The Physician of Tomorrow
Curriculum for Core Medical Training and
Acute Care Common Stem (Medicine)
(Acute Medicine Level One)
Federation of the Royal Colleges of Physicians
Draft Curriculum for Core Medical Training and Acute Care Common Stem (Medicine)

How to Use This Curriculum 5

Section 1 – Rationale 7

Section 2 – Content of Learning 11

Part 2.1 – Symptom Based Competencies 12

- Emergency Presentations 12

- ‘Top 20’ Common Presentations 16

- Other Important Medical Presentations 36

Part 2.2 – System Based Competencies 76

Part 2.3 – Investigation Competencies 99

Part 2.4 – Procedural Competencies 102

Section 3 – The Learning Process 103

Section 4 – Assessment Strategy 107

Section 5 – Trainee Supervision and Feedback 108

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<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 6 – Curriculum Implementation</td>
<td>110</td>
</tr>
<tr>
<td>Section 7 – Curriculum review</td>
<td>112</td>
</tr>
<tr>
<td>Section 8 – Equality and Diversity</td>
<td>113</td>
</tr>
<tr>
<td>Section 9 – Statutory Responsibilities</td>
<td>113</td>
</tr>
<tr>
<td>References -</td>
<td>114</td>
</tr>
</tbody>
</table>
How to Use This Curriculum

This curriculum is for doctors training in physicianly specialties, their tutors and Educational Supervisors during core training (Core Medical Training (CMT) or Acute Care Common Stem (Medicine) (ACCS (M)). For the latter group this document must be used in association with the training manual for ACCS that has been developed by a joint working group supervising the development of ACCS programmes. Trainees entering all core training programmes must have successfully completed a Foundation Programme, or equivalent, and attained the core competencies outlined in the Foundation Curriculum¹.

The outcome of the training programme will be a clinician equipped with a broad grounding in acute medicine, who is able to go on to specialist training in a physicianly speciality.

This curriculum is set out as follows:

Section 1 - Rationale
This section describes the background to the development of the curriculum, the structure of training, and the purpose of the curriculum in medical training.

Section 2 – Content of Learning
This is the syllabus section of the curriculum, describing the knowledge, skills and attitudes that trainees need to learn.

Section 3 – The Learning Process
This section discusses the model of learning and the learning experiences for the training programme.

Section 4 – Assessment Strategy
This section outlines the systems for assessment of competencies for the curriculum.

Section 5 – Trainee Supervision and Feedback
This section recommends how a trainee should be supervised during the training programme and how feedback on learning should be given.

Section 6 – Curriculum Implementation
This section discusses how the management and implementation of the curriculum within training programmes will be achieved.

Section 7 – Curriculum Review
It is intended that the curriculum is a fluid document and will evolve as feedback is offered from trainers, trainees and laypersons. In this section the plans for curriculum review, evaluation and monitoring is laid out.

Section 8 – Equality and Diversity
This section describes how the curriculum complies with anti-discriminatory practice.
This curriculum was provisionally approved by PMETB in July 2006. Small changes may occur prior to full approval, but this is unlikely to affect Section 2. Therefore, this curriculum is still a draft.
Section 1 - Rationale

This curriculum defines the Level 1 medical competencies, that trainees must acquire to deliver the effective practice of General Internal Medicine in the 21st century, with emphasis on the acute setting. These competencies are transferable, if required, to pursue other postgraduate training pathways, in accordance with the principles of Modernising Medical Careers.

1.1 – What is General Internal Medicine (Acute Medicine) [GIM (Acute)]?

Acute medicine has been defined as ‘that part of General (Internal) Medicine concerned with the immediate and early specialist management of adult patients with a wide range of medical conditions who present in hospital as emergencies’\(^2\). The specialty will concentrate on the early phase of care of the acutely ill, typically the initial 24 to 72 hours, but the competencies needed by acute physicians will be broader and will include many of the skills of the ‘general physician’ as well as the generic competencies expected of all physicians. This will apply both to those trained exclusively in acute medicine and to those trained in acute medicine with another specialty. However as all physicians should develop Level one competencies in acute medicine it has been determined that all core programmes should deliver these competencies.

The General Internal Medicine (Acute Medicine) curriculum has been divided into 3 competency levels. This document deals with the level one GIM (Acute) competencies that are required of all physicianly specialties and must be acquired before progression to ST3. MRCP (Part 1) is the knowledge based assessment of all core programmes (core medical training (CMT) or Acute Care Common Stem (medicine) (ACCS(M)). All trainees will need to have passed at least part 1 of the MRCP to enable progression to ST3.

1.2 - Background

The acute hospital working environment has changed markedly in recent years. The older firm-based apprenticeship system has given way to working and learning in teams, with an emphasis on shared responsibilities of care and clinical governance. Previously, most doctors wishing to pursue a career in a medical specialty needed to compete for entry level SHO posts, with a requirement to pass the MRCP(UK) examination to progress to a Specialist Registrar post in a medical specialty. This training period was of variable length, lacked assessment, and many trainees did not proceed into Specialty Training.

Modernising Medical Careers (MMC) was introduced to create a more focused postgraduate training with specific outcomes related to NHS service needs. The publication of ‘Unfinished Business’ defined aspirations for a Foundation Programme that delivered doctors equipped with core competencies in good patient care, safety, management and communication\(^3\).

The reform was motivated by a desire to deliver care using more effective teamwork and a multi-disciplinary approach, with more efficient and flexible training pathways. Furthermore, the European Working Time Directive has also impinged
on older apprentice-style training and education methods. The principles outlined in ‘Unfinished Business’ were as follows:

- An outcome-based education process
- Defined competence
- Assessment of competence
- Promotion of lifelong learning

The structure, implementation, competencies and assessments for the Foundation Programme are defined in the Foundation Curriculum. These competencies reflect the desire to give trainees, early in their careers, the values and attitudes necessary to allow good interaction with patients, carers and families. Trainees completing these programmes will also be able to assess and initiate management of the acutely ill patient and have the skills to work in the modern NHS. The Foundation Programme commenced in August 2005.

There is now the need to bring the postgraduate training programme in all physician specialities into line with the aspirations of MMC. The physicians’ curricula build on the Foundation Programme and describe the training pathways through postgraduate medical training to the completion of specialist training and the award of a CCT. The first part of this training pathway is the acquisition of level 1 general internal medicine (acute medicine) competencies.

1.3 - Curriculum Development

A curriculum group, made up of members of the Federation of the Royal Colleges of Physicians and the Education Department of the Royal College of Physicians of London, was established in 2005 to define the competencies that must be acquired during the phases of training in general internal medicine (acute medicine). The members of this group had a broad UK representation and included trainees and lay persons. All clinical members of the committee were teachers or trainees in General Internal Medicine (Acute Medicine). The main work of the group involved the definition of the style of the curriculum, the learning and assessment methods to be used, and the competencies to be achieved during training. As acquisition of level 1 competencies in General Internal Medicine (Acute Medicine) is the first element in training for UK physicians it was important that the draft curriculum was circulated to trainees’ representatives, and medical Specialists Advisory Committees (SACs) for their input.

Every opportunity has been taken to involve key stakeholders in the development of the GIM (acute) curriculum at several stages prior to implementation.

Examples include:

- Discussion at College Committees (Education, Training and Examinations Board, Council), all of which include trainee and lay representation
- Presentations to the Colleges’ Specialist Advisory Committee (SAC) Chairs
- Discussions with trainee representative groups
- Feedback from information gathered via College newsletters and other written documents
This curriculum is trainee-centred, and outcome-based. As this curriculum is to be followed through core training a spiral approach has been adopted, as in the Foundation Programme. A spiral curriculum describes a learning experience that revisits topics and themes, each time expanding the sophistication of the knowledge, attitudes and decision-making regarding that topic. This approach aids reinforcement of principles, the integration of topics, and the achievement of higher levels of competency.

This visiting of topics is key to ensuring deep learning. This principle underpins the ethos of a spiral curriculum and effective life-long learning beyond Specialty Training. In this way an individual progresses from being ‘competent’ to becoming ‘expert’.

1.4 - Training Structure

Entry into GIM (Acute) training is possible following successful completion of a Foundation Programme.

The training in GIM (Acute) is divided into three levels: all trainees entering physician training will complete level 1

**Level 1:** Core Medical Training (CMT) or Acute Care Common Stem (Medicine) ACCS(M) – together termed Core Training

These are two-year training programmes consisting of 4-6 month placements in mainly acute medicine and medical specialties. Trainees completing core training will have a solid platform in GIM (Acute) from which they can continue into Specialty Training. Successful attainment of core training competencies will be required in order to be eligible for entry into Specialty Training in any of the medical specialties.

Level 2 competencies will be achieved by those trainees in acute specialties who plan to take part in the acute medical take in their consultant working lives. Level 3 competencies will usually only be achieved by those wishing to obtain a CCT in GIM (acute) and practice as a specialist acute physician. These competencies are described in other documents available on the websites of the PMETB and Joint Royal Colleges Physicians Training Board (JRCPTB).

1.5 - Generic Competencies

Every physician in training needs to acquire a professional, moral and legal framework for practice, as described by the GMC’s *Good Medical Practice*. These competencies apply to all medical specialties and are therefore termed ‘Generic Competencies’.

Generic competencies are defined in a separate document, the *Generic Curriculum for the Medical Specialties*, which complements the competencies of Core Medical Training, Specialist Training in GIM (Acute), and all medical specialties. This has avoided repetition of these values and competencies in each of the separate curricula.
Attainment of the competencies defined in the *Generic Curriculum for the Medical Specialties* will be essential for the award of a CCT in any of the medical specialties.

### 1.6 - Relationship of Postgraduate Medical Curricula

The following diagram explains the relationship between different postgraduate medical training programmes and curricula. The *Generic Curriculum for Medical Specialties* spans training from entry into Core Medical Training, to the award of a CCT in a medical specialty, and so runs in conjunction with other medical curricula.

![Diagram showing the relationship between different postgraduate medical training programmes and curricula.](image)

### 1.7 – Rotations

Core training: Core training for acute medicine can be obtained as part of a core medical training (CMT) programme or acute care common stem (medicine) programme (ACCS(M)). These two-year core training programmes will consist of 4 or 6 month placements in a variety of medical or critical care specialties and must include experience in Acute Medicine. This should take the form of at least 6 months direct involvement in the acute unselected medical take with ongoing exposure to unselected medical patients in an in-patient and out-patient environment. The programmes should be structured to fit the needs of the trainee, both in terms of training needs and career aspirations. In addition to the 6 months experience of unselected medical take it is recommended that a further six months should be spent in a specialty that provides experience of care of the acutely ill patient.
Section 2 – The Content of Learning

This section lists the specific knowledge, skills, attitudes and behaviours to be attained throughout training in GIM (Acute) and specifically in core training programmes.

An explanation of the levels of training is provided in section 1.4: Training Structure. Each stage of learning in the curriculum has defined the competencies to be attained by the trainee, which are defined within the domains of knowledge, skills and attitudes. The physician undertaking a core training programme must acquire level 1 competencies to progress to the next phase of training. The competencies are presented in four parts:

**Part 2.1 - Symptom Competencies** - define the knowledge, skills and attitudes required for each level of learning for different problems with which a patient may present. These symptoms are further broken down into emergency presentations; top 20 presentations and other presentations. The top 20 presentations are listed together to emphasise the frequency with which these problems are encountered in clinical practice, and are based on medical admission unit audit data.

*Surgical Presentations* – Symptoms such as haematuria, rectal bleeding, and abdominal pain are traditionally managed by surgical teams. The reason that these symptoms appear in this curriculum is to recognise that often a physician is called upon to perform the initial assessment of these patients. These presentations frequently occur in the context of long-term medical illness and as a complication of medical illness. Also, the hospital-at-night team structure leads to physicians at all levels of training taking temporary responsibility for surgical in-patients.

In these situations the physician is expected to stabilise the patient as necessary, to perform initial investigations and management if urgently required, and to make a referral to the appropriate surgical team for a specialist opinion in a timely manner.

**Part 2.2 - System specific competencies** - define competencies to be attained by the end of core training for each body system, and also lists the conditions and basic science of which the trainee must acquire knowledge.

**Part 2.3 - Investigation competencies** - lists investigations that a trainee must be able to describe, order, and interpret by the end of core training.

**Part 2.4 – Procedural competencies** - lists procedures that a trainee should be competent in by the end of core training.
### Part 2.1: Symptom Based Competencies

#### Emergency Presentations

**Cardio-Respiratory Arrest**

<table>
<thead>
<tr>
<th>Competency Level 1</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes and Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causes of cardio-respiratory arrest</td>
<td>Rapidly assess the collapsed patient in terms of ABC, airway, breathing and circulation</td>
<td>Recognise and intervene in critical illness promptly to prevent cardiac arrest such as peri-arrest arrhythmias, hypoxia</td>
<td></td>
</tr>
<tr>
<td>Recall the ALS algorithm for adult cardiac arrest</td>
<td>Perform Basic Life Support competently as defined by Resuscitation Council (UK): effective chest compressions, airway manoeuvres, bag and mask ventilation</td>
<td>Maintain safety of environment for patient and health workers</td>
<td></td>
</tr>
<tr>
<td>Outline indication and safe delivery of drugs used in cardiac arrest scenarios: adrenaline, atropine, amiodarone, buffers</td>
<td>Competently perform further steps in advanced life support: IV drugs; safe DC shocks when indicated; identification and rectification of reversible causes of cardiac arrest</td>
<td>Participate in UK Resuscitation Council approved ALS course (MANDATORY REQUIREMENT)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Succinctly present clinical details of situation to senior doctor</td>
<td>Consult senior and seek anaesthetic team support</td>
<td></td>
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</tbody>
</table>
Shocked Patient

The trainee will be able to identify a shocked patient, assess their clinical state, produce a list of appropriate differential diagnoses and initiate immediate management

<table>
<thead>
<tr>
<th>Competency Level 1</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes and Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify physiological perturbations that define shock</td>
<td>Recognise significance of major physiological perturbations</td>
<td>Exhibit calm and methodical approach to assessing critically ill patient</td>
<td></td>
</tr>
<tr>
<td>Identify principle categories of shock (i.e. cardiogenic, circulatory)</td>
<td>Perform immediate (physical) assessment (A,B,C)</td>
<td>Adopt leadership role where appropriate</td>
<td></td>
</tr>
<tr>
<td>Elucidate main causes of shock in each category (e.g. MI, heart failure, PE, blood loss, sepsis)</td>
<td>Institute immediate, simple resuscitation (oxygen, iv access, fluid resuscitation)</td>
<td>Involve senior and specialist (e.g. critical care outreach) services promptly</td>
<td></td>
</tr>
<tr>
<td>Define sepsis syndromes</td>
<td>Arrange simple monitoring of relevant indices (oximetry, arterial gas analysis) and vital signs (BP, pulse &amp; respiratory rate, temp, urine output)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Order, interpret and act on initial investigations appropriately: ECG, blood cultures, blood count, electrolytes</td>
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</tbody>
</table>
Unconscious Patient

The trainee will be able to promptly assess the unconscious patient to produce a differential diagnosis, establish safe monitoring, investigate appropriately and formulate an initial management plan, including recognising situations in which emergency specialist investigation or referral is required.

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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<th>Attitudes and Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the principal causes of unconsciousness (metabolic, neurological)</td>
<td>Make a rapid and immediate assessment including examination of coverings of nervous system (head, neck, spine) and Glasgow Coma Scale</td>
<td>Recognise need for immediate assessment and resuscitation</td>
<td></td>
</tr>
<tr>
<td>Recognise the principal sub causes (drugs, hypoglycaemia, hypoxia; trauma, infection, vascular, epilepsy, raised intra-cranial pressure, reduced cerebral blood flow, endocrine)</td>
<td>Initiate appropriate immediate management (A,B,C, cervical collar, administer glucose)</td>
<td>Assume leadership role where appropriate</td>
<td></td>
</tr>
<tr>
<td>List appropriate investigations for each</td>
<td>Take simple history from witnesses when patient has stabilised</td>
<td>Involve senior staff promptly</td>
<td></td>
</tr>
<tr>
<td>Outline immediate management options</td>
<td>Prioritise, order, interpret and act on simple investigations appropriately</td>
<td>Involve appropriate specialists to facilitate immediate assessment and management (e.g. imaging, intensive care, neurosurgeons)</td>
<td></td>
</tr>
</tbody>
</table>
The trainee will be able to identify patients with anaphylactic shock, assess their clinical state, produce a list of appropriate differential diagnoses, initiate immediate resuscitation and management and organise further investigations

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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<th>Attitudes and Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify physiological perturbations causing anaphylactic shock</td>
<td>Recognise clinical consequences of acute anaphylaxis</td>
<td>Exhibit a calm and methodical approach</td>
<td></td>
</tr>
<tr>
<td>Elucidate causes of anaphylactic shock</td>
<td>Perform immediate physical assessment (laryngeal oedema, bronchospasm, hypotension)</td>
<td>Adopt leadership role where appropriate</td>
<td></td>
</tr>
<tr>
<td>Define follow-up pathways after acute resuscitation</td>
<td>Institute resuscitation (adrenaline, oxygen, IV access, fluids)</td>
<td>Involve senior and specialist allergy services promptly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arrange monitoring of relevant indices</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Order, interpret and act on initial investigations (tryptase, C1 esterase inhibitor etc.)</td>
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</tbody>
</table>
Abdominal Pain

The trainee will be able to assess a patient presenting with abdominal pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
<th>Competency Level 1</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes and Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline the different classes of abdominal pain and how the history and clinical findings differ between them.</td>
<td>Elicit signs of tenderness, guarding, and rebound tenderness and interpret appropriately.</td>
<td>Exhibit timely intervention when abdominal pain is the manifestation of critical illness or is life-threatening, in conjunction with senior and appropriate specialists.</td>
<td></td>
</tr>
<tr>
<td>Identify the possible causes of abdominal pain, depending on site, details of history, acute or chronic.</td>
<td>Order, interpret and act on initial investigations appropriately: blood tests; radiographs; ECG; microbiology investigations.</td>
<td>Recognise the importance of a multi-disciplinary approach including early surgical assessment when appropriate.</td>
<td></td>
</tr>
<tr>
<td>Define the situations in which urgent surgical, urological or gynaecological opinion should be sought.</td>
<td>Initiate first line management: the diligent use of suitable analgesia; ‘nil by mouth’; IV fluids; resuscitation.</td>
<td>Display sympathy to physical and mental responses to pain.</td>
<td></td>
</tr>
<tr>
<td>Determine which first line investigations are required, depending on the likely diagnoses following evaluation.</td>
<td></td>
<td>Involve other specialties promptly when required.</td>
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</tbody>
</table>
Acute Back Pain

The trainee will be able to assess a patient presenting with back pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes and Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the causes of acute back pain</td>
<td>Perform examination and elicit signs of spinal cord / cauda equina compromise</td>
<td>Involve neurosurgical unit promptly in event of neurological symptoms or signs</td>
</tr>
<tr>
<td>Specify abdominal pathology that may present with back pain</td>
<td>Practise safe prescribing of analgesics / anxiolytics to provide symptomatic relief</td>
<td>Ask for senior help when critical abdominal pathology is suspected</td>
</tr>
<tr>
<td>Outline the features that raise concerns as to a sinister cause (‘the red flags’) and lead to consideration of a chronic cause (‘the yellow flags’)</td>
<td>Order, interpret and act on initial investigations appropriately: blood tests, myeloma screen, radiographs</td>
<td>Recognise the socio-economic impact of chronic lower back pain</td>
</tr>
<tr>
<td>Recall the indications of an urgent MRI of spine</td>
<td></td>
<td>Participate in multi-disciplinary approach: physio, OT</td>
</tr>
<tr>
<td>Outline indications for hospital admission</td>
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</tbody>
</table>
# Blackout / Collapse

The trainee will be able to assess a patient presenting with a collapse to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also ‘Syncope’ and ‘Falls’)

## Competency Level 1

<table>
<thead>
<tr>
<th>Knowledge</th>
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</thead>
<tbody>
<tr>
<td>Recall the causes for sudden loss of consciousness (LOC)</td>
<td>Elucidate history to establish whether event was LOC, fall without LOC, vertigo (with eye witness account if possible)</td>
<td>Recognise impact episodes can have on lifestyle particularly in the elderly</td>
</tr>
<tr>
<td>Differentiate the causes depending on the situation of collapse, associated symptoms and signs, and eye witness reports</td>
<td>Assess patient in terms of ABC and degree of consciousness and manage appropriately</td>
<td>Recognise recommendations regarding fitness to drive in relation to undiagnosed blackouts</td>
</tr>
<tr>
<td>Outline the indications for temporary and permanent pacing systems</td>
<td>Perform examination to elicit signs of cardiovascular or neurological disease and to distinguish epileptic disorder from other causes</td>
<td>Recognise impact episodes can have on lifestyle particularly in the elderly</td>
</tr>
<tr>
<td></td>
<td>Order, interpret and act on initial investigations appropriately: ECG, blood tests inc. glucose</td>
<td>Recognise recommendations regarding fitness to drive in relation to undiagnosed blackouts</td>
</tr>
<tr>
<td></td>
<td>Manage arrhythmias appropriately as per ALS guidelines</td>
<td></td>
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<tr>
<td></td>
<td>Institute external pacing systems when appropriate</td>
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</tbody>
</table>
# Breathlessness

The trainee will be able to assess a patient presenting with breathlessness to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Specify the common cardio-respiratory conditions that present with breathlessness</td>
<td>Interpret history and clinical signs to list appropriate differential diagnoses: esp. pneumonia, asthma, COPD, PE, pulmonary oedema, pneumothorax</td>
<td>Exhibit timely assessment and treatment in the acute phase</td>
</tr>
<tr>
<td></td>
<td>Explain orthopnoea and paroxysmal nocturnal dyspnoea</td>
<td>Differentiate between stridor and wheeze</td>
<td>Recognise the distress caused by breathlessness and discuss with patient and carers</td>
</tr>
<tr>
<td></td>
<td>Identify non cardio-respiratory factors that can contribute to or present with breathlessness</td>
<td>Order, interpret and act on initial investigations appropriately: routine blood tests, oxygen saturation, arterial blood gases, chest radiograph, ECG, PEFR, spirometry</td>
<td>Recognise the impact of long term illness</td>
</tr>
<tr>
<td></td>
<td>Define basic pathophysiology of breathlessness</td>
<td>Initiate treatment in relation to diagnosis, including safe oxygen therapy, early antibiotics for pneumonia</td>
<td>Consult senior when respiratory distress is evident</td>
</tr>
<tr>
<td></td>
<td>List the common and serious causes of wheeze and stridor</td>
<td>Perform chest aspiration and chest drain insertion</td>
<td>Involve Critical Care team promptly when indicated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognise disproportionate dyspnoea and hyperventilation</td>
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<tr>
<td></td>
<td></td>
<td>Recognise other causes of dyspnoea in patients with wheeze (e.g. pneumothorax) and manage appropriately</td>
<td>Exhibit non-judgemental attitudes to patients with a smoking history</td>
</tr>
</tbody>
</table>
Chest Pain

The trainee will be able to assess a patient with chest pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Characterise the different types of chest pain, and outline other symptoms that may be present</td>
<td>Interpret history and clinical signs to list appropriate differential diagnoses: esp. for cardiac pain &amp; pleuritic pain</td>
<td>Perform timely assessment and treatment of patients presenting with chest pain</td>
</tr>
<tr>
<td></td>
<td>List the common causes for each category of chest pain and associated features: cardiac, pleuritic, musculoskeletal, upper GI</td>
<td>Order, interpret and act on initial investigations in the context of chest pain appropriately: such as ECG, blood gas analysis, blood tests, chest radiograph, cardiac enzymes</td>
<td>Involve senior when chest pain heralds critical illness or when cause of chest pain is unclear</td>
</tr>
<tr>
<td></td>
<td>List respiratory causes of chest pain</td>
<td>Commence initial emergency treatment including coronary syndromes, pulmonary embolus and aortic dissection</td>
<td>Recognise the contribution and expertise of specialist cardiology nurses and technicians</td>
</tr>
<tr>
<td></td>
<td>Define the pathophysiology of acute coronary syndrome and pulmonary embolus</td>
<td>Elect appropriate arena of care and degree of monitoring</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify the indications and limitations of cardiac enzymes and d dimer analysis</td>
<td>Formulate initial discharge plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outline emergency treatments for PTE</td>
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</table>
### Confusion, Acute

The trainee will be able to assess an acutely confused patient to formulate a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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<th>Skills</th>
<th>Attitudes and Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>List the common and serious causes for acute confusion</td>
<td>Examine to elicit cause of acute confusion</td>
<td>Recognise that the cause of acute confusion is often multi-factorial</td>
</tr>
<tr>
<td></td>
<td>Outline important initial investigations, including electrolytes, cultures, full blood count, ECG, blood gases, thyroid</td>
<td>Perform mental state examinations (abbreviated mental test and mini-mental test) to assess severity and progress of cognitive impairment</td>
<td>Contribute to multi-disciplinary team management</td>
</tr>
<tr>
<td></td>
<td>Recognise the factors that can exacerbate acute confusion e.g. change in environment, infection</td>
<td>Recognise pre-disposing factors: cognitive impairment, psychiatric disease</td>
<td>Recognise effects of acutely confused patient on other patients and staff in the ward environment</td>
</tr>
</tbody>
</table>
Cough

The trainee will be able to assess a patient presenting with cough to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

<table>
<thead>
<tr>
<th>Competency Level 1</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes and Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>List the common and serious causes of cough</td>
<td>Order, interpret and act on initial investigations appropriately: blood tests, chest radiograph and PFT</td>
<td>Contribute to patients understanding of their illness</td>
<td></td>
</tr>
<tr>
<td>Identify risk factors relevant to each aetiology including precipitating drugs</td>
<td></td>
<td>Exhibit non-judgmental attitudes to patients with a history of smoking</td>
<td></td>
</tr>
<tr>
<td>Outline the different classes of cough and how the history and clinical findings differ between them</td>
<td></td>
<td>Consult seniors promptly when indicated</td>
<td></td>
</tr>
<tr>
<td>State which first line investigations are required, depending on the likely diagnoses following evaluation</td>
<td></td>
<td>Recognise the importance of a multi-disciplinary approach</td>
<td></td>
</tr>
</tbody>
</table>
## Diarrhoea

The trainee will be able to assess a patient presenting with diarrhoea to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

<table>
<thead>
<tr>
<th>Competency Level 1</th>
<th>Knowledge</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specify the causes of diarrhoea (secretory, infective, etc)</td>
<td>Evaluate nutritional and hydration status of the patient</td>
<td>Seek a surgical and senior opinion when required</td>
</tr>
<tr>
<td></td>
<td>Correlate presentation with other symptoms: such as abdominal pain, rectal bleeding, weight loss</td>
<td>Assess whether patient requires hospital admission</td>
<td>Exhibit sympathy and empathy when considering the distress associated with diarrhoea and incontinence</td>
</tr>
<tr>
<td></td>
<td>Outline the pathophysiology of diarrhoea for each aetiology</td>
<td>Perform rectal examination as part of physical examination</td>
<td>Demonstrate awareness of infection control procedures</td>
</tr>
<tr>
<td></td>
<td>Describe the investigations necessary to arrive at a diagnosis</td>
<td>Initiate investigations: blood tests, stool examination, endoscopy and radiology as appropriate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify the indications for urgent surgical review in patients presenting with diarrhoea</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The trainee will be able to assess a patient presenting with a fall and produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also ‘Syncope’ and ‘Blackout/Collapse’)

<table>
<thead>
<tr>
<th>Knowledge</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Describe causes of falls and risk factors for falls, including drug and neurovascular causes</td>
<td>Define the significance of a fall depending on circumstances, and whether recurrent, to distinguish when further investigation is necessary</td>
<td>Recognise the psychological impact to an older person and their carer after a fall</td>
</tr>
<tr>
<td>Outline the assessment of a patient with a fall and give a differential diagnosis</td>
<td>Identify possible secondary complications of falls</td>
<td>Contribute to the patients understanding as to the reason for their fall</td>
</tr>
<tr>
<td>State conditions that may present as a fall</td>
<td>Commence appropriate treatment including pain relief and bone prophylaxis</td>
<td>Discuss with seniors promptly and appropriately</td>
</tr>
<tr>
<td>Outline the relationship between falls risk and fractures</td>
<td></td>
<td>Relate the possible reasons for the fall and the management plan to patient and carers</td>
</tr>
<tr>
<td>Outline secondary risks of falls, such as loss of confidence, infection</td>
<td></td>
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</tr>
</tbody>
</table>
The trainee will be able assess a patient presenting with fever to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
<th>Knowledge</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Competency Level 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outline the physiology of developing a fever</td>
<td>Recognise the presence of septic shock in a patient, commence resuscitation and liaise with senior colleagues promptly</td>
<td>Adhere to local antibiotic prescribing policies</td>
</tr>
<tr>
<td>Recall the broad causes of fever: infection, malignancy, inflammation</td>
<td>Order, interpret and act on initial investigations appropriately; blood tests, cultures, CXR</td>
<td>Highlight importance of nosocomial infection and principles for infection control</td>
</tr>
<tr>
<td>Define Pyrexia of Unknown Origin</td>
<td>Identify the risk factors in the history that may indicate an infectious disease e.g. travel, sexual history, IV drug use, animal contact, drug therapy</td>
<td>Consult senior in event of septic syndrome</td>
</tr>
<tr>
<td>Recall the role of antipyretics</td>
<td>Commence appropriate empirical antibiotics when an infective source of fever is deemed likely in accordance with local prescribing policy</td>
<td>Discuss with senior colleagues and follow local guidelines in the management of the immunosuppressed e.g. HIV, neutropenia</td>
</tr>
<tr>
<td>Differentiate features of viral and bacterial infection</td>
<td></td>
<td>Promote communicable disease prevention: e.g. immunisations, antimalarials, safe sexual practices</td>
</tr>
<tr>
<td>Outline indications for LP in context of fever</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Fits / Seizure

The trainee will be able to assess a patient presenting with a fit, stabilise promptly, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Outline the causes for seizure</td>
<td>Recognise and manage a patient presenting with status epilepticus</td>
<td>Recognise need for urgent referral in case of uncontrolled recurrent loss of consciousness or seizures</td>
</tr>
<tr>
<td>Recall the common epileptic syndromes</td>
<td>Obtain collateral history from witness</td>
<td>Recognise the principles of safe discharge, after discussion with senior colleague</td>
</tr>
<tr>
<td>List the essential initial investigations following a 'first fit'</td>
<td>Promptly recognise and treat precipitating causes: metabolic, infective, malignancy</td>
<td>Recognise importance of Epilepsy Nurse Specialist</td>
</tr>
<tr>
<td>Recall the indications for a CT head</td>
<td>Describe the indications, contraindications and side effects of the commonly used anti-convulsants</td>
<td>Recognise the psychological and social consequences of epilepsy</td>
</tr>
<tr>
<td>Differentiate seizure from other causes of collapse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Haematemesis & Melaena

The trainee will be able to succinctly assess the patient with an upper GI haemorrhage to determine significance; resuscitate appropriately; and liaise with endoscopist effectively.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Detail the anatomy of the upper GI tract</td>
<td>Recognise shock or impending shock and resuscitate rapidly and appropriately</td>
<td>Seek senior help and endoscopy or surgical input in event of significant GI bleed</td>
</tr>
<tr>
<td></td>
<td>Specify the causes of upper GI bleeding, with associated risk factors</td>
<td>Distinguish upper and lower GI bleeding</td>
<td>Observe safe practices in the prescription of blood products</td>
</tr>
<tr>
<td></td>
<td>Outline methods of assessing the significance and prognosis of an upper GI bleed and how this impacts on importance of urgent endoscopy e.g. Rockall score</td>
<td>Demonstrate ability to site large bore IV access</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outline the principles of choice of IV access, fluid choice and speed of fluid administration</td>
<td>Perform assessment to postulate cause of bleeding: in particular detect the presence of liver disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Broadly outline endoscopic methods of haemostasis</td>
<td>Safely prescribe drugs indicated in event of a likely upper GI variceal bleed: broad spectrum antibiotics, vasoconstrictor agents, acid suppression</td>
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</tbody>
</table>
Headache

The trainee will be able to assess a patient presenting with headache to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recall the common and life-threatening causes of acute new headache, and how the nature of the presentation classically varies between them</td>
<td>Recognise important diagnostic features in history</td>
<td>Recognise the nature of headaches that may have a sinister cause and assess and treat urgently</td>
</tr>
<tr>
<td></td>
<td>Understand the pathophysiology of headache</td>
<td>Perform a comprehensive neurological examination, including eliciting signs of papilloedema, temporal arteritis, meningism and head trauma</td>
<td>Liaise with senior doctor promptly when sinister cause is suspected</td>
</tr>
<tr>
<td></td>
<td>Define the indications for urgent CT/MRI scanning in the context of headache</td>
<td>Order, interpret and act on initial investigations</td>
<td>Involve neurosurgical team promptly when appropriate</td>
</tr>
<tr>
<td></td>
<td>Define clinical features of raised intra-cranial pressure</td>
<td>Perform a successful lumbar puncture when indicated with minimal discomfort to patient observing full aseptic technique</td>
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<tr>
<td></td>
<td></td>
<td>Interpret basic CSF analysis: cell count, protein, gram stain and glucose</td>
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<tr>
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<td></td>
<td>Initiate prompt treatment when indicated: appropriate analgesia; antibiotics; anti-virals; steroids</td>
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</tbody>
</table>
Jaundice

The trainee will be able to assess a patient presenting with jaundice to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

<table>
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</thead>
<tbody>
<tr>
<td>Outline the pathophysiology of jaundice in terms of pre-hepatic, hepatic, and post-hepatic</td>
<td>Take a thorough history and examination to arrive at a valid differential diagnosis</td>
<td>Exhibit non-judgmental attitudes to patients with a history of alcoholism or substance abuse</td>
<td></td>
</tr>
<tr>
<td>List causes for each category of jaundice with associated risk factors</td>
<td>Recognise the presence of chronic liver disease or fulminant liver failure</td>
<td>Consult seniors and gastroenterologists promptly when indicated</td>
<td></td>
</tr>
<tr>
<td>Describe the need for careful prescribing in a patient with jaundice</td>
<td>Interpret basic investigations to establish aetiology: blood tests and abdominal ultrasound scanning</td>
<td>Contribute to the patient’s understanding of their illness</td>
<td></td>
</tr>
<tr>
<td>Outline basic investigations to establish aetiology</td>
<td>Recognise complications of jaundice: sepsis and renal impairment</td>
<td>Recognise the importance of a multi-disciplinary approach</td>
<td></td>
</tr>
<tr>
<td>Describe medical, surgical and radiological treatments</td>
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</tbody>
</table>
# Limb Pain & Swelling

The trainee will be able to assess a patient presenting with limb pain or swelling to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Recall the causes of unilateral and bilateral limb swelling in terms of acute and chronic presentation</td>
<td>Perform a full examination including assessment of viability and perfusion of limb and differentiate pitting oedema, cellulitis, venous thrombosis; compartment syndrome</td>
<td>Liaise promptly with surgical colleagues in event of circulatory compromise (e.g., compartment syndrome)</td>
<td></td>
</tr>
<tr>
<td>Summarise the different causes of limb pain in terms of leg, arm and hand</td>
<td>Recognise compartment syndrome and critical ischaemia and take appropriate timely action</td>
<td>Recognise importance of thrombo-prophylaxis in high risk groups</td>
<td></td>
</tr>
<tr>
<td>Outline the pathophysiology for pitting oedema, non-pitting oedema and thrombosis</td>
<td>Order, interpret and act on initial investigations appropriately: blood tests, Doppler studies, urine protein</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State the risk factors for the development of thrombosis</td>
<td>Practise safe prescribing of initial treatment as appropriate (anti-coagulation therapy, antibiotics etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outline the indications, contraindications and side effects of diuretics and anti-coagulants</td>
<td>Prescribe appropriate analgesia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differentiate the features of limb pain and/or swelling pain due to cellulitis and DVT</td>
<td></td>
<td></td>
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</tbody>
</table>
## Palpitations

The trainee will be able to assess a patient presenting with palpitations to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
<th>Knowledge</th>
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<th>Attitudes and Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall basic cardiac electrophysiology</td>
<td>Elucidate nature of patient’s complaint</td>
<td>Consult senior colleague promptly when required</td>
</tr>
<tr>
<td>Define the term palpitations</td>
<td>Order, interpret and act on initial investigations appropriately: ECG, blood tests</td>
<td>Advise on lifestyle measures to prevent palpitations/arrhythmias when appropriate</td>
</tr>
<tr>
<td>Define common causes of palpitations e.g. anxiety, drugs, thyrotoxicosis</td>
<td>Recognise and commence initial treatment of arrhythmias being poorly tolerated by patient (peri-arrest arrhythmias) as per UK Resuscitation Council Guidelines</td>
<td></td>
</tr>
<tr>
<td>List the categories of arrhythmia</td>
<td>Ensure appropriate monitoring of patient on ward</td>
<td></td>
</tr>
<tr>
<td>State common arrhythmogenic factors including drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outline the indications, contraindications and side effects of the commonly used anti-arrhythmic medications</td>
<td></td>
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</tbody>
</table>
Poisoning

The trainee will be able to assess promptly a patient presenting with deliberate or accidental poisoning, initiate urgent treatment, ensure appropriate monitoring and recognise the importance of psychiatric assessment in episodes of self harm

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Recall indications for gastric lavage, activated charcoal and whole bowel irrigation.</td>
<td>Recognise critically ill overdose patient and resuscitate as appropriate.</td>
<td>Contact senior promptly in event of critical illness or patient refusing treatment.</td>
<td></td>
</tr>
<tr>
<td>Define parameters used to give clues to type of poisoning: pupils, pulse and respiration, blood pressure, temperature, glucose, seizure, coma, renal function, osmolar and anion gap.</td>
<td>Take a full history of event, including collateral if possible.</td>
<td>Recognise the details of poisoning event given by patient may be inaccurate.</td>
<td></td>
</tr>
<tr>
<td>Outline presentation and management of poisoning with: paracetamol, aspirin, opiates, alcohol, benzodiazepines, beta blockers, digoxin, carbon monoxide, anti-coagulants, tricyclic anti-depressants, SSRIs, amphetamines and cocaine.</td>
<td>Examine to determine nature and effects of poisoning.</td>
<td>Show compassion and patience in the assessment and management of those who have self-harmed.</td>
<td></td>
</tr>
<tr>
<td>Recognise importance of accessing TOXBASE and National Poisons Information Service.</td>
<td>Commence poison-specific treatments.</td>
<td></td>
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</tr>
</tbody>
</table>
Rash

The trainee will be able assess a patient presenting with an acute-onset skin rash and common skin problems to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Define the characteristic lesions found in the acute presentation of common skin diseases</td>
<td>Take a thorough focused history &amp; conduct a detailed examination, including the nails, scalp and mucosae to arrive at appropriate differential diagnoses</td>
<td>Demonstrate sympathy and understanding of patients' concerns due to the cosmetic impact of skin disease</td>
</tr>
<tr>
<td></td>
<td>Outline basic investigations to establish aetiology</td>
<td>Recognise the importance of a detailed drug history</td>
<td>Engage the patient in the management of their condition particularly with regard to topical treatments</td>
</tr>
<tr>
<td></td>
<td>Identify risk factors, particularly drugs, infectious agents and allergens</td>
<td>Recognise that anaphylaxis may be a cause of an acute skin rash</td>
<td>Reassure the patient about the long term prognosis and lack of transmissibility of most skin diseases</td>
</tr>
<tr>
<td></td>
<td>Describe possible medical treatments</td>
<td>Order, interpret and act on initial investigations appropriately to establish aetiology</td>
<td></td>
</tr>
</tbody>
</table>
Vomiting and Nausea

The trainee will be able to assess a patient with vomiting and nausea to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Recall the causes and pathophysiology of nausea and vomiting</td>
<td>Elicit signs of dehydration and take steps to rectify</td>
<td>Practise safe prescribing of anti-emetics</td>
<td>Involve surgical team promptly in event of GI obstruction</td>
</tr>
<tr>
<td>List commonly used anti-emetics and differentiate the indications for each</td>
<td>Recognise and treat suspected GI obstruction appropriately: nil by mouth, NG tube, IV fluids</td>
<td>Order, interpret and act on initial investigations appropriately: blood tests, radiographs</td>
<td>Respect the impact of nausea and vomiting in the terminally ill and involve palliative care services appropriately</td>
</tr>
</tbody>
</table>
Weakness and Paralysis

The trainee will be able to assess a patient presenting with motor weakness to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also ‘Speech Disturbance’ and ‘Abnormal Sensation (Paraesthesia and Numbness)’)

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Broadly outline the physiology and neuroanatomy of the components of the motor system</td>
<td>Elucidate speed of onset and risk factors for neurological dysfunction</td>
<td>Recognise importance of timely assessment and treatment of patients presenting with acute motor weakness</td>
</tr>
<tr>
<td></td>
<td>Recall the myotomal distribution of nerve roots, peripheral nerves, and tendon reflexes</td>
<td>Perform full examination to elicit signs of systemic disease and neurological dysfunction and identify associated deficits</td>
<td>Consult senior and acute stroke service, if available, as appropriate</td>
</tr>
<tr>
<td></td>
<td>Define the clinical features of upper and lower motor neurone, neuromuscular junction and muscle lesions</td>
<td>Describe likely site of lesion in motor system and produce differential diagnosis</td>
<td>Recognise patient and carers distress when presenting with acute motor weakness</td>
</tr>
<tr>
<td></td>
<td>Outline the common and important causes for lesions at the sites listened above</td>
<td>Order, interpret and act on initial investigations for acute motor weakness appropriately</td>
<td>Consult senior when rapid progressive motor weakness or impaired consciousness is present</td>
</tr>
<tr>
<td></td>
<td>Recall the Bamford classification of stroke, and its role in prognosis</td>
<td>Recognise when swallowing may be unsafe and manage appropriately</td>
<td>Involve speech and language therapists appropriately</td>
</tr>
<tr>
<td></td>
<td>Outline investigations for acute presentation, including indications for urgent head CT</td>
<td>Detect spinal cord compromise and investigate promptly</td>
<td>Contribute to multi-disciplinary approach</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Perform tests on respiratory function and inform senior appropriate</td>
<td></td>
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</tbody>
</table>
**Other Important Presentations**

**Abdominal Mass / Hepatosplenomegaly**

The trainee will be able to assess a patient presenting with an abdominal mass to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Define the different types of abdominal mass in terms of aetiology, site, and clinical characteristics (e.g. mitotic, inflammatory)</td>
<td>Elicit associated symptoms and risk factors for the presence of diseases presenting with abdominal mass, hepatomegaly and splenomegaly</td>
<td>Recognise the anxiety that the finding of an abdominal mass may induce in a patient</td>
</tr>
<tr>
<td></td>
<td>Describe relevant investigations related to clinical findings: radiological, surgical, endoscopy</td>
<td>Elicit and interpret important clinical findings of mass to establish its likely nature</td>
<td>Participate in multi-disciplinary team approach</td>
</tr>
<tr>
<td></td>
<td>Identify the causes of hepatomegaly and splenomegaly</td>
<td>Order, interpret and act on initial investigations appropriately: blood tests, imaging</td>
<td></td>
</tr>
</tbody>
</table>
# Abdominal Swelling & Constipation

The trainee will be able to undertake assessment of a patient presenting with abdominal swelling or distension to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Define the causes of abdominal swelling and their associated clinical findings</td>
<td>Examine to identify the nature of the swelling, including a rectal examination, and elicit co-existing signs that may accompany ascites</td>
<td>Recognise the multifactorial nature of constipation, particularly in the elderly</td>
<td></td>
</tr>
<tr>
<td>Outline the common causes of constipation, including drugs</td>
<td>Identify risk factors for the development of ascites and constipation, including initial blood tests</td>
<td>Recognise the importance of multi-disciplinary approach</td>
<td></td>
</tr>
<tr>
<td>Outline the pathophysiology of portal hypertension and bowel obstruction</td>
<td>Order, interpret and act on initial investigations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outline important steps in the diagnosis of the cause of ascites, including imaging and the diagnosis of spontaneous bacterial peritonitis and malignancy</td>
<td>Perform a safe diagnostic and therapeutic ascitic tap with aseptic technique with minimal discomfort to the patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Define alarm features that raise suspicion of colorectal malignancy</td>
<td>Interpret results of diagnostic ascitic tap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify mode of action and side effects of the commonly used laxatives</td>
<td>Institute initial management as appropriate to the type of swelling</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Abnormal Sensation (Paraesthesia and Numbness)**

The trainee will be able to assess a patient with abnormal sensory symptoms to arrive at a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Competency Level 1</strong></td>
<td></td>
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</tr>
<tr>
<td>Broadly outline the physiology and neuroanatomy of the sensory components of the nervous system</td>
<td>Take a full history, including drugs, lifestyle, trauma</td>
<td>Recognise the distress chronic paraesthesia can cause</td>
</tr>
<tr>
<td>Recall the dermatomal distribution of nerve roots and peripheral nerves</td>
<td>Perform full examination including all modalities of sensation to elicit signs of nervous system dysfunction</td>
<td>Consult senior and acute stroke service, if available, as appropriate</td>
</tr>
<tr>
<td>List common and important causes of abnormal sensation and likely site of lesion in nervous system (e.g. trauma, vascular)</td>
<td>Describe likely site of lesion: central, root, mononeuropathy, or polyneuropathy</td>
<td>Contribute to multidisciplinary approach</td>
</tr>
<tr>
<td>Outline the symptomatic treatments for neuropathic pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outline indications for an urgent head CT</td>
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</tbody>
</table>
# Aggressive / Disturbed Behaviour

The trainee will be competent in predicting and preventing aggressive and disturbed behaviour; using safe physical intervention and tranquillisation; investigating appropriately and liaising with the mental health team.

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Elucidate the factors that allow prediction of aggressive behaviour: personal history, alcohol and substance misuse, delirium</td>
<td>Ensure appropriate arena for nursing patient with disturbed behaviour</td>
<td>Involve senior colleague and mental health care team promptly</td>
</tr>
<tr>
<td></td>
<td>Define acute psychosis and list its predominant features and causes</td>
<td>Ensure sufficient support is available</td>
<td>Advocate practice outlined in national guidelines (e.g. NICE) on managing violence</td>
</tr>
<tr>
<td></td>
<td>Recall indications, contraindications and side effects of tranquillisers</td>
<td>Assess patient fully including mental state examination to produce a valid differential diagnosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outline the legal framework authorising interventions in the management of the disturbed or violent patient</td>
<td>Order, interpret and act on initial investigations appropriately when possible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practise safe rapid tranquillisation if indicated as defined in national guidelines e.g. NICE</td>
<td>Recognise warning signs of incipient violent behaviour</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Ensure close monitoring following tranquillisation</td>
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</tbody>
</table>
# Alcohol and Substance Dependence

The trainee will be able to assess a patient seeking help for substance abuse, and formulate an appropriate management plan

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Outline the pathophysiology of withdrawal syndromes</td>
<td>Take a detailed medical and psychiatric history to identify physical or psychological dependence</td>
<td>Recognise the aggressive patient and manage appropriately</td>
<td></td>
</tr>
<tr>
<td>Describe the medical, psychiatric and socio-economic consequences of alcohol and drug misuse</td>
<td>Examine patient to elicit complications of alcohol and substance misuse</td>
<td>Seek specialist advice when appropriate e.g. gastroenterology, intensive care, psychiatry</td>
<td></td>
</tr>
<tr>
<td>Outline the measures taken to correct features of malnutrition, including vitamin and mineral supplementation</td>
<td>Obtain collateral history if possible</td>
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</tr>
<tr>
<td>Recall effects of alcohol and recreational drugs on cerebral function</td>
<td>Investigate as appropriate</td>
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<tr>
<td></td>
<td>Practise safe prescribing of sedatives for withdrawal symptoms</td>
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<tr>
<td></td>
<td>Detect and address other health issues: liver disease, malnutrition, Wernicke’s encephalopathy</td>
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</tbody>
</table>
## Anxiety / Panic disorder

The trainee will be able to assess a patient presenting with features of an anxiety disorder and reach a differential diagnosis to guide investigation and management.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recall the main features of anxiety disorder</td>
<td>Assess a patient to detect organic illness</td>
<td>Recognise the chronicity of anxiety syndromes and the distress and disability they cause</td>
</tr>
<tr>
<td></td>
<td>Be familiar with national guidelines (e.g. NICE) on management of anxiety</td>
<td>Evaluate patient’s mental state to categorise cause of symptoms as per national guidelines (e.g. NICE) on Anxiety</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elucidate the main categories of anxiety disorder: panic, generalised anxiety, phobias</td>
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<tr>
<td></td>
<td>Recognise the role of depression in anxiety symptoms</td>
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</tr>
<tr>
<td></td>
<td>Recall organic disorders and medications than can mimic some features of anxiety disorder</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Outline broad treatment strategies for anxiety disorders</td>
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</table>
## Bruising

The trainee will be able to assess a patient presenting with easy bruising to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outline the different types of easy bruising</td>
<td>Order, interpret and act on initial investigations appropriately including blood tests, radiographs, microbiology investigations</td>
<td>Recognise the importance of a multidisciplinary approach</td>
</tr>
<tr>
<td></td>
<td>Identify the possible causes of easy bruising, depending on the site, age of the patient and details of the history, particularly in relation to prescribed medication</td>
<td>Initiate first line management in consultation with senior clinicians</td>
<td>Acknowledge anxiety caused by possible diagnosis of a serious blood condition</td>
</tr>
<tr>
<td></td>
<td>State which first line investigations are required, depending on the likely diagnosis</td>
<td></td>
<td>Consult senior if there is concern bruising is manifestation of critical illness</td>
</tr>
<tr>
<td></td>
<td>State the common clinical presentations of coagulation disorders</td>
<td></td>
<td>Recognise that trauma is an important cause of bruising and that bruising is a common problem in the elderly</td>
</tr>
</tbody>
</table>
### Chance Findings

The trainee will be able to construct a management plan for patients referred by colleagues due to asymptomatic abnormal findings

<table>
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<tbody>
<tr>
<td></td>
<td>Recall asymptomatic abnormal findings that may precipitate discussion with medical team: abnormal radiograph; accelerated hypertension; deranged blood tests (anaemia, calcium, urea and electrolytes, full blood count, clotting); proteinuria; microscopic haematuria; abnormal ECG; drug interactions and reactions</td>
<td>Elucidate finding and place it in context of particular patient</td>
<td>Refer non-urgent cases to either GP or appropriate specialist for out-patient review or investigation</td>
</tr>
<tr>
<td></td>
<td>State asymptomatic findings that warrant immediate assessment, admission and management</td>
<td>Decide whether immediate assessment of patient is required, after discussion with senior colleague if uncertain</td>
<td>Recognise the non-specific modes by which serious illness may present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Formulate an appropriate management plan for each scenario</td>
<td>Seek specialist advice when appropriate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Order, interpret and act on further initial investigations appropriately</td>
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<tr>
<td></td>
<td></td>
<td>Manage common metabolic presentations appropriately (hyper/hypokalaemia, hyper/hyponatraemia)</td>
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</table>
The trainee will be aware of the principles, indications, and complications of Renal Replacement Therapy (RRT)

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Outline the methods of RRT</td>
<td>Demonstrate ability to assess a patient on long term dialysis presenting to hospital to arrive at a valid differential diagnosis</td>
<td>Recognise importance of prompt senior and Renal Unit input in the management of patients on RRT</td>
<td></td>
</tr>
<tr>
<td>Elucidate the common complications of long term haemodialysis</td>
<td>Order, interpret and act on initial investigations appropriately, recognising importance of full septic screen</td>
<td>Recognise the valuable insight patients on long term RRT have into the nature of their symptoms</td>
<td></td>
</tr>
<tr>
<td>Recall the importance of sepsis in patients on RRT</td>
<td>Commence initial management of patient if appropriate</td>
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</tbody>
</table>
The trainee will be able to assess a patient presenting with heartburn to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

<table>
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</thead>
<tbody>
<tr>
<td></td>
<td>Define dyspepsia and recall principle causes</td>
<td>Identify alarm symptoms indicating urgent endoscopy referral</td>
<td>Respect findings of previous endoscopy when patients have exacerbation of symptoms</td>
</tr>
<tr>
<td></td>
<td>Recall the lifestyle factors that contribute to dyspepsia</td>
<td>Investigate as appropriate: H pylori testing, endoscopy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>State the indications for endoscopy as stated in national guidelines (e.g. NICE)</td>
<td></td>
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<tr>
<td></td>
<td>Recall indications, contraindications and side effects of acid suppression and mucosal protective medications</td>
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</tr>
<tr>
<td></td>
<td>Recall the role of H Pylori and its detection and treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Define alarm symptoms of upper GI malignancy</td>
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</tbody>
</table>
The trainee will be able to assess a patient presenting with dysuria to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Recall anatomy of the genito-urinary tract</td>
<td>Take a full history, including features pertaining to sexual health</td>
<td>Recognise the need for specialist genito-urinary input when appropriate</td>
</tr>
<tr>
<td></td>
<td>Elucidate the causes of dysuria in males and females</td>
<td>Initiate appropriate treatment if appropriate</td>
<td>Participate in sexual health promotion</td>
</tr>
<tr>
<td></td>
<td>Outline the pathophysiology of infective causes of urethritis</td>
<td>Order, interpret and act on initial investigations</td>
<td>Use microbiology resources in the management of patients with dysuria when appropriate</td>
</tr>
<tr>
<td></td>
<td>Outline the principles of management</td>
<td></td>
<td></td>
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</tbody>
</table>
## Genital Discharge and Ulceration

The trainee will be able to assess a patient presenting with genital discharge or ulceration to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
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<th>Attitudes and Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>List the disorders that can present with genital discharge</td>
<td>Take a full history that includes associated symptoms, sexual, menstrual and contraceptive history and details of previous STDs</td>
<td>Recognise the re-emergence of sexually transmitted diseases (STDs)</td>
</tr>
<tr>
<td></td>
<td>List the disorders that can present with genital ulceration</td>
<td>Perform full examination including inguinal lymph nodes, scrotum, male urethra, rectal examination, speculum</td>
<td>Recognise the importance of contact tracing</td>
</tr>
<tr>
<td></td>
<td>Outline the investigations necessary: urinalysis; urethral smear and culture in men; high vaginal and endocervical swab in women, genital skin biopsy</td>
<td>Be able to pass a speculum competently and sensitively without discomfort to the patient</td>
<td>Promote safe sexual practices</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Advocate the presence of a chaperone during assessment</td>
</tr>
</tbody>
</table>
### Haematuria

The trainee will be able to assess a patient with haematuria to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recall the anatomy of the urinary tract</td>
<td>Perform a focussed examination, including a rectal examination</td>
<td>Involve renal unit when rapidly progressive glomerulonephritis is suspected</td>
</tr>
<tr>
<td>Outline the causes of microscopic and macroscopic haematuria</td>
<td>Demonstrate when a patient needs urological assessment and investigation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine whether a glomerular cause is likely, and indications for a nephrology opinion</td>
<td>Order, interpret and act on initial investigations such as: urine culture, cytology and microscopy; blood tests</td>
<td></td>
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</tbody>
</table>

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Haemoptysis

The trainee will be able to assess a patient presenting with haemoptysis to produce valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Identify the common and life threatening causes of haemoptysis: bronchitis, pneumonia, PE and carcinoma</td>
<td>Perform a detailed history and physical examination to determine an appropriate differential diagnosis</td>
<td>Order, interpret and act on initial investigations appropriately: routine bloods, clotting screen, chest radiograph and ECG, sputum tests</td>
<td>Involve seniors and respiratory physicians as appropriate</td>
</tr>
<tr>
<td>Describe initial treatment including fluids and oxygen management</td>
<td>Initiate treatment including indications for starting or withholding anticoagulants and antibiotics</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Head Injury

The trainee will be able to assess a patient with traumatic head injury, stabilise, admit to hospital as necessary and liaise with appropriate colleagues, recognising local and national guidelines (e.g. NICE)

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Recall the pathophysiology of concussion</td>
<td>Instigate initial management: ABC, cervical spine protection</td>
<td>Recognise advice provided by national guidelines on head injury (e.g. NICE)</td>
</tr>
<tr>
<td></td>
<td>Outline symptoms that may be present</td>
<td>Assess and classify patient in terms of GCS and its derivative components (E,V,M)</td>
<td>Ask for senior and anaesthetic support promptly in event of decreased consciousness</td>
</tr>
<tr>
<td></td>
<td>Outline the indications for hospital admission following head injury</td>
<td>Take a focused history and a full examination to elicit signs of head injury and focal neurological deficit</td>
<td>Involve neurosurgical team promptly in event of CT scan showing structural lesion</td>
</tr>
<tr>
<td></td>
<td>Outline the indications for urgent head CT scan as per national guidelines (e.g. NICE)</td>
<td>Manage short term complications, with senior assistance if required: seizures, airway compromise</td>
<td>Recommend indications for repeat medical assessment in event of discharge of patient from hospital</td>
</tr>
<tr>
<td></td>
<td>Recall short term complications of head injury</td>
<td>Advise nurses on appropriate frequency and nature of observations</td>
<td>Participate in safe transfer procedures if referred to tertiary care</td>
</tr>
</tbody>
</table>
## Hoarseness and Stridor

The trainee will be able to assess a patient presenting with symptoms of upper airway pathology to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also ‘wheeze’).

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Competency Level 1</td>
<td>Explain the mechanisms of hoarseness and stridor</td>
<td>Differentiate hoarseness, stridor and wheeze</td>
</tr>
<tr>
<td></td>
<td>List the common and serious causes for hoarseness and stridor</td>
<td>Assess severity: cyanosis, respiratory rate and effort</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Perform full examination, eliciting signs that may co-exist with stridor or hoarseness e.g. bovine cough, Horner’s syndrome, other neurological signs, fever</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Order, interpret and act on initial investigations appropriately: blood tests, blood gas analysis, chest radiograph, flow volume loops, FEV₁/peak flow ratio</td>
</tr>
</tbody>
</table>
Hypothermia

The trainee will be able to assess a patient presenting with hypothermia to establish the cause, investigate appropriately, formulate and implement a management plan

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Define hypothermia and its diagnosis</td>
<td>Employ the emergency management of hypothermia as per ALS guidelines</td>
<td>Recognise the often multifactorial nature of hypothermia in the elderly and outline preventative approaches</td>
<td></td>
</tr>
<tr>
<td>Outline perturbations caused by hypothermia, including ECG and blood test interpretation</td>
<td>Correct any predisposing factors leading to hypothermia</td>
<td>Recognise seriousness of hypothermia and act promptly to re-warm</td>
<td></td>
</tr>
<tr>
<td>List the causes of hypothermia</td>
<td>Request appropriate monitoring of the patient</td>
<td>Recognise that death can only usually be certified after re-warming</td>
<td></td>
</tr>
<tr>
<td>List complications of hypothermia</td>
<td></td>
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</table>
**Immobility**

The trainee will be able to assess a patient with immobility to produce a valid differential diagnosis, investigate appropriately, and produce a management plan.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Describe the risk factors and causes of immobility</td>
<td>Take appropriate and focussed collateral history from carers/family/GP</td>
<td>Recognise the importance of a multidisciplinary approach and specialist referral as appropriate</td>
<td></td>
</tr>
<tr>
<td>Explain the role of multidisciplinary team</td>
<td>Construct problem list following assessment</td>
<td>Display ability to discuss plans with patients and or carers</td>
<td></td>
</tr>
<tr>
<td>Define the basic principles of rehabilitation</td>
<td>Discuss the role of the multidisciplinary team in management of these patients</td>
<td>Recognise the anxiety and distress caused to patient and carers by underlying condition and admission to hospital</td>
<td></td>
</tr>
<tr>
<td>Describe the conditions causing immobility which may be improved by treatment and or rehabilitation</td>
<td>Formulate appropriate management plan including medication, rehabilitation and goal setting.</td>
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<tr>
<td></td>
<td>Identify conditions leading to acute presentation to hospital</td>
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<tr>
<td></td>
<td>Order, interpret and act on relevant initial investigations appropriately to elucidate a differential diagnosis</td>
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</table>
## Involuntary Movements

The trainee will be able to assess a patient presenting with involuntary movements to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

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</thead>
<tbody>
<tr>
<td></td>
<td>Differentiate and outline the differential diagnoses of Parkinsonism and tremor: be aware of myoclonus, and other less common movement disorders</td>
<td>Assess including a full neurological examination to produce a valid differential diagnosis</td>
<td>Exhibit empathy when considering the impact on quality of life of patient and carers that movement disorders can have</td>
</tr>
<tr>
<td></td>
<td>Outline the main drug groups used in the management of movement disorders</td>
<td></td>
<td>Recognise importance of multi-disciplinary approach to management</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Recognise the importance of specialist referral</td>
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</table>
## Joint Swelling

The trainee will be able to assess a patient presenting with joint pain or swelling to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

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<tr>
<th>Competency Level 1</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Outline the generic anatomy of the different types of joint</td>
<td>Recognise the importance of history for clues as to diagnosis</td>
<td>Recognise that monoarthritis calls for timely joint aspiration to rule out septic cause</td>
<td></td>
</tr>
<tr>
<td>Differentiate mono-, oligo-, and polyarthritis and list principle causes for each</td>
<td>Perform a competent physical examination of the musculo-skeletal system using both the GALS screening examination and the regional examination technique (REMS)</td>
<td>Recognise and facilitate the need for surgical intervention in septic arthritis</td>
<td></td>
</tr>
<tr>
<td>Elucidate the importance of co-morbidities in the diagnosis of joint swelling</td>
<td>Elicit and interpret extra-articular signs of joint disease</td>
<td>Recognise importance of multi-disciplinary approach to joint disease: physio, OT, social services</td>
<td></td>
</tr>
<tr>
<td>Outline treatment options for chronic arthritides: disease modifying drugs, analgesia, physiotherapy</td>
<td>Order, interpret and act on initial investigations appropriately: blood tests, radiographs, joint aspiration, cultures</td>
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<tr>
<td></td>
<td>Perform knee aspiration using aseptic technique causing minimal distress to patient</td>
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<td></td>
<td>Interpret plain radiographs of swollen joints</td>
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<tr>
<td></td>
<td>Practise safe prescribing of analgesics for joint disease</td>
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</table>
Lymphadenopathy

The trainee will be able to assess a patient presenting with lymphadenopathy to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Outline the anatomy and physiology of the lymphatic system</td>
<td>Elicit associated symptoms and risk factors for the presence of diseases presenting with lymphadenopathy</td>
<td>Recognise patient concerns regarding possible cause for lymphadenopathy</td>
</tr>
<tr>
<td></td>
<td>Recall the causes of generalised and local lymphadenopathy in terms of infective, malignant, reactive and infiltrative</td>
<td>Examine to elicit the signs of lymphadenopathy and associated diseases</td>
<td>Recognise the need for senior and specialist input</td>
</tr>
<tr>
<td></td>
<td>Outline the investigations indicated when tuberculosis is considered</td>
<td>Order, interpret and act on initial investigations appropriately</td>
<td>Recognise the association of inguinal lymphadenopathy with STDs, assess and refer appropriately</td>
</tr>
<tr>
<td></td>
<td>Initiate treatment if appropriate</td>
<td></td>
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</tbody>
</table>
**Loin Pain**

The trainee will be able to assess a patient presenting with loin pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
<th>Competency Level 1</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes and Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>List the common and serious causes of loin pain and renal colic</td>
<td>Elucidate risk factors for causes of loin pain</td>
<td>Involve senior and renal team if there is associated renal impairment</td>
<td></td>
</tr>
<tr>
<td>Outline other symptoms that may classically accompany loin pain and renal colic</td>
<td>Perform full examination to elicit signs of renal pathology</td>
<td>Involve urology team as appropriate</td>
<td></td>
</tr>
<tr>
<td>Outline indications and contraindications for an urgent IVU</td>
<td>Order, interpret and act on initial investigations appropriately: blood tests, urinalysis, urine culture and microscopy, radiographs, ultrasound</td>
<td>Recognise local guidelines in prescribing antibiotics</td>
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<tr>
<td></td>
<td>Prescribe appropriate analgesia safely</td>
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<td></td>
<td>Commence appropriate antibiotics when infective cause is likely</td>
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<tr>
<td></td>
<td>Recognise co-existing renal impairment promptly</td>
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</table>
## Medical Complications During Acute Illness and Following Surgical Procedure

The trainee will be able to assess, investigate and treat medical problems arising post-operatively and during acute illness and recognise importance of preventative measures

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>List common medical complications occurring in post-operative and unwell patients and how they present</td>
<td>Recognise critically ill patient and instigate resuscitative measures</td>
<td>Recognise importance of thrombo-embolic complications and prophylaxis during acute illness and in post-operative period</td>
</tr>
<tr>
<td></td>
<td>Explain reasons for medical problems frequently presenting atypically post-operatively</td>
<td>Assess patient with history and examination to form differential diagnosis</td>
<td>Recognise the importance of measures to prevent complications: DVT prophylaxis, effective analgesia, nutrition, physiotherapy, gastric protection</td>
</tr>
<tr>
<td></td>
<td>Recall investigations indicated in different scenarios: short of breath, chest pain, respiratory failure, drowsiness, febrile, collapse, GI bleed</td>
<td>Initiate treatment when appropriate in consultation with the surgical team</td>
<td>Call for senior help when appropriate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Institute measures for thrombosis prophylaxis when appropriate, as per national or local guidelines</td>
<td>Respect opinion of referring surgical team</td>
</tr>
</tbody>
</table>
## Medical Problems in Pregnancy

The trainee will be competent in the assessment, investigation and management of the common and serious medical complications of pregnancy.

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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<th>Attitudes and Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline the normal physiological changes occurring during pregnancy</td>
<td>Recognise the critically ill pregnant patient, initiate resuscitation measures and liaise promptly with senior and obstetrician</td>
<td>Recognise the importance of thrombo-embolic complication of pregnancy</td>
<td></td>
</tr>
<tr>
<td>List the common medical problems occurring in pregnancy</td>
<td>Take a valid history from a pregnant patient</td>
<td>Communicate with obstetric team throughout the diagnostic and management process</td>
<td></td>
</tr>
<tr>
<td>Identify the unique challenges of diagnosing medical problems in pregnancy</td>
<td>Examine a pregnant patient competently</td>
<td>Discuss case with senior promptly</td>
<td></td>
</tr>
<tr>
<td>Recall safe prescribing practices in pregnancy</td>
<td>Produce a valid list of differential diagnoses</td>
<td>Seek timely gastroenterology opinion in cases of significant jaundice</td>
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</tr>
<tr>
<td>Initiate treatment if appropriate</td>
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</table>
## Memory Loss (Progressive)

The trainee will be able to assess a patient with progressive memory loss to determine severity, differential diagnosis, investigate appropriately, and formulate management plan.

<table>
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<tr>
<th>Competency Level 1</th>
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<th>Attitudes and Behaviour</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Define the clinical features of dementia that differentiate from focal brain disease, reversible encephalopathies, and pseudo-dementia</td>
<td>Take an accurate collateral history wherever possible</td>
<td>Demonstrate a patient sensitive approach to interacting with a confused patient and their carers</td>
</tr>
<tr>
<td></td>
<td>List the principle causes of dementia</td>
<td>Perform a full examination looking for reversible causes of cognitive impairment and neurological disease</td>
<td>Recognise that a change of environment in hospital can exacerbate symptoms and cause distress</td>
</tr>
<tr>
<td></td>
<td>Recall factors that may exacerbate symptoms: drugs, infection, change of environment, biochemical abnormalities, constipation</td>
<td>Demonstrate ability to use tools measuring cognitive impairment at the bedside</td>
<td>Recommend support networks to carers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Order, interpret and act on initial investigations appropriately to determine reversible cause such as: blood tests, cranial imaging, EEG</td>
<td>Participate in multi-disciplinary approach to care: therapists, elderly care team, old age psychiatrists, social services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Detect and rectify exacerbating factors</td>
<td>Recognise need for specialist involvement and opportunities for treatment</td>
</tr>
</tbody>
</table>
Micturition (Difficult)

The trainee will be able to assess a patient presenting with difficulty in micturition to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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</thead>
<tbody>
<tr>
<td>Outline causes of difficulty in micturating in terms of oliguria and urinary tract obstruction</td>
<td>Examine to elicit signs of renal disease, bladder outflow obstruction and deduce volaemic status of patient</td>
<td>Recognise the importance of recognising and preventing renal impairment in the context of bladder outflow obstruction</td>
<td></td>
</tr>
<tr>
<td>Recall techniques that allow oliguria and bladder outflow obstruction to be differentiated</td>
<td>Differentiate oliguric pre-renal failure; acute renal failure and post renal failure</td>
<td>Liaise with senior in event of oliguria heralding incipient shock</td>
<td></td>
</tr>
<tr>
<td>Recall the investigation and management of prostatic cancer</td>
<td>Order, interpret and act on initial investigations appropriately: urinalysis, abdominal ultrasound, bladder scanning, urine culture and microscopy</td>
<td>Liaise promptly with appropriate team when oliguria from bladder outflow obstruction is suspected (urology, gynaecology)</td>
<td></td>
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<tr>
<td></td>
<td>Initiate treatment when indicated</td>
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<tr>
<td></td>
<td>Perform catheterisation using aseptic technique with minimal discomfort to patient</td>
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<tr>
<td></td>
<td>Recognise incipient shock and commence initial treatment</td>
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</table>
The trainee will be able to assess a patient presenting with neck pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

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<thead>
<tr>
<th>Competency Level 1</th>
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<th>Attitudes and Behaviour</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Outline the common and serious causes of neck pain in terms of meningism; tender mass; musculoskeletal; vascular</td>
<td>Take a full history, including recent trauma</td>
<td>Consult senior colleague promptly in the event of focal neurological signs or critical illness</td>
</tr>
<tr>
<td></td>
<td>Perform a full examination to elicit signs that may accompany neck pain</td>
<td>Order, interpret and act on initial investigations appropriately: blood tests, plain radiographs, thyroid function</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Order, interpret and act on initial investigations appropriately: blood tests, plain radiographs, thyroid function</td>
<td>Recognise meningitis and promptly initiate appropriate investigations and treatment with consultation with senior</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practise appropriate prescribing of analgesia</td>
<td>Practise appropriate prescribing of analgesia</td>
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</table>
# Physical Symptoms in Absence of Organic Disease

The trainee will be able to assess and appropriately investigate a patient to conclude that organic disease is unlikely, counsel sensitively, and formulate an appropriate management plan.

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>List symptoms that commonly have a non-organic component</td>
<td>Take a full history, including associated symptoms of anxiety or depression and past medical assessments</td>
<td>Adopt attitude that presentation has organic cause until otherwise proven, and assess and investigate as appropriate</td>
</tr>
<tr>
<td></td>
<td>Perform full examination including mental state</td>
<td>Strive to establish underlying precipitants to non-organic presentations: life stresses, hypochondriacal states</td>
<td>Consult senior promptly when appropriate</td>
</tr>
<tr>
<td></td>
<td>Recognise the hyperventilation syndrome</td>
<td></td>
<td>Appreciate the implications of unnecessary tests in terms of cost and iatrogenic complications</td>
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</tbody>
</table>

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## Polydipsia

The trainee will be able to assess a patient presenting with polydipsia to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Understand mechanisms of thirst</td>
<td>Identify other pertinent symptoms e.g. nocturia</td>
<td>Sympathetically explain likely causes of polydipsia to patient</td>
</tr>
<tr>
<td></td>
<td>Identify common causes of polydipsia</td>
<td>Order, interpret and act on initial investigations appropriately</td>
<td>Use appropriate aseptic techniques for invasive procedures and to minimise healthcare acquired infection.</td>
</tr>
<tr>
<td></td>
<td>Initiate adequate initial therapy</td>
<td></td>
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</tbody>
</table>
**Polyuria**

The trainee will be able to assess a patient presenting with polyuria to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Define true polyuria</td>
<td>Identify other pertinent symptoms</td>
<td>Consult senior colleague as appropriate</td>
</tr>
<tr>
<td></td>
<td>Outline the causes of polyuria (in terms of osmotic, diabetes insipidus etc)</td>
<td>Perform full examination to assess volaemic status, and elicit associated signs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outline the pathophysiology of diabetes insipidus</td>
<td>Order, interpret and act on initial investigations appropriately</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elucidate the principles of treating new onset diabetes mellitus, hypercalcaemia</td>
<td>Calculate and interpret serum and urine osmolarity</td>
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<tr>
<td></td>
<td></td>
<td>Commence treatment as appropriate</td>
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</tbody>
</table>
Pruritus

The trainee will be able to assess a patient presenting with itch to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Recall principle causes in terms of infestations, primary skin diseases, systemic diseases (e.g. lymphoma), liver disease, pregnancy</td>
<td>Examine to elicit signs of a cause for pruritus</td>
<td>Recognise the need for specialist dermatological input</td>
</tr>
<tr>
<td></td>
<td>Outline the principles of treating skin conditions</td>
<td>Describe accurately any associated rash</td>
<td>Recognise the need for other specialists in pruritus heralding systemic disease</td>
</tr>
<tr>
<td></td>
<td>Outline the indications of and side effects of topical steroids and differentiate their different potencies</td>
<td>Formulate a list of differential diagnoses</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Order, interpret and act on initial investigations appropriately</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognise the presentation of skin cancer</td>
<td></td>
</tr>
</tbody>
</table>
## Rectal Bleeding

The trainee will be able to assess a patient with rectal bleeding to identify significance differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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<th>Attitudes and Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall the causes of bleeding per rectum</td>
<td>Perform examination including rectal examination</td>
<td>Liaise with senior and surgical team when appropriate</td>
<td></td>
</tr>
<tr>
<td>Outline indications for surgical review</td>
<td>Recognise and appropriately treat the shocked patient including consultation with surgical colleagues</td>
<td>Recognise role of IBD nurse when patient with known IBD presents</td>
<td></td>
</tr>
<tr>
<td>Outline the treatments indicated in acute colitis</td>
<td>Order, interpret and act on initial investigations appropriately</td>
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<tr>
<td></td>
<td>Distinguish upper and lower GI bleeding</td>
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</tbody>
</table>
Skin and Mouth Ulcers

The trainee will be able to assess a patient presenting with skin or mouth ulceration to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also Dermatology in Section 2 for Skin Tumour competencies)

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>List the common and serious causes of skin (especially leg) or mouth ulceration</td>
<td>Recognise likely skin and oral malignancy</td>
<td>Recognise the importance of prevention of pressure ulcers and diabetic ulcers</td>
</tr>
<tr>
<td></td>
<td>Outline the classification of skin ulcers by cause</td>
<td>Recognise life threatening skin rashes presenting with ulcers, commence treatment and involve senior</td>
<td>Participate in multi-disciplinary team: nurse specialists, podiatrist</td>
</tr>
<tr>
<td></td>
<td>Outline the pathophysiology, investigation and management principles of diabetic ulcers</td>
<td>Assess and formulate immediate management plan for diabetic foot ulceration</td>
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</tr>
<tr>
<td></td>
<td>Recognise association between mouth ulceration and immunobullous disease</td>
<td>Order, interpret and act on initial investigations appropriately</td>
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</table>
Speech Disturbance

The trainee will be able to assess a patient with speech disturbance to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

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<thead>
<tr>
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<th>Attitudes and Behaviour</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Define dysphonia, dysarthria and dysphasia</td>
<td>Take a history from a patient with speech disturbance</td>
<td>Recognise the role of speech and language therapy input</td>
</tr>
<tr>
<td></td>
<td>Recall the neuro-anatomy relevant to speech and language</td>
<td>Examine patient to define nature of speech disturbance and elicit other focal signs</td>
<td>Recognise the relationship between dysarthria and swallowing difficulties and advise patients and carers accordingly</td>
</tr>
<tr>
<td></td>
<td>Differentiate receptive and expressive dysphasia</td>
<td>List differential diagnoses following assessment</td>
<td>Involve stroke team or neurology promptly as appropriate</td>
</tr>
<tr>
<td></td>
<td>List causes for dysphonia, dysarthria and dysphasia</td>
<td>Order, interpret and act on initial investigations appropriately</td>
<td></td>
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## Suicidal Ideation

The trainee will be able to take a valid psychiatric history to elicit from a patient suicidal ideation and underlying psychiatric pathology; assess risk; and formulate appropriate management plan.

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Outline the risk factors for a suicidal attempt</td>
<td>Take a competent psychiatric history</td>
<td>Liaise promptly with psychiatric services if in doubt or when high risk of repeat self harm is suspected</td>
<td></td>
</tr>
<tr>
<td>Outline the common co-existing psychiatric pathologies that may precipitate suicidal ideation</td>
<td>Be familiar with scoring tools to assess risk of further self harm (eg Beck’s score)</td>
<td>Recognise the role of the Self Harm Team prior to discharge</td>
<td></td>
</tr>
<tr>
<td>Outline the indications, contraindications and side effects of the major groups of psychomotor medications</td>
<td>Elicit symptoms of major psychiatric disturbance</td>
<td>Ensure prompt communication is maintained with community care on discharge (GP, CPN)</td>
<td></td>
</tr>
<tr>
<td>Outline the powers that enable assessment and treatment of patients following self harm or self harm ideation as defined in the Mental Health Act</td>
<td>Obtain collateral history when possible</td>
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<tr>
<td>Recognise and manage appropriately anxiety and aggression</td>
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## Swallowing Difficulties

The trainee will be able to assess a patient with swallowing difficulties to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

<table>
<thead>
<tr>
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<th>Knowledge</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Outline the physiology of swallowing</td>
<td>Elicit valid history, detecting associations that indicate a cause: weight loss, aspiration, heartburn</td>
<td>Recognise importance of multi-disciplinary approach to management</td>
</tr>
<tr>
<td></td>
<td>Recall the causes of swallowing problems</td>
<td>Examine a patient to elicit signs of neurological disease, malignancy and connective tissue disease</td>
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<tr>
<td></td>
<td>Differentiate between neurological and GI causes</td>
<td>Be able to evaluate whether patient is safe to eat or drink by mouth</td>
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<td></td>
<td>Outline investigative options: contrast studies, endoscopy, manometry, CT</td>
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<tr>
<td></td>
<td>Outline the pathophysiology, staging, and therapeutic options of oesophageal malignancy</td>
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<tr>
<td></td>
<td>Define odynophagia and list causes</td>
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</table>
**Syncope & Pre-syncope**

The trainee will be able to assess a patient presenting with syncope to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also ‘blackouts/collapse’)

<table>
<thead>
<tr>
<th>Competency Level 1</th>
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</thead>
<tbody>
<tr>
<td>Define syncope</td>
<td>Take thorough history from patient and witness to elucidate episode</td>
<td>Recognise impact episodes can have on lifestyle particularly in the elderly</td>
<td></td>
</tr>
<tr>
<td>Outline the pathophysiology of syncope depending on situation (vaso-vagal, cough, effort, micturition, carotid sinus hypersensitivity)</td>
<td>Differentiate pre-syncope from other causes of ‘dizziness’</td>
<td>Recognise recommendations regarding fitness to drive in relation to syncope</td>
<td></td>
</tr>
<tr>
<td>Differentiate from other causes of collapse in terms of associated symptoms and signs, and eye witness reports</td>
<td>Assess patient in terms of ABC and degree of consciousness and manage appropriately</td>
<td>Recognise and act upon criteria for referral for carotid sinus hypersensitivity studies.</td>
<td></td>
</tr>
<tr>
<td>Outline the indications for cardiac monitoring</td>
<td>Perform examination to elicit signs of cardiovascular disease</td>
<td></td>
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<tr>
<td></td>
<td>Order, interpret and act on initial investigations appropriately: blood tests ECG</td>
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</table>
## Unsteadiness / Balance Disturbance

The trainee will be able to assess a patient presenting with unsteadiness or a disturbance of balance to produce a valid list of differential diagnoses, investigate appropriately, formulate and implement a management plan.

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<thead>
<tr>
<th>Competency Level 1</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Outline the neuro-anatomy and physiology relevant to balance, coordination and movement</td>
<td>Take history from patient and attempt to define complaint as either pre-syncope, vertigo or unsteadiness</td>
<td>Recognise the importance of multi-disciplinary approach: physio, OT</td>
</tr>
<tr>
<td></td>
<td>Define and differentiate types of vertigo and list causes</td>
<td>Perform full physical examination to elicit signs of neurological, inner ear or cardiovascular disease including orthostatic hypotension</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Define and differentiate sensory and cerebellar ataxia and list causes</td>
<td>Describe an abnormal gait accurately</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recognise intoxication</td>
<td>Initiate basic investigations and urgent treatment with vitamins when appropriate</td>
<td></td>
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</table>
Visual Disturbance (diplopia, visual field deficit, reduced acuity)

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<tr>
<th>Competency Level 1</th>
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</thead>
<tbody>
<tr>
<td>Broadly outline the basic anatomy and physiology of the eye and the visual pathways</td>
<td>Perform full examination including acuity, eye movements, visual fields, fundoscopy, related cranial nerves and structures of head &amp; neck</td>
<td>In case of acute visual loss recognise early requirement for review by Ophthalmology team</td>
<td></td>
</tr>
<tr>
<td>Define the different types of visual field defect and list common causes</td>
<td>Formulate differential diagnosis</td>
<td>Recognise rapidly progressive symptoms and consult senior promptly</td>
<td></td>
</tr>
<tr>
<td>Define diplopia and list common causes</td>
<td>Order, interpret and act on initial investigations appropriately</td>
<td>Recognise anxiety acute visual symptoms invoke in patients</td>
<td></td>
</tr>
<tr>
<td>List common causes for reduced visual acuity</td>
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</table>
### Weight Loss

The trainee will be able to assess a patient presenting with unintentional weight loss to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan.

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<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes and Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competency Level 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List the common causes for weight loss (in terms of psychosocial, neoplasia, gastroenterological etc)</td>
<td>Take a valid history highlighting any risk factors for specific disorders presenting with weight loss, and a thorough social history</td>
<td>Recognise multi-factorial aspect of weight loss, especially in the elderly</td>
</tr>
<tr>
<td>Outline the indications and complications for nutritional supplements, and enteral feeding including PEG/NG feeding</td>
<td>Examine fully to elucidate signs of disorders presenting with weight loss, and also assess degree of malnutrition</td>
<td>Recognise prominence of psychosocial factors, with collateral history where possible</td>
</tr>
<tr>
<td></td>
<td>Order, interpret and act on initial screening investigations</td>
<td>Liaise with nutritional services appropriately</td>
</tr>
<tr>
<td></td>
<td>Initiate nutritional measures including enteral preparations when appropriate</td>
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<td></td>
<td>Pass a fine bore NG feeding tube and ensure correct positioning</td>
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</tbody>
</table>
Part 2.2: System Specific Competencies

This document has described the level 1 competencies required to practise GIM (Acute) in a patient-centred way by listing the common ways in which patients can present. In so doing, certain important competencies have not been mentioned. It is important to recognise that all physicians should have a systematic knowledge of conditions that may be seen infrequently but are important to recognise and may be assessed in some of the formal assessments that take place within the training programme. This section considers each system in turn, alphabetically, and lists the competencies, clinical conditions and clinical science required for each system. However, it is not intended that this is a description of the setting or specialties in which these competencies are to be attained. For example, experience of asthma can be gained in the community, emergency setting and many medical wards, rather than solely on a respiratory ward.

Common and / or Important Problems

Learning to manage each mode of presentation does not avoid the need for a trainee to have a solid grounding of knowledge in specific medical conditions. It is also the case that patients very often already have a ‘diagnostic label’, for example a GP referring ‘a breathless patient with heart failure’. In the age of better patient education and patient involvement in the management of their long-term condition, today’s clinician frequently needs to refer to disease-specific knowledge earlier in the consultation.

This section of the curriculum therefore aims to advise the trainee on the conditions that require detailed understanding. The list also gives a guide to the topics that will form the basis for formal summative and work-place assessments.

A framework for the knowledge required for specific conditions is set out below, and should continue to improve with time in line with the principles of a spiral curriculum:

- Definition
- Pathophysiology
- Epidemiology
- Features of History
- Examination findings
- Differential Diagnosis
- Investigations indicated
• Detailed initial management and principles of ongoing management (counselling, lifestyle, medical, surgical, care setting and follow up)

• Complications

• Prevention (where relevant to condition)

**Clinical science**

As trainees proceed through training they must pass formal summative assessments, the most notable of which is the MRCP(UK) examination. Part 1 of this examination in particular investigates knowledge of the science that underpins clinical medicine. This section of the curriculum defines the broad areas of clinical science that the trainee is expected to recall. This encourages a trainee’s deeper learning of some of the clinical concepts that have already been described in this curriculum, and offers an insight into the content of knowledge-based assessments.
Allergy

Competencies

- Recognise when specialist allergy opinion is required.
- Be aware of the management and subsequent investigation of patients presenting with immune mediated medical emergencies: anaphylaxis, laryngeal oedema, urticaria, angioedema

Common or Important Allergy Problems

- Anaphylaxis
- Recognition of common allergies; introducing occupation associated allergies
- Food, drug, latex, insect venom allergies
- Urticaria and angioedema

Clinical Science

- Mechanisms of allergic sensitisation: primary and secondary prophylaxis
- Natural history of allergic diseases
- Mechanisms of action of anti-allergic drugs and immunotherapy
- Principles and limitations of allergen avoidance

Cancer and Palliative Care

Competencies

- Take an accurate pain history
- Perform full physical examination without causing undue pain or distress to patient
- Recognise the terminally ill often present with problems with multi-factorial causes
- Recognise associated psychological and social problems
- Investigate appropriately
- Recognise when specialist oncology or palliative care opinion is needed
- Outline treatment principles with drawbacks: surgery, chemotherapy and radiotherapy
- Break bad news to patient and family with cancer in sensitive and appropriate manner
- Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount
• Recognise the dying phase of terminal illness
• Manage symptoms in dying patients appropriately
• Practise safe use of syringes drivers
• Recognise importance of hospital and community Palliative Care teams
• Recognise that referral to specialist palliative care is appropriate for patients with other life threatening illnesses, as well as those with cancer

Common or Important Oncology Problems:
• Hypercalcaemia
• SVC obstruction
• Spinal cord compression
• Neutropenic sepsis
• Common cancers (presentation, diagnosis, staging, treatment principles): lung, bowel, breast, prostate, stomach, oesophagus, bladder

Common or Important Palliative Care Problems:
• Pain: appropriate use, analgesic ladder, side effects, role of radiotherapy
• Constipation
• Breathlessness
• Nausea and vomiting
• Anxiety and depressed mood

Clinical Science:
• Principles of oncogenesis and metastatic spread
• Apoptosis
• Principles of staging
• Principles of screening
• Pharmacology of major drug classes in palliative care: anti-emetics, opioids, NSAIDS, agents for neuropathic pain, bisphosphonates, laxatives, anxiolytics

Cardiovascular Medicine

Competencies
• Recognise when specialist Cardiology opinion is indicated
• Outline risk factors for cardiovascular disease
• Counsel patients on risk factors for cardiovascular disease
• Outline methods of smoking cessation of proven efficacy (see below)

**Common and/or important Cardiac Problems:**

- Arrhythmias
- Ischaemic Heart Disease: acute coronary syndromes, stable angina, atherosclerosis
- Heart Failure
- Hypertension – including investigation and management of accelerated hypertension
- Valvular Heart Disease
- Endocarditis
- Aortic dissection
- Syncope
- Dyslipidaemia

**Clinical Science:**

- Anatomy and function of cardiovascular system
- Physiological principles of cardiac cycle and cardiac conduction
- Homeostasis of the circulation
- Atherosclerosis
- Pharmacology of major drug classes: beta blockers, alpha blockers, ACE inhibitors, Angiotensin receptor blockers (ARBs), anti-platelet agents, thrombolysis, inotropes, calcium channel antagonists, potassium channel activators, diuretics, anti-arrhythmics, anti-coagulants, lipid modifying drugs, nitrates, centrally acting anti-hypertensives

**Clinical Genetics**

**Competencies**

- Recognise the organisation and role of Clinical Genetics and when to seek specialist advice
- Take and interpret a complete family history
- Recognise the anxiety caused to an individual and their family when investigating genetic susceptibility to disease
- Recognise the importance of skilled counselling in the investigation of genetic susceptibility to disease
- Recognise basic patterns of inheritance
• Mendelian disease
• Recognise the differing attitudes and beliefs towards inheritance

**Common and/or Important problems:**

• Down’s syndrome
• Turner’s syndrome
• Huntington’s disease
• Haemochromatosis
• Marfan’s syndrome
• Klinefelter’s syndrome
• Familial cancer syndromes
• Familial cardiovascular disorders

**Clinical Science:**

• Structure and function of human cells, chromosomes, DNA, RNA and cellular proteins
• Principles of inheritance: Mendelian, sex-linked, mitochondrial
• Principles of pharmacogenetics
• Principles of mutation, polymorphism, trinucleotide repeat disorders
• Principles of genetic testing including metabolite assays, clinical examination and analysis of nucleic acid (e.g. PCR)
Competencies

- Practise safe prescribing
  - Effects of: renal or liver impairment; old age; pregnancy
  - Outline importance of drug interactions and role CYP450 isoenzymes
  - Outline drugs requiring therapeutic monitoring
- Use national and local guidelines on appropriate and safe prescribing (BNF, NICE)
- Write a clear and unambiguous prescription
- Engage patients in discussions on drug choice, and side effects
- Recognise range of adverse drug reactions to commonly used drugs
- Use Yellow Card report scheme for adverse drug reactions
- Liaise effectively with pharmacists
- Discuss therapeutic changes with patient and discuss with GP promptly and comprehensively
- Competently formulate management plan for poisoning and adverse drug reactions
- Demonstrate appropriate use of a toxicology database (eg Toxbase)
- Calculate glomerular filtration rate

Common and / or Important problems:

- Corticosteroid treatment: short and long-term complications, bone protection, safe withdrawal of corticosteroids, patient counselling regarding avoid adrenal crises
- Specific treatment of poisoning with:
  - Aspirin
  - Paracetamol
  - Tricyclic anti-depressants
  - Beta-blockers
  - Carbon monoxide
  - Opiates
  - Digoxin
  - Benzodiazepines
Clinical Science:

- Drug actions at receptor and intracellular level
- Principles of absorption, distribution, metabolism and excretion of drugs
- Effects of genetics on drug metabolism
- Pharmacological principles of drug interaction
- Outline the effects on drug metabolism of: pregnancy, age, renal and liver impairment

Dermatology

Competencies

- Accurately describe skin lesions following assessment
- Skin Tumours
  - Outline the clinical features and presentation of melanoma, squamous cell carcinoma and basal cell carcinoma
  - List diagnostic features for the early detection of malignant melanoma
  - Recognise and manage suspected skin tumours when they may be an incidental finding
  - Recognise the association between timely biopsy / excision of melanoma and survival
  - Arrange prompt skin biopsy when appropriate
  - Counsel patients on preventative strategies for skin tumours (e.g. avoiding excess UV exposure); and the diagnostic features for the early detection of malignant melanoma
- Recognise when specialist Dermatology opinion is indicated
- Recognise when a patient's presentation heralds a systemic disease
- Suspect and treat meningococcal septicaemia when a purpuric rash accompanies systemic illness

Common and / or Important Problems:

- Cellulitis
- Cutaneous drug reactions
- Psoriasis and eczema

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• Skin failure: eg erythrokeratoma, toxic epidermal necrolysis
• Urticaria and angio-oedema
• Cutaneous vasculitis
• Herpes zoster and Herpes Simplex infections
• Skin tumours (see above for more specific competencies)
• Skin infestations
• Dermatomyositis
• Scleroderma
• Lymphoedema

Clinical Science:
• Structure and function of skin, hair and nails
• Pharmacology of major drug classes: topical steroids, immunosuppressants

Diabetes & Endocrine Medicine

Competencies
• Elucidate a full diabetic medical history
• Recall diagnostic criteria for Diabetes Mellitus
• Assess diabetic patient to detect long term complications
• Formulate an appropriate management plan, including newly diagnosed and established diabetic patients to prevent short and long term complications
• Outline common insulin regimens for type 1 diabetes
• Outline drug management of type 2 diabetes: oral hypoglycaemics, glitazones, primary and secondary vascular preventative agents
• Recognise vital importance of patient education and a multidisciplinary approach for the successful long-term care of diabetes
• Recognise when specialist Endocrine or Diabetes opinion is indicated

Common and / or Important Diabetes Problems:
• Diabetic ketoacidosis
• Non-acidotic hyperosmolar coma / severe hyperglycaemia
• Hypoglycaemia
• Care of the acutely ill diabetic
• Peri-operative diabetes care

**Common or Important Endocrine Problems:**

• Hyper/Hypocalcaemia
• Adrenocortical insufficiency
• Hyper/Hyponatraemia
• Thyroid dysfunction
• Dyslipidaemia
• Endocrine emergencies: myxoedema coma, thyrotoxic crisis, Addisonian crisis, hypopituitary coma, phaeochromocytoma crisis

**Clinical Science:**

• Structure and function of hypothalamus, pituitary, thyroid, adrenals, gonads, parathyroids, pancreas
• Outline the function of hormones
• Principles of hormone receptors, action, secondary messengers and feedback
• Pharmacology of major drug classes: insulin, oral anti-diabetics, thyroxine, anti-thyroid drugs, corticosteroids, sex hormones, drugs affecting bone metabolism

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**Gastroenterology and Hepatology**

**Competencies**

• Understand the role of specialised diagnostic and therapeutic endoscopic procedures
• Recognise when specialist Gastroenterology or Hepatology opinion is indicated
• Recognise when a patient’s presentation heralds a surgical cause and refer appropriately
• Perform a nutritional assessment and address nutritional requirements in management plan
• Outline role of specialist multi-disciplinary nutrition team

**Common or Important Problems:**

• Peptic Ulceration and Gastritis
• Gastroenteritis
• GI malignancy (oesophagus, gastric, hepatic, pancreatic, colonic)
• Inflammatory bowel disease

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Iron Deficiency anaemia

Acute GI bleeding

Acute abdominal pathologies: pancreatitis, cholecystitis, appendicitis, leaking abdominal aortic aneurysm

Functional disease: irritable bowel syndrome, non-ulcer dyspepsia

Coeliac disease

Alcoholic liver disease

Alcohol withdrawal syndrome

Acute liver dysfunction: jaundice, ascites, encephalopathy

Liver cirrhosis

Gastro-oesophageal reflux disease

Nutrition: indications, contraindications and ethical dilemmas of nasogastric feeding and PEG tubes, IV nutrition, re-feeding syndrome

Gall stones

Viral hepatitis

Auto-immune liver disease

Pancreatic cancer

Clinical Science:

Structure and function of salivary glands, oesophagus, stomach, small bowel, colon, rectum, liver, biliary system, pancreas

Principles of the physiology of alimentary tract: motility, secretion, digestion, absorption

Principles of action of liver

Laboratory markers of liver, pancreas and gut dysfunction

Pharmacology of major drug classes: acid suppressants, anti-spasmodics, laxatives, anti-diarrhoea drugs, aminosalicylates, corticosteroids, immunosuppressants, infliximab, pancreatic enzyme supplements

Haematology

Competencies

Recognise when specialist Haematology opinion is indicated

Practise safe prescribing of blood products, including appropriate patient counselling
Outline indications, contraindications, side effects and therapeutic monitoring of anticoagulant medications

Common and / or Important Problems:

- Bone marrow failure: causes and complications
- Bleeding disorders: DIC, haemophilia
- Thrombocytopenia
- Anticoagulation treatment: indications, monitoring, management of over-treatment
- Transfusion reactions
- Anaemia: iron deficient, megaloblastic, haemolysis, sickle cell,
- Thrombophilia: classification; indications and implications of screening
- Haemolytic disease
- Myelodysplastic syndromes
- Leukaemia
- Lymphoma
- Myeloma
- Myeloproliferative disease
- Inherited disorders of haemoglobin (sickle cell disease, thalassaemias)
- Amyloid

Clinical Science:

- Structure and function of blood, reticuloendothelial system, erythropoietic tissues
- Haemoglobin structure and function
- Haemopoiesis
- Metabolism of iron, B12 and folate
- Coagulation

Immunology

Competencies

- Recognise the role of the Clinical Immunologist

Common or Important Problems:
• Anaphylaxis (see also ‘Allergy’)

Clinical Science:

• Structure and function of reticuloendothelial system
• Innate and adaptive immune responses
• The Complement System: structure and function
• Principles of Hypersensitivity
• Principles of transplantation
Infectious Diseases

Competencies

- Elucidate risk factors for the development of an infectious disease including contacts, travel, animal contact and sexual history
- Recognise when specialist Microbiology or Infectious Diseases opinions are indicated
- Recognise when a patient is critically ill with sepsis, promptly initiate treatment and liaise with critical care and senior colleagues
- Outline spectrum of cover of common anti-microbials, recognising complications of inappropriate use
- Use local anti-microbial prescribing guidelines, including therapeutic drug monitoring when indicated
- Recognise importance of immunisation and Public Health in infection control, including reporting notifiable diseases
- Outline principles of prophylaxis eg anti-malarials

Common and / or Important Problems:

- Fever of Unknown origin
- Complications of sepsis: shock, DIC, ARDS
- Common community acquired infection: LRTI, UTI, skin and soft tissue infections, viral exanthema, gastroenteritis
- CNS infection: meningitis, encephalitis, brain abscess
- HIV and AIDS including ethical considerations of testing
- Infections in immuno-compromised host
- Tuberculosis
- Anti-microbial drug monitoring
- Endocarditis
- Common genito-urinary conditions: non-gonococcal urethritis, gonorrhoea, syphilis

Clinical Science:

- Mechanisms of organism pathogenesis
- Host response to infection
• Principles of vaccination

• Pharmacology of major drug classes: penicillins, cephalosporins, tetracyclines, aminoglycosides, macrolides, sulphonamides, quinolones, metronidazole, anti-tuberculous drugs, anti-fungals, anti-malarials, anti-helminths, anti-virals
Competencies

- Elucidate in older patients co-morbidities, activities of daily living, social support, drug history and living environment
- Assess mental state and tests of cognitive function
- Recognise the frequent presence of multiple factors contributing to presentation
- Recognise when specialist Medicine for the Elderly opinion is indicated
- Recognise importance of multi-disciplinary assessment
- Contribute to effective multi-disciplinary management and discharge planning
- Set realistic rehabilitation targets
- Rationalise individual drug regimens to avoid unnecessary poly-pharmacy
- Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately, and sensitively ensuring patients interests are paramount
- Recognise the role of Intermediate Care, and practise prompt effective communication with these facilities
- Recognise the often multi-factorial causes for clinical presentation in the elderly and outline preventative approaches
- Recognise that older patients often present with multiple problems (e.g. falls and confusion, immobility and incontinence)

Common or Important Problems:

- Deterioration in mobility
- Acute confusion
- Stroke and transient ischaemic attack
- Falls
- Age related pharmacology
- Hypothermia
- Continence problems
- Dementia
- Movement disorders including Parkinson’s disease
- Depression in the elderly
- 92 -

- Osteoporosis
- Malnutrition
- Osteoarthritis

**Clinical Science:**

- Effects of ageing on the major organ systems
- Normal laboratory values in older people
Musculoskeletal System

Competencies

- Accurately describe the examination features of musculoskeletal disease following full assessment
- Recognise when specialist Rheumatology opinion is indicated
- Outline the indications, contraindications and side effects of the major immunosuppressive drugs used in rheumatology including corticosteroids
- Recognise the need for long term review in many cases of rheumatological disease and their treatments
- Recognise importance of eg multidisciplinary approach to rheumatological disease including physio, OT
- Use local / national guidelines appropriately e.g. osteoporosis

Common or Important Problems:

- Septic arthritis
- Rheumatoid arthritis
- Osteoarthritis
- Seronegative arthritides
- Crystal arthropathy
- Osteoporosis – risk factors, and primary and secondary prevention of complications of osteoporosis
- Polymyalgia and temporal arteritis
- Acute connective tissue disease: systemic lupus erythematosus, scleroderma, poly- and dermatomyositis, Sjögren’s syndrome, vasculitides

Clinical Science:

- Structure and function of muscle, bone, joints, synovium
- Bone metabolism
- Pharmacology of major drug classes: NSAIDS, corticosteroids, immunosuppressants, colchicines, allopurinol, bisphosphonates

Neurology

Competencies

- Define the likely site of a lesion within the nervous system following full assessment
• Recognise when specialist Neurology opinion is indicated
• Recognise when a patient’s presentation heralds a neurosurgical emergency and refer appropriately

**Common or Important Problems:**

• Acute new headache
• Stroke and transient ischaemic attack
• Subarachnoid haemorrhage
• Coma
• Central Nervous System infection: encephalitis, meningitis, brain abscess
• Raised intra-cranial pressure
• Sudden loss of consciousness including seizure disorders (see also above syncope etc)
• Acute paralysis: Guillain-Barré, myasthenia gravis, spinal cord lesion
• Multiple sclerosis
• Motor neurone disease

**Clinical Science:**

• Structure and function of the central, peripheral and sympathetic nervous systems
• Physiology of nerve conduction
• Principles of neurotransmitters
• Structure and physiology of visual, auditory, and balance systems
• Anatomy of cerebral blood supply
• Brain death
• Pathophysiology of pain
• Speech and language
• Pharmacology of major drug classes: anxiolytics, hypnotics inc. benzodiazepines, anti-epileptics, anti-Parkinson’s drugs (anti-muscarinics, dopaminergics)

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**Psychiatry**

**Competencies**

• Be able to take a full medical and relevant psychiatric history
• Be able to perform a mental state examination
• Recognise when specialist Psychiatric opinion is indicated
- Recognise when a patient’s presentation heralds organic illness and manage appropriately
- Recognise role of community mental health care teams

**Common and/or Important Problems:**
- Suicide and parasuicide
- Acute psychosis
- Substance dependence
- Depression

**Clinical Science:**
- Structure and function of limbic system and hippocampus
- Principles of substance addiction, and tolerance
- Principles of neurotransmitters
- Pharmacology of major drug classes: anti-psychotics, lithium, tricyclic antidepressants, mono-amine oxidase inhibitors, SSRIs, venlafaxine, donepezil, drugs used in treatment of addiction (bupropion, disulphram, acamprosate, methadone)

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**Public Health & Health Promotion**

**Competencies**

- **Smoking**
  - Outline the effects of smoking on health
  - Promote smoking cessation
  - Recognise the need for support during cessation attempts
  - Recognise and utilise specific Smoking Cessation health professionals

- **Alcohol**
  - Recall safe drinking levels
  - Recognise the health and psychosocial effects of alcohol
  - Recommend support networks for problem drinkers
  - Outline appropriate detoxification programme and methods to retain abstinence

- **Obesity**
  - Recognise medical impact of obesity
- Outline good dietary practices
- Promote regular exercise
- Recommend specialist dietician input as appropriate
- Define principles of therapeutic interventions in morbid obesity

**Nutrition**
- Recognise the public health problem of poor nutrition
- Perform basic nutritional assessment
- Identify patients with malnutrition and instigate appropriate management
- Recognise importance of dietician input and follow-up
- Define principles of enteral and parenteral feeding
- Outline the ethical issues associated with nutrition

**Sexual behaviour**
- Promote safe sexual practices

**Substance abuse**
- Recognise the health and psychosocial effects of substance abuse
- Recommend support networks

**Social Deprivation**
- Recognise the impact of social deprivation on health

**Occupation**
- Recognise the impact of occupation on health
- Outline the role of Occupational Health consultants

**Exercise**
- Define the health benefits of regular exercise
- Promote regular exercise

**Mental Health**
- Recognise the interaction of mental and physical health
- Recommend appropriate treatment and support facilities
• Formulate a differential diagnosis for the patient following assessment

• Formulate and appropriate management plan

• Discuss with patient likely outcomes and prognosis of condition and requirement for long term review

• Differentiate pre-renal failure, renal failure and urinary obstruction

• Recognise when specialist Nephrology or Urology opinion is indicated

• Identify patients who are at high risk of renal dysfunction in event of illness or surgery, and institute preventative measures

Common and / or Important Problems:

• Acute renal failure

• Chronic renal failure

• Glomerulonephritis

• Nephrotic syndrome

• Urinary tract infections

• Urinary Calculus

• Renal replacement therapy

• Disturbances of potassium, acid/base, and fluid balance (and appropriate acute interventions)

Clinical Science:

• Structure and function of the renal and urinary tract

• Homeostasis of fluid, electrolytes and acid base

• Urine composition

• Measurement of renal function

• Metabolic perturbations of acute, chronic, and end-stage renal failure and associated treatments

Respiratory Medicine

Competencies

• Recognise when specialist Respiratory opinion is indicated

• Safe oxygen prescribing

• Principles of short and long term oxygen therapy
• Outline the different delivery systems for respiratory medications
• Outline methods of smoking cessation of proven efficacy
• Counsel patients in smoking cessation appropriately
• Take a thorough Occupational History to identify risk factors for lung disease

Common and / or Important Respiratory Problems:
• COPD
• Asthma
• Pneumonia
• Pleural disease: Pneumothorax, pleural effusion, mesothelioma
• Lung Cancer
• Respiratory failure and methods of respiratory support
• Pulmonary embolism and DVT
• Tuberculosis
• Interstitial lung disease
• Bronchiectasis
• Respiratory failure and cor pulmonale
• Pulmonary hypertension

Clinical Science:
• Anatomy and function of respiratory system (airways, lungs, chest wall)
• Physiology of gas exchange: ventilation, perfusion, ventilation and perfusion matching
• Acid-base homeostasis
• Principles of lung function measurement
• Pharmacology of major drug classes: bronchodilators, inhaled corticosteroids, leukotriene receptor antagonists, immunosuppressants
Part 2.3: Investigation Competencies

Listed below are the investigations that the trainee is expected to be able to outline the indications for and interpret by the end of core training. The second list on page 96 states the investigations that the trainee should know the indications for, and how the investigation is carried out. A detailed interpretation is not expected, as these investigations usually require specialist interpretation (eg histology, radiology). However, the level 1 competent trainee should be able to interpret the reports of such tests in the clinical context.

Outline the Indications for, and Interpret the Following Investigations:

**Biochemistry**
- Basic blood biochemistry: urea and electrolytes, liver function tests, bone biochemistry, glucose, magnesium
- Cardiac biomarkers and cardiac-specific troponin
- Creatine kinase
- Thyroid function tests
- Inflammatory markers: CRP / ESR
- Arterial Blood Gas analysis
- Cortisol and short Synacthen test
- HbA1C
- Lipid profile
- Amylase
- Drug levels: paracetamol, salicylate, digoxin, antibiotics, anti-convulsants

**Haematology**
- Full blood count
- Coagulation screen
- Haemolysis screen
- D dimer
- Blood film report
- Haematinics

**Microbiology / Immunology**
- Blood / Sputum / urine culture
- Fluid analysis: pleural, cerebro-spinal fluid, ascitic
- Urinalysis and urine microscopy
- Auto-antibodies
- H. Pylori testing

**Radiology**
- Chest radiograph
- Abdominal radiograph
- Joint radiographs (knee, hip, hands, shoulder, elbow, dorsal spine, ankle)
**Physiological**

- ECG
- Peak flow tests
- Full lung function tests
Outline Principles of the Following Investigations:

Level 1 competency includes the need for the trainee to recognise abnormal results and ask for a more senior opinion when appropriate

**Biochemistry**
- Urine catecholamines
- Sex hormones (FSH, LH, testosterone, oestrogen and progesterone) & Prolactin
- Specialist endocrine suppression or stimulation tests (dexamethasone suppression test; insulin tolerance test; water deprivation test, glucose tolerance test and growth hormone)

**Microbiology / Immunology**
- Coeliac serology screening
- Viral hepatitis serology
- Myeloma screen
- Stool testing
- HIV testing

**Radiology**
- Ultrasound
- Detailed imaging: Barium studies, CT, CT pulmonary angiography, high resolution CT, MRI
- Imaging in endocrinology (thyroid, pituitary, adrenal)
- Renal imaging: ultrasound, KUB, IVU, CT

**Physiological**
- Echocardiogram
- 24 hour ECG monitoring
- Ambulatory blood pressure monitoring
- Exercise tolerance test
- Cardiac perfusion scintigraphy
- Tilt testing
- Neurophysiological studies: EMG, nerve conduction studies, visual and auditory evoked potentials

**Medical Physics**
- Bone scan
- Bone densitometry
- Scintigraphy in endocrinology
- V/Q scanning

**Endoscopic Examinations**
- Bronchoscopy
- Upper and lower GI endoscopy
- ERCP

**Pathology**
- Liver biopsy
- Renal biopsy
• Bone marrow and lymph node biopsy
• Cytology: pleural fluid, ascitic fluid, cerebro-spinal fluid, sputum
Part 2.4: Procedural Competencies

The trainee is expected to be competent in performing the following procedures by the end of core training. The trainee must be able to outline the indications for these interventions. For invasive procedures, the trainee must recognise the indications for the procedure, the importance of valid consent, aseptic technique, safe use of local anaesthetics and minimisation of patient discomfort.

- Venepuncture
- Cannula insertion, including large bore
- Arterial blood gas sampling
- Lumbar Puncture
- Pleural tap and aspiration
- Intercostal drain insertion: Seldinger technique
- Ascitic tap
- Abdominal paracentesis
- Central venous cannulation
- Initial airway protection: chin lift, Guedel airway, nasal airway, laryngeal mask
- Basic and, subsequently, advanced cardiorespiratory resuscitation
- DC cardioversion
- Urethral catheterisation
- Nasogastric tube placement and checking
- Electrocardiogram
- Knee aspiration
- Temporary cardiac pacing by internal wire or external pacemaker
- Skin Biopsy (this is not mandated for all trainees but opportunities to become competent in this technique should be available especially for trainees who subsequently wish to undertake specialist dermatology training)
Section 3 – The Learning Process

This section describes how learning can be achieved to accomplish the outcomes of the curriculum.

3.1 – The Model of Learning

This section describes the model of learning appropriate to the core training element that is common to all physicians.

Trainees will achieve the competencies described in the curriculum through a variety of learning methods. There will be a balance of different modes of learning from formal teaching programmes to experiential learning ‘on the job’. The proportion of time allocated to different learning methods may vary depending on the nature of the attachment within a rotation.

There must be robust arrangements for quality assurance in place to ensure consistent implementation of the curriculum (see Sections 5 and 6).

Work-Based Experiential Learning - The content of work-based experiential learning is decided by the local faculty for education (defined in Section 6 of this curriculum) but includes active participation in:

- **Medical clinics including specialties**, including rapid access clinics. After initial induction, trainees will review patients in outpatient clinics, under direct supervision. The degree of responsibility taken by the trainee will increase as competency increases. As experience and clinical competence increase trainees will assess ‘new’ and ‘review’ patients and present their findings to their clinical supervisor.

- **Unselected Acute Medical takes**

- **Post-take consultant ward-rounds**

- **Personal ward rounds and provision of ongoing clinical care** on general or specialist medical ward attachments. Every patient seen, on the ward or in out-patients, provides a learning opportunity, which will be enhanced by following the patient through the course of their illness: the experience of the evolution of patients’ problems over time is a critical part both of the diagnostic process as well as management. Patients seen should provide the basis for critical reading and reflection of clinical problems.

- **Consultant-led ward rounds.** Every time a trainee observes another doctor, consultant or fellow trainee, seeing a patient or their relatives there is an opportunity for learning. Ward rounds, including those post-take, should be led by a consultant and include feedback on clinical and decision-making skills.

- **Procedural teaching.** All trainees are encouraged to take a procedural skills course in the clinical skills lab setting. Further highly supervised procedural experience can be obtained through the use of simulators (where appropriate and available) and staged delivery on selected patients. As competence in specific procedural skills is gained, the level of supervision will decrease until independent practice is achieved.
Assessment of progress will involve workplace-based assessment (direct observation of procedural skills or DOPS).

- **Multi-disciplinary team meetings.** There are many situations where clinical problems are discussed with clinicians in other disciplines. These provide excellent opportunities for observation of clinical reasoning.

Some learning outcomes may be best achieved in some programmes by active participation in, or attendance at, clinics in related specialties e.g. neurology, rheumatology or dermatology.

Each local faculty for education will define the programme of learning activities.

Trainees have supervised responsibility for the care of in-patients. This includes day-to-day review of clinical conditions, note keeping, effective handover and the initial management of the acutely ill patient with referral to and liaison with clinical colleagues as necessary. The degree of responsibility taken by the trainee will increase as competency increases. There should be appropriate levels of clinical supervision throughout training with increasing clinical independence and responsibility as learning outcomes are achieved (see Section 5: Feedback and Supervision).

**Formal Postgraduate Teaching** – The content of these sessions is determined by the local faculty of medical education and will be based on the curriculum. There are many opportunities throughout the year for formal teaching in the local postgraduate teaching sessions and at regional, national and international meetings. Many of these are organised by the Royal Colleges of Physicians. Suggested activities include:

- A programme of formal bleep-free regular teaching sessions to cohorts of trainees (e.g. a weekly hour of teaching within a Trust)
- Case presentations
- Research and audit projects
- Journal clubs
- Lectures and small group teaching
- Grand rounds
- Clinical skills demonstrations and teaching
- Critical appraisal and evidence based medicine and journal clubs
- Joint specialty meetings e.g. neurology, radiology, pathology, rheumatology
- Bedside teaching, such as training for the MRCP(UK) clinical exam, particularly covering problem areas identified by trainees. This may be timetabled or *ad hoc* teaching.

Attendance at training programmes organised on a deanery or regional basis, which are designed to cover aspects of the training programme outlined in this curriculum.

**Independent Self-Directed Learning** - Trainees will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:

- Preparation for assessment and examinations
- Reading journals
• Reading, including web-based material
• Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
• Audit and research projects
• Achieving personal learning goals beyond the essential, core curriculum

**Formal Study Courses** - Time to be made available for formal courses is encouraged, subject to local conditions of service. Examples include courses promoting recognition of the acutely sick patient e.g. IMPACT, recognised Acute Medicine courses, practical skills courses, appropriately structured and resourced revision courses for MRCP(UK), ALS courses.

3.2 – Learning Experiences

This section identifies the types of situations in which a trainee will learn.

**Learning from Practice** - Trainees will spend a large proportion of work-based experiential learning involved in supervised clinical practice in hospital and community settings. Learning will involve closely supervised clinical practice until competences are achieved. The learning environment will be in, Medical Assessment Units, General and Specialist Medical wards, Accident and Emergency and critical care environments and outpatient clinics. Opportunities for informal and formal feedback on performance should occur during and at the end of clinical sessions as part of a structured appraisal process defined in the accompanying portfolio (see Section 3.3: Work based experiential learning).

**Distributed and Concentrated Practice** - Training programme directors within local faculties of education will decide upon the details of clinical attachments.

Training is distributed across medical specialties with emphasis on opportunities to practise in the Acute Medicine setting.

Specialist training should include concentrated practice in Acute Medicine including direct contribution to the acute take. As the trainee acquires competence in this area of training the of emphasis of training should change such that more senior trainees take a supervisory and educational role for junior medical colleagues as well as continuing to hone their own clinical skills. These individuals should also have the opportunity to practise in high dependency and coronary care units.

**Learning with Peers** - There are many opportunities for trainees to learn with their peers. Local postgraduate teaching opportunities allow trainees of varied levels of experience to come together for small group learning. Examination preparation encourages the formation of self-help groups and learning sets.

**Learning in Formal Situations** - There are many opportunities throughout the year for formal teaching in the local postgraduate teaching sessions and at regional, national and international meetings. Many of these are organised by the Royal Colleges of Physicians.
**Personal Study** - Time will be provided during training for personal study. It may be possible for longer periods of private study to be offered as part of study leave.

**Specific Teacher inputs** - Individual units within a teaching programme will identify specific teacher inputs. These will vary from programme to programme. Recommendations for good practice are identified in the learning portfolio.

Examples are:

- Each trainee must have a clinical supervisor for each attachment for work-based experiential teaching
- Specialty teaching in a clinical environment from a recognised specialist
- Advanced Life support teaching from a recognised training provider
- Procedural skills teaching delivered by a skilled specialist in both work-based setting and on formal courses
Section 4 – Assessment Strategy

The domains of Good Medical Practice will be assessed using an integrated package of workplace-based assessments and examination of knowledge and clinical skills, which will sample across the domains of the curriculum (e.g. knowledge, skills and attitudes). The assessments will be supported by structured feedback for trainees within the training programme of GIM (Acute). Assessment tools will be both formative and summative and will be selected on the basis of their fitness for purpose.

It is likely that the workplace-based assessment tools will include mini-CEX (mini-Clinical Examination Exercise), DOPS (Direct Observation of Procedural Skills) and MSF (multi-source feedback). The Federation of the Royal Colleges of Physicians has piloted these methods and has demonstrated their validity and reliability. It is proposed that the examination and assessment of knowledge will utilise elements of the MRCP(UK) examination, relevant to the level of training.

A trainee’s performance during an acute medical take will be the subject of an assessment tool still in development. This can be adapted for core training and subsequent training in physician specialties.

An assessment blueprint has been developed which maps the assessment methods on to the curriculum in an integrated way. The blueprint will ensure that there is appropriate sampling across the curriculum.
Section 5 – Trainee Supervision and Feedback

This section of the curriculum describes how trainees will be supervised, and how they will receive feedback on performance. The learning portfolio for physicians in training outlines the mechanisms for supervision and appraisal in more detail.

5.1 - Supervision

All training in GIM (Acute) should be conducted in institutions with appropriate standards of clinical governance and that meet the relevant Health and Safety standards for clinical areas. Training placements must also comply with the European Working Time Directive for trainee doctors.

Trainees must work with a level of clinical supervision commensurate with their clinical experience and level of competence. This is the responsibility of the relevant clinical supervisor after discussion with the trainee’s Educational Supervisor and the designated clinical governance lead. In keeping with the principles of Good Medical Practice, trainees should know that they must limit their clinical practice to the level of their clinical competence and should seek help and support without hesitation.

The Educational Supervisor is directly responsible for the educational programme for the trainee and to ensure that the performance assessments are appropriately validated. The programme director is responsible for setting up the appropriate placements for core medical training and other higher medical training programmes. At a local level within the trust additionally consultant (clinical) supervisors may be required within each placement to ensure the training offers adequate educational experience and optimal delivery of the curriculum.

The Educational (or clinical) Supervisor, when meeting with the trainee, should discuss issues of clinical governance, risk management and any report of any untoward clinical incidents involving the trainee. The Educational Supervisor should be part of the clinical specialty team. Thus if the clinical directorate (clinical director) have any concerns about the performance of the trainee, or there were issues of doctor or patient safety, these would be discussed with the Educational Supervisor. These processes, which are integral to trainee development, must not detract from the statutory duty of the trust to deliver effective clinical governance through its management systems.

The Educational (and clinical) Supervisor are integral to the appraisal process. This is discussed in more detail in the training portfolio. A trainee appraisal with the Educational Supervisor will include feedback on performance, review of outcomes of assessments, induction to posts and career advice. The Postgraduate deaneries should recognise the active role of Educational Supervisor in training and offer appropriate support.

5.2 - Feedback

Frequent and timely feedback on performance is essential for successful work-based experiential learning. To train as a physician, a doctor must develop the ability to seek and respond to feedback on clinical practice from a range of individuals to meet the requirements of Good Medical Practice and revalidation.
The local education faculty will establish clear processes for feedback, with close liaison with designated Educational Supervisors.

Constructive feedback should be provided throughout training in both formal and informal settings. Opportunities for feedback will arise during appraisal meetings, when trainees are undergoing workplace-based assessments, in the workplace setting, and through discussions with supervisors, trainers, assessors and those within the team.

Best practice guidance for the appraisal process is provided by the Royal Colleges of Physicians in the training portfolio (in the Appraisal Section).

This guidance emphasises the need for:

- An initial appraisal meeting shortly after the start of a training placement to establish learning objectives and construct a personal development plan
- An interim appraisal meeting to discuss progress against the learning objectives
- An appraisal meeting towards the end of the training placement to reflect on the learning achievements during the attachment with reference to the initial learning objectives within the personal development plan.
- Structured written feedback from clinical supervisors
- Appropriately structured written feedback from medical colleagues and departmental staff (multi-source feedback, MSF) to include nursing staff, managerial, clerical and secretarial staff and medical staff in relevant directorates e.g. radiology, anaesthesia. This is collated by the Educational Supervisor to form the basis of a discussion with the trainee.
- Feedback on performance in recent workplace-based assessments to inform future development

It is recommended the above guidance should apply irrespective of the duration of that particular attachment. Evidence that feedback has been received and subject to reflection by the trainee will be recorded in the portfolio, and discussed at the regular appraisals with the trainee’s supervisor.
Section 6 – Curriculum Implementation

This section of the curriculum provides an indication of how the curriculum is managed locally and within programmes.

6.1 - Training Programmes

The organisation of training programmes for core training, and specialist training in GIM (Acute) is the responsibility of the postgraduate deaneries.

The Deaneries are currently establishing appropriate programmes for postgraduate medical training in their regions. These schemes will be known as Schools of Medicine in England, Wales and Northern Ireland and Transitional Board Schemes in Scotland. In this curriculum, they will be referred to as local Faculties for medical education. The role of the Faculties will be to coordinate local postgraduate medical training, with terms of reference as follows:

- Oversee recruitment and induction of trainees from Foundation to core training, and from core training into Specialty Training
- Allocate trainees into particular rotations for core training, appropriate to their training needs and wishes
- Oversee the quality of training posts provided locally
- Interface with other Deanery Specialty Training faculties (General Practice, Anaesthesia etc)
- Ensure adequate provision of appropriate educational events
- Ensure curricula implementation across training programmes
- Oversee the workplace-based assessment process within programmes
- Coordinate the RITA process for trainees
- Provide adequate and appropriate career advice
- Provide systems to identify and assist doctors with training difficulties
- Provide flexible training
- Recognise the potential of specific trainees to progress into an academic career

6.2 - Intended Use of Curriculum by Trainers and Trainees

This document defines part of an integrated training programme and defines the level 1 competencies that must be acquired in General Internal Medicine by all physician trainees. It must be used in association with other documents. These include the Generic Curriculum for Medical Specialties, the learning portfolio defined by the Joint Royal Colleges of Physicians Training Board (JRCPTB). Trainees must recognise that they must also follow the specific curriculum document relevant to the medical specialty that they are pursuing including, for those that wish to acquire level 2 competencies in General Internal Medicine (Acute), that curriculum element. All of these are web-based documents which are available from the JRCPTB, website.
Each trainee will be given copies of the relevant curricula and portfolio upon enrolling as a trainee with the JRCPTB.

Each trainee will engage with the curriculum by maintaining a portfolio. The trainee will use the curriculum to develop learning objectives, self-assess accomplishment in disparate areas of the curriculum, and reflect on learning experiences.

6.3 - Ensuring Curriculum Coverage

The details of how the curriculum is covered in any individual training programme and training unit is the responsibility of the local faculty of education in consultation with the Federation of Royal Colleges of Physicians. The need to show how trainees are progressing in their attainment of competencies will be a strong driver in ensuring that all the curriculum objectives are met.

6.4 - Responsibilities of trainees

This curriculum puts the emphasis on learning rather than teaching. Trainees are responsible for their own learning and the utilisation of opportunities for learning throughout their training. The workplace-based assessment process is also trainee led.

6.5 - Curriculum management

Local management of the curriculum is the responsibility of the local faculty of education.

Coordination of the Curriculum at national and regional level is the joint responsibility of the Deaneries and the Federation of Royal Colleges of Physicians, with robust arrangements for quality assurance of training.
Section 7 – Curriculum Review

7.1 - Curriculum evaluation and monitoring

The Core Medical Training Committee will oversee evaluation of this curriculum, the accompanying Generic Curriculum for Medical Specialties, and the portfolio. The curricula should be regarded as living documents and the committee will ensure that it will be able to respond swiftly to new developments. The outcome of these evaluations will inform the future development of the curricula.

Formal evaluation will take place during the pilot stage of curriculum implementation and during the first year of full implementation. Evaluation will continue (as indicated from the early evaluations) during the first five years of GIM (Acute) Training. Evaluation will continue periodically thereafter, probably every 5 years.

Evaluation of the curriculum will seek to ascertain:

- Learner response to the curriculum
- Modification of attitudes and perceptions
- Learner acquisition of knowledge and skills
- Learner’s behavioural change
- Change in organisational practice

Evaluation methods will include:

- Trainee questionnaire
- College representative and Programme Director questionnaire
- Focused discussions with Educational Supervisors, trainees, Programme Directors and Postgraduate Deans, representatives from the National Health Service

Monitoring will be the responsibility of the Programme Directors within the local faculties for education.

7.2 - Trainee involvement in Curriculum Review

Trainee involvement in curriculum review will be facilitated through:

- Involvement of trainees in local faculties of education
- Trainees involvement in the Federation of Royal Colleges of Physicians Curriculum Committee
- Informal feedback during appraisal, RITA, College meetings
Section 8 – Equality and Diversity

In the exercise of these powers and responsibilities, the Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of relevant legislation, such as the:

• Race Relations (Amendment) Act 2000;
• Disability Discrimination Act 1995 and Special Educational Needs and Disabilities Act 2001
• The Disability Discrimination Act 1995 (amendment) (further and higher education) regulations 2006
• Age Discrimination Act in October 2006

The Federation of the Royal Colleges of Physicians believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the Colleges, either as members of staff and Officers; as advisers from the medical profession; as members of the Colleges' professional bodies or as doctors in training and examination candidates. Accordingly, it warmly welcomes contributors and applicants from as diverse a population as possible, and actively seeks to recruit people to all its activities regardless of race, religion, ethnic origin, disability, age, gender or sexual orientation.

Section 9 – Statutory Responsibilities

The Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of legislation, such as the:

• Human Rights Act 1998
• Freedom of Information Act 2001
• Data Protection Acts 1984 and 1998
References

2 http://www.rcplondon.ac.uk/pubs/books/AcuteMedicine/AcuteMedicineSummary.pdf
4 Harden RM, Stamper N. What is a spiral curriculum? Medical Teacher 1999; 21(2):141-143