



## Curriculum for Infectious Diseases Training Implementation August 2021



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## Change log

This document defines the purpose, content of learning, process of training and the programme of assessment for Infectious Diseases training.

This is Version 1.1. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number	Date issued	Summary of changes
1.0	August 2021	Original publications
1.1	July 2022	<ol style="list-style-type: none"><li>1. Statement added - <i>An application has been made to change the name of the specialty General Internal Medicine (GIM) to Internal Medicine (IM). In this document, the curriculum for higher specialty training will be referred to as GIM/IM stage 2. These terms are used interchangeably except where there is direct reference to the Certificate of Completion of Training (CCT).</i></li><li>2. Training pathways amended to reflect above statement and to clarify training times are indicative</li></ol>

*An application has been made to change the name of the specialty General Internal Medicine (GIM) to Internal Medicine (IM). These terms are used interchangeably in this document except where there is direct reference to the Certificate of Completion of Training (CCT). The curriculum will be referred to as GIM/IM stage 2.*

## **1. Introduction**

The Infectious Diseases curriculum prepares trainees to meet the challenges of health inequality, high consequence infectious diseases and antimicrobial resistance. The speciality of Infectious Diseases (ID) is distinct from Medical Microbiology (MM) and Medical Virology (MV) in that it prepares trainees to care directly for patients with infections in the emergency department and on the ward. Infectious diseases wards and outpatient services are essential for the management of patients with suspected or confirmed infections and medical staff need skills in rapid assessment, infection control (isolation) of such patients, effective diagnostics and management and contact tracing.

## **2. Purpose**

### **2.1 Purpose Statement**

With increasing global migration and travel more specialists are required to manage related infections. For the returning traveller this may include suspected high consequence infections such as viral haemorrhagic fevers (eg Ebola or Lassa) or respiratory agents such as Middle Eastern Respiratory Syndrome (MERS). Infectious Diseases consultants provide front door support with the ability to rapidly triage and provide expertise in 'donning and doffing' protective clothing and equipment. A small number of highly specialist infectious disease units (lead by Infectious Diseases physicians) exist to receive such patients. There are increasing numbers of returning travellers with other imported infections such as malaria, dengue, typhoid and unusual skin and soft tissue infections. Tuberculosis is still common both in the UK born and in migrants with increasing problems of multi-drug resistance requiring expertise in anti-TB drug administration.

Infectious Diseases physicians also manage HIV and viral hepatitis; provide pre-travel advice and run general infectious diseases services (e.g. skin and soft tissue infections, meningitis, pneumonias, complex urosepsis, post-surgical infections, infections with multi-drug resistant organisms etc.) They provide expertise in the rapid recognition and management of sepsis. They participate or lead the delivery of outpatient parenteral antibiotic therapy (OPAT) in conjunction with medical microbiologists. They also provide consult services to the rest of the NHS organisation as above. The delivery of consult services varies depending on the availability of medical microbiologists, virologists and ID physicians in different NHS organisations.

Infection Prevention and Control leadership and support to the Director of Infection Prevention and the Infection Control Team is usually done by a Medical Microbiologist or Medical Virologist however in some centres it may be done by an Infectious Diseases

physician. Responsibilities include supporting reduction programs for *C difficile*, MRSA and multi-resistant Gram-negative infection and advice on infection surveillance, flu vaccination, needlestick accidents, decontamination, hospital design, water safety, outbreak management and antimicrobial stewardship.

Infectious diseases trainees are all dual trainees and gain CCTs in Infectious Diseases (ID) with *either* Medical Microbiology (MM), Medical Virology (MV) *or* with General Internal Medicine (GIM). This model works well and is agreed to be the optimum way to deliver a pluripotential workforce. Those with CCTs in ID/IM are prepared to take on consultant roles whereby they participate in acute medical services in addition to direct patient care of patients with infections as above (often by rotation with colleagues). Those with dual CCTs in ID/MM or ID/MV are not expected to participate in acute medical takes at consultant level but they may take on consultant roles whereby they provide direct patient care on infectious diseases units, outpatients, bedside infection consult services and/or they may take on more laboratory based microbiology/virology consultant roles in spoke or hub centres.

The purpose of the curriculum is to set the standards for attainment of the award of the CCT in Infectious Diseases.

This purpose statement has been endorsed by the GMC's Curriculum Oversight Group and confirmed as meeting the needs of the health services of the countries of the UK.

## **2.2 High Level Curriculum Outcomes: Capabilities in Practice**

The 13 capabilities in practice (CiPs) describe the professional tasks or work within the scope of Infectious Diseases. Each CiP has a set of descriptors associated with that activity or task. Descriptors are intended to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes which should be demonstrated for an entrustment decision to be made. By the completion of training and award of CCT, the doctor must demonstrate that they are capable of unsupervised practice in all generic and specialty CiPs.

The six generic CiPs cover the universal requirements of all specialties as described in the GPC framework. Assessment of the generic CiPs will be underpinned by the GPC descriptors. Satisfactory sign off will indicate that there are no concerns before the trainee can progress to the next part of the assessment of clinical capabilities.

The seven specialty CiPs describe the laboratory and clinical tasks or activities which are essential to the practice of Infectious Diseases. The specialty CiPs have also been mapped to the GPC domains and subsections to reflect the professional generic capabilities required to undertake the clinical tasks. Satisfactory sign off requires demonstration that, for each of the CiPs, the trainee's performance meets or exceeds the minimum expected level of performance expected for completion of this stage of Infectious training, as defined in the curriculum.

The generic and speciality CiPs are common across all the infection curricula however the entrustment levels (1-4) required for each CiP in each training year vary and are specified for each curriculum (see outline grid in section 5.4).

<b>Learning outcomes – capabilities in practice (CiPs)</b>
<b>Generic CiPs</b>
<ol style="list-style-type: none"> <li>1. Able to successfully function within NHS organisational and management systems</li> <li>2. Able to deal with ethical and legal issues related to clinical practice</li> <li>3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement</li> <li>4. Is focused on patient safety and delivers effective quality improvement in patient care</li> <li>5. Carrying out research and managing data appropriately</li> <li>6. Acting as a clinical teacher and clinical supervisor</li> </ol>
<b>Specialty CiPs</b>
<ol style="list-style-type: none"> <li>1. Able to provide clinical leadership and support to the laboratory</li> <li>2. Able to use the laboratory service effectively in the investigation, diagnosis and management of infection</li> <li>3. Able to advise on infection prevention, control and immunisation.</li> <li>4. Able to manage and advise on important clinical syndromes where infection is in the differential diagnosis</li> <li>5. Able to lead and advise on treatment with and stewardship of antimicrobials</li> <li>6. Providing continuity of care to inpatients and outpatients with suspected or proven infection</li> <li>7. Able to manage and advise on imported infections</li> </ol>

It is not possible to train in Infectious Diseases alone and all programmes will be dual with either Internal Medicine or Medical Microbiology/Virology.

Applicants for a Certificate of Equivalence of Specialist Registration (CESR) will need to meet the levels of capability expected for a dual CCT in Infectious Diseases with either General Internal Medicine or Medical Microbiology/Virology. It will not be possible to gain a standalone CESR in Infectious Diseases or Tropical Medicine.

### **Dual CCT with Internal Medicine: Learning outcomes for Internal Medicine**

Trainees undertaking dual training in Infectious Disease and Internal Medicine will need complete the clinical learning outcomes for internal medicine. These outcomes are set out in the IM stage 2 curriculum and the levels to be achieved in these outcomes in a dual CCT programme are set out in appendix A.

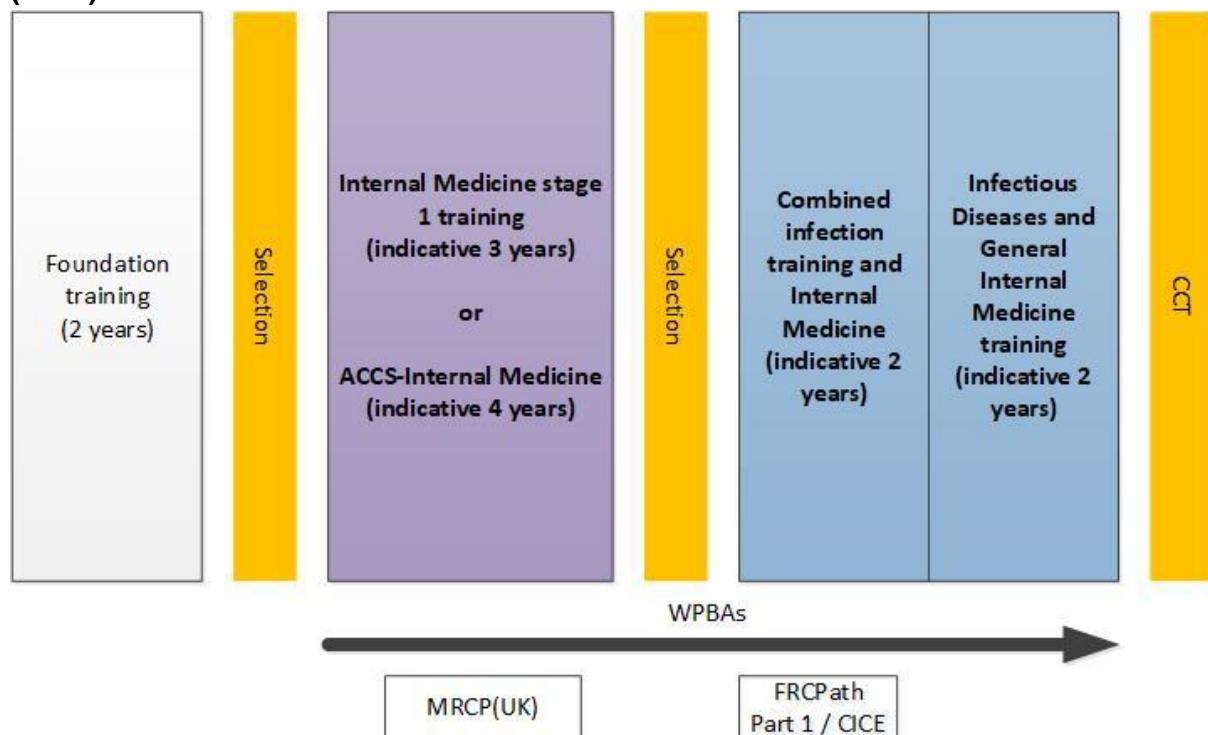
### **Dual CCT with Medical Microbiology or Medical Virology**

Trainees undertaking dual training in Medical Microbiology or Medical Virology will follow the learning outcomes set out in the relevant curricula. The generic and speciality CiPs are common across all the infection curricula. The expected levels for each CiP in each dual programme are set out in table 1, section 5.4 and appendix A.

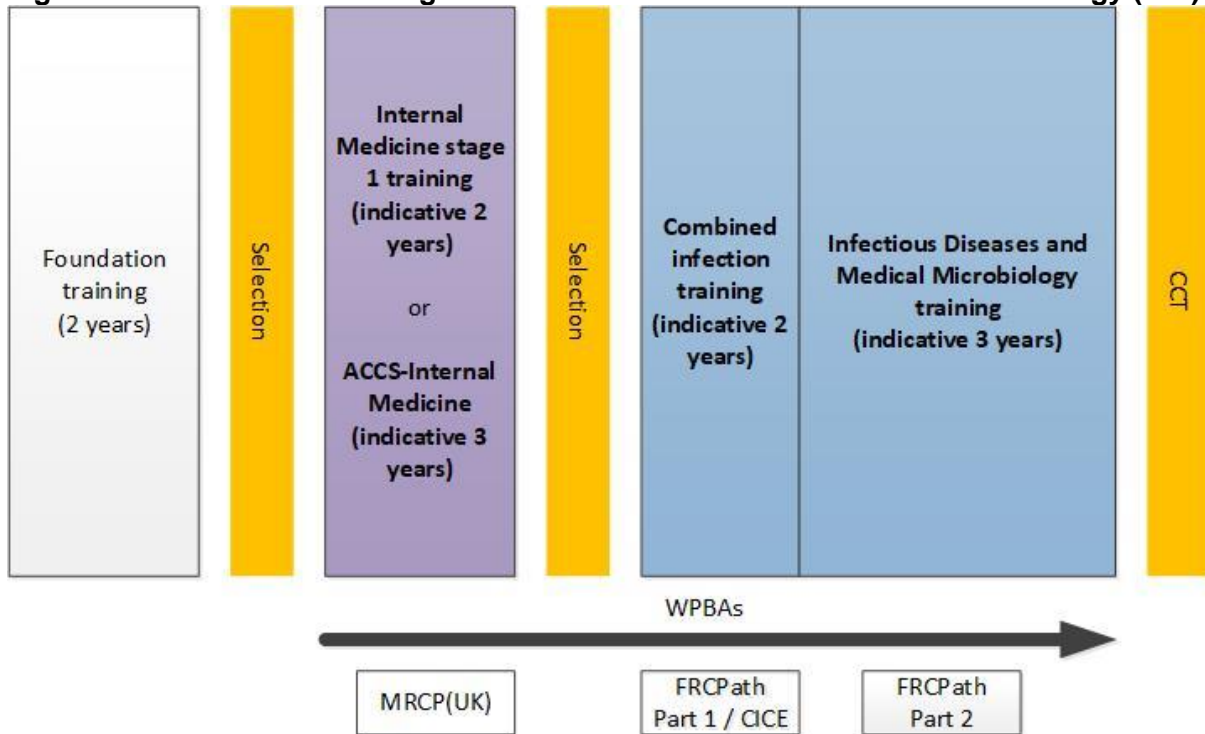
### 2.3 Training pathway

Trainees in the specialty will initially spend two years in combined infection training (CIT) where they will develop knowledge of laboratory work, together with supervised clinical liaison and validation of results, and direct clinical care. Following completion of CIT and the CICE/FRCPath Part 1 examination (typically after 18-24 months of training), Infectious Diseases trainees will move onto Higher Infection training and will dual train with either IM or MM/MV. It will not be possible to train in ID alone. See figure 1 for structure and examinations where they will continue to develop their skills in direct patient care, with greater responsibility and less direct supervision.

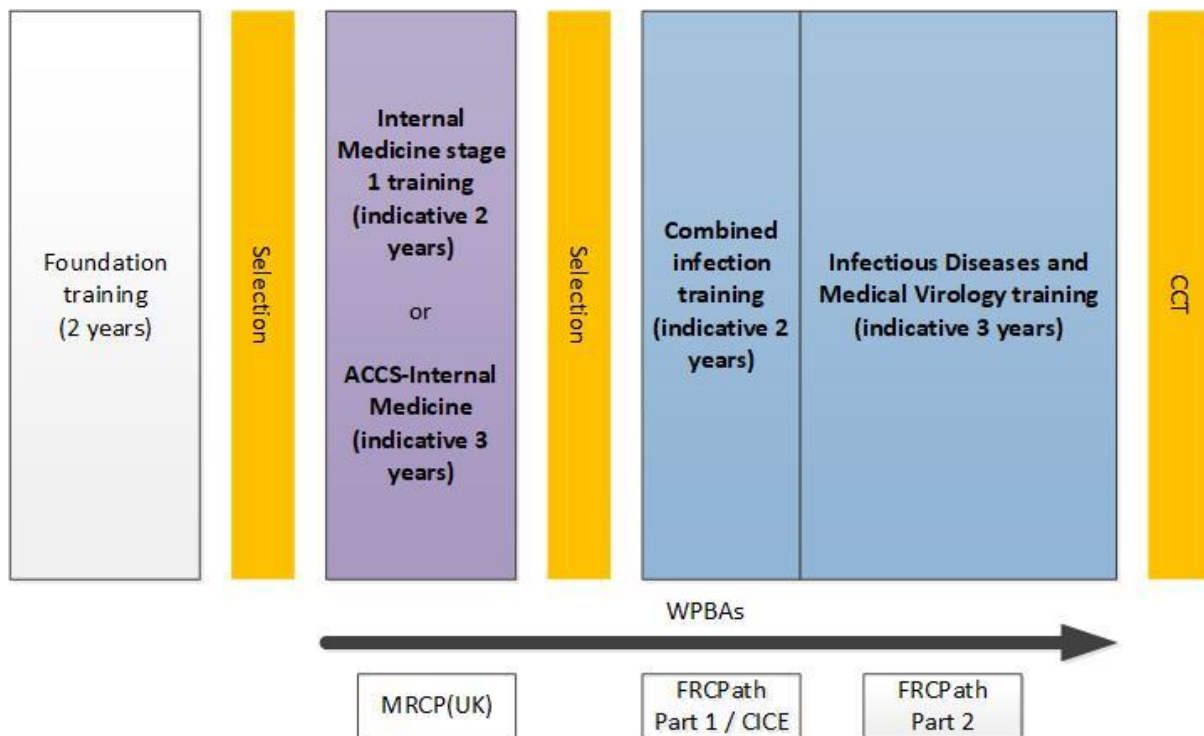
**Figure 1a. Structure of training in Infectious Diseases with Internal Medicine Stage 2 (IMS2)**



**Figure 1b. Structure of training in Infectious Diseases with Medical Microbiology (MM):**



**Figure 1c. Structure of training in Infectious Diseases with Medical Virology (MV):**



This curriculum will deliver an infectious diseases specialist who can integrate into the local structure and be flexible enough to complement other staff and cooperate to deliver the required service. Therefore, the proportion of clinical and laboratory work will vary widely according to local need, but trainees should have the capability and readiness for either.

This curriculum supports a flexible approach to training with broad entry routes from post-Foundation core training programmes, whose clinical experience will closely mirror the range of clinical specialties supported by infectious diseases specialists and services:

- 3 years of Stage 1 Internal Medicine plus MRCP(UK) or 4 years of Acute Care Common Stem – Internal Medicine (ACCS-IM) plus MRCP(UK) for those training in ID/IM
- 2 years of Stage 1 Internal Medicine plus MRCP(UK) or 3 years of Acute Care Common Stem – Internal Medicine (ACCS-IM) plus MRCP(UK) for those training in ID/MM and ID/MV.

## 2.4 Duration of training

Training in Infectious Diseases will usually be completed in four years of full time higher specialist training if undertaken as dual CCT programme with Internal Medicine. Trainees will need to achieve the capabilities with assessment evidence as described in the IM stage 2 curriculum (see appendix A). It is anticipated that two years would normally be required to satisfactorily complete the Combined Infection Training (CIT) section of the curriculum and two years to complete higher infection training in Infectious Diseases and Internal Medicine.

Alternatively, Infectious Diseases trainees are able to apply for and undertake training leading to a second CCT in either Medical Microbiology or Medical Virology. Trainees will also need to achieve the capabilities, with assessment evidence, as described in either the Medical Microbiology or Medical Virology curricula. Training in dual Infectious Diseases with Medical Microbiology or Virology is anticipated to require an indicative duration of two years Combined Infection Training, followed by three years of higher infection training.

There will be options for those trainees who demonstrate exceptionally rapid development and acquisition of capabilities to complete training more rapidly than the current indicative time although it is recognised that clinical experience is a fundamental aspect of development as a good physician (guidance on completing training early will be available on the [JRCPTB website](#)). There may also be a small number of trainees who develop more slowly and will require an extension of training in line the Reference Guide for Postgraduate Specialty Training in the UK (The Gold Guide).

## **2.5 Flexibility and accreditation of transferable capabilities**

The curriculum incorporates and emphasises the importance of the generic professional capabilities (GPCs) which will promote flexibility in postgraduate training, as common capabilities can be transferred from specialty to specialty. The high-level speciality learning outcomes (CiPs) will be shared between all four infection specialties. This will allow transferability between the different curricula and appropriate credit for levels already achieved. In addition, the generic CiPs will be shared across all physicianly curricula and for those training in TM and IM, the IM clinical CiPs will be shared across all group 1 specialities, supporting flexibility for trainees to move between these specialties without needing to repeat aspects of training.

## **2.6 Less than full time training**

Trainees are entitled to opt for less than full time training programmes. Less than full time trainees should undertake a pro rata share of the out-of-hours duties (including on-call and other out-of-hours commitments) required of their full-time colleagues in the same programme and at the equivalent stage.

Less than full time trainees should assume that their clinical training will be of a duration pro-rata with the time indicated/recommended, but this should be reviewed in accordance with the Gold Guide.

## **2.7 Generic Professional Capabilities and Good Medical Practice**

The GMC has developed the Generic professional capabilities (GPC) framework with the Academy of Medical Royal Colleges (AoMRC) to describe the fundamental, career-long, generic capabilities required of every doctor. The framework describes the requirement to develop and maintain key professional values and behaviours, knowledge, and skills, using a common language. GPCs also represent a system-wide, regulatory response to the most common contemporary concerns about patient safety and fitness to practise within the

medical profession. The framework will be relevant at all stages of medical education, training and practice.

The nine domains of the GMC's Generic Professional Capabilities



Good medical practice (GMP) is embedded at the heart of the GPC framework. In describing the principles, duties and responsibilities of doctors the GPC framework articulates GMP as a series of achievable educational outcomes to enable curriculum design and assessment.

The GPC framework describes nine domains with associated descriptor outlining the 'minimum common regulatory requirement' of performance and professional behaviour for those completing a CCT or its equivalent. These attributes are common, minimum and generic standards expected of all medical practitioners achieving a CCT or its equivalent.

The nine domains and subsections of the GPC framework are directly identifiable in the IM curriculum. They are mapped to each of the generic and clinical CiPs, which are in turn mapped to the assessment blueprints. This is to emphasise those core professional capabilities that are essential to safe clinical practice and that they must be demonstrated at every stage of training as part of the holistic development of responsible professionals.

This approach will allow early detection of issues most likely to be associated with fitness to practise and to minimise the possibility that any deficit is identified during the final phases of training.

### 3 Content of Learning

The curriculum is spiral and topics and themes will be revisited to expand understanding and expertise. The level of entrustment for capabilities in practice (CiPs) will increase as an individual progresses from needing direct supervision to able to be entrusted to act unsupervised.

### **3.1 Capabilities in practice**

CiPs describe the professional tasks or work within the scope of the specialty and internal medicine. CiPs are based on the concept of entrustable professional activities<sup>1</sup> which use the professional judgement of appropriately trained, expert assessors as a defensible way of forming global judgements of professional performance.

Each CiP has a set of descriptors associated with that activity or task. Descriptors are intended to help trainees and trainers recognise the knowledge, skills and attitudes which should be demonstrated. Doctors in training may use these capabilities to provide evidence of how their performance meets or exceeds the minimum expected level of performance for their year of training. The descriptors are not a comprehensive list and there are many more examples that would provide equally valid evidence of performance.

Many of the CiP descriptors refer to patient centred care and shared decision making. This is to emphasise the importance of patients being at the centre of decisions about their own treatment and care, by exploring care or treatment options and their risks and benefits and discussing choices available.

Additionally, the clinical CiPs repeatedly refer to the need to demonstrate professional behaviour with regard to patients, carers, colleagues and others. Good doctors work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability. Appropriate professional behaviour should reflect the principles of GMP and the GPC framework.

In order to complete training and be recommended to the GMC for the award of CCT and entry to the specialist register, the doctor must demonstrate that they are capable of unsupervised practice in all generic and clinical CiPs. Once a trainee has achieved level 4 sign off for a CiP it will not be necessary to repeat assessment of that CiP if capability is maintained (in line with standard professional conduct).

This section of the curriculum details the six generic CiPs and eight specialty CiPs for TM. The expected levels of performance, mapping to relevant GPCs and the evidence that may be used to make an entrustment decision are given for each CiP. The list of evidence for each CiP is not prescriptive and other types of evidence may be equally valid for that CiP.

### **3.2 Generic capabilities in practice**

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<sup>1</sup> [Nuts and bolts of entrustable professional activities](#)

The six generic CiPs cover the universal requirements of all specialties as described in GMP and the GPC framework. Assessment of the generic CiPs will be underpinned by the descriptors for the nine GPC domains and evidenced against the performance and behaviour expected at that stage of training. Satisfactory sign off will indicate that there are no concerns. It will not be necessary to assign a level of supervision for these non-clinical CiPs.

In order to ensure consistency and transferability, the generic CiPs have been grouped under the GMP-aligned categories used in the Foundation Programme curriculum plus an additional category for wider professional practice:

- Professional behaviour and trust
- Communication, team-working and leadership
- Safety and quality
- Wider professional practice.

For each generic CiP there is a set of descriptors of the observable skills and behaviours which would demonstrate that a trainee has met the minimum level expected. The descriptors are not a comprehensive list and there may be more examples that would provide equally valid evidence of performance.

<b>Infectious Diseases Generic capabilities in practice (CiPs)</b>	
<b>Category 1: Professional behaviour and trust</b>	
<b>1. Able to function successfully within NHS organisational and management systems.</b>	
Descriptors	<ul style="list-style-type: none"> <li>• Demonstrates awareness of and adherence to the GMC professional requirements</li> <li>• Demonstrates recognition of public health issues including population health, social detriments of health and global health perspectives</li> <li>• Demonstrates effective clinical leadership</li> <li>• Practices promotion of an open and transparent culture</li> <li>• Demonstrates up to date practice through learning and teaching</li> <li>• Demonstrates engagement in career planning</li> <li>• Demonstrates capabilities in dealing with complexity and uncertainty</li> <li>• Aware of the role of and processes for operational structures within the NHS</li> <li>• Aware of the need to use resources wisely</li> </ul>
Generic Professional Capabilities	Domain 1: Professional values and behaviours Domain 3: Professional knowledge <ul style="list-style-type: none"> <li>• Professional requirements</li> <li>• National legislative requirements</li> </ul>

	<ul style="list-style-type: none"> <li>• The health service and healthcare systems in the four countries</li> </ul> <p>Domain 9: Capabilities in research and scholarship</p>
Evidence to inform decision	<p>MCR MSF ECE Active role in governance structures Management course End of placement reports ES report</p>
<b>2. Able to deal with ethical and legal issues related to clinical practice.</b>	
Descriptors	<ul style="list-style-type: none"> <li>• Demonstrates awareness of national legislation and legal responsibilities, including safeguarding vulnerable groups</li> <li>• Demonstrates behaviour in accordance with ethical and legal requirements</li> <li>• Demonstrates ability to offer apology or explanation when appropriate</li> <li>• Demonstrates leadership of the clinical and laboratory team in ensuring that medical legal factors are considered openly and consistently</li> <li>• Demonstrates ability to advise clinicians and other health professionals on medico-legal issues related to pathology</li> </ul>
Generic Professional Capabilities	<p>Domain 1: Professional values and behaviours Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• Professional requirements</li> <li>• National legislative requirements</li> <li>• The health service and healthcare systems in the four countries</li> </ul> <p>Domain 4: Capabilities in health promotion and illness prevention Domain 7: Capabilities in safeguarding vulnerable groups Domain 8: Capabilities in education and training Domain 9: Capabilities in research and scholarship</p>
Evidence to inform decision	<p>MCR MSF CbD DOPS Mini-CEX ALS certificate End of life care and capacity assessment End of placement reports FRCPATH ECE</p>
<b>Category 2: Communication, team-working and leadership</b>	
<b>3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement.</b>	
Descriptors	<ul style="list-style-type: none"> <li>• Demonstrates effective communication with clinical and other professional colleagues</li> </ul>

	<ul style="list-style-type: none"> <li>• Demonstrates clear communication with patients and carers in a variety of settings</li> <li>• Identifies and manages barriers to communication (e.g. cognitive impairment, speech and hearing problems, capacity issues, cultural issues)</li> <li>• Demonstrates effective consultation skills including effective verbal and nonverbal interpersonal skills</li> <li>• Practices effective decision making by informing the patient, prioritising the patient's wishes, and respecting the patient's beliefs, concerns and expectations</li> <li>• Practices effective decision making with children and young people</li> <li>• Demonstrates effective management and team working skills appropriately, including influencing, negotiating, re-assessing priorities and effectively managing complex, dynamic situations</li> </ul>
Generic Professional Capabilities	<p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Communication and interpersonal skills</li> <li>• Dealing with complexity and uncertainty</li> <li>• Clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> <li>• The health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and team working</p>
Evidence to inform decision	<p>MCR MSF PS CbD Mini- CEX Management course End of placement reports ES report</p>
<b>Category 3: Safety and quality</b>	
<b>4. Is focused on patient safety and delivers effective quality improvement in patient care.</b>	
Descriptors	<ul style="list-style-type: none"> <li>• Identifies patient safety as a priority in clinical practice</li> <li>• Raises and escalates concerns where there is an issue with patient safety or quality of care</li> <li>• Demonstrates commitment to learning from patient safety investigations and complaints</li> <li>• Applies good practice appropriately</li> <li>• Contributes to and delivers quality improvement</li> </ul>

	<ul style="list-style-type: none"> <li>• Identifies basic Human Factors principles and practice at individual, team, organisational and system levels</li> <li>• Recognises the importance of non-technical skills and crisis resource management</li> <li>• Recognises and works within limit of personal competence</li> </ul>
Generic Professional Capabilities	<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Communication and interpersonal skills</li> <li>• Dealing with complexity and uncertainty</li> <li>• Clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• Professional requirements</li> <li>• National legislative requirements</li> <li>• The health service and healthcare systems in the four countries</li> </ul> <p>Domain 4: Capabilities in health promotion and illness prevention</p> <p>Domain 5: Capabilities in leadership and team working</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• Patient safety</li> <li>• Quality improvement</li> </ul>
Evidence to inform decision	<p>MCR</p> <p>MSF</p> <p>ECE</p> <p>FRCPATH</p> <p>End of placement reports</p>
<b>Category 4: Wider professional practice</b>	
<b>5. Carrying out research and managing data appropriately.</b>	
Descriptors	<ul style="list-style-type: none"> <li>• Describes and explains principles of research and academic writing</li> <li>• Describes and explains legal and ethical frameworks underlying research in the UK</li> <li>• Describes and explains structures supporting health service research</li> <li>• Demonstrates awareness of sources of finance to support research</li> <li>• Demonstrates ability to manage clinical information/data appropriately</li> <li>• Demonstrates ability to carry out critical appraisal of the literature</li> <li>• Demonstrates ability to design and perform a research project</li> </ul>

	<ul style="list-style-type: none"> <li>• Demonstrates ability to follow guidelines on ethical conduct in research and consent for research</li> <li>• Identifies public health epidemiology and global health patterns</li> </ul>
Generic Professional Capabilities	<p>Domain 1: Professional values and behaviours</p> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• Professional requirements</li> <li>• National legislative requirements</li> <li>• The health service and healthcare systems in the four countries</li> </ul> <p>Domain 7: Capabilities in safeguarding vulnerable groups</p> <p>Domain 9: Capabilities in research and scholarship</p>
Evidence to inform decision	<p>MCR</p> <p>MSF</p> <p>GCP certificate (if involved in clinical research)</p> <p>Evidence of literature search and critical appraisal of research</p> <p>Use of clinical guidelines</p> <p>Quality improvement and audit</p> <p>Evidence of research activity</p> <p>FRCPath</p> <p>End of placement reports</p>
<b>6. Acting as a teacher and clinical supervisor</b>	
Descriptors	<ul style="list-style-type: none"> <li>• Demonstrates effective teaching and training to medical students, junior doctors, laboratory staff and other healthcare professionals</li> <li>• Demonstrates ability to deliver effective feedback to trainees, with appropriate action plan</li> <li>• Demonstrates ability to effectively supervise healthcare professionals, including medical staff, in earlier stages of training</li> <li>• Demonstrates ability to act as a clinical supervisor to healthcare professionals, including medical staff, in earlier stages of training</li> </ul>
Generic Professional Capabilities	<p>Domain 1: Professional values and behaviours</p> <p>Domain 8: Capabilities in education and training</p>
Evidence to inform decision	<p>MCR</p> <p>MSF</p> <p>TO</p> <p>ECE</p> <p>Relevant training course</p> <p>End of placement reports</p>

### 3.3 Specialty capabilities in practice

The seven specialty CiPs describe the tasks or activities which are essential to the practice of Infectious Diseases. These CiPs have been mapped to the nine GPC domains to reflect the professional generic capabilities required to undertake these tasks.

Satisfactory sign off will require educational supervisors to make entrustment decisions on the level of supervision required for each CiP and if this is satisfactory for the stage of training, the trainee can progress. More detail is provided in the programme of assessment section of the curriculum.

<b>Infectious Diseases Specialty capabilities in practice</b>	
<b>1. Able to provide clinical leadership and support to the laboratory</b>	
Descriptors	<ul style="list-style-type: none"> <li>• Demonstrates awareness of developments, both scientific and managerial, that may affect the delivery of diagnostic Microbiology (Bacteriology, Virology, Mycology and Parasitology) services.</li> <li>• Understands legislation relevant to diagnostic Microbiology laboratories including that related to Health and Safety.</li> <li>• Demonstrates knowledge and understanding of methods of microbiological investigation.</li> <li>• Demonstrates ability to select and advise on appropriate microbiological tests for clinical investigation and to oversee appropriate turnaround times.</li> <li>• Demonstrates knowledge and understanding of Microbiological (Bacteriology, Virology, Mycology and Parasitology) method validation and verification, and the concepts of sensitivity and specificity as applied to Microbiological tests.</li> <li>• Demonstrates ability to effectively use and oversee Internal Quality Control (IQC) and External Quality Assurance (EQA) data to assure the overall quality of microbiological diagnostics.</li> <li>• Demonstrates knowledge and understanding of Laboratory Information Management Systems (LIMS) and other Healthcare Information Technology systems, including understanding relevant information governance legislation.</li> <li>• Demonstrates ability to work effectively and provide clinical leadership in a multidisciplinary team within the diagnostic Microbiology laboratory.</li> <li>• Able to evaluate and oversee the introduction of novel laboratory tests</li> </ul>
Generic Professional Capabilities	Domain 1: Professional values and behaviours Domain 2: Professional skills <ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Communication and interpersonal skills</li> </ul>

	<ul style="list-style-type: none"> <li>• Dealing with complexity and uncertainty</li> </ul> Domain 3: Professional knowledge <ul style="list-style-type: none"> <li>• Professional requirements</li> <li>• National legislative requirements</li> <li>• The health service and healthcare systems in the four countries</li> </ul> Domain 5: Capabilities in leadership and team working Domain 6: Capabilities in patient safety and quality improvement
Evidence to inform decision	CbD Mini-CEX ECE QIPAT TO MCR ES report FRCPATH Part 1 DOPS
<b>2. Able to use the laboratory service effectively in the investigation, diagnosis and management of infection.</b>	
Descriptors	<ul style="list-style-type: none"> <li>• Demonstrates understanding of the biology of micro-organisms that may cause diseases in humans and the principles of the host-pathogen interaction</li> <li>• Demonstrates ability to effectively advise on appropriate Microbiological (Bacteriology, Virology, Mycology and Parasitology) investigations</li> <li>• Demonstrates an understanding of the human microbiome, colonising organisms, and the features of pathological infection</li> <li>• Demonstrates ability to effectively use microbiological and other data, to form an appropriate differential diagnosis</li> <li>• Demonstrates knowledge and understanding of national and international microbiological guidelines</li> <li>• Demonstrates ability to liaise effectively with other specialty diagnostic services</li> <li>• Able to inform and develop local guidelines and standard operating practice (SOP's)</li> </ul>
Generic Professional Capabilities	Domain 1: Professional values and behaviours Domain 2: Professional skills <ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Communication and interpersonal skills</li> <li>• Dealing with complexity and uncertainty</li> </ul> Domain 3: Professional knowledge <ul style="list-style-type: none"> <li>• Professional requirements</li> <li>• National legislative requirements</li> <li>• The health service and healthcare systems in the four countries</li> </ul> Domain 5: Capabilities in leadership and team-working

	Domain 6: Capabilities in patient safety and quality improvement
Evidence to inform decision	CbD Mini-CEX ECE QIPAT TO MCR ES report FRCPATH Part 1
<b>3. Able to advise on infection prevention, control and immunisation</b>	
Descriptors	<ul style="list-style-type: none"> <li>• Demonstrates knowledge and understanding of Standard Precautions in Infection Prevention and Control (IP&amp;C) and ability to advise on the appropriate use of Personal Protective Equipment (PPE)</li> <li>• Demonstrates knowledge and understanding of Transmission-based Precautions in IP&amp;C, including appropriate patient isolation and cohorting</li> <li>• Demonstrates knowledge and understanding of microbiological surveillance including patient screening methods, organism typing and genome sequencing methodologies</li> <li>• Applies knowledge and understanding of microbiological surveillance to prevention and control of Healthcare Associated Infection (HCAI)</li> <li>• Demonstrates ability to participate in managing outbreaks or significant cross-infection incidents in the healthcare setting</li> <li>• Demonstrates knowledge and understanding of the healthcare environment and equipment as potential sources of infection.</li> <li>• Demonstrates knowledge and understanding of public health implications of specific communicable diseases and the importance of appropriate public health notification and intervention</li> <li>• Demonstrates knowledge and understanding of the public-health aspects of vaccine-preventable infections and the benefits of vaccination</li> <li>• Demonstrates ability to advise appropriately on the use of active and passive immunisation, including in immunocompromised patients and in outbreaks</li> </ul>
Generic Professional Capabilities	Domain 1: Professional values and behaviours Domain 2: Professional skills <ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Communication and interpersonal skills</li> <li>• Dealing with complexity and uncertainty</li> </ul>

	<ul style="list-style-type: none"> <li>• Clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge  Domain 4: Capabilities in health promotion and illness prevention  Domain 5: Capabilities in leadership and team-working</p>
Evidence to inform decision	<p>CbD  Mini-CEX  ECE  QIPAT  TO  MCR  ES report  FRCPATH Part 1  DOPS  ACAT</p>
<b>4. Able to manage and advise on important clinical syndromes where infection is in the differential diagnosis</b>	
Descriptors	<ul style="list-style-type: none"> <li>• Demonstrates ability to take a comprehensive patient history, including when appropriate, travel, occupational, contact drug, transfusion and sexual history, and ensures history is accurately recorded</li> <li>• Demonstrates ability to perform an accurate clinical examination and to clearly record examination findings</li> <li>• Demonstrates ability to form an appropriate differential diagnosis based on patient history, clinical examination findings and investigations</li> <li>• Demonstrates ability to formulate and advise on or implement a safe and appropriate management plan</li> <li>• Demonstrates ability to assess, investigate, diagnose and advise on, or directly manage all aspects of suspected or proven community acquired infection</li> <li>• Demonstrates ability to assess, investigate, diagnose and advise on, or manage all aspects of suspected or proven healthcare associated infection</li> <li>• Demonstrates ability to assess, investigate, diagnose and advise on, or directly manage all aspects of suspected or proven infection in immunocompromised patients, including those infected with HIV</li> </ul>
Generic Professional Capabilities	<p>Domain 1: Professional values and behaviours  Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Communication and interpersonal skills</li> <li>• Dealing with complexity and uncertainty</li> </ul>

	<ul style="list-style-type: none"> <li>• Clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• Professional requirements</li> <li>• National legislative requirements</li> <li>• The health service and healthcare systems in the four countries</li> </ul> <p>Domain 4: Capabilities in health promotion and illness prevention</p> <p>Domain 5: Capabilities in leadership and team working</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <p>Domain 7: Capabilities in safeguarding vulnerable groups</p>
Evidence to inform decision	<p>CbD Mini-CEX ECE QIPAT TO MCR ES report FRCPATH Part 1 DOPS PS ACAT</p>
<b>5. Able to lead on and advise on treatment with and stewardship of antimicrobials</b>	
Descriptors	<ul style="list-style-type: none"> <li>• Demonstrates appropriate use and ability to advise on the appropriate use and stewardship of antimicrobials, including antibiotics, antivirals, antifungals, anti-protozoal and anti-parasitic agents</li> <li>• Demonstrates ability to provide leadership and education on the appropriate use and stewardship of antimicrobials, including use and implementation of evidence-based empiric and pathogen-specific antimicrobial guidelines</li> <li>• Demonstrates understanding of the global problem of increasing antimicrobial resistance (AMR).</li> <li>• Demonstrates ability to advise and lead on the appropriate use of an outpatient parenteral antimicrobial therapy (OPAT) service</li> </ul>
Generic Professional Capabilities	<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Communication and interpersonal skills</li> <li>• Dealing with complexity and uncertainty</li> <li>• Clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing</i>)</li> </ul>

	<p><i>medicines safely; using medical devices safely; infection control and communicable disease)</i></p> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• Professional requirements</li> <li>• National legislative requirements</li> <li>• The health service and healthcare systems in the four countries</li> </ul> <p>Domain 4: Capabilities in health promotion and illness prevention</p> <p>Domain 5: Capabilities in leadership and team working</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p>
Evidence to inform decision	<p>CbD</p> <p>Mini-CEX</p> <p>ECE</p> <p>QIPAT</p> <p>TO</p> <p>MCR</p> <p>ES report</p> <p>FRCPATH Part 1</p> <p>PS</p> <p>ACAT</p>
<b>6. Providing continuity of care to inpatients and outpatients with suspected or proven infection.</b>	
Descriptors	<ul style="list-style-type: none"> <li>• Demonstrates ability to assess, investigate, diagnose, advise on, or directly manage patients with suspected or proven infection in the inpatient, ambulatory and outpatient settings</li> <li>• Demonstrates ability to assess, investigate, diagnose, advise on, or directly manage chronic infections</li> <li>• Demonstrates expertise in the management of Tuberculosis (TB), including drug-resistant TB, HIV, chronic hepatitis B and C and travel-related conditions</li> <li>• When clinically appropriate, refers to alternative specialty inpatient or outpatient services</li> <li>• Managing patient at all stages, including end of life care</li> </ul>
Generic Professional Capabilities	<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Communication and interpersonal skills</li> <li>• Dealing with complexity and uncertainty</li> <li>• Clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease)</i></li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• Professional requirements</li> <li>• National legislative requirements</li> </ul>

	<ul style="list-style-type: none"> <li>The health service and healthcare systems in the four countries</li> </ul> <p>Domain 4: Capabilities in health promotion and illness prevention  Domain 5: Capabilities in leadership and team working  Domain 6: Capabilities in patient safety and quality improvement  Domain 7: Capabilities in safeguarding vulnerable groups</p>
Evidence to inform decision	<p>CbD  Mini-CEX  ECE  QIPAT  TO  MCR  ES report  FRCPATH Part 1  DOPS  PS  ACAT</p>
<b>7. Able to manage and advise on imported infections</b>	
Descriptors	<ul style="list-style-type: none"> <li>Demonstrates the ability to assess, investigate, diagnose, advise on, and directly manage patients with imported infections</li> <li>Demonstrates the ability to provide leadership in clinical care, governance and service development for patients with imported infections</li> <li>Demonstrates comprehensive knowledge and skills in pre-travel health advice</li> <li>Demonstrates ability to manage and advise on suspected imported high consequence infections</li> <li>Demonstrates a knowledge and understanding of the epidemiology, lifecycle, diagnosis, clinical presentation and management of parasitic diseases</li> </ul>
Generic Professional Capabilities	<p>Domain 1: Professional values and behaviours  Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>Practical skills</li> <li>Communication and interpersonal skills</li> <li>Dealing with complexity and uncertainty</li> <li>Clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>Professional requirements</li> <li>National legislative requirements</li> <li>The health service and healthcare systems in the resource poor setting</li> </ul>

	Domain 4: Capabilities in health promotion and illness prevention Domain 5: Capabilities in leadership and team working Domain 6: Capabilities in patient safety and quality improvement Domain 7: Capabilities in safeguarding vulnerable groups Domain 9: Capabilities in research and scholarship
Evidence to inform decision	MCR MSF PS QIPAT ACAT Cbd ECE DOPS TO Mini-CEX Tropical medicine course (e.g. DTM&H) Travel medicine course Publications Presentation at a meeting

## KEY

ACAT	Acute care assessment tool	ALS	Advanced Life Support
Cbd	Case-based discussion	DOPS	Direct observation of procedural skills
DTM&H	Diploma of Tropical Medicine and Hygiene	ECE	Evaluation of clinical/management events
FRCPath	Fellowship examination of The Royal College of Pathologists	GCP	Good Clinical Practice
Mini-CEX	Mini-clinical evaluation exercise	MCR	Multiple consultant report
MSF	Multi source feedback	PS	Patient survey
QIPAT	Quality improvement project assessment tool	TO	Teaching observation

### 3.4 Syllabus

The table below details the key areas of Infectious Diseases. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate CiPs and GPCs. In this spiral curriculum, trainees will expand and develop the knowledge, skills and attitudes around managing patients with these conditions and presentations. The patient should always be at the centre of knowledge, learning and care.

Trainees must demonstrate core bedside skills, including information gathering through history and physical examination and information sharing with patients, families and colleagues.

Treatment care and strategy covers how a doctor selects drug treatments or interventions for a patient. It includes discussions and decisions as to whether care is focused mainly on curative intent or whether the main focus is on symptomatic relief. It also covers broader aspects of care, including involvement of other professionals or services.

For each topic, trainees will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management and prognosis. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date. The syllabus topics have been mapped to the CiPs and to the relevant sections of the 2014 curriculum for reference.

<b>SECTION</b>	<b>COMBINED INFECTION TRAINING</b>	
<b>6</b>	<b>Basic Biology of Bacteria, Viruses, Fungi &amp; Parasites</b>	<b>CiPs: G3, S1, S2, S3, S7</b>
<b>7</b>	<b>Laboratory Practice</b> <b>1. Pre Analytical Phase</b> <b>2. Analytical Phase</b> <b>3. Post Analytics Phase</b> <b>4. Laboratory Management &amp; Quality Assurance</b> <b>5. Health and Safety</b>	<b>CiPs: G3, S1, S2</b> <b>CiPs: G3, G4, S1, S2</b> <b>CiPs: G3, G4, S1, S2</b> <b>CiPs: G1, G4, S1</b> <b>CiPs: G4, S1, S3</b>
<b>9</b>	<b>Principles of Public Health in relation to Infection</b>	<b>CiPs: G1, G3, S3, S7</b>
<b>10</b>	<b>Infection Prevention and Control</b>	<b>CiPs: G1, G2, G3, G4, S2, S3, S5, S7</b>
<b>11</b>	<b>Important Clinical Syndromes</b>	<b>CiPs: G3, S2, S3, S4, S7</b>
<b>12</b>	<b>Use of Antimicrobial Agents</b>	<b>CiPs: G3, S3, S5, S7</b>
<b>13</b>	<b>Vaccination</b>	<b>CiPs: G1, G2, S2, S7</b>
<b>14</b>	<b>Management of HIV Infection</b>	<b>CiPs: G1, G2, G3, S3, S6</b>
<b>15</b>	<b>Travel and Geographical Health</b>	<b>CiPs: G1, G2, S1, S2, S3, S4, S7</b>

<b>SECTION</b>	<b>HIGHER INFECTION TRAINING IN INFECTIOUS DISEASES</b>	<b>CiPs</b>
<b>16</b>	<b>Diagnosis and management of community and healthcare acquired infections</b>	<b>CiPs: G1, G2, G3, G4, S2, S3, S4, S5, S6</b>

16	<b>Management of Longer-Term Conditions</b>	CiPs: G1, G2, G3, G4, S2, S3, S4, S5, S6
16	<b>Healthcare-associated and Nosocomial Infections</b>	CiPs: G1, G2, G3, G4, S2, S3, S4, S5, S6
16	<b>Specific infections related to post-operative sepsis</b>	CiPs: G1, G2, G3, G4, S2, S3, S4, S5, S6
16	<b>Multi-resistant organisms</b>	CiPs: G1, G2, G3, G4, S2, S3, S4, S5, S6
16	<b>Personal Protective Equipment for Infection Scenarios</b>	CiPs: G1, G2, G3, G4, S2, S3, S7
16	<b>Antimicrobial Therapy</b>	CiPs: G1, G2, G3, G4, S2, S3, S4, S5, S6, S7
17	<b>HIV Infected and other immune-compromised patients</b>	CiPs: G1, G2, G3, G4, S2, S3, S4, S5, S6
17	<b>Specific Therapies in Non-HIV Immune-Compromised Patients</b>	CiPs: G1, G2, G3, G4, S2, S3, S4, S5, S6
17	<b>Specific Therapies in HIV-Positive Patients</b>	CiPs: G1, G2, G3, G4, G5, S2, S3, S4, S5, S6
18	<b>Diagnosis, Investigation and Management of Imported Infection and the Provision of Pre-Travel Health Advice</b>	CiPs: G1, G2, G3, G4, S2, S3, S4, S5, S6, S7

## 4 Learning and Teaching

### 4.1 The training programme

The organisation and delivery of postgraduate training is the responsibility of the Health Education England (HEE), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and the Northern Ireland Medical and Dental Training Agency (NIMDTA) – referred to from this point as ‘deaneries’. A training programme director (TPD) will be responsible for coordinating the specialty training programme. In England, the local organisation and delivery of training is overseen by a school of medicine.

Progression through the programme will be determined by the Annual Review of Competency Progression (ARCP) process and the training requirements for each indicative year of training are summarised in the ARCP decision aid (available on the [JRCPTB website](#)).

The sequence of training should ensure appropriate progression in experience and responsibility. The training to be provided at each training site is defined to ensure that, during the programme, the curriculum requirements are met and also that unnecessary duplication and educationally unrewarding experiences are avoided.

The following provides a guide on how training programmes should be focused in each training year in order for trainees to gain the experience and develop the capabilities to the level required.

Trainees will have an appropriate clinical supervisor and a named educational supervisor. The clinical supervisor and educational supervisor may be the same person.

### **Combined infection training (CIT)**

The aim of Combined Infection Training (CIT) is to produce a doctor who is familiar with laboratory practice in the diagnosis and management of infection as well as familiar with the clinical presentations and management of infections. Therefore, in order to acquire the requisite capabilities, the indicative two year training period should be organised as follows:

- Indicative six months of clinical microbiology and virology training associated with a diagnostic laboratory to diagnose and manage infection. Two months of this period (whole time equivalent) should be spent under the clinical supervision of a consultant virologist, where possible working in a specialist virology centre or unit.
- Indicative six months of clinical infection consult duties.
- Indicative six months of appropriate infection related clinics where the major focus of the clinic is managing patients with infection. A combination of clinics could include:
  - HIV clinic
  - OPAT clinic
  - Bone infection clinic
  - Viral hepatitis clinic
  - General Infectious Disease (ID) clinic
  - Travel clinic (pre-travel advice and/or returning traveller clinic)
  - TB clinic (supervised by ID or chest physician)
  - GUM clinic
  - Chronic Fatigue Syndrome clinic
- Indicative six months of clinical inpatient care of patients with infection. During this period the trainee should have continuity of care of patients with infection and should be under the clinical supervision of an Infectious Disease consultant who is taking clinical responsibility for the patients (up to two months of this experience could be obtained at a specialised inpatient HIV unit).

There is flexibility in how the above training experiences are organised and most programmes will seek to combine the outpatient and inpatient work or the consult and inpatient work to provide a 12 month module.

### **Higher infection training (HIT) in Infectious Diseases**

- For an indicative year of HIT the trainee should have continuity of care of patients with infection and should be under the clinical supervision of an Infectious Diseases consultant who is taking clinical responsibility for the patients.
- Clinical experience is expected to be obtained in a variety of outpatient settings. These clinics must be under the direct supervision of a specialist in the disease area, who therefore may not necessarily be an Infectious Diseases accredited physician. Examples include:
  - HIV clinic (may be supervised by Infectious Diseases or competent HIV/GUM physicians)
  - OPAT clinic
  - Bone infection clinic
  - Viral hepatitis clinic (may be supervised by Infectious Diseases or Hepatology/Gastroenterology physicians)
  - General Infectious Diseases (ID) clinic
  - Travel clinic (pre-travel advice and returning traveller clinic)
  - TB clinic (may be supervised by Infectious Diseases or Respiratory physicians)
    - GUM clinic

## 4.2 Teaching and learning methods

The curriculum will be delivered through a variety of learning experiences and will achieve the capabilities described in the syllabus 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.

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

**Work-based experiential learning** - The content of work-based experiential learning is decided by the local faculty for education but includes active participation in:

### Medical clinics including specialty clinics

The educational objectives of attending clinics are:

- To understand the management of chronic diseases.
- Be able to assess a patient in a defined timeframe.
- To interpret and act on the referral letter to clinic.
- To propose an investigation and management plan in a setting different from the acute medical situation.
- To review and amend existing investigation plans.
- To write an acceptable letter back to the referrer.
- To communicate with the patient and where necessary relatives and other health care professionals.

These objectives can be achieved in a variety of settings including hospitals, day care facilities and the community. The clinic might be primarily run by a specialist nurse (or other qualified health care professionals) rather than a consultant physician. After initial

induction, trainees will review patients in clinic settings, under direct supervision. The degree of responsibility taken by the trainee will increase as competency increases. Trainees should see a range of new and follow-up patients and present their findings to their clinical supervisor. Clinic letters written by the trainee should also be reviewed and feedback given.

The number of patients that a trainee should see in each clinic is not defined, neither is the time that should be spent in clinic, but as a guide this should be a minimum of two hours.

Clinic experience should be used as an opportunity to undertake supervised learning events and reflection.

### **Reviewing patients with consultants**

It is important that trainees have an opportunity to present at least a proportion of the patients whom they have admitted to their consultant for senior review in order to obtain immediate feedback into their performance (that may be supplemented by an appropriate WBA such as an ACAT, mini-CEX or CBD). This may be accomplished when working on a take shift along with a consultant, or on a post-take ward round with a consultant.

### **Personal ward rounds and provision of ongoing clinical care on specialist medical ward attachments**

Every patient seen, on the ward or in outpatients, 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 on clinical problems.

### **Ward rounds by more senior doctors**

Every time a trainee observes another doctor seeing a patient or their relatives there is an opportunity for learning. Ward rounds (including post-take) should be led by a more senior doctor and include feedback on clinical and decision-making skills.

**Scientific meetings:** research and the understanding of research are essential to the practice of Infectious Diseases. Trainees should be encouraged to attend and present their work at relevant meetings.

**Discussion with Biomedical Scientists (BMS):** BMS staff can provide excellent training, particularly in relation to laboratory methods, health and safety, service delivery, procurement and human resources.

### **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.

Trainees have supervised responsibility for the care of inpatients. This includes day-to-day review of clinical conditions, note keeping, 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.

### **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.

Other suggested activities include:

- a programme of formal bleep-free regular teaching sessions to cohorts of trainees (eg a weekly training hour for IM teaching within a training site)
- case presentations
- research, audit and quality improvement projects
- lectures and small group teaching
- Grand Rounds
- clinical skills demonstrations and teaching
- critical appraisal and evidence based medicine and journal clubs
- joint specialty meetings
- 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.

**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 sessions.

### **Independent self-directed learning**

Trainees will use this time in a variety of ways depending upon their stage of learning.

Suggested activities include:

- reading, including web-based material such as e-Learning for Healthcare (e-FL)
- maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- audit, quality improvement and research projects
- reading journals
- 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 management and leadership courses and communication courses, which are particularly relevant to patient safety and experience.

## **4.3 Academic training**

The four nations have different arrangements for academic training and doctors in training should consult the local deanery for further guidance.

Trainees may train in academic medicine as an academic clinical fellow (ACF), academic clinical lecturer (ACL) or equivalent.

Some trainees may opt to do research leading to a higher degree without being appointed to a formal academic programme. This new curriculum should not impact in any way on the facility to take time out of programme for research (OOPR) but as now, such time requires discussion between the trainee, the TPD and the Deanery as to what is appropriate together with guidance from the appropriate SAC that the proposed period and scope of study is sensible.

#### **4.4 Taking time out of programme**

There are a number of circumstances when a trainee may seek to spend some time out of specialty training, such as undertaking a period of research or taking up a fellowship post. All such requests must be agreed by the postgraduate dean in advance and trainees are advised to discuss their proposals as early as possible. Full guidance on taking time out of programme can be found in the Gold Guide.

#### **4.5 Acting up as a consultant**

A trainee coming towards the end of their training may spend up to three months “acting-up” as a consultant, provided that a consultant supervisor is identified for the post and satisfactory progress is made. As long as the trainee remains within an approved training programme, the GMC does not need to approve this period of “acting up” and their original CCT date will not be affected. More information on acting up as a consultant can be found in the Gold Guide.

## **5 Programme of Assessment**

### **5.1 Purpose of assessment**

The purpose of the programme of assessment is to:

- Assess trainees’ actual performance in the workplace.
- Enhance learning by providing formative assessment, enabling trainees to receive immediate feedback, understand their own performance and identify areas for development.
- Drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience.
- Demonstrate trainees have acquired the GPCs and meet the requirements of GMP
- ensure that trainees possess the essential underlying knowledge required for their specialty.
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme.
- Inform the ARCP, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme.

- Identify trainees who should be advised to consider changes of career direction.

## **5.2 Programme of Assessment**

Our programme of assessment refers to the integrated framework of exams, assessments in the workplace and judgements made about a learner during their approved programme of training. The purpose of the programme of assessment is to robustly evidence, ensure and clearly communicate the expected levels of performance at critical progression points in, and to demonstrate satisfactory completion of training as required by the curriculum.

The programme of assessment is comprised of several different individual types of assessment. A range of assessments is needed to generate the necessary evidence required for global judgements to be made about satisfactory performance, progression in, and completion of, training. All assessments, including those conducted in the workplace, are linked to the relevant curricular learning outcomes (eg through the blueprinting of assessment system to the stated curricular outcomes).

The programme of assessment emphasises the importance and centrality of professional judgement in making sure learners have met the learning outcomes and expected levels of performance set out in the approved curricula. Assessors will make accountable, professional judgements. The programme of assessment includes how professional judgements are used and collated to support decisions on progression and satisfactory completion of training.

The assessments will be supported by structured feedback for trainees. Assessment tools will be both formative and summative and have been selected on the basis of their fitness for purpose.

Assessment will take place throughout the training programme to allow trainees continually to gather evidence of learning and to provide formative feedback. Those assessment tools which are not identified individually as summative will contribute to summative judgements about a trainee's progress as part of the programme of assessment. The number and range of these will ensure a reliable assessment of the training relevant to their stage of training and achieve coverage of the curriculum.

Reflection and feedback should be an integral component to all SLEs and WBPAs. In order for trainees to maximise benefit, reflection and feedback should take place as soon as possible after an event. Every clinical encounter can provide a unique opportunity for reflection and feedback and this process should occur frequently. Feedback should be of high quality and should include an action plan for future development for the trainee. Both trainees and trainers should recognise and respect cultural differences when giving and receiving feedback.

## **5.3 Assessment of CiPs**

Assessment of CiPs involves looking across a range of different skills and behaviours to make global decisions about a learner's suitability to take on particular responsibilities or tasks.

Clinical supervisors and others contributing to assessment will provide formative feedback to the trainee on their performance throughout the training year. This feedback will include a global rating in order to indicate to the trainee and their educational supervisor how they are progressing at that stage of training. To support this, workplace based assessments and multiple consultant reports will include global assessment anchor statements.

**Global assessment anchor statements**

- Below expectations for this year of training; may not meet the requirements for critical progression point
- Meeting expectations for this year of training; expected to progress to next stage of training
- Above expectations for this year of training; expected to progress to next stage of training

Towards the end of the training year, trainees will make a self-assessment of their progression for each CiP and record this in the eportfolio with signposting to the evidence to support their rating.

The educational supervisor (ES) will review the evidence in the eportfolio including workplace based assessments, feedback received from clinical supervisors (via the Multiple Consultant Report) and the trainee’s self-assessment and record their judgement on the trainee’s performance in the ES report, with commentary.

For **generic CiPs**, the ES will indicate whether the trainee is meeting expectations or not using the global anchor statements above. Trainees will need to be meeting expectations for the stage of training as a minimum to be judged satisfactory to progress to the next training year.

For **specialty CiPs**, the ES will make an entrustment decision for each CiP and record the indicative level of supervision required with detailed comments to justify their entrustment decision. The ES will also indicate the most appropriate global anchor statement (see above) for overall performance.

**Level descriptors for specialty CiPs**

Level	Descriptor
Level 1	<b>Entrusted to observe only</b> – no provision of clinical care
Level 2	<b>Entrusted to act with direct supervision:</b> The trainee may provide clinical care, but the supervising physician is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision
Level 3	<b>Entrusted to act with indirect supervision:</b> The trainee may provide clinical care when the supervising physician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at the bedside if required to provide direct supervision

Level 4	<b>Entrusted to act unsupervised</b>
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The ARCP will be informed by the ES report and the evidence presented in the eportfolio. The ARCP panel will make the final summative judgement on whether the trainee has achieved the generic outcomes and the appropriate level of supervision for each CiP. The ARCP panel will determine whether the trainee can progress to the next year/level of training in accordance with the Gold Guide. ARCPs will be held for each training year.

### **Assessment of CiPs in dual programmes**

The generic and speciality CiPs are common across all the infection curricula however the entrustment levels required for each CiP vary depending on the dual CCT programme undertaken. The levels expected at each stage of training for each of the dual programmes are set out in table 1 below. The ARCP panel will make the annual summative assessment of overall performance and this will be informed by the ES's judgement of the level of supervision required for each CiP which is recorded in the ES report.

### **5.4 Critical progression points**

There will be a key progression point on completion of specialty training.

The educational supervisor report will make a recommendation to the ARCP panel as to whether the trainee has met the defined levels for the CiPs and acquired the procedural competence required for each year of training. The ARCP panel will make the final decision on whether the trainee can be signed off and progress to the next year/level of training [see section 5.6].

The outline grid below (table 1) sets out the expected level of supervision and entrustment for the specialty CiPs in CIT and each of the dual CCT programmes.

**Table 1: Outline grid of levels expected for Infectious Diseases specialty capabilities in practice (CiPs)**

**Levels to be achieved by the end of each training year for specialty CiPs**

Although this is the curriculum for ID it is not possible to gain an ID CCT alone and the levels expected will differ according to the second specialty.

**Level descriptors**

Level 1: Entrusted to observe only – no clinical care; Level 2: Entrusted to act with direct supervision; Level 3: Entrusted to act with indirect supervision

Level 4: Entrusted to act unsupervised

		Combined Infection Training		Infectious Diseases/ Internal Medicine		Infectious Diseases and MM/MV		
		CIT year 1	CIT year 2	HIT year 3	HIT year 4	HIT year 3	HIT year 4	HIT year 5
1.	Able to provide clinical leadership and support to the laboratory	2	2	2	2	3	3	4
2.	Able to use the laboratory service effectively in the investigation, diagnosis and management of infection	2	2	3	4	3	3	4
3.	Able to advise on infection prevention, control and immunisation	2	2	3	4	3	3	4
4.	Able to manage and advise on important clinical syndromes where infection is in the differential diagnosis	2	3	3	4	3	3	4
5.	Able to lead and advise on treatment with and stewardship of antimicrobials	2	3	3	4	3	3	4
6.	Providing continuity of care to inpatients and outpatients with suspected or proven infection	2	3	3	4	3	3	4
7.	Able to manage and advise on imported infections	2	2	3	4	3	3	4

## 5.5 Evidence of progress

The following methods of assessment will provide evidence of progress in the integrated programme of assessment. The requirements for each training year/level are summarised in the ARCP decision aid ([www.jrcptb.org.uk](http://www.jrcptb.org.uk)).

### ***Summative assessment***

#### **Examinations and certificates**

- **Combined Infection Certificate Examination(CICE) / FRCPath Part 1**

The summative assessment for Infectious Diseases is the Combined Infection Certificate Examination (CICE). This is the same examination as the FRCPath Part 1 and is taken by Infectious Diseases (ID), Tropical Medicine (TM), Microbiology (MM) and Virology (MV) trainees.

It is recommended, for all infection trainees, that the FRCPath Part 1/CICE exam is attempted for the first time during Year 2 of Combined Infection training or at the beginning of the first year of Higher Infection training (HIT). For dual speciality trainees (MM/ID or MV/ID) Part 1 FRCPath should be obtained by the end of the second year of HIT in order to progress to the third (final) year of training (and to allow time to obtain Part 2 FRCPath). For Infectious Diseases/Internal medicine trainees the CICE examination must be obtained by CCT date.

- **The Diploma of Tropical Medicine and Hygiene is recommended, but is not a mandatory requirement**

The Diploma in Tropical Medicine and Hygiene is offered by the London School of Hygiene and Tropical Medicine and the Liverpool School of Tropical Medicine. Information about the Diploma, including guidance for candidates, is available on the following websites: [www.lshtm.ac.uk](http://www.lshtm.ac.uk) and [www.liv.ac.uk](http://www.liv.ac.uk)

- **The Diploma of HIV Medicine is recommended, but is not a mandatory requirement**

The Diploma in HIV Medicine is offered by the Worshipful Society of Apothecaries of London. Information about Dip HIV including guidance for candidates, is available on the Worshipful Society of the Apothecaries website: <http://www.apothecaries.org/>

- **Advanced Life Support Certificate (ALS)**

#### **Workplace based assessment (WPBA)**

- Direct Observation of Procedural Skills (DOPS) – summative

### ***Formative assessment***

### **Supervised Learning Events (SLEs)**

- Acute Care Assessment Tool (ACAT)
- Case-Based Discussions (CbD)
- mini-Clinical Evaluation Exercise (mini-CEX)

### **WPBA**

- Audit Assessment (AA)
- Direct Observation of Procedural Skills (DOPS) – formative
- Evaluation of clinical events (ECE)
- Multi-Source Feedback (MSF)
- Patient Survey (PS)
- Quality Improvement Project Assessment Tool (QIPAT)
- Teaching Observation (TO)

### ***Supervisor reports***

- Multiple Consultant Report (MCR)
- Educational Supervisor Report (ESR)

These methods are described briefly below. More information and guidance for trainees and assessors are available in the eportfolio and on the JRCPTB website ([www.jrcptb.org.uk](http://www.jrcptb.org.uk)).

Assessment should be recorded in the trainee's eportfolio. These methods include feedback opportunities as an integral part of the programme of assessment.

### **Acute Care Assessment Tool (ACAT)**

The ACAT is designed to assess and facilitate feedback on a doctor's performance during their practice on the acute medical take. It is primarily for assessment of their ability to prioritise, to work efficiently, to work with and lead a team, and to interact effectively with nursing and other colleagues. It can also be used for assessment and feedback in relation to care of individual patients. Any doctor who has been responsible for the supervision of the acute medical take can be the assessor for an ACAT.

### **Audit Assessment Tool (AA)**

The Audit Assessment Tool is designed to assess a trainee's competence in completing an audit. The Audit Assessment can be based on review of audit documentation or on a presentation of the audit at a meeting. If possible, the trainee should be assessed on the same audit by more than one assessor

### **Case-based Discussion (CbD)**

The CbD assesses the performance of a trainee in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by trainees. The CbD should focus on a written record (such as written case notes, outpatient letter, and discharge summary). A typical encounter might be when presenting newly referred patients in the outpatient department.

**mini-Clinical Evaluation Exercise (mini-CEX)**

This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. The mini-CEX can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

**Direct Observation of Procedural Skills (DOPS)**

A DOPS is an assessment tool designed to evaluate the performance of a trainee in undertaking a practical procedure, against a structured checklist. The trainee receives immediate feedback to identify strengths and areas for development. DOPS can be undertaken as many times as the trainee and their supervisor feel is necessary (formative). A trainee can be regarded as competent to perform a procedure independently after they are signed off as such by an appropriate assessor (summative).

**Evaluation of Clinical Events (ECE)**

Provides a method of assessing the trainee in the performance of their duties in complex tasks, often involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings.

**Multi-source feedback (MSF)**

This tool is a method of assessing generic skills such as communication, leadership, team working, reliability etc, across the domains of Good Medical Practice. This provides systematic collection and feedback of performance data on a trainee, derived from a number of colleagues. 'Raters' are individuals with whom the trainee works, and includes doctors, administrative staff, and other allied professionals. Raters should be agreed with the educational supervisor at the start of the training year. The trainee will not see the individual responses by raters. Feedback is given to the trainee by the Educational Supervisor.

**Patient Survey (PS)**

A trainee's interaction with patients should be continually observed and assessed. The Patient Survey provides a tool to assess a trainee during a consultation period. The Patient Survey assesses the trainee's performance in areas such as interpersonal skills, communication skills and professionalism.

**Quality Improvement Project Assessment Tool (QIPAT)**

The QIPAT is designed to assess a trainee's competence in completing a quality improvement project. The QIPAT can be based on review of quality improvement project documentation or on a presentation of the quality improvement project at a meeting. If possible the trainee should be assessed on the same quality improvement project by more than one assessor.

### **Teaching Observation (TO)**

The TO form is designed to provide structured, formative feedback to trainees on their competence at teaching. The TO can be based on any instance of formalised teaching by the trainee which has been observed by the assessor. The process should be trainee-led (identifying appropriate teaching sessions and assessors).

#### *Supervisor reports*

### **Multiple Consultant Report (MCR)**

The MCR captures the views of consultant supervisors based on observation on a trainee's performance in practice. The MCR feedback and comments received give valuable insight into how well the trainee is performing, highlighting areas of excellence and areas of support required. MCR feedback will be available to the trainee and contribute to the educational supervisor's report.

### **Educational supervisors report (ESR)**

The ES will periodically (at least annually) record a longitudinal, global report of a trainee's progress based on a range of assessment, potentially including observations in practice or reflection on behaviour by those who have appropriate expertise and experience. The ESR will include the ES's summative judgement of the trainee's performance and the entrustment decisions given for the learning outcomes (CiPs). The ESR can incorporate commentary or reports from longitudinal observations, such as from supervisors or formative assessments demonstrating progress over time.

## **5.6 Decisions on progress (ARCP)**

The decisions made in each training year and upon completion of training should be clear and defensible. They must be fair and robust and make use of evidence from a range of assessments, potentially including exams and observations in practice or reflection on behaviour by those who have appropriate expertise or experience. They can also incorporate commentary or reports from longitudinal observations, such as from supervisors or formative assessments demonstrating progress over time.

Periodic (at least annual) review should be used to collate and systematically review evidence about a doctor's performance and progress in a holistic way and make decisions about their progression in training. The annual review of progression (ARCP) process supports the collation and integration of evidence to make decisions about the achievement of expected outcomes.

Assessment of CiPs involves looking across a range of different skills and behaviours to make global decisions about a learner's suitability to take on particular responsibilities or tasks, as do decisions about the satisfactory completion of presentations/conditions and procedural skills set out in this curriculum. The outline grid in section 5.4 sets out the level of supervision expected for each of the clinical and specialty CiPs. The requirements for each year of training are set out in the ARCP decision aid ([www.jrcptb.org.uk](http://www.jrcptb.org.uk)).

The ARCP process is described in the Gold Guide. Deaneries are responsible for organising and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee's eportfolio.

As a precursor to ARCPs, JRCPTB strongly recommend that trainees have an informal eportfolio review either with their educational supervisor or arranged by the local school of medicine. These provide opportunities for early detection of trainees who are failing to gather the required evidence for ARCP.

There should be review of the trainee's progress to identify any outstanding targets that the trainee will need to complete to meet all the learning outcomes for completion training approximately 12-18 months before CCT. This should include an external assessor from outside the training programme.

In order to guide trainees, supervisors and the ARCP panel, JRCPTB has produced an ARCP decision aid which sets out the requirements for a satisfactory ARCP outcome at the end of each training year and critical progression point. The ARCP decision aid is available on the JRCPTB website [www.jrcptb.org.uk](http://www.jrcptb.org.uk).

Poor performance will be managed in line with the Gold Guide.

## 5.7 Assessment blueprint

The table below show the possible methods of assessment for each CiP. It is not expected that every method will be used for each competency and additional evidence may be used to help make a judgement on capability.

### KEY

ACAT	Acute care assessment tool	ALS	Advanced Life Support
CbD	Case-based discussion	DOPS	Direct observation of procedural skills
ECE	Evaluation of clinical/management events	FRCPath	Fellowship examination of The Royal College of Pathologists
GCP	Good Clinical Practice	Mini-CEX	Mini-clinical evaluation exercise
MCR	Multiple consultant report	MSF	Multi source feedback
PS	Patient survey	QIPAT	Quality improvement project assessment tool
TO	Teaching observation		

Capabilities in Practice (CiPs)	ACAT	CbD	ECE	DOPS	MCR	Mini -CEX	MSF	PS	QIPAT	TO	CICE	FRCPath Part 1/ CICE
<b>Generic CiPs</b>												
Able to function successfully within NHS organisational and management systems			✓		✓		✓					
Able to deal with ethical and legal issues related to clinical practice		✓	✓	✓	✓	✓	✓					
Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement		✓			✓	✓	✓	✓				
Is focused on patient safety and delivers effective quality improvement care			✓		✓		✓					
Carrying out research and managing data appropriately					✓		✓		✓			
Acting as a clinical teacher and clinical supervisor			✓		✓		✓			✓		
<b>Specialty CiPs</b>												
Able to provide clinical leadership and support to the laboratory		✓	✓	✓	✓	✓			✓	✓	✓	
Able to use the laboratory service effectively in the investigation, diagnosis and management of infection		✓	✓	✓	✓	✓			✓	✓	✓	
Able to advise on infection prevention, control and immunisation	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Able to manage and advise on important clinical syndromes where infection is in the differential diagnosis	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Able to lead and advise on treatment with and stewardship of antimicrobials	✓	✓	✓		✓	✓		✓	✓	✓	✓	
Providing continuity of care to inpatients and outpatients with suspected or proven infection.	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Able to manage and advise on imported infections	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

## 6 Supervision and feedback

This section of the curriculum describes how trainees will be supervised, and how they will receive feedback on performance. For further information please refer to the AoMRC guidance on Improving feedback and reflection to improve learning<sup>2</sup>.

Access to high quality, supportive and constructive feedback is essential for the professional development of the trainee. Trainee reflection is an important part of the feedback process and exploration of that reflection with the trainer should ideally be a two way dialogue. Effective feedback is known to enhance learning and combining self-reflection to feedback promotes deeper learning.

Trainers should be supported to deliver valuable and high quality feedback. This can be by providing face to face training to trainers. Trainees would also benefit from such training as they frequently act as assessors to junior doctors, and all involved could also be shown how best to carry out and record reflection.

### 6.1 Supervision

All elements of work in training posts must be supervised with the level of supervision varying depending on the experience of the trainee and the clinical exposure and case mix undertaken. Outpatient and referral supervision must routinely include the opportunity to discuss all cases with a supervisor if appropriate. As training progresses the trainee should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient.

Organisations must make sure that each doctor in training has access to a named clinical supervisor and a named educational supervisor. Depending on local arrangements these roles may be combined into a single role of educational supervisor. However, it is preferred that a trainee has a single named educational supervisor for (at least) a full training year, in which case the clinical supervisor is likely to be a different consultant during some placements.

The role and responsibilities of supervisors have been defined by the GMC in their standards for medical education and training<sup>3</sup>.

#### Educational supervisor

The educational supervisor is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements. Trainees on a dual training programme may have a single educational

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<sup>2</sup> [Improving feedback and reflection to improve learning. A practical guide for trainees and trainers](#)

<sup>3</sup> [Promoting excellence: standards for medical education and training](#)

supervisor responsible for both specialties who will be able to complete a single ES report, or they may have two educational supervisors and each will complete the report for the specialty they oversee.

### **Clinical supervisor**

Consultants responsible for patients that a trainee looks after provide clinical supervision for that trainee and thereby contribute to their training; they may also contribute to assessment of their performance by completing a 'Multiple Consultant Report (MCR)' and other WPBAs. A trainee may also be allocated (for instance, if they are not working with their educational supervisor in a particular placement) a named clinical supervisor, who is responsible for reviewing the trainee's training and progress during a particular placement. It is expected that a named clinical supervisor will provide a MCR for the trainee to inform the Educational Supervisor's report.

The educational and (if relevant) clinical supervisors, when meeting with the trainee, should discuss issues of clinical governance, risk management and any report of any untoward clinical incidents involving the trainee. If the service lead (clinical director) has any concerns about the performance of the trainee, or there are issues of doctor or patient safety, these would be discussed with the clinical and educational supervisors (as well as the trainee). 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.

Educational and clinical supervisors need to be formally recognised by the GMC to carry out their roles<sup>4</sup>. It is essential that training in assessment is provided for trainers and trainees in order to ensure that there is complete understanding of the assessment system, assessment methods, their purposes and use. Training will ensure a shared understanding and a consistency in the use of the WPBAs and the application of standards.

Opportunities for feedback to trainees about their performance will arise through the use of the workplace based assessments, regular appraisal meetings with supervisors, other meetings and discussions with supervisors and colleagues, and feedback from ARCP.

### **Trainees**

Trainees should make the safety of patients their first priority and they should not be practising in clinical scenarios which are beyond their experiences and competencies without supervision. Trainees should actively devise individual learning goals in discussion with their trainers and should subsequently identify the appropriate opportunities to achieve said learning goals. Trainees would need to plan their WPBAs accordingly to enable their WPBAs to collectively provide a picture of their development during a training period. Trainees should actively seek guidance from their trainers in order to identify the appropriate learning opportunities and plan the appropriate frequencies and types of WPBAs according to their individual learning needs. It is the responsibility of trainees to seek feedback following learning opportunities and WPBAs. Trainees should self-reflect and

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<sup>4</sup> [Recognition and approval of trainers](#)

self-evaluate regularly with the aid of feedback. Furthermore, trainees should formulate action plans with further learning goals in discussion with their trainers.

## **6.2 Appraisal**

A formal process of appraisals and reviews underpins training. This process ensures adequate supervision during training, provides continuity between posts and different supervisors and is one of the main ways of providing feedback to trainees. All appraisals should be recorded in the eportfolio

### **Induction Appraisal**

The trainee and educational supervisor should have an appraisal meeting at the beginning of each post to review the trainee's progress so far, agree learning objectives for the post ahead and identify the learning opportunities presented by the post. Reviewing progress through the curriculum will help trainees to compile an effective Personal Development Plan (PDP) of objectives for the upcoming post. This PDP should be agreed during the Induction Appraisal. The trainee and supervisor should also both sign the educational agreement in the e-portfolio at this time, recording their commitment to the training process.

### **Mid-point Review**

This meeting between trainee and educational supervisor is not mandatory (particularly when an attachment is shorter than 6 months) but is encouraged particularly if either the trainee or educational or clinical supervisor has training concerns or the trainee has been set specific targeted training objectives at their ARCP). At this meeting trainees should review their PDP with their supervisor using evidence from the e-portfolio. Workplace based assessments and progress through the curriculum can be reviewed to ensure trainees are progressing satisfactorily, and attendance at educational events should also be reviewed. The PDP can be amended at this review.

### **End of Attachment Appraisal**

Trainees should review the PDP and curriculum progress with their educational supervisor using evidence from the e-portfolio. Specific concerns may be highlighted from this appraisal. The end of attachment appraisal form should record the areas where further work is required to overcome any shortcomings. Further evidence of competence in certain areas may be needed, such as planned workplace based assessments, and this should be recorded. If there are significant concerns following the end of attachment appraisal then the programme director should be informed. Supervisors should also identify areas where a trainee has performed about the level expected and highlight successes.

## **7 Quality Management**

The organisation of training programs is the responsibility of the deaneries. The deaneries will oversee programmes for postgraduate medical training in their regions. The Schools of Medicine in England, Wales and Northern Ireland and the Medical Specialty Training Board in Scotland will undertake the following roles:

- oversee recruitment and induction of trainees into the specialty
- allocate trainees into particular rotations appropriate to their training needs

- oversee the quality of training posts provided locally
- ensure adequate provision of appropriate educational events
- ensure curricula implementation across training programmes
- oversee the workplace based assessment process within programmes
- coordinate the ARCP process for trainees
- provide adequate and appropriate career advice
- provide systems to identify and assist doctors with training difficulties
- provide flexible training.

Educational programmes to train educational supervisors and assessors in workplace based assessment may be delivered by deaneries or by the colleges or both.

Development, implementation, monitoring and review of the curriculum are the responsibility of the JRCPTB and the SAC. The committee will be formally constituted with representatives from each health region in England, from the devolved nations and with trainee and lay representation. It will be the responsibility of the JRCPTB to ensure that curriculum developments are communicated to heads of school, regional specialty training committees and TPDs.

The JRCPTB has a role in quality management by monitoring and driving improvement in the standard of all medical specialties on behalf of the three Royal Colleges of Physicians in Edinburgh, Glasgow and London. The SACs are actively involved in assisting and supporting deaneries to manage and improve the quality of education within each of their approved training locations. They are tasked with activities central to assuring the quality of medical education such as writing the curriculum and assessment systems, reviewing applications for new posts and programmes, provision of external advisors to deaneries and recommending trainees eligible for CCT or Certificate of Eligibility for Specialist Registration (CESR).

JRCPTB uses data from six quality datasets across its specialties and subspecialties to provide meaningful quality management. The datasets include the GMC national Training Survey (NTS) data, ARCP outcomes, examination outcomes, new consultant survey, external advisor reports and the monitoring visit reports.

Quality criteria have been developed to drive up the quality of training environments and ultimately improve patient safety and experience. These are monitored and reviewed by JRCPTB to improve the provision of training and ensure enhanced educational experiences.

## **8 Intended use of curriculum by trainers and trainees**

This curriculum and ARCP decision aid are available from the Joint Royal Colleges of Physicians Training Board (JRCPTB) via the website [www.jrcptb.org.uk](http://www.jrcptb.org.uk).

Clinical and educational supervisors should use the curriculum and decision aid as the basis of their discussion with trainees, particularly during the appraisal process. Both trainers and trainees are expected to have a good knowledge of the curriculum and should use it as a guide for their training programme.

Each trainee will engage with the curriculum by maintaining an eportfolio. The trainee will use the curriculum to develop learning objectives and reflect on learning experiences.

### **Recording progress in the eportfolio**

On enrolling with JRCPTB trainees will be given access to the eportfolio. The eportfolio allows evidence to be built up to inform decisions on a trainee's progress and provides tools to support trainees' education and development.

The trainee's main responsibilities are to ensure the eportfolio is kept up to date, arrange assessments and ensure they are recorded, prepare drafts of appraisal forms, maintain their personal development plan, record their reflections on learning and record their progress through the curriculum.

The supervisor's main responsibilities are to use eportfolio evidence such as outcomes of assessments, reflections and personal development plans to inform appraisal meetings. They are also expected to update the trainee's record of progress through the curriculum, write end-of-attachment appraisals and supervisor's reports.

Deaneries, training programme directors, college tutors and ARCP panels may use the eportfolio to monitor the progress of trainees for whom they are responsible.

JRCPTB will use summarised, anonymous eportfolio data to support its work in quality assurance.

All appraisal meetings, personal development plans and workplace based assessments (including MSF) should be recorded in the eportfolio. Trainees are encouraged to reflect on their learning experiences and to record these in the eportfolio. Reflections can be kept private or shared with supervisors.

Reflections, assessments and other eportfolio content should be used to provide evidence towards acquisition of curriculum capabilities. Trainees should add their own self-assessment ratings to record their view of their progress. The aims of the self-assessment are:

- To provide the means for reflection and evaluation of current practice.
- To inform discussions with supervisors to help both gain insight and assists in developing personal development plans.
- To identify shortcomings between experience, competency and areas defined in the curriculum so as to guide future clinical exposure and learning.

Supervisors can sign-off and comment on curriculum capabilities to build up a picture of progression and to inform ARCP panels.

## **9 Equality and diversity**

The Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of equality and diversity legislation set out in the Equality Act 2010.

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.

Deaneries quality assurance will ensure that each training programme complies with the equality and diversity standards in postgraduate medical training as set by GMC. They should provide access to a professional support unit or equivalent for trainees requiring additional support.

Compliance with anti-discriminatory practice will be assured through:

- Monitoring of recruitment processes.
- Ensuring all College representatives and Programme Directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post.
- Deaneries ensuring that educational supervisors have had equality and diversity training (for example, an e-learning module) every three years.
- Deaneries ensuring that any specialist participating in trainee interview/appointments committees or processes has had equality and diversity training (at least as an e-module) every three years.
- Ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature. Deaneries and Programme Directors must ensure that on appointment trainees are made aware of the route in which inappropriate or discriminatory behaviour can be reported and supplied with contact names and numbers. Deaneries must also ensure contingency mechanisms are in place if trainees feel unhappy with the response or uncomfortable with the contact individual.
- Providing resources to trainees needing support (for example, through the provision of a professional support unit or equivalent).
- Monitoring of College Examinations.
- Ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly advantage or disadvantage a trainee with any of the Equality Act 2010 protected characteristics. All efforts shall be made to ensure the participation of people with a disability in training through reasonable adjustments.

## Appendix A – Learning outcomes and levels expected for dual CCTs

The following tables detail the levels expected for the additional learning outcomes required for dual CCT programmes. All trainees will dual train in internal medicine, medical microbiology or medical virology. The levels expected for the infection specialty CiPs are shown in table 1. The additional CiPs required for internal medicine and the levels expected are shown in table 2.

**Table 1: Outline grid of levels expected for Infection specialty capabilities in practice (CiPs) in dual CCT programmes**

Although this is the curriculum for ID it is not possible to gain an ID CCT alone and the levels expected will differ according to the second specialty.

**Level descriptors** - Level 1: Entrusted to observe only – no clinical care; Level 2: Entrusted to act with direct supervision; Level 3: Entrusted to act with indirect supervision; Level 4: Entrusted to act unsupervised

	Combined Infection Training (all duals)		Infectious Diseases/ Internal Medicine		Infectious Diseases and Medical Microbiology or Medical Virology		
	CIT year 1	CIT year 2	HIT year 3	HIT year 4	HIT year 3	HIT year 4	HIT year 5
1. Able to provide clinical leadership and support to the laboratory	2	2	2	2	3	3	4
2. Able to use the laboratory service effectively in the investigation, diagnosis and management of infection	2	2	3	4	3	3	4
3. Able to advise on infection prevention, control and immunisation	2	2	3	4	3	3	4
4. Able to manage and advise on important clinical syndromes where infection is in the differential diagnosis	2	3	3	4	3	3	4
5. Able to lead and advise on treatment with and stewardship of antimicrobials	2	3	3	4	3	3	4
6. Providing continuity of care to inpatients and outpatients with suspected or proven infection	2	3	3	4	3	3	4
7. Able to manage and advise on imported infections	2	2	3	4	3	3	4

**Table 2: Outline grid of levels expected for Internal Medicine clinical capabilities in practice (CiPs) in a dual CCT programme**

**Level descriptors** - Level 1: Entrusted to observe only – no clinical care; Level 2: Entrusted to act with direct supervision; Level 3: Entrusted to act with indirect supervision; Level 4: Entrusted to act unsupervised

IM Clinical CiP	ST4	ST5	ST6	ST7	CRITICAL PROGRESSION POINT
1. Managing an acute unselected take	3	3	3	4	
2. Managing the acute care of patients within a medical specialty service	2	3	3	4	
3. Providing continuity of care to medical inpatients	3	3	3	4	
4. Managing outpatients with long term conditions	3	3	3	4	
5. Managing medical problems in patients in other specialties and special cases	3	3	3	4	
6. Managing an MDT including discharge planning	3	3	3	4	
7. Delivering effective resuscitation and managing the deteriorating patient	4	4	4	4	
8. Managing end of life and applying palliative care skills	3	3	3	4	

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