

Sport and Exercise Medicine

Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Sport and Exercise Medicine. You will also need to read the [Sport and Exercise Medicine CCT curriculum](#)

This is the specialty specific guidance for Sport and Exercise Medicine updated June 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.

Introduction

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

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

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

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

- Two years of Internal Medicine (stage 1) or three years of Acute Care Common Stem – Internal Medicine/ Emergency Medicine (ACCS-IM/EM) including MRCP (UK) or one of the following alternative pathways:
 - Three years of General Practice (including MRCPGP)
- Four years of Sport and Exercise Medicine specialty training

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

Curriculum Framework

The Sport and Exercise Medicine curriculum is structured into 13 high-level learning outcomes, known as Capabilities in Practice (CiPs). The CiPs are split into generic and specialty specific capabilities, as outlined below. Acquiring a CESR depends upon you providing evidence that you're working at the level of being entrusted to perform safely and independently for each CiP.

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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 Sport 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.

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

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

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Submitting your evidence

Please keep the following in mind when gathering your evidence:

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

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

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

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

Anonymising your evidence

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

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

This includes:

- Names (first and last)

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- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

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

- Gender
- Date of birth

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

How much evidence to submit

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

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

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

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

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

You should bear in mind the following points:

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

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

Organising your evidence

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

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

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

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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.

Tips for a successful application

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

- Before submitting an application, you should review the current CCT curriculum in conjunction with this document. A strong CESR application will provide evidence to demonstrate that knowledge, skills and experience are equivalent in both the breadth and level of capability, to that set out in the curriculum
- Provide evidence of your **current capability** in all areas of the curriculum. This includes the maintenance of CiPs and key skills over the last five years – all evidence should be clearly linked to the CiPs
- 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 equivalent and evidence 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). Evidence for alternative core medical knowledge and training can be provided – e.g. MRCPCH, MRCPGP, MRCS or MRCPsych
- Present your evidence in a clear, logical manner. You should refer to our user guide for advice on how to group, title and upload your evidence
- Ensure your referees can provide detailed support for your key skills across all (or most) areas of the curriculum and understand the requirements for specialist training and registration in Sport and Exercise Medicine in the UK
- Provide evidence of managing a broad range of patients, as seen daily by Sport and Exercise Medicine doctors in the UK

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- Provide evidence of your clinical capability across the range of experience, ages and settings
- Ensure your evidence demonstrates you are entrusted to act at consultant level across all of the specialty CiPs

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

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

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

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

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

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

Evidence / requirement	About	Minimum expectation
Supervised Learning Events (SLEs)		
Case-based discussion (CbD) and/ or mini-clinical evaluation exercise (Mini-CEX)	These should have been undertaken with a consultant. CbDs and Mini-CEXs should cover different aspects of Sport and Exercise Medicine.	30 across the breadth of the curriculum
Workplace Based Assessments (WPBAs)		

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Direct Observation of Procedural Skills (DOPS)	Evidence of procedural competence.	12
Quality Improvement Project Assessment Tool (QIPAT)	Can be used to demonstrate active involvement in service audit or development projects.	4
Patient Survey (PS)	<p>Formal patient feedback is strong evidence as it's an anonymous feedback exercise. It should include approximately 15 patients. The JRCPTB has a template available on their website. A reflective entry reflecting on the survey must be made.</p> <p>If it is not possible to provide a formal patient survey an applicant could provide alternative evidence. However, this must provide equivalent details and breadth of information.</p> <p>Alternative evidence could include:</p> <ul style="list-style-type: none"> ▪ Thank you letters/cards from patients ▪ Statements from referees ▪ Testimonial letters from colleagues ▪ Feedback from patients/colleagues 	4
Teaching observation (TO)	At least one should be completed by a consultant in the specialty.	4 - 1 should be from a consultant in the specialty
Multi Source Feedback (MSF)	MSF is a strong piece of evidence as it is an anonymous feedback exercise.	4 - Minimum of 1 in the year before the

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	Any available from the last five years should also be submitted. MSF should include approximately 15 colleagues, and not more than four should be doctors.	application has been submitted.
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. ▪ 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>5 annual appraisals</p> <p>4 completed in the last 12 months (e.g. MCRs)</p> <p>4 structured reports</p>
Continuing Professional	CPD represents the acquisition and maintenance of knowledge, skills and key skills. Courses you may want to provide evidence of include:	

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Development (CPD)	<ul style="list-style-type: none">▪ Life support▪ Teaching▪ Simulation▪ Management▪ Research methodology▪ Business▪ Communication▪ Education <p>Examples of evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended.</p>	Must have current ALS and Level 3 Pitchside Trauma certificates
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Practical Procedures

Below details the practical procedures you will be expected to evidence that you are competent to perform unsupervised. You can provide evidence for these procedures using logbooks (stating the level of supervision given for each scan or procedure AND stating whether they were done independently AND signed by assessor) and DOPs.

Musculoskeletal Ultrasound	Supervised (minimum three DOPS at required level)
Landmark joint injections of all large joints	Competent to perform unsupervised (minimum three DOPS at required level)
Landmark soft tissue injections	Competent to perform unsupervised (minimum three DOPS at required level)
Cardiopulmonary exercise testing interpretation, including EVH testing	Competent to interpret and action unsupervised (minimum two DOPS at required level)
Respiratory function testing and interpretation, including EVH testing	Competent to interpret and action unsupervised (minimum one DOPS at required level)

Evidence of training and qualifications

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

Primary medical qualification (PMQ)

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

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

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

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

Specialist medical qualification(s)

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

Evidence of completion of full **MRCP(UK)** or equivalent test of knowledge. Alternative tests of knowledge are acceptable for applicants demonstrating alternative core capabilities, for example in general practice (**MRCGP**).

Part 1 and 2 of the FSEM (UK) Membership Exam is the test of knowledge set out in the CCT curriculum, therefore you should provide confirmation of this exam or ensure alternative evidence demonstrates equivalence.

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 older than five years)

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.

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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. 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.

If you have undertaken approved specialty training towards a CCT or CESR(CP) in this specialty in the UK in the past five years, you should provide a copy of your ARCPs.

Specialist registration outside the UK

Please provide an **authenticated copy** of details of the registration requirements of that authority.

Other relevant qualifications and certificates

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

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

Employment letters and contracts of employment

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

- dates you were in post
- post title, grade, training

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	<ul style="list-style-type: none"> ▪ type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)
Job descriptions	<p>These must match the information in your CV. They will confirm the following:</p> <ul style="list-style-type: none"> ▪ your position within the structure of your department ▪ your post title ▪ your clinical and non-clinical commitment ▪ your involvement in teaching or training.
Rotas	<p>You must provide samples of your rotas from the last three years. These should demonstrate your weekly clinical and non-clinical activities. For example, if you worked a 1:8 rota, you should submit eight consecutive weeks' rota to represent that placement.</p>
Departmental/ Unit annual caseload statistics	<p>You should provide departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from the last three years.</p>
Appraisal	<p>Those working in an NHS or managed environment should submit evidence of annual appraisals. A revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).</p> <p>For non-training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).</p>

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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.

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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

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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">▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
<ul style="list-style-type: none">▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
<ul style="list-style-type: none">▪ Evidence of 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• Supervised learning events
<ul style="list-style-type: none">▪ Evidence of involvement in making best interests' decisions, such as:<ul style="list-style-type: none">• Notes• Letters• Meeting minutes
<ul style="list-style-type: none">▪ 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

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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
▪ Supervised learning events

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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:
 - Meeting minutes, demonstrating your attendance and participation
 - Invites sent from you demonstrating arranging meetings
- Supervised learning event
- 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
- Specific quality improvement activity, such as a QIPAT

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- Copies of letters you have written to NHS and non-NHS services involved with patients

CiP 5: Carries out research and manages data appropriately

Key skills:

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

Suggested documentation:

- 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

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- 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
- Publications
- Application of research into practice e.g. writing a clinical guideline for your place of work

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

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- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Completion of relevant training course(s), such as management or leadership courses
- Feedback from formal teaching sessions to medical and non-medical staff:
 - Teaching Observation SLE (TO)

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Specialty Specific CiPs

Applicants must demonstrate that they are currently practising at the level of 'entrusted to act independently' in all specialty CiPs. 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 deliver high 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:

- Reports from consultants who have worked with you, end of placement and appraisal reports

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<ul style="list-style-type: none"> Minimum of two Multiple Consultant Report (MCRs) including comments on leadership skills from a least two different places of work.
<ul style="list-style-type: none"> Minimum of four sets of feedback from a variety of clinical and non-clinical colleagues who have worked with you in a range of environments such as MSK, SEM and team and event medicine; for example Multisource Feedback (MSF)
<ul style="list-style-type: none"> Supervised learning events (SLE) demonstrating leadership and management of an MDT; for example CBD, Mini-CEX, OPCAT etc
<ul style="list-style-type: none"> Minimum of two minutes from multi-disciplinary and other team meetings – these must demonstrate your involvement / contribution
<ul style="list-style-type: none"> Reflective practice
<ul style="list-style-type: none"> Letters / clinical notes
<ul style="list-style-type: none"> Minimum of four Patient Surveys across at least two different work setting

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

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- Demonstrates effective consultation, time management and prioritisation skills within a busy outpatient setting
 - Understands the pathophysiology of tissue injury and repair and its relevance to management and rehabilitation decisions
 - 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
 - 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:

- 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 **eight** supervised learning events (SLE) with evidence of these covering a broad range of conditions and presentations and being at the standard for completion of higher specialist training. A minimum of **two** SLEs should assess the applicant across a whole clinic i.e. clinical decision making, time keeping, prioritisation and written and verbal communication:
 - CbD
 - Mini-CEXs
 - OPCATs
- Reflection

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▪ Patient survey
▪ Logbook
▪ Letters / clinical notes - please provide a minimum of four covering a range of ages and presentations
▪ DOPS
▪ QiPAT
▪ SEM Diploma / MSc / Faculty Diploma exam

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 knowledge of the anatomical, physiological, psychosocial, sexual and educational development of children and adolescents in the management of musculoskeletal conditions
- Demonstrates the knowledge and understanding of working with a child health multidisciplinary team to support the 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

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- 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"> ▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
<ul style="list-style-type: none"> ▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
<ul style="list-style-type: none"> ▪ Minimum of eight supervised learning events (SLE) covering a broad range of conditions and presentations with evidence of these being at the standard for completion of higher specialist training. A minimum of two SLEs should assess the applicant across a whole clinic i.e. clinical decision making, time keeping, prioritisation and written and verbal communication: <ul style="list-style-type: none"> ○ CbDs ○ Mini-CEXs ○ OPCATs
<ul style="list-style-type: none"> ▪ Reflection
<ul style="list-style-type: none"> ▪ Patient Survey
<ul style="list-style-type: none"> ▪ Logbook
<ul style="list-style-type: none"> ▪ Letters / clinical notes Please provide a minimum of four covering a range of ages and presentations

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<ul style="list-style-type: none"> ▪ DOPS
<ul style="list-style-type: none"> ▪ QiPAT
<ul style="list-style-type: none"> ▪ SEM Diploma / MSc / Faculty Diploma exam
<ul style="list-style-type: none"> ▪ Must have valid Level 3 safeguarding for children course

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

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Suggested documentation:

<ul style="list-style-type: none">▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
<ul style="list-style-type: none">▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
<ul style="list-style-type: none">▪ Minimum of six supervised learning events (SLE), to include evidence:<ul style="list-style-type: none">○ CbDs○ Mini-CEXs
<ul style="list-style-type: none">▪ DOPS demonstrating evidence of being able to carry out and interpret CPET and EVH tests without supervision: minimum of two for each procedure
<ul style="list-style-type: none">▪ Minimum of two reflections including on the use of behavioural change techniques in practice
<ul style="list-style-type: none">▪ Patient Survey
<ul style="list-style-type: none">▪ Letters and clinical notes
<ul style="list-style-type: none">▪ Minimum of two minutes from multi-disciplinary and other team meetings – these must demonstrate your involvement / contribution
<ul style="list-style-type: none">▪ QiPAT
<ul style="list-style-type: none">▪ Evidence of training in behavioural change techniques; for example Moving Medicine 'Active Conversations' course
<ul style="list-style-type: none">▪ SEM Diploma / MSc / Faculty Diploma exam

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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:

- 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)

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<ul style="list-style-type: none"> ▪ Minimum of four supervised learning events (SLE): <ul style="list-style-type: none"> ○ CbDs ○ Mini-CEXs
<ul style="list-style-type: none"> ▪ DOPS
<ul style="list-style-type: none"> ▪ Minimum of two reflections including on the use of behavioural change techniques in practice
<ul style="list-style-type: none"> ▪ Patient Survey
<ul style="list-style-type: none"> ▪ Letters and clinical notes - please provide a minimum of four covering a range of ages and presentations
<ul style="list-style-type: none"> ▪ QiPAT
<ul style="list-style-type: none"> ▪ Minimum of two minutes from multi-disciplinary and other team meetings – these must demonstrate your involvement / contribution
<ul style="list-style-type: none"> ▪ Evidence of training in behavioural change techniques; for example Moving Medicine 'Active Conversations' course
<ul style="list-style-type: none"> ▪ SEM Diploma / MSc / Faculty Diploma exam

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

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- 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 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
 - 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 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:

<ul style="list-style-type: none"> ▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
<ul style="list-style-type: none"> ▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
<ul style="list-style-type: none"> ▪ Supervised learning events (SLE): <ul style="list-style-type: none"> ○ CbDs ○ Mini-CEXs
<ul style="list-style-type: none"> ▪ DOPS
<ul style="list-style-type: none"> ▪ Reflection
<ul style="list-style-type: none"> ▪ Minutes from multi-disciplinary and other team meetings – these must demonstrate your involvement / contribution

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- Must include evidence of direct involvement as project lead / co lead in running and evaluating an Exercise Medicine service with recommendations on improving the existing service; minimum of one QiPAT or audit (with evidence of discussion on how to complete the cycle during an evaluation) or similar evidence.
- Direct involvement in a needs assessment relevant to Sport and Exercise Medicine

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

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

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Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of **four** supervised learning events (SLE) or other workplace based assessments, including at least **two** relating to head injury and concussion:
 - CbDs
 - Mini-CEXs
 - DOPS
- Reflection
- Letters and clinical notes
- Must have in date Advanced Life Support Certification
- Must have in date Level 3 Pre Hospital Emergency Care Course Certification

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