

## Tropical Medicine

### *with General Internal Medicine*

#### Specialty Specific Guidance

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

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## Introduction

This document is designed to provide helpful information and guidance to enable you to make an application for a Certificate of Eligibility for Specialist Registration (CESR) in **Tropical Medicine with General Internal Medicine**. This is not a standalone document and should be read in conjunction with the [Tropical Medicine and General Internal Medicine curricula](#) – please also see the [JRCPTB website](#) for more details. You can [contact us](#) and ask to speak to the GMC Specialist Applications team for advice before you apply.

### **What is the indicative period of training for a Certificate of Completion of Training (CCT) in Tropical Medicine and General Internal Medicine?**

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

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

- Three years of Internal Medicine (stage 1) or four years of Acute Care Common Stem – Internal Medicine (ACCS-IM) including MRCP (UK)
- Five years of Tropical Medicine and General Internal Medicine training which includes Combined Infection Training for two years (combining laboratory and clinical aspects of infection)

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

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## Curriculum Framework

The **Tropical Medicine** curriculum is structured into 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.

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

The eight clinical CiPs describe the clinical tasks or activities which are essential to the practice of General Internal Medicine. The eight specialty CiPs describe the clinical tasks or activities which are essential to the practice of Tropical 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.

**There will be no stand-alone CESR in Tropical Medicine. This reflects service need and mirrors the CCT curriculum.**

In the application form you can choose to apply in Tropical Medicine with General Internal Medicine. If successful in your application you will be awarded an additional CESR certificate for General Internal Medicine, and this specialty will be listed on your register entry.

### 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

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6. Acts as a clinical teacher and clinical supervisor

### **Clinical CiPs**

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

### **Specialty Specific CiPs**

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

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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:

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

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

- Gender
- Date of birth

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

### **How much evidence to submit**

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

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

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the

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associated capabilities. We recognise that you may not have all the evidence that is required but it will help us process your application 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 Tropical Medicine and General Internal Medicine in the UK.

You should bear in mind the following points:

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

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

### **Organising your evidence**

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

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

Your evidence must be mapped to the curriculum by providing primary evidence for knowledge, skills and qualifications to demonstrate the required CiPs for all areas of the Tropical Medicine and General Internal Medicine curricula. 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 evidence of knowledge 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). Further guidance can be found below.
- 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 Tropical Medicine in the UK.

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- Provide evidence of managing a broad range of patients, as seen daily by Tropical Medicine doctors in the UK.
- Provide evidence of your clinical capability across the range of experience, ages and settings.
- Ensure your evidence demonstrates you are entrusted to act at consultant level across all of the specialty CiPs.

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

## 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
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<b>Supervised Learning Events (SLEs)</b>		
<b>Acute Care Assessment Tool (ACAT)</b> <b>Case-based discussion (CbD)</b> <b>mini-clinical evaluation exercise (mini-CEX)</b>	These should have been undertaken with a consultant and should cover a range of Tropical Medicine and General Internal Medicine cases and topics	12 – 14 of each type completed in last 2 years
<b>Workplace Based Assessments (WPBAs)</b>		
<b>Evaluation of clinical events (ECE)</b>	Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings.	12
<b>Direct Observation of Procedural Skills (DOPS)</b>	To cover the range of laboratory based procedures.	12
<b>Quality Improvement Project Assessment Tool (QIPAT)</b>	Can be used to demonstrate active involvement in service audit or development projects.	1 completed in last 12 months

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<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. A reflective entry reflecting on the survey must be made.</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>	1 completed in last 12 months
<b>Teaching observation (TO)</b>	At least one should be completed by a consultant in the specialty.	1 completed in last 12 months
<b>Multi Source Feedback (MSF)</b>	<p>MSF is a strong piece of evidence as it is an anonymous feedback exercise. Minimum of one in the year before the application has been submitted – any available from the last five years should also be submitted.</p> <p>MSF should include approximately 15 colleagues, and not more than four should be doctors.</p>	1 completed in last 12 months
<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)</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</li> </ul>	

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	<p>activities. JRCPTB provides a Multiple Consultant Report (MCR) template for the purpose of these reports of which there should be four in the last 12 months.</p> <ul style="list-style-type: none"> <li>▪ <b>Logbooks</b> must cover the last five years and show the type of procedures you performed and your role in the procedure</li> <li>▪ <b>Training events</b> (courses, study days, meetings) over the last five years</li> <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> <li>▪ <b>Structured reports</b></li> </ul>	<p>4 completed in the last 12 months (e.g. MCRs)</p>
<p><b>Continuing Professional Development (CPD)</b></p>	<p>CPD represents the acquisition and maintenance of knowledge, skills and key skills.</p> <p>Courses you may want to provide evidence of include:</p> <ul style="list-style-type: none"> <li>▪ Life support</li> <li>▪ Teaching</li> <li>▪ Simulation</li> <li>▪ Management</li> <li>▪ Research methodology</li> <li>▪ Business</li> <li>▪ Communication</li> <li>▪ Education</li> </ul>	

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	Examples of evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended.	
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## Evidence of training and qualifications

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

### Primary medical qualification (PMQ)

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

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

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

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

### Specialist medical qualification(s)

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

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

If the applicant does not hold the required MRCP(UK) examination they must provide a robust portfolio of evidence of knowledge of the breadth and depth of the curriculum or equivalent evidence of knowledge and clinical skills.

Applicants must provide evidence of success in the Combined Infection Certificate Examination (CICE)/Fellowship of the Royal College of Pathologists Part 1 (FRCPath part 1). If the applicant

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does not hold the required FRCPATH examination they must provide a robust portfolio of evidence of knowledge of the breadth and depth of the curriculum or equivalent evidence of knowledge.

It is recommended that applicants have passed the **Diploma in Tropical Medicine and Hygiene (DTM&H)** and the **Diploma of HIV Medicine** examinations.

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 5 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.

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

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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 these specialties 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.

Applicants will be required to provide evidence of completing a **Diploma of Tropical Medicine and Hygiene (DTM&H)** course or equivalent.

## **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"> <li>▪ type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)</li> </ul>
<b>Job descriptions</b>	<p>These <b>must</b> match the information in your CV. They will 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>
<b>Rotas</b>	<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>
<b>Departmental/ Unit annual caseload statistics</b>	<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>
<b>Appraisal</b>	<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.

## 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

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- 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

## **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

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### Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of ability to assess the mental capacity of patients to make healthcare decisions. Evidence could include:
  - Reflections on cases where you had to assess a patient's mental capacity
- Evidence of involvement in making best interests' decisions, such as:
  - Notes
  - Letters
  - Meeting minutes
- Awareness of relevant legislation, including mental capacity legislation by completion of an online training course, for example:
  - eLfh Mental Capacity Act: <https://www.e-lfh.org.uk/programmes/mental-capacity-act/>
  - CPD Online Mental Capacity Act: <https://cpdonline.co.uk/course/mental-capacity-act/>
  - SCIE Mental Capacity Act: <https://www.scie.org.uk/e-learning/mca>

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

#### **Key skills:**

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- 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
▪ Supervised learning event

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

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## 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](http://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

## **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)

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- Completion of relevant training course(s), such as teaching, appraisal, management or leadership courses
- Feedback from formal teaching sessions to medical and non-medical staff:
  - Teaching Observation SLE (TO)

## Clinical CiPs

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

### CiP 1: Managing an acute unselected take

#### Key skills:

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

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## Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- The following supervised learning events (SLEs):
  - CbDs
  - ACAT
- Logbook of cases
- Evidence of simulation

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

### Key skills:

- Able to manage patients who have been referred acutely to a specialised medical service as opposed to the acute unselected take (e.g. cardiology and respiratory medicine acute admissions)
- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient centred care including shared decision making
- Takes a relevant patient history including patient symptoms, concerns, priorities and preferences
- Performs accurate clinical examinations

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- Shows appropriate clinical reasoning by analysing physical and psychological findings
- Formulates an appropriate differential diagnosis
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
- Appropriately selects, manages and interprets investigations
- Demonstrates appropriate continuing management of acute medical illness in a medical specialty setting
- Refers patients appropriately to other specialties as required

### Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Minimum of <b>one of each</b> of the below supervised learning events (SLEs): <ul style="list-style-type: none"> <li>• CbDs</li> <li>• ACAT</li> </ul>
▪ Logbook of cases
▪ Evidence of simulation

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

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## Key skills:

- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient centred care including shared decision making
- Demonstrates effective consultation skills
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
- Demonstrates appropriate continuing management of acute medical inpatients admitted to hospital on an acute unselected take or selected take
- Recognises need to liaise with specialty services and refers where appropriate
- Appropriately manages comorbidities in medical inpatients (unselected take, selected acute take or specialty admissions)
- Demonstrates awareness of the quality of patient experience

## Suggested documentation:

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

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

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## Key skills:

- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient centred care including shared decision making
- Demonstrates effective consultation skills
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
- Appropriately manages comorbidities in outpatient clinic, ambulatory or community setting
- Demonstrates awareness of the quality of patient experience

## Suggested documentation:

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

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

### Key skills:

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

### Suggested documentation:

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

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

### Key skills:

- Applies management and team working skills appropriately, including influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations
- Ensures continuity and coordination of patient care through the appropriate transfer of information demonstrating safe and effective handover
- Effectively estimates length of stay
- Delivers patient centred care including shared decision making

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- Identifies appropriate discharge plan

Recognises the importance of prompt and accurate information sharing with primary care team following hospital discharge

### **Suggested documentation:**

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

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

### **Key skills:**

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

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

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

### Key skills:

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

### Suggested documentation:

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

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## Specialty Specific CiPs

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

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

#### Key skills:

- Demonstrates awareness of developments, both scientific and managerial, that may affect the delivery of diagnostic Microbiology (Bacteriology, Virology, Mycology and Parasitology) services.
- Understands legislation relevant to diagnostic Microbiology laboratories including that related to Health and Safety.
- Demonstrates knowledge and understanding of methods of microbiological investigation.
- Demonstrates ability to select and advise on appropriate microbiological tests for clinical investigation and to oversee appropriate turnaround times.
- Demonstrates knowledge and understanding of Microbiological (Bacteriology, Virology, Mycology and Parasitology) method validation and verification, and the concepts of sensitivity and specificity as applied to Microbiological tests.
- Demonstrates ability to effectively use and oversee Internal Quality Control (IQC) and External Quality Assurance (EQA) data to assure the overall quality of microbiological diagnostics.
- Demonstrates knowledge and understanding of Laboratory Information Management Systems (LIMS) and other Healthcare Information Technology systems, including understanding relevant information governance legislation.
- Demonstrates ability to work effectively and provide clinical leadership in a multidisciplinary team within the diagnostic Microbiology laboratory.
- Able to evaluate and oversee the introduction of novel laboratory tests

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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
- Minimum of **one of each** of the below supervised learning events (SLEs):
  - Cbd
  - Mini-CEX
- Evidence of practical procedures (e.g. DOPS) – **minimum of four** across breadth of laboratory practice
- Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings
  - Evaluation of clinical events (ECE) – **minimum of four**
- Evidence of active involvement in service audit or development projects (e.g. QIPAT)
- Feedback from formal teaching sessions to medical and non-medical staff:
  - Teaching Observation (TO)
- Reflective practice

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

### Key skills:

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

### Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Minimum of **one of each** of the below supervised learning events (SLEs):
  - CbD
  - Mini-CEX
- Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings
  - Evaluation of clinical events (ECE) – **minimum of four**

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- Evidence of active involvement in service audit or development projects (e.g. QIPAT)
- Feedback from formal teaching sessions to medical and non-medical staff:
  - Teaching Observation (TO)
- Reflective practice

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

### Key skills:

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

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- Demonstrates ability to advise appropriately on the use of active and passive immunisation, including in immunocompromised patients and in outbreaks.

### Suggested documentation:

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

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

### Key skills:

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

### Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Minimum of **one of each** of the below supervised learning events (SLEs):
  - ACAT
  - CbD

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<ul style="list-style-type: none"> <li>○ Mini-CEX</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings <ul style="list-style-type: none"> <li>○ <b>Evaluation of clinical events (ECE) – minimum of four</b></li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of active involvement in service audit or development projects (eg QIPAT)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Feedback from formal teaching sessions to medical and non-medical staff: <ul style="list-style-type: none"> <li>○ Teaching Observation (TO)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Reflective practice</li> </ul>
<ul style="list-style-type: none"> <li>▪ Patient feedback</li> </ul>

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

### Key skills:

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

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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
- Minimum of **one of each** of the below supervised learning events (SLEs):
  - ACAT
  - CbD
  - Mini-CEX
- Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings
  - **Evaluation of clinical events (ECE) – minimum of four**
- Evidence of active involvement in service audit or development projects (e.g. QIPAT)
- Feedback from formal teaching sessions to medical and non-medical staff:
  - Teaching Observation (TO)
- Reflective practice
- Patient feedback

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

### Key skills:

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

### Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Minimum of **one of each** of the below supervised learning events (SLEs):
  - ACAT
  - CbD
  - Mini-CEX
- Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings
  - **Evaluation of clinical events (ECE) – minimum of four**

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- Evidence of active involvement in service audit or development projects (e.g. QIPAT)
- Feedback from formal teaching sessions to medical and non-medical staff:
  - Teaching Observation (TO)
- Reflective practice
- Patient feedback – e.g. patient survey from last 12 months

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

### Key skills:

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

### Suggested documentation:

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

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<ul style="list-style-type: none"> <li>▪ Tropical medicine course (e.g. Diploma in Tropical Medicine &amp; Hygiene)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Travel medicine course</li> </ul>
<ul style="list-style-type: none"> <li>▪ Minimum of <b>one of each</b> of the below supervised learning events (SLEs): <ul style="list-style-type: none"> <li>○ ACAT</li> <li>○ CbD</li> <li>○ Mini-CEXs</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings <ul style="list-style-type: none"> <li>○ <b>Evaluation of clinical events (ECE) – minimum of four</b></li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of practice of procedures (e.g. DOPS) – e.g. interpretation of malarial blood film</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of active involvement in service audit or development projects (e.g. QIPAT)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Feedback from formal teaching sessions to medical and non-medical staff: <ul style="list-style-type: none"> <li>○ Teaching Observation (TO)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Publications / presentations at meetings</li> </ul>
<ul style="list-style-type: none"> <li>▪ Patient feedback – e.g. patient survey</li> </ul>

## Specialty CiP 8: Delivering equitable and high quality care in resource poor settings

### Key skills:

- Demonstrates ability to deliver high quality care in a resource limited setting with appropriate use of investigation and therapeutics according to patient need and available supplies

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- Demonstrates ability to practise with patient groups from different cultural backgrounds who do not have English as their first language
- Demonstrates the ability to work with colleagues (medical and non-medical) from different cultural backgrounds who do not have English as their first language
- Demonstrates flexibility and capacity to work in healthcare settings that differ from UK NHS practice
- Demonstrates the ability to manage the non-communicable disease (NCD) issues seen in tropical resource poor settings
- Demonstrates the ability to generate changes in clinical care which reduces health inequality
- Demonstrates the ability to produce evidence to inform policy for international health partnerships

## 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>▪ Tropical medicine course (eg Diploma in Tropical Medicine &amp; Hygiene)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Travel medicine course</li> </ul>
<ul style="list-style-type: none"> <li>▪ Minimum of <b>one of each</b> of the below supervised learning events (SLEs): <ul style="list-style-type: none"> <li>○ ACAT</li> <li>○ CbD</li> <li>○ Mini-CEX</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of performance of duties in complex tasks involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings</li> </ul>

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○ **Evaluation of clinical events (ECE) – minimum of four**

- Evidence of practice of procedures (e.g. DOPS)
- Evidence of active involvement in service audit or development projects (e.g. QIPAT)
- Feedback from formal teaching sessions to medical and non-medical staff:
  - Teaching Observation (TO)
- Publications / presentations at meetings
- Patient feedback – e.g. patient survey

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