

# Sports and Exercise Medicine

## Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Sports and Exercise Medicine. You will also need to read the [curricula for the specialty](#).

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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 Sports and Exercise Medicine. This is not a standalone document and should be read in conjunction with the [curricula](#) – please see the Sports and Exercise Medicine 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 Sports and Exercise 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
<b>Level 2</b>	<b>Entrusted to act with direct supervision:</b>  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
<b>Level 3</b>	<b>Entrusted to act with indirect supervision:</b>  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
<b>Level 4</b>	<b>Entrusted to act unsupervised</b>

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 remaining seven CiPs describe the clinical tasks or activities which are essential to the practice of Sports and Exercise Medicine. 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.

<b>Generic CiPs</b>
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

**Specialty Specific CiPs**

1. Leading and managing a multi-disciplinary team

2. Ability to develop, lead and deliver a comprehensive musculoskeletal service that spans community and hospital settings for adults

3. Ability to develop, lead and deliver a comprehensive musculoskeletal service that spans community and hospital settings for adolescents and school aged children

4. Ability to deliver exercise medicine services for adults, encompassing both prevention and management of chronic disease

5. Ability to deliver exercise medicine services for adolescents and school aged children, encompassing both prevention and management of chronic disease

6. The ability to promote and support population health through physical activity

7. Delivering effective resuscitation and early management of the acutely injured and unwell patient in the pre-hospital and hospital environments, including sports related mild traumatic brain injury

## 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 four 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.
- Minimum one SEM 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.
- At least one report from a colleague working with you at consultant level who is able to provide comments based on direct observation. This may include rheumatology, rehabilitation medicine or pre-hospital medicine.
- At least one report from a senior allied healthcare professional who able to provide comments based on direct observation.

## 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
- Ensure you have evidence demonstrating core medical knowledge and application of this knowledge in practice to the level of two years of Internal Medicine stage 1 training. To demonstrate core internal medical capabilities, applicants need to provide MRCP (UK) or a comparable assessment of applied knowledge showing the application of core skills including outpatient capability. This evidence could include supervised learning events (SLEs) and workplace based assessments (WPBAs) including multisource feedback (MSF).
- 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 Sports and Exercise 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 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
<b>Supervised Learning Events (SLEs)</b>		
<b>Case-based discussion and/ or mini-clinical evaluation exercise (mini-CEX)</b>	These should have been undertaken with a consultant. CbDs and Mini-CEXs should cover different aspects of the specialty.	3 SLEs per Specialty CiP. The SLE feedback must be in sufficient detail to demonstrate that the applicant is competent to entrustment level 4 across all the specialty CiPs.
<b>Workplace Based Assessments (WPBAs)</b>		
<b>Direct Observation of Procedural Skills (DOPS)</b>	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>A structured report concentrating upon the specialist procedural skills in SEM by a senior colleague – the GMC will request this as part of the application process so you should ensure you nominate at least one SEM doctor who is 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 to the required entrustment level within the last 5 years (WTE).</p>	
<b>Quality Improvement Project Assessment Tool (QIPAT)</b>	<p>Can be used to demonstrate active involvement in service audit or development projects.</p> <p>This evidence needs to demonstrate both engagement and leadership in quality improvement activity.</p>	<p>Minimum of one QIPAT in musculoskeletal medicine, one in exercise medicine and one in a pre-hospital or sports environment including one completed in last 12 of most recent practice (WTE)</p>
<b>Patient Survey (PS)</b>	<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. PS data over the last 5 years covering diverse patient groups including age, gender, culture and covering musculoskeletal medicine, exercise medicine and the sporting clinical environment.</p> <p>Alternative evidence could include:</p> <ul style="list-style-type: none"> <li>▪ Thank you letters/cards from patients</li> <li>▪ Statements from referees</li> <li>▪ Testimonial letters from colleagues</li> <li>▪ Feedback from patients/colleagues</li> </ul>	<p>One completed in last 12 months of most recent practise (WTE)</p>
<b>Teaching observation (TO)</b>	<p>Your evidence should show SEM teaching in different formats and to different groups of learners e.g. general public, patient groups, multidisciplinary teams, medical colleagues, and students.</p>	<p>One completed in last 12 months clinical practise (WTE) or the structured</p>

		report could include commentary on teaching observation/teaching experience
<b>Multi Source Feedback (MSF)</b>	<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 is a strong piece of evidence as it is an anonymous feedback exercise including responses from the whole team (consultant colleagues, junior doctors, allied health professionals, managers and administrative teams) with at least 15 responses.</p>	1 completed in last 12 months clinical practise (WTE)
<b>Other evidence</b>		
<b>To be included in the portfolio of evidence</b>	<ul style="list-style-type: none"> <li>▪ <b>Appraisal</b> is good evidence of engaging with systems, processes and mandatory requirements and demonstrates performance (clinical and non-clinical). Regular engagement in appraisal is important for independent practitioners to demonstrate oversight of their practice.</li> <li>▪ <b>Reflective</b> diaries/ evidence of self-reflection</li> <li>▪ <b>Supervisor report</b> 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 <b>Multiple Consultant Report (MCR) template</b> for the purpose of these reports.</li> <li>▪ Detailed jobs plans containing outline of the clinical team you were working with, a description of clinical case loads, frequency of clinics and the clinical environment (NHS, private, sport etc)</li> <li>▪ <b>Training events</b> (courses, study days, meetings) over the last five years (WTE)</li> </ul>	<p><b>Appraisal for the last five years practice (WTE)</b></p> <p>4 MCRs completed in the last 12 months clinical practise (WTE)</p> <p>Job plans should cover the whole scope of an applicants practice over the last five years practice (WTE)</p>

	<ul style="list-style-type: none"> <li>▪ <b>Evidence of seeing patients</b> over the last five years covering a range of settings, referral contexts, conditions, stages of illness, ages</li> <li>▪ <b>Academic activities</b></li> <li>▪ <b>Management activities</b></li> </ul>	
<p><b>Continuing Professional Development (CPD)</b></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. This should include evidence of Level 3 Pitchside Sports Trauma Course and ALS/equivalence.</p> <p>Examples of evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended.</p>	

## Specialty 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 by triangulation of evidence using a combination of structured reports, WBAs, audits and logbooks (stating the level of supervision for each scan or procedure AND stating whether they were done independently AND signed by assessor) and DOPS.

Procedure	Level of competence required
Musculoskeletal Ultrasound	Supervised
Landmark joint injections of all large joints	Competent to perform unsupervised
Landmark soft tissue injections	Competent to perform unsupervised
Cardiopulmonary exercise testing interpretation, including EVH testing	Competent to interpret and action unsupervised
Respiratory function testing and interpretation, including EVH testing	Competent to interpret and action unsupervised

## 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><b>If you hold full registration with us, you do not need to submit your PMQ</b> 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 <a href="#">primary source verification</a> 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 <a href="#">our guidance</a>.</p>
Specialist medical qualification(s)	<p>Please provide an <b>authenticated copy</b> 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 <b>MRCP(UK)</b> or comparable qualification. Alternative tests of knowledge are acceptable for applicants demonstrating alternative core capabilities, for example in general practice (<b>MRCGP, ACCS (MRCP)</b>).</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), <a href="#">click here</a>.</p> <p>Evidence of completion of Part 1 and 2 of the FSEM (UK) Membership Exam or a comparable qualification.</p>



If you do not hold the MRCP (UK) and FSEM 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)
- Evidence of having successfully completed the training

#### 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.

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## 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 <a href="#">guidance on our website</a> .
Employment letters	<p>The information in these letters <b>must</b> match your CV. They should confirm the following:</p> <ul style="list-style-type: none"> <li>● dates you were in post</li> <li>● post title, grade, training</li> <li>● type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)</li> </ul> <p>Usually this will be set out in the letters offering you the post and renewing your contracts. <b>We do not need to see contracts and terms and conditions of employment.</b></p>
Job descriptions with job plans	<p>These <b>must</b> match the information in your CV. They will usually confirm the following:</p> <ul style="list-style-type: none"> <li>● your position within the structure of your department</li> <li>● your post title</li> <li>● your clinical and non-clinical commitment</li> <li>● your involvement in teaching or training.</li> </ul> <p>Detailed jobs plans containing outline of the clinical team you were working with, a description of clinical case loads, frequency of clinics and the clinical environment (NHS, private, sport etc)</p>
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

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).

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).

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.

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.

## 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:

<ul style="list-style-type: none"><li>▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports</li></ul>
<ul style="list-style-type: none"><li>▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)</li></ul>
<ul style="list-style-type: none"><li>▪ Evidence of ability to assess the mental capacity of patients to make healthcare decisions. Evidence could include:<ul style="list-style-type: none"><li>• Reflections on cases where you had to assess a patient's mental capacity</li></ul></li></ul>
<ul style="list-style-type: none"><li>▪ Evidence of involvement in making 'best interests' decisions, such as:<ul style="list-style-type: none"><li>• Notes</li><li>• Letters</li><li>• Meeting minutes</li></ul></li></ul>
<ul style="list-style-type: none"><li>▪ Awareness of relevant legislation, including mental capacity legislation by completion of an online training course, for example:<ul style="list-style-type: none"><li>• eLfH Mental Capacity Act: <a href="https://www.e-lfh.org.uk/programmes/mental-capacity-act/">https://www.e-lfh.org.uk/programmes/mental-capacity-act/</a></li><li>• CPD Online Mental Capacity Act: <a href="https://cpdonline.co.uk/course/mental-capacity-act/">https://cpdonline.co.uk/course/mental-capacity-act/</a></li><li>• SCIE Mental Capacity Act: <a href="https://www.scie.org.uk/e-learning/mca">https://www.scie.org.uk/e-learning/mca</a></li></ul></li></ul>

### 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"><li>• Reflective diaries</li></ul>
▪ 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"><li>• Meeting minutes, demonstrating your attendance and participation</li><li>• Invites sent from you demonstrating arranging meetings</li></ul>
▪ 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](http://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

## Specialty Specific CiPs

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

### Specialty CiP 1: Leading and managing a multi-disciplinary team

#### Key skills:

- Understands the principles of, and uses, effective inter-professional collaboration to optimise patient and population care across all care settings
- Understands the features of good team dynamics
- Demonstrates flexible and adaptable leadership styles to optimise team cohesion and productivity
- Demonstrates ability to synthesise complex clinical and psychosocial information leading to patient centred clinical decision making in all settings including NHS, sport, military and community environments
- Demonstrates ability to support, educate, influence and develop members of the wider multi-professional team to quality sport and exercise medicine care across all care settings for all patients
- Shows an ability to coordinate care across multiple agencies to address physical, psychological and social needs in community, secondary care, recreational and sporting environments and across all healthcare settings
- Demonstrates attitudes and behaviours that assist dissemination of good practice
- Understands personal and team resilience and its impact on team effectiveness
- Supports an open and transparent approach to incident and complaint investigation, management and resolution

#### Suggested documentation:

- Contemporaneous feedback obtained from observed clinical practice demonstrating leadership within a multi-disciplinary team, across a variety of clinical settings, from the last 5 years clinical practice (WTE).
- Structured reports from consultants and a mix of senior allied health professionals and non-clinical staff who have worked with you in a range of environments (MSK, exercise medicine, team medicine)

<ul style="list-style-type: none"> <li>▪ Appraisal documentation referencing leadership of multidisciplinary working</li> </ul>
<ul style="list-style-type: none"> <li>▪ Team meeting minutes demonstrating your involvement and outcomes of any actions made</li> </ul>
<ul style="list-style-type: none"> <li>▪ Supervised learning events (SLE) demonstrating leadership and management of an MDT</li> </ul>
<ul style="list-style-type: none"> <li>▪ Reflective practice</li> </ul>
<ul style="list-style-type: none"> <li>▪ Clinical letters/ MDT outcome forms completed by you</li> </ul>
<ul style="list-style-type: none"> <li>▪ Job plans detailing the personnel you work with in the clinical setting</li> </ul>

## Specialty CiP 2: Ability to develop, lead and deliver a comprehensive musculoskeletal service that spans community and hospital settings for adults

### Key skills:

- Understand the burden of musculoskeletal problems across socio-economic and ethnic minority groups, military personnel, those with disability and co-morbidity and athletes
- Demonstrates the ability to develop clinical services and pathways that meet with local needs alongside community, primary and secondary care colleagues
- Demonstrates the ability to assess, appropriately investigate and diagnose patients with a wide range of acute and chronic musculoskeletal conditions
- Demonstrates the ability to formulate a multi-disciplinary management plan to optimally treat patients across the spectrum of musculoskeletal problems in accordance with latest guidelines and best practice
- Demonstrates effective consultation, time management and prioritisation skills within a busy outpatient setting
- Identify and re-direct management of malignancy, infection and inflammatory pathologies
- Can identify risk factors and contributors to musculoskeletal injury including relative energy deficiency
- Demonstrates knowledge and utilisation of pharmacological and non-pharmacological approaches to the management of musculoskeletal pain
- Safely and appropriately perform intra-articular and soft tissue injections for musculoskeletal conditions using, or referring on, for image guidance where appropriate
- Has full knowledge of different imaging techniques including safe practice and limitations

- Understands the pathophysiology of tissue injury and repair and its relevance to management and rehabilitation decisions
- An understanding of the theory and physics of musculoskeletal ultrasound (MSKUS), governance around its use and incorporation of MSKUS findings into clinical presentations

### Suggested documentation:

<ul style="list-style-type: none"> <li>▪ Contemporaneous feedback obtained from observed clinical practice demonstrating musculoskeletal clinical practice, across a variety of clinical settings and adult patient populations, from the last 5 years clinical practice (WTE).</li> </ul>
<ul style="list-style-type: none"> <li>▪ Structured reports from consultants and a mix of senior allied health professionals and non-clinical staff who have worked with you in MSK environments.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Supervised learning events (SLE) covering a broad range of conditions and presentations to include reference to clinical decision making, time keeping, clinical prioritisation, written and verbal communication</li> </ul>
<ul style="list-style-type: none"> <li>▪ Reflective practice</li> </ul>
<ul style="list-style-type: none"> <li>▪ Clinic letter/clinical noting/referral letter/investigation request examples</li> </ul>
<ul style="list-style-type: none"> <li>▪ Relevant exam certificates including associated curriculum and assessment documents</li> </ul>

### Specialty CiP 3: Ability to develop, lead and deliver a comprehensive musculoskeletal service that spans community and hospital settings for adolescents and school aged children

#### Key skills:

- Demonstrates knowledge to recognise, diagnose and manage musculoskeletal problems and their associated complications in school aged children and adolescents
- Demonstrates the knowledge and understanding of working with a child health multidisciplinary team to support the
- Demonstrates knowledge of the anatomical, physiological, psychosocial, sexual and educational development of children and adolescents in the management of musculoskeletal conditions

- rehabilitation and treatment of school aged children and young people with musculoskeletal problems
- Demonstrates the ability to perform age appropriate history taking and examination
  - Can identify risk factors and contributors to musculoskeletal injury including relative energy deficiency
  - Identify and re-direct management of malignancy, infection and inflammatory pathologies
  - Understands, and appropriately uses, different imaging techniques in the assessment of musculoskeletal problems in school aged children and adolescents
  - Demonstrates ability to deliver age and activity appropriate rehabilitation programmes
- Demonstrates knowledge and utilisation of pharmacological and non-pharmacological approaches to the management of musculoskeletal pain in school aged children and adolescents
  - Demonstrates knowledge of safeguarding and non accidental injury (NAI) within the adolescent and school age population
  - Demonstrates ability to support development of adolescents and young adults independence and autonomy in health care and acknowledging their right to dictate appropriate parent/carer involvement
  - Demonstrates knowledge of the aspects that enhance care during transition and transfer between paediatric and adult services, including patients with long term health conditions and disability

### Suggested documentation:

<ul style="list-style-type: none"> <li>▪ Contemporaneous feedback obtained from observed clinical practice demonstrating musculoskeletal clinical practice, across a variety of clinical settings and school aged patient populations, from the last 5 years of your clinical practice (WTE).</li> </ul>
<ul style="list-style-type: none"> <li>▪ Structured reports from consultants and a mix of senior allied health professionals and non-clinical staff who have worked with you in MSK environments.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Supervised learning events (SLE) covering a broad range of conditions and presentations to include reference to clinical decision making, time keeping, clinical prioritisation, written and verbal communication</li> </ul>
<ul style="list-style-type: none"> <li>▪ Reflective practice</li> </ul>
<ul style="list-style-type: none"> <li>▪ Clinic letter/clinical noting/referral letter/investigation request examples</li> </ul>
<ul style="list-style-type: none"> <li>▪ Relevant exam certificates including associated curriculum and assessment documents</li> </ul>
<ul style="list-style-type: none"> <li>▪ Safeguarding referrals, qualifications, meeting minutes</li> </ul>

## Specialty CiP 4: Ability to deliver exercise medicine services for adults, encompassing both prevention and management of chronic disease

### Key skills:

- Demonstrates knowledge and application of the evidence and guidelines for the use of physical activity in both prevention and management of chronic disease
- Demonstrate the knowledge and application of motivational interviewing and behavioural change theory when prescribing physical activity for the prevention and management of chronic disease
- Demonstrates participation in the development and evaluation of resources for patient, carers, other medical professionals and organisations aimed at increasing physical activity levels
- Knowledge and understanding of normal exercise physiology, the performing and interpretation of relevant investigations and the impact of disease and medication
- To develop an understanding of the effects that the ageing process and the presence of co- existing morbidities can have on an elderly individual's ability to undertake exercise
- Demonstrates the ability to advise women on undertaking safe exercise, throughout the lifespan and in pregnancy, including advising on energy balance, bone health and hormonal influences
- Demonstrates an awareness of the unique needs of patients with disabilities and the barriers faced in participating in physical exercise
- Understanding the social, psychological and cultural factors that influence physical activity participation and demonstrate initiatives to overcome these

### Suggested documentation:

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| ▪ Contemporaneous feedback obtained from observed clinical practice demonstrating exercise medicine clinical practice, across a variety of clinical settings and adult patient populations, from the last 5 years of your clinical practice (WTE). |
| ▪ Structured reports from consultants and a mix of senior allied health professionals and non-clinical staff who have worked with you in exercise medicine environments.   |
| ▪ Supervised learning events (SLE) across a broad range of conditions and presentations to include reference to clinical decision making, time keeping, clinical prioritisation, written and verbal communication                                  |
| ▪ Reflective practice  |

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| <ul style="list-style-type: none"> <li>▪ Clinic letter/clinical noting/referral letter/investigation request examples</li> </ul>   |
| <ul style="list-style-type: none"> <li>▪ Relevant exam certificates including associated curriculum and assessment documents</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ Evidence of training and ongoing capability to independently perform and interpret CPET and EVH</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ Evidence of training and ongoing capability to deliver behavioural change techniques (eg Moving Medicine ‘Active Conversations’ course).</li> </ul> |

## Specialty CiP 5: Ability to deliver exercise medicine services for adolescents and school aged children, encompassing both prevention and management of chronic disease

### Key skills:

- Understand and promote integrated physical activity opportunities for school aged children and adolescents, including those with a disability, and promote a lifelong relationship with exercise
- Demonstrates understanding of the effects of age and educational development, puberty, energy balance, medication and environment on physical activity in children and adolescents
- Demonstrates the ability to support physical activity in chronic diseases alongside appropriate specialist multidisciplinary teams
- The ability to use motivational interviewing and behavioural change models to promote physical activity for the prevention and management of chronic disease
- Can demonstrate collaborative education on physical activity across specialist multidisciplinary teams within a variety of healthcare settings and the family unit
- Demonstrates knowledge of factors that enhance care during the transition and transfer between paediatric and adult services
- Show evidence of knowledge sufficient to engage constructively with other relevant organisations (primary care, social services, local authority, education, mental health services, voluntary organisations) to develop clinical pathways promoting physical activity participation in chronic disease prevention and management

### Suggested documentation:



<ul style="list-style-type: none"> <li>Contemporaneous feedback obtained from observed clinical practice demonstrating exercise medicine clinical practice, across a variety of clinical settings and adult patient populations, from the last 5 years of your clinical practice (WTE).</li> </ul>
<ul style="list-style-type: none"> <li>Structured reports from consultants and a mix of senior allied health professionals and non-clinical staff who have worked with you in exercise medicine environments.</li> </ul>
<ul style="list-style-type: none"> <li>Supervised learning events (SLE) across a broad range of conditions and presentations to include reference to clinical decision making, time keeping, clinical prioritisation, written and verbal communication to family units</li> </ul>
<ul style="list-style-type: none"> <li>Reflective practice</li> </ul>
<ul style="list-style-type: none"> <li>Clinic letter/clinical noting/referral letter examples</li> </ul>
<ul style="list-style-type: none"> <li>Minutes from multi-disciplinary meetings indicating your role</li> </ul>
<ul style="list-style-type: none"> <li>Evidence of relevant exam certificates including curriculum and assessment documents</li> </ul>
<ul style="list-style-type: none"> <li>Job plans with details of clinical activities and responsibilities</li> </ul>

## Specialty CiP 6: The ability to promote and support population health through physical activity

### Key skills:

- Demonstrates knowledge of the epidemiology of chronic disease and the evidence for the role of physical activity in the management of these conditions
- Demonstrates knowledge and ability to measure physical activity levels at an individual and population level and how to critically evaluate physical activity interventions
- Demonstrates an understanding of public health policy development and implementation in relation to physical activity and health
- Demonstrates knowledge and understanding of the services supporting the promotion of physically active lifestyles
- Understands the theoretical basis of health promotion, the need for multi-agency involvement and the associated potential ethical dilemmas
- Demonstrates understanding of environmental, social and cultural issues affecting health promotion relating to the uptake of physical activity
- Has knowledge of the principles, criteria and implementation of screening programs and how these can be employed within a Sport and Exercise Medicine setting
- Demonstrates the skills to identify the challenges for implementing and/or improving public health practice related to physical activity in

including local authority, community, voluntary sector, primary and secondary care and private sector, and the importance of collaborative working of these organisations to improve population health

either a clinical or community setting and where current practice could be improved using an evidence based approach

- Understands the impact of health inequalities, especially poverty, on health and the influence of culture and beliefs on perceptions of health

### Suggested documentation:

▪ Contemporaneous feedback obtained from observed clinical practice demonstrating population health clinical practice, across a variety of clinical settings and patient populations, from the last 5 years clinical practice (WTE).
▪ Evidence of direct involvement as project lead / co lead in running and evaluating an Exercise Medicine service with recommendations on improving the existing service; QiPAT or audit (with evidence of discussion on how to complete the cycle during an evaluation) or similar evidence.
▪ Evidence of direct involvement in a needs assessment relevant to Sport and Exercise Medicine
▪ Structured reports from consultants and a mix of senior allied health professionals and non-clinical staff who have worked with you in exercise medicine environments.
▪ Supervised learning events (SLE) across a broad range of conditions and presentations to include reference to clinical decision making, time keeping, clinical prioritisation, written and verbal communication
▪ Reflective practice
▪ Clinic letter/clinical noting/referral letter examples
▪ Minutes from multi-disciplinary meetings indicating your role
▪ Evidence of relevant exam certificates including curriculum and assessment documents

## Specialty CiP 6: The ability to promote and support population health through physical activity

### Key skills:

- Demonstrates the ability to provide emergency on-site treatment for the collapsed or acutely injured athlete in the pre-hospital setting
- Demonstrates the ability to provide leadership to the medical team providing emergency care for the collapsed or acutely injured athlete in the pre-hospital setting
- Demonstrates the ability to communicate effectively with colleagues in the immediate care of the acutely injured patient, and to work with other specialities as required to manage the patient effectively
- Demonstrates prompt assessment of the acutely deteriorating patient, including those who are shocked or unconscious, and the ability to deliver appropriate, evidence based care to patients with a range of acute medical problems and deliver effective resuscitation when indicated
- Demonstrates an understanding of the causes of sudden death in sport and to advise on screening programmes to detect those at risk of sudden death in sport, and to act on the findings of any abnormalities raised during screening with athletes, family members and carers
- Demonstrates the ability to recognise and manage appropriately the acute head injury in sport
- Demonstrates the ability to recognise and manage appropriately the sequelae of head injury in athletes and to advise on safe return to play following head injury
- Demonstrates the professional requirements and legal processes associated with consent for resuscitation

### Suggested documentation:

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| ▪ Contemporaneous feedback obtained from observed clinical practice demonstrating acute clinical practice, across hospital and pre hospital clinical settings for a range of patient populations, from the last 5 years clinical practice (WTE). |
| ▪ Reflection   |
| ▪ Evidence of ongoing training and capability in Advanced Life Support   |
| ▪ Evidence of ongoing training and capability in Level 3 Pre Hospital Emergency Care   |

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| ▪ Structured reports from consultants and a mix of senior allied health professionals and non-clinical staff who have worked with you in exercise medicine environments.  |
| ▪ Supervised learning events (SLE) across a broad range of conditions and presentations to include reference to clinical decision making, time keeping, clinical prioritisation, written and verbal communication |
| ▪ Reflective practice   |
| ▪ Clinic letter/clinical noting/referral letter examples  |
| ▪ Minutes from multi-disciplinary meetings indicating your role   |
| ▪ Evidence of relevant exam certificates including curriculum and assessment documents  |