

Infectious Diseases with General Internal Medicine (GIM)

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Infectious diseases. The relevant high level learning outcomes 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](#) (Internal Medicine Stage 2).

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 specialist registration in Infectious Diseases with General Internal Medicine. This is not a standalone document and should be read in conjunction with the [curricula](#) – please see the Infectious Diseases curriculum 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 application if you have not worked in the NHS and that applicants with a license to practise in the UK will have already provided some of the evidence below in order to achieve this. Key features of training and practice in the NHS are unlikely to be covered in the same way outside it and the types of evidence may differ. 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 the knowledge, skills and evidence for entry to the Specialist Register for Infectious Diseases and General Internal Medicine using an assessment framework of the high level learning outcomes in the curriculum rather than assessing your progress through a programme.

Your evidence should focus on summative assessments rather than formative one. If you are or have recently been practising in an environment that is not comparable to practice in the NHS you might find it useful to consolidate your experience elsewhere before applying.

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

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. To meet the standard you will need to provide evidence that you're working at the level of being entrusted to perform safely and independently for each CiP (described in the curriculum as Level 4 – entrusted to act unsupervised).

Level descriptors for clinical CiPs

Level	Descriptor
Level 1	Entrusted to observe only:

	No provision of clinical care
Level 2	Entrusted to act with direct supervision: May provide clinical care, but the supervising physician is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision
Level 3	Entrusted to act with indirect supervision: May provide clinical care when the supervising physician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at the bedside if required to provide direct supervision
Level 4	Entrusted to act unsupervised

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 Infectious Diseases. 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
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. Able to provide clinical leadership and support to the laboratory
2. Able to use the laboratory service effectively in the investigation, diagnosis and management of infection
3. Able to advise on infection prevention, control and immunisation
4. Able to manage and advise on important clinical syndromes where infection is in the differential diagnosis
5. Able to lead and advise on treatment with and stewardship of antimicrobials
6. Providing continuity of care to inpatients and outpatients with suspected or proven infection
7. Able to manage and advise on imported infections

Currency of evidence

Evidence which demonstrates that you have met a curriculum outcome can be drawn from any point in your career. However, there should be corresponding evidence of recent (within the last five years of clinical practice (WTE) to confirm the maintenance of the skill or competency.

Evidence of your recent practice will be given more weight to reflect current capabilities and we suggest that approximately 50% of your evidence for a curriculum outcome is drawn from within the last five years of clinical practice (WTE).

Structured reports

You should nominate a minimum of three referees for the GMC to obtain structured reports from. They should include:

- Current Head of Department or other senior colleague with knowledge of the breadth of your clinical activity. Ideally, they should be an Educational Supervisor with at least 5 years experience themselves or appropriate training experience.
- One Internal medicine referee of consultant level who is able to provide comments based on direct observation. This is especially important if you are relying on your structured reports as evidence of your procedural competencies.
- One further report from a colleague working with you at consultant level in your specialty.

Submitting your evidence

Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our [user guide](#) when doing so.

You will need to make sure your evidence meets our requirements, this includes:

- [Anonymising](#) (redacting) identifiable information
- Verifying your evidence to confirm its authenticity
- Authenticating overseas qualifications
- Translating any documents not in English

It is important that you read and follow our [guidance](#). If your evidence does not meet these requirements, it may not be included in your application.

Please keep in mind when gathering your evidence:

- Triangulated evidence (evidence comprised of three different sources) will make a stronger application
- Evidence of your recent practice (≤ within the last 5 years of clinical practise (WTE)) will be given more weight to reflect current capabilities; where some evidence is historical (> than last 5 years of clinical practise (WTE)), the assessors will want to see evidence that the applicant has maintained capabilities in that particular area and the applicant is working at the level of a senior independent clinician.
- Your evidence must be legible

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.

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 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 then 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.

You must ensure you follow our [guidance](#) on how to present and group your evidence in the online application

Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You should submit your evidence electronically under the correct section of your online application.

You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's [CV guidance](#). You will also be asked to nominate referees to provide structured reports.

Your evidence must be mapped to the high level learning outcomes by providing primary evidence for knowledge, skills and experience. If evidence is missing from any of the CiPs, 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.

If you have a piece of evidence that is relevant to more than one area, do not include multiple copies in your evidence. Instead, include one copy and list it in your application under each relevant area, stating that the evidence is located elsewhere, and you would like to cross-reference it.

Where we ask in our guidance, please group your evidence together to keep the number of individual electronic uploads manageable. This will need to be done prior to uploading on the GMC application. There are many software solutions widely available that can be used for converting documents/excel sheets/PowerPoint presentations and images to PDFs and combining PDF documents.

Tips for a successful application

In our experience, applications fail because they provide inadequate or poor evidence of current capability covering the knowledge, skills and experience required for practising as an eligible specialist in the United Kingdom. Below are some tips for you to consider when making an application:

- Before submitting an application, you should review the current curriculum in conjunction with this document. A strong application will provide evidence that you hold the knowledge, skills and experience which demonstrate the outcomes set out in the curriculum
- Provide evidence of your **current capability** against the high level learning outcomes of the curriculum. This includes the maintenance of CiPs and key skills all evidence should be clearly linked to the CiPs
- Provide evidence demonstrating 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 a comparable assessment of applied knowledge.

- 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 registration in the UK
- Provide evidence of managing a broad range of patients, as seen daily by Infectious diseases 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 an independent level across all of the specialty CiPs

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 but you should aim to demonstrate knowledge, skills and experience with evidence that is comparable to the examples below.

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

Evidence / requirement	About	Indicative minimum numbers
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)	<p>GIM:</p> <p>6 ACATs that indicate that the applicant is performing in an independent manner at Entrustment level 4</p> <p>Infectious diseases:</p> <p>6 ACATs that indicate that the applicant is performing in an independent manner at Entrustment level 4</p>
Outpatient Care Assessment Tool (OPCAT)	These should have been undertaken with a consultant either during or following a single clinic. There is no minimum number of patients that should be seen, but for a post clinic assessment it would be unusual if the applicant has seen fewer than three patients.	<p>GIM:</p> <p>2 OPCATs to level 4 entrustment</p>
Case-based discussion and/ or mini-clinical evaluation exercise (mini-CEX)	<p>These should have been undertaken with a consultant.</p> <p>CbDs and Mini-CEXs should cover different aspects of the specialty.</p>	<p>GIM:</p> <p>8 more SLEs, comprised of a mix of CbDs and Mini-CEXs to level 4 entrustment</p> <p>Infectious diseases:</p> <p>4-6 SLEs, comprised of a mix of CbDs and Mini-CEXs to level 4 entrustment</p>

Instead of SLEs, candidates who are already working at consultant level may consider submitting evidence such as logbooks, records of ward rounds, documentation of specialty MDTs such as Bone Infection, solid organ transplant teams, Haematology/oncology consult work. This record should be countersigned by a senior colleague for validation.

Workplace Based Assessments (WPBAs)

Evaluation of clinical events (ECE)	Examples include clinicopathological evaluation, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and/or laboratory settings.	12
Direct Observation of Procedural Skills (DOPS)	<p>Evidence <u>must be</u> provided for each procedure for which an applicant must be competent to perform unsupervised of procedural/specialist procedures section of this guidance.</p> <p>For GIM you should provide either:</p> <p>A structured report concentrating upon the core procedural skills in GIM by a senior colleague – the GMC will request this as part of the application process so you should ensure you nominate at least on GIM doctor who are able to directly comment on your procedural competence</p> <p>OR</p> <p>Provide one summative DOPS for each procedure for which an applicant must be competent to perform unsupervised</p>	
Quality Improvement Project Assessment Tool (QIPAT)	Can be used to demonstrate active involvement in service audit or development projects.	1 completed in last 12 of most recent practice (WTE)
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>	1 completed in last 12 months of most recent practice (WTE)

	<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 	
Teaching observation (TO)	At least one should be completed by a consultant in the specialty.	1 completed in last 12 months clinical practice (WTE) or the structured report could include commentary on teaching observation/teaching experience
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 12 months clinical practise (WTE) before the application has been submitted – any available from the last 5 years clinical practise (WTE) 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 clinical practice (WTE)
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 four in the last 12 months. 	4 MCRs completed in the last 12 months clinical practise (WTE)

	<ul style="list-style-type: none"> ▪ Logbooks must cover the last five 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 ▪ Structured reports 	
<p>Continuing Professional Development (CPD)</p>	<p>CPD represents the acquisition and maintenance of knowledge, skills and key skills.</p> <p>Courses which would provide evidence towards a specific CiP have been listed in the suggested evidence.</p> <p>Examples of evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended.</p>	

Evidence of training, qualifications, and employment

You can see below the evidence you must submit in these general areas. It is useful to submit evidence of your training as background evidence – this allows the evaluators to see your whole career pathway.

Evidence of training and qualifications	
Primary medical qualification (PMQ)	<p>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.</p> <p>If you do not hold registration, you will need to have your PMQ independently verified before we can grant you full registration with a licence to practise.</p> <p>You can find out more about primary source verification on our website.</p> <p>You only need to get your PMQ verified by our provider. The rest of your evidence should be verified in line with our guidance.</p>
Specialist medical qualification(s)	<p>Please provide an authenticated copy of any overseas specialist medical qualifications you hold. You do not need to authenticate qualifications awarded in the UK.</p> <p>You should provide:</p> <p>Evidence of completion of full MRCP(UK) or comparable qualification.</p> <p>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.</p> <p>Applicants should ideally provide evidence of success in the Combined Infection Certificate Examination (CICE)/ Fellowship of the Royal College of Pathologists Part 1 (FRCPath part 1). If the applicant does not hold the required examination they must provide a robust portfolio of evidence of knowledge of the breadth and depth of the curriculum or equivalent evidence of knowledge.</p>

It would be an advantage if applicants have passed the **Diploma in Tropical Medicine and Hygiene (DTM&H)** and/or the **Diploma of HIV Medicine** examinations.

If you do not hold the MRCP (UK) and other specialist exams or a comparable qualification as above, you can aim to demonstrate the same level of knowledge by providing:

A detailed, thorough and succinct cross-referencing mapping exercise, demonstrating how each and every competency in the qualification has been covered in your own qualifications. The evaluators will then determine whether what has been provided is comprehensive enough to demonstrate the same level of knowledge. It will be assessed on a case by case basis and will involve the applicant to produce a portfolio of evidence.

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.

If your specialist medical qualification is from outside the UK, please ensure that you provide the following evidence **in addition** to your qualification:

- Training curriculum or examination syllabus
- Formal period assessments completed during training (these may be from any point in your career)

Recent specialist training

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.

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.

Should you wish to provide further evidence obtained within your UK specialty training, this evidence should have been reviewed and signed off through an ARCP from completed years in training.

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.

If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.

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

CV

You must provide an up to date copy of your CV, which includes all the details listed in the [guidance on our website](#).

Employment letters

The information in these letters **must** match your CV. They should 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)

Usually this will be set out in the letters offering you the post and renewing your contracts. **We do not need to see contracts and terms and conditions of employment.**

Job descriptions

These **must** match the information in your CV. They will usually 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 drawn from (not covering) the last three years of clinical practise (WTE). 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 clinical practise (WTE).
Appraisal	<p>Those working in an NHS or managed environment should submit evidence of annual appraisals or performance reviews. 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>

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

Notes

^a The requirement is for a minimum of skills lab training or satisfactory supervised practice in one of these two mechanisms for obtaining access to the circulation to allow infusion of fluid in the patient where peripheral venous access cannot be established.

^b Pleural procedures should be undertaken in line with the British Thoracic Society guidelines. These state that thoracic ultrasound guidance is strongly recommended for all pleural procedures for pleural fluid, also that the marking of a site using thoracic ultrasound for subsequent remote aspiration or chest drain insertion is not recommended. Ultrasound guidance should be provided by a -trained thoracic ultrasound practitioner.

^c It can be assumed that a doctor who is capable of performing pleural aspiration of fluid is capable of introducing a needle to decompress a large symptomatic pneumothorax

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) |
| ▪ 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 |
| ▪ CPD evidence including courses in management and business |

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 could include: <ul style="list-style-type: none">• Reflections on cases where you had to assess a patient's mental capacity
▪ Evidence of involvement in making 'best interests' decisions, such as: <ul style="list-style-type: none">○ Notes○ Letters○ Meeting minutes
▪ Awareness of relevant legislation, including mental capacity legislation by completion of an online training course, for example: <ul style="list-style-type: none">○ eLfH Mental Capacity Act: https://www.e-lfh.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

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: <ul style="list-style-type: none">○ 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
▪ CPD evidence including courses in simulation (including clinical scenarios and human factors) and communication

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

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: <ul style="list-style-type: none">○ 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 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

- CPD evidence including courses in simulation (including clinical scenarios and human factors)

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
- Understands the role of evidence in clinical practice and demonstrates shared decision making with patients
- Understands public health epidemiology and global health patterns
- 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
- Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate

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 completion of Good Clinical Practice (GCP) training:
 - www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice
- Documented evidence of research activity. This may include evidence of:
 - Helping in a project
 - Reviewing research papers / grants
 - Writing and co-authoring research papers
 - Contributing to research projects
- Presentations – either lectures (podium presentations) or poster presentations

- Documented evidence of development of procedures to improve quality of care beyond personal practice, e.g. QIPAT or evidence of performing an audit
- Publications
- CPD evidence including courses in research methodology

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 Medical Education training course(s)
- Teaching Observation (TO) or other observational assessment of teaching
- Evidence of organising educational events / programs, with feedback.
- CPD evidence including courses in education and teaching

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)
▪ Evidence of simulation
▪ Assessment of acute care such as ACATs
▪ Evidence of discussing or reflecting on your professional judgement in a clinical case, such as a CbD
▪ CPD evidence including courses in life support

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

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
▪ Evidence of simulation training and assessment
▪ CPD evidence including courses in life support

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
- 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
- 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
▪ Assessment of care provided in Outpatients eg OPCAT
▪ 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

Suggested documentation:

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| ▪ 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 |

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
- Identifies appropriate discharge plan
- 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
- 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). Evidence of leading a Multi-Disciplinary Team.
▪ Assessments of acute care such as ACATs
▪ Discharge summaries, including reason for admission, findings, treatment plan and patient health on discharge

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
▪ Written reflections on learning and experience
▪ Evidence of simulation
▪ CPD evidence including courses in life support

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 effective consultation skills in challenging circumstances
- 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 compassionate professional behaviour and clinical judgement

Suggested documentation:

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| ▪ 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 |

Specialty Specific CiPs

Applicants must demonstrate that they are currently practising at the level of ‘entrusted to act independently’ unless otherwise stated. Further detail regarding the descriptors for the key skills in each specialty specific CiP can be found in the [curriculum](#).

Specialty CiP 1: Able to provide clinical leadership and support to the laboratory

For this CiP practice at entrustment Level 2 is required: ‘Entrusted to act with direct supervision’, ie are not expected to work autonomously in a laboratory leadership role.

Key skills:

- Demonstrates awareness of developments, both scientific and managerial, that may affect the delivery of diagnostic Microbiology (Bacteriology, Virology, Mycology and Parasitology) services.
- Understands legislation relevant to diagnostic Microbiology laboratories including that related to Health and Safety.
- Demonstrates knowledge and understanding of methods of microbiological investigation.
- Demonstrates ability to select and advise on appropriate microbiological tests for clinical investigation and to oversee appropriate turnaround times.
- Demonstrates knowledge and understanding of Microbiological (Bacteriology, Virology, Mycology and Parasitology) method validation and verification, and the concepts of sensitivity and specificity as applied to Microbiological tests.
- Able to evaluate and oversee the introduction of novel laboratory tests

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Minimum of **one of each** of the below supervised learning events (SLEs) (or alternative evidence as noted on page 12):
 - CbD
 - Mini-CEX

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| <ul style="list-style-type: none"> ▪ Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation, presentation of a case at a multidisciplinary team meeting, writing guidelines or contributing to quality assurance and audit processes in both clinical and/or laboratory settings including Evaluation of clinical events (ECE) |
| <ul style="list-style-type: none"> ▪ Evidence of active involvement in service audit or development projects (e.g. QIPAT) |
| <ul style="list-style-type: none"> ▪ Feedback from formal teaching sessions to medical and non-medical staff such as Teaching observation (TO) |
| <ul style="list-style-type: none"> ▪ Reflective practice |

Specialty CiP 2: Able to use the laboratory service effectively in the investigation, diagnosis and management of infection.

Key skills:

- Demonstrates understanding of the biology of micro-organisms that may cause diseases in humans and the principles of the host-pathogen interaction.
- Demonstrates ability to effectively advise on appropriate Microbiological (Bacteriology, Virology, Mycology and Parasitology) investigations.
- Demonstrates an understanding of the human microbiome, colonising organisms, and the features of pathological infection.
- Demonstrates ability to effectively use microbiological and other data, to form an appropriate differential diagnosis.
- Demonstrates knowledge and understanding of national and international microbiological guidelines.
- Demonstrates ability to liaise effectively with other specialty diagnostic services.
- Able to inform and develop local guidelines and standard operating practice (SOP's)

Suggested documentation:

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| <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"> ▪ Minimum of one of each of the below supervised learning events (SLEs) (or alternative evidence as noted on page 12): <ul style="list-style-type: none"> ○ CbD ○ Mini-CEX |

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|--|
| <ul style="list-style-type: none"> ▪ Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation, presentation of a case at a multidisciplinary team meeting, writing guidelines or contributing to quality assurance and audit processes in both clinical and/or laboratory settings including Evaluation of clinical events (ECE) |
| <ul style="list-style-type: none"> ▪ Evidence of active involvement in service audit or development projects (e.g. QIPAT) |
| <ul style="list-style-type: none"> ▪ Feedback from formal teaching sessions to medical and non-medical staff such as Teaching observation (TO) |
| <ul style="list-style-type: none"> ▪ Reflective practice |

Specialty CiP 3: Able to advise on infection prevention, control and immunisation

Key skills:

- Demonstrates knowledge and understanding of Standard Precautions in Infection Prevention and Control (IP&C) and ability to advise on the appropriate use of Personal Protective Equipment (PPE).
- Demonstrates knowledge and understanding of Transmission-based Precautions in IP&C, including appropriate patient isolation and cohorting.
- Demonstrates knowledge and understanding of microbiological surveillance including patient screening methods, organism typing and genome sequencing methodologies.
- Applies knowledge and understanding of microbiological surveillance to prevention and control of Healthcare Associated Infection (HCAI).
- Demonstrates ability to participate in managing outbreaks or significant cross-infection incidents in the healthcare setting.
- Demonstrates knowledge and understanding of the healthcare environment and equipment as potential sources of infection.
- Demonstrates knowledge and understanding of public health implications of specific communicable diseases and the importance of appropriate public health notification and intervention.
- Demonstrates knowledge and understanding of the public-health aspects of vaccine-preventable infections and the benefits of vaccination.
- Demonstrates ability to advise appropriately on the use of active and passive immunisation, including in immunocompromised patients and in outbreaks.

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"> ▪ Minimum of one of each of the below supervised learning events (SLEs) (or alternative evidence as noted on page 12): <ul style="list-style-type: none"> ○ ACAT ○ CbD ○ Mini-CEX
<ul style="list-style-type: none"> ▪ Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation, presentation of a case at a multidisciplinary team meeting, writing guidelines or contributing to quality assurance and audit processes in both clinical and/or laboratory settings including Evaluation of clinical events (ECE)
<ul style="list-style-type: none"> ▪ Evidence of active involvement in service audit or development projects (e.g. QIPAT)
<ul style="list-style-type: none"> ▪ Feedback from formal teaching sessions to medical and non-medical staff such as Teaching observation (TO)
<ul style="list-style-type: none"> ▪ Reflective practice

Specialty CiP 4: Able to manage and advise on important clinical syndromes where infection is in the differential diagnosis

Key skills:

- Demonstrates ability to take a comprehensive patient history, including when appropriate, travel, occupational, contact drug, transfusion and sexual history, and ensures history is accurately recorded.
- Demonstrates ability to perform an accurate clinical examination and to clearly record examination findings
- Demonstrates ability to form an appropriate differential diagnosis based on patient history, clinical examination findings and investigations.
- Demonstrates ability to formulate and advise on or implement a safe and appropriate management plan
- Demonstrates ability to assess, investigate, diagnose and advise on, or directly manage all aspects of suspected or proven community acquired infection.
- Demonstrates ability to assess, investigate, diagnose and advise on, or manage all aspects of suspected or proven healthcare associated infection.
- Demonstrates ability to assess, investigate, diagnose and advise on, or directly manage all aspects of suspected or proven infection in immunocompromised patients, including those infected with HIV.

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Minimum of one of each of the below supervised learning events (SLEs) (or alternative evidence as noted on page 12): <ul style="list-style-type: none">○ ACAT○ CbD○ Mini-CEX
▪ Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation, presentation of a case at a multidisciplinary team meeting, writing guidelines or contributing to quality assurance and audit processes in both clinical and/or laboratory settings including Evaluation of clinical events (ECE)
▪ Evidence of active involvement in service audit or development projects (e.g. QIPAT)
▪ Feedback from formal teaching sessions to medical and non-medical staff such as Teaching observation (TO)
▪ Reflective practice
▪ Patient feedback

Specialty CiP 5: Able to lead on and advise on treatment with and stewardship of antimicrobials

Key skills:

- Demonstrates appropriate use and ability to advise on the appropriate use and stewardship of antimicrobials, including antibiotics, antivirals, antifungals, anti-protozoal and anti-parasitic agents
- Demonstrates ability to provide leadership and education on the appropriate use and stewardship of antimicrobials, including use and implementation of evidence-based empiric and pathogen-specific antimicrobial guidelines
- Demonstrates understanding of the global problem of increasing antimicrobial resistance (AMR).
- Demonstrates ability to advise and lead on the appropriate use of an outpatient parenteral antimicrobial therapy (OPAT) service.

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Minimum of one of each of the below supervised learning events (SLEs) (or alternative evidence as noted on page 12): <ul style="list-style-type: none">○ ACAT○ CbD○ Mini-CEX
▪ Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation, presentation of a case at a multidisciplinary team meeting, writing guidelines or contributing to quality assurance and audit processes in both clinical and/or laboratory settings including Evaluation of clinical events (ECE)
▪ Evidence of active involvement in service audit or development projects (e.g. QIPAT)
▪ Feedback from formal teaching sessions to medical and non-medical staff such as Teaching observation (TO)
▪ Reflective practice
▪ Patient feedback

Specialty CiP 6: Providing continuity of care to inpatients and outpatients with suspected or proven infection

Key skills:

- Demonstrates ability to assess, investigate, diagnose, advise on, or directly manage patients with suspected or proven infection in the inpatient, ambulatory and outpatient settings.
- Demonstrates ability to assess, investigate, diagnose, advise on, or directly manage chronic infections
- Demonstrates expertise in the management of Tuberculosis (TB), including drug-resistant TB, HIV, chronic hepatitis B and C and travel-related conditions.
- When clinically appropriate, refers to alternative specialty inpatient or outpatient services.
- Managing patient at all stages, including end of life care

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">▪ Minimum of one of each of the below supervised learning events (SLEs) (or alternative evidence as noted on page 12):<ul style="list-style-type: none">○ ACAT○ CbD○ Mini-CEX
<ul style="list-style-type: none">▪ Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation, presentation of a case at a multidisciplinary team meeting, writing guidelines or contributing to quality assurance and audit processes in both clinical and/or laboratory settings including Evaluation of clinical events (ECE)
<ul style="list-style-type: none">▪ Evidence of active involvement in service audit or development projects (e.g. QIPAT)
<ul style="list-style-type: none">▪ Feedback from formal teaching sessions to medical and non-medical staff such as Teaching observation (TO)
<ul style="list-style-type: none">▪ Reflective practice
<ul style="list-style-type: none">▪ Patient feedback

Specialty CiP 7: Able to manage and advise on imported infections

Key skills:

- Demonstrates the ability to assess, investigate, diagnose, advise on, and directly manage patients with imported infections.
- Demonstrates the ability to provide leadership in clinical care, governance and service development for patients with imported infections.
- Demonstrates comprehensive knowledge and skills in pre-travel health advice.
- Demonstrates a knowledge and understanding of the epidemiology, lifecycle and clinical presentation of parasitic diseases
- Demonstrates the ability to give advice on the diagnosis and management of parasitic infections, including the role of laboratory testing
- Demonstrates the ability to lead an imported infection service

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)
▪ Tropical medicine course (e.g. Diploma in Tropical Medicine & Hygiene)
▪ Travel medicine course
▪ Minimum of one of each of the below supervised learning events (SLEs) (or alternative evidence as noted on page 12): <ul style="list-style-type: none">○ ACAT○ CbD○ Mini-CEX
▪ Evidence of practice of procedures (e.g. DOPS) – e.g. interpretation of malarial blood film
▪ Evidence of active involvement in service audit or development projects (e.g. QIPAT)
▪ Feedback from formal teaching sessions to medical and non-medical staff such as Teaching observation (TO)
▪ Publications / presentations at meetings
▪ Patient feedback