropriate management of comorbidities and risk factors relevant to TIA and minor stroke in an outpatient clinic (e.g., hypertension, dyslipidaemia and cardiogenic causes etc)
- Able to apply principles of stroke team multi-professional assessment to understand the physical and psychological and social impact of stroke on patients and work collaboratively with the stroke unit multidisciplinary team to guide management strategies including positioning, hydration, nutrition, continence, risk factor modification and participation in rehabilitation

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Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of completion of Good Clinical Practice (GCP) training: <ul style="list-style-type: none">• www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ Mini-IPX or evidence of aptitude in diagnostic imaging
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of specific quality improvement activity, such as a QIPAT
▪ Direct observation of Cerebral Reperfusion procedural skills such as DOPS
▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
▪ Feedback from patients, such as a patient survey
▪ End of placement reports

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